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The Sexual Relationships of Sexual-Minority Women Partnered with Trans Men: A Qualitative Study

Nicola R. Brown

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Abstract This qualitative research study examined the experiences of sexual-minority women in romantic and sexual relationships with female-to-male transsexuals ($N = 20$) using grounded theory analysis. This article reports data on issues related to sexual desire and practice in the context of a partner's transition, which participants said often compelled a process of renegotiating bodies and sexual connection. Participant reports on the influence of transition on the couple's sex life were mixed. Many participants discussed changes in sex which were negatively affected in the course of transition by a lesbian sexual orientation and a personal trauma history, and positively affected by a more embodied partner and a partner with increased libido. More general changes to the nature of their sexual life are detailed, including a greater dependence on heteronormative gendered sexual scripts as transition began.

Keywords Sexual relationships · Sexual orientation · Female-to-male transsexuals · Transsexualism

Introduction

Over the past three decades, there has been increasing scholarly attention paid to female-to-male transsexuals (FTMs). This greater attention has been due, in part, to their greater social visibility and attempts among some to correct a long-standing focus on male-to-female transsexuals (MTFs), who were thought to be many greater in number (Cromwell, 1999; Devor, 1997a; Rubin, 2003). Drawing on my own research and the existing literature, this article adds to this growing body of literature by examining issues of FTM partnership that have been largely overlooked. Despite the legitimate interest in the partners of transsexuals, Huxley, Kenna, and Brandon (1981b) noted that researchers often have difficulty securing interviews with partners, whose perspectives are mostly missing from this body of work. Furthermore, the literature dedicated to women partners of trans men mostly examines relationships that were formed post-transition and with heterosexual women. This study addresses issues specific to sexual desire and practice from the perspective of the partners who, in this case, identify as non-heterosexual. It addresses these issues within the context of relationships that were established as "same-sex" ones before a partner disclosed being transsexual. In doing so, it addresses the experiences of an emergent population and adds to the diversity of the literature.[1]

Lev (2004) argued that, historically, most of the relationships transsexuals had were never expected to survive transition and that, similarly, within issues of partnership, a healthy and satisfying sexual relationship was not often assumed (Benjamin, 1977; Stoller, 1975). Some researchers displayed open wonder at reports of sexual satisfaction by the partners of transitioned transsexuals (Pauly, 1974; Steiner & Bernstein, 1981). More current research articulates an appreciation for the importance of partnerships and sexual satisfaction for trans people as quality-of-life measures and as

N. R. Brown
Department of Psychology, York University, Toronto, ON, Canada

N. R. Brown (✉)
Central Toronto Youth Service, 65 Wellesley St. East, 3rd Floor, Toronto, ON M4Y 1G7, Canada
e-mail: nicola.brown@ctys.org

[1] Cromwell (1999), Devor (1997a), and Rubin (2003) reported that a significant number of FTMs have had "lesbian careers." With the increased visibility of, and available resources for, transsexual men, more genetic females with significant gender conflicts who perhaps previously mistook themselves for lesbians are deciding to transition.

indicators of "success" in their post-transition lives (Lawrence, 2005; Pfäfflin & Junge, 1992). A number of studies examining relationship and sexual satisfaction among female-to-male transsexuals and their heterosexual female spouses described these relationships as satisfying and as qualitatively similar to comparison groups of nontranssexual heterosexual couples (Fleming, MacGowan, & Costos, 1985; Kin, Hoebeke, Heylens, Rubens, & De Cuypere, 2008).

As this literature suggests, it is more common for stable partnerships to be formed post-transition (Lewins, 2002). There is evidence that transition can significantly stress existing relationships. Devor (1997a) reported that of the relationships that FTMs had established with women pre-transition, approximately half of them did not survive transition. Participants' relationships "collapsed under the weight of their transsexual issues near the beginnings of their transitions" (p. 363). Freedman, Tasker, and Di Ceglie's (2002) study of families where a parent "came out" as transsexual (mostly MTF) confirms the potential strain on partnerships. The majority of their parental sample was divorced or separated and the clinical files of these couples recorded "a great deal of acrimony between the parents" (p. 426). Gurvich's (1991) study of heterosexual women whose "husbands" revealed identifying as MTF in the course of the marriage found that the disclosure had a drastic and negative effect on their perceptions of the relationship as trustworthy and their expectations for a continued future with their partner. Buxton (2007) also found the disclosure of transsexuality for heterosexual spouses raised questions about the continuation of the marriage and that most ended in separation within the first few years. Most of the transsexuals' original marriages in Huxley, Kenna, and Brandon's (1981a) study of paired FTM transsexuals had ended in separation or divorce.

Because few partnerships survive the transition, less is known about the ways in which transsexual transition affects continuing partners and partnerships. The larger question of the potential challenges transition brings to a partner's sexual orientation is beyond the scope of this particular paper, responses to which are detailed elsewhere (Alexander, 2003; Brown, 2009; Buxton, 2007; Cook-Daniels, 1998; Israel, 2005). It is acknowledged, however, that one's sexual identity is a label which often represents an embodied practice of desire and engagement of that desire, so they cannot be completely separated.

