

Sexual Orientation Identities, Attractions, and Practices of Female-to-Male Transsexuals

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Some processes used by female-to-male transsexuals in the formation of their sexual orientation identities were investigated under the assumption that for female-to-male transsexuals it is not possible simply to use their own sex or gender, or the sexual orientation identities of their partners, as bases for their own sexual orientation identities. Forty-six North American and one New Zealand female-to-male transsexuals from diverse backgrounds and at different stages of transition were interviewed in depth about their sexual attractions, sexual practices, and sexual orientation identities as part of a larger sociological field study. For analytic purposes, hormone therapy was assumed to initiate sufficient changes in secondary sex characteristics to ensure that female-to-male transsexuals could function socially as men. Hormone therapy status was thus used to classify participants into pre- and post-transition groups. Prior to transition, female-to-male transsexuals tended to base their sexual orientation identities more on their gender identities and affectional preferences than on their sex identities, physical preferences, or sexual practices. After transition, female-to-male transsexuals who were sexually active were additionally able to make use of the sick role to base their sexual orientation identities on their sex identities. Forty percent of participants who were 10 or more years post-transition reported having been sexually attracted to gay men. This may have been a reflection of their curiosity about the sexuality of men. I concluded with a theoretical model of the bases of sexual orientation identity which might be applied more broadly to other members of society.

The ways in which female-to-male transsexual persons (FTM TSs) form their sexual orientation identities (SOIDs) remains unclear. An improved understanding of the processes they employ might also further illuminate those used by other, more conventional members of society. I investigated some sexual attractions, practices, and SOIDs of 45 self-identified FTM TSs. The data presented in this article are based on interviews conducted outside any clinical context. Interviewees ranged from those who had not yet initiated their transitions into men to those who were 18 years beyond that point.

I focused first on the patterns of sexual attractions, sexual practices, and sexual orientation identities which the participants reported having experienced before they began to live fully as men. I then compared that information with what they reported about their patterns of sexual attractions, sexual practices, and sexual orientation identities after their transitions into men.

Definitions

A number of terms I use have been variously defined by other authors. To avoid confusion, I have provided my definitions.

When I use the word *sex*, I refer only to the physiological status of persons as either *female* or *male*. There have been many criteria used to define biological sex status. In this discussion, I use genetic sex and morphological sex as determining factors while recognizing that, in cases of some cross-gendered persons, morphological sex may vary in multiple ways from that which might usually be expected for a person of a particular genetic sex.

When I use the word *gender*, I refer only to the social status of persons as *women (girls)* or *men (boys)*. This distinction is especially important in cases of cross-gendered individuals whose social persona (or body morphology) may be entirely different from that which their genetic sex would typically suggest.

When I use the term *gender role relational style*, I refer roughly to what others call *femininity* and

masculinity. I use this term to emphasize that gender props are not the most important aspect of communicating gender to others; rather, styles of relating to others are among the strongest markers of gender (Devor, in press b).

When I use the words *sexuality* or *sexual orientation*, I refer to the patterns of sexual attractions, fantasies, desires, and/or practices of persons. I recognize that fantasies with no desires for actual sexual

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For reprints or a complete copy of the interview schedule used in this research, contact Holly Devor, Ph.D., Sociology Dept., University of Victoria, Box 3050, Victoria BC, Canada V8W 3P5.

practice, desires for actual practice, and actual sexual practices often are not congruent or consistent either across a person's lifetime of experience or within particular temporal periods of individuals' lives.

I use the term *sexual attraction* to refer to people's visions of the person(s) and activities which they find sexually stimulating. Such attractions might include both fantasies and desires concerning anything from romance to genital contact. I use the term *sexual fantasies* to refer to those images (generated from whatever source) which persons find sexually stimulating but in which they have no desire actually to engage personally. I use the term *sexual desires* to refer to those activities that and persons who one actually desires to experience sexually at some time in the future. *Sexual practice* refers to the sexual activities in which persons actually engage as differentiated from those which might be fantasized or desired but not realized.

The term *identity* refers to a person's acceptance of a sex, gender, or sexual orientation categorization as descriptive of himself or herself (Devor, in press b). In this research I have proceeded on the assumptions that (a) genetic sex may, or may not, form the basis of persons' sex identities (e.g., "I may have been born female but I am male now"); (b) sex identity and gender identity may, or may not, match in a normative way (e.g., "I may have a female body, but I am a man"); (c) SOID may be based on any, or all, of the following: the genetic sex, morphological sex, sex identity, gender identity, gender role relational style, sexual fantasies, sexual desires, and sexual practices of oneself or one's partner(s) and/or the SOID of one's partner(s); (d) that any of these identities may change over the course of a lifetime; and that therefore (e) FTM TS-identified persons may, at various periods of their lives, identify as straight,

gay, lesbian, men, or women. These have not always been the assumptions of previous investigators.

I also have made a distinction between sex and gender when I have made sexual orientation attributions. To do so I have used a classificatory schema based on the concepts of *gendered sexuality* (Devor, in press b). In that system, male, female, *heterosexual*, and *homosexual* are terms which are used to refer to people in relationships (actual, desired, fantasized) according to their genetic sexes. *Straight* woman and man, *lesbian* woman, and *gay* man are terms used to refer to the genders of people in relationships. Terms such as *transsexual* or *crossdresser* are used to clarify situations in which sex and gender combinations might initially seem erroneous. All these are combined to produce attributions of gendered sexuality, or sexual orientation, which have two components, one which refers to genetic and morphological sex (e.g., female-to-male transsexual) and the other which refers to gender (e.g., gay man). The *gender community* loosely includes transsexuals, crossdressers, transgenderists, and their partners; some gay men and lesbian women or sadomasochists also include themselves under its umbrella.

