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## Views from both sides of the bridge? Gender, sexual legitimacy, and transgender people's experiences of relationships

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### Abstract

The aim of this paper is to examine whether transgender people's experiences of relationships are influenced by heteronormativity, the related concept of sexual legitimacy, and gender as a binary construct. Data from an Internet-based study of transgender people in the USA was used. Findings seem to indicate that participants were strongly influenced by heteronormative discourses. However, less rigid gender beliefs are associated with lower levels of internalised transphobia, which, in turn, are associated with higher levels of self-esteem. Transgender people can therefore find themselves in a double-bind where, on one hand, conforming to gender and sexual norms leads to validation by mainstream US. society, but could possibly entail diminished psychological well-being.

### Keywords

transgender; relationships; sexual legitimacy; gender; heteronormativity; USA

### Introduction

Browsing most bookshops in the USA reveals that the idea of 'opposite' sexes is alive and thriving within popular culture, as popular models setting men and women on opposing sides abound, especially when discussing romantic and sexual relationships (e.g. Gray 1992, 2001, 2002; Moir and Moir 2003; Pease and Pease 2004). Such models influence our culture and relationships deeply and authors such as MacGeorge et al. (2004) have already argued that reinforcing this dichotomy between men and women is actually harmful to people's constructions of masculinity, femininity and relationships. Biological differences between the sexes do exist, but the extent of these differences is not as substantial as popular psychology would have us believe (Eliot 2009). Nonetheless this 'Mars vs. Venus' model of difference still pervades our popular culture, often using the constructs of sex and gender interchangeably and leading to a social understanding of appropriate gender performance as a moral matter (Garfinkel 1967; West and Zimmermann 1991).

The 'naturalist discourse' (Guillaumin 1996: 92) promoted within mainstream culture also encompasses sexuality in the performance of normative masculinity and femininity, viewing this normative construction of gender as underpinning any sexual interaction. Such a

relationship has been scrutinised both from a feminist (Jackson 1999; Jackson and Scott 2004) and a psychological perspective. Indeed, some research studies highlight how gender conformity, which often entails the need for approval and validation from others, can negatively affect psychological well-being (Egan and Perry 2001; Carver, Yunger and Perry 2003; Sanchez and Crocker 2005), as well as hinder sexual autonomy (Sanchez, Crocker and Boike 2005).

### **Gender normativity and sexual legitimacy**

Nevertheless, both gender and relationships seem to be performed, in mainstream culture, within a limited repertoire of scripts, while behaviours, identities and choices that do not follow those scripts are seen as deviant or alternative. The idea that sexual behaviours and encounters are enacted through scripts that regulate and reinforce social functions is expressed in sexual script theory (SST), a form of social scripting theory developed by Gagnon and Simon (1973). The authors themselves more recently reflected on how the fundamental ideas underpinning SST have 'remained relatively constant' (Simon and Gagnon 2003: 496). The socially acceptable sexual scripts themselves seem to be relatively constant, though the complexity and diversity of human sexuality has become increasingly visible. Yet this complexity is seen as being outside the scope of what Rubin (1984) defines as sexual legitimacy: a set of sexual practices and norms that are perceived as acceptable and considered to be morally good within mainstream society. She further argues that this leads to a hierarchical model of sex and sexuality, where 'good, normal, natural' behaviours are located within a 'charmed circle' of legitimacy, leaving aspects of sexuality that are considered 'bad, abnormal, unnatural' (Rubin 1984: 280-81) at the outer limits of this hierarchy as sexually illegitimate.

### **From sexual legitimacy to heteronormativity**

Warner's (1993) idea of heteronormativity also implies the concept of sexual (as well as gender) legitimacy. Heteronormativity is an effort to theorise how power relations shape and normalise only certain types of sexualities, for example through formal and legal societal institutions such as marriage. It describes processes like the legitimising of relational practices, such as monogamy, through a complex set of social systems (e.g., laws and tax rules). Heteronormativity, and the implied idea of sexual legitimacy, form the basis for defining who can be seen as legitimately human from an institutional standpoint, that is the idealised heterosexual couple or individual operating within prescribed boundaries.