Few researchers have examined specifically how transition may affect the couple's sexual relationship when the relationship is established pre-disclosure and the couple remains partnered. Hines (2006) investigated the issue of gender transition on relationships through the use of case studies and found multiple potential relationship pathways and negotiations in intimacy. Although not the predominant theme, in a sample narrative, a couple remained together through transition in a reconfigured partnership in which emotional care practices were emphasized over sexual desire practices. Hines (2006) suggested that "the meanings and experiences of sexual identity and sexual desire and practice" (p. 368) shifted in relation to, and could sometimes adapt to, changes in gender identity. Similarly, Buxton (2006) observed that the minority of mixed-orientation relationships that continue do so in different configurations, including "monogamy, open marriage, or closed loop (the GLBT spouse has a relationship with another married person of the same gender)" (p. 321). Not all relationships that continue through transition retain a sexual element. Gurvich (1991) studied the impact feminization had on the wives of MTFs. Although many wives continued to express feelings of love towards their partners, several of Gurvich's interviewees said that they had lost sexual interest in their partners and had deliberately ended sexual contact.

In examining how transition may affect the sexual desire and practice of sexual-minority women, Cook-Daniels (1998) suggested that lesbian-identified partners of FTMs may experience doubts about whether they will continue to find their partners desirable. Nyamora (2004) noted that positive experiences of transition were associated with lesbians who had greater flexibility in their sexual orientation. Furthermore, Nyamora (2004) found that a more embodied trans partner (i.e., a partner who felt more connected to his body, often associated with progression in transition) led to an increase in sexual intimacy, while women's difficulties in intimacy were, at times, associated with "their partner's body issues; grief over the loss of a female partner; refusing to see their partner as a man and treating him like a woman" (p. 92).

Lev (2004) offered that issues of "sexual desire and compatibility" for partners of trans people are complex and constitute more than simply bodies or preferences. Schleifer (2006) argued that "sexuality creates meaning about and through the sexed bodies and gendered identities of both individuals involved in an erotic interaction" (p. 68). Hale's (1995) work highlighted the importance of the couple committing to a process of "recoding" bodies and sexual acts "to produce an internally consistent [and understood] descriptive truth" where "dominant cultural gender categorizations are …reorganized" (as cited in Cromwell, 1999, p. 134). Schrock and Reid (2006) argued that this kind of recoding and reorganization constitutes part of the "identity work" task that trans people accomplish in establishing their gender identity.

This article does not revisit findings on sexual desire and practice from the perspective of trans men, which can be found elsewhere (Cromwell, 1999; Devor, 1993, 1997a; Dozier, 2005; Rubin, 2003). It merits noting, however, the specific observation made in these studies that, as transition progresses and "sex characteristics become more congruent with gender, behavior becomes more fluid and less important in asserting gender" (Dozier, 2005, p. 297). This applies in the sexual arena as well, where interviews with trans men

suggest that their sexual practices with a partner may become more flexible as transition progresses. This finding is congruent with additional observations that trans men generally do not adhere to "rigid sex role stereotypes" (Fleming, MacGowan, & Salt, 1984, p. 56) and "carry out a relatively versatile erotic life" (Dulko, 1988, p. 171).

There is little research on the sexual orientation of female partners of FTMs, making it difficult to establish what proportion of partners this study sample may reflect. Many previous researchers have only used categories of "male" and "female" partners because the question of investigation has typically been to establish statistics on the sexual orientation of FTMs themselves (e.g., Coleman, Bockting, & Gooren, 1993; Lawrence, 2005). Chivers and Bailey (2000) found that, for FTMs attracted to women, both lesbian and heterosexual women were sexually appealing, with FTMs rating the desirability of heterosexual women higher than for lesbian women. Lewins (2002) found that, of the six female partners of FTMs in stable relationships, all of them identified as heterosexual. Huxley et al. (1981b) reported that, of nine FTMs, eight had female partners. The sexual orientation of these partners is not addressed, but five of them were living with an FTM who had not yet had any SRS. This represents an unusual departure from the assumption that many FTMs wait to form relationships with women post-transition and suggests that at least some of these partners were involved with FTMs initially as "women." This would converge with the findings from Devor's (1993) study of post-transition FTMs, in which 11 of 22 participants in long-term relationships with women had partners who were with them "through transition" (p. 311). Only Steiner and Bernstein (1981) examined the previous histories of 21 women partners of FTMs in detail. Of their sample, 100% reported a previous relationship of more than 6 months with a male and 95% reported previous intercourse with a male. Ten percent of the sample reported both a previous relationship of more than 6 months and sex with a female. Interestingly, when asked about their *preference* of sexual partners, 55% of the sample said their preference was for males only, none had a preference for females only, while 45% said they had a preference for "either" males or females. Aggregating the numbers from these studies, of 56 partners, 30% identified as heterosexual, 36% as non-heterosexual, and 34% have to be classified as "unknown," although likely the majority of these partners were heterosexual in orientation. Sexual-minority women partners of FTMs are therefore a relatively smaller subgroup of women partners of FTMs.

Examining the experiences of partners of trans men adds to a social scientific literature that has been identified by researchers as under-investigated. Despite the added sensitivity in investigations related to sex and sexuality, this article details partner accounts on these subjects in particular candor, and demonstrates both the sexual patterns and diversity that exists among these couples. In so doing, it contributes data on the less considered sexual-minority women partners of trans men, and supports a growing trend of academic work that focuses on the importance of the body and embodiment with respect to gender and sexual identity (Cromwell, 1999; Dozier, 2005; Prosser, 1998; Rubin, 2003).