Theories of Sexual Orientation Identity

The problem of defining the sexuality of members of society has been vexing students of human behaviour since sexuality began to be used as a basis for identity in the 19th century (Weeks, 1989). In recent years, the question of the relationship between biological sex and social gender has become a contentious issue in this discourse. This has been especially highlighted by research about the sexuality of transsexuals and other transgendered people.

Modern systems of classification of sexual orientation are largely built on the original Kinsey model

(Kinsey, Pomeroy, & Martin, 1948). More recent authors have questioned the utility of a single continuum and introduced distinctions between physical preference and affectional preference (Shively & De Cecco, 1977), among sexual behaviours, sexual fantasies, and sexual desires (Klein, Sepekoff, & Wolf, 1985), and between sexual orientation as determined on the basis of one's own identity versus what others might think (Cass, 1984; Devor, in press b).

The idea that sexual orientation might be based more on social statuses, such as gender, rather than on biological characteristics is central to an understanding of the SOIDs of transsexual persons. A shift to more broadly defined questions of the social meanings and political, economic, and social contexts within which relationships take place allows for a more sociologically and historically sensitive rendering of this complex phenomenon (De Cecco & Shively, 1984). Clearly, for many members of society, sexual desires, even sexual practices, do not solely determine persons' SOIDs (Lever, Kankouse, Rogers, Carson, & Hertz, 1992).

An historical and a contextual reading of the literature on sexual orientation leads readily to the possibility of the instability, across time and circumstance, of persons' SOIDs or their comfort with those identities (Coleman, 1987). This point is especially important to take into account with persons who may change both their morphological sex and social gender statuses during their lifetimes. Logically, it would follow that transsexual or transgendered persons might also have changing SOIDs, over a course of time, which might be based more heavily on either gender or sex, depending on their particular circumstances.

A number of authors have attempted to incorporate some of these variations on sex and gender as lived by members of the gender

community. Pauly (1974) argued that transsexual people should be termed homo- or heterogenderal rather than homo- or heterosexual because gender is what is most salient for them. Grimm (1987) proposed a rather complex scheme for classifying gendered human relationships, both erotic and non-erotic, which resulted in 45 different possible combinations of two individuals in relationship to one another.

Pillard and Weinrich (1987) and Weinrich (1988), building on the work of Money (1988), developed a sociobiological model of "gender transpositions" to explain some of the variety in human sexual orientation. In their "periodic table model" they proposed that genetically, hormonally, and environmentally induced variations in degrees of defeminization and masculinization of human brains result in the variety seen in sex, gender, and sexuality. Weinrich (1988) further argued that their model explained differences in women's and men's patterns of sexual attractions. He claimed that women are more likely to fall in love with people initially on the basis of their personalities and later to eroticize their physical characteristics, whereas men are more likely to desire sexual relations with people initially on the basis of their physical characteristics.

Several authors have turned their attention specifically to the question of the classification of the sexual orientations of gender dysphoric people. The main concern has been whether classifications should be on the basis of sex, usually defined in term of genetic sex regardless of surgical status, or on the basis of gender identity or presentation. Blanchard (1989) argued in favour of a system based on genetic sex. According to such a system, gender dysphoric persons would be classified as homosexual when attracted to persons of the same genetic sex as themselves. Non-homosexual persons would be

subdivided into heterosexual, bisexual, and analloerotic (defined as "unattracted to male or female partners, but not necessarily devoid of sexual drives or activities") (p. 315). The DSM III-R uses a similar system, classifying TSs as heterosexual, homosexual, asexual, and unspecified (American Psychiatric Association, 1987).

Present classificatory systems are unable to capture adequately the subjective experience of post-transition transsexuals who identify and live as gay men or lesbian women. The existence of such people calls into question the utility of systems which classify sexuality on the basis of either genetics or genitalia (Coleman, Bockting, & Gooren, 1993).

The DSM-IV Subcommittee on Gender Dysphorias (Bradley et al., 1991) has suggested a five-category system which would be more sensitive to the diverse realities of gender dysphoric persons. Their system would involve five subtypes which specify only the sex of the persons to whom one is attracted, i.e., attracted to females, to males, to both, to neither, and unspecified. The proposed system would add a much needed mechanism for the recognition of the existence of bisexuality among gender dysphoric people (Paul, 1983).

But their schema left unaddressed the central issues of social group membership, either by identity or by attribution. The opportunity to be part of established and recognized groups in society is an important element in the maintenance of both social order and self-esteem. The ability to claim membership in particular, socially recognized sex, gender, and sexual orientation groups is especially important in the lives of transsexual persons. It seems essential, therefore, that socially meaningful, and clinically useful, ways of understanding SOID be available to transsexual persons and to the clinicians who deal with them.

Empirical Research about the Sexuality of FTM TSs

Almost all published information about the sexuality of FTM TSs has either been from (auto)biographical or clinical sources. The bulk of it has been about FTM TSs' lives prior to their transitions with a number of follow-up studies providing some information about their lives thereafter. Generally, these reports have either been based on small numbers of FTM TSs who have been seen in therapy by the author(s) of the reports, or they were based on larger clinical samples who have responded to questionnaires. Data from these sources may have been limited by the fact that transsexual persons may present modified or fictional biographies to clinicians if they believe that it will enhance the likelihood of their procuring desired professional services (Bolin, 1988).

Early published reports by Stoller (1972) and Pauly (1974) were significant in establishing the long standing profile of FTM TSs as exclusively homosexual and heterogenderal people who see themselves as straight men. In Pauly's view, heterosexual involvements with men were seen as a diversionary tactic, "a flight into heterosexuality as a means of denying homosexuality" (1974, p. 502), despite his data that approximately 50% of the 80 FTM TSs covered in the report had dated or had sexual intercourse with men and that 19% had married men.