### **Transgender identities and normative gender performance**

Essentialist notions of fundamental psychological differences between men and women, the concept of sexual legitimacy and the predominance of heteronormativity have also influenced our current understanding of transgender identities and experiences in Western cultures. They underpin both the criteria for the diagnosis of Gender Identity Disorder in the DSM (Winters 2005) and the medical models of transsexualism and transitioning. Those models are present both in personal accounts of the transgender experience (Mason-Schrock 1996) and in professional narratives (Devor 2004; Lev 2004). Stories that describe the transgender experience as 'being born into the wrong body' can be reinforced by the frequent professional emphasis on 'passing' and living full-time as a man or a woman. While not disputing or minimising the dysphoria experienced by many transgender people, or the influence of contexts such as race and class, which can turn passing into a need rather than a choice, it seems opportune to reflect on some of the challenges and the opportunities that a dichotomous understanding of gender promotes for transgender individuals and their relationships. The questions of whether transgender people follow largely traditional and normative sexual scripts, remaining within the bounds of heteronormativity and sexual

legitimacy, call for answers. Thus we examine the sexual, as well as social and cultural scripts, that transgender people engage in.

### **Transgender people and relationships**

Like Schilt and Westbrook (2009) suggest, the intersection of gender and sexuality discourses, as well as the dominance of heteronormativity seem to become central to the relationships of transgender people. As they document, gender is often regulated by both heterosexual men and women, albeit through different modalities: violence as an affirmation of hypermasculinity for the former, and marginalisation and gossip for the latter. Within this context, any perceived incongruence between genitalia and gender identity becomes a threat to the identity of the non-transgender person's heterosexuality. Furthermore, transgender people themselves may guard what Sanger (2008: 47) describes as 'trans borders', through the notion of the 'true transsexual' as one who has undergone some level of body modification. As Sanger (2008: 48) summarises:

Transpeople may be perceived as inhabiting a unique position from which to consider alternatives to binary gender, but societal and cultural regulations, and fear of harassment or worse, render problematisation of the gender binary risky and alienating.

In fact, normative sexual and gender scripts may become even more important if an individual has a strong desire to be perceived as legitimate within a relationship and/or within mainstream culture.

### **Research questions**

The aim of this paper therefore is to explore the interface between a dichotomous construct of gender and transgender people's experiences in relationships through the use of queer theory. Within this exploration we will consider whether impermeable gender binaries are problematic to the development of positive transgender identities.

The analysis of the data used in this paper was guided by the following research questions, which emerged from the concepts explored in this introduction: (1) To what extent do transgender people adopt heteronormative models of relationships and sexuality as opposed to models and behaviours that could be seen as less sexually legitimate? (2) Do transgender people who hold more dichotomous views of gender have more negative self-cognition with regard to their transgender identities?

### **Methods**

Much of the research carried out with transgender individuals has been based on a clinical population or other subgroups, which could be more easily accessed, such as inner-city sex workers (Rosser et al. 2007). TGStudy 1, was a 3-year, Internet-based study undertaken at the University of Minnesota, focusing on the online transgender population living in the US, in relation to the influence of gender on sexual relationships and HIV risk. This provided us with quantitative and qualitative data on demographic profiles, relationship status and experiences, as well as mental health.

### **Recruitment**

The study included an extensive online survey, and participants were recruited through banner ads placed on transgender-specific websites, as well as forum announcements, electronic mailing lists and other online spaces, such as blogs. All participants self-identified as transgender and, in order to be as inclusive as possible, the sample was stratified by type of transgender identity, as detailed in the results section. Online recruitment has its own set

of limitations, which it's beyond the scope of this paper to discuss, but it should be kept in mind that all participants needed to have online access and to be visiting specific sites and forums in order to see our banners and emails.

### **Eligibility and validation protocol**

This survey was completed by 1,229 transgender individuals over the age of 18 years old, living in the USA. To ensure each survey was a unique and valid entry, as well as to confirm eligibility, a de-duplication, cross-validation protocol was developed by the research team and then computerised to avoid any fraudulent or invalid entries. Twenty percent of the participants were also randomly selected to take part in a one-to-one online interview and 131 of them participated in this, both through asynchronous (private bulletin board) and/or synchronous (real-time chat) formats.