Method

Participants

The 20 participants were recruited through community contacts and local and international list-serves for partners of trans people. Inclusion criteria for the study were three-fold. First, all participants had to be currently or once partnered with a female-bodied person who disclosed being transsexual during the course of their relationship, which they had previously understood to be a "same-sex" relationship. Second, at the time of their partner's "coming out," all participants had to have self-identified as non-heterosexual. Third, participants' female-to-male partners had to have minimally transitioned publicly in name and pronoun.[2]

At the time of the interviews, 10 of the 20 participants were in active partnership with the FTM of whom they were speaking (relationship length varied from 1 to 9 years, with a median of 4 years). Ten individuals discussed past relationships (of a 1.5–5 year duration, with a median of 2.5 years).

[2] Transsexuals are often motivated to pursue changes in order to bring their physical bodies in line with their sense of gender. Rubin (2003) argued that, for transsexuals, the notion of a core self is tied to the idea of "expressive errors" and "the belief that their bodies fail to express what they are inside is the central tenet legitimating their transitions" (p. 149). In this way, transition is not simply about social recognition, but a means "to be recognizable to themselves" (Rubin, 2003, p. 151), that is, "a project in self-realization" (p. 152). The process of transitioning is complex, and can be open-ended or unfinished for years sometimes. Transitioning can include a social and/or medical process. Social transition may include a change in name, pronoun use, and presentation such as clothing, hair, and for FTMs, chest binding. Medical transition may include hormone replacement therapy (for FTMs, testosterone), and some form of sex reassignment surgeries (for FTMs, including bilateral mastectomy and chest contouring, hysterectomies, and/or genital surgery of various forms such as metoidioplasty, phalloplasty, or scrotal implants). What constitutes "transition" and its completion is contested, and aside from legal definitions, may vary by individual. SRS is difficult to access and is accompanied by high costs, which may be prohibitive even when some aspects of it are covered by health plans. Other reasons trans men may not pursue SRS include strong self-identification, a physical disability, religious prohibitions (Lev, 2004), and/or dissatisfaction with the current sophistication of surgery (Cameron, 1996). Trans subjectivity (i.e., self-identification) can also exist independent of transition status. The inclusion criteria of the research study are in no way meant to challenge the authenticity and legitimacy of trans identities independent of transition. Decisions around inclusion criteria were made in order to ensure a public role transformation that would have social implications for partners.

Eleven of their partners had undergone some transition-related medical intervention(s), and most of the others were actively planning to do so. Participants were Caucasian ($n = 14$), South Asian, Black, and First Nations. One participant no longer identified as a woman, but as FTM himself. Participants ranged in age from their mid 20s to 40s (median age, 31). Participant descriptions of their sexual orientation shifted significantly in the course of their partner's transition, although all retained a non-heterosexual identity. Pre-disclosure, 12 participants reported identifying primarily as lesbian, 5 as queer, and 3 as bisexual. Post-disclosure and at the time of interview, 4 participants reported identifying primarily as lesbian, 12 as queer, 2 as bisexual, and 2 as "open." Three participants were actively parenting. All participants reported that they had some post-secondary education. Reported class status varied among participants, half of whom described themselves as being poor, low-income, working or criminal[3] class, and half of whom identified themselves on a middle-class spectrum (see Table 1 for the social demographics of participants).

Procedure

Semi-structured interviews were conducted between February 2003 and April 2004. Interview questions covered three major concepts: Disclosure of transsexuality, experiences related to transition, and community support and affiliation. Most relevant to the phenomenon of sexual desire and practice were the questions under the section of the interview related to transition. The interview explored ways in which participants' partners had decided to transition and participants' levels of support for these decisions. Participants were asked whether there had been shifts in thinking or feeling towards their partner's transition over time and the nature of these shifts. Further questions related to "changes over time" included their relationship, their sexual identity, and sex with their partner.

Participants from Canada and the United States were interviewed in person (11) or on the phone (6) or via email (3). In-person and phone interviews lasted from 75 min to over 2 h, with most interviews of approximately 2 h duration.

All in-person and phone interviews were audio-recorded for transcribing purposes, transcribed by the author, and sent back to participants for comments. The people who participated via email were sent the interview questions and responded to each question in a Word document that they then sent back to the researcher. These written responses were read and participants were sent clarification and follow-up questions within 48 h. All participants and the partners of whom they spoke were given pseudonyms to protect their confidentiality.

There were no differences in the amount and quality of information obtained in telephone and in-person interviews, as has been found in other studies (Miller, 1991). The few email interviews were substantially shorter and generally lacked the same depth of information as the telephone and in-person interviews, even with follow-up questions. These interviews were, however, useful in accessing the stories of more marginalized participants. One of these participants was from the deaf community and preferred email over my offer of paid ASL translation and another participant did sex work as a primary means of income and made the request because her schedule was not conducive to a live interview. The particular advantage of email interviews to include socially marginalized populations as well as the risks they carry in potentially producing a more "thin" interview relative to other methods (Mann & Stewart, 2000) were both true in this case. The decision to include these interviews in the sample despite their limitations reflects the author's valuing of hearing from harder-to-reach participants.

Analysis

Qualitative research is especially well-suited to new areas of study (Flick, 1998) and allows researchers to build a "complex, holistic picture…of a social or human problem" (Creswell, 1998, p. 15). Interview transcripts were analyzed using grounded theory methodology, an inductive qualitative approach to generate theory from data (Strauss & Corbin, 1998).

In the analysis, text was divided into meaning units and the units were subject to open coding. This coding was refined in the context of the constant comparative method, the core analytic strategy. This strategy requires careful and repeated comparison of text and categories across transcripts, with a focus on formulating and differentiating patterns in the data (Strauss & Corbin, 1998). This process yields an explanatory model of a phenomenon (in this case, sexual desire and practice during a partner's transition) and the identified factors that appear to account for the similarities and differences among participant experiences.

