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Homosexual and Bisexual Identity in Sex-Reassigned Female-To-Male Transsexuals

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Descriptions of female-to-male transsexuals who are sexually attracted to men are rare. This is a report on nine of them. Their awareness of gender dysphoria preceded their awareness of their attraction to men. Their wish to undergo sex reassignment as a means of resolving their gender dysphoria superseded any concerns about their sexual orientation or sexual adaptation after surgery. Several had had sexual relationships with men before sex reassignment which were unsatisfactory because these men viewed our subjects as women. After sex reassignment, the subjects successfully established sexual relationships with gay men; in some of them even penovaginal intercourse was part of their sexual activities. While hormonally and surgically reassigned, none of our subjects had had phalloplasty. All nine subjects were interviewed and given psychological tests measuring sexual satisfaction and psychological adjustment. Their results were compared to those of a group of self-identified gay men. No major differences in sexual satisfaction and psychological adaptation were found. The phenomenon of female-to-male transsexuals who develop a sexual orientation toward men may be more common than previously thought. Regarding female gender dysphoric individuals, our findings challenge the issue of using sexual orientation in classification systems of gender dysphoria syndromes and as a risk factor in the decision regarding sex reassignment. Further, our study invites us to rethink the genital criterion in the assessment of sexual orientation.

KEY WORDS: transsexualism; sexual orientation; sexual identity.

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INTRODUCTION

Previous reports on female-to-male transsexuals who are sexually attracted to men are rare (see Blanchard, 1989 or 1990, for a review). In a study of the sexual orientation of gender dysphoric patients, only 1 of 72 females was found to be attracted to men (Blanchard *et al.*, 1987). Blanchard, *et al.* found the condition of a gender dysphoric female sexually attracted to males so rare that they decided not to include the aforementioned case in their proposed classification of gender dysphoric individuals. However, if more cases are found, Blanchard's classification system based on the sexual orientation of gender dysphoric individuals would need to include this condition.

In England, Clare (1984, 1987; Clare and Tully, 1989) identified a number of pre- and post-sex-reassigned female-to-male transsexuals who were predominantly attracted to men. The authors were also aware of a number of similar cases in the United States and published a single case study of one of them (Coleman and Bockting, 1988). This report focuses on cases found in The Netherlands.

We describe biological females who have gender identities inconsistent with their biological sex (gender dysphorics). Their gender dysphoria was so intense that they decided to pursue hormonal and surgical sex reassignment to better align their bodies with their gender identity. Their sexual orientation was predominantly toward men. Therefore, in their view, they defined themselves as homosexual or bisexual. However, according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R; American Psychiatric Association, 1987), they would be classified as "heterosexual transsexuals." In this classification system, a transsexual's biological sex is used as a reference point for describing sexual orientation. This is in agreement with traditional definitions of homosexuality based on the premise of two persons of the same biological sex being attracted to one another. This definition of homosexuality has been criticized because of its androcentric and genital-orgasmic bias (Blumstein and Schwartz, 1990). Pauly (1974, 1990) and Coleman (1987) have argued that an individual's sexual orientation could be more precisely defined if one's gender identity/role is included. Consequently, Pauly suggested using the terms hetero- and homogenderal to refer to the perceived sexual orientation of gender dysphoric individuals and their partners.

With transsexualism, the complexities and inadequacies in defining sexual orientation on the basis of biological sex become more obvious. Is a pre-sex-reassigned female-to-male transsexual who is attracted to men heterosexual (as the DSM-III-R would classify this individual)? Does this person become (or has he/she always been) homosexual after sex reassignment

(assuming that this person's sexual orientation does not change)? The cases we describe illustrate this dilemma and suggest that extant classification systems are inadequate.

METHODS

Subjects

The Netherlands presented a unique opportunity to identify the subjects for our study because in that country most transsexuals must be medically supervised through one clinic, and the subjects were treated and examined over a number of years by one of the authors. Nine female-to-male transsexuals who fit our sample requirements of being reassigned female-to-male transsexuals with a homosexual or bisexual identity were found. The mean age was 30.33 years old (*SD* = 10.97; range = 21–43). All subjects had completed high school and some college. Three subjects were unemployed, five were employed and one was a full-time student. Eight had never married and one was divorced. Six were single and three were involved in a committed relationship with a man. Three were Protestant and six stated they had no current religious affiliation.