### **Survey and Interview Formats**

The online survey for TG Study 1 included several standardised psychological scales, such as gender ideology (Glick and Fiske 1996; Thompson and Pleck 1986; Larsen and Long 1988; Villemez and Touhey 1977), self-esteem (Rosenberg 1979), and transgender identity. The qualitative interviews contained questions about the influence of gender role conformity, gender identity affirmation, and feminising or masculinising hormone therapy on their sexual behaviour. The questions focusing on relationships addressed eight areas: (1) Power, (2) Role expectations, (3) Sexual role expectations, (4) Control, (5) Role of genitals, (6) Sexual Communication, (7) Negotiating safer sex, and (8) Monogamy. Participants were asked to comment on these areas when describing their most recent sexual experiences in, respectively, the gender role assigned at birth and their present gender role.

### **Sample**

The summary of the respondents' demographic profile can be seen in Table 1. It is worth noting that using the Internet enabled the research team to reach a less urban sample than other urban-based studies of transgender individuals (27% of participants came from rural areas or small towns). Another paper (Rosser et al. 2007) provides a more detailed report on the demographics of the study population, including comparison to the general US population. The demographic profile of the interviewees did not differ significantly from the overall study population.

### **Results**

Although it seems to be basic information, research so far has not provided us with data on transgender people's relationships. Furthermore, research has often focused on only transgender men or women, whereas the study discussed had an almost equal share of transgender women and men (57% and 43% respectively – see Table 1).

### **Terminology and identity**

Before describing the data in detail, it is important to note that, although for ease of language and analysis we refer to transgender men and women, the participants claimed a range of gender-variant identities. The authors appreciate that our categorisation in the subsequent tables will reduce the data into polarised categories and that a linguistic change in this field is needed. Participants were asked how they would describe their transgender identities before being also asked which categories best reflected their transgender identities out of a more standard list of terms. Table 2 outlines the results from the latter question but other descriptive terms used by participants ranged from 'displaced male (FtM)' to 'dynamically gendered' (Bockting 2008: 214). While the majority of respondents were

able to select a term from the list provided, 29.5% opted for the 'other' categories offered, indicating that they did not see their identities reflected in the labels most often used to describe transgender identities, in research contexts.

From hereon, the category transmasculine refers to transgender people who were assigned female at birth and now identify as male or masculine (first 4 rows of table 2). The category transfeminine refers to transgender people who were assigned male at birth and now identify as female or feminine (last 4 rows of table 2).

Please note that all participants have been assigned pseudonyms to protect their anonymity.

### Relationship data: self and others

In order to understand the extent to which transgender people may or may not subscribe to heteronormative models of relationships and sexuality, the tables in this section focus on the following areas: (i) relationship types (e.g. primary or not; coupled vs. single; if coupled, living together or not; monogamous or not); ii) relevant demographics, which may impact both relationships and identity (e.g., whether participants had children or not and, if so, how many; sexual orientation and attraction); (iii) comfort with own body in relation to sex (e.g. preference for sex in the dark or not); and (iv) disclosure to and comfort with partners (e.g. fear of rejection; ability to discuss masculine/feminine bodily aspects; allowing partners to touch genitals or not).

Participants were asked if they considered themselves to be in a primary relationship or not. For the purposes of this question, a primary relationship was defined as a relationship with a partner, significant other, spouse, steady boyfriend or girlfriend regardless of whether or not they were currently sexually active with this partner. 62.9% (n=334) of transmasculine participants and 54.1% (n=377) of transfeminine participants considered themselves to be in such a relationship. Participants were then also asked to describe their relationship status, regardless of whether they considered themselves to be in a primary sexual relationship. The vast majority of those participants, who did not consider themselves to be in a primary sexual relationship, also described their relationship status as 'single'. Table 3 shows participants' relationship status for those participants who did regard themselves as being in a primary relationship. A chi-square test showed there were significant statistical differences ( $p < 0.0005$ ) between the transfeminine and transmasculine responses in this group, with transmasculine people being more likely to be coupled but not living together and more transfeminine people reporting a single status.

Table 4 and 5 describe whether participants are in a monogamous relationship or not, whether they have children and, if so, how many. A chi-square test showed there were no significant statistical differences between the proportions of transfeminine and transmasculine people who regarded themselves as monogamous, non-monogamous or other. A chi-square test showed there were significant statistical differences ( $p < 0.0005$ ) between the number of children transfeminine and transmasculine participants have, with the former having more than the latter.