Unlike many other kinds of research, data collection and analysis occur simultaneously. When themes begin emerging, participants are chosen with an eye to generating diversity within the category, to test its inclusiveness and relevance (i.e., "theoretical sampling"). At the point at which new interviews did not add substantially to the current explanation (Strauss & Corbin, 1998), the data are said to have reached "theoretical saturation" (Glaser & Strauss, 1967). Typical saturation estimates range from 12 (Lincoln & Guba, 1985) to 20–30 interviews (Creswell, 1998). The sample was kept to 20 as no new themes of significance appeared at that point.

[3] Two of the interviewees made their primary income from sex work. Participants denoted "criminal" to draw attention to the criminalization of their labor from an institutional perspective, and to the particular stigma and risks their employment carried.

Table 1 Social demographics of participants

Pseudonym	Age	Relationship status at time of interview	Relationship duration (in years)	Stage of partner's medical transition	Sexual orientation prior to partner transition	Sexual orientation after partner transition	Education	Social class
Aileen	30	With partner	8	HRT; chest surgery booked	Dyke	Queer	University	Middle class
Aisha	33	Not with partner	2.5	Non-testosterone masculinizing agent	Queer bi dyke	Queer bi dyke	University	Middle class
Amber	29	Not with partner	3	HRT	Queer	Queer	University	Working/criminal class
Ann	26	With partner	1.5	HRT	Dyke	Queer	University	Student
Cathy	46	With partner	6	HRT; chest surgery; hysterectomy	Lesbian	Open	University	Middle class
Cher	38	Not with partner	2	HRT	Bidyke femme	Bidyke femme	University	Middle class
Colin	31	Not with partner	2	None	Queer	Queer	University	Lower class
Collette	30	Not with partner	2	HRT; chest surgery	Bi queer	Bi queer	University	Middle class
Dido	27	Not with partner	3	None	Gay	Gay	University	"Struggling"
Jamie	24	With partner	2	HRT	Gay	Gay	High school	Lower middle class
Jean	29	With partner	9	HRT; chest surgery booked	Lesbian	Queer	University	Paycheck to paycheck
Julie	37	With partner	4	HRT	Lesbian	Queer	University	Newly middle class
Lynn	33	Not with partner	5	None	Lesbian	Open	University	Lower class
Maria	29	With partner	5	HRT; chest surgery	Bisexual	Omnisexual	University	Student
Mistress	37	With partner	1	None	Lesbian	Queer lesbian	University	Middle class
Nicole	31	Not with partner	1.5	None	Dyke	Queer femme	High school	Working class
Sandi	28	With partner	6	None	Queer bisexual dyke	Queer bisexual dyke	University	Lower middle class
Sherisse	35	Not with partner	2	HRT	Femme lesbian	Queer femme	University	Working class
Serena	27	Not with partner	2.5	None	Queer	Queer	University	Working class
Tracey	29	With partner	4	HRT	Lesbian	Queer	College	Working class

Results

The majority of participants reported that their partner's transition compelled a process of renegotiating bodies and sexual connection. Participant reports on the influence of transition on the couple's sex life were mixed. A lesbian sexual orientation and a trauma history were factors that negatively affected the couple's sex life, whereas a more embodied partner or a partner with increased libido were factors that positively affected the couple's sex life. Some participants noted a bisexual or queer sexual identity and a way of relating heterosexually to their FTM partner enhanced the sexual relationship. Participants also reported more general changes to the nature of their sexual activities, including the renaming of body parts, the introduction and loss of particular activities, and the possibility of similar activities changing in meaning through the process of transition.

Factors Potentially Negatively Affecting Sexual Desire and Practice in Couples

For 5 of the 12 lesbian-identified women whose partners were actively medically transitioning to men, there was a fear that physical changes would negatively affect their sexual desire for their partner. Said Dido, "I did question whether I would be able to still be sexually attracted to her as a male." Ann also spoke to sexual preference:

> There are fears around arousal and how that's going to work being a dyke (laughs)…. I'm more attracted to female bodies, so I love his breasts, he hates them…. For lack of language, there's a whole lot of grey area for where he may end up being comfortable with transition and a certain amount of grey area that I consider with my own sexuality and sexual orientation. I just hope that wherever these things rest, they're compatible because I'm not really bi[sexual]. I can be very comfortable with the *idea* but there's a certain point where the reality of the body and what bodies tend to arouse me that could get difficult…. The relationship [hinges on] wanting to find a way where we can connect and not wanting to deny parts of *my*self.

Similarly, Mistress anticipated there would be limits to the ways in which she could relate sexually to her transitioning partner on account of her sexual orientation being fundamentally lesbian. She remembered a conversation early into discussions about transition in which she expressed disinterest in her partner obtaining phalloplasty: "Is that your goal? 'Cause really, unless it can go in a drawer, I ain't feelin' it, so I don't know, right?" Only one of these participants had a partner who had begun medical transition. Said Jamie, "His appearance [has changed]—it's hard to be attracted to him when he's looking more of a man." At the time of the interview, Jamie was evaluating whether or not she could continue the relationship. In the meantime, she and her partner had negotiated a non-monogamous relationship that would allow Jamie to continue to have women as sexual partners.