Fifty-nine Dutch gay men were used as a comparison sample. These men were selected through a "networking" sampling method. Their mean age was 28.44 (SD = 5.25). All except one, who was divorced, had never been married. Thirty-three were involved in a committed relationship with a man; the rest were not. Sixteen were Catholic, 10 were Protestant, and 33 had no religious affiliation. All subjects had completed high school and some had further education. Fifty-seven were Caucasian and 2 were of Asian descent.

Procedure

The authors conducted semistructured interviews on the sex-reassigned subjects. The interview contained questions about identity development, social support and sexual behavior. Each interview took $1^1/_2$ hr and was audiotaped. Following each interview, the subject was asked to complete a battery of psychological tests, including several subscales of the Klein Sexual Orientation Grid (KSOG; Klein *et al.*, 1985); several subscales of the Derogatis Sexual Functioning Inventory (Derogatis and Melisaratos, 1979); and the Dutch shortened version of the MMPI, the Nieuwe Verkorte MMPI (NVM; Luteijn and Kingma, 1979). These tests were also administered to the comparison group of self-identified gay Dutch men.

Table I. Klein Sexual Orientation Grid

	Female-to-males		Gay males	
	mean	*SD*	mean	*SD*
Self Identification				
Past	5.00	(2.00)	5.24	(1.58)
Present	5.33	(1.58)	6.59[a]	(0.87)
Ideal	5.22	(1.48)	5.74	(1.22)
Sexual Attraction				
Past	5.67	(1.66)	5.98	(1.36)
Present	5.44	(1.33)	6.68[a]	(0.60)
Ideal	5.33	(1.73)	6.17[a]	(0.95)
Sexual Behavior				
Past	5.56	(1.74)	6.09	(1.49)
Present	5.38	(2.07)	6.81[a]	(0.71)
Ideal	5.22	(1.79)	6.17[a]	(0.90)
Sexual Fantasy				
Past	5.33	(1.66)	6.20	(1.23)
Present	5.00	(1.73)	6.53[a]	(0.65)
Ideal	5.33	(1.41)	5.97[a]	(1.14)

[a] Higher scores among gay males

The results of the standardized tests were compared. The sample of the female-to-male transsexuals was too small to permit statistical analysis to test differences with the comparison group.

RESULTS

Sexual Identity Development

At the time of the interviews, five subjects defined themselves as predominantly or exclusively homosexual and four as bisexual. Table I shows the results of four of the subscales of the KSOG.

Each subscale is scored on a 7-point scale, in which 1 indicates an exclusive sexual orientation toward women and 7 an exclusive sexual orientation toward men, with combinations of both orientations in varying ratios in between. Each subscale is rated over three time periods: past, present, and idealized future. Scores of self-identification of both the female-to-male and gay male samples scored toward the homosexual end of the continuum. The score of 5.00 reflects *somewhat more homosexual,* a score of 6.00 reflects *mostly homosexual.* The female-to-male transsexuals

rated themselves more bisexual in their present identification than did the gay males (5.33 vs. 6.59). Four of the female-to-males viewed themselves as bisexual rather than homosexual. Both samples shared a somewhat more bisexual ideal self-identification. This trend was consistent across the three aspects of sexual orientation: sexual attraction, behavior, and fantasy. In each, the gay males scored a greater orientation toward men than did the female-to-males. This difference is smaller on the scores of their ideal than of their present orientation. In summary, both samples, being sexually oriented toward men, scored toward the homosexual end of the continuum.

All the female-to-male transsexuals perceived their transsexualism and homosexuality as two separate issues and aspects of their lives. They stated that their transsexualism dealt with feelings about their bodies whereas their homosexuality related to their sexual attractions to other people. One subject stated, "How can anything physical have something to do with my attractions?"

