The Meaning of Sexual and Gender Identities in Transgender Men

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THE MEANING OF SEXUAL AND GENDER IDENTITIES IN
TRANSGENDER MEN

A DISSERTATION

Submitted to the Faculty of
Montclair State University in partial fulfillment
of the requirements
for the degree of Doctor of Philosophy

by

WILLIAM B. BAKER

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Upper Montclair, NJ

2017

Dissertation Chair: Dr. Leslie Kooyman
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MONTCLAIR STATE UNIVERSITY
THE GRADUATE SCHOOL
DISSERTATION APPROVAL

We hereby approve the Dissertation

THE MEANING OF SEXUAL AND GENDER IDENTITIES IN

TRANSgendERN MEN

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ABSTRACT

THE MEANING OF SEXUAL AND GENDER IDENTITIES IN TRANSGENDER MEN

by William B. Baker

The purpose of this study was to gain an understanding of the complexity of the lived experiences of trans men, how sexual orientation and gender identity play out in the lives of trans men, and how that lived experience changed during transitioning. The research was aimed at finding how sexual orientation and gender identity, usually treated as separate and independent constructs, interconnect with each other. Eight transgender men were interviewed in-depth over a period of several months. Their perspectives gave insight into how sexual and gender identities are related and how one informs the other.

The present study showed that fluidity in gender and sexual identities was common among transgender persons. Some trans men were more binary than others with regard to gender, and those trans men tended to share the “being born in the wrong body” narrative. These binary leaning trans men also tended to be more binary in their sexual orientation. Fluidity in gender in pre-transition often reflected fluidity in sexual orientation. Changes in sexual behavior and attractions during transition were also studied.

There were some unexpected findings in the present study. Trans men, being raised as women, have interesting perspectives on misogyny and male privilege. Many were reluctant to accept their male status and struggled with the concept of adopting male
privilege. The present study helps to dispel some of the heteronormative concepts inherent in the current literature on transgender issues.
ACKNOWLEDGEMENT

This was a journey only made complete with the invaluable assistance of many people. First, I want to express my sincere gratitude to my dissertation chair, Dr. Leslie Kooyman. We had countless meetings during which I pondered over my data and themes, and Dr. Kooyman was always willing and very able to listen and guide me through the process. This took a great deal of time and commitment, not to mention patience, on his part. I am especially grateful for his support and friendship. Even simple comments such as, “This is really an interesting study,” were invaluable to me and helped keep me on track with my research. Without Dr. Kooyman’s guidance and insight, this dissertation would not have been possible.

I especially want to take the time to recognize the support from the rest of my dissertation team: Dr. Jeremy Price, Dr. Gloria Pierce, and Dr. Dana Levitt, for giving me confidence as I began to explore the issue of gender and sexual identities in transgender men. They were consistently critical when needed and continually encouraging to the end. I also owe many thanks to my colleagues, my fellow doctoral peers, especially those who gave me guidance over the months of developing themes for the study.

A special thank you must go to my wife, Cassandra, who stood by me through this time and encouraged me to press on. Cassandra knows this work as well as I do, and her perspective kept me to task. It is hard to imagine doing this dissertation without the people mentioned above, and I am grateful to all for their voices and interpretations as I worked to complete this study. I also want to acknowledge the eight trans men who were the participants, to whom I dedicate this dissertation.
DEDICATION

I dedicate this dissertation to the eight trans men who fearlessly opened their hearts and minds to this study. They were willing to express their most intimate experiences with me, a total stranger, and I learned so much from them. They are the true heroes in this work – ones who have to think about their gender identity on almost a daily basis. We in the cisgender world often forget this about these men, and I hope that this study will help shed light on how trans men struggle to find their place in this complex society.
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CHAPTER ONE
INTRODUCTION TO THE STUDY

The focus of this study was to better understand the lived experience of transgender men, or female-to-male transgender individuals (FtM), also referred to as trans men. Transgender persons as a group are underresearched (Blumer, Green, Knowles, & Williams, 2012), but have recently received increased attention from the public as celebrity trans persons have transitioned under the scrutiny of social media. Actors portraying trans persons, as well as transgender actors, have also become popular in recent years. Despite the dramatic entrance into mainstream consciousness, the public and many mental health professionals are still quite uninformed about the important developmental, gender, and sexual identity issues that trans persons experience on a daily basis (Austin & Craig, 2015; Budge et al., 2013b; Collazo, Austin, & Craig, 2013; Singh, Hays, & Watson, 2011). In a counseling context, this can create a disconnect between a counselor and a trans person who may feel misunderstood and unable to disclose these significant parts of his or her life. This situation is particularly acute for trans men who are even less well researched than trans women (Rubin, 2003; Worthen, 2013).

Transgender persons, part of the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) umbrella, are unique in that many believe they are misrepresented with this acronym. When people say “LGBTQ,” they often are actually referring to lesbians and gay men, not transgender persons (Stryker, 2004; Valentine, 2007). Transgender, or gender variant persons, are especially subject to greater marginalization and stigmatization than their LGB counterparts (Budge, Adelson, & Howard, 2013a). Trans
persons are also more at-risk for depression, suicide, and anxiety than others included in the LGBTQ acronym (Mustanski & Liu, 2013; Testa et al., 2012).

**Statement of the Problem**

Given the lack of research, this study explored the lived experience of trans men as they transition from women to men. There is scant research on how sexual orientation and gender identity are related and how these two concepts are part of the lived experience of trans men. Because most studies exploring transgender issues have focused on trans women (male-to-female), there is a lack of understanding about female-to-male trans persons, how their transition differs from trans women, and how they might express their gender, specifically masculinity (Green, 2005; Rubin, 2003). It is important for counselors to better understand the complicated transition process that trans men experience and how trans men conceptualize sexual orientation and gender identity. Therefore, the research question for this study was:

- How do sexual orientation, gender identity, and their intersection, manifest in the lives of transgender men?

Sexual orientation, commonly used to describe oneself, is a construct that would be better understood if used to describe to whom one is sexually attracted (Lev, 2004; Diamond, 2002). People often conflate sexual orientation with gender identity, a social construct or a social manifestation of the sexes (Devor, 1997). Lev (2004) asserted that gender identity is a self-concept of gender regardless of the biological sex. How these two constructs intersect during transition was the focus of this study.
Transition is “a personal journey where [trans persons endeavor] to alter their biological sex characteristics to become congruent with their internal experiences of gender” (Callan, 2014, p. 13). This can be done socially, where a trans man may ask to be called a preferred name or pronoun, and live as a different gender even without medically altering his body. Many trans men will choose to use testosterone before any surgery (Beemyn & Rankin, 2011). Surgery is often part of the transition process, but it need not be. Many trans men are opting to not have bottom surgery, which might include a phalloplasty, where a phallus is constructed (Yerke & Mitchell, 2011). Beemyn and Rankin (2011) found that most men in their study believed testosterone and breast surgery were critical to their identity development as men.

Much of the literature still emanates a heteronormative bias and a reliance on a binary, male/female, and straight/gay stance when attempting to comprehend transgender issues. The needs of transgender clients has been consolidated with the needs of the larger population of lesbians, gay men, and bisexuals (Collazo et al., 2013), and counselors today are ill-prepared to deal with the complex issues of transgender clients. Scant attention has been given to the coping resources of trans persons, and counselors would benefit from training that would inform them about the resilience strategies used by trans persons (Singh et al., 2011). “Current models of counseling transgender clients do not incorporate enough, if any, attention to resilience in transgender individuals’ lives” (Singh et al., 2011, p. 26).

With Caitlyn Jenner coming into the spotlight, her image thrust upon magazine covers and television reality shows, the public is consumed with the transition of a
celebrity, watching it unfold on television. Considering her relatively privileged position in society, we must acknowledge that there are many trans persons with limited means who will have a much more difficult time coming out as transgender. In the media we see Caitlyn Jenner, another famous female trans person, and yet we have little understanding of her deeper issues and even less understanding of the process that trans men might go through.

Along with the social media seemingly accepting trans persons, there is also a recent change in thinking about gender, moving away from the binary towards a spectrum (Ehrensaft, 2015). This gender spectrum, or fluidity, is being adopted more within the younger cohorts of trans men (Kuper, Nussbaum, & Mustanski, 2012; Yerke & Mithchell, 2011). Yerke and Mitchell also found that trans men often have a better grasp on their sexual orientation after their gender identity is stable.

Fewer barriers to transition are evident for younger trans persons as society becomes more open to gender variant expressions (Beemyn & Rankin, 2011). But with this positive change also comes the possibility that more trans persons will be victimized as they become more visible. One barrier being lifted is the forced choice of binary – male or female, heterosexual or homosexual. Many trans men today refuse to be labeled “heterosexual” because that term is associated with “straight” culture (Dargie, Blair, Pukall, & Coyle, 2014). Today, trans men are not locked into binary choice, but may identify as “genderqueer” or, for example, still consider themselves feminists after transitioning.
In the early 21st century, there is evidence of progress in civil rights for trans persons. Inclusion into LGB groups have accelerated trans advocacy and promoted tolerance of gender variance (Drescher, 2010; Stryker, 2008), although Stryker recognized that LGBTQ groups often fail to grasp the unique issues of trans persons. Stryker (2008) also cites legislative victories in recent years, including an increasing number of municipalities that protect trans persons from discrimination in the workplace. Although many of the states do not have equal protection laws for transgender people, there has been continual progress towards protecting transgender rights across the nation (HRC, 2015; Stryker, 2008).

Background of the Problem

Trans men are often assumed to be in a better position as they take on the identity of “privileged” men, but many studies show that this may not be the case (Baams, Beek, Hille, Zevenbergen, & Bos, 2013; Testa et al., 2012). In their study on the effects of violence on transgender persons, Testa et al. (2012) found that, despite a general assumption that male gender nonconformity would elicit more violence, rates of sexual and physical violence were comparable in trans men and women. Baams et al. (2013) found a correlation between gender nonconformity and lower levels of psychological well-being that was not moderated by biological sex. Trans men often experience similar amounts of minority stress as compared to trans women (Budge et al., 2013a). Both trans men and women are 1.9 times more likely to consider or attempt suicide than the general population (Bockting, Huang, Ding, Robinson, & Rosser, 2005). Trans men are certainly an understudied group, often forgotten and not well represented within the LGBTQ
acronym. The needs and lived experiences of trans men can be quite different when compared to trans women and the LGB population.

Trans men, being raised as girls and socialized to be more involved with family, often receive more familial support than trans women (Budge et al., 2013a). Beemyn and Rankin (2011) have outlined milestones somewhat unique for trans men in their identity development. For example, one milestone for trans men is that they may learn at one time that being lesbian is not a good fit. There is really no similar milestone for trans women, even when reversing sexes. Another milestone specific for trans women: "Recognizing oneself as transsexual, rather than as a cross-dresser" (Beemyn & Rankin, 2011, p. 116). Trans men and women and have different experiences with medical transitions, trans men faring better with hormones than trans women, and with trans women having more success with bottom surgery (Devor, 2004; Lev, 2005).

As society has become more open to gender variant expression and behavior, it appears that the transgender community is becoming more gender fluid (Fontanella, Maretti, & Sarra, 2014). Older cohorts of trans men, possibly constrained by society’s mores, were more likely to adhere to binary gender and sexual identity structures that have been embedded in our culture (Yerke & Mitchell, 2011). Trans men who transitioned a few decades ago may have felt the need to adopt masculine identities and “pass” in society as men with their female pasts completely wiped out. There was an expectation that the “true transsexual” male would only be attracted to women, that their desire to become male was spurred on by the strong desire to be sexual with the opposite sex, or women (Benjamin, 1966, 1967). Although some trans men may fit that
description, today many trans men are celebrating their gender fluidity by claiming to be male, but with much of their female identity still a vital part of their sense of self (Rubin, 2003; Vegter, 2013). There is very little in the literature that grasps the profound change in the lives of trans men and the change in society’s tolerance towards gender variant persons in the past 30 years (Blumer et al., 2012; Fontanella et al., 2014; Yerke & Mitchell, 2011).

There are many in the trans community who do not identify strictly as male or female, and many trans men reject what they perceive as the misogynistic labels that often accompany a privileged male identity (Gardiner, 2013; Green, 2005). In two recent studies, a majority of trans men identified as “genderqueer,” even when attracted to women (Dargie et al., 2014; Kuper et al., 2012). Genderqueer persons are defined as people who, by not wanting to reinforce the gender binary, will consider themselves gender-free people, reinforcing the idea of gender fluidity (Beemyn & Rankin, 2011). As many theorists are celebrating the androgynous perspective of gender, moving away from the binary concepts (Boswell, 1997; Rubin, 2003; Sedgwick, 2003; Stryker, 2004, 2013; Valentine, 2007), there is still a need to challenge the dichotomous construction of gender and sexuality as some researchers are still clinging to it (Caretto, 2008; Lev, 2013). The transition process is a complicated one, and more research is needed to completely understand how sexual orientation and gender identity intersect during this process.

Trans men have many issues to deal with beyond transitioning, including getting access to much needed medical care, including surgeries and/or hormone therapy. But in addition to that, some trans men are literally coming out three times as they go through
their developmental journey (Budge et al., 2013b; Rowniak & Chesla, 2013). Trans men may first come out as lesbian (although many do not), then possibly as a transgender person, and finally, depending on sexual orientation, possibly a gay man. Sexual and gender identity can shift throughout this process depending on the individual’s experience and his level of understanding of fluidity in these areas. Considerable evidence demonstrates how the coming out process can exacerbate minority stress (Grossman & D’Augelli, 2006; Lev, 2004; Worthen, 2013), and considering that trans men may be subjected to this two or three times, it is important for mental health professionals to be cognizant of the unique journey that this marginalized group is experiencing. It is also important to understand this from the unique perspective of each trans man and not to generalize regarding developmental stage, gender identity formation, and sexual orientation (Kuper et al., 2012; Nadal, Davidoff, Davis, & Wong, 2014; Pleak, 2009).

Trans men, expressing gender variant behavior, are often subjected to abuse, mentally and/or physically. Trans men may decide to come out as transgender to family and friends, knowing they may have to deal with the loss of these important people in their lives (Budge et al., 2013a). At some point during transitioning, some trans men may lose their significant others as their sexual orientation may change or be redefined (Bischof, Warnaar, Barajas, & Dhaliwal, 2011). After transitioning, trans men may lose stature in their former LGB community and viewed by some as a traitor to the feminist/lesbian cause. Others may perceive them as not real men because they do not have the “proper” genitals. As Lev (2013) has stated, even with what they face, trans
persons are usually mentally stable. And when not so stable, Lev (2013) offered that “they are unstable in the ways the rest of us are: anxious, depressed, and sometimes struggling with deeper mental health issues” (p. 290).

The recent cohorts of trans men, and their rejection of heteronormativity, mark a change in perceptions of trans men. Gender Identity Disorder has been removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and replaced with Gender Dysphoria (APA, 2013). Although a step in the right direction for some, the fact that a diagnosis is still found in the DSM-5 is troubling for others (Lev, 2013; Sawyer, 2013). More detail about the debate regarding Gender Dysphoria in the DSM-5 is found in Chapter Two.

**Purpose of the Study**

The purpose of this study was to gain an understanding of the complexity of the lived experiences of trans men, how sexual orientation and gender identity play out in the lives of trans men, and how that lived experience changed before, during, and after transitioning. The research was aimed at finding how sexual orientation and gender identity, usually treated as separate and independent constructs, may affect each other. Intersectionality theory suggests that identities cannot be understood in isolation, but only when considered with other intersecting identities (Bilodeau & Renn, 2005; Crenshaw, 1991; Diamond & Butterworth, 2008; Warner & Shields, 2013). The sum of these identities is greater than the whole. It is important to understand what sexual orientation and gender identity mean to trans men, how they may intersect as they transition, how they view their own sexual orientation and gender identity, and how it may change over
their lifespan. It is also important for mental health professionals to understand the complexity of the transition process and the various stages of identity development for trans men.

The research question and sub-questions were structured to inquire about the intersectionality of gender and sexual identities. They were as follows: How do sexual orientation, gender identity, and their intersection, manifest in the lives of transgender men? Sub-questions: How do trans men experience sexual orientation before, during, and after changing their gender? What do the experiences of sexual orientation and gender identity mean to transgender men before, during, and after they transition?

**Theoretical Framework for the Study**

The theoretical lens through which I conducted this study was transgender theory, which has its roots in queer (Sedgwick, 2003, Halberstam, 2005; Warner, 2004) and feminist theory (Brown, 2006). Transgender theory challenges the assumption that gender misalignment is “less ‘real’ than someone whose body and selfhood are congruent” (Johnson, 2013, p. 137). Postmodern feminist theory aligns well with transgender theory in that it focuses on intersectionality and challenges gender dominance, which promotes cisgenderism and transphobia. Nagoshi and Brzuzy (2010) contend that transgender theory transcends feminist and queer theory, because it emphasizes fluidity in gender and sexual identities, and addresses the self-constructed aspects of social identity. Transgender theory, like queer theory and postmodern feminism, recognizes gender expressions outside of the traditional heteronormative identities, but transgender theory recognizes the importance of physical embodiment in
sexual and gender identity. “Transgender studies is following its own trajectory and has the potential to address emerging problems in the critical study of gender and sexuality, identity, embodiment, and desire in ways that gay, lesbian, and queer studies have not always successfully managed” (Stryker, 2004, p. 214). Where queer and feminist theory tend to not recognize physical embodiment of gender, transgenderism states that gender is not completely a social construct, but also recognizes the physical aspects. Nagoshi and Brzuzy (2010) contend that examining the lived experiences and listening to the “transcendent narratives” of trans persons is the best way to comprehend the transgender experience.

Henry Rubin (2003) has stated that only recent scholarship is analyzing the differences between trans men and trans women. Rubin (2003), quoting James Green (2005), stated that up until recently “most people assume transsexualism is about ‘men in dresses’” (p. 18). Now scholars are recognizing female-to-male (FtM) transgender persons as ones to be understood on their own terms. The term “female-bodied” points to the fact that not all female-bodied persons are women, as “women” and “men” are terms that represent gender roles and identities (Rubin, 2003).

When considering gender theories, Vegter (2013) claimed that the biological, feminist, and biosocial theories do not account for the experiences of trans men. In the biological view, gender is determined from biological sex, and according to Vegter, the feminist theory of gender claims that gender is a product of socialization. The biosocial theory is really a combination of the previous two theories, biological and feminist. All three gender theories (biological, feminist, and biosocial) appear to maintain a binary
view of gender, and they do not explain how masculine identities are developed in bodies that are female. Vegter (2013) concluded that trans men are “a unique population that cannot be accounted for by current models of gender formation” (p. 94).

In her qualitative study with transmen, Vegter (2013) found that the participants were comfortable with their feminine side and believed “extreme masculinity” was not required to be men. Citing studies that showed no statistical differences between lesbians and transmen with regard to tomboy behavior and doll play, Vegter (2013) made a distinction between transmen gender identity and lesbian sexual identity: not all transmen will have heterosexual identities, and not all masculine females will transition into a male body. Feminist and queer theories do not explain these complexities, and transgender theory may be able to fill in this gap. Nagoshi and Brzuzy (2010) also contend that transgender theory examines the relationship, or the intersectionality, of sexual and gender identities, where other theories, such as queer and feminist, do not.

Concerned with the tendency to empirically claim gender and sexuality as separable experiences, Valentine (2004, 2007) claimed that he and other researchers have noted that sexual orientation and gender identity, as constructs, do affect one another. And even though Valentine sees some connections, he does not want to return to a time when masculine gender identities were automatically considered heterosexual. By creating the categories themselves, sexuality and gender, comparing and contrasting them, may cause one to treat them as entirely separate entities where one cannot influence the other. Valentine (2007), Diamond and Butterworth (2008), and Rubin (2003) dispute that kind
of thinking and cite many examples in the transgender community where gender identity and sexual identity are obviously connected.

Queer theory has been important for the rights of gay men and lesbians, but many theorists such as Stryker (2013), Green (2005), Devor (2004), and Rubin (2003) have pointed to the shortcomings of queer theory. Rubin (2003) and Green (2005) both have commented on how up until recently, scholars have not recognized the differences between trans men and trans women. Stryker (2004) opined that when the term “queer” is used, usually one is referring to gay and lesbian issues and claimed that “queer” politics have reduced the “T” in LGBTQ to an “odd” group not understanding that trans persons, as a group, also have sexual identity issues. Still contending that there is animosity between gays and trans people, Stryker (2013) suggests that cisgender lesbians and gay men have placed themselves in the front of the LGBTQ movement as the ones more progressive, insinuating that the trans people are ones “who need to be saved from themselves” (p. 381). Queer theory is important in that it rebelled against what were labeled “normative” and “deviant” sexual behaviors, and queer theory rejected the binary concept of gender. Transgender theory has adopted queer theory, but goes further and recognizes the intersectionality of sexual orientation and gender identity, and the physical embodiment of sexuality and gender. Social positions, such as race and class, also intersect with transgender identities and have a profound effect on the transition process (de Vries, 2015).

Pointing out the conflicts between feminism and transgenderism, Heyes (2003) referred to the irony that feminists, who have long fought against gender stereotyping, on
occasion have been at odds with the trans movement. Non-trans feminists have always advocated for the marginalized, yet have accused trans men (a marginalized group) of betraying their oppressed identities and trans women of not being “real” women, invading the feminine space (Heyes, 2003; Stryker, 2013). Although many of the rifts between transgender, queer, and feminist activists have dissipated somewhat, transgender theorists are speaking to the unique issues that trans men (and women) face.

Additional Theoretical Frames

Transgender identity development models created by Lev (2004), Devor (2004), and Etscovitz (2014) also contributed to the theoretical framework of this study. These models, explained in more detail in Chapter Two, although not predictive, can be especially important in describing important developmental milestones that trans persons may encounter in their lifetimes. Several other authors and researchers, such as Lisa Diamond (2008, 2012) and Henry Rubin (2003) were instrumental in providing key insights and data regarding the intersectionality between sexual orientation and gender identity.

Rationale for Qualitative Methodology

The problem, as described for this study, required a qualitative design rather than quantitative design. The intent was to gain rich descriptions of how trans men navigate the complexity of sexual orientation and gender identity as they transition. How do trans men make meaning of their identities as they transition? When “how” questions predominate the study, a qualitative approach is appropriate. Using qualitative methods, the researcher can ascertain more meaning from the participants, and especially with
marginalized populations, is able to uncover subtle cultural aspects of the participants (Wong & Rowley, 2001). Qualitative research is more focused on hypothesis-generating than hypothesis-testing (Merriam, 2009), allowing the researcher to be open to discover new ideas and meanings.

Hoping to contribute to emerging theories of the lived experiences of trans men, transgender theory and transgender developmental theories were the lenses I used to gain a better understanding of the meanings trans men make of their experiences. The data I collected was not used to generalize across a population of trans men, but rather to get a better understanding of the unique experiences of trans men. Counselors will benefit from increased knowledge about the intersectionality of sexual and gender identities in trans men, and the meaning that trans men ascribe to these identities. This study addressed the need for counselors to be aware of the diversity among trans persons. In a qualitative study of trans men, Forshee (2006) found many of his participants claimed their therapists had little understanding of transgender issues. Counselors need to be aware of the unique experiences of trans men with regard to minority stress, having multiple identities which expose them to various forms of oppression (Levitt & Ippolito, 2014b). It is also important for counselors to gain an understanding of how sexual orientation may be affected by the transition process.

**Definitions and Terminology**

Trying to keep up to date in the ever-changing world of transgenderism, to the best of my ability, the terms used in this study will maintain the dignity that transgender persons deserve. “Trans” as a modifier before the word “person,” or men/women, is
commonly used today to include all transgender persons, defined as: “Individuals whose gender identity and expression does not align with their anatomical sex” (Singh et al., 2011, p. 20). Transgender is a large umbrella term, which could include cross-dressers, genderqueer persons, transsexuals, intersex persons, trans men, trans women, and literally anyone who is gender-variant including those who choose not to medically alter their bodies, along with those who do choose hormones and/or surgery. “The term transgender can be used as a marker for all kinds of people who challenge, deliberately or accidentally, gender normativity” (Halberstam, 2005, p. 55).

Referring to trans persons as “transgenders” has fallen out of favor by most and not used in this study. Referring to someone as “transgendered” is also considered out of use as a demeaning or disrespectful term, some likening it to the term “colored” (Valentine, 2007). Terms are changing in the community of trans persons, and as an example, where “transvestite” was once a proper and acceptable term, it has been replaced with “cross-dresser.” Another example is “hermaphrodite,” which has been replaced with “intersex,” or a person who has both male and female sexual characteristics, often considered “ambiguous” at birth (Lev, 2004).

Female-to-male, male-to-female, FtM, MtF, are commonly used terms to show the direction in which a trans person is changing. For example, a “natal female,” one born female, may transition into a male, and then may be referred to as an FtM trans person. “Trans” as a prefix is a shortened and preferred term to label someone as gender-variant (Sawyer, 2013). I have shown preference to “trans men” and “trans women” instead of FtM and MtF, although many authors cited use the latter. There are some in
the trans community who reject most of the terms already mentioned and would prefer “genderqueer,” or someone who does not identify with the binary male/female, and sees oneself as on the spectrum between male and female (Budge, Rossman, & Howard, 2014). Genderqueer persons will often consider themselves gender fluid and possibly use gender-neutral pronouns, such as “ze” and “hir” instead of “s/he” or “him/her.”

Trans persons may change genders socially and medically, and trans persons may transition to the other gender or somewhere in between. They can do this socially by changing their name, their pronouns, and ask to be acknowledged as their preferred or identified gender. After living like this for a while, many will undergo hormonal therapy and possibly surgery. Trans men usually opt for hormonal therapy early in the process (Beemyn & Rankin, 2011; Coleman et al., 2011; Forshee, 2008), and Rubin (2003) identified testosterone use as a marker for the beginning of transition, although some of the participants in the present study started transitioning without using testosterone.

There are various medical terms used throughout this study. Gender Confirmation Surgery (GCS), often referred to as Sex Reassignment Surgery (SRS) refers to a variety of surgeries that can help trans persons achieve a body image more attuned to their internal sense of gender. Top surgery refers to chest and breast reconstruction. Bottom surgery, a commonly used term in the trans community, can mean many things, but usually refers to the genitals (Spicer, 2010). Bottom surgery for trans men could include hysterectomy, vaginectomy, and phalloplasty. Phalloplasty is where a phallus is constructed to provide ability to engage in sexual intercourse and to allow urination while standing (Yerke & Mitchell, 2011). The term “transsexual” is more specific than
“transgender,” meaning an “individual who is in transition or who has made the transition from one sexed body to another” (Rubin, 2003, p. 19).

Many in the trans community will use “cisgender” as a reference to someone who is not transgender, meaning someone whose gender is aligned with their birth sex. The Latin prefix *cis* means “on the same side as” (Stryker, 2008, p. 22), so that *cis* means the opposite of trans. Pansexual, a term referring to sexual orientation, is being used more in the trans community. Pansexual is being “attracted to all genders, or a variety of gender identities” (Sausa, 2002, p. 46).

**Alphabetical List of Terms Discussed in Previous Section, Plus Additional Terms**

- **Autoandrophilia**: The controversial concept of sexual arousal to the thought or image of oneself as male.

- **Autogynephilia**: The controversial concept of sexual arousal to the thought or image of oneself as female.

- **Binary gender identity**: A more dichotomous perception of gender, where an individual will identify as either male or female regardless of their biological sex.

- **Cisgender**: Someone whose gender is aligned with his or her birth sex.

- **Fluid gender identity**: Regardless of biological sex, some persons may identify as female at times, and at other times may identify as male, or may identify somewhere in between along the spectrum of gender identity.

- **Fluidity in sexual orientation**: When a person’s sexual orientation is in flux or changing in attraction to different genders and gender presentations.

- **FtM or FTM**: Female-to-male trans person.
• **Gender Confirmation Surgery (GCS):** Refers to a variety of surgeries that can help trans persons achieve a body image more attuned to their internal sense of gender.

• **Genderqueer:** Genderqueer persons will often consider themselves gender fluid and possibly use gender-neutral pronouns, such as “ze” and “hir” instead of “s/he” or “him/her.”

• **Homo and heteroromantic:** The affechtional attraction, where the attraction may be absent of sexual desire. This affechtional attraction could be towards the same sex, homoromantic, or towards the opposite sex, or heteroromantic.

• **Intersex:** A person who has both male and female sexual characteristics, often considered “ambiguous” at birth (Lev, 2004).

• **MtF or MTF:** Male-to-female trans person.

• **Pansexual:** “Attracted to all genders, or a variety of gender identities” (Sausa, 2002, p. 46).

• **Phalloplasty:** When a phallus is constructed to provide ability to engage in sexual intercourse and to allow urination while standing (Yerke & Mitchell, 2011).

• **‘Roid Rage:** Generally considered a myth that trans men can experience rage or anger when taking testosterone.

• **T:** Abbreviation for testosterone. For example, “I’m taking T now.”

• **Transgender:** “Individuals whose gender identity and expression does not align with their anatomical sex” (Singh et al., 2011, p. 20).
- **Transsexual**: “An individual who is in transition or who has made the transition from one sexed body to another” (Rubin, 2003, p. 19).

**Summary**

There appears to be a changing environment in the transgender community. Many authors have cited changes in surgery choice, sexual orientation, and gender terminology (Beemyn & Rankin, 2011; Diamond & Butterworth, 2008; Yerke & Mitchell, 2011). Many trans persons who were assigned female at birth now refer to themselves as “genderqueer.” The confluence of many factors, such as sexual orientation, gender identity, race, ethnicity, age, and others, in the lives of trans men have a profound influence on how they transition and view their identity in today’s world. At times, trans men have to prove their masculine selves by showing bravado, and at times may be comfortable in their androgynous selves, allowing some of their feminine history to seep in. There is a lack of research as to how trans men find meaning in the intersection of identities as they transition (Blumer et al., 2012), along with lack of counselor preparation in understanding transgender clients (Singh et al., 2011). The journey for trans men can be challenging with transphobic reactions from those around them (Nagoshi et al., 2008; Nemoto, Bödeker, & Iwamoto, 2011) and laws that openly discriminate (HRC, 2015). This study will contribute to the knowledge and theoretical base of the lived experiences of trans men.
CHAPTER TWO
REVIEW OF THE LITERATURE

The social/political climate for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Questioning, Asexual, and Ally (LGBTQIQA) persons is rapidly changing, just as the acronym is often in flux (ALGBTIC, 2013). There are many marginalized groups that come under the umbrella of LGBTQIQA, and it is common to use LGBTQ to refer to all sexual minorities. Although included in the acronym, transgender (and intersex) persons often have different concerns regarding gender identity, sexual orientation, and a myriad of other issues that may cause them greater marginalization and stigmatization than LGB persons (Budge et al., 2014), and even differential treatment from members of the LGB community (Worthen, 2013).

The focus of this study was on trans persons, specifically trans men, a group who has been underresearched and represents a marginalized population with specific needs and issues (Forshee, 2008; Green, 2005; Rubin, 2003; Worthen, 2013). The transgender community, including those who come under the transgender umbrella as defined in Chapter One, is more at risk to suffer minority stress, HIV infection, and suicide ideation than lesbians and gays (Grossman & D’Augelli, 2006; Mustanski & Liu, 2013; Nemoto et al., 2011; Testa et al., 2012). While all LGBTQ persons face discrimination and mental health issues at a higher rate than the general population, trans persons have significantly more depressive symptomatology, anxiety, and psychological distress compared to lesbians and gays (Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Budge et al., 2013a).
Brief History of Transgender Emergence in the United States

There are historical accounts of women passing as men throughout history (Stryker, 2008), with fewer men passing as women possibly due to the fact that hormonal therapy did not exist until the 1950s (Denny, 1997). In the early 20th century, female cross-dressers were often labeled as “inverts,” and they were often assumed to be strongly attracted to women, wanting to become men in order to be with women (Devor, 1997). Male cross-dressers were viewed this way as well, wanting to be with men. Eventually, cross-dressing women became known as “lesbians,” some attempting to attract women by adopting male characteristics. Homosexual behavior was often seen as gender variant behavior, and those persons were often considered to be inverted. Needless to say, many gender variant persons were stigmatized and driven into the closet, while some who could, passed as the opposite gender (Devor, 1997; Stryker, 2008).

The idea that people can change their gender and biological sex is quite new in terms of transgender history (Devor, 1997); only in the second half of the 20th century did this become possible with advanced techniques in medicine. Christine Jorgensen became the first widely known transsexual in the United States in 1952 (more about her in the next section). But even in 1952, trans persons were still viewed as mentally ill or suffering from a disorder and treated as such. Around this time there was a change from considering cross-dressing and gender variant behavior as “perverse” and pathological (Bockting & Coleman, 1992), to a process of managing gender transition. Not until the later part of the 20th century were strides made toward depathologizing gender variant
persons, and this is still an on-going process. Transgender emergence is still a relatively new phenomenon as “the T catches up with the LGB communities” (Lev, 2013, p. 295).

As transgender and feminist movements collided and evolved, there was a period in the 1970s when feminists saw FtM (female-to-male) trans persons as the enemy and traitors to the feminist cause, being ones who would choose to embrace misogyny and privilege with transition (Rubin, 2003; Stryker, 2008; Valentine, 2007). MtF (male-to-female) trans persons were also looked at suspiciously as “inserting a male presence into a feminine space where it was unwelcome and, hence, were anathema to feminism and lesbianism” (Stryker, 2013, p. 378). Trans men and women were misunderstood and rejected by many of the progressive movements at that time, including the gay rights movement.

The term “transgender” came into common use in the 1990s (Stryker, 2008; Valentine, 2007) although some used the term in the 1980s. “Transgender” became a term that would take attention away from medical and sexually laden terms and bring many under its umbrella. Transgender would act as a defense against some of the pejorative terms such as “transvestite” and “tranny.” An early advocate for trans persons, German physician Magnus Hirschfeld coined the term “transvestite” in 1910 (Beemyn & Rankin, 2011; Stryker, 2008). Hirschfeld believed that “transvestites” were not mentally ill, and could be of any sexual orientation (Beemyn, 2013). Because “transvestite” refers to vestments and not to gender, the term has fallen out of favor and been replaced with “cross-dresser.”
Another important reformer, Harry Benjamin (1966, 1967) believed that transsexuals could not be “cured” by psychotherapy and promoted a medical process whereby transsexuals could adjust to their sense of gender (Lev, 2004). From Benjamin’s work as the first modern physician accepting gender variant persons as treatable through medicine, the modern model of therapeutic and medical treatment for trans persons was developed (Devor, 1997; Lev, 2004; Stryker, 2008). Ahead of his time in many ways, Benjamin (1966) made this conclusion regarding surgery:

My observations have forced upon me the conclusion that most patients operated upon, no matter how disturbed they still may be, are better off afterward than they were before: some subjectively, some objectively, some both ways. I have become convinced from what I have seen that a miserable, unhappy male transsexual can, with the help of surgery and endocrinology, attain a happier future as a woman. In this way, the individual as well as society can be served.

(p. 135)

Harry Benjamin coined the term “transsexual” to distinguish between two types of persons: those who desired surgery, and those who did not who were often referred to as “transvestites” (Benjamin, 1967; Stryker, 2008). Benjamin’s distinction is an important one, especially today as many trans persons consider themselves a different gender (possibly opposite) of the assigned gender at birth even without any surgery. Based on Benjamin’s pioneering work in this field, the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was founded and eventually became the World Professional Association for Transgender Health (WPATH) of today (Lev, 2004).
WPATH publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (Coleman et al., 2011).

Throughout the 1980s and 1990s many transgender groups evolved giving a greater voice to trans persons. Since the 1990s, transgender persons have been organizing around their own political and social issues that helped to differentiate them from lesbian and gay groups. While gays and lesbians might be fighting for equality in marriage and employment, trans persons are often concerned about access to hormones, medical treatments, and possibly getting their gender changed on their birth certificates (Worthen, 2013).