Several authors during the 1980s continued to assert that FTM TSs were generally attracted to women, but some also began to note that some FTM TSs have had relationships with women which they acknowledged as lesbian rather than as straight. Toward the end of the decade, a few authors began to acknowledge that the occasional FTM TS might have a significant history of attraction to men and that some might view themselves as gay men.

For example, McCauley and Ehrhardt (1980) reported on a survey of 15 FTM TSs who had requested sex reassignment surgery (SRS) at a U.S. gender clinic. The FTM TSs in their sample were uniformly attracted to women, but only two thirds of them saw themselves as straight men in relation to their female partners, four had had sexual intercourse with one or more males, and one person had married in a heterosexual relationship.

Lothstein's (1983) report on 53 U.S. FTM TSs focused on debunking some "myths" about FTM TSs, including the idea that all FTM TSs are actually "stigmatized homosexuals" (p. 10). He reported that only half of the 53 FTM TSs in the study saw themselves as straight men in their relations with women. He also noted that half had had some heterosexual experience, nine of whom had been married to men. Similarly, Stuart (1991) reported that 70% of the 20 U.S. FTM TSs contacted in her field study said that they had identified as lesbian women and 50% had married men while living as women.

Dixen, Maddever, Van Maasdam, and Edwards (1984) reported the results from a 100-item questionnaire administered to 285 applicants for SRS in the 13-year history of another U.S. gender clinic. Their results were similar to those found by other researchers. They reported that although 87% of the respondents had had homosexual sexual experience, approximately 50% of the FTM TSs they had seen at their clinic had also had heterosexual sexual experience and 11% had married men.

Initial reports from researchers at a Canadian gender clinic reiterated the refrain that FTM TSs sexually desire female partners and see themselves as straight. This was reported despite the fact that more than 25% had been sexually involved with straight men (Steiner & Bernstein, 1981).

The first published reports of FTM TS gay men started to appear in the late 1980s. Coleman and Bockting (1988) first presented a single case study in which they noted that such FTM TSs found that their transsexualism was disbelieved at U.S. gender clinics if they were honest about their sexual orientation, although European clinics were more flexible in this regard. Clare and Tully (1989) have also discussed FTM TS gay men and suggested the term *transhomosexuality* to describe the phenomenon. Stuart (1991) reported that 10%-17% of her sample identified as gay men.

Even though reports of only a handful of FTM TS gay men have appeared in the professional literature, this small number has been sufficient to undermine the previous assumption that FTM TSs are uniformly or exclusively heterogenderally oriented. Clearly, many FTM TSs have had heterosexual experience in their pasts, but the accepted professional opinion, until recently, has been that such activity was compensatory rather than a reflection of a preferred sexual orientation. The recognition that some pre-transition FTM TSs identify as straight or lesbian women and that some post-transition FTM TSs identify as gay men forces open the question of whether SOID *must* be linked to either genetic or morphological sex.

It is important to remember that, for many people, SOID is not stable. SOIDs are, in part, built on a foundation of sex and gender identities. These are not static for most transsexual persons. A more complete understanding of female-to-male transsexualism demands more thorough, and non-clinical, investigations of the lives of FTM TSs both before and after their transitions.

Much previously published work on FTM TSs has taken a different approach to the question of sexual orientation than I have done in this report. I have not attempted to

establish a single, dominant pattern of sexual or romantic attractions by discounting some, and not other, attractions and practices as irrelevant to persons' SOIDs. Instead, I have taken the view that people enter into relationships with others for a wide variety of reasons which, although they may not reflect their most deeply felt desires, nonetheless constitute valid and valuable reasons for having relations with others. As a result, I have not dismissed relationships with men as peripheral to the SOIDs of the participants in this research.

The data presented in this article were gained through in-depth interviews and observation. The interview data were gathered between September 1988 and September 1992 as part of the research for a monograph on FTM TSs.

Method

Subjects

A total of 46 self-defined FTM TSs were interviewed. They ranged from people who had, at the time of first contact, taken no concrete steps toward becoming men to those who had completed their transition 18 years before their participation in this research. All participants in this study volunteered their time as a result of hearing about this project through public advertisements or networks within the transsexual community. The sample was therefore probably biased toward those people who were less private about their transsexual status, more socially connected to other transsexuals, and more inclined to educate nontranssexual people about FTM TSs. One person declined to be included in the data set after completing one interview. He was unwilling to contribute to research conducted from an explicitly feminist perspective.

Although the participants in this study did not constitute a random sample of all FTMs, they did represent a relatively large and

diverse group. They were probably more forthcoming than many FTMs, and the sample surely included a disproportionate number of individuals who had been active as FTM advocates. Some participants had had little or no contact with the therapeutic community in regard to their gender issues. Others had sampled all that gender clinics had to offer and were many years into their new lives.

This study was unusual in that it was conducted under nonclinical social relations by a sociologist who had no gatekeeping powers in the lives of any individuals who participated. As such, it seems reasonable to believe that participants' responses were less tainted by goal-oriented distortions than is usually found in clinically based research. Nonetheless, these data are subject to the usual distortions from which any retrospective account might suffer. The data presented here must be taken with some caution but might also be viewed as providing insights into the lives of FTM TSs from a different perspective than that of previous researchers.

Measures

Data were obtained from responses to a detailed interview schedule which I created specifically for a research project leading to a monograph on FTM TSs. General areas of questioning included (a) demographics; (b) gender issues with family members; peers, in schools and at work; (c) child abuse; (d) sex and romance; (e) physical health and body image; (f) development of gender and transsexual identities; (g) transition experiences; and (h) philosophical questions about sex, gender, and sexuality. In-person interviews were loosely structured to allow participants more freedom to follow their own thoughts to their own conclusions. As a result, in those interviews, topics were not always covered in exactly the same way, and unique information some-

times was recorded. This report pertains primarily to question group (d), although relevant information may have appeared in a variety of places throughout an interview.