For most of the female-to-male transsexuals, their gender dysphoria began in childhood and preceded their awareness of sexual attraction to men during their adolescence. All of the subjects became aware of their sexual attraction to men prior to reassignment. One even started labeling herself a gay man prior to reassignment. It was then that our subjects began to question their desire for sex reassignment. They worried about difficulties in establishing and maintaining sexual relationships with men after reassignment. They were concerned whether other gay men would be attracted to them. They also realized they would be considered homosexual and would have to deal with that societal stigma as well as that associated with their sex reassignment. None had any expectations that their sexual attractions would change after hormonal or surgical reassignment. In spite of these difficulties, their wish to undergo surgical sex reassignment as a means of resolving their gender dysphoria superseded any concerns about their sexual orientation or sexual adaptation after surgery.

Their identity development after reassignment resembled the developmental process of coming out that many gay men in Western culture experience (Coleman, 1981/1982). The first years after reassignment were a period of sexual exploration resembling an adolescent developmental phase of psychosexual development. It was a time of experimenting with and consolidating their gay or bisexual identity as a man. One of them stated, "I had the opportunity to relive my youth. I discovered myself feeling like a little boy—very naughty. I ate eleven slices of bread a day! The first time I fell in love with a boy after sex reassignment felt very pubertal."

Case-Illustration of Identity Development

B. recalled feelings of wanting to be a boy since the age of 10. Before reassignment, B. remembered feeling attracted to feminine males and boyish females. At age 16, and still referred to as she, B. became involved in a relationship with a male. The sexual relationship was problematic because B. was considered a woman by his partner. Vaginal intercourse did not appeal to her. She felt it unnatural and humiliating. This led to increased confusion and sexual dissatisfaction. "At a certain time, I couldn't go to bed with him anymore. I couldn't have intercourse with a man anymore. I started to think I was a lesbian so I wanted a relationship with a woman. However, I discovered that I couldn't identify as a lesbian — with other lesbians."

Prior to sex reassignment surgery, B. had several relationships with lesbian and bisexual women, all of whom were described as rather masculine. She felt less frustrated with the sex she had with these women than with sex with men. However, during a second relationship with a lesbian woman, she became increasingly aware of her gender dysphoria and decided to pursue sex reassignment. She could no longer tolerate this relationship because the woman partner could not accept her as a man. After the start of hormone therapy, and living in the role of a man, B. developed his first relationship with a gay man whom he described as masculine. This relationship was more satisfactory for him than the previous ones, and lasted 2 years.

Not having a male body continued to be an intense source of frustration for B. He then completed the process of sex reassignment through surgery, by undergoing mastectomy and hysterectomy. However, without a penis, he felt insecure about having sex with other gay men. B. fantasized about himself as a man being sexual with other men. Most of his fantasies involved having anal sex with him being the inserter. He described having these fantasies also when having sex with a woman. Since he was still having sex with women though fantasizing sex with a man, B. self-identified as bisexual. His plans at the time of the interview included pursuing surgery for a phalloplasty so he could fulfill his lifetime fantasies to be seen as a gay man and have anal intercourse with other men — as an inserter.

Exploration of a Lesbian Identity

Four of the nine subjects went through a period of identifying themselves as lesbian prior to sex reassignment. One subject had entered the gay community as a lesbian. She had had a relationship with a lesbian

woman, quickly finding that this was not satisfying. When she discovered herself unable to relate to lesbian women, she started socializing with gay men. "I found myself always in conflict with lesbians, like the gay men were. I discovered I'm not a lesbian; however, I feel comfortable in the gay male community. I was only thinking 'I'm a lesbian,' had a very short affair with a lesbian, and I found out that this was not for me!" This subject felt that she could identify more with gay men than with lesbian women, since her gender identity was that of a man. Further, because her sexual attraction was to other men, this identification was increased. She also noted that she shared the conflicts other gay men felt with lesbian women.