The degree of intimacy that participants might experience in relationships was assessed in the study in a variety of ways, one of which was to ask whether participants had disclosed their transgender status to their primary partner, and whether they feared that a discussion of their transgender status might lead to rejection, as described in table 6. A chi-square test showed there were significant statistical differences ( $p < 0.005$ ) between transfeminine and transmasculine participants' partners' knowledge of their transgender status and participants' fear of rejection. More transfeminine participants seemed to not have disclosed their transgender status to their primary partner and over a quarter were afraid to discuss their

transgender status with their primary partner for fear of being rejected, compared to less than 10 % of transmasculine participants who expressed that fear.

The qualitative data from the one-to-one interviews also showed how even participants who were otherwise confident could feel quite fearful of rejection as highlighted in these quotes:

‘Before my transition, I did not like to get too close with a person, because of the rejection that it entails of explaining my trans status. My experiences have been good and some of it has been bad.’ (Anne, 46)

‘With my choices in partners so limited, I feel compelled not to use condoms while participating in oral sex. I also feel it would be much easier to have anonymous encounters than to explain my trans-status and risk rejection.’ (Steve, 33)

The latter quote also illustrates one of the reasons why there may be a higher risk of HIV infection in the transgender population, as highlighted by the percentage of HIV positive participants (see table 1). While only 2.2% of the sample reported a positive HIV status, that is still about four times higher than the rate seen in the US population as a whole (Centers for Disease Control 2008). Also, the rates of infection for some groups within the transgender community are even higher, such as amongst transgender women of colour (Herbst et al 2008).

The survey also examined the level of comfort that participants experienced in relation to sex with their partners. Table 7 highlights what could be described as a ‘classic’ preference for having sex with the lights on or off, applied to a transgender context, which considers whether preferring the dark is connected to drawing less attention to the body’s masculine or feminine aspects. A chi-square test showed there were significant statistical differences ( $p < 0.0005$ ) between transfeminine and transmasculine participants’ preference for sex in the dark, with the latter having less of a preference for sex in the dark.

Table 8 describes whether participants avoid talking about the masculine or feminine aspects of their bodies, and their genitals, with their current primary sexual partners, as well as outlining whether participants allow those partners to touch their genitals. Chi-square tests showed that there were no statistically significant differences between transmasculine and transfeminine participants for any of these three questions.

The qualitative data from the interviews seems to echo the theme of a significant amount of discomfort related to talking about or revealing one’s body and/or genitals, whilst still having sex and genital contact. This seems to be talked about more by transmasculine participants, especially those engaging in more anonymous sex with men, as illustrated by the following quote.

‘I think anonymous gay oral sex holds so much erotic appeal to me because I can participate without divulging to a partner that I am FtM and lack male genitalia, thus being accepted/affirmed solely on outward male appearances.’ (Ben, 28)

Sometimes the discomfort with one’s body and genitals can also lead to withdrawing from sexual activities involving others, as in the case of the quote below, by a transfeminine participant:

‘[For decades,] I did not have a sex life beyond occasionally masturbating. That is still the only way I am able to achieve any sort of orgasm. (...) I am just beginning to have a sex life again, becoming comfortable (sexually) in this role. I am comfortable in all other ways... this is all that is left.’ (Joanne, 63)

Before presenting the results from some of the psychological instruments used in the survey, it is worth including one final table describing the participants. As well as being asked to

choose a sexual orientation from the familiar labels of gay/lesbian, bisexual, straight and other, participants were also asked to what extent they were currently sexually attracted to a particular gender or both. The cross tabulation of these two variables is shown in table 9. The chi-squared differences between the responses for transfeminine and transmasculine participants are significant for every sexual orientation other than lesbian, with the following significances; gay ( $p < 0.0005$ ), bisexual ( $p < 0.05$ ), straight ( $p < 0.0005$ ) and other ( $p < 0.01$ ).