**Advances in Medical Procedures for Trans Persons**

Christine Jorgensen’s appearance in 1952 marked an important milestone in transgender history (Stryker, 2008). Considered the first “celebrity” transsexual (Beemyn & Rankin, 2011), George Jorgensen was born in the Bronx in 1926, served in the military, and had a successful career in show business after becoming Christine Jorgensen. Hearing that surgical and hormonal treatments were available in Europe, Jorgensen went to Copenhagen for the procedure. Coming home to much fanfare, she was labeled a “hermaphrodite,” then as a “transvestite,” (Stryker, 2008). Jorgensen’s surgery in 1952 ushered in a wave of national awareness to the idea of changing gender. Although she never claimed to be an activist, she appeared to enjoy the attention and was quite aware of the role she played as an advocate for trans persons (Stryker, 2008).

In the United States, Benjamin (1966, 1967) set the standards for medical treatment for trans women (male-to-female transsexuals) in the 1960s. Benjamin
addressed the need for more research with female-to-male transsexuals, but stated there were very few coming to him for treatment. Rubin (2003) cited the evolution of lesbian community in the 1970s as causing a rise in trans men in the population. Through education and debates within the lesbian community, distinctions were made between female-identified bodies and male-identified bodies, resulting in a consolidated lesbian and female-to-male (trans men) identities (Rubin, 2003). Becoming more knowledgeable about gender transitioning as a choice, more gender variant females began to choose transitioning, according to Rubin. Although the numbers of trans men compared to trans women is difficult to determine, Rubin (2003) suggested that the numbers are closer than they had been, with the trans men population growing since the 1970s.

Today, a trans woman can choose top surgery (breast augmentation), bottom surgery (which may include vaginal construction), and hormone treatments. Although surgery for trans men is still in its infancy and deemed to be less effective (Lev, 2004), a trans man may choose to have top surgery (mastectomy), bottom surgery (phalloplasty and/or hysterectomy), and hormone treatments as well. Devor (2004) said that trans men will benefit more from hormonal therapy than trans women, while trans women benefit more from bottom surgery than trans men. Most trans men and women will benefit from hormonal therapy and counseling during transition. Gender confirmation surgery (GCF) for MtF trans persons may require only one or a few procedures, while surgery for FtM trans persons will usually require a series of operations with often an unsatisfactory result (Devor, 2004).
Studies have shown that surgery often positively correlates with improved mental health in transgender individuals (Hume, 2011; Stroumsa, 2014), as does testosterone therapy (Keo-Meier et al., 2015; Newfield, Hart, Dibble, & Kohler, 2006). Yet there is still controversy surrounding insurance coverage for these procedures, along with the ethics regarding medical treatments. Hume (2011) argued that since Gender Dysphoria is not a mental disorder, the issue is often a physical one and can be addressed by changing the body. Although some procedures will require removing viable parts of the body, a procedure deemed unethical by some, Hume argued that the strong connection between mind and body makes the moral argument in favor of medical procedures. Surgeries and hormonal therapy can address, in a positive way, the gender dysphoric person, and may help to bring body and spirit together (Hume, 2011; Keo-Meier et al., 2015).

Even with the advances in medicine and more choices available, there appears to be a trend for trans men to opt out of bottom surgery (Kuper et al., 2012; Spicer, 2010; Yerke & Mitchell, 2011). Comparing two separate cohorts of trans men, Yerke and Mitchell (2011) found that younger men transitioning recently “less often seek bottom surgery, use a greater variety of terms to label their gender identity, and more often identify themselves as attracted to people in more than one gender category” (p. 72). This may be due to cost or the questionable outcome for FtM surgery (Rubin, 2003; Yerke & Mitchell, 2011), but other researchers (Hansbury, 2005; Spicer, 2010) have suggested that as the pressure to “pass” has eased, many trans persons are content to present as somewhat androgynous, presenting physical characteristics of both sexes.
Spicer (2010) also claimed that with the high cost of medical treatments and lack of insurance coverage, many trans persons are going “underground” to get treatment.

There are some trans persons who are celebrating their bodies as they are, opting for the self-label of “genderqueer” (Hansbury, 2005; Kuper, et al., 2012; Tate, Youssef, & Bettergarcia, 2014). Genderqueer persons may identify as male, female, or somewhere on the spectrum of gender. Some trans men who are able to pass as men may still choose the label “genderqueer” because they, having lived as women, do not want to accept the misogynist baggage and “privilege” that may accompany the term “male” (Gardiner, 2013; Rubin, 2003; Yerke & Mitchell, 2011). Genderqueer persons may resist all medical treatment and present as androgynous, but may later feel pressure by non-trans (and possibly trans persons) to take testosterone in order to appear more masculine. It is important to note that in many quantitative studies, a plurality of trans persons self-identified as genderqueer (Factor & Rothblum, 2008; Kuper et al., 2012). Sawyer (2013) has insisted that pressure to “pass” into the heteronormative society is not required for trans persons, and added, “the truth of gender is that there are genders that have yet to be defined” (p. 37), meaning there are many who exist in the world somewhere between the binary gender choices. Sawyer stated that the pressure to “pass” from the cisgender society is part of the oppression that trans persons face.

**Gender Dysphoria in the DSM-5**

In the 20th century, mental health professionals tended to pathologize gender variant persons (Bailey, 2003; Lawrence, 2010). About the same time that homosexuality was taken out of the *Diagnostic and Statistical Manual of Mental*
Disorders (DSM), Gender Identity Disorder (GID) was put in the manual (Lev, 2013; Stryker, 2008), and defined in the *DSM-IV-TR* as:

Adults with Gender Identity Disorder are preoccupied with their wish to live as a member of the other sex. This preoccupation may be manifested as an intense desire to adopt the social role of the other sex or to acquire the physical appearance of the other sex through hormonal or surgical manipulation. Adults with this disorder are uncomfortable being regarded by others as, or functioning in society as, a member of their designated sex. (APA, 2000, p. 577)

In the present century, progress has been made in that GID has been replaced with Gender Dysphoria (GD) in the *DSM-5* (APA, 2013; Lev, 2013). GD now has its own section, separate from sexual disorders, and is defined as “the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (APA, 2013, p. 451). The *DSM-5* recognizes that experienced gender may not adhere to the binary stereotypes, but may include alternate gender identities, noted as progress by Lev (2013). Trans persons’ experienced/expressed gender may not be clearly either male or female, but could be somewhere between male or female, or a combination of both genders. Many with this type of presentation may consider themselves genderqueer, dress androgynously, present both male and female physical characteristics, and use gender-neutral pronouns such as “ze” and “hir” (Beemyn & Rankin, 2011). As long as the expressed gender is different from “assigned gender,” the trans person would fit the definition of Gender Dysphoria.
There are two sides to the debate regarding whether or not Gender Dysphoria should remain in the *DSM-5* (Lev, 2013). Collazo et al. (2013) argued that replacing GID with GD would do much to humanize the transgender experience, citing that GD concentrates on the distress caused by gender incongruence and does not pathologize gender variant identity. Some believe it is still stigmatizing and encourages others to see trans persons as disordered (Sawyer, 2013). Collazo et al. (2013) were concerned that by eliminating gender diagnoses from the *DSM-5* there would be less support for those trans persons struggling with their gender identity, and insurance might not pay for treatment. Removal of GD from the *DSM* might result in fewer trans persons getting needed treatment and counseling. With the current entry in the *DSM-5*, there are opportunities for treatment from professionals. As Lev (2013) expressed in the title of a recent article, the changes in the *DSM-5* are like “two steps forward, one step back,” (p. 288) and she acknowledged an improvement for trans persons as the public discourse is evolving in the 21st century.

**Separating the T from LGB**

While all sexual minorities (LGBTQQIA) are marginalized, suffering oppression from the heteronormative majority, trans persons are unique in many ways and often at more risk than their LGB counterparts. Dargie et al. (2014) made this clear with their quantitative study looking for group differences. They found cisgender LGB persons had more social support, fewer symptoms of depression, experienced less stress, were less anxious, and generally in better physical health than transgender persons. While much of society is more accepting of same-sex relationships, and with same-sex marriage
legalized nationally, it is not so evident that transgender culture is being welcomed with open arms. With their study, Dargie et al. (2014) highlighted additional issues that trans persons must bear, and one is being gender variant in addition to possibly being gay, lesbian, bisexual, or pansexual. Dargie et al. concluded that even though trans persons have similar challenges faced by LGB persons, when it comes to physical and mental health, there are many disparities.

Trans persons continue to transition throughout their lives, constantly challenging the gender binary. Their transition process is a type of rebirth (Lev, 2013), and even after transition, trans persons’ sense of gender identity may still be a source of anxiety. Arlene Lev (2013) has asserted that “their gender is not disordered; indeed their gender is quite ordered, just not in conventional ways” (p. 296).

Many sexual minorities are included in the common LGBTQ acronym, but trans persons are different in that the issue of sexual orientation may not be as pressing as gender identity (Worthen, 2013). Many trans persons find that the issue of gender identity must be explored and addressed before they feel comfortable in exploring sexual orientation (Devor, 1997; Diamond & Butterworth, 2008; Dickey, Burnes, & Singh, 2012). Even though sexual orientation and gender identity are often conflated, there may be many erroneous assumptions made about trans persons and their sexual and gender identities. Trans men and women need to address gender identity in addition to sexual orientation, because they may be gay or bisexual in addition to being transgender. Understanding that sexual orientation and gender identity are different constructs is important, but that does not mean that one does not affect the other (Diamond &
Butterworth, 2008). To completely separate the two constructs makes no sense according to much of the literature (Diamond, 2012; Dickey et al., 2012; Valentine, 2007), and transgender theory recognizes the intersectionality of sexual orientation and gender identity (Nagoshi & Brzuzy, 2010).

**FtM – Female-to-Male – Trans Men**

As much as labels can be restrictive, some categorization may help to clarify the direction in which gender variant people are moving. It is the belief of this author that dichotomous labels, even though necessary at times, can be viewed or understood with a sense of fluidity. Most people identify as either male or female, but some may be somewhere in between. When working with trans persons, it would be beneficial to be open to the idea that, for example, someone who identifies as FtM, a female-to-male transgender individual, may not consider himself as “all male.” Many trans men recognize that their female past affects them as men, and many embrace their femininity while being men (Noble, 2011; Tate et al., 2014).

Having said that, terms such as FtM and MtF are used in this study as a way to describe direction – moving away from one gender towards the other. Male-to-female, or MtF trans persons have been studied more, and evidently outnumber their FtM counterparts (APA, 2013; Rubin, 2003). Historically, more procedures were performed on men transitioning to women (Benjamin, 1967; Worthen, 2013), and this may explain why MtF trans persons have received more attention. In addition, these two subgroups of transgender persons have different needs and developmental issues. For example, regarding medical issues, trans men may transition and pass more easily than trans
women because of the effectiveness of testosterone, but bottom surgery is more complicated and usually less effective for trans men than for trans women (Devor, 1997; Lev, 2005; Yerke & Mitchell, 2011).

The focus of this study was on trans men, therefore, it is important to explore differences between trans men and trans women. Although some authors (D’Augelli, Grossman, & Starks, 2006; Devor, 2004; Lev, 2004) have shown that male gender variant behavior correlates with lower psychological well-being than does female variant behavior, Baams et al. (2013) found evidence to the contrary. In their quantitative study with Dutch young adults, Baams et al. (2013) found that “perceived experiences of stigmatization were related to lower levels of psychological well-being” (p. 770) in both men and women. In another study, Testa et al. (2012) found trans men and women were equally at risk for violence just because of their gender identity. Budge et al. (2013a) also found that depression was not significantly different for trans men and trans women. Budge et al. did find that higher income correlated with lower depression for trans men, but not for trans women. As for support, trans men relied more on family members than did trans women (Budge et al., 2013a), and the authors speculated that trans men, being raised as women, were more familial, being socialized to be more involved with family. This might be one area where trans men may have an advantage over trans women.

Becoming male and thus privileged, trans men have been accused of transitioning to gain power (Richardson, 2013), but this type of accusation has lost credence with the latest cohorts of trans men (Noble, 2011; Rubin, 2003; Stryker, 2008). When Noble (2011), a trans man, was asked the typical binary questions, “Are you male or female?
Lesbian or straight?” he replied that after living thirty of his fifty years as a lesbian, he wasn’t going to “ransom any of the fifty years of living” to answer that question (p. 256). Stryker (2008) believes that today’s feminism can make room for transgender persons. Still fighting gender oppression, theorists like Stryker pass no moral judgment on people who wish to change their birth-assigned gender.

An advantage for FtM trans persons, according to Devor (2004), is that feminists have created more room for female variant gender presentations than for males. A woman in a suit and tie may look “stylish” while a man in a dress will be shunned. Our society has more tolerance for the gender variant female. When young girls dress like boys and play with boys, there is often support and mild acceptance from peers and even parents. But when boys dress like girls there will usually be a much more negative response. Families are often tolerant of boyish (“tomboy”) behavior in girls (Grossman, D’Augelli, Salter, & Hubbard, 2005; Pollock & Eyre, 2012). Most men will not feel free to experiment and express their feminine sides, while women are often encouraged to express their masculine sides.

Factor and Rothblum (2008) found that trans women kept their gender identity hidden an average of ten years, much longer than trans men. In fact, trans men often talked about their variant gender identity with others before identifying as transgender. These differences are often cited in studies in an attempt to better understand transgender issues. When these differences are used to separate people, put them into categories, and possibly deny medical services, then these delineations may do a disservice to the transgender community (Factor & Rothblum, 2008; Pleak, 2009; Veale, 2014). The point
is that FtM and MtF transgender persons have unique problems and issues, good and bad, and mental health professionals need to consider each client individually (Kuper et al., 2012).

**Medical and Psychosocial Issues**

Mental health professionals can play an important role as the “gatekeepers” of gender confirmation surgery (GCS) or what is often referred to as sex reassignment surgery (SRS). Some advocates prefer GCS in that it is more respectful and accurate in describing the procedure (WPATH, 2015). A growing number of trans persons are beginning to forgo surgery and still identify either opposite their birth sex or identify as somewhere along the spectrum of identity, possibly “genderqueer.” Many will opt for hormone therapy but opt out of surgery, often for financial reasons, but many also believe, for example, that having certain genitalia does not determine gender (Beemyn & Rankin, 2011; Forshee, 2006; Noble, 2011; Vegter, 2013).

Surgery is an important consideration not only for transgender individuals, but also for intersex persons, who have both male and female sex characteristics and are often included under the transgender umbrella (Lev, 2004). Advocates for transgender and intersex persons have made important legal points regarding “necessary” surgery (for trans persons), as well as the “unjust” surgery (for intersex persons), in working towards justice for these often neglected and misunderstood populations. As Ben-Asher (2006) stated:

The two movements use theories about gender identity to challenge the social treatment of their bodies as unjust, with intersex advocates asserting that surgery
is unjust and transsex advocates arguing that not subsidizing surgery is unjust. 
Both movements distinguish gender identity from bodily manifestations, and call 
for careful social-legal attention to our legal assumptions about sex and gender.

(p. 97)

It appears that intersex individuals are calling for an end to what they consider
unnecessary and unjust surgery, while transgender persons are fighting for the right to
have subsidized surgery so that they can become who they truly are. As mentioned
earlier, not all trans persons opt for surgery, but there are many who do, and there are
medically sound arguments for these procedures (Spicer, 2010; Stroumsa, 2014). The
lack of access to medical treatment is part of the marginalization of trans men and
women, just as intersex individuals deem the unnecessary surgeries unjust. Many of
these procedures are carried out long before intersex persons have a grasp of their gender
identities. After trans and intersex persons understand their gender identities, their access
to desired and necessary surgeries to align their identified gender with bodies may be
denied, or at least difficult to attain (Spicer, 2010; Stroumsa, 2014).

**Theoretical Framework for the Study**

Transgender theory is an emerging theory that addresses many of the gender
variant issues relevant to the trans community (Nagoshi & Brzuzy, 2010; Rubin, 2003;
Stryker, 2013; Valentine, 2007). Differing in some ways from queer and feminist theory,
transgender theory considers that gender is not only socially constructed in one’s mind,
but also takes on a physical nature for some. The embodiment of sexual and gender
identities is relevant in this community where sexual orientation and gender identities are
quite fluid – more so than in the cisgender population (Boswell, 1997; Fontanella et al., 2014). Masculine identities in female bodies are something that feminist and queer theorists have trouble explaining. Vegter (2013), in her qualitative study, found that trans men were a unique population and current models of gender formation do not adequately explain masculinity in female bodies. In addition to transgender theory, transgender identity development models, outlined in the next section, also contributed to the theoretical framework of this study.

**Transgender Identity Development Models**

Freud and Erikson addressed homosexuality, but it was based on the perspective of pathologizing homosexuality, comparing it to the “norm” of heterosexuality (Bennett & Douglass, 2013). In Freud’s time, gender variant persons were also considered homosexual and seen as effeminate gay men or masculine lesbians. Homosexuality is *not* viewed as “abnormal” by a vast majority of today’s mental health professionals, but transgender identity is only recently moving in that direction, from *not* being seen as a disorder. Although most counselors would not purposely pathologize gender variant persons, they may unknowingly adopt a heteronormative bias by clinging to the binary concepts of gender (Bess & Stabb, 2009; Collazo et al., 2013; Forshee, 2006; Levitt & Ippolito, 2014b).

“For many transgender individuals, gender identity must be negotiated more than once throughout a lifetime” (Budge et al., 2013b, p. 604). There are a few recently designed identity development models for trans persons that were modeled in a similar fashion to the Cass (1979) model for gays and lesbians. Arlene Lev (2004) and Aaron
Devor (2004) both expounded upon the Cass model and adapted it for trans persons. Lev’s model includes 6 stages that are not necessarily linear. Aaron Devor (2004) created a 14-stage developmental model that shares much of Lev’s model, but focuses on certain important milestones and creates more detail. Lee Ann Etscovitz (2014) developed an interesting alternative model based on her experiences as a trans woman. Her model is more experiential, addressing emotions and struggles that transgender persons may experience. The Inner Roadmap of Gender Transformation, Etscovitz’s model, was presented at the WPATH Symposium in 2007 (Etscovitz, 2014).

**Lev’s 6-stage model.** In the first stage of transgender emergence, gender variant persons are often in a great deal of stress, followed by a time to seek information (Lev, 2004). The six stages of Lev’s model were unique in that she included “disclosure to significant others” before others had done so. The stages are (1) Awareness, (2) Seeking information/reaching out, (3) Disclosure to significant others, (4) Exploration: Identity and self-labeling, (5) Exploration: Transition issues/ possible body modification, and (6) Integration: Acceptance and post-transition issues (Lev, 2004). Assuring that her model is not a “one size fits all,” Lev stressed that the process is impacted by many variables, such as race, class, age, marital status, as well ethnic background, that might impact the trajectory of transgender emergence.

**Devor’s 14-stage model.** Following similar models, Devor (2004) created a 14-stage model that adds more detail to similar stages found in Lev’s model. For example, where Lev (2004) named Integration: Acceptance and post-transition issues as the last stage, Devor (2004) has three stages to address post-transition issues: Acceptance,
Integration, and Pride. The following are the titles of Devor’s 14-stage model of transsexual or transgender identity formation:

1. Abiding anxiety
2. Identity confusion about originally assigned gender and sex
3. Identity comparisons
4. Discovery of transsexualism or transgenderism
5. Identity confusion about transsexualism or transgenderism
6. Identity comparisons about transsexualism or transgenderism
7. Tolerance of transsexual transgender identity
8. Delay before acceptance of transsexual or transgender identity
9. Acceptance of transsexual or transgender identity
10. Delay before transition
11. Transition
12. Acceptance of post-transition gender and sex identities
13. Integration
14. Pride (Devor, 2004, p. 43)

Devor stressed the importance of validation from others as a salient factor in transgender identity development. Stating that some women exhibiting masculine behavior will find many women, and some men, who will encourage their masculine presentation, Devor (2004) added that they would have to “bear the brunt of still widespread social condemnation of homosexuality” (p. 51). This is an important reminder that all men and women who are gender variant, whether they transition or not, may be subjected to
possible ridicule and marginalization as they go through identity development. Devor (2004) also stressed that resiliency was necessary for trans persons to successfully transition.

**Inner roadmap of gender transformation.** What is interesting about Etscovitz’s (2014) model of gender transformation is that she has created four phases with “walls” separating the four phases. These walls represent important barriers that must be overcome in order for the trans person to move into the next phase. The four phases are: (1) Suffering the Truth, (2) Owning the Truth, (3) Presenting the Truth, and (4) Living the Truth. The Wall of Fear must be surmounted to get into the second phase, Owning the Truth. The Wall of Decision separates Owning the Truth and Presenting the Truth. The last wall to overcome is the Wall of Commitment, and then the trans person will enter Living the Truth, the final phase.

**Comparison of Various Transgender Identity Models**

In the first phase of the *Inner Roadmap of Gender Transformation*, what Etscovitz (2014) labeled “Suffering the Truth,” Lev (2004) has called “Awareness,” and, according to Etscovitz, lines up with the first six stages of Devor’s (2004) model. Most models will start with “awareness,” and the discovery of a transgender identity may come quite early in some and much later for others. Some researchers have studied “age of onset,” creating two sub-type categories of early onset and late onset (Nieder et al., 2010). Typologies and taxonomies of transgender persons will be addressed in a later section.

Bilodeau (2005), who modified D’Augelli’s (1994) LGBT lifespan model into a six processes model for transgender students, stated that some will report being aware of
their transgenderism at ages two or three and will experiment with different gender roles. Young boys may try on female clothes, but keep it hidden for many years and eventually transition at an adult age (Devor, 2004). Females may take on tomboyish behavior with little negative feedback from family and friends. This may account for the finding that parents of gender variant boys referred their children to counseling more than parents of gender variant girls (Grossman et al., 2005).

Etscovitz (2014) described how individuals will “Suffer the Truth” until they find the strength and resilience to cross over the “Wall of Fear” and begin “Owning the Truth.” This phase included what Lev (2004) described as seeking information, reaching out, and exploration. Devor (2004) included “Tolerance of transsexual identity” and “Acceptance of transsexual identity” in this transition stage. Bilodeau (2005) claimed that this is a time when trans persons create a social network of individuals who know and accept the person’s transgender identity.

The next wall to surmount, the “Wall of Decision,” will allow transgender individuals to finally present their true selves to the world. This aligns with Lev’s (2004) “Disclosure to others” and “Exploration: Identity and self-labeling.” The final wall in Etscovitz’s (2014) model is the “Wall of Commitment.” All of these models are quite similar when describing the last stage: Lev (2004) called it “Integration,” while Devor (2004) included “Pride” in what Etscovitz (2014) called “Living the Truth.” Each model has different areas of emphasis, but all overlap in some areas. The models are helpful in that they may resonate differently with various trans persons. Most of them appear to be linear, but there can be some flexibility in that area, especially in the lifespan models.
Counselors will want to consider each client individually as there appears to be many variables affecting change in gender variant persons.

**Milestones for Trans Men**

As an important addition to identity development models, Beemyn and Rankin (2011) outlined many milestones for trans persons, and specifically for trans men, trans women, cross-dressers, and genderqueer persons. Beemyn and Rankin (2011) understand that not all trans persons will experience the same stages, let alone milestones. The milestones are helpful to differentiate different experiences for various populations. The nine identified milestones for trans men are:

1. Feeling and often expressing a male gender identity from a younger age
2. Repressing or hiding one’s male gender identity in the face of hostility and/or isolation
3. Thinking of oneself as lesbian, but realizing over time it was not a good fit
4. Realizing that there are FTM individuals and that transitioning is possible
5. Learning about and meeting other transsexual men
6. Overcoming denial and internalized genderism to accept oneself as male
7. Taking hormones and having top surgery to look more like self-image
8. Whether and when to tell others, and developing new relationships after disclosure
9. Having a sense of wholeness as a different kind of man (Beemyn & Rankin, 2011, p. 116).
There are differences between trans men and trans women with regard to their identity development, with one notably being that trans women tend to cross-dress more than trans men. An important milestone for trans women, many will realize that they are not only cross-dressers, but may realize at some point that they want to live full-time as women (Beemyn & Rankin, 2011).

**Identities of Trans Men After Transition**

In the later stages of the identity development models, Griffin Hansbury (2005) discussed how trans men might develop one of three identities. These were labels that were applied after transition and are helpful in that they describe the varied roles that trans men may assume. Hansbury (2005) wrote about a spectrum of identities, but “boiled it down to,” as he put it, three categories of trans men: (1) Woodworkers, (2) Transmen, and (3) Genderqueer.

Woodworkers are those who blend into the woodwork or “go stealth.” Hansbury (2005) put it this way regarding Woodworkers: “They live as men, are out only to their families and perhaps to their partners, and treat their female histories as something to keep hidden” (p. 246). Transmen are somewhat different from Woodworkers in that they feel more comfortable talking about their female pasts. Genderqueer persons actually defy classification, according to Hansbury (2005). They may choose not to take hormones, may do little, if any, surgery and may still identify with their feminine sides, choosing not to become a male who may appear to be privileged or misogynistic (Dargie et al., 2014; Gardiner, 2013; Green, 2005). Hansbury’s classifications are helpful for others to understand the various identities of trans men. Since Hansbury’s (2005) article,
younger cohorts of trans men are claiming even more diverse identities (Gardiner, 2013; Vegter, 2013; Yerke & Mitchell, 2011), and some of the past identities that trans men presented may have been artificial because trans men were trying to appease the “gatekeepers” of much desired medical treatments (Hansbury, 2005).

**Intersectionality**

Writing about where race, gender, and class converge, Crenshaw (1991) coined the term “intersectionality,” likening this concept to an intersection where social identities meet and have an effect on the whole person. Warner and Shields (2013) claimed that these social identities could not be studied independently of one another. A single identity, like gender, can be studied only when considering how other identities, such as sexual orientation, interact with gender. It is important to understand and interpret these identities contextually. Bilodeau and Renn (2005) cited identity development models that ignore how race, gender, and class may affect sexual orientation and gender identity, suggesting that this is an area that has been overlooked. Diamond and Butterworth (2008) embraced Crenshaw’s (1991) construct of intersectionality, where it has been effective in analyzing relations among different forms of oppression, but Diamond and Butterworth adapted this construct with a more “intrapsychic” approach. “We also find intersectionality relevant to understanding how gender identity and sexual identity interact and co-create one another” (Diamond & Butterworth, 2008, p. 366).

As an example of how intersectionality theory works with transgender theory, fa’aafafine, Samoan males who live as a “third gender,” might clarify the concept. Roen
(2001), who studied the fa’aafafine, was critical about the lack of racial and cultural minorities included in queer and transgender theories. Fa’aafafine, meaning “like a woman,” are not ostracized from Samoan culture, but are valued and respected. From her interviews with fa’aafafine from Samoa, Roen (2001) referred to one participant, proud to be Samoan and fa’aafafine, first identified as Samoan and then as transgender. This appeared to be in sharp contrast to queer and transgender theory, whose stances “often highlight gender and sexuality to the point of obscuring race altogether” (Roen, 2001, p. 257).

In a longitudinal study about sexual identity in women, Diamond and Butterworth (2008), focused on four women who stood out because they considered transitioning, or adopting more masculine traits. Applying the framework of intersectionality, the authors could better understand the experience of several participants whose gender identities were changing. One participant considered adopting a male identity, but became ambivalent at that prospect when she could not imagine herself adopting what some might see as a misogynist identity after living as a feminist. She instead chose to identify as genderqueer. Diamond and Butterworth (2008) offer good examples of how intersectionality affects the concept of “self” in trans men. Diamond and Butterworth found that when women explored a fluid gender identity, their erotic attractions often became fluid as well. When trans men move towards a more masculine presentation, they often feel a power shift that may affect their sexual orientation. Trans men (trans persons as well) have multiple social and psychological identities that may include gender, sexual identity, masculine and feminine characteristics, and these identities shape

The aspects of intersectionality incorporated in this study were closer to the “intrapsychic” approach coined by Diamond and Butterworth (2008). The multiple identities of lesbian, trans man, and gay man in one person exemplify the complicated nature of intersectionality without even including race and class. Rowniak and Chesla (2013) described how a trans man with such multiple sexual and gender identities may literally “come-out” three times in his lifetime. In their qualitative study, the intersection of gender and sexual identities resulted in four very different gender and sexual expressions among the participants (Rowniak & Chesla, 2013). Some changed their sexual orientation completely; some became more fluid, while others did not change at all. The nature of intersectionality found in this study varied depending upon the participant.

**Transitioning, Loss, and Resilience**

The transition process for trans men is unique for each person. Some will begin as early as childhood, possibly socially or in dress (Devor, 1997; Factor & Rothblum, 2008), and others may not transition until much older. A social transition, changing one’s name and appearance without medical treatment, is common for adolescents. Medical transition will usually not occur until trans men have reached the age of majority (Dickey et al., 2012). Many will opt for hormone treatments and be content with that. As mentioned earlier, many trans men elect not to have surgery because it is often deemed to be unsatisfactory (Lev, 2004). There have been reports in the media claiming
there are many trans persons regretting transitioning, but in an effort to dispel social media claims, Budge et al. (2013b) found that all the trans persons in their qualitative study were positive about the change. They could not imagine not going through the process and were happy living as their “true selves.”

Many trans persons will experience loss of family and friends, and their much-needed support, when they come out as transgender (Budge et al., 2013a; Lev, 2013). Many are put into a type of “double bind” in that they are anxious to share with their close friends and families their new found gender identity only to be underwhelmed by the response, possibly even rejected (Lev, 2004). Even though many trans persons know they will be experiencing great loss, family and friend rejections, and taking on a possible stigmatization of being transgender, they still cannot resist the urge to transition; it is deeply rooted in their being. “I’d rather face the light of truth and have it hurt my eyes than be content and live in darkness” (Etscovitz, 2014, p. 4).

Facing so much adversity and loss, researchers found that trans persons were able to find strength to transition in the face of adversity. Resiliency, or being able to “bounce back” in the face of adversity, is an important aspect of how transgender persons cope with oppression or marginalization from society (Singh, 2013). Budge et al. (2014) found that trans persons used two types of coping skills to deal with adversity, avoidant and facilitative. Avoidant methods of coping would include detaching themselves from the problem and might include overeating or drug/alcohol use. Facilitative coping methods, such as seeking social support or changing behavior to positively adapt, were an effective means of coping with loss and the psychological stress from transitioning. In
their quantitative study, Budge et al. (2014) found avoidant coping correlated to higher anxiety and depression, where facilitative coping negatively correlated to anxiety.

In a phenomenological study of the lived experiences of resilience, 21 transgender individuals expressed five common resiliency themes: (1) Evolving a self-generated definition of self, (2) embracing self-worth, (3) awareness of oppression, (4) connection with a supportive community, and (5) cultivating hope for the future (Singh et al., 2011, p. 20). By self-identifying their gender and embracing their self-worth, in addition to having hope for the future, trans persons were able to engage in activism and combat societal and internalized transphobia. Singh et al. (2011) indicated that trans persons find resilience through community support and individual self-efficacy. With this support and affirmation from others, transgender individuals were able to cope with adversity. Singh et al. (2011) suggested that counselors foster resilience in their transgender clients by empowering them and helping them to identify the coping resources they need to succeed.

**Sexual Orientation**

Sexual orientation is often simply defined as the gender/sex one is attracted to, either sexually and/or romantically. The sex/gender would then follow to be male, female or both. In present times, this definition will not do. First, sexual identity needs to be addressed, and sexual identity includes sexual orientation. According to Lev (2004) sexual identity is a combination of gender identity, gender expression, and sexual orientation. One could say, “Sexual identity is who you are. Sexual orientation is who you are attracted to.” Sexual identity is something one can claim, and sexual orientation
is a behavior (Lev, 2004). One attracted to the opposite gender is considered heterosexual, and one attracted to the same sex is homosexual. We must also recognize that there are asexual persons, not sexually or romantically attracted to anyone (Pinto, 2014; Stryker, 2008), and bisexual persons attracted to both male and female persons.

It might make more sense to describe our sexual orientation as to whom we are attracted (Lev, 2004; Diamond, 2002). The way the term is used in today’s vernacular, sexual orientation is a label identifying oneself. One who identifies as gay is a man who is attracted to men. But what really is being described here is the gender he is attracted to and not the identified gender of the man. Because many in our society have conflated sexual orientation with gender identity, there is confusion about this issue, which ties into the focus of this study, the intersectionality of sexual orientation and gender identity.

When we consider sexual orientation with trans persons, it becomes even more complicated. Most scholars writing about transgender issues today will determine sexual orientation based on the identified gender, not based on birth sex of a transgender person (Bockting, Benner, & Coleman, 2009; Dickey et al., 2012). Stryker (2008) identified another type of sexual orientation for trans persons: Trans persons attracted to other trans persons. Stryker also emphasizes that trans persons can be gay, straight, bisexual, but also asexual, just like non-transgender persons. Pansexual, being “attracted to all genders, or a variety of gender identities” (Sausa, 2002, p. 46), is a commonly used term in the transgender community. Some trans persons that identify as “pansexual” may find the term “bisexual” too binary and claim to be attracted to all gender presentations,
including those transitioning. A bisexual is attracted to male or female presentations, but usually not to genders that fall in between male and female.

**Fluidity in Sexual Orientation**

There is the question of whether sexual orientation is fluid, and a question about whether it can change. Changing one’s sexual orientation against his/her will is not supported (Beckstead, 2012), but others have suggested that sexual orientation is fluid and may change (willingly or naturally) in the course of one’s lifetime (D’Augelli, 1994; Diamond, 2008, 2012; Ross, Daneback, & Mansson, 2012). In a Swedish study, women living in metropolitan areas with less religious traditions were associated with more fluidity in sexual orientation (Ross et al., 2012). Swaab (2007) claimed that since the attempts to force people to change their sexual orientation have failed and fallen into disrepute, the idea that homosexuality is a choice has also been disproven, which led him to this statement: “…there can be little doubt that sexual orientation has become fixed in adulthood and is beyond influencing later” (p. 434). Many LGBTQ activists would applaud that statement – affirming that a gay identity is not something to be manipulated, but the black and white nature of the statement may alarm many as being shortsighted.

Diamond (2008, 2012) found, at least in women, clear evidence of fluidity in sexual orientation. According to Diamond (2008), sexual fluidity refers to a “situation-dependent flexibility in women’s sexual responsiveness” (p. 3). In another study on sexual fluidity, Katz-Wise and Hyde (2015) found that bisexuality might fit under the above definition because bisexuals are attracted to more than one gender. Diamond...
(2008, 2012) did not equate fluidity with bisexuality, but those who identify as bisexual can certainly be sexually fluid.

Although her longitudinal study of sexual identity development was limited in number of participants, Diamond (2012) found varying cycles of sexual attraction for each of the six women studied, with some showing quite obvious changes in desire over a 13 year period. Diamond suggested that a “waveform” might be a more appropriate analogy for representing female sexual orientation. Over a 13-year period of time, the waveform gave an accurate image of how sexual orientation changed with her participants, some going from opposite-sex attracted to same-sex attracted, whereas others moved in a more subtle pattern. Savin-Williams and Ream (2007) found that most researchers assign sexual orientation based on one single measure at one point in time, and they have suggested that the construct of sexual orientation is too complex to ignore developmental stages and changes. Romantic orientation, sometimes referred to as affectional orientation, may also be a factor here as well, where romantic orientation may not include sexual desire (Pinto, 2014; Savin-Williams & Ream, 2007), and people who have same-sex romantic orientation may not consider themselves gay. There is ample evidence that sexual orientation is not always fixed in women, and this is also true for men, but to a lesser degree (Diamond, 2012; Dickson, van Roode, Cameron, & Paul, 2013; Savin-Williams & Ream, 2007).