Another theme around the physicality of transition and its impact on desire was a history of sexual abuse. Four of the participants in the study disclosed sexual abuse histories, brought to the forefront in new ways because of their partners' changing bodies on hormone replacement therapy (i.e., testosterone). In this way, transition can raise fears and can "trigger" traumatic memories of being abused, affecting sexual relationships. These participants reported feeling increasingly unsafe and anxious as medical transition began, as well as experiencing visceral reactions to their partners' masculinizing bodies. Jean recalls:

> When his body started becoming more masculine—the smell of his sweat and getting body and facial hair—I started being kind of afraid of his body…. I think my history with men—I survived several rape/attempted rapes in my teenage years—made me have a visceral reaction to his changes. I think it wasn't until I separated the person I have always known from the man that he was becoming that I was okay with his transition.

Similarly, Julie said, "I guess I felt a little bit not safe at the beginning [of transition] and more vulnerable." Her "survivor status" suddenly felt omnipresent and she feared that her lover was going to physically look more like the perpetrator. Like Jean, some women had returned memories of the abuse, and were worried that particular sensory experiences would trigger flashbacks (e.g., the feeling of facial hair). Some temporarily renegotiated sexual "ground rules" and established "signals" to slow down or stop sexual play to manage triggers. In retrospect, some participants found the opportunity to work through this material a gift. On the other end of Anne's "terror", she felt "it was good" to unlearn some of the beliefs she'd carried about men's inherent dangerousness and "to realize as he's transitioning how safe I still am with him."

Not all participants with a trauma history felt threatened by their partner transitioning. Amber provided a thoughtful counternarrative of her survivor status with respect to trans partners, whom she felt often had a deeper appreciation for open communication about sex and respect for sexual boundaries than many lesbians she knew:

> When I am with someone who is trans, we have to talk about sex. A trans man might need to tell me what is or isn't okay with touch and sex. He might not want to be touched at all. Or he might want to stop or change what is happening in the middle of things. I get this. This seems right and normal to me. I too have a need to discuss and negotiate. And most importantly, it has

> never fazed a trans man when I have been triggered and needed to stop or change what we are doing. Trans people don't take sex for granted. This is paramount to me.

Factors Potentially Enhancing Sexual Desire and Practice in Couples

More often than not, partners reported greater sexual access to their partners' bodies and greater satisfaction with their sex life as transition progressed. Many trans people, particularly pre-transition, have very difficult relationships to sex and their bodies, from which they often feel alienated or dis-identified (Devor, 1997a; Rubin, 2003). Fifteen participants talked about pre-disclosure or pre-transition sex as being low in frequency and/or access to his body being limited (e.g., trans partners remaining clothed during sex or common erogenous zones being "off limits" to touch). Said Cathy, "Sex was complicated. It was almost non-existent. It was very furtive. It was very frustrating and long stretches in between with nothing…" Serena described a pattern of initiating sex and being rejected by her partner. "I think sexually, he had a lot of shame around his body, and sexuality was something that got pushed aside…[I didn't feel] desired anymore…. Even though I knew it was about him—it *still* made me feel crappy about myself." Teresa reported, "He would never take his shirt off [during sex], so there was a lot of body discomfort stuff. There was no reciprocal touching at *all* and it was a little crazy-making for me. I still wanted to touch him all the time and I was trying to find the right way to do that."

A few participants reported their partner's disclosure initially increased their own discomfort and disrupted their own sense of embodiment during sex. Dido said, "[His disclosure] changed how comfortable I was sexually. I would avoid [certain body parts], but it was more conscious…there was a lot of trepidation." Lynn remembered, "If I touched her breasts by mistake 'cause I forgot—I just always had to be really careful that I didn't remind her that she was female."

As 11 of the FTM partners underwent medical transition, 7 participants noted significant and positive changes in sex, the increased frequency of which they attributed to an increased libido on testosterone, and the increased quality of which they attributed to a more embodied partner. Since her partner began testosterone, Cher noted, "His libido has way increased…. He was not always as interested [in sex] and so that's been nice to have more sex than we've had before. I'm enjoying that." Cathy reported that after her partner had chest surgery, he was happier and more comfortable in his body, "so there's more access to his body now." Julie said sex "kind of changed when he transitioned because *he* became more confident about his body, he had more enjoyment out of his sexuality and his body." Aileen explained:

> Chris feels better about his body—he used to be really disconnected from it and so sex was always [pause] when the moment came, I had to seize it (laughs), you know? And now he's feeling better about his body, *he'll* initiate sex. Like I just never knew where he was coming from—if it was okay, or if it was not okay and how he was feeling—it was a real point of tension between us…so it became better that way.

Not all participant reports of partnered sex could easily be categorized as "satisfying" or "unsatisfying." Two women reported that there were some important aspects of their sex life about which they felt positively, and other aspects about which they felt ambivalent or dissatisfied. Cher, whose partner had begun testosterone, had previously reported an increase in the frequency of sex, which she enjoyed. She felt uneasy, however, with changes in her partner's apparent motivation for sex. She perceived his motivation to be increasingly biological, and less about increasing connection with her in particular as his partner.

> There's a part of it that feels like it's not about me…so I'm struggling with that. I'm assuming that [this will settle as his body adjusts to testosterone]…but there's a part of [the way he approaches sex] that bugs me. It's not like, "Wow, I'm hot for you. I want to have sex with you", it's like, "I have this urge. I need to take care of it", you know? If I'm not there, he's going to do something else, and if I am there, it's like, "Do you want to partake?" and it just doesn't feel quite (laughs) like the kind of way I want to engage.