### Psychological instruments' findings

The survey collected a wealth of data from participants about their beliefs and mental health, through a range of psychological instruments. In order to establish the relationship between participants' beliefs about gender and their transgender identities, we focused on analysing the following scales: Rosenberg's self-esteem (Rosenberg 1979), gender ideology (Glick and Fiske 1996; Thompson and Pleck 1986; Larsen and Long 1988; Villemez and Touhey 1977), and TIS (Transgender Identity Scale). The TIS has four sub-scales: pride, passing, alienation and shame. The gender ideology scale is composed of items from four scales: the ambivalent sexism inventory, including the hostile sexism and the benevolent sexism sub-scales (Glick and Fiske 1996); the male role norm scale, including items from the status and toughness norm scales (Thompson and Pleck 1986); the traditional egalitarian sex role scale (Larsen and Long 1988); and the macho scale (Villemez and Touhey 1977). Example items from the three scales addressed here can be seen below in table 10.

In Rosenberg's self-esteem scale, the higher scores indicate higher levels of self-esteem; in the gender ideology scale higher scores indicate more rigidly binary, stereotypical gender constructions; whereas in the TIS, higher scoring indicates a more positive transgender identity and lower levels of internalised transphobia.

A Pearson correlation of the selected scales, using SPSS 17.0, revealed two statistically significant correlations, as detailed below. The gender ideology scale significantly negatively correlates ( $r = -.347$ ) with the internalised transphobia scale ( $p < .001$ ). This means that the higher participants scored on the first, indicating more strongly held gender stereotypical construing, the lower they scored on the latter scales, implying a higher level of internalised transphobia. The internalised transphobia scale significantly positively correlates ( $r = .326$ ) with the Rosenberg's self-esteem scale ( $p < .001$ ). This means that the higher participants scored on the latter, indicating higher levels of self-esteem, the higher they also scored on the former, indicating a more positive transgender identity and lower levels of internalised transphobia.

The qualitative data quoted below provides two examples of more rigid thinking about gendered beliefs and its impact on participants' identities, relationships, and confidence in relation to sex. The last example briefly outlines a less rigid view of gender and how this also affects the degree of freedom felt by the participant in relation to their transgender identity.

'I have very stringent ideals about male and female roles and I held myself to them as well as I tried to make my girlfriend "more girly". I knew that my partner had gendered expectations of males and would occasionally bring them up (i.e. real boys don't have dolls), however, mostly she was content with my behaviour. I feel as though both my partner and I had similar sexual role expectations. She wanted me in charge and I happily obliged. (...) I feel as though my confidence and self esteem relied heavily on genitalia and although this did not prevent me from sex with my partner, it took its toll in our everyday relationship and emotional bond'. (Jim, 47)

'Sex in the female role has very much affirmed my gender. It has been easy and natural for me to take the female role, it's even hard for me to imagine it being any other way. Now, that my body is in alignment with my mind, I sometimes wonder if my partner would like me to wear a strap-on and whether that would cast me in a male light. Will that disaffirm my gender identity?' (Amanda, 40)

'I feel like I am a third sex, or fourth, fifth. Aren't there several really? (...) In some ways I feel like I need not conform to gender roles because I am neither.' (Robin, 39)

## Discussion

Just like any other category or grouping of people, transgender individual experiences vary widely. For example, fully 29.5% of participants chose the 'other' category to reflect their identities, a finding that seems consistent with the initial data from the formative research carried out in the current study, All Gender Health Online, and with views within queer studies (Bornstein 1998; Califia 2002; Nestle et al. 2002). Unfortunately, these identities are rarely captured in larger, quantitative studies and researchers, as highlighted earlier, have yet to find an inclusive and accessible way to capture this part of the population.

When turning from identities to relationships, the picture that emerged from both the quantitative and qualitative data is much more normative. The vast majority of participants, who did not consider themselves to be in a primary relationship, also identified as single, which seems consistent with mainstream ideals of romance. A large number of participants in primary relationships lived with their partner, which also seems consistent with the above stated ideal. For those participants, there was a difference between transfeminine and transmasculine participants, with the latter group being twice as likely to be coupled, in a primary relationship, but not living together. The higher number of coupled but not living together transmasculine participants, who also considered themselves to be in a primary relationship, could be explained by the fact that stereotypically men are less likely to get married or take the more committed step of living together. Looking at the census data, in fact, we know that 'in 2008, 29.4% of men and 22.7% of women ages 18 and over had never married' (U.S. Census Bureau 2008). Overall, a very small percentage of participants (about 5%) considered themselves to be in an 'other' form of relationship to the categories provided, whether they were in a primary relationship or not. This seems to indicate that, as pointed out in the introduction, transgender people's relationships usually fall within the same heteronormative paradigm predominant in our society. This is further illustrated by the fact that about two thirds of our participants, regardless of where they fall on the gender spectrum, were in monogamous relationships.