**Sexual Orientation and Trans Men**

The concept of sexual orientation among trans men can be complex as well. Some researchers (Blanchard, 1989; Chivers & Bailey, 2000; Lawrence, 2010; Smith,
van Goozen, Kuiper, & Cohen-Kettenis, 2005) determine sexual orientation based on natal sex, or sex assigned at birth. This is offensive to some trans persons, and many experts in the field today prefer to assign sexual orientation based on assumed gender identity (Bockting et al., 2009; Dickey et al., 2012). “This method of referring to one’s sexual orientation based on birth (anatomical) sex negates the transgender person’s affirmed gender identity and fails to acknowledge and honor a person’s lived experience” (Dickey et al., 2012, p. 121). The purpose of their study (Dickey et al., 2012) was to gain clearer knowledge of the sexual identity development in trans men as they transition. Using grounded theory, Dickey et al. found that sexual orientation in trans men was grounded in their identified gender and not their sex at birth. They also found sexual identity was a fluid process, and there was not a clear path for sexual identity. Dickey et al. found that some participants needed to feel comfortable in their own physical bodies before they could explore relationships and their sexual identities.

Some researchers (Blanchard, 1989; Chivers & Bailey, 2000; Lawrence, 2010; Smith et al., 2005) have used sexual orientation as a typology, arguing that “homosexual” trans persons (attracted to same sex before transition) are more likely to have fewer regrets after surgery, and are often designated as the “true transsexual” or Type VI transsexual (Benjamin, 1966). Benjamin, although ahead of his time, understood transsexuals in a simpler way, believing that the vast majority of male-to-female transsexuals had a strong desire to become women so that they could be with men. There was little discussion about the sexual orientation after transition, believing that a true transsexual was a woman trapped in a man’s body with a strong desire to be with men,
but as a woman. There is evidence (Hansbury, 2005) that many MtF trans persons (trans women) lied about their sexual orientation in order to be given clinical approval for Gender Confirmation Surgery (GCS) and fit the description of a “true transsexual” as coined by Benjamin in the 1960s. Hansbury (2005) suggested that trans men would have lied about sexual orientation as well in order to satisfy the “gatekeepers” of GCS, and this has strengthened the argument against using sexual orientation as typology (Veale, 2014). The “gatekeepers” were often reluctant to recommend surgery for a male-to-female trans person who was sexually attracted to women, nor recommend surgery for a female-to-male trans person who was sexually attracted to men, because these trans persons were deemed to be heterosexual.

In an attempt to explain how trans men experience sexual orientation while transitioning their gender, an interesting qualitative study sought to categorize the different sexual orientation identities of 17 trans men (Rowniak & Chesla, 2013). The researchers compared the sexual orientation of trans men before and after they transitioned and found that four patterns emerged: (1) Steadfast, who were lesbians before transition and continued to be attracted to women after transitioning; (2) Aligned, trans men who were always attracted to men, but were never comfortable being female-bodied. These trans men felt they were “feminized” when with men and desired to be with a man, as a man; (3) Shifted, those who unexpectedly changed their desire from women to men after transitioning; and (4) Fluid, trans men who were bisexual or fluid in their sexual orientation before and after their transition (Rowniak & Chesla, 2013).
Although it is a small sample, it is interesting to note that the Steadfast group, ones who would be considered “true transsexuals” by some, being heterosexual based on the preferred orientation towards women, were in the minority. Most of these trans men were not too anxious to label themselves as “heterosexual,” a trend that seems to be more prevalent in the past decade (Kuper et al., 2012; Yerke & Mitchell, 2011). The Shifted group was also interesting in that they claimed to be completely surprised by their change in sexual orientation. Their stories gave credence to the idea that sexual orientation can be fluid in later life, especially prominent in natal females. These findings were in agreement with other studies where the change in sexual orientation was observed (Auer, Fuss, Hohne, Stalla, & Sievers, 2014; Bockting et al., 2009; Booth, 2012; Diamond & Butterworth, 2008; Dickey et al., 2012; Dickson et al., 2013; Levitt & Ippolito, 2014b; Rowniak & Chesla, 2013).

Dickey et al. (2012) had an interesting interpretation of someone who Rowniak and Chesla (2013) would have labeled as “Shifted,” someone who has changed sexual orientation: “One participant was straight prior to transition, and remained straight after transition when his attraction shifted from men to women” (Dickey et al., 2012, p. 133). One could then say this about a trans woman who shifted her sexual orientation: “She remained gay, attracted to men when she was a man, and attracted to women when she became one.” Most would see this as a change in sexual orientation, but it depends on one’s perspective. It also reinforces respecting transgender individuals’ chosen gender identities when describing their sexual orientation (Bockting et al., 2009; Dickey et al.,
2012; Serano, 2010). Perhaps opposite sex attraction would continue after transitioning; it apparently does in some trans persons.

Adding to the complexity of sexual orientation, it should be noted that trans men may be attracted to women, men, both, or to genderqueer persons within a variant transgender community. Genderqueer persons are trans persons who do not accept the label “male” or “female.” Some may attempt to destabilize gender markers by dressing androgynously and/or presenting both male and female characteristics (Beemyn & Rankin, 2011), and some trans persons are attracted to other trans persons (Stryker, 2008). Many involved in research with trans persons were surprised at the change in sexual orientation (Auer et al., 2014; Bockting et al., 2009; Dickson et al., 2013), and many were also taken aback at how many trans men self-identified as “genderqueer” and not as heterosexual even when exclusively attracted to women (Dargie et al., 2014; Kuper et al., 2012). Most of the literature and research studies strongly support a movement away from the simplified, dichotomous perception and description of sexual orientation.

**Gender Identity**

As much as sexual orientation appears to be fluid for some, gender identity is often considered a fluid construct as well (Fontanella et al., 2014; Tate et al., 2014; Vegter, 2013), and multidimensional (Egan & Perry, 2001). This, of course, has not always been the case, and the rigid binary view of gender is still very much in place in Western culture. But Fontanella et al. (2014) credited changes in cultural attitudes about gender that have allowed us to move away from the binary conception of gender. In their cross-national study, Fontanella et al. (2014) found that the binary gender conception was
inadequate in describing present day gender identities, but also suggested that this fluidity also included sex and sexuality.

Gender has been described as a social construct (Connell, 1987), and “doing gender” (West & Zimmerman, 1987) is another way of conceptualizing it, reinforcing the social rather than biological origin. Milton Diamond (2002) stated this about sex and gender: “It can be said that one is a sex and one does gender; that sex typically, but not always, represents what is between one’s legs, whereas gender represents what is between one’s ears” (p. 323, emphasis in original). Devor (1997) claimed, “Genders are presumed to be naturally occurring social manifestations of sexes” (p. 72). We are socialized from birth to become and express the gender traits that match our birth sex, but there are some who are not able to accomplish this. Transgender persons must live through this incongruence and take steps to align their inner selves with their outer bodily manifestations.

Most people have an alignment with their gender and sex, but when this does not align, one might be considered transgender, regardless of how they express gender. Although there appears to be a growing acceptance of trans persons in our culture, especially in entertainment with Orange is the New Black (Kohan, 2013) and Transparent (Soloway, 2014) as popular TV series, social and cultural inclusion may be based upon the expectation that transgender persons will conform to the gender role to which they have transitioned. “One of the biggest misunderstandings of FTM transsexual lives is that they conform to traditional notions of gender” (Rubin, 2003, p. 2). There may be an acceptance of transsexuals, but once transitioned, they are often expected to
fulfill “typical” gender roles. Clarifying this, Rubin (2003) asserted that most trans men “make a distinction between maleness (sexed bodies) and masculinity (gender roles)” (p. 144). This is exemplified by the various gender roles and presentations that trans men offer, with the insistence by many that a penis is not required to be a man (Forshee, 2006; Green, 2005; Vegter, 2013). For many trans men, the medical options are not appealing. Most find testosterone favorable (Forshee, 2008), but bottom surgery is still in its infancy with the result less than satisfactory (Devor, 2004; Lev, 2004).

It is logical that trans men would not appear to be homogeneous, “since most trans men are socialized as females, their experiences of masculinity differ from those individuals socialized as male from birth” (Forshee, 2006, p. 46). It would also follow that trans men, having such different socialization experiences, would be quite a varied group. In a quantitative study, sampling trans men and women across the nation, Factor and Rothblum (2008) found more than one-third of trans men and trans women described their gender as fluid. Some trans men identify as gay, some do not. Some have had bottom surgery, and some have not. Some trans men identify as genderqueer, and refuse to be identified as a “type.” Although many in academia still rely on typologies or taxonomies when describing trans persons (Bailey, 2003; Blanchard, 1989; Chivers & Bailey, 2000; Lawrence, 2010; Nieder et al., 2010; Smith et al., 2005), the trans community itself is beginning to redefine its gender expression into a more fluid one celebrating the within-group differences of trans people (Bem, 1995; Vegter, 2013; Yerke & Mitchell, 2011).
As one who early on embraced the diversity in gender, the late Sandra Bem (1995) recognized the beginning of this trend, likening it to a box of Crayola crayons. Gender, according to Bem (1995), can be as colorful or multidimensional as a box of crayons. At the time she wrote this, she recognized that most of Western culture was seeing gender with only two possibilities, but Bem (1995) was beginning to see a positive change towards diversity within the LGBTQ community. In a more recent study, Vegter (2013) found that body modifications served a purpose in that they helped accommodate trans men to the binary world, but many of these trans men did not believe that their bodies had to be “male” to express masculinity or a “male” gender. Yerke and Mitchell (2011) supported this asserting that being perceived as a man is important to some trans men, but bottom surgery is not necessarily required to achieve this. Worthen (2013) discovered that genderqueer-identified trans men have opted for a more fluid gender identity and might prefer to be referred to as “ze” or other gender-neutral pronouns. In a qualitative study, Booth (2012) quoted a trans man referring to his gender saying, “I just don’t feel like I can pretend that the female part of my existence didn’t ever exist” (p. 212). In recent studies more trans men appear to be identifying as genderqueer, embracing both masculine and feminine parts of their personalities (Dargie et al., 2014; Kuper et al, 2012).

**Intersectionality of Sexual Orientation and Gender Identity**

When considering sexual orientation and gender identity, the way they intersect is important, especially when it comes to the transgender community. Differentiating transgender theory from feminist and queer theory, Nagoshi and Brzuzy (2010) claimed
that transgenderism understands that sexuality and gender are always intersectional. As stated by Valentine (2007), “The bald assertion of the ontological separateness of gender and sexuality ignores the complexity of lived experience” (p. 62). Citing the identity development models that assume that sexual orientation and gender identity are determined by biology, Bilodeau and Renn (2005) emphasize models that focus on the social construction of identity and understand the intersectionality of other factors, such as race, age, and socio-economic status. Diamond (2008, 2012), Devor (1997, 2004), Lev (2005), and many more have said that one cannot separate sexual orientation and gender identity completely, and sexual orientation may shift with a change in gender identity (Auer et al., 2014; Levitt & Ippolito, 2014a, Rowniak & Chesla, 2013). In her qualitative study of transgender persons of color, White (2013) found that gender identity and sexual orientation “cannot be fully understood in isolation” (p. 104). In fact, as Diamond and Butterworth (2008) asked, by deconstructing gender is it really surprising that sexual orientation might also be affected? Yerke and Mitchell (2011), in their qualitative study with trans men, found the participants experienced their sexuality more fully once their gender identification was complete. Understanding that they are different constructs, but yet still affecting one another is what has been overlooked, or possibly dismissed (Valentine, 2007).

**Trends in Identity for Trans Men**

As medical knowledge and procedures have advanced, so have the perspectives of trans persons in that they are more open to a spectrum of gender variance, using terms like “genderqueer” and “gender-neutral,” moving away from the binary terms. In their
qualitative study, Yerke and Mitchell (2011) studied two cohorts of FtM transsexuals, with one transitioning between 1969 and 1987. The other cohort transitioned between 2000 and 2006. Yerke and Mitchell (2011) found this later group to be quite different in a few ways. These trans men chose less bottom surgery (phalloplasty), and more often were attracted to both men and women. Transmen who have recently transitioned appear to be more fluid with gender and sexual orientation, or at least more open about it (Kuper et al., 2012; Yerke & Mitchell, 2011). It has been stated by some that trans men (and trans women) may experience their sexual orientation more fully once they have transitioned to their preferred gender (Bockting et al., 2009; Diamond & Butterworth, 2008; Dickey et al., 2012; Levitt & Ippolito, 2014a; Yerke & Mitchell, 2011). In their study exploring the diversity of gender and sexual orientation of transgender persons, Kuper et al. (2012) found that “genderqueer” was the most commonly chosen identity for those trans men born female.

Finding similar differences in younger cohorts of trans men, Beemyn and Rankin (2011), in their study of trans persons, found that a smaller percentage were uncertain about their gender identity than the older cohorts. Beemyn and Rankin (2011) explained this by suggesting that in today’s society young girls were able to challenge gender roles more so than in the past. They did this without questioning their own gender. These “tomboys” were not reproached or even required to see themselves as “different from the boys around them” (Beemyn & Rankin, 2011, p. 47). Older cohorts of trans men who were tomboys while children would have felt more pressure from parents and peers to conform to “typical” gender roles. Therefore, these older cohorts were more likely to
question their gender assignment. This relates to the important generational differences found in the present study.

Trans men may face fewer barriers while transitioning, especially because in recent times children have been given more flexibility in their gender expression (Beemyn & Rankin, 2011). There are increasing numbers of children questioning their gender identities (Ehrensaft, 2015), and even culturally sensitive mental health professionals may be at a loss as to how to proceed effectively with gender variant children (Coolhart, Baker, Farmer, Malaney, & Shipman, 2013).

**Typologies**

Some researchers (Chivers & Bailey, 2000; Lawrence, 2010) have strongly asserted that there are at least two types of FtM trans persons. Trans men can be typed by their sexual orientation as either homosexual FtM or nonhomosexual FtM based on birth sex. Chivers and Bailey (2000) found some differences between the two types, but Meier, Pardo, Labuski, and Babcock (2013) did not advocate using sexual orientation as a recommendation for surgery. They found that trans men of different sexual orientations had more similarities than differences, and although differences were found, they were minimal, according to Meier et al. (2013). Using typology and/or taxonomies when working with such a diverse and underresearched group might not be logical, especially using sexual orientation labels for categorizing clients (Bockting et al., 2009; Meier et al., 2013).

Noting that the research on typologies of trans persons, such as "early-age onset" or "true transsexual," has been mostly conducted on trans women, Beemyn and Rankin
Late onset trans persons were also recognized as a group who might not deserve surgery, and many of these were trans women. Many of the older cohorts of MtF trans persons were cross-dressers until they learned about transsexuality and the existence of others like themselves (Etscovitz, 2014). The younger cohorts of trans women, growing up online and having easy access to information about gender transitioning, rarely identify as cross-dressers (Beemyn & Rankin, 2011). The typologies are making research and understanding about trans persons more complicated than it needs to be. As cited earlier, many researchers suggested that typing trans persons by sexual orientation serves no purpose (Beemyn & Rankin, 2011; Bockting & Coleman, 1992; Bockting, et al., 2009; Meier et al., 2013), and it only complicates matters, or even worse, leads to the “gatekeepers” denying medical treatment due to the type of transgender person requesting attention. Queer, as the preferred label for many trans persons, has helped to remedy this situation as a label that “resists rigid categorization” (Savin-Williams, as cited in Diamond, 2008, p. 187).

There are many in the field who now reject most labeling of trans persons, and also resist any type of pathology of variant gender behavior (Beemyn & Rankin, 2011; Bockting et al., 2009; Lev, 2013; Sawyer, 2013; Tate et al., 2014). Arguing that gender self-categorization is a trait-like phenomenon, Tate et al. (2014) made a valid point in that the final determination of gender can be either cisgender or transgender. Tate et al. (2014) were determined to make self-determination of gender, no matter the choice, as something not “abnormal.” The fact that Gender Dysphoria (GD) has continued to be
listed as a treatable diagnosis in the *DSM-5* (APA, 2013; Lev, 2013), it appears as though GD is a “problem” needing to be “fixed,” according to Sawyer (2013).

**Masculinity/Femininity**

Dickey et al. (2012) suggested that many pansexual individuals are experiencing gender across a spectrum. Laura Brown (2006) found feminist colleagues who transitioned to men no less feminist as men. With a similar observation, Vegter (2013) made the point that everyone has some masculine and feminine parts. In her qualitative study of trans men, Vegter found that masculinity was not crucial in a female-to-male identity. She found that trans men could embrace their femininity and not compromise their male identity. Stressing that not all trans men were lesbians, her participants made a distinction between FtM gender identity and lesbian sexual identity. Although lesbians and trans men may show similar measures of masculinity, their sexual preferences are not determined by their gender expression. Participants in Vegter’s study claimed that social forces shaped their gender and their masculine and feminine sides co-existed, or existed in some relation to one another (Vegter, 2013). Her point was that trans men did not feel less masculine than cisgender men, but that all men, cis or trans, have varying degrees of femininity and masculinity.

Vegter (2013) and Rubin (2003) found that after trans men had established and felt comfortable with their external selves, their compensatory masculine behavior declined, and they were more in touch with their feminine side. O’Donnell (2014) echoed these findings, alluding to Carl Jung’s anima and animus, and claimed “there is something profoundly different, profoundly essential, and profoundly complementary
that binds masculinity and femininity in each person” (p. 117). O’Donnell (2014), as well as Boswell (1997), claimed that both male and female forces, or traits, are needed for persons to be whole and healthy.

Marginality

Trans persons share systematic oppression that other marginalized people face (Levitt & Ippolito, 2014b). Trans people face employment discrimination, especially when transitioning while employed (Budge, Tebbe, & Howard, 2010). They may have difficulty developing intimate relationships based on gender and body issues after transition. Trans persons also face difficulties finding a safe place to live with the possibility of rejection even from the LGB community, and there are additional stressors for trans persons of color or with other marginalized identities (Levitt & Ippolito, 2014b). Trans persons are also at a higher risk of suicide than their LGB counterparts (Grossman & D’Augelli, 2006; Nemoto et al., 2011, Testa et al., 2012). Testa et al. (2014) expected that trans women would be more at risk for physical violence, but found in their study this was not the case. Although they are transitioning to the “privilege” of being male, trans men are not necessarily immune to the violence subjected to trans gender persons.

Quality of Life

Some researchers found the quality of life (QOL) considerably diminished among FtM trans persons (Meier et al., 2013; Newfield et al., 2006). Newfield et al. (2006) reported significant reduced mental health-related quality of life issues, finding that 67% of FtM participants reported significantly higher QOL when using testosterone, supporting not only the need for increased mental health, but also medical care. In line
with this, Meier et al. (2013) found a negative correlation between testosterone use and depression, and also a negative correlation between social support and depression. Newfield et al. (2006) and Meier et al. (2013) found that psychological well-being improved with family and social support, and with less anxiety trans men could enjoy a better QOL. Meier et al. were expecting to find a lower QOL with trans men who are attracted to men, but they did not find any significant difference. They did find that bisexual trans men had higher anxiety, to which they accounted for by considering bisexual trans men a “double minority,” and they may experience unique challenges due to the intersection of bisexual and transgender identities. Meier et al. (2013) found that trans men of various sexual orientations were more alike than different, and their study did not support differentiation of sexual orientation with regard to psychological well-being.

Transmen will face a myriad of challenges when considering the complications of coming out two or three times, and being part of several marginalized groups, especially when one considers the intersectionality of race, sexual orientation, gender identity, and other factors. If in a relationship, there may be issues regarding sexuality and gender changes, and severe stress may be put upon the relationship. Many relationships will not survive a partner transitioning (Levitt & Ippolito, 2014b). Brown (2010) strongly suggested that partners of transitioning persons need to accept their partner’s gender change in order for the relationship to survive.

Stigmatized groups will often share their minority status with their families. As Hansbury (2005) suggested, parents of an African American child can be the role models
of what it means to be Black in America. They can be the mirrors that the child needs to absorb in order to understand his/her African American identity. This is not usually true with sexual minority youth (Craig, Austin, & McInroy, 2014; Hansbury, 2005), and one would not expect this to be the case with transgender persons. Sexual minority youth will not often find support from family members, and may keep their sexual identity and/or gender identity hidden from family. Trans persons have few models of experience to relate to, and often have few role models who might use language describing this sense of gender and sexual orientation (Levitt & Ippolito, 2014b). Trans men and women will usually face the first few stages of their identity development quite alone, and the power of support groups outside of the family are extremely important (Cerezo, Morales, Quintero, & Rothman, 2014; Craig et al., 2014), including a need for gender affirmation (Sevelius, 2013).

There is evidence that trans men receive more gender affirmation than trans women because of the powerful effects of testosterone (Sevelius, 2013), and by receiving more support from family (Budge et al., 2013a). In their quantitative study of trans men and women, Budge et al. (2013a) found that trans men used more family resources and found more support there than did trans women. Speculating about the cause for this, Budge et al. suggested that trans men had more “prescribed” family roles being raised as females. Also, families may find transitioning to a man more acceptable than transitioning to a woman because of the power status of men in our society.
**Transphobia**

Trans men are also subject to transphobia, which is similar to homophobia but includes disgust towards those who do not conform to societal gender roles and gender identity (Nagoshi et al., 2008). Nagoshi and Brzuzy (2010) made an important point about transphobia, stating that mental health workers need to communicate with trans persons that “their discomfort with their gender identity is not a pathology but an issue of having to conform to society’s gender-binary norms” (p. 438). They also suggested that mental health professionals should not recommend gender confirmation surgery to help clients cope with social pressures regarding gender, but rather “create a safe space for clients to create their own gender identities, regardless of whether the clients want the surgery” (Nagoshi & Brzuzy, 2010, p. 439).

**Summary**

The literature on transgender men is growing, and theorists are beginning to recognize transgender theory, but there is still a lack of research around the sexual and gender identity development of trans men. Transgender emergence is quickly changing the way society and trans persons themselves view gender and sexual identities. There is notably a more fluid gender presentation in the trans community, and members of the recent cohorts of trans men are opting less for bottom surgery (Yerke & Mitchell, 2011) and identifying as genderqueer or queer (Kuper et al., 2012; Meier et al., 2013). As noted, transgender persons are more frequently given attention by mass media, but there is a question as to the depth of understanding society has towards trans persons. Gender Identity Disorder has been replaced in the *DSM-5* with Gender Dysphoria, and many
celebrate this as positive step for transgender rights, while others question this change (Lev, 2013).

Yet, even with these remarkable trends in the transgender community, trans persons are still one of the most marginalized groups within the LGBTQ umbrella. Lesbians, gays, and bisexuals have more protection under law than trans persons (HRC, 2015). There are many states, especially in the South and/or rural areas, where trans persons have no protection from job discrimination based on gender identity. This marginalization was magnified with the recent “bathroom bill” in North Carolina, requiring persons to use the restroom dependent upon their birth sex as identified on their birth certificate.

There was much jubilation over same-sex marriage in 2015, and many are hoping the good feelings will find their way into the transgender community. Until then, trans persons will often be looked at as an oddity: intriguing persons who undergo amazing transformations with the resilience to see it through to the end, but who are still a mystery to most and to many in the helping professions. It is important for counselors to be well informed as to the complicated interaction of sexual and gender identities as trans men go through transitions. Their sexual orientation may change, they may have issues with significant others, and they may lose the needed support of their loved ones as they try to become their true selves. Counselors need to be informed as to how this process may play out in the lives of their transgender clients.
CHAPTER THREE

METHODOLOGY

The purpose of this exploratory study was to gain an understanding of the complexity of the lived experiences of trans men, how sexual orientation and gender identity play out in the lives of trans men, and how that lived experience evolved before, during, and after transitioning. The problem that was studied required a qualitative design in order to get the thick, rich descriptions of the transition process. Through the lens of transgender theory, the research will shed light on how gender and sexual identities intersect as trans men transition. This study was designed to gain a better understanding of how trans men interpret their experiences of sexual orientation and gender identity, and to learn what meaning they attributed to their experiences.

The research question was:

- How do sexual orientation, gender identity, and their intersection, manifest in the lives of transgender men?

Sub-questions:

- How do trans men experience sexual orientation before, during, and after changing their gender?
- What do the experiences of sexual orientation and gender identity mean to transgender men before, during, and after they transition?

Design of the Study

Qualitative research assumes that there is no “objective” reality in existence, and interpretations are socially constructed. Qualitative researchers are looking to understand
the constructed interpretation of the participants’ experiences of a phenomenon (Merriam, 2009). “The aim of research is not to discover [reality], for that is impossible, but to construct a clearer reality” through the eyes of the participant (Stake, 1995, p. 101). Stake also made the distinction between quantitative and qualitative research, being “explanation” the purpose for the former, “understanding” the purpose for the latter.

Qualitative design may contain several basic features, some more prevalent than others depending on the design (Bogdan & Biklen, 2007). It can be naturalistic, where actual settings are a source of data. Other examples of naturalistic studies would also be known as “ethnographic,” “field research,” or “participant observation” (Lincoln & Guba, 1985). Qualitative research is descriptive in nature, as opposed to numerical data. The data may include interviews, field notes, photographs, personal documents, and other official records. “The overall purpose [of qualitative research] is to understand how people make sense of their lives and their experiences” (Merriam, 2009, p. 23).

The intersectionality of gender and sexual identities was of interest to me from the literature and from the few contacts I had made in the transgender community. Diamond and Butterworth (2008) saw that gender and sexual identities “co-create” each other. Some researchers found that sexual identities were often not fully understood until gender issues were resolved (Schilt & Windsor, 2014; Yerke & Mitchell, 2011). It also seemed that many researchers were not addressing the connection between sexual and gender identities because the general consensus of society and the literature of keeping these two constructs separate, reinforced with the saying gender is “between one’s ears” and sex is
between one’s legs (Diamond, 2002, p. 323). To better understand the connection, I devised questions for participants that would address the issue.

Qualitative research is inductive, in that a researcher “typically does not work with either a priori theory or variables; these are expected to emerge from the inquiry” (Lincoln & Guba, 1985, p. 203). An inductive process starts with particulars and moves towards a larger perspective or meaning (Creswell, 2007). Inductive analysis requires working from the ground up, organizing specifics into more abstract categories and themes. With an inductive approach to data analysis, the researcher does not have pre-existing codes or preconceptions of the data.

It is important for the researcher to constantly compare categories and themes, and to collaborate with participants in order to acquire themes that reflect the research. My intention with this study was to interview participants with an open mind as to their sexual orientation and gender identity, with no preconceived ideas regarding theories about gender identity development. In a qualitative study, the researcher is not only interested in the behavior of the participants, but also with how the participants make sense or meaning of their experiences (Maxwell, 1996). This is true in the present study, as I was interested in obtaining the “thick, rich” descriptions of the participants’ experiences – the essence of their experiences as they transitioned. It was also important to understand the context, or the unique situation that each participant experienced. The participants’ descriptions of their perceptions of gender and how that related to their sexual development was studied and led to the development of themes in this study that
revolve around the intersectionality of gender and sexual identities in trans men, found in Chapters Four and Five.

As an exploratory study, the researcher needs to be open and willing to identify unanticipated phenomena or influences (Maxwell, 1996), as these may lead to developing theories for future research. Unanticipated findings may lead to more inquiry and contemplation by both participants and researcher. In this exploratory qualitative study, unanticipated findings helped to design questions for the follow-up interviews. As was the case in this study, when I found that not all trans men connected with the “born in the wrong body” narrative, I explored how fluidity in gender may explain this phenomenon. Questions about fluidity in gender led me to questions about fluidity in sexual orientation and/or behavior. This qualitative approach led me to discover themes and contemplate areas new to the literature.

**Positionality**

The position of the researcher is important to acknowledge from the beginning (Creswell, 2007; Merriam, 2009). Those who do qualitative research are also participants in the process. As a researcher, one cannot be completely objective as qualitative researchers interact with participants and develop a relationship (Appleton, 2011; Lincoln & Guba, 1985). Understanding one’s positionality and how it may affect outcomes are critical to a successful study.

My original interest in gender non-conforming persons began with my political perspective, and my desire to see social justice for all LGBTQ individuals. While studying the LGBTQ community, I began to scrutinize who came under this “umbrella.”
I noticed that transgender persons, the “T” in the acronym, were not studied as much as lesbians and gay men. Trans persons appeared to be overlooked in many ways, especially when it came to gender issues. People often say “LGBTQ” meaning to be inclusive, but are more likely referring to lesbians and gay men (Stryker, 2004; Valentine, 2007). It appeared to me that the “T” in LGBTQ was meant to be inclusive, but also politically correct, including the transgender population without really understanding this complicated group. My aim was to contribute to the literature with this study, hoping to gain a better understanding of how trans men experience the transition process.

Interviewing was the main source of data in this type of qualitative study. As an outsider, my etic perspective was that of an ally of the transgender community. I needed to bracket some of my own experiences with the transgender community along with some of my biases. Being a cisgender, heterosexual male, I thought it important to be open with participants about my background from the beginning and self-reflective regarding my biases. Being an ally, I have a bias towards this population, but my experience as a counselor served me well in that I always maintained a nonjudgmental approach. My focus as a counselor has been Rogerian in many respects, where the counselor has unconditional, positive regard for clients (Rogers, 1951). I believe my experience in this area helped me in the process of epoché, where I refrained from judgment.

Much of the literature has focused on the marginality of trans men – the negative aspects of growing up in a heteronormative society (D’Augelli et al., 2006; De Cuypere et al., 2006; Mustanski & Liu, 2013; Nemoto et al., 2011; Newfield et al., 2006; Testa et al., 2012). As a counselor, I focused on wellness and not so much on pathology. I also
wanted to give a voice to the positive stories these men had to share. There are trans men who have faced overwhelming adversity and were still able to find the strength to grow and transition into their true selves. Budge et al. (2013b) asserted that it would be easy to focus on the negative aspects of being transgender, but suggested strongly that counselors look at the positive aspects – the strengths that trans persons often find to overcome adversity. These are stories that are included in this study. I believe these balanced narratives, including the positive and negative aspects of living as transgender, will help counselors acquire a better understanding of the strengths they may focus on in counseling. “Many people find that their feelings of gender dysphoria are supplanted by feelings of gender euphoria” (Devor, 2004, p. 63).

Data Collection and Analysis

Sample Selection

I interviewed eight transgender men (multiple times) who had recently transitioned or were in the process of transitioning. For some trans men, transitioning could be quite a long process, socially transitioning at an early age and not medically transitioning until an older age. Even so, my sample reflected a younger population of trans men because they are more apt to be on the social websites used for finding participants. Participants were natal females, and seen by the community in which they live and work, as men. Surgery and hormone therapy were not required, but most had both. Purposeful sampling allowed me to choose participants who inform an understanding of the problem to be studied (Creswell, 2007). I looked for trans men of various ages and backgrounds that resulted in a fairly diverse sample. Snowball
sampling, when the researcher is informed by participants of others who may be information-rich, is helpful in finding participants who add dimension to the study considering the limited number of participants (Creswell, 2007).

I used transgender social websites and support groups to find participants. With some connections already obtained in the trans community, I asked for volunteers to participate. Contacts were made through LGBTQ centers at local universities, and LGBTQ centers in New York City, Philadelphia, PA, and Princeton, NJ.

**Interviews**

This qualitative research study used an exploratory design that was well suited for gaining rich descriptions from the lived experiences of trans men as they transition. Because of the limited research on trans men and their sexual orientations, a qualitative approach, with in-depth and semi-structured interviews, was appropriate. With this open structure, the participants had a chance to tell their stories in a safe environment knowing that their identities would be kept confidential. All interviewees read and signed an informed consent document approved by the Institutional Review Board from Montclair State University (Appendix C). I made it clear that they could stop the interview at any time, their answers were completely confidential, and I would be checking back with them in a “follow-up” interview. I made every effort for interviewees to feel comfortable, and assured them that I was providing them a safe space in which to relate their experiences. Here they had an opportunity to give a voice to what they experienced as they transitioned, which added to the much needed understanding of sexual and gender identities in trans men. Qualitative researchers need to be open as to what the data may
show, allowing the participants to influence the direction of the research (Creswell, 2007). Merriam (2009) recommended that coding and interpretation of data be an ongoing process so that the researcher can be continually informed during the research process.

Using semi-structured interviews, with follow-up interviews as needed, I asked each participant or trans man about his experiences in transitioning. At first, I asked general questions about his gender identity development not intending to immediately ask personal questions regarding sexual orientation. After building trust with the participant, I eventually asked about his sexual orientation and how the transition process may have affected that. I asked each trans man how he would describe his gender and inquired as to how he saw himself along the gender identity spectrum. Since these questions were personal and required recall back to times that might have been painful for him, the utmost care was taken to make sure the participant understood that he did not have to answer these questions and could stop the interview at any time. In the unlikely event that a participant became visibly upset, he would have been referred to several counseling services specializing in LGBTQ or transgender issues (see Appendix C), but this was not an issue in the present study. The consent form was thorough regarding protection for the participant, and this also was discussed before starting the interview. Because of the delicate and complicated issues that were discussed, it was important to request a second interview, not only for member checking, but also for more questions that arose from the first interview. There were even third interviews for a few participants.
All interviews, except one, were in person and recorded on a digital recorder. One was recorded over the telephone. In order to bound the study, I focused many of my questions on sexual orientation and gender identity. Although the interviews were semi-structured, I asked three questions consistently to everyone:

1. Was your sexual orientation affected in any way before, during, and after transitioning?
2. How would you describe yourself regarding gender identity, and has that changed at any time in your life?
3. How would you describe yourself regarding sexual orientation, and has that changed at any time in your life?

Other questions that guided the interview can be found in Appendix A. Demographic information was also gathered at the initial interview or through email (Appendix B).

Interviews began in November 2015 and continued until May of 2016. There were at least two lengthy interviews for eight of the participants, and some had a third interview. Some participants had between 40 and 50 pages of transcripts that included two or three interviews, documented emails, and telephone conversations. Even though I considered the interviews semi-structured, the interviews were often open ended in part, and this allowed for unanticipated themes in the data. Many of the follow up emails were confirming newer themes that were developing from the data.

As part of member-checking, the participants had a chance to comment or correct statements that I may have misconstrued. During the follow-up interviews, I asked questions about what was said and clarified some assumptions or assertions I may have
made. After a short passage of time, participants may regret not saying something, or they may want to clarify something they said at the first interview. The participants were given ample opportunities to clarify statements.

Documents and Artifacts

In qualitative research documents can be requested, such as asking a participant to keep a journal during the study. Most documents are an effective source of data because they are independently produced (Merriam, 2009). They are rich sources of data that can support or validate some of the assertions made by the researcher (Lincoln & Guba, 1985). In addition to records, these documents could include diaries, journals, and even artistic writings, such as poetry or music. They may help the researcher to uncover meaning and insights reflected in the research questions. Care must be given to be sure that copyrighted material is not used without permission, and there may be a danger that a participant could be connected to his/her works even after names have been changed. I inquired about artifacts, documents, and writings from my participants, and a few were offered, a journal entry and two websites created by the participants. The journal and websites allowed for a deeper understanding of the personal confliction that two of the participants were experiencing.

Data Analysis

Data analysis was an ongoing procedure. Merriam (2009) recommended analyzing data simultaneously with data collection. Because researchers are not sure of what recurring themes might be found, it is beneficial to continually analyze data after each interview. After transcribing each interview, I highlighted significant statements
and organized them into “clusters of meaning” or codes, which helped me to identify significant categories (Creswell, 2007). A code, according to Saldaña (2013), is a word or short phrase that “symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (p. 3). As one codes and recodes, categories that develop will be more conceptual or abstract (Saldaña, 2013).