Another subject, confused by the similarities in stereotyped social sex-role characteristics, had tried to self-identify as lesbian. She felt she fit in with the stereotype of lesbian women being tomboyish. Seemingly for this same reason, the family of another subject wondered whether she was lesbian. "My mother suggested I was lesbian. I reacted very upset. There isn't anything more female than that!" Another subject, who self-identified as lesbian for a period prior to sex reassignment, started exploring relationships with women, having been dissatisfied with vaginal intercourse in her sexual relationships with heterosexual men. However, as with heterosexual men, in relationships with lesbian women she was perceived and treated as a woman. This was intolerable due to her gender dysphoria. Another subject described a pattern of having engaged in several sexual relationships prior to reassignment, with women for whom she was the first (biologically) female sexual partner.

One subject described these episodes of lesbian identification as attempts to accommodate her gender dysphoria in the most socially appropriate manner. However, soon each felt out of place with lesbian women. One stated, "I tried to behave like a girl, but everyone said, 'You are playing a gay man.'"

Social Support

The parents of each subject were aware of their children's sex reassignment. Family members had gone through a process of coming to terms with it. One told us that his father said, "Why can't you be a human being in the first place?" The subject responded, "You do not understand. I need to know I am a boy to feel human. Before this I was nobody."

Many parents and siblings had difficulty dealing with our subjects' sex reassignment as men in combination with their sexual attraction to men, in which the latter (their homosexuality) seemed the most difficult to accept. One subject described his brother's reaction as: "That is

impossible — being transsexual and homosexual at the same time." It was a double adjustment for families. For most of our subjects, however, their families were accepting of their sex reassignment and their sexual attraction to men more and more over time. Social acceptance by friends and acquaintances was challenging as well. Again, the combination of their transsexualism and their bisexuality or homosexuality made acceptance more difficult. Gay male friends of one of our subjects responded to his disclosure of having been reassigned as a man and attracted to men with the question, "Why have you changed your body then?" These friends found it hard to understand why he had gone through sex reassignment when he was already able to attract and form relationships with men before surgery.

Subjects reported that they felt at ease in the gay community as long as people did not know about their sex reassignment. When their reassignment became known, they told us that some gay men found it hard to accept them as "gay men." Lesbian women often took this as a political betrayal. As a consequence, many did not tell new acquaintances about their reassignment. In this way, they found it much easier to find acceptance in the gay community. One of our subjects described himself as a respected, active participator in the local gay movement.

Among other female-to-male transsexuals, our subjects encountered similar difficulties. First of all, the topic of homosexuality seemed to be taboo. There was a general lack of acceptance by other female-to-male transsexuals, most of whom were strongly conforming to the traditional masculine, heterosexual role. Our subjects received the greatest amount of acceptance and understanding from professionals at the Dutch Gender Foundation, which does not use sexual orientation as a diagnostic or prognostic indicator of success of sex reassignment treatment. These professionals understood and assumed that a number of their patients would assume a homosexual identity following reassignment surgery. If this was the case, they simply assisted them in adjusting to this identity. One subject did postpone his sex reassignment because a professional induced fear by stating, "You will enter a gay life then." This subject had a difficult time finding a professional who understood his gender dysphoria and did not reject his concern on the basis of his sexual orientation toward men.

Sexual Behavior

Before sex reassignment, a number of our subjects had engaged in role playing while having sex as a man with a male or female partner. One of them stated, "Having sex with a straight man was often a disaster

because he saw me as a woman. Only when I could keep the initiative, it was all right. Later on I had a long-standing relationship with a man, and I experienced this relationship as a gay one. He allowed me to 'penetrate' him. He did not touch my so-called female parts." About relationships with women, the same subject stated, "I could not treat them as women. They told me, 'You treat me as a man in bed.' I did not appreciate their female attraction, their breasts, their genitals. I suggested, 'Let's behave as two men!' I liked their backs better than their fronts." Lying on the back of a man was this subject's favorite sexual position. A friend once told him, "You make a homosexual or a woman out of every man you make love to."

Because techniques to provide a phalloplasty were still in a developmental stage, all subjects except one had decided not to pursue it. Two subjects stated they would be more interested in a phalloplasty when the techniques would be more refined. The absence of male genitalia made the majority of the subjects feel insecure in establishing contact with other men. The only one who was pursuing phalloplasty at the time of interview (and had already undergone the formation of a scrotum) self-identified as bisexual. He described difficulty in expressing sexual intimacy because he felt ashamed of his body. For him this was more of an issue in sexual encounters with men than with the bisexual women with whom he was sexual. He stated he would like to have had anal intercourse with a man as an inserter.