Teresa, whose partner had not begun medical transition, enjoyed the sex she and her partner had, and yet felt constrained in her own sexual expression:

> My options [in bed] were few (laughs). My option was to totally enjoy being the one who was getting fucked the whole time or not. It was incredibly enjoyable [sex]…but there was a power dynamic. I wasn't allowed to initiate sex *at all*…. And it was exciting for him, but he wanted to be in control of it…and that was crazy-making because the only things I could do to initiate [sex] was to make myself seem sexy enough. I was just kind of doing it [engaging sexually this way] because that's what he wanted, you know? But the sex was *so* good!

Two participants, whose partners had not medically transitioned, relied on "good communication" and the creation of explicit and mutually fulfilling sexual roles to negotiate a satisfying sex life. One of these women, Nicole, said she and her partner created a more "embodied" sexual relationship, namely through incorporating and sexualizing devices like a chest binder during intimacy. They also used sex as a cathartic experience for the stress of transition, wherein she thought

of sex as "therapeutic" and herself as a "healer": "Sex became an important area to be able to deal with all the emotions of [social] transition." Another participant, Mistress, said that despite suddenly finding herself, a Black lesbian, in an unlikely relationship with a "straight white man", her partner helped her "come home" to herself as a femme and a sexual "top" in mutually-encouraged journeys of greater authenticity:

> It was like [being] a kid in a candy store, it truly, *truly*, truly was, and it's really kind of shifted out of this space of being bottom, bottom, bottom, bottom, bottom, bottom, to really exploring dominance, and so it's been liberating and powerful.

Five participants felt that their previous sexual and romantic experience with biological men bolstered their partner's sexual confidence and helped consolidate and/or affirm his gender identity. Reflecting on the trans men she had dated, Amber said, "They are into the idea that I sleep with biological males. I think it makes me less like a lesbian, which they don't want to feel like." Maria shared:

> I just kind of treated him like a boy and actually always felt like he was a boy. I was much more used to dating boys than girls anyways, so I knew how to be the girlfriend of a boyfriend, in ways that I didn't really know how to be the girlfriend of a girlfriend—so that really worked for him because it made him feel like a boy, which is what he needed.

Similarly, Aisha reported:

> [One of the things that] was important to him was that because I had dated more men than women, I was very heterosexual in the way that I am in a relationship and so I treated him—well, I mean at that point it wasn't clear that he was supposed to be a him, but I'm saying that now—I treated him like a boy the way I treated all my other boyfriends and so I think that the relationship made transitioning [more real for him].

It is noteworthy that at times these same men who felt bolstered by their partner's sexual histories with men also felt threatened by them. One participant described this threat expressed in jealousy of her friendships with heterosexual men. For another participant whose income came from sex work, this threat was expressed in her partner's anger that she slept with biological men who were able to engage in activities (i.e., penetrating her) that he could not.

Changes in the Nature of Sexual Activity

It was not unusual for participants to report the nature of their sexual activity changing, including the renaming of body parts, and the emphasis on particular activities shifting. Sex largely became reorganized in relation to the trans person's gender and sexual activities appeared to become increasingly gendered. There was the introduction of, or increased emphasis on, activities meant to confirm or bolster a partner's masculinity and the loss of other activities that could be seen to undermine it.

Colin had a unique story in the participant pool. Once a queer woman partner of an FTM, watching his partner begin to transition made him realize he too was a trans man, and so he offered a dual perspective in the study. He shared from his perspective as now FTM, "There's a fair bit of reclaiming that has to go along with words [during sex]. Second of all, that reclamation has to be used by the partner who's there.... I've got to feel like my identity as a guy is being respected." A number of participants described a renaming of a partner's body parts; "dick" instead of "clit", "chest" instead of "breast." Accordingly, Cher talked about changes in sexual practice to reflect this renaming. "How I then go down on him is also different, right?" Cher said oral sex shifted to best approximate "a blow job."

Said Collette:

> We reoriented sexually. We just somehow sensed and started to respond to each other a little differently. It was like a recalibration at every stage, you know? By the time we broke up, our sex was nothing like what it was when we started. It was *great*, wonderful sex and it was just new with every month, but to be honest, it only got better.

Not every participant found there was an easy synchronicity. Since her partner began testosterone, Tracey noted:

> [David's] sex drive has just increased by 300%—I have to *bat* him off me in the middle of the night (both laugh)…but at the same time…physically, things are changing so it's like, a little bit, sometimes I can just have fun with that and kind of discover new things and, other times, it's just a little bit discouraging and upsetting because things are shifting and I just—sometimes, I don't know what my role is anymore. I don't know how else to put that and I don't know the things I've always known, you know? Like that *one* thing that's always guaranteed to work sort of thing. I mean just little things like that, and his *body's* different now, it's like—it's just a whole new body to get used to and then, sometimes I can just forget all about it and it's wonderful, you know?

Numerous participants noted an increased focus on partners penetrating them and, sometimes, a loss of interest in previously enjoyed activities. Ann laughed at how much "my dildo became his cock." Lynn said sex shifted so there was "more of an emphasis on using dildos…he'd want to wear more all the time." Jamie said,

> I truly miss…the way we had sex. Sex is good just sometimes his way of fucking me is like a man and it's hard to be turned on. He no longer likes penetration and

> me touching his chest. There's a certain way to satisfy him and it's frustrating on my part because it's limited for me. I want to explore and do more, but I can't with him.

Cher's partner also began feeling ambivalent about being penetrated by her, which Cher partially attributed to myths circulating that "if you become a trans guy you shouldn't love your cunt anymore" and his concerns that particular activities undermined how his masculinity would be perceived by her. Cher said, "I would miss that, so I'm nervous about that."