It is important that “open coding” is an ongoing procedure, as the participants will influence the direction of the research. When I saw something repeated by other participants, or heard something completely new, I thought it was important to compare and possibly share with other participants what was being uncovered as it might change my direction or lead me down different paths that were important to the study. It was also important to not pursue everything, but rather make decisions to narrow the focus of the study (Bogdan & Biklen, 2007).

After I interviewed participants for the first time, I reviewed each recording a total of three times to carefully transcribe the interview and listen for common words, phrases, or concepts. First, the interview was transcribed from listening to the session on the recorder with headphones. Second, the recording was played again with headphones to make corrections on text and with typos. Third, the transcript was read through without the headphones, reading for clarity and more typos. After this third reading, the original recording was deleted. This process gave the principal investigator the ability to become quite familiar with the narratives of these trans men. After three readings, the words and the meanings of those words became much clearer to me. Even though this took time, it
was quite worth the effort; it enabled me to catch subtle nuances that may have missed if I had not transcribed the interviews.

After the three readings of the transcripts, I began to code the documents. I was reading for common words, phrases, or ideas that emerged from the interviews. After all the transcripts were coded, I made a list of all codes. The list was alphabetized so that I could quickly get counts of how many times each code was used.

I coded many transcripts with terms and expressions such as: “wrong body,” “tomboy,” “knew I was male,” and came up with the categories “born in the wrong body” and “binary gender identity.” Then I also found codes that were different from the previous codes, such as: “happy with body,” “knew I was a girl,” “go with flow,” and I came up with categories such as “non-binary gender identity” and “fluid gender identity.” I also began to notice that the trans men who were included in the category of “born in the wrong body” tended to also have a binary sexual orientation. It appeared that most of the trans men who had fluid gender identities, who did not share the “born in the wrong body” narrative, were more likely to have a non-binary sexual orientation. This in turn led to a sub theme: “A tendency towards fluidity in one aspect of identity may also show as fluidity in other identities.” Not all trans men share the “born in the wrong body” narrative, and I decided to pursue this finding. A similar process was followed with the other major themes in this study.

What Saldaña (2013) calls “themeing the data” is appropriate for all qualitative inquiries. A theme is an outcome of analyzing the codes and categories. The themes can be analyzed within cases, and this was followed with cross-case analysis (Creswell,
2007). Assertions, or interpretations of the meaning of certain themes, may follow cross-case analysis. When examining more than one case, or in this study more than one participant, I looked for themes that were common to all or most of the participants. This cross-case analysis also supports and strengthens naturalistic generalization, where the “applicability of one case to another is determined by the practitioner” (Merriam, 2009, p. 226). The goal of data analysis is to interpret what people have said and make meaning of it. The process of analysis is to attempt to answer the research questions.

The four main themes that developed in the present study were: (1) understanding the interconnection between gender and sexual identities in trans men, (2) trans men who identify as feminists struggle with male privilege as they transition, (3) being comfortable in their bodies fosters a sense of well-being, and (4) some trans men experience a change in their sexual behavior as they transition. The first theme included a subtheme: A tendency towards fluidity in one aspect of identity may also show as fluidity in other identities. This subtheme was an important finding that required feedback from peers.

**Peer review.** I employed what Lincoln and Guba (1985) call “debriefings by peers,” also known as “critical friends,” which aligns with feminist principles of collaborative and non-oppressive relationships (Appleton, 2011). The peers who participated in this inquiry are colleagues who are knowledgeable about the LGBTQ community. My colleagues and advisor were somewhat in disagreement on the definition of fluidity. The main question was: “Is one who identifies as bisexual also one who has a fluid sexual orientation?” Some of my peers thought fluid meant a constant change in orientation, and a person who identified as bisexual may not move along the
spectrum of sexual orientation, remaining stable somewhere in the middle. Others believed that having an attraction to both men and women could be considered as fluidity in orientation. It was then that I decided to include the term “non-binary sexual orientation” to be more inclusive, because not everyone agrees with what a fluid sexual identity means (Diamond, 2008, 2012; Ross et al., 2012), or how it might be interpreted. So at times in this manuscript I will include both terms “fluid” with “non-binary” when referring to someone who is not adhering to a binary orientation, such as straight or gay.

When developing the fourth theme, “Some trans men experience a change in their sexual behavior as they transition,” I was cautioned by some of my peers as to the difference between a change in sexual orientation and a change in sexual behavior. This is an area new to the research and some researchers have documented changes in sexual behavior as well as orientation (Auer et al., 2014; Diamond & Butterworth, 2008; Rowniak & Chesla, 2013). As was also true in the present study, I found that the trans men who were more fluid in their gender identity in pre-transition were often more likely to experience changes in attraction than the trans men with a binary gender identity. Some of the trans men who I considered “fluid” talked about how hormone treatments often stimulated sexual interest, but often in different or unfamiliar directions. When I asked trans men about their sexual orientations in relation to their transitioning, some offered stories of changes in attractions and behaviors, which led me to this fourth theme.

My bias as a researcher influenced my interest in looking at the connections between gender and sexual identities, which was the focus of the research question. I developed themes with regard to gender and sexual behavior. Keeping an open mind, I
found the data took me into different directions as I conducted interviews. Each interview led to more questions, and as I interviewed other participants, I often asked questions that evolved from what other participants had said. I often identified patterns in the interviews, and then I would discuss my interpretations by member checking.

**Credibility and Trustworthiness of the Study**

Since it is accepted in the postmodern world that one objective “truth” or “reality” cannot be attained, the dilemma then for qualitative researchers is to be able to show the validity and reliability of their work. As Maxwell (1996) put it: “Validity is a goal rather than a product; it is never something that can be proven or taken for granted” (p. 86). Although the researcher cannot reach the objective “truth,” there are steps that can be taken to increase the credibility of the research. Some have suggested replacing the term “validation” with an attempt to “gain understanding” about a phenomenon (Creswell, 2007). Maxwell (1996) warned researchers to not impose one’s own meaning to the words of the participants. Researchers must be careful not to ask leading or closed questions that do not allow participants to provide their own perspective of phenomena. It is equally important to consider alternative explanations for the data collected. Maxwell (1996) suggested that researchers be open to alternative theories and pay attention to discrepant data.

Checking interpretations with the participants, or member checking, can enhance internal validity, or the credibility of the study. To be sure I was correctly interpreting the experiences that the participants relayed to me, I completed follow-up interviews with all participants. Spending extensive time in the field and gaining detailed thick
descriptions will add to the strength of the study (Denzin, 1994). Building trust among the participants is important in order to gain true understanding of their experiences. I attended to all of these matters to protect against validity threats. In addition to member checks, having peers review data and the interpretations of that data can add to the credibility of the study (Huberman & Miles, 1994; Lincoln & Guba, 1985). Allowing for multiple investigators to analyze the data allowed for triangulation, and an increase in credibility.

Wanting to ensure rigor in the study, I took time to examine and reexamine a number of times, all the transcripts in developing my coding, categories, and the emergent themes. Almost a year after I started interviewing, I was still working on themes, going through various iterations until most of my peer reviewers, participants, and advisor agreed with my interpretations of the data. I would review and then follow up with participants for member checking, with email and phone conversations, to ensure that I was interpreting their thoughts and ideas correctly. For example, working on a theme about male privilege, I started with “Masculine privilege has a different meaning for trans men based on their feminist views.” My advisor and I were not content with the way this theme was worded, and I went back to the literature to get a clearer understanding of what feminist, queer and transgender theorists were claiming about male privilege in trans men. I then went to participants with more questions about their thoughts regarding privilege and past feminist histories. This enabled me to write more clearly about this revised theme, which became “Trans men who identify as feminists struggle with male privilege as they transition.”
At times, I was too quick to draw assumptions and used absolutist language; my advisor and my colleagues were effective in redirecting my writing, culminating in themes found in the present study. When I construed certain sexual behavior as a change in sexual orientation, some of my participants interpreted this as a change in behavior or opportunity rather than orientation. These member checks were helpful in revising the themes about sexual behavior and the interconnection between sexual and gender identities in trans men.

To increase reliability, I used an audit trail, a running record of my interaction with the data. Keeping a daily journal of my research, observations, and hunches helped to keep me on task. When a question or interpretation of a theme came to mind, it was important to make a note of it as part of the audit trail. Trustworthiness of the study is based upon credible and dependable interpretations of the data (Huberman & Miles, 1994; Merriam, 2009). These interpretations, after member checks and comparisons to other data, informed the final writing. Singh (2013), working with transgender youth of color, found that member checking provided valuable information that had an effect on her final research findings. Interviews were on-going until I believed there was enough data collected and that the data aligned with what the participants had experienced. The researcher may keep looking or interviewing “until the new information obtained does not further provide insight into the category” (Creswell, 2007, p. 160).

Transferability, or generalizing from the cases in this study to other cases is not usually done in qualitative research. A purposeful sample is chosen “because the researcher wishes to understand the particular in depth, not to find out what is generally
true of the many” (Merriam, 2009, p. 224). I believe there are many examples of experiences in this study that will allow the reader to apply findings to other situations. What Merriam (2009) called “user generalizability” and Stake (1995) labeled “naturalistic generalization,” the ability to apply one case to another is up to the practitioner or the reader. The researcher needs to provide enough description in the study to “enable readers to compare the ‘fit’ with their situations” (Merriam, 2009, p. 226). To add to generalizability, I attempted to use maximum variation or purposely seeking diversity in the sample selection to allow for greater range of application for consumers of the research.

**Ethical and Methodological Concerns**

Creswell (2007) stated that qualitative research has ethical implications, in that the research must lead to action and change. Researchers need to do an in-depth self-evaluation of their biases and let their positionality be known to the participants. The efforts of qualitative researchers need to give a voice to the participants, and here I attempted to give a voice to the trans men in our society.

It was somewhat difficult to gain the trust of trans men – to make them feel comfortable enough to speak freely about their experiences. Some had reservations about allowing me, a stranger, into their world. Therefore, I relied on my counseling skills – my ability to have unconditional positive regard and empathy towards the interviewee. I made an effort to assure the participants that they could speak freely, knowing that I promised complete confidentiality. My efforts here paid off; it appeared that the participants were quite open and honest in their stories relayed to me.
In addition to assuring safety and confidentiality, I made it clear that if they ever felt the process was too painful, they certainly could stop the interview, and I would have referred them to a counselor. There were some stories that might have triggered an emotional response in these men, but no one was overcome to a point where he needed a counselor. It is important that researchers realize that they may inadvertently cause emotional stress when asking participants about painful memories they might have about their transitioning or coming out processes. They may have stories of rejection, loss of family members, loss of support, and experiences of violence and repression that are too difficult to relive as they spoke to me. I needed to make it clear to all participants that I understood this – that I recognized their struggles were not just part of a study to be published, but are deeply personal and to be respected by interviewer and readers alike.

**Summary**

Trans men, a marginalized group, have too often been assumed to be mirror images of their female counterparts (Beemyn & Rankin, 2011; Rubin, 2003). Most of the research, going back to the days of Benjamin’s (1966, 1967) research, has been with trans women. Trans men, mostly being raised as women, have quite a different experience when struggling with family, transition issues, relationships, and coming out to their friends and significant others in their lives (Budge et al., 2013a). Budge et al. found that trans men have more support from family and friends during transition. Gender and sexual identity development may be more fluid with trans men than with trans women (Diamond & Butterworth, 2008). There are also differences regarding medical treatment, where trans men may have an easier time passing with the powerful effects of
testosterone, but have more difficulty with surgical procedures (Devor, 2004; Lev, 2005). The purpose of this study, although limited and unable to address all these differences, was to gain a better understanding of the lived experience of trans men. There is little understanding of how trans men perceive the meaning of sexual orientation and gender identity, and how they intersect and affect the transition process. Counselors will benefit from a better understanding of how trans men struggle, and how they find ways to thrive against so many obstacles.
CHAPTER FOUR

RESULTS

The purpose of this study was to gain an understanding of how sexual and gender identities intersect and manifest in the lives of transgender men. The research was guided with the following question: “How do sexual orientation, gender identity, and their intersection, manifest in the lives of transgender men?” I interviewed eight trans men ranging from age 19 to 62 in various stages of transition. What follows is a discussion of the themes that emerged from the analysis of the data. Most of the participants have described ways in which sexual orientation and gender identity are related, and their intersectionality is central to this study.

Eight participants were recruited by reaching out to university LGBTQ centers, trans health centers, and by snowball sampling. The purposeful sample included one Asian American, one African American who is also of Hispanic descent, four Jewish men, and included a wide age range. With regard to social class, most of the participants were middle class, with a range from lower-middle class to upper-middle class. Seven of the participants lived in New Jersey, and one lived in Pennsylvania. There were varying degrees of educational backgrounds, but most of the participants were college educated, two with master’s degrees, and three participants attending college. To get a sense of each participant, Table 1 gives a summary of each participant’s gender and sexual identity, and below is a brief description of each participant.
Summary of Participants (from youngest to oldest)

Rob

The youngest at 19, Rob is White and identifies as a trans man. Rob is a college student who is in the process of coming out as transgender to his family and friends. He has just recently made the decision to begin transitioning. His narrative is interesting in that he only began to consider changing his gender when he began to focus on his sexual orientation.

Essential to Rob’s story is that a dream opened the door to being transgender. Focusing on his sexual orientation, he was confused by his attraction to women as a woman. He had a dream in which it all became clear to him. In his dream, he was a man with a woman. For a while, Rob thought he was gender fluid, but now he identifies as a straight male with what he describes as an aesthetic attraction to men. Rob is just beginning his journey and has not started any medical treatment, but he plans to do so in the near future. Rob claims that he does not pass as male at this time.

Mark

Mark is a 20-year-old college student who identifies first as a trans man, second as an African American/Puerto Rican man. He began to medically transition, using hormones, just before starting college. He is on testosterone and would like to complete top surgery soon. As a woman, he identified as lesbian, now as a man, he identifies as queer.
At one point Mark identified as genderqueer, saying he was somewhere between the two binaries of gender. He used they/them pronouns at that time saying that he felt as if there were two people inside him. At the present time he identifies as a trans man.

Mark has African American and Hispanic ethnicity. As someone who has also identified as lesbian, genderqueer, and now as a trans man, he represents the intersectionality of several identities that could lead to feelings of oppression. Interestingly, as much as I inquired, Mark claimed he never experienced any sort of discrimination towards him for his entire life. He said his experience in public school was exemplary, never feeling stigmatized as African American or Hispanic, nor as a lesbian in the GSA (Gay-Straight Alliance). In college, he maintains that his male identity and name change have not been a problem.

Jack

Jack is a 21-year-old college student who identifies as a White, Jewish trans guy. Jack does not like the term “man” for a myriad of reasons, and he does not identify with the assumptions that go with being identified as a man. He also feels he is not “manly” enough to claim that term, so Jack prefers to be referred to as a trans guy. He has recently had top surgery, but has not taken testosterone.

Although Jack’s parents are, according to Jack, progressive and are perfectly open and accepting of trans persons in society, according to Jack, his father is not handling Jack’s transitioning well. Jack recalled his father saying something like “I already have a son (Jack’s brother). I’ve lost a daughter.” Jack’s mother is more helpful and understanding, helping Jack find a surgeon for top surgery.
As much as Jack is binary in his gender and sexual identities, he is choosing to appear somewhat androgynous. He explained that he wants to be a role model for other trans persons and is constantly talking to students about his gender identity. He said he “comes out” almost every day. At his college, he is involved with the LGBTQ center.

**Jeffrey**

Jeffrey is a 27-year-old Jewish Albanian trans man who identifies as pansexual. He recently had top surgery and has been on testosterone for about four years. Jeffrey currently works at a library and is a graduate student. He acknowledges that he passes easily as male with his beard and deeper voice.

Jeffrey is quite well educated and has strong feelings about feminism and gender equality. Being a feminist as a trans man, he believes he has a better understanding of femininity having lived on both sides of the gender spectrum. He said he is a stronger feminist today because of his past experience. His perspective on transgender issues is compelling. He is somewhat unique in that he does not connect with the “born in the wrong body” narrative, but he has always had a male gender identity.

**Alex**

Alex is a 33-year-old White, Jewish trans man who lives in New Jersey, and at the time of our interviews was unemployed. He started testosterone right after our two interviews. We have communicated through email since the testosterone has started, and Alex has kept me informed on his reaction to the hormone therapy. Alex currently identifies as bisexual and heteroromantic, and he has identified as bisexual since his teen years.
I found Alex interesting in that he is open and honest about his life. He has had many struggles, and yet has maintained a fantastic sense of humor. He said his humor is a healthy coping mechanism for dealing with his stress and depression. He has also surrounded himself with supportive persons who are open to non-binary gender and sexual identities and expressions. Alex told me he is beginning to pass as male. He is only recently on testosterone and has not had top surgery.

**Dylan**

Dylan is a 35-year-old Asian American trans man and is also a licensed mental health professional. He transitioned in his twenties and has had top surgery and hormonal therapy. Presently, Dylan passes for a man and for most of his adult life he has identified as queer. Dylan is another participant who does not share the “born in the wrong body” narrative. He has a different and interesting transition story.

Being Asian and transgender, Dylan’s lens of intersectionality gives him a unique perspective of transgender issues. Dylan is a mental health professional, and his perspective about helping clients who are transgender is important from the intersectional lens of a trans man who is Asian. Dylan has a great sense of humor that gives him the ability to lighten the normally serious tone when talking about intimate or personal matters.

**Peter**

Peter is a 53-year-old White, Irish American trans man. His transition was fairly recent, beginning in 2014, with top surgery and testosterone in 2015. He is a public
school teacher and currently working on a master’s degree in Women and Gender Studies. Peter claims that he usually passes as male.

Peter identified as butch for most of his life. He told me recently that he always thought of himself as “heterosexual,” even before he transitioned to a man. This is because he always knew he was a man and believed he was in the wrong body. Today, as a man, he clarifies his sexual orientation by saying he is attracted to feminine women. He also identifies as heterosexual, and at times he identifies as queer.

Peter expressed how miserable he was from puberty until just a few years ago when he transitioned. He felt terrible all the time, feeling “chained to that body” for quite some time. Peter believes this miserable period of his life made him a bit ornery and unlikeable. Peter is now feeling like himself and is becoming the man he always knew he was inside.

Julius

The oldest of the group at age 62, Julius identifies as a straight Jewish, White male. He is a knowledgeable expert on transgender issues. Julius has always been attracted to women, but never identified as a lesbian before transitioning. He transitioned surgically and hormonally in his 50s, and now considers himself a straight male.

As the oldest in the group, Julius has an important perspective of being trans. His lifelong struggle with gender identity allows him to voice strong opinions about transgender issues and his experience gives a valuable perspective. He spent most of his life as a woman, although he was always male in his mind. He identifies as a straight male with a strong binary sense of gender and sexual identities.
Table 1

*Gender Identities and Sexual Orientations of Participants*

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender Identity/Expression Before</th>
<th>Gender Identity/Expression Now</th>
<th>Sexual Orientation Before Transition</th>
<th>Sexual Orientation During Transition (^a)</th>
<th>Born in Wrong Body Narrative</th>
<th>Non-binary gender identity pre-transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rob</td>
<td>19</td>
<td>Female/Boyish</td>
<td>Male/Transman</td>
<td>Lesbian</td>
<td>Straight with aesthetic attraction to men</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Mark</td>
<td>20</td>
<td>Female/Androgynous</td>
<td>Male/Transman</td>
<td>Lesbian</td>
<td>Queer or Hetero-romantic bisexual</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Jack</td>
<td>21</td>
<td>Male/Mixed and tomboyish</td>
<td>Male/Transman or boy</td>
<td>Into women</td>
<td>Queer (Into cis women)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Jeffrey</td>
<td>27</td>
<td>Male/Man</td>
<td>Male/Man</td>
<td>Pansexual with aesthetic attraction to male presentations</td>
<td>Pansexual with aesthetic attraction to male presentations</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Alex</td>
<td>33</td>
<td>Female/Androgynous</td>
<td>Male/Transman</td>
<td>Bisexual</td>
<td>Bisexual and Hetero-romantic Queer</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dylan</td>
<td>35</td>
<td>Butch woman/Butch/dyke</td>
<td>Male/Transman</td>
<td>Queer</td>
<td>Queer</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Peter</td>
<td>53</td>
<td>Butch/Male</td>
<td>Male/Man</td>
<td>Gay (Hated term lesbian)</td>
<td>Attracted to feminine women (Heterosexual)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Julius</td>
<td>62</td>
<td>Male/Dyke</td>
<td>Male/Man</td>
<td>Interested in women, not lesbian</td>
<td>Straight</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

*Note.* The participants are listed by age, from youngest to oldest.

\(^a\) There is no category for post-transition as most of the participants are still in transition.
I have spent a great deal of time getting to know these trans men. They are more unique than similar. They have shared their most private stories of their journeys in transition. Most would say that the journey never ends as they continue to deal with gender identity issues on an almost daily basis. Their fascinating stories led me to the following themes.

**Themes in this Study**

The literature has shown a connection between sexual orientation and gender identity. Some studies have found that some transgender men report a change in sexual orientation during transition (Auer et al., 2014; Diamond & Butterworth, 2008; Rowniak & Chesla, 2013). Although many transgender scholars believe that gender identity and sexual orientation are separate constructs, the connection between the two constructs cannot be ignored (Beemyn & Rankin, 2011; Diamond & Butterworth, 2008; Dickey et al., 2012; Levitt & Ippolito, 2014a; White, 2013; Yerke & Mitchell, 2011). In this chapter, I will discuss themes that uncover a connection between gender and sexual identities. The theoretical lens through which I viewed the data included transgender theory, which acknowledges fluidity in gender and the spectrum of gender and sexual identities. Queer theory contributes here by rebuking “normalization” and embracing gender expressions that oppose heteronormativity (Chevrette, 2013). Through these lenses in particular, I found that when there is fluidity in gender identity, it might also present as fluidity in sexual orientation. Trans persons are leading the way when it comes to the postmodern conceptualization of gender and sexual identity (Beemyn & Rankin, 2011). As counselors work with trans persons, they must be aware of the nuanced
interaction of their sexual and gender identities. Relationships may not survive one partner transitioning because of the changes in sexual and gender identities. The transition process is a complicated one, and working with the transgender community requires an understanding of the fluidity often found in trans persons in both their sexual and gender identities (Dargie et al, 2014; Kuper et al., 2012).

Through my interpretation of the data, I identified several themes that I will discuss in this chapter: (1) understanding the interconnection between gender and sexual identities in trans men, (2) trans men who identify as feminists struggle with male privilege as they transition, (3) being comfortable in their bodies fosters a sense of well-being, and (4) some trans men experience a change in their sexual behavior as they transition. In addition, there are some sub-themes that will also be discussed, such as how hormonal therapy affected sexuality and how trans men emphasized the physical nature of their gender. Much of this research focused on how sexual and gender identities intersect in trans men, and how these men find meaning in transitioning to the bodies that align with their gender identity.

**Theme #1: Understanding the Interconnection between Gender and Sexual Identities in Trans Men**

Gender fluidity, as opposed to a gender binary, is a common thread throughout the narratives in this study. Understanding this difference is important to understanding trans men. Gender fluidity is the concept that regardless of biological sex, some persons may identify as female at times, and at other times may identify as male, or may identify somewhere in between along the spectrum of gender identity. A binary gender identity is
a more dichotomous perception of gender, where an individual will identify as either male or female regardless of their biological sex. Most of the trans men in this study were critical of society’s focus on the binary perception of gender and sexual orientation. All of the trans men in this study had gender identities that conflicted with their biological sex before they transitioned, but some were more fluid in gender than others.

**Sub-theme: A tendency towards fluidity in one aspect of identity may also show as fluidity in other identities.** The participants in this study who reported a fluid gender identity in pre-transition presently report, and may have always had, a more non-binary sexual orientation. This finding was not expected and is new to the literature. A tendency towards fluidity in one aspect of identity (gender) may also show as a tendency to embrace fluidity in other aspects of identity, in this case – sexual orientation among trans persons. In the reverse, there were four trans men in this study who exemplified a binary gender; three of these four also have a binary sexual orientation. In this study, trans men who experienced fluidity in gender tended to have fluidity in their sexual orientation, and trans men who experienced a more binary gender identity tended to have a binary sexual orientation.

An example of a gender fluid trans man may help to clarify: In pre-transition, a biological female who may sometimes identify as female and at other times identify as male, reflecting gender fluidity, will tend to be less binary in sexual orientation. From this study, Mark, an African American/Hispanic trans man, fits this definition. He is someone who in pre-transition (not just in childhood, but into adulthood) was questioning gender identity. He had a more fluid gender identity before transitioning and was not
sure he was male or female. He also had and continues to have more fluidity in his sexual orientation. Mark has, at times, been attracted to men and women. He may not have acted upon it, but he reported some sexual attraction or romantic feelings towards both men and women, and this could include attraction to male or female gender presentations. In this study, trans men like Mark are either fluid in their sexual orientation, or at least are non-binary, and would place themselves somewhere on the spectrum of sexual orientation. Others in this study who fit this definition of gender fluid are Alex, Rob, and Dylan. In contrast, three of the men in this study, Peter, Jack, and Julius, who were always binary in their gender identity, are steadfastly binary in their sexual orientation.

Peter, Jack, and Julius, who reported a more binary gender in pre-transition (male in a female body) were certain they were boys from their earliest memories and always believed they were male. These “boys” were biological females, but did not accept they were female, and all of them ascribed their gender dysphoria to the narrative of “being born in the wrong body.” Put more simply, in this study, gender identity that is more binary in nature tended to reflect a more binary sexual orientation in transgender men. More detailed accounts of the participants’ understandings will follow in the next two sub-sections of my discussion of this theme about the interconnection between gender and sexual identities in trans men.

Participants with non-binary or fluid gender in pre-transition. In pre-transition, there were four men (born as biological women) in this study, Mark, Alex, Dylan, and Rob, who were more conflicted about their gender identity and may have
appeared androgynous or fluid with regard to their gender and/or gender presentation
(See Table 1). These gender fluid trans men may have taken different steps than the
gender binary trans men on their journey to transitioning to the body that aligned with
their mental image of gender. Mark, age 20, wrestled with his gender identity and
discussed his fluidity:

Mark 1 (The number 1, 2, or 3 following a participant’s name refers to which
interview): Out of high school [I was] trying to figure out – is this how I identify
really? Or would I be okay just being genderqueer?

WB (William Baker, interviewer): What does genderqueer mean to you – in your
opinion?

Mark: Not necessarily female, but not necessarily male. It’s just kind of like
(pause) that gray area between the two binaries.

WB: So were you in that space at one point? (Mark: Yeah.) How long ago was
that?

Mark: About two years – like before I decided, okay I want to put a label on it – I
am a trans male; I use they/them pronouns.

Mark was struggling with the concept of genderqueer. At age 18, he was not sure if he
was male or female. He was thinking that he needed to choose one or the other until the
concept of genderqueer came to him. It gave him a place of comfort for a short time,
during which he felt in-between the two binaries.

Some trans persons will use they/them pronouns, and I asked Mark in our second
interview if he felt like there were two people inside of him. He said yes, and said there
was a conflict going on between his feminine and masculine sides. Presently, Mark feels more masculine than feminine. At the same time, however, he presents as male and his voice is lower due to testosterone.

Mark struggled with his gender identity in a different manner than the binary gender trans men in this study, and he, like the other gender fluid trans persons, eventually decided that a male gender identity was a good fit for him. Mark, Alex, Rob, and Dylan all had different experiences and conceptions of gender, and they all had different journeys to transition, but that did not mean they transitioned later in life. The four trans men who said they were confused or conflicted about gender before transitioning to men, are now, or may have always been, more fluid in their sexual orientation. On some level, these men accepted their female sides. This could mean that they would occasionally wear female clothing and perhaps not under protest. In pre-transition, they may have disliked their female bodies and may have been labeled “tomboys,” but accepted, perhaps reluctantly, that they were female, and yet at times felt drawn towards a male gender identity. Alex, age 33, described his experience in pre-transition:

I know you’ll find some people who say, “I was born a man, but my body is wrong. I’ve always been a man.” I don’t see myself that way. You know, I lived the first thirty plus years of my life as a woman even though I felt wrong doing that, that’s still who I was and that’s still part of what makes me who I am, part of my personality (Alex 1).
Alex is in the process of transitioning, presenting male and taking hormones. He said he accepted that his body was female, but was taking steps to remedy that. “But I still feel like I’m a woman even though I shouldn’t be.” Alex accepted his identity as a girl, and when I asked him if he was confused, he said, “Not really, ‘cause like I said, I knew I was a girl. I didn’t want to be” (Alex 1). Alex, as well as Dylan, rejected the idea of being born into the wrong body, but they still had issues with the bodies to which they were born.

Some of the gender fluid participants accepted their pre-transition bodies, and were not as concerned about looking masculine. Dylan, a 35-year-old Asian trans man, described his wishes for his body before he transitioned: “I was like, ‘Well, no, I like my body the way it is. I just would also not like to have breasts anymore’” (Dylan 1). Dylan talked about developing unwanted breasts, and commented on how he was different from other trans men that he knew. Dylan identified as butch/dyke, and wanted to present more masculine. Interestingly, he still did not think he was transgender because he thought all trans persons felt they were born in the wrong body.

After Dylan had breast reduction surgery, he realized people were starting to read him as male. That was when he decided to transition and start hormones. “I transitioned because I wanted to, not because I was in the wrong body” (Dylan 2). I felt that Dylan said this for my benefit. He wanted to be sure that I knew he was different from what most people see as the stereotypical trans man, being in the “wrong body.” Being a mental health professional with transgender clients, Dylan understands that some trans men have body issues while others may not.
Dylan questioned the use of the word “dysphoria,” claiming he did not have Gender Dysphoria. On our second interview, I quoted the definition from the *DSM-5* (APA, 2013), stating that it sounded to me that he would fit under the definition of Gender Dysphoria, and he said this:

Well, when I see dysphoria as a word, I see it as opposite of euphoria, you know? Yeah – did I feel bad? Did I have bad feelings about my body my gender? That’s where I say “no.” I don’t think of it as bad feelings. I mean, I was on this journey; I was exploring things. Some trans people experience dysphoria very concretely – where they look in the mirror and they hate that body that they see.

**WB:** You said you were kind of like that too. You said, “I would look in the mirror and ask whose body is that?” That was you.

**Dylan:** I thought it was weird, but I didn’t feel bad about it. (Dylan 2)

Dylan made a distinction between feeling weird and badly about his body. Many of his clients do have dysphoria, and he talked quite a lot about the pain that they experience with body dysphoria. Dylan felt uncomfortable, adding “But I didn’t feel disgust.”

Dylan clearly exemplifies some of the differences that trans men experience with perceptions of their bodies. He perceived the change he experienced during puberty, such as breast development, as weird, but not unacceptable. Dylan represents an example of how gender fluid trans men may differ from the binary gender trans men. It seems that many of the other men who were more fluid in their gender would agree with Dylan about euphoria and dysphoria. All the men who had any medical transition were
euphoric about the outcomes, and accounts of this will be discussed in the theme: Being comfortable in their bodies fostered a sense of well-being.

Other trans men in this study with fluid genders (Alex, Rob, and Mark) had similar feelings and desires as Dylan, about their bodies. These trans men with fluid gender identities tended to have fluid sexual orientations as well. Mark talked about his extreme discomfort with health class when the discussions turned to female sexuality. He said he could not handle this discussion. I asked him if he saw a counselor about this, and he said:

No, I have an older cousin that I kind of looked up to that I talked to a lot. Just to kind of discuss these things. She identifies as lesbian, and that was kind of … (pause) she was a big help in sort of discovering different things about myself.

WB: So you felt sexually attracted to women at the time? And you knew that at 12, 13, you were interested in girls?

Mark: Yeah. What was interesting, I actually did have a boyfriend at the time. So, I was dating a guy. I later broke up with him when I mentioned that I think I may be more interested in women than guys.

WB: What did he say to that?

Mark: He was okay with it.

WB: Did you feel some kind of attraction towards him?

Mark: Then I did a little. A little. It was kind of more of a self-exploration thing.

At a young age, Mark was exploring gender and sexual identities, and he was drawn to a lesbian identity because that was the identity that he thought fit him best at that time.
Mark was confused about his gender, finding it fluid at times, and choosing “lesbian” for his sexual identity helped to solve the dilemma he was experiencing. Being lesbian settled this problem for a short while, but now he is transitioning, taking testosterone, passing as male for the most part, and identifies as a homoromantic bisexual or queer. Homo and heteroromantic refer to affectional attraction, where the attraction may be absent of sexual desire. This affectional attraction could be towards the same sex, homoromantic, or towards the opposite sex, or heteroromantic.

The youngest in the study, Rob, has just recently come out as trans to his family and friends. He was very open with me about his gender and sexual identity conflict. He shared an excerpt from his journal:

At this point, I’m still not sure where I fit in gender-wise. Do I even need to pick one? Sometimes I think I should just give up and say, “Fuck labels,” but for some reason I still want something, some word to describe the gender I’m feeling. So far, the closest thing that describes me is gender-fluid, so I’m going to try that one out for size. (Rob, journal entry written in pre-transition)

Rob is an example of a trans person who was conflicted about gender feelings right up to the time he began transitioning. Consistent with this theme, “Understanding the interconnection between gender and sexual identities in trans men,” Rob was conflicted about his sexual orientation, describing it as “muddled.” He began to see his gender “muddled” as well. At this point, Rob investigated the meaning of “gender fluid” and claimed that identity for himself before he transitioned. At age 19, Rob is in the very early stages of transitioning, and he is in the process of self-identifying his sexual
orientation and gender identity. Although he is now saying he is not gender fluid, but male, it seems that he is still struggling to discover his true identity. What is most interesting about Rob is that all these conceptions of gender and sexuality are in his thoughts and reside there only. He has not physically experienced a sexual relationship with a partner. He has not started hormones yet, but is anxious to do so. Some of his decisions about his identity have been prompted by dreams he shared with me. These will be discussed in Theme #4: Some trans men will experience a change in sexual orientation as they transition.

When Rob reached puberty, he was more interested in his sexual orientation than his gender identity. On becoming a woman at puberty, Rob said this: “And that was, I think, the bulk of the confusion, of not knowing where I fit. Because I don’t think I was fully lesbian, or fully straight, and I didn’t think there was anything but those two” (Rob 1). Accessing the Internet, Rob quickly realized that there were more than two choices regarding gender and sexuality, such as genderqueer, pansexual, and bisexual.

WB: Would you say that your sexual orientation is fluid?

Rob 3: I think it might be more fluid than I thought it was to begin with. Just in the fact that….

WB: How would you define fluid?

Rob: I think I’m mostly attracted to women, and I think I said that I was aesthetically attracted to men. I think I wanted to be them. Which I think is true in some part. But I think there is some kind of residual attraction. Or, I just really like how they look. Just take that at face value.
Rob’s aesthetic attraction to men could be in part his conception of himself as a man. He wants to look a certain way, and he sometimes feels attracted to men who have the look that he wants to emulate. Rob admits that he does not usually pass because of his feminine features and high pitched voice, so he may see men who have features he wishes for himself. Rob is mostly sexually attracted to women, and his experience with gender and sexual identities exemplifies the connection between the two concepts.

Rob’s sexual orientation issues led him to transitioning.