For the rest of our subjects, the desire for genital surgery following sex reassignment, especially phalloplasty, seemed to decline with time. One subject stated, "I don't like to give up something of myself and get something artificial in return." Three of our subjects gained confidence from positive experiences in relating to other gay men. They discovered there were other gay men who knew they were transsexual but viewed and treated them as men despite the lack of a penis.

Three subjects were involved in a committed relationship with a gay male. One subject's partner was interviewed. He had not been aware of our subject's sex reassignment when they had met. The subject's partner self-identified as gay and never had had sex with a female. In their sexual relationship he discovered that "being a man has nothing to do with having a penis." Despite his partner's lack of a penis, he perceived his sex-reassigned lover as a man. He also revealed he would like to have vaginal intercourse with him — something he would never think of doing with a woman. He felt, however, that his sex-reassigned lover would resist that idea. Another subject, however, did engage in vaginal intercourse as a gay man with a gay male partner and enjoyed it.

Table II. Derogatis Sexual Functioning Inventory

	Female-to-males		Gay males	
	mean	*SD*	mean	*SD*
Sex role	56.59	(10.62)	44.00[a]	(13.23)
Sex satisfaction	46.22	(10.63)	48.97	(08.08)
GSSI	47.56	(17.07)	45.43	(15.20)

[a] Higher scores for female-to-male transsexuals.

Sexual arousal and ability to reach orgasm in all subjects increased with hormone therapy and leveled off with time. They also retained their ability to experience multiple orgasms. Overall, our subjects reported generally satisfying sexual relationships within normative values as measured by the Derogatis Sexual Functioning Inventory (see Table II). On the Sex Role Scale, the female-to-male transsexuals scored as more androgynous, whereas the gay males identified with a more rigid masculine sex-role stereotype. The female-to-male transsexuals presented a slightly less satisfactory level of functioning than did the gay males. Both scores were well within normative values. While sexual satisfaction was rated as slightly less by the female-to-male transsexuals, their scores were slightly higher with respect to general satisfaction with sexual relationships (GSSI) than those of the gay males. Again, both scores were well within normative limits.

Case-Illustration of Sexual Behavior

During the first years after sex reassignment, T. abstained from sexual encounters. His sexual fantasies were of himself as a man having sex with other men. At age 30, he engaged in a relationship with a bisexual man for a few months. He also had sexual experiences with lesbian women who occasionally had sex with men. These women viewed and treated T. as a man. For 8 months prior to the interview, T. had been involved in a relationship with a man who identified as gay and who had never had sexual experiences with females. T. described his partner as being more committed to the relationship than he was. Unlike his partner, T. was not monogamous.

In sexual encounters with other men, T. was amazed by their responses to his lack of a penis. Partners reacted with both curiosity and acceptance.

T. and his boyfriend were sexual together on a daily basis, engaging in oral sex both ways, anal intercourse with T. being the insertee, and, most

often, vaginal intercourse. T. emphasized how much his partner enjoyed vaginal intercourse with him. He reported that his partner stated, "Please don't pursue a phalloplasty (which would imply loss of the vagina); I enjoy it too much the way it is!" T. enjoyed having vaginal intercourse in this relationship much more than he had prior to sex reassignment.

The sensitivity of his nipples, which he had lost following mastectomy, returned. For the first time in his life, stimulation of his nipples became a pleasurable experience. He reported that his sexual drive had increased — as an effect of the prescribed hormones and as a result of increased comfort with his body. He masturbated about twice a week, manually — being orgasmic always.

Psychological Adjustment

Psychological adjustment was measured by the Dutch shortened version of the Minnesota Multiphasic Personality Inventory, the NVM. Results indicated that our subjects were generally well-adjusted, with all their scores falling within normal limits. This was true as well for the Dutch gay male sample. Although within normal limits, the scores of the gay males were slightly higher on the scales that measured psychotism and extroversion than those of the female-to-male transsexuals.