I operationalized the beginning of hormone therapy as the point where FTM TSs start their permanent transitions into living as men. I used this marker because (a) I believe that the changes to secondary sex characteristics brought about by testosterone are highly significant in the attribution of gender and sexuality, (b) many FTM TSs begin cross-living with the aid of hormone therapy but before undertaking any surgeries, and (c) many FTM TSs do not complete more extensive surgical sex change procedures.

Procedure

Announcements describing the project goals and my background were posted in places where transsexuals might congregate, distributed at transsexual support group meetings, distributed by prominent members of the gender community, and printed in publications which might be read by FTM TSs. Potential participants were asked to contact me directly.

When potential participants made contact, I once again explained the project to them and answered any questions. If potential participants expressed interest in participation, I obtained written consent. Some persons were initially asked to complete two paper/pencil tests, the results of which were used for my doctoral thesis (Devor, 1990).

I interviewed 27 individuals face to face and in depth. In four cases, part of the interview was conducted face to face and part was self-administered. Another 18 people were mailed copies of the interview questions and either answered the questions in writing or by speaking into a tape recorder. Face-to-face interviews were audio taped. Eight of the self-administered interviews

were quite brief in comparison to the interviews which were conducted in person. All participants completed at least Part I of the interview process; 31 persons also completed Part II. Each part of the interview process, when conducted in person, usually lasted between two and three hours.

I conducted all face-to-face interviews at a place chosen by each participant. One FTM TS chose to have a male-to-female transsexual friend ask the questions I provided. I am unaware of the conditions under which the other self-interviews were conducted.

Correspondence, face-to-face, and/or telephone contact was maintained with all participants throughout the period of time required to complete the interviews. All names, and any other identifying information, are kept in a locked cabinet, to which I have sole access. I also attended a number of formal and informal gatherings of FTM TSs during the research period. Field notes were taken when I was in attendance in an official capacity as a researcher. Transcribed interview materials and field notes were coded and collated for information about childhood, teen and adult sexual attractions, sexual practices, and sexual orientation identities.

Results and Discussion

Both qualitative and quantitative descriptive data obtained through field research methods are presented in this section. The nature of the data is such that it is more efficient and informative to discuss the results as they are presented.

I begin by describing the demographic profile of the sample. I then report and discuss participants' answers to questions about their (a) sexual attractions and practices before and after transition and (b) sexual orientation identities before and after transition. I conclude by suggesting a theoretical model of SOID formation.

Demographics

Thirty-eight participants lived in the United States, seven lived in Canada, and one person resided in New Zealand at the time of contact. They ranged in age from 22 to 53 years, with a mean age of 37 years at the time of first contact. All participants had a minimum of a high school education, with the average being four years of post-secondary education. Participants' incomes ranged from a low of welfare support to a high of U.S. \$75,000/year. Average income was approximately U.S. \$22,600/year. Thirty-eight participants were Caucasians of European heritage; five people were of mixed heritage, two of whom were of Eurasian background, two of Amerindian and European heritage, and one of Polynesian and European heritage. There was one Black American participant and one Hispanic American participant.

The mean number of years during which participants had been receiving hormone therapy was 6.5 years; the median was 4.5 years. Six participants had not yet begun hormone therapy, one of whom was reluctant to do so for health reasons. The two people who had been on hormone therapy for the longest period had been receiving treatment for 18 years. Thirty-four persons had undergone either bilateral mastectomies or sufficient breast reduction surgeries to achieve similar results. Twenty-one participants had undergone some form of hysterectomy. Only four persons had undergone phalloplastic surgeries. Another two participants had opted for metoidioplasties (a surgical procedure which allows a hormonally enlarged clitoris to more closely resemble a small penis).

One participant, who had undergone hormone therapy, mastectomy, and hysterectomy, gave no information as to when he began his transition. One other person had begun hormone therapy four years prior to contact with me but had discontinued hormone therapy

because of medical complications at that time. This person had reentered a gender program shortly before being interviewed and had recommenced hormone therapy. In this case, as with others who had begun hormone therapy in the same year as their interviews, I counted these participants as having one year of hormone therapy. One participant had used masculinizing hormones for four years and, after discontinuing their use, had temporarily returned to living as a woman. I counted this person as being four years past the beginning of hormone therapy even though a number of years had passed during which this participant lived as a woman.

Some people had breast reductions and hysterectomies performed by surgeons who were unaware of the transsexuality of their patients; some of these operations were ostensibly done for medical or cosmetic reasons unconnected to transsexualism. In most cases, participants who had not yet had mastectomies or hysterectomies intended to do so when they had sufficient funds to pay for them. Participants were more ambivalent about the current state of surgical expertise at phalloplasty and, although all were intrigued by the idea of a fully functioning penis, only a few said that they were willing to pay the physical or financial price for considerably less than perfect phalloplastic surgery.

Sexual Attractions and Practices with Women

There can be a great range of reasons for wanting to participate in sexual relations with other people, and the FTM TSs who participated in this research project recounted many of them. It should come as no surprise that people who suffer through a profound search for identity, especially when that identity is so entirely entangled in the contours of their sexual body parts, would feel intensely motivated to

explore whatever sexual options they perceive as open to them.

Table 1 summarizes sexual and romantic attractions of participants. Table 2 summarizes sexual practices of participants. Six persons had not yet begun their transitions into men, and so all post-transition data are in reference to the 39 persons who had taken that step by the time of their interviews.

All but one of the participants who reported having been sexually attracted to anyone before transition reported having been attracted to women. This is similar to previous findings. In many cases, the simple fact of these feelings was taken by participants as evidence that they were, or should be, men. One participant's story was representative of how they first made this connection:

Q: What's your earliest memory of being male?