The four participants (Alex, Dylan, Mark, and Rob) who were struggling or conflicted about their gender identities all had different ways of expressing gender and dealing with the changes they experienced during puberty. What these four had in common was that they all accepted, at least to some degree, that they were female. However, with the onset of puberty, most of these participants were unhappy with how their bodies were changing. Mark expressed his experience with puberty:

Puberty was like the worst time, because I knew that something was wrong in terms of being female – kind of like all this stuff is happening and it shouldn’t be happening – like this is wrong. I don’t see this as the normal aspect of what should be going on in my life. (Mark 1)

Others had similar feelings of discomfort with the changes in their bodies. Jeffrey explained his distaste for puberty in this way:

I concealed starting my period for as long as I possibly could. I refused to wear a bra – for basically forever. And continued to never actually wear a quote/unquote real bra, in the sense of something that had like cups. I would always wear sports
bras because I was always disgustingly repelled by the concept [of having breasts]. (Jeffrey 1)

Rob, the youngest at 19, was not as repelled or disgusted with the onset of puberty. He did not like developing breasts, but when I asked him about puberty he did not talk about unwanted breasts, but said this:

I was more focused on the sexuality at the point. I was thinking of who am I attracted to. It might have been women, but also a little attracted to men as well. So I was confused on that point. I think I was more focused on sexuality, but at the same time, I was looking at my body and how I felt I was sort of different from the other girls. But I still felt that I can be different from the other girls, but still be a girl. So I put the gender thing on the back burner and just focused on the sexuality part. (Rob 3)

Once again, in this later interview, Rob described how his concentration on sexual orientation was his main focus. It is also important to note that in pre-transition, Rob was more open and accepting than most other participants about being female.

With the exception of Julius, all the trans men in this study complained about their unwanted breasts. It was difficult for some to conceal their breasts, and most wore binders as a means of hiding them. Even when intimate with his partner, Jeffrey would always hide or cover his breasts. I asked Jeffrey in a subsequent email about whether he ever felt like he was born in the wrong body. Because of the way he described his experience with puberty, I assumed he would have agreed that he was stuck in the wrong body. But he did not, saying his body was “incorrectly configured,” and that in many
ways he really liked his body. But Jeffrey always saw himself with a strong male gender identity, and he still does to this day. It seems he does not fit completely into this sub-theme of fluidity in gender (Jeffrey being binary) often shows as fluidity in sexual orientation, but he does have a fluid sexual orientation. Jeffrey identifies as pansexual with an aesthetic attraction to male presentations regardless of gender identity.

The four men (Alex, Dylan, Rob, and Mark) who identified as gender fluid in pre-transition all have different sexual orientations, but they are similar in that they all have non-binary or fluid sexual orientations. Mark identifies his sexual orientation as homoromantic bisexual, or “queer.” Rob identifies as straight with an aesthetic attraction to men. Alex identifies as “bisexual” and “heteroromantic.” Dylan identifies as “queer.” These are all self-descriptions from the participants’ own words (see Table 1). Four trans men in this study clearly expressed a more gender fluid identity, accepting a sense of femaleness in pre-transition, and yet also feeling male. They may have been struggling or confused about their gender identity before transitioning. Each of these trans men was also non-binary in their sexual orientation in terms of sexual attraction to men and women, and possibly attractions to different gender presentations. Peter, Jack, and Julius had quite different experiences compared to those of Alex, Dylan, Rob, and Mark.

Participants with a binary gender in pre-transition. There were participants, born as biological women, who strongly identified as male from early childhood. Three of these trans men, Peter, Jack, and Julius, were always certain they were boys as far back as they can remember:
Peter 1: Well my gender identity has never changed internally. It’s only been what people have told me I was and wasn’t. So, um, I always thought I was a boy. I thought that I would grow up to be a man. That didn’t work.

Jack 1: I was very aware of my gender as early as I can remember. Even being in pre-school, I remember – my farthest back memory, the dreams that I had, I dreamed of myself (pause) in my dreams I would be a boy.

Julius 1: I remember standing in front of the mirror as a kid, and I used to take a spoon and some soap and make pretend that I was shaving.

These three trans men, Peter, Jack, and Julius, share the narrative of having been born in the wrong body. Peter and Julius, transitioning in their fifties, mentioned that they wished they had transitioned earlier. Jack is 21 now and began his transition at age 20.

Jack’s male gender expression is a recent change, and in many ways he is still transitioning. Jack has had top surgery, but he is not planning on hormones at this point. (Hormone therapy among the participants will be discussed later.) These three all seem to have a binary sense of their gender in pre-transition and continue to have a binary sense of gender.

These three trans men who have a binary sense of gender are equally certain about their sexual orientation – all three are attracted to women and were always attracted to women, a more binary sexual orientation. When asked about their sexual orientations, I did get varied answers, but all three were consistent in stating their sexual attraction to women. Peter said he is attracted to “feminine” women, but on dating sites often refers to himself as “queer.” Julius identifies as straight, and Jack identifies as queer but stipulated
that he was not interested in straight women, but rather women who are interested in trans
guys:

Jack 1: I don’t like to date people that have like a strong defined sexual
orientation, um, because I’m not physically very manly. Lesbians wouldn’t be
into me because, you know, my brain is just not a woman. They romantically
wouldn’t be into me. And, uh, I don’t like having to educate someone on what
trans means or trans issues. I prefer dating people that have dated trans people
before.

Jack is only interested in women and has a binary conception of his sexual orientation.
As he stated above, he realizes that many women, especially straight women will
probably not be attracted to him. Jack will not use the word “straight” to define his
sexual orientation, but what he did say when I asked about sexual orientation was: “I’m
into women.” He sometimes uses the word “queer” as his sexual orientation, saying this:
“So, yeah, when I’m using that [queer], I’m just using it as something different from the
norm.” Jack sees his gender identity and sexual orientation far from the norm, even
though he expresses a binary orientation.

Julius, age 62, also claimed attractions to women his whole life, although he never
called himself lesbian. A lesbian identity would have confirmed his female identity
before he transitioned, and Julius was certainly male in his mind. I asked him if people
viewed him as a lesbian pre-transition, and he said:
Yeah, of course. I had a girlfriend for 20 years and that’s what it looked like.

But to me, I played the dyke. I didn’t play it, that’s who I was. I mean I used to say life would be easier if I was a guy – I used to say that all the time. (Julius 1)

Playing the dyke was something Julius and Peter could do as female-bodied persons with male gender identities. This was acceptable for Julius for quite a long time. Shortly after his 20-year relationship ended, Julius began to transition. Today he passes for a man, and he can live “stealth” if he so chooses. Living “stealth” refers to trans men who “live as men, are out only to their families and perhaps to their partners, and treat their female histories as something to keep hidden” (Hansbury, 2005, p. 246). Julius does not identify as trans unless it is pertinent to the conversation. I asked him about his gender and sexuality now, and being the most binary of all participants, gave one-word answers: “Male.” “Straight.”

Like Jack and Julius, Peter never identified as lesbian, and told me he hated that term. When I asked him about his sexual orientation, he said this:

So, I am attracted to feminine women. They have to be…. I don’t want anybody that looks like me. I fit into that binary of transness. I’ve never really been gender fluid or genderqueer. I’ve never been any of those things – I’ve always been here on this end of the spectrum. (Peter 1)

Peter used his hands to demonstrate where on that spectrum he belonged. He meant that he was at the “male” end, opposite of female. Although these three binary leaning trans men, Julius, Jack, and Peter, are attracted only to women, they express differences in the types of women to whom they are attracted. The male-female binary is needed for them
to separate themselves from others – to make it clear they are men. Jack is somewhat accepting of what he calls his androgynous appearance, and says he wants to be identified as a trans person so he can set an example for others. Jack wants people to see him as a “regular” guy who happens to be trans so that people will realize that trans people are “regular” people. Aside from Jack’s trans sense of identity, these three trans men emphasized male characteristics in gender and sexual orientations that reflect attraction to women only.

The three trans men (Julius, Peter, and Jack) who believed they were born in the wrong body and were more binary in their male gender identity rejected the term lesbian as a way to identify themselves. Although they realized many people gave them the label of “lesbian” before they transitioned to men, they never could accept the term lesbian because it represented a female identity. The four who were conflicted or confused about their gender (Rob, Alex, Mark, and Dylan) were more likely to accept the term lesbian, but even among those four, some identified as bisexual or pansexual in pre-transition.

Dylan found humorous ways to explain to me how he differed from lesbians in pre-transition. Talking about his former life as a woman, he suggested that being a dyke was a radical way of making a statement. “I presented very butch – I had short hair. I was very active in sort of gender and sexuality politics, which I found that a lot of my friends who identified as lesbians, were not” (Dylan 1, line 59). He also made a very funny comment that encapsulated his meaning for me: “Yeah, I wasn’t interested in being Ellen DeGeneres when I grew up.”
The binary leaning trans men struggle with the intersectionality of sexual orientation and gender identity almost on a daily basis. They may not pass as men (Julius always does, Pat usually does, Jack sometimes does), and yet they stress the binary of maleness and sexual orientation. Jack, Peter, and Julius, are quite different in their backgrounds, appearance, and personality, but all three express maleness in some fashion. Julius is more accepting of the heteronormative terms – “straight” and “male.” Peter and Jack have trouble adopting these heteronormative terms and rely on terms that are more fluid, such as “queer,” even though they present a strong binary sense of gender and sexual orientation. Part of this struggle is exemplified by their concept of male privilege, discussed in the next theme.

**Summary of theme #1: Understanding the interconnection between gender and sexual identities in trans men.** One important sub-theme from this study was that participants who reported a fluid gender identity in pre-transition presently report a more non-binary sexual orientation. Non-binary may include a fluid sexual orientation in which the person’s orientation is often in flux, or changing in attraction to different genders and gender presentations. Jeffrey did not share the “born in the wrong body” narrative as the other gender binary participants did, but Jeffrey was adamant about always identifying as male. Jeffrey has a fluid sexual orientation and is somewhat unique in the study. Of course, not everyone will fit that tendency, and it is important to look at trans men as unique individuals as well as part of a larger group. The intersectionality of gender and sexual identities that is unique to transgender persons may explain how trans men experience different sexual and gender identities.
Regardless of their binary or non-binary conception of gender and sexual orientation, during transition all participants felt a sense of liberation as their bodies began to align with their identified sense of gender. Although sexual orientation and gender identity are two separate constructs, there appears, from these interviews, to be some connection, and one will affect the other depending on circumstance and level of identity development. Most of the trans men in this study claimed that their sexual identity, and expressing their sexuality, became more comfortable and pleasurable when their body felt right – when their body became aligned with their true sense of gender identity. This will be addressed in more detail in the sections on themes 3, Being comfortable in their bodies fosters a sense of well-being, and 4, Some trans men experience a change in their sexual behavior as they transition.

**Theme #2: Trans Men Who Identify as Feminists Struggle with Male Privilege as They Transition**

Since all the participants were raised as women and now live as men, their perceptions of femininity and masculinity are interesting and enlightening. Living on both sides of the gender spectrum grants them a unique perspective on issues of male privilege, feminism, and advocacy for other marginalized populations. Even the men who were more fluid in their gender expression appeared to desire to be recognized as men. I was struck by the concern and desire, by many of the participants in this study, to seek social justice for all marginalized persons. Some have said they want to use their now male privileged voice to fight for oppressed populations, especially for women and transgender persons. Having lived as women, and for much of that time as self-identified
feminists, some participants were concerned about becoming men and possibly losing or betraying their feminist roots.

**Male privilege.** Although it might not be addressed as privilege, all the trans men in this study recognized differences in the way they were viewed and treated as they began to be recognized as men. Some were reluctant to identify as men because after living as women, they still felt aligned with a feminist identity and were not ready to adopt a privileged position in life. Some viewed male privilege as a minor issue when compared to the many ways they are not privileged, such as being part of the queer community, or being the part of the LGBTQ community that is most oppressed.

Peter compared male privilege to White privilege stating that if one is White and speaks without an accent, he or she is privileged. Peter used this comparison to make a point about masculine privilege:

Peter 2: I’m just saying that to *not* call yourself a man because you don’t want the misogyny – or maybe they don’t want to look at it as being privileged, but if they’re passing as men, then they should own it, because once you’re passing as a male, then the male privilege is automatic.

Peter, age 53, is a graduate student working on a degree in Women and Gender Studies, and this is reflected in his response to male privilege. He strongly believes that privilege is automatic, and he has expressed this opinion to other trans men. Dylan also speaks to this issue of male privilege:

Dylan 2: I notice when I am in meetings my voice tends to be heard and not dismissed as much as my female colleagues’ [voices]. I think this is a
responsibility for any man to be aware of and to do some social justice work around.

Peter and Dylan are struggling with the idea of masculine privilege. The men who struggled with this issue all appeared to want to use their privileged voices to advocate for trans persons and gender equality. Dylan’s feminist roots are clearly evident from the many comments he made in two interviews and his reference to living in the queer community for most of his adult life. Becoming a man, and having any of the misogynist baggage that might go with that, would make Dylan uncomfortable. Dylan calls it “a power dynamic that I don’t want to own.” He wants to use his privilege as a means to work for social justice for trans persons, much as Jeffrey would like to do:

Jeffrey 2: Being perceived as a cis male, as a White cis male, means that I can use that perceived privilege to pursue the rights of other people who are not so much heard. Because of course, they have voices of their own, but part of social change comes from a dominant social paradigm agreeing with that change and advocating for that change. So, while I am here, I might as well use it, and be the voice that is listened to.

The dominant social paradigm Jeffrey is referring to is the oppression of women, trans persons, or anyone who is not privileged. Jeffrey’s voice will be listened to, according to him, and his advocating for equality would be effective because he will be heard. I asked Jeffrey what he would say to a feminist who accused him of being a traitor to the cause of feminism by becoming a privileged male, and this was his response:
I would call them what they are, which would be a trans exclusionary radical feminist. Which is a betrayal of the very ideals of feminism, which is based in egalitarianism. Especially since radical feminism itself says that gender really doesn’t matter – so why does it suddenly matter if someone changes their gender? (Jeffrey1).

Jeffrey expressed strong opinions about exclusionary radical feminists, and he believes that gender should not matter if changed. But it does matter to Jeffrey; his male persona is critical to who he is as a person. Jeffrey thinks a lot about these issues and shows a strong desire to promote social justice for trans persons as well as all oppressed persons.

On our second interview, I asked Jeffrey if he felt like he was becoming privileged. Even though he admitted he had adopted some male privileges, he admonished me somewhat for the question and cited many ways in which he is not privileged:

Jeffrey 2: It depends on how that is viewed, because I am disprivileged on multiple axes. I am a queer person. I am in a relationship with a person of color who is of the same gender as I am – that is not a privileged position. I am a trans person, which is not a privileged position. I am a Jewish person, which depending who you’re talking to, means I’m not White. I’m eastern European – same thing there.

Jeffrey understands the concept of intersectionality. He correctly pointed out the many ways he is not privileged. One of the most noticeable changes for Jeffrey was how his male voice commands more attention than his female voice ever did. Jeffrey, much like
Dylan, experienced changes in the workplace including increased pay and being shown more respect. Jeffrey, Dylan, and Peter all spoke directly to this issue. They are experiencing a new found privilege that in many ways adds to the complexity of their new found gender identity, especially after lacking privilege as women. It is not a simple black and white issue of either having privilege or not; there are many other intersecting factors, as Jeffrey pointed out, that may impact their privileged status.

Speaking to the issue of intersectionality of race, male privilege, and being transgender, Julius, the oldest participant at age 62, commented on the experience of trans persons collectively from his perspective: “Their first thought is that I’m in the wrong body” (Julius 1, line 1002). This may be true for many trans persons, but not for five of the eight participants in this study. Julius did not think other intersectional factors such as race or male privilege would matter much to someone who is transgender. Julius believed that the dysphoria would take preference over any other factors, but Jeffrey, Dylan, and Peter, all strong feminists, had a much different perspective about intersectionality.

**Feminist influence in trans men.** Most of the trans men in this study identify as feminists, people advocating for equal rights regardless of gender. In the postmodern world, feminists recognize gender expressions outside of the traditional heteronormative identities (Stryker, 2013), and as Laura Brown (2006) has recognized, modern day feminists understand that gender identity is influenced by life experience, and this may include gender dysphoric persons. Transgender feminists see gender from both sides of the spectrum and have some interesting observations.
Jeffrey 3: I think it’s a weird cognitive dissonance of being treated as female for so long, and then transitioning and then seeing like there’s a whole other group of people who are treated completely differently and way better. If that’s just a shift in gender, what does that mean if it’s a shift in race or economics?

I clarified with Jeffrey about who is treated “way better,” asking if he meant White men, and he said, “Absolutely.” Trans men have a unique perspective of having been raised as women, possibly suffered oppression, and possibly even becoming complacent with the second class treatment of women, and then, as in Jeffrey’s case, becoming a man and feeling their masculinity opening doors once closed to them.

All, with the exception of Julius and Alex, were strong feminists as biological women and still are as gender identifying men. Feminist beliefs have prompted some to not adopt straight male identities and opt for alternative identities, such as queer. Dylan had an interesting view about this:

Dylan 1: Yeah, I think it’s interesting that I have been able to be more vocal about my feminism in like social settings in a different way, now that I present as masculine. I think before people would write me off and be like “Oh you’re a man-hating butch dyke.” So now, I can be in the same setting and I can say, “No, that’s a really misogynist thing to say!” And I’m saying that as someone who presents as male. The audience is the same, but the messenger is different.

The audience might be men or women who have no patience for what they may call “political correctness.” Dylan rightfully points out that his words are powerful coming
from a man who is no longer a “butch dyke.” He does have a unique perspective, one that he is only too happy to share, having lived as a woman and now as a man.

Peter, a little older, also has some opinions about his role as a trans man, which, at age 53, has only recently come about. “Yeah, I definitely consider myself a feminist. Although, I can be misogynistic” (Peter 1). Peter is still a strong feminist. His misogyny was ironically exhibited before he transitioned – when he was part of the butch/femme community. He needed to show that he was not a lesbian; he wanted to show that he was different. “I really needed that binary” (Peter 1). In our second interview, I asked Peter for examples of his misogyny, and he said that he would make fun of women as being crazy, or “woo-woo,” as he put it. Before he transitioned, Peter was distinguishing himself from other women by joking about how overly emotional they can become. Peter said his own son called him on this, and now he regrets ever acting like a misogynist man. Peter needed the binary at that time, and this was one way to reinforce it.

Peter has two sons who are both trans men, transitioning before Peter did. They actually inspired Peter to transition. He considers them adoptive sons, to whom his mother took the role of grandmother. These two boys came into Peter’s life when they were teenagers, and they joined Peter’s family at different times. Peter referred to his sons’ transition stories almost as much as he talked about his own. Although he spoke proudly and often about his sons, he was not comfortable telling me much about the details, saying only their families of origin were not accepting of them.
Peter 1: So if it weren’t for them [sons], I don’t know if I would have had the wherewithal to do all of this. You know?

WB: Yeah, it’s interesting. You have all that support from your sons.

Peter: Yeah, they led the way. There were the brave ones really. This was nothing that I thought I could do.

WB: I’ve interviewed people saying my sons don’t speak to me anymore. Where you have your sons who are basically telling you, “Dad, do this.”

Peter: They led the way, yeah. They led the way.

I thought Peter’s story was unique because his sons truly inspired him to transition. Peter felt chained to his body, and not until he had a hysterectomy, did he realize transitioning was possible. The confluence of three factors in Peter’s life helped him to begin transitioning: No longer being afraid of doctors after the hysterectomy, being treated as a man at a conference, and the example set by his sons. His sons helped him to realize that he could no longer live in misery. It was time to change.

As he was transitioning, Peter became concerned about becoming male and privileged. He wondered if he would have to give up some of his feminist ideology. He struggled with this while transitioning: “Walking through with male privilege, it’s going to be difficult because I’ve allied myself so much with oppressed communities that I want to make sure that I’m doing the right thing” (Peter 1). I was impressed with the concern that Peter expressed regarding oppressed communities. He, among other trans men, was concerned that by becoming a man, he would somehow be abandoning his feminist ideals. An earlier quote of Peter’s made it clear that he recognized being male is
automatic privilege. Peter has felt discrimination as a woman, a butch/dyke, and now as a trans man. He struggles with his misogynistic past, and he now wants to embrace manhood without the misogyny.

Jack and I ventured into the topic of feminism by discussing the way Jack expresses his gender, and the way he self-identifies. Jack, at age 21, is interesting in that he is the youngest one who ascribes his dysphoria to the “born in the wrong body” narrative, yet he describes his appearance as somewhat androgynous.

WB: And I have to remember that you don’t consider yourself – or you don’t call yourself a man.

Jack: No, I just don’t think it suits me at all. I would call myself a boy, or just a guy. The word “man,” I just associate it with a lot of negative things, and I don’t feel I can relate.

WB: ‘Cause of your feminist side.

Jack: I don’t know if I’m necessarily a feminist. (pause) Alright, yes, I’m a feminist, because I believe in equality of the sexes. But I don’t outright call myself a feminist and take on that political affiliation of what it means to be a feminist.

WB: Why not?

Jack: I don’t know. ‘Cause it’s kind of harsh.

Jack appears to not want to be associated with what he deems as the politics of feminism. But he reluctantly identifies with the basic ideas of feminism when he says he believes in equality of the sexes. His trouble with the word “man” says a lot about Jack and other
trans men in this study. Jack, Dylan, Peter, and Rob do not want to be associated with what the term “man” might represent. Peter uses the term “man” to describe his gender identity, but as a feminist, he has reservations about being associated with the misogynistic “baggage” that might accompany male terminology. But rather than focusing on misogyny, some trans men are claiming to be better allies to women. Jeffrey said this about his experience:

What being a trans man means to me is that somebody who has lived as a woman for the majority of my life, it means that I can be a better ally to other women than most cis men are, because most cis men are garbage at that. And I’ve experienced both sides of the gender identity spectrum and like society’s reaction to gender, and it made me probably more of a feminist now than I was pre-transition because I have experienced first hand what it means to be a woman and what it means to be a man, and how that’s differently treated. (Jeffrey 1).

Jeffrey sees himself as a more qualified feminist, a better man because of his experiences on both sides of gender. He has felt marginalized as a woman, then marginalized as a trans man. As stated earlier, his male voice is now being heard more since he transitioned. Jeffrey said that he would use that voice as an ally to women, not as a misogynist. Rob, the youngest of the participants, also has a clear feminist view:

Rob 1: But I think, me being a trans man, as a feminist, gives me the point of view of what it was like as a female, and….. (pause) It just means I’m fighting it [injustices associated with sexism] from a different perspective now – fighting from the male side, but fighting for the same values.
Rob has had little opportunity to fight for those values, as he is just beginning his transition. He does exemplify the trends in younger trans men, being more aware of feminist influence. As does Mark, but he takes on a more non-committal attitude about feminism:

Mark 1: You know I never actually used the term [feminist] like when describing myself. Of course, I’m for women’s rights – and equal rights, equal pay and everything. So, I guess I can be considered a feminist. I mean, I’m taking a class on that sort of stuff now, and I’m getting more of an understanding of what it is.

I prompted Mark with a question about feminism, and he reluctantly agreed that he was in some way a feminist. Mark’s priorities are elsewhere, such as working on his male image. He may not be too concerned about working for social justice, because according to Mark, he has never experienced any sort of discrimination as a woman, a lesbian, or as an African American trans man.

I asked all the participants if they were feminists in pre-transition or during their transition towards becoming male. Julius and Alex claimed not to be feminists. Julius said he was not a feminist or an activist, but an advocate. Alex said he never really thought about it too much, and said this in an email to me after I asked him about feminism:

In the past I have said that I am not a feminist, I am an equalist, because there is often the image of the “militant, man-hating feminists” and I was certainly not one of those. I believe men and women are equal. But that in itself is a narrow
concept and still limits gender to a binary, which it is not. All people are equal.

Call me what you want for believing that (Alex, email, 3/10/16).

Alex sounds as feminist as the other six trans men who claim to be feminists, and he adopts the non-binary perception of gender found in queer and transgender theories.

Other participants also stressed their feminist roots in pre-transition and talked about how feminism influenced the way they are as men. Some participants are accepting of their female sides, but outwardly express more maleness for two possible reasons. One is because they live in a binary world, and so they adopt masculine bodies, mannerisms, voices, and lifestyles, in order to fit in. The society around them may influence them more than they realize.

An additional reason that trans men outwardly express maleness is that they have a strong inner sense of maleness – their body as female feels incomplete, or wrong in the way it is configured. There is a strong desire to rectify body issues, possibly to conform to society’s heteronormative emphasis, or to fulfill their inner sense of gender. The amount of pressure from society would differ for each individual.

Advocacy. Peter, Jeffrey, and Dylan were quite vocal about using their male voices and privilege for the greater good, or as Dylan said, “I think this is a responsibility for any man to be aware of and to do some social justice work around.” Dylan also said that on transitioning to a man, he was “very cognizant of a power dynamic that I don’t want to own.” He also noticed that his voice tends to be heard and not dismissed as much as his female colleagues. Dylan takes this responsibility of privilege seriously; he does not see it as a personal gain, but as a result of the society we live in, one that reinforces
and rewards maleness. He remembers being a woman and being subjected to subtle and overt discrimination as a woman. As a mental health professional, working with mostly LGBTQ persons, Dylan is doing that “social justice work” as an advocate for marginalized populations.

Jeffrey adds to this discussion saying that he is now, as a graduate student, more educated on feminist politics, and even though he never identified “strictly” as a woman, he was treated as a woman by society. “And the stark difference in how I am treated as a man versus how I was treated when I was perceived as a woman, is day and night.” I asked him for an example and he said:

Jeffrey 1: I no longer have to speak over people. When I have something to say, as soon as I start talking, other people are silent and allow me to have my say and seem to think of it as having some inherent value. Whereas before, . . . it would have been taken as I am the annoying, whiny, bitchy, lesbian whatever, just making trouble.

Jeffrey claims to know both sides of the spectrum of gender, being treated much differently as a woman, and now recognizes that the change is unfair. He wants to use that lower, male voice that commands attention to be a voice for social justice. He sees the power in his privilege and intends to use it in a positive way. I asked about who he wants to advocate for, and after a little prodding, he said, “It’s literally everybody who is not a White cis male.”

Being raised as women, and considering themselves feminists for the most part, may have been instrumental in stimulating a sense of advocacy for oppressed persons
among the participants in this study. Living as a sexual minority, part of the LGBTQ population, may have also nurtured their sense of social justice to fight not only sexism, but to stand against homophobia and transphobia. In the trans community, there is a culture of resistance against the status quo, against labels and stigmatization, or not wanting to be perceived as cisgender (Yerke & Mitchell, 2011). Trans persons live in a more fluid community, and there is a common dislike of labels and homonormative emphasis of gender and sexual identities (Beemyn & Rankin, 2011; Bockting et al., 2009; Meier et al., 2013). Most of the participants showed concern of how their newly formed male personas would be viewed by others. Some were very outspoken about how as trans men they have the responsibility to use their privilege to advocate for others. Although not all trans men believe they have gained privilege considering the myriad of ways in which they are not privileged, when a lower voice commands attention, that voice can be used to promote equality. Most of the trans men in this study appeared to have at least addressed the concept of male privilege.

**Summary of theme #2: Trans men who identify as feminists struggle with male privilege as they transition.** The intersectionality of several identities will have an effect on the trans men in this study, as they embrace privilege and masculinity in various ways. Some of the men in this study claimed it was difficult to label a trans man as privileged when belonging to an oppressed, marginalized group. Add to this a sexual minority status that might include LGB or Q, and this man does not appear to be overly privileged. Jeffrey brought this point to my attention by listing the “multiple axes” in which he is *not* privileged: Being queer, Jewish, pansexual, and in a relationship with a
man of color. Julius gave little weight to the intersectionality of his identities, saying that the only thing that really mattered was resolving the gender dysphoria that he experienced most of his life.

Many of the trans men in this study are concerned about taking on the role of men, and have pondered how becoming male might coexist with their feminist ideologies. Most of the trans men in this study want to strive to be “better” men (Gardiner, 2013), or men who maintain a strong feminist ideology without the misogyny. Some of the men strongly believe that having been on both sides of the spectrum with regard to gender will make them exemplary men. They do not want to embrace male privilege, but use any privilege they gain as a voice for equality among transgender persons. Jeffrey, Dylan, Rob, and Peter strongly advocate for oppressed populations, and this strong sense of social justice would not only be directed towards transgender persons, but also towards women, with a desire to promote gender equality.

**Theme #3: Being Comfortable in Their Bodies Fosters a Sense of Well-being**

An overarching theme in the data was how all the participants who transitioned medically were overwhelmingly satisfied with their bodies. No one had second thoughts or doubts after surgery or hormone therapy. A common finding was that the trans men in this study expressed a sense of peace and elation after medical treatments. Many said that these medical procedures were a “freeing” experience for them by allowing them to be validated as men, and in turn, mental health was improved dramatically for most of the participants.
Narratives from participants about body changes.

_Dylan’s experience._ Dylan, an Asian trans man, had second thoughts on his way to breast surgery, but he comforted himself by thinking he could always get implants if it turned out removing his breasts was a big mistake. But the surgery was a success, and Dylan is passing as male in most circles. Dylan’s Asian background is relevant here, as he stated that when he travels to Hong Kong he is seen as a “super butch built dude.” Whereas back in the states, most people, according to Dylan, read him as a gay man. The intersectionality of race and gender identity is important, as Dylan said it was easier to pass as male being Asian. According to Dylan, Asian masculinity is seen by White Americans as more feminine. Clarifying this, Dylan asked me, “How many Asian butch guys do you know?” Therefore, his sense of maleness and passing as male is measured based on the two cultures from which he evolved. In Hong Kong, he is very masculine, contrasted with the United States where he passes as male, but certainly not viewed as a “super butch built dude.” Although Dylan claimed his foremost identity as a “queer trans guy,” with his Asian identity as only a secondary factor, he did stress the importance of the intersectionality of race and gender with the expectation of male appearance and behavior. As an example of this, Dylan commented about visiting his family in Hong Kong:

My extended family in Hong Kong, for example, was easier to navigate. They were now able to interact with me the same way they did with other men, whereas they were pretty uncomfortable and unsure about how to interact with a masculine woman. There is no question that they began treating me differently as soon as I
Dylan felt uncomfortable interacting with his family as a butch woman. Even if Dylan were happy presenting androgynous, his interactions with his family, and maybe society in general, would have made him uncomfortable. Dylan’s transition not only improved his quality of life, but his family’s as well. These improved interactions with his family meant less stress for Dylan and overall better mental health. He made an interesting observation about his present appearance:

Dylan 1: Before I had hormones and surgery, I didn’t realize how much I was not looking at myself in the mirror. So now when I compare to how my life is now, I’m like, oh – I am so much more comfortable with seeing myself in a photo, or looking in a mirror.

Because of a substance abuse issue, Dylan started hormone therapy then stopped to get clean and sober. When he started hormones again, he said this time they really started to metabolize as they should. Dylan described this experience with hormones as like “going through puberty for the third time” (first as a teenager, then twice with hormone therapy), and how he finally felt comfortable in his own skin.

Dylan 1: Um, 2010, I got clean and sober, and the hormones started metabolizing correctly. And I noticed all the things that any teenage boy gets in puberty, right? So my sex drive went through the roof. All I want to do is eat and sleep. Mood wise? I kind of feel like the whole thing about like having “roid rage” is a myth.
If you’re having that, I feel like maybe you’re on the wrong dose. But I did notice things like, oh my muscles would build up quickly. Dylan did not feel his mood changes were dramatic, except that his sex drive was strong, and he felt like a teenager might with regard to his sex drive. During this time, Dylan decided to “take this body out for a test drive,” referring to the fact that social permissions gave him the opportunity to sleep with “different bodied people,” meaning males, females, and gender variant persons. He did this because as he said, “I’m single and I can.” Perhaps Dylan was experiencing a type of delayed adolescence as he was changing his body and using hormones. These experiences felt “new” to Dylan every time, and Dylan felt younger, excited, and sexually aroused much like a teenage boy, even though Dylan was well into his twenties. Dylan reminds us that the complicated gender and sexual identities of trans persons may cause them to go through stages of development more than once.

**Jack’s experience.** Jack, one of the younger men in this study at age 21, was the youngest to connect with the “born in the wrong body” narrative. Even though Jack described the surgery as the most painful thing he ever went through, he was quite happy about the results. He was ecstatic about being able to take his shirt off. Even with the scars quite visible, he was anxious to show me how well it turned out, and he lifted his shirt to show me his male chest. I then asked him, “Even though it was extremely painful, was it worth it?” And he said:

Oh, for sure! I would do it 20 times over if I had to. Ha! If they kept growing back, I would do it again and again and again. You know, it improved my quality
of life in so many more aspects than just physical – like how I feel about myself and my self-esteem. (Jack 2)

Jack was visibly happy relating this last passage to me. He showed such exuberance and wanted me to know it was more than just physical. Changing his body to align with his male persona was significant in improving how he felt about himself. Jack talked about the deeper meaning here as well – self acceptance and self esteem. It was as if Jack was saying, “I am the person I am supposed to be, finally!” Jack talked about how his body made him more comfortable in intimate situations, and this will be discussed in theme 4, Some trans men experience a change in their sexual behavior as they transition.

Still presenting somewhat androgynous, Jack expressed a very strong binary gender and sexual orientation. He always knew he was male in his mind, ever since he was a child. He dreamt that he would grow into a man. Sexually, Jack is only interested in women; he made that very clear to me. Yet now, after top surgery, he has opted to not take testosterone because he likes the physical features of his face, and is afraid of losing that with a beard. Jack told me that he likes the way some trans men look after four or five months on testosterone, but after six months, he says these men start to not look so good. Recently, Jack told me that he is considering testosterone. Jack thinks he can pass as a man, and he has no problem using the men’s room at his university. But up close, Jack said he is often misgendered, partly from his looks and his voice, which he feels is fairly deep considering he has not taken testosterone.

**Peter’s experience.** Prior to transition, Peter, age 53, spent a good portion of his life as a butch woman. Peter felt chained to his body, and wished that he had transitioned
much earlier in his life. He had to have a radical hysterectomy when he was 49, and this was the beginning of transitioning for Peter. He said he felt miserable from his puberty years until his hysterectomy, which was the last thing that connected him to his female body, according to Peter. The problems with his physical body made him depressed and angry. Peter claimed that his misery made him an “asshole,” and it explained “probably why I’m still single, you know? You just can’t come to terms with your body, with your position in the world or anything.” His physical ailments were affecting his well-being in an extremely serious manner. After the hysterectomy, Peter finally felt better after “over 30 years of feeling shit inside my body.” (Peter 1). He then began to take steps towards a complete transition after the hysterectomy. He was already using male pronouns among certain people in the butch/femme community, but now he was ready to transition physically. The successful hysterectomy allayed his fears of doctors and surgery. Presently, Peter is in a much better place with his hormones increasing and his body more congruent with his gender. Peter said that top surgery was “huge” for him, and he appeared to be quite happy about his physical changes. Even after gaining weight, I asked him why he likes his body better now, and he said:

Peter 2: Because the chest is different, the body is different. The shoulders are broader – this is huge. You know top surgery is usually a huge thing for trans men, and for me it certainly was. I would think that’s a thing. I don’t think I’ve met trans person who doesn’t say that.

Peter stressed the differences in his mental health – from misery in his alien body to his exuberance now with a body that reflects his gender, albeit not a perfect one:
Peter 2: I will walk around my house with no clothes on. I live alone, but I never would have done that before. Never, ever, ever. I’m obviously shaving; I’m brushing my teeth without a shirt, like those things never would have happened. Let’s see, in 2012, after surgery, I weighed 147 pounds. After top surgery, I weighed ... (thinking) 160 maybe. Now I weigh 190. I mean, obviously there’s some muscle mass, but not that much – it’s fat. And I like my body more than when I was 18 and 120 pounds.

The difference is having the body that appears male – a body that will distinguish him from women. This is all fairly new to Peter; he still needs, and may always need, that binary of male and female. When alone, he enjoys walking around at home with no clothes. Peter was never happy with his female body. Now he takes joy in simple things like brushing his teeth with no shirt. Peter takes joy in the simple things that most cis men and women would never think about. Being recognized and validated as a man is extremely important for Peter and other trans men in this study.