The vast majority of transmasculine participants in our sample did not have children, whereas transfeminine participants were more likely to do so. Nearly 10% reported having three or more children. This difference seems to be consistent with issues related to body dysphoria for transmasculine participants, which could be exacerbated by pregnancy for many transmasculine individuals. Other unique and trans-specific experiences are also illustrated by the data. For example, although most (87.3% of transfeminine and 91.6% of transmasculine participants) disclose their transgender status to partners, many are afraid of discussing their identities due to fear of rejection. This seems to be more so for trans women than trans men, with 25.6% of transfeminine participants and only 8.9% of transmasculine participants being afraid to discuss their transgender identities with their current primary sexual partner, and with trans women being over three times as likely to not have disclosed their transgender status to a primary partner. The latter could be related to decreased visibility as individuals medically transition. This includes bottom surgery for more transfeminine than transmasculine individuals, at least in the USA. However, it seems that

less visibility and the related decreased need for disclosure, could lead to the much higher levels of fear of rejection experienced by the transfeminine participants. On the other hand, the probable lack of penis for transmasculine participants seems to entail a higher level of disclosure of their transgender status and far lower levels of fear of rejection on the basis of their trans identities.

Despite feeling less fearful of rejection, about half of the transmasculine participants were likely to prefer sex in dark, compared to only 36.1% of transfeminine participants. This could potentially be linked to issues related to body modification and the difference in access to and success for bottom surgeries across the two groups. Despite those differences, both groups find it very challenging to talk about masculine or feminine aspects of their bodies, as well as to talk about their genitals, yet the majority of participants allowed their sexual partners to touch their genitals during sex. It could be hypothesised that lack of communication combined with high levels of discomfort could result in riskier sexual behaviour, as illustrated in the examples from the qualitative data, which highlighted the appeal of gay anonymous sex for one of the transmasculine participants. Of course the discomfort, especially when combined with fear of rejection, can also lead to withdrawal from partner sex, as highlighted by the quoted example from a transfeminine participant. Interestingly, those examples also seem to reinforce stereotypical views of masculinity as more sexually driven and promiscuous, whereas sexual desire, especially for another person, can be viewed as being less central, or even counter to the construct of femininity.

The data describing the participants' degrees of attraction to men, women or both, as well as their chosen identity labels in relation to sexual orientation, paints a complex story. This is likely due to the inclusive, and deliberate, use of the term 'transgender' in the study. However, it could also be linked to the difficulty that transgender individuals might experience when defining their orientation, especially when transgressing both gender norms and transitioning discourses, as for example drag queens or genderqueer people might choose to do. It is clear from part of the data though that many transgender people choose the labels that describe their sexual orientation based on their gender identity, rather than on the basis of the sex they were assigned at birth. For example 98.2% of transmasculine participants who were more attracted to women than to men identified themselves as being straight.

The qualitative data seems to illustrate that despite such unique experiences related to one's transgender status, participants often move towards one or the other end of the binary. What Sanger (2008: 48) describes as 'societal and cultural regulations' seem in fact to move the transgender participants towards acting within well defined gender constructs. Interestingly though, a closer look at the three psychological instruments used in the survey, indicates that participants experiencing lower levels of internalised transphobia not only have higher levels of self-esteem but also hold less rigidly stereotypical gender beliefs. This could be said to leave many transgender individuals in a double-bind: on one hand performing masculinity or femininity is often key to their sense of selves; yet less rigid construing of such gender binary is related to higher self-esteem and a positive transgender identity. Whereas, in fact, a non-transgender person could challenge stereotypical masculine or feminine behaviour without their gender identity being put into question, although their sexual orientation might be, a transgender person might feel far less free or safe to do so if they want to avoid harassment or even violence. Furthermore, when transgender people challenge heteronormative behaviour by being attracted to, and being in a relationship with, people of the same gender identity as their own, they are seen as suspect. For example, it could be argued, that the concept of autogynephilia questions or pathologises trans women's sexual orientation as lesbian or bisexual (Blanchard 1989; Lawrence 2007, 2009; Serano 2008), even though a significant number of our transfeminine participants were somewhat to