A: I remember the first girl I had a crush on; I was in nursery school and her name was Betty Ann. I can remember playing with the boys and they were talking about who they really liked. I said that I liked her and they just jumped all over me, oooh! They said "well, you can't like another girl; you're a girl." Humh. I didn't want to go back, but I went back and didn't talk to anybody for weeks and weeks because I knew . . . definitely that there was something wrong with me for feeling that way but then there was also another part of me that said "hey, that's ok because little boys are supposed to like little girls." (Quotations have been edited for clarity and relevance. All names have been changed.)

For many, such patterns of thinking continued to retain much of their explanatory power in subsequent years.

Almost all participants who reported having been attracted to women were successful in translating those attractions into either casual sexual affairs or more committed relationships. For most, these affairs and relationships in

some way validated their identities as men, either by demonstrating to the participants that lesbianism was not satisfying to them, or by allowing them the confirming experience of playing the part of straight men in relation to their female partners.

All of the people who had been attracted to women as adults before beginning their transitions continued to be attracted to women afterwards, but 10 of those who had begun transition and were attracted to women had not yet been sexually involved with women as men. They averaged 2.6 years since beginning their transitions. Some of them may have been of a similar mind to the participant who said, "I was going through so many changes I couldn't keep up with them. I didn't really want to get into an intimate involvement with anyone. I wanted to concentrate on myself for a change." It also seems possible that they were reluctant to approach women for sexual contact because they feared that they would be rejected as physically inadequate. These sentiments were quite forcefully put forth by one participant:

This is not fun. Being in the middle. . . . I'm still not getting what I want from my life. In order to get that I need to have the phalloplasty done. It's not fair! All I really want is—I want to have the same damned opportunities that everybody else takes for granted! . . . Even if there was a woman who was all I want, and who said to me "I don't care if you have a penis or not, I love you and I want to have a relationship with you," it's not going to get physical. It's not going to come down to that because it's still the same thing as before.

He, and others like him, were trapped in a conundrum. They would not have sexual relations until they were complete. Medical technology cannot yet make them that way.

Those participants who had been involved in long-term relationships with women were either further

into their transitions, or the women with whom they were involved had been in their lives since before they had begun their transitions. Those whose partners had not come through their changes with them were an average of 7.5 years beyond beginning their transitions when they were interviewed. Their first long-term relationship had begun an average of 1.4 years into their lives as men, more than half of them having begun within one year of the beginning of their transitions. Thus, they had started their relationships early in their transitions. They had been willing to risk rejection. It would seem that they were more confident that they might find women who would accept them as men, physically incomplete though they may have felt.

It would seem that the FTM TSs in this sample broke roughly into three types on this issue: (a) those who hesitated to become sexually involved with women because of feelings of inadequacy, (b) those who entered into their transitions with a supportive partner, and (c) those who felt confident enough to start relationships soon after they began their transitions. The first group would seem to be the most committed to an unrealistic expectation of having a complete male body. The second group had the valuable support of a partner who validated their manhood as coming from a non-corporal source within them. The third group would seem to have been satisfied with the camouflage offered by understanding the state of their bodies as a medical condition which was in the process of being "cured." But even for those brave enough to risk initiating sexual relationships, the process was still fraught with anxieties. One participant told this story about the night he first disclosed his condition to the woman he later intended to marry:

I planned out an evening of "I've got to tell you something about myself." . . . I just told her that

when I was little I was different. I don't think I used the word transsexual 'til later on in the story . . . And I just kind of told the story. Afterwards . . . she was pretty quiet. She said, . . . "I need to process this" . . . so, I left that with her, and drove home. . . . It couldn't have been a few minutes later before she called me, . . . I could not believe that someone could actually listen to this story and still accept me and love me. It was a fantasy of unheard of proportions coming true right before my very eyes . . . her space was definitely "I want you to know that . . . I do see you . . . that yes, I am having sex with you. With these parts right here."

It seems from this story, and others like it, that having partners who believe in FTM TSs' manhood and validate it on a sexual level is an important contributing factor in FTM TSs' acceptance of themselves as credible men.

Sexual Attractions and Practices with Straight Men

More than half of the pre-transition group also reported having been attracted to straight men. For most, their attractions for men were not as enduring or as deeply felt as their attractions for women. For many, their feelings for men were rooted in a wish to gain social acceptance and to avoid social stigma. Many participants said that their attractions to straight men were either for the purposes of sexual experimentation or for male buddy types of relations. Some were carried away on adolescent feelings of lust and romance and took what, at the time, appeared to be the easiest route to satisfaction. One participant summed up many of these reasons, and their limitations, when he said

I think a good portion of it was curiosity. I had a "boyfriend" who I really liked because he played ball . . . and I thought we could be good buddies. But he had other ideas. . . . When he wanted to start playing little sex games and petting I went along with it because I was curious and I was aroused. . . . I didn't enjoy him

touching me but I enjoyed touching him and experimenting, just knowing. He wanted to penetrate me and I just went bananas, it freaked me, no way that anybody is going to do that to me.

A couple of people said that they were attracted to men to learn about the sexual or companionate behaviour of men for later reference when they themselves became men. For instance, one person had this to say about a single experience of heterosexual intercourse:

It was more like an observation. This is when I knew I was going to do something about myself, and I wanted to know what sex felt like for women. So . . . that when I had a relationship, I would know what they were feeling. So I would know what works. So, I went and did it, and pretended I was a female. It was pleasurable for me. I got off. There was no love with a man. It was for the sex. I used him.