It was also evident that similar sexual practices could change in meaning for either partner as transition progressed. Ann highlighted this phenomenon in her description of her partner for whom using a harness and dildo for penetration was identity-affirming at first, and at another point in time, identity-disaffirming (i.e., a reminder of the physical limitations of his body as it was, and the sense of inadequacy this brought). Similarly, Colin said that when he was first transitioning, he went through a period of not wanting penetrative sex because he felt "like that was somehow not appropriate" for his male gender identity, but as he became increasingly secure in his identity as a gay trans man, and as long as his partner was clear on the meaning of the activity as a form of anal sex, he could participate enjoyably. Sherisse added, "I've since been with trans guys where [I could penetrate them] and I've also been with trans guys where touching their breasts was fine."

Sometimes *that* sex carried the weight of a partner's gender identity issues took an emotional toll on participants. During a period of "burn out" doing sex work as her primary means of income, Amber recalled:

> I felt that in the bedroom I had to be über-sexy, über-positive, and try to be bigger than Li's gender issues. I wasn't in the right head space. I felt tired and weak. I wanted to be treated like a fragile person. I wanted acknowledgement that my sexuality was complicated too. Li and I never worked this out. He felt rejected and defensive.

Along side the changes many participants observed, some interviewees maintained their sexual life had actually changed quite little post-disclosure and during medical transition. Jean felt, "Actually, [sex] hasn't changed at all." Julie also reported, "In terms of the activities in our sex life, it was very similar." Sandi's partner was clear about "his boundaries and comfort when it came to sex" early on in their relationship, and Sandi said she felt "fine" about his preferences.

Discussion

Participant experiences with partnered sex during transition, particularly the degree of change in sexual practice and/or its flexibility/rigidity, are affected by various factors. These patterned aspects appear largely related to: a trauma history, degree of flexibility in participant sexual orientation, degree of partner body dysphoria, and stage of the partner's transition. Overall, sex seemed to be more limited in the early stages of transition, and became more varied and satisfying as transition progressed. Sex during transition appeared to be a dynamic process, evidenced in partner reports of an ongoing "reorienting" to bodies and practice, and the possibility of same practices to change in meaning.

The finding that some women with trauma histories experienced post-traumatic reactions to their partner's medical transition is, as far as I know, a novel finding. It refutes an earlier hypothesis made by Steiner and Bernstein (1981), who suggested that transsexual men may be a "safe compromise" for women with traumatic histories as "protection against further pregnancies or a defence against involvement with biological males with whom they have had unsatisfactory emotional [or traumatic] experiences in the past" (p. 181). Steiner and Bernstein's hypothesis appears to assume that women do not take their partners as fully male. Clearly, being with a trans man did not allow participants to side-step traumatic material. Indeed, the appreciation of their partners as male, and anticipating and/or the beginning of his medical transition, provoked post-traumatic responses. If sexual-minority women have partners thinking about or about to transition, and they have a trauma history, this is an area where pro-active work in anticipating traumatic resurfacing would be helpful, as a number of participants described these feelings coming as a surprise to them, and feeling unprepared in managing them. If the female partner is successfully able to manage the triggers that arise, it is likely a factor that only temporarily negatively affects the sexual relationship.

Sexual orientation, sexual desire, and physiological arousal are connected. A lesbian identification was associated with greater difficulties in arousal and doubts about whether the relationship would continue, whereas a bisexual, queer, or even lesbian identity that contained some amount of flexibility was more compatible with a transitioning partner. These findings support Cook-Daniels' (1998) report of a concern among lesbian-identified women of whether they would continue to find their transitioning partners desirable. These findings also fit Nyamora's (2004) conclusion that greater flexibility in sexual orientation was associated with positive experiences of transition. Partners may deeply wish to continue finding their partners desirable or imagine they will be able to navigate transition at its outset. It appears that the start of a partner's medical transition is a critical time and a test of the embodied reality for whether or not their wishes can be borne out in continued practice. Israel (2005) found that for partners who are set in their orientation, "often the point of the person starting hormone treatments signals the end to the relationship" (p. 62).

Stage of transition, then, is a significant factor in changes to partnered sex. Stage of transition is also related to changes

in a partner's libido, where the beginning of testosterone was associated with greater frequency in sex. This finding supports research indicating increased libido as one of the more substantiated links to androgens (Cohen-Kettenis & Gooren, 1992). Stage of transition was also related to the partner's level of body dysphoria and the degree of identity affirmation/security he had. Increased masculinization was associated with less body dysphoria and greater embodiment, which participants reported increased the quantity, and less predictably the quality, of sex. This supports Nyamora's (2004) finding that greater embodiment in a trans partner was associated with a more positive experience of transition among queer women partners.

Participant reports confirm the existing literature on changes to sexual relationships during transition from the perspective of trans men (e.g., Devor 1997a, b; Dozier 2005). For trans men early in transition, their masculinity may be more easily injured or threatened as they establish their identities. There were generally more restrictive sexual activities early in a transition, with an increased focus on stereotypical gendered practices (e.g., men penetrating their partners, a wish for female partners to be more passive during sex). A few participants reported this time as one in which they felt frustrated and inhibited by new or continued restrictions during sex. As in Nyamora's (2004) study, partners of trans men can experience grief reactions in the loss of sex as it used to be. More often than not though, sex before transition was more limited and so changes through transition were often for the better. Although Buxton (2006) suggested that the framework of mixed-orientation relationships may be reconfigured to include other sexual partners, only one relationship in this sample became non-monogamous as a relationship strategy to remain together. As the confidence of trans partners grew and the body dysphoria lessened, there was some evidence that there was increasing flexibility in sexual activities and boundaries. As transition progressed, there was a trend towards greater participant satisfaction with sex and greater access to their partner's body.