**Other narratives: Experiences of Julius, Mark, Jeffrey, and Alex.** Julius, like Peter, wishes that he had transitioned earlier, but appears very comfortable in his relatively new transitioned body. Julius, at age 62, is steadfastly straight and always identified as male. This was his reaction to his first shot of testosterone:

Julius 1: Once I took that first shot of testosterone, which is really funny, and I think some of that is certainly mind over matter, I could just feel this wave of peace come over me. I finally made it. I’m finally here.
Julius often talked about the peace that comes over trans persons once they get the needed hormones and surgery. He easily passes for male now and never gets misgendered. Julius can choose to live “stealth” if he chooses, but he is out as trans when addressing groups about transgender issues.

Mark, one of the most fluid in both sexual and gender identities, was excited to see the changes that testosterone was affecting. He likes his beard and lower voice, and he is misgendered much less now. He started keeping a recorded voice log to mark the changes in his voice. Testosterone appears to work very quickly with these men. Jack, Alex and Rob are cautious about starting testosterone for that very reason; they are somewhat afraid of the rapid body changes that may come with the hormone. Losing hair, growing a beard, and obtaining a ruddy complexion were some of the comments used against taking testosterone.

Jeffrey, a 27-year-old graduate student, was “immeasurably happier” after the testosterone began to work. He was able to quickly grow a beard and was no longer misgendered. At the time of our first interview, he wore a binder and was easily passing as male. Jeffrey had top surgery just before our last interview and spoke to how he felt about the experience in an email after I inquired about how he was feeling:

I do indeed feel much better about myself, and more comfortable in my own skin. My only remaining issue is that I’ve got weight I need to lose, and it’s nice to have a body-image problem that isn’t related to being trans. (Jeffrey, email, 5/9/16)
And in person, at our last interview he said, “My quality of life has immeasurably increased since surgery.” It is interesting that Peter and Jeffrey both acknowledge their weight problems in such a positive light, as if they are only slightly annoyed by the weight, but really ecstatic about having a male body at last. The joy of being in a male body that closely resembles their gender identity is much more important than weight issues.

Alex, age 33, is concerned with passing, and at the present time feels he may not be passing as male. Alex believes he has a long way to go in transitioning, only recently going on testosterone and waiting for top surgery. So, he was excited when a stranger approached him at a funeral and assumed he was the brother of the woman standing next to him. Alex was ecstatic about passing as a man, as this was one of the first times this had ever happened. Alex passed for a male member of the family, and this was important to him. I asked Alex to picture himself in ten years, and tell me what he would be like. He said he might be mistaken for a gay man because he might “have that little quirk or stereotypical swish or something – I might have little quirks like that, but I’d be a man” (Alex 1). Alex is one who was more fluid in pre-transition, not being sure if he was male or female, yet anxious to present and be accepted as male. Even with his acknowledgement of his female side, an outward presentation of maleness is quite important to him.

**Body changes and mental health.** All of the men in this study who had hormonal therapy and/or surgery were satisfied with the physical changes to their bodies. Many talked about how it was a relief to finally have a body that they were comfortable
with after some years of not being at ease with their body. As mentioned earlier, Dylan was comfortable in his own skin, Jack was more comfortable being intimate, and Peter no longer felt chained to his body. Some participants have suffered with depression and do not directly connect their depression with being trans, but some were open to the fact that their depressive symptoms may abate as they transition.

Alex 2: There are a number of factors that contribute to my depression and anxiety. I’m not going to say that dysphoria isn’t on that list. But it’s certainly not the only factor. Now that I’m on a path to, you know, correct my gender that will probably improve a little bit – the depression and anxiety. But that’s not the only cause; I’ll still probably have the depression and anxiety.

Alex did not make a clear connection here with his depression and gender issues, but he believes, as did all the participants, that body modifications can only help relieve anxiety, stress, and depression. Mark talked about his transition and his bi-polar disorder, going back and forth between manic and depressive episodes:

You know, I was actually kind of worried starting the transition, because I had heard that the testosterone can increase manic behavior, or it can cause issues with medications I’m taking. So, that was a big factor for me. But in terms of manic behavior, actually there hasn’t been much change. But the depression was experienced a lot more, which was interesting.

Mark was surprised that his depression increased using testosterone and his manic episodes did not change. Mark went on to say that he was not sure what was causing the depression, and did not make a direct connection between his bi-polar disorder and
gender dysphoria. But what he did say on numerous occasions was that he liked the effect of testosterone, the lower voice and other male characteristics. Mark, like Jeffrey and Peter, has body issues that are not trans related, like watching his diet and getting more exercise.

As a high school student, Jack said he was depressed and even contemplated suicide. His parents had taught him, and he also firmly believed, that suicide was a “cowardly route to take.” Jack never attempted suicide, but he did have strong beliefs about what works and what does not with regard to the stress and depression accompanying gender dysphoria. He said this about surgery:

Jack 2: I think that like being trans, it’s something in your brain, and you can’t fix something in your brain with external surgeries.

WB: Gender dysphoria is in your brain.
Jack: Exactly. And you can’t fix that by changing yourself. That there’s still going to be something like in your head that’s making you feel dysphoric and paranoid.

WB: But can it lessen? I mean you sound like you’re….
Jack: Yeah, I think my surgery has definitely lessened it, but does that mean (pause) when it comes to me being dysphoric; it’s so much more than just my physical being . . . So I think that trans people need to think differently about transition, and think of it as a way that it’s going to aid them to living the life they want to live, but not be the answer to their gender dysphoria; that’s something they’re going to have to live with forever.
At another point in this interview, Jack said he prefers “paranoia” to “dysphoria” as a term more “relatable” to other people. Jack was the only one who vocalized this opinion about always having “paranoia” regarding gender. I am not sure the other participants would agree with him, but many have said that transitioning is a life-long process. In other words, trans men are always transitioning. They think about it daily, and some may take a lifetime to reach what Devor (2004) calls the “integration” stage of identity development.

Jack supports the idea that transitioning can help with mental health. When talking about young gender dysphoric teenagers being depressed, not wanting to function and face life, he said this:

Jack 1: It’s naïve to think that it doesn't get better, ‘cause if you try to do things and take steps to make things better, things do get better. So, now I live in a reality that my 14-year-old self never could have imagined.

Jack, at age 21, has come a long way since he was fourteen, and even though still young and going through transition, he recognizes important steps he has taken on his journey of transition. He chooses to stay somewhat androgynous so that he can explain to others about his gender identity. He acknowledges some positive aspects of surgery, especially having top surgery, but he is a realist in that he believes the discomfort of being born into the wrong body may never completely subside.

I asked Julius how transitioning affected his mental health, he said, “After all these years, I actually feel peaceful. There is no more perseveration.” Julius mentioned perseveration several times, and he explained it this way:
If you can understand that your brain is running in seven directions even though you’re trying to concentrate on one, that’s what I’ve done my whole life. So when you constantly get the brain interrupt – of like I’m in the wrong body or whatever I said as a child, because remember I’m back at the terminology now of understanding, but back then I didn’t. (Julius 1).

Julius did not have the words to explain what was going on in his mind as a child. He believes that today there is more awareness and children may have the words to express trans issues, especially with the help of educated and concerned parents. Julius talked about the constant spinning of his mind, and the constant brain interruptions that were causing his dysphoria. “I just know in my mind that I should have been a guy.” Julius believes that his constant focus on his gender dysphoria caused him to be only an average student, rather than an outstanding student. The perseveration caused not only poor grades, but gave him stress which has now been replaced with a sense of peace, as Julius is comfortable passing as male. His transition was in his fifties, and he is now 62.

To be physically validated, being recognized as a man is important. Peter talked about the first time he was treated as a man at a conference. Going to a conference where he could try on the male persona for the first time was an important milestone in the early days of his transitioning. At this conference he was treated as a man, roomed with the men rather than the women, and was referred to by male pronouns. Some of the younger trans men said they felt validated when professors referred to them as men with their chosen names. When trans men are referred to by their former female names and pronouns, many will become visibly upset. Jeffrey is usually not misgendered, and he
said that at a recent family gathering his relatives said, “At least you smile for once.”
This was one way Jeffrey’s family members were showing validation of Jeffrey’s transition to a man. Growing a beard was validation for Jeffrey, and he brags that he can grow a better one than most cis men.

Peter said that his top surgery was a “huge” thing for him. Top surgery helps to validate these men as they can stop binding their breasts. Hiding or binding their breasts made most of the trans men in this study very uncomfortable, according to their accounts. Peter said that he has never met a trans man who was not happy with his top surgery result. Peter talked about body dysphoria, saying that he was not dysphoric enough to want bottom surgery or phalloplasty.

Peter 2: Yeah, I’m not dysmorphic enough to want it yet. By the time I do, I might be too old to care. I might be in a romantic partnership where that person doesn’t care, I mean, obviously there’s all kinds of other things to do.

Peter used the term “dysmorphic,” and I later asked him to clarify what he meant. He then said, he probably meant to say “dysphoric.” According to the *DSM-5*, Body Dysmorphic Disorder should not be diagnosed if the person has Gender Dysphoria (APA, 2013). Peter meant that he was not obsessed enough with changing his body to have a phalloplasty. He described what that would entail, and I got the impression that Peter was becoming more content with the body he now has. Most of the men were excited and anxious to talk about their “improved” bodies, and it would make sense that their improved bodies would be accompanied by improved mental health.
The participants in this study often reminded me that cis men rarely, if ever, have to contemplate their gender identity. Cisgender persons never have to wonder if they are male or female. For the men in this study, questioning gender is part of their everyday reality. Jack said he comes out every day. Being that he does not always pass, he is frequently discussing his gender identity and expression to others. The cisgender population takes many of these issues for granted and does not comprehend the stress that misgendering can generate.

The most positive stories about becoming transgender were stories about the physical and psychological comfort trans men found in the bodies that finally aligned with their sense of gender. After some had experienced stress, depression, and anxiety over this dysphoria, they all found ways to overcome the obstacles and transition to the person that truly represented their inner self. As Jack said, “I think it’s almost harder not to. It’s almost harder to pretend to not live with yourself. So, it’s almost like I don’t have a choice – I’d be miserable” (Jack 2). Jack felt he had no choice, a sentiment that others in this study have expressed.

Summary of theme #3: Being comfortable in their bodies fosters a sense of well-being. All the participants who had medical transitions, including hormones and/or surgery, expressed complete satisfaction with their results, and were exuberant about the outcomes. Many expressed a comfort that allowed them to be at peace with their bodies. Some expressed a feeling that at long last they had finally found their true selves. Aligning their bodies with their perception of gender was an important milestone for these trans men. Their new bodies allowed some a freer sexual expression, and it
allowed some to be more validated. Even those trans men who may placed themselves on the spectrum of gender, being more fluid, desired the ability to be perceived as male. This may be because of the pressure that society puts on the binary image of gender, and it may be that androgynous presentations are more likely to be stigmatized. Whatever the reason, validation of their maleness was psychologically beneficial for these men who transitioned medically. As an example, Mark, one of the most gender fluid in the group, desires to be male in many ways. He looks forward to a time when he will not be misgendered. He is happy that his voice is lower and he is now starting to pass as male. Yet, he is still in touch with his female side. He told me he still can cry over sad movies, and he also stated he has a strong sense of empathy, which I assumed he saw as a female quality.

Mental health or well-being is an important result of the transition process. I asked many of the participants if their depression, anxiety, and in one case bi-polar disorder, were related or affected in some way by their gender dysphoria. Most would not directly connect psychological problems with gender issues, but rather talked about how much better they feel after medically transitioning. In an effort to de-pathologize gender dysphoria, looking for a relationship between mental health problems and variant gender expression is not necessary. To find a cause and effect relationship between dysphoria and depression might be difficult, and maybe not wise for that matter. Dylan, a mental health professional, made a valid point about over pathologizing with trans or non-binary persons:
Dylan 1: I’ve definitely have heard from clients who have come to me who are trans or non-binary identified, or even who are cisgender and are lesbian or gay, come in and say, I'm coming to the [clinic] for therapy because I could not convince my counselor elsewhere that me being gay or lesbian or bisexual or transgender – that was not the problem. And they weren’t competent enough to see that is separate from my depression, or my anxiety or whatever. So, I think we are slowly starting to move away from the idea that our gender or sexuality is part of our diagnosis.

Counselors are beginning to not see gender dysphoria as a pathological disorder (Austin & Craig, 2015; Lev, 2013). There may be anxiety and depression associated with dysphoria, but it may be that other factors are causing the mental health problems. The trans men in this study did not think they were suffering because of their gender dysphoria. Most were exuberant about telling their powerful stories of resilience – how they needed to transition or they would have been miserable. Changing their gender identity to what was congruent with body and mind fostered a sense of well-being.

**Theme #4: Some Trans Men Experience a Change in Their Sexual Behavior as They Transition**

Of the eight participants, most did not believe their sexual orientation changed after transition. If they were attracted to women before, most of them were still attracted to women after transitioning. These participants were women attracted to women, and now they are men attracted to women. Those women who were attracted to men, bisexual, or pansexual before transition, tended to have the same attractions after
transition. Mark said that his sexual attractions changed somewhat during transition, or moved in one direction on the spectrum of sexual orientation. Mark identified as lesbian before transitioning, and now he claims he is a queer homoromantic bisexual. Some felt new attractions but did not act upon those feelings, and others felt that with their new bodies, they were given permission to experiment and sought to have relations with different bodied persons.

**Taking the “T” (testosterone) as a change agent.** Hormonal treatment, or testosterone, was suggested as a cause for a heightened sexual drive among a few of the participants. I asked Mark a question that I asked everyone: “Was your sexual orientation affected in any way before, during and after transition?” His reply: “I’d say during, yeah. Because I became more physically attracted to men, which was sort of unusual prior to” (Mark 1). He did not act upon this attraction, but he said it happened on a few occasions, and he mentioned that these feelings fluctuate. He is usually more attracted to women, but identifies as queer and recognizes an attraction to men, but said it usually was homoromantic, meaning it was not sexual but a romantic attraction. Mark said these feelings “fluctuate,” but with an increase in testosterone, he often feels sexually, as well as romantically, attracted to men. Later in the interview, Mark said in pre-transition his gender identity fluctuated, much like his sexual orientation does now.

Another example of how transitioning affected changes in sexual behavior, Dylan said his sex drive “went through the roof” when on testosterone. In addition to his sex drive, Dylan experienced other changes in his body and his behavior:
Dylan 1: What I enjoyed in bed really shifted. Shifted from not liking penetrative sex at all, to really enjoying it. And I think a lot of that was because my anatomy was changing.

Dylan was quite explicit in explaining to me how his body changed, specifically how the shape of his clitoris changed. Certain sexual activities were no longer pleasurable while other sexual behaviors became more desirable. “I started to adapt to a new body. It’s different. I had to develop a new sexual relationship with my own body.” The physical aspects of sexuality changed for Dylan, but not his sexual orientation:

Dylan 2: So the bodies that I’ve been attracted to – I don’t think that’s really changed. I think my behavior around it changed, because I’m more comfortable in my body. But I don’t think of my sexual orientation as something that has been fluid. I’ve always been attracted to the people I’m attracted to. But I’m able to act on it differently now that I am more comfortable in my body.

Without breasts and on testosterone, Dylan was able to feel more comfortable and willing to try different sexual behaviors. Dylan also attributed some of the sexual behavior changes to having a safe social support network where he was able to transition comfortably. He had support in place to pursue a medical and social transition, and these factors allowed him a sense of comfort and safety where he could experiment sexually with different bodied people.

All of the participants who used testosterone claimed robust results; all talked about a boosted sex drive, and some talked about how quickly they grew facial hair. Alex also spoke about having strong sexual feelings right after going on testosterone:
Alex email: What am I feeling? Insanely horny. I really have no other way to describe it. In terms of behavior….well, I’m single, so ….it’s uh….self-serving.

WB: Who are you horny for? A man or a woman?

Alex: There is sort of a specific woman in mind, but since she is not actually available, either [a man or a woman] that is available would be nice.

Alex identifies as bisexual, so he was referring to his sense of attraction to both men and women. It appeared that in this exchange Alex was anxious to have sex with whomever was available. He is being cautious about the dosages because he is worried that testosterone might have an adverse effect with the other medication he is taking.

Jeffrey also said that testosterone stoked his sexual energy. Even though being primarily attracted to men, after taking testosterone, he found himself attracted to women, and gave himself permission to comment about women, by saying, in his words, “That woman is hot.” Jeffrey also did not act on this feeling of being attracted to women, but he did have interesting perspectives about this phenomenon. He said when he was a woman, he concentrated on his attraction to men because as he said, it was acceptable. In pre-transition, as a woman, he felt some attraction to women, but his attraction to women was “swept under the rug,” because as he said, “It is never good to be gay.” This was not a homophobic remark, but reflected what society expected of him – a woman attracted to a man, and when he started presenting as male, it was acceptable to comment on a woman’s appearance. Jeffrey’s sexual orientation is complicated; he described it this way: “Pansexual with an aesthetic attraction to male presentations regardless of gender identity.” He was recently in a relationship with a cisgender man of color.
In the present study, it was found that hormonal treatment ramped up sexual libidos in all who took testosterone. It also caused some to notice they were thinking more about sex and possibly in a different direction on the spectrum, such as Mark and Jeffrey. Only Mark claimed that his sexual orientation had changed after taking testosterone.

**Body comfort and sexual behavior.** The intersectionality of gender and sexual identities is evident with many of the participants with regard to their comfort with their new bodies. Dylan said it allowed him the freedom to explore his sexuality with different types of bodies. When Dylan found himself single and was being read as male, he was no longer part of the lesbian queer scene, and he took pleasure in exploring that new found freedom. Dylan said his comfort with his body changed as he transitioned and allowed him to be more expressive sexually. Dylan identifies as queer, and is more likely to be in a serious relationship with a woman, but he said he has had attractions to men. Here, Dylan explains why he didn’t have sex with cis men for quite some time:

Dylan 2: Part of that was because I wasn’t as comfortable with my body, because the type of men I was attracted to were probably not attracted to a more feminine body. And so after I transitioned, after I became more comfortable with my body, and after I got out of a monogamous relationship, I was able to experiment more, well not experiment, but sort of act on those behaviors in a way that I couldn’t before.

Part of this freedom came from what Dylan called a “social permission” to experiment. When he transitioned, he left the lesbian queer scene, where monogamy was the norm.
When living as a butch woman, Dylan did not act on his attractions to men for a number of reasons. One was that his partner and community endorsed a monogamous lifestyle, and according to Dylan, they were somewhat bi-phobic, or prejudiced against bisexuals. Once out of that lifestyle and community, he felt a permission to explore or experiment with different bodied persons. He no longer wanted to be monogamous, and he sought sexual relations with other men and women. Therefore, body changes did not change Dylan’s sexual orientation, but affected his behavior and sense of comfort with a body more aligned with his gender. This was true for Jack as well.

Breast removal allowed Jack (age 21) to be more comfortable when being intimate with a partner. It was emotionally and physically uncomfortable to hide his chest from people he cared about. Before surgery, he explained it this way: “So I have to hide something from someone that [I am] trying to be intimate with, who was opening up to you, then here – I’m closing this off to you” (Jack 2). Jack’s strong binary sexual orientation, attraction to women, never changed after transition, but the emotional and physical closeness changed. Now, Jack said he could allow a partner to touch his chest. This is a major change for Jack, and one that he relishes.

As Mark is transitioning, anxious to get top surgery, he is increasing his dosage of testosterone. With his body changing, facial hair growing, and voice lowered, Mark also is feeling different about sexuality. He says his sexual attractions fluctuate. Mark was surprised about his attractions to men while taking testosterone. He said he felt attracted, but did not act on it. Mark said that once he was comfortable in a new body, he became more open to trying or experimenting with different sexual activities. He believes he is
primarily attracted to women, and he sees himself eventually in a long-term relationship with a woman.

Jeffrey has not had sexual relations since his top surgery, explaining that he just ended his relationship with his boyfriend. But I asked him to speculate about how sexual behavior may be different after surgery:

Jeffrey 3: Part of the issue with how I experience body dysphoria was having my chest seen or touched by anybody and that would never happen because I wouldn’t allow it to happen.

WB: Sorry to get so personal, but when you were intimate before, did you leave binders on?

Jeffrey: Oh, yeah, leave binders on, wear a shirt, something like that.

WB: You didn’t feel comfortable being totally naked.

Jeffrey: No.

Body dysphoria was so strong for Jeffrey that he would never allow anyone to touch his chest. He feels confident that this will change now that he has had surgery.

Body changes did not necessarily change sexual orientation, but it did affect attraction for some and the way they felt about sexual behavior. It allowed some to feel freer to experiment with different sexual partners and situations. It was clear that for those who had top surgery and were presently intimate with partners, there was a significant improvement with intimacy. Five of the eight participants have had top surgery, and they all are clearly happy with the result. Only a few participants spoke about intimacy after surgery.
Dylan, Jack, Julius, Mark, and Jeffrey all have expressed much satisfaction with their bodies, and they find sexual relations to be more satisfactory now that their bodies are congruent with their gender. There is a sense of peace for these trans men when they finally have bodies that are congruent with their gender identity.

**Societal influence.** Testosterone’s effect on trans men is quite powerful, but the parameters of society’s social norms also play into how trans men will experience gender and sexuality. Dylan identifies as queer in gender identity and sexual orientation. He is attracted to both men and women, but he is more likely to have serious relationships with women. His sexual orientation did not change after transitioning, but his behavior changed. Dylan said that he was always attracted to certain bodies and that has not changed. He felt freer in his body, and when he found himself single with this new body, he thought he should take it out for a “test drive,” as he put it. This is when he talked about society’s permission to experiment. Up until Dylan transitioned, he lived in a butch/femme community where monogamy was the norm. Now out of that community he felt he had “permission” to be non-monogamous with different bodied people. It became easier to flirt with and pick up a man, and he did just that at times. “I have this freedom now to explore my sexuality with different types of bodies” (Dylan 1).

Two participants, Jeffrey and Dylan, address sexual behavior that is governed by society’s parameters. Jeffrey spoke to how he may have ignored some of his same-sex attractions to women when he was a woman. Now as a man, Jeffrey is once again same-sex attracted, but to men. Jeffrey is a trans man and was in a gay relationship with a cisgender man during our first interview. He is very open about his trans identity as well
as his sexual orientation, which is pansexual. His attraction to women was always present, stating he was 4.5 on the Kinsey scale (Sell, 1997), meaning more attracted to men, but still some attraction to women. The Kinsey scale is a continuum that runs from 0 to 6, with 0 being exclusively heterosexual and 6 being exclusively homosexual. His attraction to women was rarely acted upon, but he acknowledged this attraction, especially when he commented on the attractiveness of certain women. He said he could do this because it is expected of men to comment on a woman’s appearance. But this is a real attraction, and now it is more acceptable to express it.

Dylan is in a similar position with society’s permission to act differently now that he has a male body. He is attracted to both men and women, but is more inclined to be in a serious relationship with a woman. In fact, he is soon to be married to a cisgender woman who identifies as queer. But before this relationship and in pre-transition, Dylan felt restricted in some ways living in the queer/lesbian community where monogamy was the norm:

Dylan 1: To put it this way, even when I identified as butch/dyke, 95% of the times I’d be with women. One of the difficulties I always had was that I wanted to be able to have sort of casual sexual relationships. And in my sort of subculture of lesbians and dykes and queer women, it was hard to find other women who were sex positive and there was still a lot of slut-shaming around it. Dylan was open to sexual relationships, being sex positive, meaning that he was open to non-monogamous, consensual relationships. When his long-term relationship ended, and his transition was well under way, he felt he could “take this body out for a test drive.”
That was how Dylan’s sexual behavior changed during this time – a combination of the new body, being out of the butch/dyke community, hormones, and surgery led him to express a freer sexual identity.

**Changes in sexual orientation.** Mark (age 20) had a similar experience to Dylan, saying that with his “new body, the more open I was to keeping an open mind to whomever I was attracted to.” Usually attracted to women, Mark said he was more comfortable exploring his physical attraction to men, and he allowed himself to explore that. Mark was actually surprised to find his attraction to men stimulated when taking testosterone:

Mark 2: When I first started transitioning, I was more interested in women, but as the testosterone started taking effect, and I started increasing, and I kind of became more attracted to men, but then it would kind of taper off. (WB: Yeah, fluctuates, you said.) Yeah.

Mark said his attractions fluctuate, much like his gender identity did right before transitioning. For a short time he used they/them pronouns, which he said spoke to the confusion about gender, not sure if he was male or genderqueer. Now Mark is presenting as male, and he describes his sexual orientation as queer/homoromantic bisexual.

Alex appears very open about gender, seeing it on a spectrum, but when it comes to sexual orientation, he sees it as more binary, even though he is bisexual. We had this exchange regarding sexuality:
Alex 2: The way I see it is that there are only two types of genitalia, (pause for effect) bi, (pause) two. So which ever one they have, that’s not gonna change my attraction to them.

WB: So it’s still a binary thing to you. Like it’s like this or that, I don’t want anything in between.

Alex: No, there isn’t anything in between! (Very emphatically) There’s either this set of genitalia, or there’s that set of genitalia.

And clarifying his sexual orientation, which is bisexual:

Alex: My friend (who is pansexual) can say I am attracted to anybody based on their personality and not at all about what they look like. I’m a little bit pickier on what somebody looks like.

This appeared a bit contradictory to me, or at least I had trouble trying to grasp Alex’s perception of the binary in sexual orientation. Alex is quite certain about fluidity in gender, and even when it comes to sexuality, but when it comes down to having sex, he claimed to be binary – not pansexual, a very binary definition of bisexual, meaning he was either interested in a man or woman, nothing in between. Alex admitted that he was feeling the effects of testosterone and becoming more interested in sex. Alex, like Dylan, claimed that the only change in sexual behavior was that his opportunities changed after transition. When I asked him about the connection between sexual orientation and gender, he said this:

Alex 2: I mean I’m attracted to women. I’m going to have a better chance with a woman if she’s attracted to trans men. But I could still be attracted to a woman
who is completely heterosexual; I just may not get anywhere with her because I
don’t have a penis. (WB: Right.) But that doesn’t change my attraction – it just
changes my opportunities.

Alex sees sexual behavior through a different lens as he transitions. His behavior may
not change, but Alex is still in transition. He may be in the fifth stage of Lev’s (2004)
model, as addressed in Chapter Two, which is Exploration: Transition issues/possible
body modification. At this stage, Alex is more certain that his gender identity is male,
but now he has decided to pursue body modifications, and at this point this includes only
hormonal therapy. He would like to have top surgery as well, but he said that was not
affordable at this time. Alex is still exploring his gender role as well as his sexuality.

Rob’s struggle with his sexual orientation led him to his gender identity. He
expressed the following in an email to me before we met, referring to a time before
transition:

What was different about me was that I was still attracted to boys from an
aesthetic point of view, but I was sexually attracted only to girls. Because of this
I didn’t think I could call myself a lesbian, but at the same time I was anything but
straight, a sort of “sexual orientation limbo.”

Among all this confusion, Rob discovered the term gender fluid, and took on that label
for a short time, then “shed” that label, saying he needed to cut ties with his feminine side
and choose “male” as his gender identity. Then he addressed his sexual orientation:

In regards [sic] to my sexual orientation, I knew that “lesbian” was no longer
correct, and I needed to shed that word too. I remember that took some time,
because I wasn’t passing and I was coming to the conclusion that if no one saw me as male, there was no way I could actually be male. But over time, as I began to accept myself as my true gender instead of trying to live up to other people’s expectations of my gender, shedding the label “lesbian” just felt right. Now, simply identifying as a straight person who is attracted to women makes me feel like that much more of a man. (Rob, email, 11/11/15)

Rob has subsequently described his sexual orientation as “straight with an aesthetic attraction to men.” Only Rob and Julius will use the term “straight.” But Rob’s aesthetic attraction to men might be described as a romantic orientation. Rob is early in his transition, but appears less confused about his sexual orientation, although he has not experienced any sexual relationships. His revelation that he was trans came from a dream he relayed to me in our first interview:

And then in this dream I had, I had a girlfriend, but I was a male. And when I woke up, I thought about it – and that just made so much sense. Like, it completely clicked for me. And uh, I just said, that’s when I seriously started considering transgender. Sort of, the sexual orientation led into the gender identity. (Rob 1)

With Mark and Rob, there are clear examples of the intersection of sexual orientation and gender identity. Mark was surprised by his changing attraction towards men. Rob’s confusion about his sexual orientation helped him to understand his gender identity, although Rob’s experience was completely in his mind and without relationships with men or women. Both men’s gender identity and sexual orientation were interconnected.
It would be difficult to say that these two constructs are completely independent of the other.

**Summary of theme #4: Some trans men experience a change in their sexual behavior as they transition.** The sexual behavior during transition varied among all eight participants. There was no clear direction or trend for sexual behavior, but interesting to note that some experienced changes. All of the participants who used hormone therapy experienced heightened sexual arousal, but the direction of this attraction was varied. Some felt a stronger attraction towards women, some felt strong attractions towards men, and two experienced a change in direction of the attraction, towards the sex to which they usually were not attracted.

Societal parameters, or the societal norms regarding sexual behavior, dictated some of the sexual changes experienced by men in this study. Jeffrey and Dylan spoke more to this theme. These two trans men talked in depth about the expectations of gender and sexual identity roles and commented on how those roles changed as they transitioned. As their bodies changed, their ability to express and experience sexuality also changed, and it was sometimes easier to fit into roles that society condoned. Jeffrey, as a man, became more in touch with his feelings for women, and Dylan felt free from his previously monogamous lifestyle. All the men who experienced body changes and were sexually active after transition felt liberated with new bodies and more comfortable having sex within a body more aligned with their gender identity.

Two trans men felt their orientation did change in direction somewhat during transition. Rob is quite young and still not sure of his sexual orientation, but it appears to
have been in flux based on his gender identity. Rob identified as a lesbian prior to transition, and now in transition, he identifies as straight with an aesthetic attraction to men. Mark also identified as a lesbian before transition, and now identifies as queer and as a homoromantic bisexual.

Most of the men in this study claim their sexual orientation did not change, but seven participants are still transitioning to a different gender, and some of these trans men may have yet to fully recognize their sexual orientation. Julius is the only one in post-transition. Four trans men changed their gender identity, and four always felt their gender identity was male. In my opinion, Mark’s sexual orientation did change because in pre-transition he identified as lesbian, and although he is primarily attracted to women while transitioning, he now is recognizing an attraction to men.

If one considers changing from same-sex attracted in pre-transition to opposite-sex attracted during transition as a change in sexual orientation, then many more participants have changed, but this is a matter of perspective. Most researchers do not adhere to this definition of a change in sexual orientation. It is important to note that people generally may assume trans persons change their gender to accommodate their sexual desires. Even some psychologists and physicians have “thought that FTMs are lesbians suffering from internalized homophobia” (Rubin, 2003, p. 178). And of course, the opposite is often assumed, that a man interested in men may transition to a woman in order to be with men. These scenarios are far from the truth, although at times that scenario may seem plausible. As with the eight participants in this study, each has a
different connection between gender and sexual identities, and in turn it will be expressed differently.

**Summary of Chapter Four**

After interviewing eight trans men over the course of several months, the findings have evolved in ways that shed light on various aspects of sexual and gender identities in trans men. Four themes emerged from the narratives of these eight trans men: (1) a greater understanding of the interconnection between gender and sexual identities in these trans men, (2) trans men who identify as feminists struggle with male privilege as they transition, (3) being comfortable in their bodies tended to relate to a sense of well-being, and (4) some of the trans men experienced a change in their sexual behavior as they transitioned.

An overarching theme in this study centered on the fluid nature of gender and sexual identities. A non-binary gender identity appeared to pair with a non-binary sexual orientation. Some of the trans men in this study emphasized the binary as a means to establish their male identity and emphasize their binary sexual orientation. But even these trans men will often favor a more fluid vocabulary and use labels such as “queer” to describe their gender and sexual identities.

There was an overwhelming positive response to how the participants’ new bodies affected their sense of well-being. Those who had not had medical transition are anxious to do so even if they are somewhat androgynous at the present time. It appeared that some trans men in this study moved toward the binary even when there was some fluidity in their gender identity. These trans men live in a binary world where it is easier
to cope with a binary sense of gender and sexual orientation. There are circumstances in which they will express a more binary persona, such as their places of work or among certain family members.

The trans men in this study were certainly aware that transitioning to men not only encompassed a physical change, but there would be many additional complicated psychosocial aspects inherent in that change. The lower voice may command more attention, and being male means automatic privilege according to some participants. All the participants took this responsibility seriously. They were also concerned about remaining true to their feminist ideals as they became men. Each participant found different ways of addressing this problem, but most found ways to consider being advocates for feminist and transgender causes. This study has yielded much insight into the depth of sexual and gender intersectionality in transitioning trans men and will be discussed in Chapter Five.

After reviewing my research question (How do sexual orientation, gender identity, and their intersection, manifest in the lives of transgender men?) and sub-questions (How do trans men experience sexual orientation before, during, and after changing their gender? What do the experiences of sexual orientation and gender identity mean to transgender men before, during, and after they transition?), I believe they were sufficiently addressed by the data presented in Chapters Four and Five. Intersectionality was one of the foci of this study, and the participants spoke to the issue of intersectionality quite often. The intersectionality of sexual and gender identities in trans
men and how that affects the transition process, as well as their sexual behavior, is given much attention in Chapter Five.

With regard to the sub-questions, I found that the responses to these questions were quite varied. Their responses reinforced the concept of fluidity in gender and sexual identities. I learned that most of my participants were in the process of transitioning, even if they had completed medical treatments. The “after transition” part of the sub-questions was often not addressed as most of the participants were responding to the questions “during” transition. Only one participant presented himself as in “post” transition. The sub-questions opened up further inquiries about what the transition process meant to these men, and each participant had different experiences to share. I learned that transitioning was a complicated process that had quite different meanings to each individual participant. I also found that for most it was an on-going process.
CHAPTER FIVE
DISCUSSION

The present study was aimed at understanding the connections between sexual and gender identities in transgender men during the transition process. Some of the themes that developed from these findings are supported in previous research while other themes will add to the body of literature. This chapter will review how the data is supported, or not supported, by theory and by previous studies. Implications for counseling will also be discussed.

Because most research has focused on trans women, there is a lack of understanding about the complicated transition process that trans men experience (Forshee, 2008; Green, 2005; Rubin, 2003; Worthen, 2013). The focus of the present study was on how trans men conceptualize sexual orientation and gender identity, and how trans men make meaning of those constructs as they transition. Therefore, the research question for this study was:

- How do sexual orientation, gender identity, and their intersection, manifest in the lives of transgender men?

Sub-questions:

- How do trans men experience sexual orientation before, during, and after changing their gender?
- What do the experiences of sexual orientation and gender identity mean to transgender men before, during, and after they transition?
Sixteen in-depth interviews and several follow-up interviews were conducted among eight trans men of various ages, backgrounds, and stages of transition. My initial queries were mostly about sexual and gender identities, and how these played out in the lives of these trans men. As it often happens in qualitative research, my queries began to move into other areas as I learned more about these eight trans men. I began to notice a pattern with the participants regarding fluidity. Noting that the trans community itself is more fluid in many ways than the cisgender population, it seemed that the fluid nature of gender was corresponding to a fluid sexual orientation. Another unanticipated finding was how important feminism was to almost every participant. Gender and sexual identities have influential and intersectional qualities in the lives of trans men, and much of this is reflected in this qualitative study.