In adulthood, many had satisfied their curiosity to the point where fewer than one third of pre-transition participants were still attracted to straight men (five of whom were people who had not previously found straight men attractive). Eight of the participants acted on their attractions to straight men to the extent that they became involved in stable relationships. This finding is within the range reported by previous researchers (Lothstein, 1983; McCauley & Ehrhardt, 1980). Two of the four who did not marry formed their longest relationships with straight men with whom they shared masculine interests and activities. One person's recollections summed up this pattern nicely:

In order to feel like a woman with a particular man, he had to feel more masculine than I was. . . . Most of them were men I wanted to be like. I have to say, a lot of my men were role models for what I've become today.

The attractions felt to men, in such cases, can best be described as masculine buddy relations with the

usual sexual overtones acted upon. For the FTM TSs in such relationships, the buddy aspect tended to be more satisfying than the sexual aspect.

The other two, who had stable nonmarital relationships with men before beginning their transitions, were each unique among those in this sample. One had a stable SOID as a gay man, which was not altered by relationships with straight men. The other was involved in street prostitution and described himself as "sexually compulsive." He had experience with a great deal of casual and impersonal sex with a wide variety of people both before and after commencing his transition. In addition, while still a young teenager, this person had a three-year "open" relationship with a young adult man whom he described as having "male-to-female tendencies."

Four persons married and had children before beginning their transitions. This is similar to that reported by previous authors. One person, who married twice and had five children, explicitly stated that he had done so in flight from the possibility of being a lesbian woman. Two persons married as a result of unplanned pregnancies at a time in their lives when they had no idea how to prevent such occurrences. One unusual FTM TS, who married and had four children, explained many years of pleasurable sexual involvement with men, saying that "As long as I'm stuck being a damn female, I might as well do the one thing that I like about being female, which is make a lot of babies. And here again, enjoy what you got."

Only one post-transition person continued to find straight men attractive. He was an individual who sought out a great many casual sexual encounters with both men and women. He had impersonal sexual relations with straight men in public places, but he did so as a man himself. (See Table 1 for a fur-

Table 1

Sexual and Romantic Attractions of Female-to-Male Transsexuals

Persons attracted to	<i>n</i> Before	<i>n</i> After
Women or girls	43	35
Straight men	25	01
Gay men	04	11
Women only	19	27
Men only	01	02
Both women & men	24	07
Gay men only	00	02
Women & gay men only	01	06
Women & straight men only	25	00
Neither women or men	01	02

Note: *n* before = 45, *n* after = 39.

ther description of romantic and sexual attractions before and after FTM TSs' transitions.)

Sexual Attractions and Practices with Gay Men

Only one of the four individuals who found gay men attractive before beginning transition was exclusively interested in male gay men; one other participant was attracted to the gay men's sexual and social world but seemed to be attracted to men's bodies only on the fantasy level. The attractions the rest felt seemed to occur in the context of their eclectic and voracious sexual tastes. Only one person actualized his feelings of sexual attraction for gay men before starting his transition. This person was, at the time of the sexual contact, passing as a male street prostitute without the aid of hormone therapy and identified as a bisexual man. The relative reluctance of pre-transition FTM TSs to attempt sexual relations with gay men may have been based on a fear of rejection because of their female genitalia (Blanchard, 1985). One participant, who maintained a SOID as a gay man, said that he had never become involved in a sexual relationship with another gay man because of such fears.

It is intriguing that there was a 275% increase in the number of post-transition participants who began to find gay men sexually

attractive. The participants who developed an interest in sexual relations with gay men after they themselves had become men tended to be among the furthest into their changes, averaging 10.75 years since beginning their transitions. More significantly, they averaged 7.4 years into their transitions before starting to find men sexually attractive.

The explanations they offered for having developed their attractions for gay men were telling. Clearly, men and masculinity are captivating subjects for FTM TSs. They spend much of their lives searching for their own identities as men and the remainder of their lives learning to live effectively as men. During the first part of the process they may find men attractive in myriad ways, including sexually, but for FTM TSs, the experience of sexual relations with men, while living as women, can be profoundly disconfirming of their fledgling identities as men. After FTM TSs have securely passed over the invisible fuzzy line that divides men from women, they are less vulnerable to being cast as women. I suspect that it is only when they feel solidly established as men that they can begin to indulge their sexual curiosity about men and the most powerful signifier of manhood, the penis, without having it threaten to dislodge their identities as men.

And their curiosity must have been great. Fewer than 20% of the participants in this study had ever been involved in stable relationships with men. More than a third had only had occasional casual sexual experiences with men. Almost half had never had any sexual contact with men. Few people could have less intimate knowledge of the sexuality of men than such a group. Yet they became men. At the very time in their lives when they needed to know men as closely as possible, men must have felt like long lost brothers: the kinship was there, but the day-to-day knowledge was

absent. There were many ways open to them to explore the social world of men but only one avenue open to learning about how to act sexually like men.

It seemed that the longer they had been living as men, the more secure their identities as men, the more convinced they were that others in the world saw them as men, the more free they became to admit their curiosity about how men have sex. Of course, after such a journey to become men, the logical way to explore male sexuality would be through interactions with gay men. As one participant put it:

I've actually done it a lot with gay men. And what I do is I go more to movie theaters and bathrooms. And I've—it's incredible! Oh, my God. It's so wild! It's so amazing! It's such an education! First of all, it's like a very intense male bonding thing. I cannot describe it. When straight FTMs say to me "I don't understand how a woman can become a man to be gay," I don't understand how they could not at least explore that. Because it's the ultimate in masculinity. People think faggots are queers; they're fairies. No way. They're more men than anybody, 'cause they're totally homoerotic. How much more masculine can you get? They're not even interested in women. They're just interested in men. It's incredible! I love it! And, of course, it's risky, it's a real adventure. When you're in a totally male environment where no women are allowed, if you're discovered, I could imagine that could be dangerous.