DISCUSSION

Nine cases of female-to-male transsexuals who were attracted to men prior to and after sex-reassignment were found in The Netherlands, interviewed, and administered a battery of psychological tests.

The comparison with a sample of self-identified gay men showed no major differences in homosexual orientation, sexual satisfaction, and psychological adjustment. None of the subjects expressed any regret in having undergone sex reassignment. Although not having a penis resulted in feelings of insecurity in establishing sexual contacts, subjects managed to establish fulfilling sexual relationships with gay male partners. Rather than pursuing a phalloplasty, some subjects utilized their still intact vagina in their sexual relationships. This did not cause confusion as to their homosexual or bisexual orientation, nor did this present a problem for some of their gay male partners. Generally, the subjects felt accepted by their families and friends, although the adjustment process had been difficult. The majority expressed optimism regarding the future.

Our observations are not consistent with the clinical findings of Blanchard *et al.* (1987; Blanchard, 1989). Our study suggests that a sexual orientation toward men in female-to-male transsexuals may not be as rare

as these authors have suggested. The exact incidence of female-to-male transsexuals predominantly attracted to men is not clear. A more systematic study of a consecutive series of gender dysphoric individuals presenting to a clinic may give an indication of the relative incidence of this phenomenon. Further, our data do not support Blanchard's notion that fetishism (Blanchard, 1989, p. 328) is the "major precursor or component of nonhomosexual gender dysphoria." Only one of our subjects confided any sort of fetishism in his history of cross-dressing; the remainder had no such history. The phenomenon of female-to-male transsexuals who are predominantly attracted to men and who do not report a history of fetishistic transvestism confirms Blanchard's opinion that the classification of homosexual and heterosexual, transvestic, and nonhomosexual gender dysphoria does not apply to female gender-dysphoric individuals. Therefore, for female-to-male transsexuals, classification based on sexual orientation does not seem relevant in clinical-decision making as to sex reassignment.

This study also causes us to rethink some of the basic assumptions of sexual orientation. Historically, biological sex has understandably been used as a reference point in assessing one's sexual orientation, as seen in the Kinsey Scale (Kinsey *et al.*, 1948). And, for instance, Money (1988) defined homosexuality as "being erotosexually attracted to and aroused by, and also falling in love with, only a person with the same sexual body morphology and external sexual anatomy as one's own" (p. 105). Money (1988) continues that the genitalia cannot be ignored in understanding sexual orientation and that one cannot rob "gender identity of its sexuoerotic foundation" (p. 104). However, our observation that reassigned female-to-male transsexuals (without a phalloplasty) fall in love and do succeed in establishing sexual relationships with men (with penises) who view themselves as gay and sometimes engage in penovaginal intercourse with our subjects invites us to introduce a nuance in this definition. The genital morphology was apparently not crucial in the cases of this study to be able to establish sexual contacts with gay men. At least for some gay men, the perception of these female-to-male transsexuals as men (and not as women) was more pertinent than the criterion of actual genital morphology.

It is intriguing to ask why the gay men found sexual pleasure in having, for instance, penovaginal contact with reassigned female-to-male transsexuals, but did not see any attraction in having this sexual activity with females. The same kind of question may be asked about the female partners of reassigned female-to-male transsexuals without phalloplasties, who generally view themselves as heterosexual; they also deal with a man without a penis. Homosexuality and heterosexuality both might be better

defined if one would not limit the definition to the genital criterion but also would include the element of perceiving a partner as belonging to one gender and not to the other. This study further lets us ask if it is correct to label the transsexuals we interviewed as heterosexual transsexuals as the DSM-III-R specifies.

An important conclusion of our study is that a sexual orientation toward men does not constitute a risk factor in the outcome of their sex reassignment. At the time of our interviews, all nine subjects were functioning well psychologically; their scores on measures of psychological adjustment were not very different from those of a nonclinical sample of self-identified gay men. On the basis of these findings, one may question why sexual orientation should be weighed in the decision regarding sex reassignment in cases of female gender dysphoric individuals.

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