**Interpretation of Theme #1**

**Understanding the Interconnection between Gender and Sexual Identities in Trans Men**

Based on the present study, trans men with more fluid gender identities in pre-transition had, and continued to have more fluid sexual orientations. In the reverse, the trans men who embraced a more binary sense of gender identity in pre-transition, strongly male in this study, tended to be more binary in their sexual orientation, attracted only to women. This sub-theme, this connection between sexual and gender identities, the fluid nature of both identities, is somewhat new to the literature and is an important contribution.
Diamond and Butterworth (2008) did have a similar finding in their study claiming, “Women who began to explore multiplicity and fluidity with respect to their gender identity became progressively more aware of multiplicity and fluidity in their erotic attractions as well” (p. 371). Also supported in the research is the presence of fluidity in gender identities and sexual orientations of trans men, especially among the younger cohorts of trans men (Yerke & Mitchell, 2011). Feminist and queer theory stress that the concentration on a binary gender system has oppressed fluid gender identities, and these fluid identities are becoming more commonly expressed by transgender youth (Bilodeau & Renn, 2005). Trans men, being raised as women, may have been exposed to more tolerance with regard to gender variant behavior, which is more accepted with females than with males (Devor, 2004; Grossman et al., 2005, Pollock & Eyre, 2012). Trans men, therefore, being raised as women may be more likely to be gender fluid than trans women, and more likely to adopt the term genderqueer, or as in this study, the shortened term “queer.” Having the predisposition to fluidity, as has been documented (Diamond, 2008, 2012; Ross et al., 2012), it may not be surprising that the gender fluid trans men, in this study and other studies, are more likely to perceive their sexual orientation as fluid.

Some researchers dispute the reported change of sexual orientation in transgender studies (Bailey, 2003; Blanchard, 1989; Lawrence, 2010), and Swaab (2007) claimed sexual orientation was fixed in adults. Although most of her research included trans women rather than trans men, Lawrence (2010) claimed there was no evidence of a change in sexual orientation when transitioning. Lawrence suggested that studies
showing trans persons changing sexual orientation during or after transitioning could have been a result of other factors. One factor, according to Lawrence (2010), would be that of misrepresentation of sexual orientation by trans persons in order to get desired medical treatment. A gender dysphoric female may lie and say she is attracted to women when she is actually attracted to men, but still has a desire to become a man. Another factor with gender dysphoric males could include the controversial concept of autogynephilia (Pleak, 2009), or “sexual arousal to the thought or image of oneself as a female” (Lawrence, 2010, p. 519). Blanchard (1989) claimed that gender dysphoric males with autogynephilia often will be aroused by cross-dressing. Blanchard and Lawrence (2010) believe that autogynephilic males are confused about their sexual attractions; they are not really attracted to males, but aroused by the thought of themselves as females. And the reverse may be true with autoandrophilic females, but this concept has not been given much attention in the literature (Nieder et al., 2010). The concepts of autogynephilia and autoandrophilia have fallen out of favor, mainly because, as Valentine (2007) noted, these controversial concepts put sexual desire as the main impetus to transition rather than gender identity. Many trans persons find these concepts (autogynephilia and autoandrophilia) offensive (Lev, 2013; Serano, 2010; Valentine, 2007).

Referring directly to Lawrence’s (2010) claims, Nieder et al. (2010) said where Lawrence’s claims were once true, most trans persons today do not need to lie in order to get medical services. Nieder et al. also found that trans persons may experiment outside of their usual sexual preferences while transitioning, but will eventually return to their
previous sexual preferences. This was a finding in the present study, as a few of the participants felt a heightened attraction to a variety of gender presentations, but then seemed to settle back to their former sexual attraction behavior.

Some researchers have stated that trans persons experience their sexuality more fully once their gender issues have been settled (Bockting et al., 2009; Dickey et al., 2012; Levitt & Ippolito, 2014a). After transitioning, the process could bring about a true understanding of one’s sexual identity, which could be read as a change in orientation by some. There are two studies (Auer et al., 2014; Rowniak & Chesla, 2013) that found trans men in pre-transition who felt “feminized in bed” by men, and their original sexual orientation identity might have been gynephilic (attracted to females). These were women in pre-transition who were gay men but did not realize this. After transitioning, only then did these men realize their true attractions to men which they could not understand until they became men (Auer et al., 2014; Rowniak & Chesla, 2013). This may explain another observed change in sexual orientation found in some studies. In the present study, no one claimed to be feminized by men, but there was support of the concept that trans men may experience their sexuality more fully once their gender issues were settled. This was found with Dylan, Mark, and Rob. For example, Dylan found that what he enjoyed in bed shifted, from not liking penetrative sex to really enjoying it. As a man, Mark found himself surprisingly attracted to men somewhat more than before. Once Rob realized he was a man, he understood more clearly his sexual attractions. The intersectionality of gender and sexual orientation is evident with these examples – as their
gender identity was more clearly expressed in their bodies, their awareness of their sexual orientation became more acute.

**Fluid and Binary Gender Identities**

Four trans men in the present study were not certain they were men and at times accepted their female bodies in pre-transition. Fluid gender meant that at times these four trans men in the present study accepted to some degree they were female, and at times felt they were male. In pre-transition, some were perfectly fine being girls, albeit a bit tomboyish. Some were quite confused, but willing to go along with the pressure from family to comply with typical female roles at times. This could mean they would reluctantly wear the required dress to a special function, or play with typically “girl” toys and compete in female sports, such as field hockey. This bothered some more than others. Fluid gender, by definition in this study, is contrasted with the binary sense of gender experienced by the three trans men who ascribed their gender dysphoria to the “born in the wrong body” narrative. Those three trans men (Julius, Peter, and Jack) clearly aligned with being men in pre-transition and during transition. Although there were trans men who were gender fluid (Dylan, Alex, Rob, and Mark) in pre-transition, they too wanted to be recognized as men, reinforcing the physical embodiment aspect of transgender theory.

Regarding gender identity, Beemyn and Rankin (2011) theorize that younger trans men may have experienced more tolerance towards their tomboyish behavior as children, and therefore, may not have questioned their gender as much as older trans men. Older trans men were raised in a less tolerant society and would have most likely been
pressed to conform to typical “female” gender roles. The participants in the present study support this theory, as the younger trans men in this study tended to be more fluid in their gender identity. There is one exception to this finding. Jack is very young, and his story would fit well into the theory that society was more tolerant of nonconforming gender behavior. Jack was tomboyish, yet he was questioning his gender at a very early age. Jack’s narrative fits with the theme developed from the present study, that Jack, being binary in his gender was questioning his gender, where others about his age were not because they were more gender fluid. Mark, Alex, Rob, and Dylan were afforded more room to be gender variant, and they were not forced to conform to female gender roles being raised in a time more tolerant to gender variant behavior. Jack was in a similar position, not forced to conform to female roles, but possessed a different frame of mind because he was not fluid in gender identity. Jack knew he was male, where the other four were leaning towards a male identity as children, but still not as positive about being male as someone like Jack. Jack was more binary by nature and still is today.

The Interruption of Puberty

Puberty represented an important milestone for all the trans men in the present study. Still biologically female when puberty arrived, many of these participants were stressed about the changes in their bodies, such as developing breasts and menstruating. According to Rubin (2003), when trans men reach puberty, sexual development takes over their bodies, and they feel disembodied, reinforcing their sense of difference with female bodies and consolidating their identities as trans men. This finding by Rubin is
supported by most of my participants. When they reached puberty, all had different responses, but almost everyone was repulsed by the changes in their bodies.

Instead of deciding they were actually men, four of my participants had various ways of accepting their gender as female, at least for a short time, and were, in turn, more gender fluid. As an example, in pre-transition, some might wear the required dress for holidays and possibly not protest. Some of these trans men, in pre-transition, questioned their gender identity more than others, but still identified as female until their late teens or well into adulthood before transitioning to men. The age range for transitioning with the gender fluid trans men was about thirteen years: Alex began his transition at age 31, and Rob started his transition at age 18. The age range for transitioning with the binary men, Julius, Peter, Jeffrey, and Jack was from age 20 to the mid-fifties.

Claiming that puberty felt like a betrayal for most trans men (Beemyn & Rankin, 2011; Rubin, 2003), as was found in this study, Rubin (2003) claimed that most trans men suffered through puberty until they could relive a “second puberty” (p. 176) when they began to use testosterone in their transition to men. Rubin (2003) theorized that many trans men experienced the “easy existence” of living as boys until the “interruption” of puberty (p. 102). Transitioning then became a “return” to that developmental stage, and trans men had a chance to developmentally grow once again. This was supported in the present study as participants shared the exuberance over the physical changes in their bodies, and some experienced a second adolescence as reported in Chapter Four.
In the younger cohorts of trans men, transitioning may occur quite early, at or even before puberty (Ehrensaft, 2015; Kuper et al., 2012; Stryker, 2008), and this is due partially to access of information on the Internet and greater public awareness. Trans men are able to find a number of resources online, including support groups, medical information, and socializing websites for trans men. Of course, each person is unique and will experience gender dysphoria in different ways and in various degrees, as was found in the present study.

**Intersectionality of Gender and Sexual Identities**

The intersectionality of gender and sexual identities, the way one shapes the other, is evident with most of the participants in this study. Diamond and Butterworth (2008) claimed these two constructs “co-create” each other. Mark, for example, realizing he was attracted to women more than men, reluctantly accepted his gender role as a woman and found that a lesbian identity was the best fit – or maybe the only fit for him that he could imagine at a young age. Mark’s sexual attraction to women helped to define his gender role at that time. It later changed to a male gender role with attraction to mostly women, but also with an attraction to men.

Rob’s confusion about his sexual orientation led him to understand his true gender identity. Dreaming about himself as a man with a woman was an eye-opening experience for Rob, and this led him to a social transition very recently. Rob was confused by his attraction to women, and it never made sense until he understood his gender identity to be male. Sexual orientation shaped his gender identity.
Others, like Jack and Julius, would never accept a lesbian identity for their sexual orientation because their gender identity was completely male. Here gender identity informs and shapes sexual identity. Jack always said he was “into women,” but never identified as lesbian. Nor did Peter, but he did identify as “butch,” and Julius found “dyke” as an appropriate label. These binary leaning gender trans men agreed that people viewed them as lesbians, but they detested the term. Beemyn and Rankin (2011) wrote about the milestones common to trans men, and one was: “Thinking of oneself as a lesbian but realizing over time it was not a good fit” (p. 118). The authors later clarified that some trans men hated the term lesbian, much like the three participants in my study, but they substituted dyke and/or butch. It is important to note that my participants did not equate butch or dyke to lesbian. They saw lesbian as a feminine term. Peter was butch, and he acted like a man. He used male pronouns as a butch woman. He told me that he had relationships with straight women, some of whom were married. Some of these women thought of Peter as a man. At that time, when Peter was butch, he claimed he was a misogynist (See Chapter Four). Peter, as butch, stressed the binary more than he does now as a man. He needed to make a point, to show that he was not a lesbian while living in the butch/femme community.

Many persons assume that trans men were lesbians (Rowniak & Chesla, 2013; Rubin, 2003; Stryker, 2008), and many assume trans men abide by the “born in the wrong body” narrative (Sawyer, 2013). These stereotypes can be dispelled by this study and have been dispelled by other studies as well (Dargie et al., 2014; Fontanella et al., 2014; Schulz, 2012; Vegter, 2013; Yerke & Mitchell, 2011). Lesbian identities are considered
“female” identities by the trans men in this study and, therefore, even as women in pre-transition, even when they were attracted to only women as women, there were participants who refused to adopt the lesbian identity because they knew they were men.

Rubin (2003) distinguished between trans men with and without lesbian “careers,” where having a lesbian career referred to trans men who spent part of life self-identifying as lesbians. In his study, trans men who were not lesbians, Rubin (2003) referred to as gay FTMs (female-to-male trans persons), who were always attracted to men, and therefore never thought of themselves as lesbians. Others in his study were what Rubin would refer to as straight FTMs – trans men attracted to women. Of the eight participants in the present study, seven are more attracted to women than men, and this includes Alex, who is bisexual. Yet, only two of my participants identified as lesbians in pre-transition. There were a myriad of sexual orientations, such as queer, pansexual, and straight. My findings affirm what Rubin (2003) found, that trans men who were “straight” were compelled to separate themselves from a lesbian identity, and to do this they defined lesbians as women who were attracted to women, comfortable with their body parts, and content to be women. My participants were not comfortable with their bodies, and even the two who identified as lesbian in pre-transition were reluctant to fully embrace that identity.

Mark, who identified as lesbian because it was what fit him best, was quite fluid in many ways and had a history of relationships with men and women. Before puberty, Mark said he was “pretty much happy where I was.” His parents were not pressuring him to act more feminine; they encouraged his creativity in his expressions of gender. Mark
also was supported in the Arts high school he attended, where he said he was never bullied for looking androgynous. Just before Mark entered college, he began to wonder if he was genderqueer, and he started using they/them pronouns. Mark’s journey was complex in that his gender and sexuality issues were affecting his development, and his gender and sexual identities were continually interacting and co-creating each other.

Much of the LGBTQ population has adopted a spectrum of identities that embraces the fluid nature of gender, sexual orientation, and even romantic or affectional orientation (Pinto, 2014; Savin-Williams & Ream, 2007). Kuper et al. (2012) found that trans persons are more likely to identify with a non-binary sexual orientation because of their experiences of “transgressing societal norms surrounding sex, gender, and sexual roles/behaviors” (p. 251). In the present study, participants who have a proclivity for fluidity in one spectrum, such as gender identity, may also have a proclivity for fluidity in the spectrum of sexual orientation. From this study, it appears that not only do trans persons have an inclination towards fluidity, but also because of transitioning their gender, they have become more willing to embrace fluidity in other aspects of their lives.

Trans persons are often using sexual identity terms that do not represent their own sex or gender because they may be in the middle of transitioning (Beemyn & Rankin, 2011). Certain established labels, such as gay or lesbian, may not match appropriately to their sexual identities. “Because sexual orientation is tied to one’s gender and the gender of one’s partner(s), transgender people – especially individuals with non-binary gender identities – often face a unique challenge in attaching a label to their sexual identity” (Beemyn & Rankin, 2011, p. 32). This could be why increasing numbers of trans persons
are identifying as queer or pansexual. In the present study, two of the trans men who embraced a binary gender and sexual orientation often use “queer” as a term to express their gender and sexual identities. “Queer” allows trans men to remain in the sexual minority community where they may be more comfortable. A queer identity may also simplify matters for persons whose sexual orientation is fluid or non-binary. Jack clarified that his orientation on the spectrum would be where heterosexuality falls, but he does not like to identify as heterosexual – he prefers “queer.” He said he was more comfortable with that term because he is not a man or a woman. Jack is a trans guy who is primarily attracted to cisgender women. Although this may change as he continues to develop his trans identity, he is using queer because he likes to identify with the queer community and is a leader in the LGBTQ community where he attends college.

The interconnectedness of gender and sexual identities is evident in several ways. Although most people, including LGBTQ persons, comprehend sexual orientation and gender identities separately, these constructs cannot be completely understood in isolation (White, 2013). Several researchers have claimed that trans men experienced their sexuality more fully once their gender identification was settled (Bockting et al., 2009; Diamond & Butterworth, 2008; Dickey et al., 2012; Levitt & Ippolito, 2014a; Yerke & Mitchell, 2011), and this was affirmed in the present study. The finding in this study, that fluidity in gender may also present as fluidity in sexual orientation, and that a binary gender may reflect a binary sexual orientation is new to the literature. The intersectionality of gender and sexual identities is an important finding in this study that
will enable mental health professionals to gain a deeper insight into their transgender clients’ complicated sexual and gender development as they transition.

**Interpretation of Theme #2**

Trans Men Who Identify as Feminists Struggle with Male Privilege as They Transition

Becoming men required navigating through many challenges. The participants in this study had to come out to family, friends, and work associates who may have or may not have been supportive. The intersectionality of identities caused some to experience minority stress on many levels, and some had to come out more than once, possibly as gay or lesbian and then as transgender. In addition to all of this, the trans men in this study also had to address the concept of masculine privilege, examine their feminist roots, and decide how to balance their female origins with their new male identity.

**Male, but not Masculine?**

Although some trans men in this study once identified as butch, and were masculine, it is important to distinguish between butches and trans men. Most trans men “think that butches are masculine, but not male” (Rubin, 2003, p. 147). So there is a difference between butch/lesbians, often referred to as masculine females, and actually having a male body. The important point here is that trans men may or may not be masculine. Having a male body reinforces the internal sense of gender, whether or not the person exhibits masculine traits (Green, 2005). In my view, some of the participants in the present study appeared quite masculine and muscular, never to be mistaken for being born female. Others did not appear as masculine, possibly androgynous, and if told
they were born female, one would not be surprised. But all wanted to appear male, not necessarily masculine.

The current study supports Rubin’s (2003) finding that most trans men are not transitioning to become privileged. Instead, most are reluctant to accept privilege because of their experiences as women and being oppressed by a male dominated society. Devor (1997) found that the trans men in her study “resisted masculine socialization which was offensive to their more ‘womanly’ sensitivities” (p. 514). I found this to be true with some of the participants in this study. Dylan expressed the need to do social justice work to offset the privilege he gained. Jeffrey, after having experienced both sides of the gender spectrum, recognized the difference in the way he was treated as a man.

Peter, age 53, struggled with taking on a male identity (in his early fifties) and the assumed privilege that goes with it, saying that becoming male might be difficult because of his alliance with oppressed communities. I found similar concerns among the other participants and in the literature (Devor, 1997; Richardson, 2013; Rubin, 2003). Rubin (2003) asserted that trans men do not transition for privilege, claiming a difference between body dysphoria and role dysphoria. The trans men in Rubin’s study felt a strong desire for a male body, and not so much a desire for a masculine role. The trans men in this study also had the same desire. None expressed any desire to gain privilege, even knowing they would gain certain benefits. The urge for a male body and the ability to present a male image was paramount, taking on typical male gender roles was not as
important. None of the trans men in this study expressed joy over the assumed privilege they gained upon transitioning.

**Trans Men, Better Men?**

Trans men, having been raised as women, have a unique perspective on embracing male and masculine personas (Devor, 1997, 2004; Green, 2005; Vegter, 2013). As young women, they may have been exposed to certain unattractive masculine traits such as misogyny, and repulsed enough so that they would not adopt these characteristics in themselves (Gardiner, 2013). Many of the participants in this study support this premise. Queer theorists espouse the idea that “all people should be able to choose their own genders and sexual and social identities, aligning themselves with ‘gender queer’ and ‘gender blur’ identities rather than with old binary categories” (Gardiner, 2013, p. 118). Trans men are doing this and also adopting a more feminist ideology as they transition, prompting some theorists to imply that trans men make better men than natal born men (Devor, 1997; Gardiner, 2013). In the present study, Jeffrey expressed this directly and claimed he knew more about feminism than cis males, and claimed that cis males are “garbage at that [feminism].”

**Trans Men as Feminists**

Theorists have claimed trans men’s feminist backgrounds are crucial enough for some to not want to claim the status of “straight male” (Gardiner, 2013; Hansbury, 2005), and this theory was supported by the narratives of many of the trans men in this study. Jeffrey implied this as he was quoted earlier in Chapter Four, saying that he was more enlightened about feminism now as a trans man. Part of this was explained by the fact
that he is more educated about feminism as a current graduate student. Jeffrey also spoke many times about having lived as a female, and how now, as a man, he is treated and respected in a completely different manner. Dylan, age 35, also spoke about his history as a butch/femme activist, claiming to still be a strong feminist as a man. He believes his male voice gives him more credibility when speaking against misogyny.

Six of the participants were openly feminist, and of these six, four (Jack, Mark, Peter, and Dylan) will often use the term “queer” as a description of their gender or sexual orientation. Using “queer” as a term of identity, they did not have to take on a purely male identity, one that may carry with it some misogynistic inferences. Using “queer” as an identifier also would align with their feminist backgrounds. Theorists writing about trans issues supported this finding (Gardiner, 2013; Green, 2005). Nobody used the term “genderqueer” as an identifier at the time of the interviews, the term that Dargie et al. (2014) and Kuper et al. (2012) said was prevalent in their studies among trans men even when the men were exclusively attracted to women. Meier et al. (2013) found the term “queer” was used instead of “genderqueer” with 52% of the trans men in their clinical health study. Perhaps the difference is minimal, but the fact that half of the trans men in this study often use the word “queer” to describe some aspect of their gender or sexual orientation affirms much of the findings in other studies.

Another reason cited in the literature (Dargie et al., 2014) for trans men identifying as queer is that after living for so long somewhere in the LGBTQ acronym and as feminists, it seemed unnatural to identify as “male” or “straight.” Having identified as gay, lesbian, transgender, and possibly as a feminist activist, and then to
completely disavow those minority identities seemed difficult for some. I found this to be true with some of the participants in the present study.

Heyes (2003) claimed that feminist influence has motivated trans men to refuse bottom surgery because they believe, as feminists and queer theorists have claimed, a penis does not make the man. Claiming to still be feminists while transitioning, some of the participants in this study advocated for the rights of trans persons and women. As Rob said, he was fighting for the same principles of feminism, but just from the other side.

The trans men in the present study felt strongly about advocating for the rights of women and the rights of LGBTQ persons in general. Jeffrey was adamant about seeking social justice for anyone who is not a White cis male. There was an interesting trend, common in the literature and in this study, where trans men, even if passing as men and attracted to women, will identify as queer (Dargie et al., 2014; Kuper et al., 2012; Tate et al., 2014). They do this because they are reluctant to adopt heteronormative identities that may carry a misogynistic tone (Dargie, et al., 2014; Hansbury, 2005). In the present study, two of the trans men with a binary sense of gender and sexual orientation identified as queer along with the gender fluid trans men. They also do this because they have lived in queer culture or as part of the LGBTQ community, and it may seem foreign to them to abandon the culture that has been their main source of support.

Even when the participants were unwilling to adopt heteronormative identities, such as “straight male,” they still wanted to be recognized as men. The embodiment of gender as expressed in transgender theory, is supported with this finding. It was
important that these men be recognized as men, even when most remained true to their feminist roots. Their masculine identities may vary, and each trans man will adopt masculine traits individually. Many of the participants were concerned about losing touch with their feminist roots, but the desire to transition was powerful, and these men were going through the process because of the true nature of their identities, not to become powerful or privileged. In this study, most of the trans men articulated their interest in advocating for marginalized populations. The privilege they gain and their deeper voices will be used to promote feminist and transgender causes.

**Interpretation of Theme #3**

**Being Comfortable in Their Bodies Fosters a Sense of Well-being**

It is important to note that not all persons under the transgender umbrella desire body modification. All of the trans men in the present study either have body modification or at least desire it, and those that received medical and hormonal treatment were extremely pleased with the outcomes. No one in the present study regretted using medical procedures or testosterone treatments.

Baams et al. (2013) found a correlation between gender nonconformity and lower levels of psychological well-being, and trans men experience similar amounts of minority stress as do trans women (Budge et al., 2013a). It is well documented that trans persons have a suicide rate alarmingly higher than the general public (Bockting et al., 2005), and have higher rates of depression and anxiety than their LGB counterparts (Mustanski & Liu, 2013; Testa et al., 2012). It would then be prudent to suggest that interventions to counter such risks would be beneficial. It is well documented in the literature that body
modification appears to be connected to better mental health and well-being (Budge et al., 2013b; Hume, 2011; Keo-Meier et al., 2015; Meier et al., 2013; Newfield et al., 2006; Stroumsa, 2014). Newfield et al. (2006) specifically cited top surgery in addition to testosterone as enhancing the quality of life (QOL) by increasing self-esteem and improving body image. This finding is supported in the present study; all the trans men who had top surgery were ecstatic about the results. Their expressions about this were emotional, suggesting freedom and sense of peace. Many of the participants used binders or are currently using binders. Anyone in the present study who wore binders complained about them and their discomfort, and some were quite sensitive about having their breasts touched. Jeffrey and Jack both talked about hiding or binding their breasts and how uncomfortable that made them feel, especially in intimate situations. Their unwanted breasts reminded them that they were natal women, and having someone touch their breasts would be physically and emotionally discomftorting. For those who had breast reduction surgery, or top surgery, this was no longer an issue. The trans men were all happier with their flat male chests, some remarking on how this helped them feel more at ease when being intimate with a partner.

Body modification is desired by a majority of trans persons, but getting access to medical treatment can still be a problem for trans men even though there is evidence that medical treatments are beneficial (Spicer, 2010; Stroumsa, 2014). Harry Benjamin (1966, 1967) recognized this early on, saying that miserable gender nonconforming men could not be “cured,” but only helped with surgery, helping that person and ultimately society. Budge et al. (2013b) found that all the trans persons in their study were positive
about physical changes in transitioning, which in turn promoted better mental health. The findings from that study support this research study as well.

Other factors in addition to medical treatments also helped to foster a sense of well-being. Budge et al. (2013a) found that facilitative coping methods were effective in helping transgender persons deal with adversity. Facilitative, as opposed to avoidant methods, included seeking social support or changing behavior in a positive way in order to adapt to life changes. Avoidant coping is when persons try to limit emotional responses and possibly resort to overeating or substance abuse. I did not witness or hear about any avoidant coping methods in the current study, but I observed that many of the participants used facilitative coping mechanisms to improve their sense of well-being. Many sought out mental health professionals or joined support groups at LGBTQ centers. Some participants sought out family support and received a positive response from family members. This is supported in research, where Budge et al. (2013a) theorized that trans men being raised as women were more socialized to be involved in the family, and therefore received more family support than trans women who were raised as boys.

There is ample evidence of the negative health problems in trans men, such as suicide, stigmatization, and low self-esteem, and there is ample evidence of how surgeries and/or hormonal treatment are effective in improving mental health among trans persons (Meier et al., 2013; Newfield et al., 2006; Stroumsa, 2014). It has been cited in the literature that many trans men are opting out of surgery in recent times (Kuper et al., 2012; Spicer, 2010; Yerke & Mitchell, 2011), especially with bottom surgery, which is perceived by many as having an undesirable result (Devor, 2004). This
was supported in the present study, where only one of the eight participants underwent a phalloplasty, a type of bottom surgery. In the present study, there were examples of men who expressed relief and a sense of peace after their physical transitions. Changing their bodies to align with their sense of gender allowed them to feel validated.

**Embodiment**

Transgender theory emphasizes embodiment (Gardiner, 2013; Green, 2005; Nagoshi & Brzuzy, 2010), which stresses that gender is not solely a social construct, but requires physical manifestations for most trans persons. Most of the participants in this study reflected the importance of their physical bodies conforming to their mental sense of gender, thus supporting transgender theory in relation to the concept of embodiment. This concept of the importance of the physical body matching with gender identity resonates in other studies and in the literature (Beemyn & Rankin, 2011; Forshee, 2006; Green, 2005; Noble, 2011; Vegter, 2013). But the finer point to scrutinize about masculinity is why male embodiment is so important among these men. In the binary world where these men live, there is a need to show that they are men, to be recognized by others and to be validated by others (Rubin, 2003; Vegter, 2013). Transitioning to some degree makes them seen as men in society. Most want to be recognized as men, but not completely obliterate their female past. For example, even though Jeffrey said, “One should never feel obligated to fit into the boxes” of gender, male or female, he is quite happy to fit into the male box. He said he never gets misgendered now, and this makes his life easier. Jeffrey is very open-minded about fluidity in gender and sexual orientation, but it is still important for him to be recognized as male.
Being recognized as male is also important to Mark, who is quite fluid in his gender and sexual identities. He mentioned many times about how frustrated he would become when misgendered by his family and in public places, such as restaurants. Alex, age 33, who quite emphatically stressed to me that he sees gender as fluid, was ecstatic when mistaken for the brother of the woman he was accompanying. Ironically, one of the most gender binary of the participants, Jack, age 21, is comfortable presenting somewhat androgynous.

Some trans men may exaggerate their new found maleness and overemphasize masculine characteristics when they first transition (Rubin, 2003; Vegter, 2013). Some trans men will see this exuberance as reliving an adolescent period when testosterone, and the male look that comes with it, begins to work quickly. This would be true of Dylan, as he recalled how when he was first on testosterone he experimented sexually and he felt like a teenager once again. Later in life, many trans men will tone down that adolescent exuberance, as they become more comfortable in their male identity (Vegter, 2013).

Trans men may adopt stereotypical masculine behavior to show they are men to the outside world. This compensatory masculine behavior is common among trans men (Vegter, 2013), as was found in this study. As trans men become more comfortable with their bodies, their compensatory masculine behavior may decline (Rubin, 2003; Vegter, 2013). When trans men feel their masculinity is challenged or not recognized, insecurity about this can lead to over emphasizing masculine behavior, such as using “raw” language or possibly making misogynistic remarks. An example would be commenting
on a woman’s appearance in a sexist manner. Some trans men will exhibit misogynistic behavior. Admitting to being misogynistic as a butch woman, Peter was emphasizing his binary sense of gender, separating himself from other women. Now, Peter is more comfortable in his gender identity as his body is transitioning to embody his male gender identity.

Rubin (2003) made a clear distinction between sexed bodies and gender roles. All the participants in this study have either male bodies or are working on transitioning to them, but their gender roles or behavior will vary. Male bodies will differ as well, being that some have breasts, some will not, and some show evidence of testosterone. Most trans men will acknowledge that society expects a male body from men, but male gender roles will differ (Dargie et al., 2014). Expressions of masculinity will differ as much as their bodies might. But their bodies represent their innermost beings – their core self or their true gender identity.

Alex, one who was certainly not one to say that he was born in the wrong body, does not always pass, but is on his way to passing with testosterone and hoping for top surgery. He said that gender is not binary, and he would put himself on the spectrum closer to the male side. The trans men in this study support the findings in recent literature showing that trans persons are redefining gender fluidity, especially in the younger cohorts of trans men (Dickey et al., 2012; Factor & Rothblum, 2008; Fontanella et al., 2014; Halberstam, 2005; Rubin, 2003; Yerke & Mitchell, 2011).

Based on their strong feminist ideals, it would seem that trans men in this study are not defining masculinity by temperament, which would naturally vary among men, or
by physically having a penis. Where there is some similarity is in male expression, that it is important to be understood as male, however that might be accomplished. Since people do not recognize male or female persons based on their genitalia on a first meeting, trans men focus on the other obvious signs of maleness that testosterone and breast reduction may accentuate (Rubin, 2003). Much of gender identity is accentuated by physical traits, such as facial hair and muscle tone, and even the most gender fluid of trans men still rely on their physical body to send a message of gender identity. Even though theorists often remind us that gender is between one’s ears (Diamond, 2002), and some of the participants in this study repeated Diamond’s assertion, trans men hope to reinforce that message with their male bodies. Embodiment of maleness, not necessarily masculinity, is important to distinguish. Conflating these two concepts will limit gender roles among trans men.

**Effects of Testosterone**

Of all the medical interventions that trans men have access to, hormonal treatment is the most common and popular (Beemyn & Rankin, 2011). The positive effects have been documented in many studies and in the present study. In their quantitative study on the effect of testosterone on transgender men, Keo-Meier et al. (2015) found that the hormonal treatment resulted in a positive effect in psychological functioning as measured on the MMPI-2. Sevelius (2013) found that trans men receive more gender affirmation than trans women because of the powerful effects of testosterone. As a salient factor in transgender identity, all the participants in this study talked in various ways about the importance of gender validation. All those who used testosterone saw results very
quickly, and some participants spoke of how they could pass for the first time. Now, with the effects of testosterone, many in this study are finding misgendering happening less frequently. Chosen names and correct pronouns used by family and strangers also bring a sense of validation and satisfaction. Peter was emotionally moved when he was first treated as a man while attending a conference. For the men in this study, these affirmations of gender, due to testosterone creating more masculine characteristics, contribute to a sense of well-being.

In the present study, testosterone use, with or without surgery, was a bolster to self-esteem and well-being. Supporting this finding, a quantitative study of 605 trans men reported a negative correlation with the length of time on testosterone and depression, anxiety, and stress (Meier et al., 2013). Julius, age 62, felt a wave a peace come over him with his first injection of testosterone. Julius, the oldest participant, is now in the identity development stage of what Devor (2004) would call Pride, what Lev (2004) would call Integration, and what Etscovitz (2014) would refer to as Living the Truth. When I prompted him to tell me how transitioning affected his mental health, he said he felt peace and “no more perseveration.” He defines perseveration as the constant spinning of his mind when as a child and confused by gender. Julius pointed out that others, cisgender persons, usually never have to think about gender, but he did as a child and it made it difficult for him to focus on anything but gender. Julius appears confident in his life as a straight man – at peace with the transition process.

Alex said he was “insanely horny” after getting his first few doses of testosterone. I assumed this was an improvement in well-being for Alex because when he subsequently
said his libido had calmed down a bit, he was eagerly looking forward to the next dose. Alex has had a variety of psychological problems – depression, suicide ideation, and anxiety, to mention a few. He does not see gender dysphoria as a problem or a cause of his other issues. He does not see a direct connection between gender issues and his other mental health problems. When asked about his ongoing transition process and his mental health, he said that it might be possible that transitioning will help his other issues. A ramped up libido seems to bring joy among all the trans men, sometimes sparking a shift in attraction as discussed in the next theme: Some trans men experience a change in sexual behavior as they transition.

**Body Comfort and Discomfort**

Body discomfort was a problem for most of the trans men, especially before transitioning. Most of the complaints were about menstruation and breast development, and there were steps taken to resolve these issues with some of the men. Most of the trans men in this study expressed, often with strong emotions, how much happier they were after their bodies began to change. Even the smallest change, such as more facial hair, would be important to these men. It was obvious that these physical changes would improve their sense of well being, and many expressed this to me. This affirms what was found in the literature and in other studies. Gijs and Brewaeys (2007), after reviewing follow-up studies from 18 studies on gender confirmation surgery (GCS) with trans persons, found that 96% of those who underwent GCS were satisfied with the outcome. Hume (2011) claimed that there is an “inseparable connection between mind and body” (p. 46), and treating trans men with surgery shows as improvement in psychological
health. Stating that treating gender dysphoria as a disorder was problematic, Hume (2011), agreeing with Green (2005), said that changing sex organs, even to ones that may be non-functional “can have a significant impact on the psychological well-being of the patient” (p. 44). This was found to be true in the present study, and Peter, age 53, exemplified this. Peter felt chained to his body and complained about what was inside of it. He needed to be free of what kept him female. No one expressed so much misery about his body in pre-transition than Peter. He claimed that surgery saved his life, and he added, “There was nothing any longer tying me to that female body.”

Testa et al. (2012) stressed that concealment of a trans identity helps to internalize transphobia and keeps trans persons detached from community resources. Going through medical and hormonal treatments will allow trans persons to be completely “out,” and as a result, being out and not hiding one’s gender identity promotes better mental health. Although there were no participants “hiding” their gender identity at the time of the interviews, most of the participants relayed tales of their suffering when living as women. After the transition process had started, the trans men in this study were not only experiencing better mental health, they were more likely to be connected to community resources as “out” trans men. Sevelius (2009), in his study of trans men, found that trans men who can easily pass for men were more likely to bypass the stigma of being labeled as “transgender.” By losing the stigma and passing as men, trans men may experience less stress, anxiety and depression.

The discomfort of surgery, and risks that go with it, were small obstacles for some of the participants in this study. Even with the pain in recovery, Jack was ecstatic about
his new chest, and he took this body affirmation to another level, saying that it bolstered his self-esteem. Jack explained it would have been “harder not to,” meaning that urge to transition was so powerful that he would go through breast reduction surgery over and over again if necessary. The desire to align their bodies with their inner sense of gender was so strong, that even in the face of severe pain, or loss of friends or loved ones, these trans men saw no other path towards happiness. Older men, like Peter and Julius, wish they had done this earlier. In their thirties, Dylan and Alex are comfortable with where they are as trans men; their journeys were more deliberate in that they took small steps towards transition. They have no regrets. The youngest participants, Rob, Mark, and Jack are transitioning early in their lives, possibly because they live in a world where there are more choices available to them and opportunities more accessible to them.