Exploration, risk, adventure, danger—all stereotypically masculine attributes. An ironic twist, they had become men, they had become relatively secure in their manhood, yet they lacked knowledge of the penis in action. The route to that knowledge was through gay men, who are usually seen by others as less than fully manly, and it carried with it a threat of exposure as "still female" despite hormone therapy, surgeries, and years of living on the men's side of the gender divide.

But few of them actually acted on these attractions. Fear of AIDS figured prominently in their reasons for not exploring their sexuality with gay men; fidelity in their relationships with women was also mentioned. Perhaps more importantly was the concern some felt about the state of their genitals. One participant, who, as a man without a penis, had been involved with a gay man, eloquently summed up a dilemma faced by FTM TSs who were attracted to gay men:

When I am with a male the presence of his penis and the lack of mine just makes it that much stronger in my head that I'm missing something. I feel very inadequate and I don't want to see myself as female, and when I'm with a male it's very hard not to. It's hard to see this physical difference and get past that.

Table 2 provides additional information about FTM TSs' sexual practices.

Other Sexual Attractions and Practices

The few participants who became sexually involved with pre-transition

Table 2

Sexual Practices of Female-to-Male Transsexuals

Type of sexual practice	n Before	n After
No sexual experience	03	13
With women		
None	05	14
Casual sex only	04	03
Stable relationship	36	22
Through transition	11	11
With straight men		
None	21	39
Casual sex only	16	01
Stable relationship	08	00
Legal marriage	04	00
With gay men		
None	44	34
Casual sex only	01	04
Stable relationship	00	01
Other		
Casual sex with MTF TS	02	02
Stable relationship	00	01
with FTM TS	00	01
with MTF TS	01	01

Note: n Before = 45, n After = 39.

TSs met them in the gender community. One person reported that he and another FTM TS had been involved in a three-year relationship as gay men. That participant later married a male-to-female (MTF) TS. He, and one other person, had also had casual sex with MTF TSs. I only know of one other documented case of a similar type (Huxley, Kenna, & Brandon, 1981), which seems surprising given the reluctance that transsexual people often express about exposing their bodies to possibly unsympathetic others.

The small number of participants who said that they had never engaged in any sexual activity with another person gave reasons similar to those found in other reports, e.g., aversion to female homosexual practices and inability to perform sexually as men (Blanchard, 1990). One third reported that their first sexual experience with another person was non-consensual. These data are reported elsewhere (Devor, in press a).

Sexual Orientation Identities in Relations with Women

The data about FTM TSs presented in this article illustrate some difficulties with the simplistic use of the categories of sex or gender, or the usual SOID of persons' partners as bases for determinations of sexual orientation. These data also exemplify some creative steps that members of society may take to circumvent difficulties they encounter when trying to position themselves in relation to the dominant gender schema.

Table 3 represents the reported SOIDs of the FTM TSs. Sixteen people went through more than one SOID before beginning their transitions. One person claimed no SOID as he had never been attracted to anyone. Four of the 39 participants who had begun their transitions changed SOIDs at least once after their transitions began. The important point that these data raise is

that SOID, as it was lived by the FTM TSs who participated in this research, was (and presumably still is) a process, not an essential and unchanging characteristic.

The material presented in this article only weakly supported the contention that most pre-transition FTM TSs see themselves as straight men in their relations with women. Some participants seemed to take the evidence of their physical selves as the most influential factor in their SOID formation before beginning their transitions. In other words, for such persons, the fact that both they and their partners had female bodies was sufficient to cause them to name themselves as lesbian women. In instances in which the female partner of an FTM TS had a history of lesbian relations and a SOID as a lesbian woman, this tendency was reinforced. But eventually, even these participants became convinced that they were not really lesbian women. They concluded that, although their anatomy said that they were lesbian women, they were different from other lesbian women. Thus they came to give primacy to non-anatomical indicators of SOID. In some cases, this feeling was reinforced by the strictures of lesbian-feminist ideology concerning gender

identity and sexual practices (Faderman, 1991). One person, who was active in a lesbian feminist community, commented on this situation:

There were a lot of needs that I could not express with lesbians, because the lesbians that I was having relationships with were not open to anything that had anything to do with males. For instance, they weren't interested in aids and all the variety of sexual things that go with that. I'm talking about dildos and vibrators and things like that.

For others, the evidence of their social relations and sexual practices were always the overriding factors in the establishment of their SOIDs. Their relationships with women were straight in all ways except for the shapes of their own physical bodies. These people discounted their corporal selves and privileged social and sexual practices to name themselves and their relationships as straight. In cases in which a partner had always been straight before becoming involved with an FTM TS, this tendency was reinforced and the impetus to achieve transition was that much greater. Consider the distinctions between lesbian and straight sexuality and relationships drawn by this participant:

It also depends on whether you make love with a lesbian or a heterosexual woman. There is a different approach from a woman to her man than the approach from one woman to another woman who are lovers. It's just that it comes out in power differences. The areas of openness are different ones . . . the areas of allegiance are different ones. . . . A heterosexual relationship can never match a homosexual relationship because there is so much . . . depth understanding of the psyche and of the heart and of the sexuality. In a heterosexual relationship, you also have . . . unknown factors that kind of demand a stretch, a greater give.