exclusively attracted to women. Although trans men who are attracted to men were a smaller number in our sample, their relationships are often dismissed as experimenting rather than seen as an authentic sexual orientation and their parents find accepting their homosexuality to be more challenging than accepting their transgender status (Bockting, Benner, and Coleman 2009; Coleman, Bockting, and Gooren 1993; Devor 1997). Therefore, heterosexuality as a more sexually legitimate script seems to dominate the choices available to transgender individuals if they are to be seen as non-pathological members of our societies. This could be seen as further compounding the heteronormative models that transgender people seem to adopt in their relationships, as described earlier in this section.

In such a context, although transgender people do indeed inhabit a unique viewpoint, they do not seem to truly be any freer than anyone else to challenge the gender binary or what is considered sexually legitimate. In fact, in some of the ways described above, their transgender status might more closely bind them to normative gender and sexual discourses, since the latter can be seen as part of the process of validation of their identities as men and women, as shown in some of the qualitative data presented.

## Conclusion

It seems clear from the literature and the data presented that most transgender individuals adopt lifestyles that belong within the 'charmed circle' of sexual legitimacy (Rubin 1984), thus reinforcing heteronormativity, including dichotomous gender practices and beliefs. Such choices, as we have seen from the analysis of the selected psychological instruments, are not necessarily conducive to the development of positive transgender identities, especially if they entail a degree of secrecy, such as lack of disclosure of transgender status to a partner. Yet, what are the alternative ways to find validation, besides conforming to fairly rigid gender and sexual scripts?

Although a higher level of transgender visibility can lead to harassment and violence, the cost of invisibility is more subtle and internal. In a way, it is similar to the damage inflicted on the larger population by the popular, divisive 'Mars vs. Venus' models described at the beginning of this paper. Transgender people have already been leading a revolution that, over the past century, has challenged traditional Western beliefs in gender roles as being firmly based in biological, sexual differences. However those beliefs have also shaped the development of transitioning narratives, often promoting the discourse of the 'true transsexual', and confining any non-heteronormative choices to the outer limits of sexual legitimacy. Even the language used to categorise transgender people in research is problematic, as highlighted earlier. We would like to invite other researchers to engage in further dialogues on how to best provide data summaries, which are comprehensive, easily digestible and yet inclusive of the wealth of identities composing our communities. If all of us, including transgender people, are to be able to express our authentic selves, as well as to increase our capacity for intimacy and sexual autonomy, a new sexual revolution is necessary. This revolution would entail the collapse of limited, hierarchical models, and a move away from reductionist binary constructs of gender and towards the creation of pleasure-based models of sexuality encompassing the wealth and breadth of human desire and experiences.

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**Table 1**

Summary demographic profile for participants in TG Study 1

<b>Trans identity</b>	Trans women	57%
	Trans men	43%
<b>Mean Age</b>		33
<b>Race / ethnicity</b>	White	79.6%
	African-American	2.8%
	Hispanic	4.1%
	Multi-racial	8.2%
	Other	3.7%
<b>Education (highest)</b>	College graduate	24.9%
	Some college	42.8%
	High school graduate	10.9%
<b>Mean income</b>		\$32,000
<b>HIV positive</b>		2.2%

**Table 2**

## Participants' identity categories

Category	n	%
Female-to-male transsexual	262	21.3
Drag king or male impersonator	54	4.4
Female-to-male crossdresser or transvestite	30	2.4
Other female-to-male transgender identity	186	15.1
Male-to-female transsexual	278	22.6
Drag queen or female impersonator	54	4.4
Male-to-female crossdresser or transvestite	188	15.3
Other male-to-female transgender identity	177	14.4
Total	1229	100.0

**Table 3**

## Relationships status

What is your current relationship status?	transfeminine		transmasculine	
	n	%	n	%
Coupled, living together	261	69.2	190	57.1
Coupled, not living together	56	14.9	96	28.8
Single	38	10.1	20	6
Other	22	5.8	27	8.1
Total	377	100	333	100