Participant reports about changes in language referencing the body to affirm and respect their partners' gender, as well as changes in relating sexually to their partner as male, reflect the importance of sex as co-constructed in its meaning, as Schleifer (2006) and Hale (1995) both argued. Participants Dido and Lynn, who continued to use female pronouns in reference to their partners, were no longer with these partners. It seems likely that partners of transitioning people must accept their partner's gender, and not simply shift their sexual behaviors, if the relationship is to survive. In this regard, some researchers have made overgeneralizations about sexual-minority women. Chivers and Bailey (2000) conclude from FTMs' higher ratings of "heterosexual" versus "lesbian" women as sexually desirable, a preference for partners "who thus regard their FTM partner as male" (p. 272). This language denies the capacity for sexual-minority women to regard their partner as male and assumes a fixed nature of women's sexual desires and trajectories that other research has brought into question (Diamond, 2008).

Schrock and Reid (2006) argued that part of the "identity work" task that trans people accomplish involves accounting for their sexual pasts and constructing a coherent narrative that supports or bolsters their gender identity. This task is made more complex for trans men who transition but stay with their female partners in what began as a "same sex" relationship—both they *and their partners* have identity work to accomplish, individually and *in relationship* with one another. This may be a helpful concept to understand the sexual experiences of queer women partners, some of whom are asked to draw on their heterosexual histories in new ways, and participate in more gendered sexual scripts. Besides being a means for trans men to affirm their gender identity and sexuality, it may also be an individual strategy for trans men to distance themselves from what is "lesbian" or "queer."

Devor (1997b) reported that while a lesbian identity may have been an initial "testing ground" for sex and gender for his FTM participants with "lesbian" pasts, it was ultimately recognizing significant *differences* in experience and feeling that helped them clarify that they were "not lesbian" but transsexual. The most striking of these differences was a dis-identification with their female bodies and a disinterest in sexual partners relating to them, or trying to pleasure them, as females. Devor argued that the identity development trajectory for these FTMs does involve a process of dis-identification from what is lesbian.

Marked changes in sexual practices may also be a non-explicit relational strategy to facilitate an ongoing partner's cognitive shift to fully appreciate her partner as male. These shifts are also influenced by larger cultural understandings of heterosexuality, and community understandings of "authentic" identities among trans men, as implied by Colin's story and Cher's reference to "myths" that circulate in peer groups. An "identity work" framework also explains why, as a male identity consolidates and strengthens for *both* partners, variation in sexual repertoire may be introduced when its shared meaning is assured.

Limitations of the Research

Sex is often considered a private matter between partners and is a sensitive research topic. All participants addressed the issue of sex and many participants were candid in their accounts of changes to their sexual relationships related to their partner's transition. When asked, two participants, Dido and Sandi, spoke vaguely and/or peripherally about sex. Conversational analysis studies have revealed that the normative English conversational rules are such that people rarely directly refuse a question or say "no" (Kitzinger & Frith, 1999,

as cited in Gavey, 2005). I thus took these minimal responses as refusals and did not push for further information. It may or may not be that these women had sexual experiences with their partners that would have changed the emerging patterns.

Another limitation of the study was that many of the participants were younger in age and perhaps as a by-product of this skew, most relationships were also of limited longevity. Interviewing partners in more long-standing relationships would have elicited greater perspective of how sex evolves "over time" in transition. The majority of participants were Caucasian and the homogeneity of the sample in this regard limits a comprehensive analysis of how race may shape the sexual experiences of partners.

Furthermore, because of a convenience sample, the results of this study may have limited generalizability to other FTMs' female partners through transition. In particular, a proportion of 50% may be an under-representation of women partners who leave these relationships and may be difficult to access or recruit. The present sample may reflect more stable relationships than are actually representative of the population. The proportion is, however, similar to Devor's (1993, 1997a) findings. There is also the possibility that sexual-minority women may have higher relationship success rates with FTMs through transition than other groups through transition. Lewins (2002) has noted that trans people (both FTM and MTF) with women partners have a greater chance of stable and lasting relationships. Among sexual-minority women in particular, Lev (2004) argued that there may be greater acceptance because a partner's gender-variance is often a visible and accepted element of the relationship prior to disclosure, in contrast to relationship configurations involving heterosexual partners where a partner often keeps their gender-variance secret prior to disclosure. The more difficult and noticeable recruitment problem in this study, however, was actually finding women who adopted a heterosexual identity after their partner transitioned and may have disappeared from identifiable "queer" and/or "trans" community.

Future Research

As cultural visibility for trans people increases, more people are presenting for transition. Quite possibly, this means more and more partners may be affected by such disclosures (Califia, 1997). Continued research on the experiences of partners may help build a literature of value to them and the clinicians with whom they may work as potential reflections of their experience or to help them anticipate the changes ahead.

As implied in the limitations of this research, one suggested area of inquiry is studying these partnerships over time. This perspective might help answer questions such as how partners respond to physical body changes throughout transition and whether a particular stage of transition is more often related to relationship endings. A related question is how duration of relationships prior to transition may affect relationship outcome. Does a longer "same-sex" relationship tend to last through transition or does the longevity of the "same-sex" identity work against the continuation of the relationship? Another area of study would be to locate women who now identify as heterosexual, and compare their experiences to a sample such as this. Continued work with non-clinical samples is encouraged on account of the forthcoming nature of such interviews and the complexity they hold.

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