The men who have been sexually active after surgery have remarked how important it was to no longer conceal their breasts with binders. So this becomes not only an appearance issue, but also an intimacy issue. Jack pointed to the irony of wanting to be close with a partner, but having to close off this part of himself, his breasts, to his partner. Jeffrey expressed a similar feeling, telling me he would wear a shirt when being intimate before top surgery. The increased sense of closeness and improved sexuality is evidence of an improved sense of self or well-being. This affirms similar findings from two other qualitative research studies on trans men (Devor, 1997; Brown, 2010), where trans men were resistant to being seen naked or touched before breast surgery. Having their breasts touched during sex was a reminder that they were still biologically females.
The overwhelming exuberance of the participants with regard to their transitioned bodies was not an expected finding, but most of the trans men made a point of telling me about the improvement in their sense of well-being. This finding is consistent with the literature, that conforming their bodies to align with their sense of gender promotes better mental health (Budge et al., 2013b; Hume, 2011; Keo-Meier et al., 2015; Meier et al., 2013; Newfield et al., 2006; Stroumsa, 2014). These men were not only ecstatic with their new bodies, but some talked about how these changes improved their self-esteem. Some talked about the comfort they found when intimate with a partner and not feeling the need to hide certain parts of their bodies. They felt confident being recognized and validated as men. This, in turn, helped to build self-esteem and a greater sense of well-being.

“Being comfortable in my own skin,” was expressed by some of the participants, and other participants put this sentiment forth with different words. They were happy to be in bodies that represented their sense of maleness, even when those bodies were a bit overweight for some. The urge to have a male body outweighed their fear of doctors or surgery, and being overweight was a minor issue. The desire to have a body that aligned with their gender was paramount, and this confirmation of gender gave them a healthier sense of well-being. Some participants were reluctant to see any connection between their gender dysphoria and well-being, and this could be due to their resistance to pathologizing their gender issues. Most see their gender transition as something perfectly natural, and it is not directly related to any anxiety or depression they may be experiencing.
There is a strong sense of wellness with these new bodies, no matter how imperfect, because they are male bodies, and these trans men now feel comfortable in their own skin. This reinforces theory in that no matter how fluid their gender may be, there is still a strong desire to appear male by most trans men (Devor, 2004; Vegter, 2013). And this is not a measure of masculinity; it is a measure of maleness, not gender roles. It is the “sexed” body that is paramount to most of these trans men.

**Interpretation of Theme # 4**

**Some Trans Men Experience a Change in Their Sexual Behavior as They Transition**

As some researchers have acknowledged and as this study has affirmed, there are some trans men who will change their sexual behavior as they transition (Dickson et al., 2013; Nieder et al., 2010; Rowniak & Chesla, 2013) and some may even change their sexual orientation (Auer et al., 2014; Booth, 2012; Diamond & Butterworth, 2008; Sevelius, 2009). In the present study, two men reported a minor change in sexual orientation, but other trans men in this study reported changes in sexual behavior.

As their bodies were altered to affirm their gender identities, body parts were changing and sexual libidos were being heightened with hormonal treatments. This combination led to likely changes in behavior with regard to sexual behavior. Some participants found their attractions moving in different directions towards other sexes where there usually was little or no attraction. Some felt a sense of comfort in a body that was an expression of their true identity, and found experimenting with new partners and/or behaviors quite exciting.
Gender and sexual identities can “co-create” each other (Diamond & Butterworth, 2008). Yerke and Mitchell (2011) found that trans men have a better understanding of their sexual orientation once their gender identity is stable. Some of the participants in this study exemplify these findings. Some of the younger participants were open to exploring sexual identities and were quite fluid in gender and sexual orientation. This affirms much of the recent literature about the younger cohorts of trans men who are, for example, sometimes rejecting heteronormative terms, such as “straight” and “heterosexual” in favor of a queer culture (Dargie et al., 2014; Kuper et al., 2012).

Mark and Jeffrey experienced changes in how they felt sexually as they were transitioning. Mark spoke about how his attraction to men fluctuated while increasing testosterone doses. Jeffrey felt his attraction to women was spurred on by hormone use and by the social parameters that sanctioned his attraction to women. Dylan also considered the social parameters with regard to their changes in sexual behavior. Dylan found that when he became comfortable in his new body and hormonal treatment, he was interested in exploring sexual behaviors that now came to him more easily. Dylan, who identifies as queer, has usually had serious relationships with women, but he was always interested in sex with men and now felt more comfortable pursuing this. If society shapes gender roles, which is common in the literature (Connell, 1987; Devor, 1997; Stryker, 2008), society may also shape sexual expression. This was true for Dylan, saying he was given “social permission” to experiment. Jeffrey talked about expected roles as a woman and as a man. He said his attraction to men as a woman was accepted and expected as a woman. Even today, presenting as male, he is more attracted to men, but in pre-
transition, he may have unconsciously not recognized his attraction to women. Holly Devor (1997) found that the trans men in her study “began to feel that they were entitled to ask for pleasures which they thought of as prerogatives which were normally only available to men” (p. 489). Physical changes in their bodies appeared to dictate for some what sexual activities were now available to them. Jeffrey believed his sexual interest in women, as a woman, was “brushed under the rug” because as he said, “It is never good to be gay.” This meant, for Jeffrey, that since society did not approve of a gay relationship, he did not pursue his attraction to women, and he may have not been aware he was doing this. When he transitioned, Jeffrey found it acceptable, and enjoyable, to comment on a woman’s attractiveness. Jeffrey is pansexual, and he claims to be more attracted to men than women, but his recognition of societal influence is important.

When discussing how sexual orientation may fluctuate in one’s lifetime, the controversial issue of reparative therapy will usually surface as people wonder if sexual orientation can be manipulated. Reparative therapy, a disavowed practice, attempts to eliminate same-sex desires in gay persons, and is also used as an attempt to revert gender transitions. The evidence is clear on this; there is no evidence that one’s sexual orientation or gender identity can be changed against one’s will (ACA, 2010; Beckstead, 2012; Swaab, 2007), and reparative therapy has been deemed harmful. Many U.S. states are starting to ban its practice altogether (HRC, 2016).

Diamond (2008, 2012) has claimed that changes in sexual desire are more common in women than in men, and she also stipulates that these changes are not by choice, but occurring naturally. Other researchers have stated that sexual orientation is
fluid and may change naturally during one’s lifetime (D’Augelli, 1994; Meier et al., 2013; Ross et al., 2012). Findings in this study and others show that fluctuation in sexual desire is often unexpected, not coerced by someone or manipulated by some intervention (Rowniak & Chesla, 2013). There is a question of whether the cause is biological or societal, or a combination of the two, possibly “hormonally and situationally driven” (Diamond, 2008, p. 140).

Many believe sexual orientation is set at birth and never to change, and this may be true for many people. When considering the complex nature of sexual desire, its intersection with gender identity and other factors, it is not a stretch to conclude that there are many factors that could have an effect on sexual desire. Trans persons are leading the way when it comes to the postmodern conceptualization of gender and sexual identities (Beemyn & Rankin, 2011), and fluidity in gender and sexual identities is becoming more common among younger cohorts of trans men (Fontanella et al., 2014; Yerke & Mitchell, 2011).

In the present study, there was evidence of minor changes in sexual desires based on the testimonies of a few of the trans men. Mark and Jeffrey felt some changes in attractions that they attribute to testosterone. Dylan claimed to be freer in his body, and although he claimed his attractions did not change, his opportunities did. Others felt their transitioning helped them feel more comfortable when intimate. There was a sense of freedom when their bodies became more aligned with their sense of gender; it became easier to express their sexuality with bodies that felt more attuned to their gender identity.
Although most of the participants did not change their sexual orientation, some reported that sexual behavior changed. The complication of gender transition will have an effect on sexual behavior, and of course, this varies from one participant to the next. Two trans men in the present study strongly professed that their sexual behavior was governed by society’s parameters of acceptable behavior. Hormones spurred on some of the sexual behavior that was out of the ordinary for some trans men in this study, or at least that was the belief of some of the men. Changing direction of attraction was not as common as a heightened sexual awareness in the same direction for these trans men, meaning all the men who took testosterone became more aware of an increased libido towards the same type of partner to whom they had always been attracted.

The complications of hormones and surgery being brought into the bedroom can be problematic for a couple where one is going through transition. Some relationships will suffer from this, but some will survive and become stronger. As bodies change and become more in line with gender, there can be a disruption in sexual practices (Schilt & Windsor, 2014). As embodiment informs sexual practices, trans men may reconsider certain body modifications. Hence, once again, the idea that a penis is not necessary to be male is brought into the discussion. Even if it were affordable, many trans men today would not opt for a phalloplasty (Schilt & Windsor, 2014; Tate et al., 2014). Brown (2010) reported that sexual activities might improve as body dysphoria lessened and confidence increased with some trans men and their partners. Partners of transitioning persons need to be open and accepting of their partner’s gender identity in order for the relationship to survive.
Sexual orientation and gender identity are often separated into two distinct constructs. Scholars and LGBTQ advocates alike will spout the usual adages such as: “Gender is who you go to bed as. Sexual orientation is who you go to bed with.” The distinction is important to make, but it would be shortsighted to claim that there is no connection between gender and sexual identities, as many do. Much has been documented in this study about the intersectionality of sexual and gender identities, how gender may inform sexual orientation, and how sexual orientation can inform gender expression. There is evidence that sexual orientation may be easier to express once gender is settled (Yerke & Mitchell, 2011). In their study with transgender youth, Pollock and Eyre (2012) found that “sexuality was not just an experience that brought gender to the surface, but also an experience that fed back on and validated participants’ sense of gender” (p. 214). Sexual exploration can help trans men to better understand their gender, especially if they are conflicted about their gender identity, and I found this true with some of the participants in the present study. It is difficult to determine what may cause changes in sexual desire and orientation, but there is evidence that changes are present in some of the narratives of these trans men in this study.

**Application of Theory**

The identity developmental models for transgender persons can give important contextual information regarding the developmental levels of each participant. Arlene Lev (2004), Aaron Devor (2004), and Lee Ann Etscovitz (2014) have created models of development that differ in many ways, but may give guidance about important developmental stages that trans persons may go through for the benefit of counselors and
trans persons. Etscovitz’s model is more of an experiential model, while Arlene Lev (2004) and Aaron Devor (2004) focus more on specific stages. Also, Beemyn and Rankin (2011) have developed a list of milestones for trans men that outline important experiences that many trans persons share.

Aaron Devor’s (2004) and Arlene Lev’s (2004) transgender identity models are similar, but Devor’s has more detail (See Chapter Two). Lev’s model is concise and gives a general overview of what many trans persons will experience. The stages are (1) Awareness, (2) Seeking information/reaching out, (3) Disclosure to significant others, (4) Exploration: Identity and self-labeling, (5) Exploration: Transition issues/possible body modification, and (6) Integration: Acceptance and post-transition issues (Lev, 2004). Most of the identity development models for trans persons start with an awareness or realization of the truth of their gender – that they are sensing a different sense of gender than the one they were given at birth. Then there may be a reaching out for information followed by a realization of gender identity. There could be a time when trans persons will work through a period of shame or guilt before going on to trying on the identity of “trans.” Once their identity has been established, trans persons will begin to present their true selves to the world, and at this point they may begin to transition medically with hormones and/or surgery. The last stages tend to include a period of integration, pride, or as Etscovitz (2014) puts it, living the truth.

Rob, at age 19, would logically be at the early stages from all the models. In Devor’s (2004) model, Rob has been rapidly moving through many of the first ten steps. He has accepted his transgender identity, but there is a delay before transition. He has
visited many of the steps out of sequence, but he is now exploring possible body modification. Rob is exploring what social roles he wants to adopt. He is changing his appearance through the way he dresses, and he has come out to family and friends.

Mark, Jack, and Alex are also at the beginning stages of transitioning. These three are in Stage 12 of Devor’s (2004) model, Acceptance of Post-transition Gender and Sex Identities. Here the stages overlap somewhat. In many ways, Mark, Jack, and Alex are still transitioning (Stage 11), but are also well into the stage of accepting the changes they have so far initiated. They are not quite ready for Integration. At the Integration Stage, Devor (2004) said, “Feelings of dysphoria are supplanted by feelings of gender euphoria” (p. 63). Many of the participants have expressed euphoria with the outcomes of their body modifications.

Peter, at age 53, is not much farther along than Mark, Jack, and Alex, but he has expressed the euphoria of being in the right body. Julius is the most integrated of any of the participants, and he could pass as male with no evidence of any female past. Not just physically, but mentally, Julius is well integrated into his life as a man. He has reached a point of peace in his life.

Dylan is difficult to track with identity developmental models. As an Asian American who did not connect with the “born in the wrong body” narrative and was also dealing with a substance abuse issue, his development did not flow in a linear pattern. Not all trans persons will follow a linear path, one stage after another, on their transition journey. Trans men who find themselves in the final stages of identity development may not be done with transitioning or gender issues.
When I first began this research, I thought of the transition process as one with a beginning, middle, and end. I used terms such as pre-transition, during transition, and post-transition. I have come to realize the most trans persons never really get to a “post” transition period. Many researchers, including myself, often see markers, such as having finished surgery, as a sign of when transition is completed, but this would be a premature assumption. In the present study, only Julius might appear to be “done” with transitioning. I see Peter, at age 53, as a trans man who may be almost finished with his body modification, but still has some way to go in psychologically becoming male. Many of the other trans men in this study are young and obviously still learning how to navigate in this world as a man, having spent most of their time as women. The transition process may never end, as some trans men may always be “coming out” as a transgender person, especially if they decide to adopt “trans” as part of their gender identity. Some will choose to transition and live “stealth” and not reveal their female pasts. But for many trans persons, transition is a lifelong process (Eliason & Schope, 2007; Spicer, 2010; Zimman, 2009).

In addition to the transgender identity models, other theoretical lenses that influenced the way I interpreted this research were transgender and queer theory, which are related. These theories emphasize fluidity in gender and sexual identities, which was the focus of most of my research. Nagoshi and Brzuzy (2010) stress that gender is a social construct, shaped by society’s mores. Trans persons transition into a society dictated by the parameters of androcentric and heterocentric values (de Vries, 2015), and once transitioned to another gender, trans persons are often expected to fulfill typical
male gender roles and heterocentric sexual orientations (Rubin, 2003). The present study found that sexual behavior is often shaped by society’s moral parameters.

Trans persons are in a unique position in that when they transition they experience a change in power, and trans men may experience the privilege of a male identity. De Vries (2015) found that trans persons “serve as informants to the interconnections of institutional inequalities and social identities and positions” (p. 3). Trans men (and women) may help scholars to identify areas of social inequalities in our society. Intersectionality theory has grown from its original framework of Crenshaw (1991) focusing mainly on race, sex, and class, to include many other social identities that now include sexual orientation and gender identity.

Feminist, queer, and transgender scholars claim that not all female-bodied persons are women, and many of the participants in the present study would support this premise (Green, 2005; Halberstam, 2005; Rubin, 2003; Stryker, 2013). Transgender theorists would also claim that one does not need a penis to be a man, which is affirmed by this study and in the literature (Forshee, 2006; Green, 2005; Vegter, 2013; Warner, 2004). Extreme masculinity is not required to become a man. Distinguishing between maleness and masculinity, Rubin (2003) found that trans men purported that men may have male bodies, but they have different ways of expressing masculinity. They change their bodies in order to be recognized as men to others. This was an affirmed finding in the present study.

Transgender theory also emphasizes the physical embodiment of sexuality and gender (Green, 2005; Nagoshi & Brzuzy, 2010). The present study supports this theory
in that the participants all had a strong desire to alter their bodies to be recognized as men. This was true even for trans men who were not so binary, but fluid in gender identity. They too, were focused on transitioning to be recognized as men, even when they were critical of the heteronormative, binary focus on gender found in their environment. All the trans men that underwent body modifications were extremely pleased with the outcome. It was also found that these medical treatments, either hormonal or surgical, led to a healthier sense of well-being among the participants. Surgical and/or hormonal therapy also afforded these men a sense of peace, at last attaining the embodiment of their true gender identity. For some in this study, their body changes afforded them a chance to be more comfortable in intimate situations.

Transgender scholars, such as Gardiner (2013) and Devor (1997), have claimed that since trans men were raised as girls, they would acquire empathy and possibly become “less misogynistic and more sympathetic men in relation to women than their male-born peers” (Gardiner, 2013, p. 123). Many of the participants in the present study voiced this empathy towards women having been on both sides of the gender spectrum. Even with the privilege they gain as men, many see this privilege as earned, being that they were subjected to misogyny as women. Now they intend to use their privileged voice as a voice for justice and social change among transgender and other oppressed persons.

Although some theorists (Beemyn & Rankin, 2011; Fontanella et al., 2014) recognize fluidity in gender and sexual orientation, no one to my knowledge has identified the pattern seen among my participants, where fluidity in gender tends to show
as fluidity in sexual orientation. And in the reverse, the trans men who were more binary in pre-transition tend to be binary in their sexual orientation. This finding may lead to more understanding of how gender and sexual identities affect each other.

Transgender scholars and transgender persons are leading the way in interpreting the meaning of gender identity and expression. Looking back at how theory connects with the present study, I can affirm the fluid nature of trans persons as found in the literature and research. As was found in this study and other studies, younger cohorts of trans men are becoming more open to “queer” as a term to describe their gender and sexual identities. Judith Halberstam (2005) hailed the transgender body as a “heroic fulfillment of postmodern promises of gender flexibility” (p. 18). Calling it either fluid or flexible, gender identity is slowly being recognized as a fluid, socially constructed concept, especially in the transgender community. This was quite evident after speaking with a small, yet diverse group of trans men; each man had a different story to tell. Many share issues, but their individuality was clearly evident as well.

Heteronormative concepts easily pervade in the present binary-leaning conceptions of gender and sexual identities, even among scholars. Many persons in today’s world will accept that a man or woman may feel compelled to change their gender identity, but often after the change, these trans persons are often expected fulfill typical gender roles within their newly adopted gender identity (Rubin, 2003). Transgender theorists remind us that all these concepts: gender roles, gender expressions, gender identities, and sexual orientation are related, have an effect on each other in an intersectional manner, and yet these constructs can be separate and considered as such.
Implications for Counselors

When trans men seek mental health professionals, it is important that counselors not assume that their clients are seeking help in alleviating their gender dysphoria, or that they even have gender dysphoria. As with the men in this study, many trans men view their transgender identity or gender variance as perfectly natural. Clients who are transgender may seek counseling because of depression or anxiety, but counselors should not assume that the presenting symptoms are caused by gender dysphoria. And this is not to say that counselors should disregard gender issues, but rather become cognizant of the intersectionality of the various identities that trans men and women may present. This could include, of course, race, socioeconomic status, but also gender and sexual identities.

Participants in the present study discussed certain actions that counselors may have taken which caused them to view their counselors as disconnected and somewhat unaware of trans issues. This disconnect can disrupt the counseling relationship. Subtle negative messages received by trans men from mental health professionals can lead to negative self-beliefs (Austin & Craig, 2015). An example could be using the wrong pronoun or not even inquiring about which pronoun to use. Needless to say, counselors should consider each transgender client’s issues individually, but also make sure to inquire about gender issues, pronoun preferences, and sexual orientation early on in the counseling process. Inquire if the trans variant person is in need of trans-specific issues, such as medical and/or hormone treatment or dealing with social stigmatization. Very
often, these are not pressing issues; the client may have depression, for example, but the depression may be unrelated to gender issues.

Counselors cannot assume that trans men were probably once lesbians, as one should not assume a trans woman was probably a gay man before transitioning. Many of the participants in this study made an effort to distance themselves from a lesbian identity. Most of the participants in this study did not see gender dysphoria (if gender dysphoria was even discussed) as a problem associated with their mental health. Many authors and researchers have stated that mental health professionals should aim to depathologize gender variant behavior (Collazo et al., 2013; Sevelius, 2013), and Stroumsa (2014) has suggested that the DSM is still trying to pathologize gender dysphoria, rather than focus on the incongruence that trans persons feel toward their natal gender. Stroumsa suggested that practitioners treat gender dysphoria without designating it as a mental condition.

Trans men may seek counseling because of relationship problems with a significant other. It would be important for counselors with transgender clients to be aware that relationships may be subject to much turmoil in the midst of a gender transition. It is possible that a trans man will not change his sense of attraction, but his partner may not be amenable to having a relationship with a man. Alex, age 33, commented directly about this saying he was afraid of losing a good male friend because his friend was not interested in having sex with a man. Alex said that their relationship changed, from a sexual one to a more of a deep friendship.
If counselors are helping clients move through the transition process, they might want to discuss how there could be changes in sexual practices, sexual orientation, and how existing relationships might suffer (Brown, 2010; Schilt & Windsor, 2014). It would be important to explore these areas with a client in order to prepare for possible changes in relationships and sexual habits. Schilt and Windsor (2014) noted “aligning bodies with gender identities can disrupt sexuality in unanticipated ways” (p. 733). Some trans men may find certain sexual practices that were once comfortable before transition now seem foreign and not desirable with their present body modifications. As was found in the present study, some trans men noticed that their sexual habits and desires changed somewhat after medical/hormone treatments. New bodies often gave comfort, a sense of well-being and validation of gender, but also, at times, these new bodies offered a surprising change of desire for some participants. A counselor aware of the dynamics of gender and sexual identities and how they might interconnect, will be better able to counsel a trans person effectively through a transition process.

Among the many privileges counselors have that may negatively affect the client/counselor relationship, cisgender privilege is one that mental health professionals may not consider. Their transgender clients may struggle with gender identity almost daily, whereas most cisgender persons rarely deal with that prospect. Some of the participants in this study struggled with the prospect of adopting a male persona and the privilege that might accompany that. Counselors might need to explore this identity change with their trans men clients, as they may find it difficult adjusting to a privileged status after having spent much of their time as women, and possibly feminist women.
Another client might be one who is adjusting from living as “butch” for quite some time, and now living as a man. Being aware of these possible entanglements that trans men might encounter would help counselors strengthen the counseling relationship with their transgender clients.

Becoming familiar with the identity development models for trans persons is important, but counselors might want to also explore the milestones for trans men (Beemyn & Rankin, 2011) and become familiar with the different trajectories for trans men and trans women. Not all trans men will follow a linear path during transition. When trans men reach the final stages of development, they still may need to make adjustments to how they live as the opposite sex to which they were born (Lev, 2004).

It is also important for counselors to understand that coming out as “transgender” is different than coming out as “gay” (Rubin, 2003). While coming out as gay creates a more visible identity, trans men often become “invisible as they transition, assimilating into the woodwork” (Rubin, 2003, p. 178). It is important to distinguish between coming out as a sexual minority and coming out as transgender; transgender persons often have to navigate coming out both ways, as was found in the present study. It is also important for counselors to remind trans clients that their transition may be a lifelong process. Many researchers, myself included, are often too quick to see breast surgery or passing as markers for the end of transition. Even if the body appears to be aligned with the internal sense of gender, there may be many psychosocial factors still unresolved with many trans men. It may take a lifetime to become completely integrated and at peace with a different gender and sexual identity.
Counselor educators teaching LGBTQ, sexuality, and gender courses need to be aware of the current trends among the LGBTQ population, especially with regard to the fluidity of sexual and gender identities. Identities and desires can shift not just among trans persons, but also among many who might identify as straight, gay, or queer. Identities that still prevail in common parlance are either “gay or straight” and “male or female,” clinging to the binary aspects of sexual orientation and gender identity. In addition, counselor educators need to be sure to include the concept and acceptance of cisgender privilege, male privilege, feminist perspectives when teaching about transgender issues and sexuality.

Counselor educators also need to reconsider how current transgender identity models of development tend to be stage oriented, focusing on developmental milestones in a person’s life. This study suggests these models and theory need to be more reflective of the complex issues in trans men’s lives that may enhance the existing literature. In this study, transmen did not follow an age based developmental approach. Older men in this study began their transition later in life, whereas younger men in the study transitioned earlier. Both younger and older cohorts reported similar experiences/milestones despite age differences. This finding suggests greater complexity to existing theory and developmental models.

It would also be effective for counselors and counselor educators to be familiar with the Standards of Care (SOC) for trans persons as recommended by the World Professional Association for Transgender Health (WPATH, 2015). Counselors who recommend surgery need to be aware of the ethical and legal responsibilities that they
share with the surgeon. Although the ultimate decision for surgery rests with the client, WPATH asserts that mental health professionals play an important role in guiding their clients through the appropriate steps and directing them to the needed resources.

**Limitations of the Study**

The small number of participants, although somewhat diverse, limits the present study’s sample of participants. To generalize findings to the broader transgender population of trans men would not be logical. But the findings are valid in that they give a rich description of how trans men experience their sexual and gender identities. Most of the sample was under age 40; more trans men from older cohorts could have reinforced the assertions of how younger cohorts are more fluid.

The participants included one Asian American, and one African American who is also of Hispanic descent. There were six White men, four of whom were Jewish. Although there was some diversity with age range, religion, and race, it was still mostly a White population and that limited the scope of the study. Adding to this limitation, the group was mostly well educated with middle class backgrounds. Since the focus was limited to the intersectionality of gender and sexual identities, the other intersecting identities found in trans men, such as race and socioeconomics, were not addressed in as much depth.

These eight trans men lived in the Northeastern United States, which limited the scope of the study. Accessing websites in the New York metropolitan area allowed for purposeful sampling that could help support the scope of the study. Other areas of the country may not have as many accessible agencies or local websites that are open to
transgender issues. For the most part, my participants were comfortable in expressing their gender identities in this area of the nation. A similar study in a more remote area of the United States might have yielded a sample of trans men who might not have been as open about their gender expression for fear of reprisal or being “outed.”

Being an etic researcher, an ally but not part of the transgender community could have limited my ability to freely ascertain information from my participants. I stressed my ability as a counselor as a way to earn their trust. It is difficult to determine if even more disclosure from these men could have been attained from an emic researcher.

The transition process, being complicated by so many intersecting factors and individual differences, it is difficult to clearly describe the transition process with current identity development models. Researchers should be careful not to see the transition process as finite – as one with a definite end. Transitioning may be a lifetime journey for many, if not most transgender persons.

**Areas for Future Research**

Since the transition process differs for all trans persons, it is difficult to apply linear transgender identity development models to the general trans population. Many trans men see transitioning as a lifelong process, but for some, surmounting the Wall of Commitment (Etskovitz, 2014) or reaching the 14th Stage of Pride (Devor, 2004) may signify an end point in the transition process. Many researchers see the transsexual who has completed GCS (Gender Confirmation Surgery) as one who is in post-transition. Even reaching Stage 6, Integration in Lev’s model (2004), there is still room for growth as she stated that even at this level not all people are living full-time as the opposite sex,
“Nor does it mean that how they are living will not change at some point in the future” (p. 268). Trans men in the later stages of transition may still be determining the balance of femininity and masculinity in their lives, and most are probably not at a point to say, “I’m done with my feminine side.” Transsexuals by definition are ones who have transitioned from one sexed body to another, but this definition does not take into consideration the psychological aspects of gender, only the physical ones. We then begin to look at the nature of gender as a social construct, and a trans person passing as male may still have some unresolved gender identity issues and may not be in post-transition. Future research is needed in this area, as the transition process of trans men is affected by many intersecting factors and identities, and the intersectional factors may differ between trans men and trans women.

One of the most important findings in this study was how fluidity in gender tended to show as fluidity in sexual orientation, and a binary gender identity showed as a binary sexual orientation. A quantitative study measuring this dimension could be helpful to see if there is a correlation between fluidity in gender and fluidity in sexual orientation. There also may be a correlation between binary gender identities and binary sexual orientations in transgender men.

Queer theorists and feminist theorists have put forth an idealized world where heteronormative binaries are not the “norm” (Brown, 2006; Chevrette, 2013; Sedgwick, 2003; Warner, 2004). Queer persons inhabiting this world, being quite androgynous in many ways, will often identify as queer trans men and still find it important to be recognized as men (Rubin, 2003). They may be annoyed if misgendered, and will make
an extra effort to look “manly.” A queer trans man may identify as feminist and not disregard his female side, but the embodiment of gender is important to him. This seemingly counterintuitive situation is plausible in the current world, yet not well explained. More research is needed in see why a seemingly queer, androgynous transgender person will want to be recognized as male, when that seems to fit into the heteronormative society from which he resists. Of course, there are queer trans men who prefer not to be recognized as male or are not concerned about male recognition. And the seemingly binary, very masculine looking trans man will often shun the “straight male” label, preferring queer. There is still much to learn about the fluidity in gender expression and identity in the trans population.

It would be a welcome addition to the literature to conduct a research study of gender and sexual identities with trans men of color, including trans men of all races with lower socioeconomic statuses. These trans men may not have access to the much needed medical care that trans men of higher means may obtain more readily. There are trans men who may desire to transition, but remain in the closet because they lack the knowledge, the access to transgender support groups, and the economic resources to successfully transition.

Trans men, being raised as women, may have a profoundly different experience in the way they transition. There is evidence that being raised as girls they were socialized to be more involved with the family (Budge et al., 2013a). This is an area that needs to be researched more so we may gain insight into how trans men and women differ in their identity development, and how their support networks differ.
Conclusion

The purpose of this study was to look at the intersectionality of gender and sexual identities, and how they manifest in the lives of trans men. The findings of this study will add to the literature with a deeper understanding of the unique perspective that trans men have regarding their gender and sexuality. It was found in the present study that if trans men have a proclivity towards fluidity in gender, they might also experience fluidity in their sexual orientation. And trans men with binary perspective may also have binary sexual orientations.

There is evidence that trans men in this study, dedicated to becoming men, do not take their privileged male status lightly. The unique perspectives of trans men were clearly evident in this study, having been on both sides of the gender spectrum. Many participants were resistant to adopting a “straight male” identity and opted to identify as “queer,” still wanting to be identified as male. Most of the trans men in this study still consider themselves to be feminists.

The intersection of gender identity, sexual orientation, race, ethnicity, age, among other factors, I believe have a profound effect on how trans men transition and how they view their masculinity and femininity. There is a lack of research as to how all these factors influence the lives of transgender men. In the present social climate, there is more openness and perhaps more tolerance towards trans persons, especially when more trans persons are sharing their stories in movies and other forms of media. Even so, there is a question regarding the depth of understanding, if persons grasp what trans persons feel and what they experience as they transition.
With the evidence cited in this study and others, medical and hormonal treatments are correlated with better mental health among trans persons. Improving access to medical treatment would be beneficial considering the alarming high rate of suicide among trans persons. For some trans men, passing is paramount, but they still may not have the needed access to counseling and medical treatment. Considering the risks of suicide, depression, and stigmatization, it appears clear from this study and others that medical and hormonal treatments will help to alleviate dysphoria and possibly limit other risks to mental health of trans men.

As was stated earlier, I believe trans persons are leading the way when it comes to the postmodern meaning of gender and sexual identities. Transgender communities are more fluid in gender and sexual expression than cisgender society, where heteronormativity is the rule. Scholars and practitioners have too often relied on the heteronormative values that embrace binary definitions of gender and sexual identities. Transgender and queer theorists have been critical of the reliance on the binary, heteronormative view of gender and sexual identities. It is difficult to break from these systems so ingrained in our culture, but we need to be doing just that. As professionals in the field of counseling, we need to take a lesson from some of the most fluid or queer among us – transgender men.
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APPENDIX A

Qualitative Interview Questions

Semi-structure interview: The following were possible questions, but many others were asked.

1. Tell me about yourself. How would you describe yourself?
2. What does being transgender mean to you?
3. Can you tell me about the first time you knew you wanted to be a man? (Or the first time you did not want to be female?). Or the first time you were confused about your gender?
4. Tell me about transitioning. When did you transition? Are you still transitioning?
5. Did you socially transition before medically transitioning? Tell me about those experiences.
6. Have you experienced discrimination for being a trans man? If so, how did you cope with that?
7. Did you have support? Family, friends, co-workers? Did they support you?
8. Did you have validation? How well did others recognize your transition?
9. Do you feel supported in your life now? If yes, by whom?
10. Do you have a significant other in your life? If yes, can you tell me about this person?
11. How did you find the strength to transition? What worked? What did not?
12. Did you see a mental health professional about your transitioning?
13. Was your sexual orientation affected in any way before, during, and after transitioning?

14. How would you describe yourself regarding gender identity, and has that changed at any time in your life? If there was a change, was it before, during, or after your transition?

15. How would you describe yourself regarding your sexual orientation, and has that changed any time in your life? If there was a change, was it before, during, or after your transition?
APPENDIX B

Demographic Questionnaire

Please tell me a few things about yourself. This information will not be connected to you in any publication.

Please only answer the questions that you are comfortable answering.

Race/Ethnicity ______________________

Age ______

How would you describe your gender identity? Please choose one or more.

_____ male  _____ trans man  _____ genderqueer  _____ gender fluid

_____ other: Please describe your gender identity: __________________________

Level of Education

_____ Some high school

_____ High school diploma or GED

_____ Some college or associates degree

_____ Bachelors degree

_____ Masters degree

_____ Doctoral or other professional degree

Thank you for being part of the study. I look forward to working with you.

Please email this form back to me:

William B. Baker
bakerw4@montclair.edu
APPENDIX C

CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Study's Title: The Meaning of Sexual and Gender Identities in Transgender Men

Why is this study being done? The purpose of this study is to get a better understanding of how sexual orientation and gender identity may change when trans men transition, and how those two concepts may affect one another.

What will happen while you are in the study? You will be asked to complete a short questionnaire and take part in two interviews. The first one might be an hour, and the second one is a follow-up that may only take 30 minutes. I will follow-up with you before I publish anything to make sure I understood what you said in the first interview. I want to make sure I got it right! The interview will involve questions about your transition process, including questions about your sexual and gender identity. The interviews can take place at a location of your choice.

After the interview, I will transcribe what you said and publish parts that I think may help other trans persons and counselors. Everything is strictly confidential, and I will not use your name anywhere in the study. Recordings will be destroyed after they have been transcribed.

Time: This study will take about 2 hours or less. There will be one recorded interview and a short follow-up interview on a different day. The second interview may be a few weeks after the first one.

Risks: You may find it difficult to discuss some of the experiences you have had while transitioning. You may become emotional and upset. I believe that the risk for this is low, but if you become upset, I will refer you to a counselor. You do not have to answer any questions that make you feel uncomfortable, and you may stop the interview at any time.

Counseling services, pro bono/sliding scale listed below for NY and NJ:


We are required to post this according to NJ state law: Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NJ state law to report that to the proper authorities immediately.
Benefits: You will not directly benefit from this study, but you may feel better after telling your story. Others may benefit from this study because it is hoped that the research will prepare and inform other trans men of issues that may come up during their transition. Sharing your experiences could inform mental health professionals on how to help trans men. Your shared experience may also contribute to social change by informing community understanding about transgender issues.

Who will know that you are in this study? You will not be linked to any presentations. I will keep your identity confidential. Pseudonyms will be used instead of your real name. Your interview recording will be handled as confidentially as possible. I will destroy audio recordings after they have been transcribed. When the results are published or presented, individual names and other personally identifiable information will not be used. All research materials and identifying personal information will be kept in a locked cabinet in my office. Any recording or texts on my computer will be password protected.

Do you have to be in the study? You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

Do you have any questions about this study? You may phone or email my faculty advisor or me.

William B. Baker  
973-687-1274  
bakerw4@montclair.edu

Dr. Leslie Kooyman- Faculty Advisor  
Montclair State University  
973-655-7216  
kooymanl@mail.montclair.edu

Do you have any questions about your rights as a research participant? Phone or email the IRB Chair, Dr. Katrina Bulkley, at 973-655-5189 or reviewboard@mail.montclair.edu.

Future Studies
It is okay to use my data in other studies:
Please initial: ______ Yes ______ No

Study Summary
I would like to get a summary of this study:
Please initial: ______ Yes ______ No
As part of this study, it is okay to audiotape me:
Please initial: ______ Yes ______ No

One copy of this consent form is for you to keep.

Statement of Consent
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

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