**Table 4**

## Sexual concurrency

Which of the following best describes your relationship?	transfeminine		transmasculine	
	n	%	n	%
Monogamous (we only have sex with each other)	244	65.1	232	69.9
Non-monogamous (at least one of us has other sexual partners)	96	25.6	69	20.8
Other	35	9.3	31	9.3

**Table 5**

Number of children

How many children do you have?	transfeminine		transmasculine	
	n	%	n	%
0 (no children)	438	62.9	476	89.6
1	83	11.9	27	5.1
2	107	15.4	19	3.6
3 or more	68	9.8	9	1.7

**Table 6**

## Disclosure and fear of rejection

Does your primary partner know that you are transgender?	transfeminine		transmasculine	
	n	%	n	%
Yes	329	87.3	305	91.6
No	31	8.2	9	2.7
Not sure	15	4.5	19	5.7
<i>I'm afraid that if I discuss my transgender identity with my current primary sexual partner, I will be rejected.</i>				
TRUE	50	13.6	11	3.4
Mostly true	44	12	18	5.5
Mostly false	55	15	63	19.4
FALSE	218	59.4	233	71.7

**Table 7**

Preference for sex in the dark

I prefer to have sex in the dark in order to draw less attention to the masculine / feminine aspects of my body.	transfeminine		transmasculine	
	n	%	n	%
TRUE	105	15.9	130	25.6
Mostly true	134	20.2	139	27.4
Mostly false	161	24.3	126	24.9
FALSE	262	39.6	112	22.1

**Table 8**

## Masculine/feminine bodily aspects

If I can, I avoid talking about the masculine / feminine aspects of my body with my current primary sexual partner.	transfeminine		transmasculine	
	n	%	n	%
True / Mostly true	211	57.5	165	50.6
False / Mostly false	156	42.5	161	49.4
<i>If I can, I avoid talking about my genitals with my current primary sexual partner.</i>				
True / Mostly true	175	47.7	136	41.7
False / Mostly false	192	52.3	190	58.3
<i>I allow my current primary sexual partner to touch my genitals during sex.</i>				
True / Mostly true	324	88.5	279	85.6
False / Mostly false	42	11.5	47	14.4

Table 9

## Sexual orientation and attraction

To what extent are you currently sexually attracted to women, men, or both? (for people who self identified as lesbian)	transfeminine		transmasculine	
	n	%	n	%
More attracted to men than to women	1	1.4	1	1.2
Equally attracted to men and women	0	0	1	1.2
More attracted to women than to men	70	98.6	83	97.6
Total	71	100	85	100
<i>To what extent are you currently sexually attracted to women, men, or both? (for people who self identified as gay)</i>				
More attracted to men than to women	72	100	32	78
Equally attracted to men and women	0	0	2	4.9
More attracted to women than to men	0	0	7	17.1
Total	72	100	41	100
<i>To what extent are you currently sexually attracted to women, men, or both? (for people who self identified as bisexual)</i>				
More attracted to men than to women	53	21.7	33	34.4
Equally attracted to men and women	64	26.2	25	26
More attracted to women than to men	127	52	38	39.6
Total	244	100	96	100
<i>To what extent are you currently sexually attracted to women, men, or both? (for people who self identified as straight)</i>				
More attracted to men than to women	80	40.6	2	1.8
Equally attracted to men and women	4	2	0	0
More attracted to women than to men	113	57.4	110	98.2
Total	197	100	112	100
<i>To what extent are you currently sexually attracted to women, men, or both? (for people who self identified as other)</i>				
More attracted to men than to women	36	34.3	35	18.8
Equally attracted to men and women	9	8.6	29	15.6
More attracted to women than to men	60	57.1	122	65.6
Total	105	100	186	100

**Table 10**

## Sample items from scales

Scale	Sample item
<i>Rosenberg's Self-esteem</i> (Total items n = 10)	I am able to do things as well as most other people
	I wish I could have more respect for myself
<i>Gender Ideology</i> (Total items n = 24)	A man should never back down in the face of trouble
	Women, as compared to men, tend to have a more refined sense of culture and good taste
<i>TIS</i> (Total items n = 52)	I am comfortable revealing to others that I am transgender ( <i>Pride</i> )
	It's much better to pass than to be recognised as transgender ( <i>Passing</i> )
	I'm not like other transgender people ( <i>Alienation</i> )
	Being transgender makes me feel like a freak ( <i>Shame</i> )