After the participants had begun their transitions, the situation

Table 3

Sexual Orientation Identities of Female-to-Male Transsexuals

Sexual orientation identity	<i>n</i> Before	<i>n</i> After
Straight man	23	30
Lesbian woman	20	00
Straight woman	05	00
Bisexual man	04	05
Gay man	03	04
Gay	03	00
Bisexual woman	02	00
Lesbian man	00	01
None	01	03
Straight man only	13	26
Lesbian woman only	10	00
Both straight man & lesbian woman	10	00
Both straight man & bisexual man	03	03

Note: *n* Before = 41, *n* After = 39.

became more clearcut. All but one of the people who called themselves straight men or lesbian women before beginning their transitions identified themselves as straight men afterwards. (One person, reluctant to leave behind a well-loved place as a member of a lesbian community, called himself a lesbian man. I have recently observed an increasing number of FTM TSs with lesbian-feminist backgrounds who similarly continue to identify socially and politically with the gay or lesbian-feminist community. This phenomenon seems to be currently most common in, but not restricted to, the western U.S.A.)

As soon as they had begun their transformational process, they had increased access to the usual markers of SOID—by way of recourse to a medical explanation. They could claim to be men with a medical condition which they were in the process of correcting. One participant talked about how he saw it:

If anything I thought it would make it better. That we could be normal. . . . We don't have to pretend that we are lesbians. . . . We don't have to be on the fringes of society. We can be perfectly normal. We could have the house and the white picket fence, and we could get married. . . . People could be proud of us. We wouldn't have to slink around. We could just be proud to be in love and be a couple, and pay credit cards back, and barbecues in the backyard, and just all that stuff.

Unfortunately for the participants, the transformative technology available to FTM TSs is limited. The process usually takes at least two years, and considerably longer periods are common. Even for those who obtained phalloplasties, the results were such that they still required explanation in intimate sexual circumstances. But most participants had not taken this surgical step, and therefore were penisless men.

As a result, they were forced to either make use of the *sick role* to

explain their embarrassing condition, or to be celibate until their bodies were more nearly complete. The *sick role* can be summarized as having four components: (a) Sick persons are not considered to be responsible for their condition; (b) While persons are sick they may be exempt from performing the roles that would normally be expected of them; (c) It is agreed that it is undesirable to be sick; (d) It is assumed that being sick is a temporary condition which sick persons are expected to seek help to eliminate as quickly as possible (Parsons, 1951).

Both FTM TSs and their partners routinely made use of this explanation in distinguishing their relationships as straight rather than lesbian ones. In all cases, the attributions of others were influential. Any sexual partner who concurred with a participant's self-image was a boon to his confidence in himself as a man. Those who had long-term partners who went through their transitions with them had access to the strongest confirmation that, even fully naked, they were men. As one man said: "If a person feels that they are a man, then they can be a man." Certainly, sexual partners who believed them to be men must have contributed greatly to participants' feelings of being men.

Sexual Orientation Identities in Relations with Men

Despite the number of participants who did become sexually involved with men before they themselves became men, very few ever identified themselves as straight women. The few who did temporarily accept this SOID were entirely among those who had had long-term relationships with men. In those cases, it would seem that the confluence, over an extended period of time, of so many of the usual indicators of SOID were too powerful to ignore. All others who had sexual experience with men

were able to write it off as a result of either having succumbed to social expectations or as youthful experimentation. In any event, they were able to minimize the importance of their heterosexual involvements by placing paramount importance on affectional preferences and by casting aside physical activity as inconsequential. They thus took a more feminine approach to questions of sexuality and love as they have been understood in the cultural context in which they functioned.

Three participants identified as gay men prior to beginning their transitions. One of them only flirted with this SOID. Another unswervingly identified as a gay man both before and after transition. The third was an individual who was in a 25-year relationship with a female woman partner, which both of them understood as a gay men's relationship. One post-transition FTM TS temporarily identified as a gay man on the basis of a one-year relationship with a gay man. One other person based his temporary identity as a gay man on a three-year relationship with another FTM TS.

Theoretical Implications

Overall, it would seem that the participants in this study were reluctant to use their physical selves as the most important factor in selecting their SOIDs. Although they seemed to want to make their affectional preferences the pivotal point, the attributions (real or imagined) made by others seemed to weigh very heavily in the balance. Many vacillated between basing their SOIDs on their own heartfelt feelings and capitulating to the dictates of biologically based social conventions. Clearly, they could more easily claim manhood in everyday life than they could in intimate matters.

Gender, it would seem, can be entirely socially constructed. Love affairs may start with gender, but, if they are to become sexual, they must travel into the realm of sex. It

was then that participants' incongruities between their genders and their sexes had to be managed. Some shied away from this challenge altogether. A few remained uncommitted to any SOID. Others based their identities on their affectional preferences but did not put them to the test by attempting sexual relations. A few circumvented the issue by having casual sexual affairs in which they kept their transsexual status hidden or by becoming involved with others like themselves. Those who successfully established relationships in the SOID they preferred did so with support of partners who shared their images of themselves as bona fide men with a physical problem which medical technology could fix.

My research indicated that FTM TSs are not always universally homosexually and heterogenderally oriented either before, or after, undertaking their transitions. What was most consistent in this sample was an enduring and a profoundly felt pattern of affectional preferences for women. But it is also significant to note that a large minority of FTM TS individuals also had sexual experience with men which they used as a basis for their SOIDS.

The processes that the FTM TSs in this study underwent, while searching for their SOIDs and ways to justify them, seem to be only a more stark version of what I would suggest that most members of society go through. Their SOIDs seem to have been based on (a) maintaining as socially correct an alignment as possible of a set of identities, attitudes, and behaviours which are popularly thought to be connected with genetic sex and (b) the reflexive confirmation gained from the SOIDs of, and the attributions made by, their sexual partners.

The FTM TSs in this study found that, at different times in their lives, they had to give greater weight to certain bases of SOID (e.g., sexual attractions and prefer-

ences) or to diminish the importance of others (e.g., physical body, actual sexual practices) in an attempt to achieve the status they desired. In attempting to make the whole picture as socially correct as possible, they had to remodel all aspects of their sexes and genders to be able to claim legitimately the SOIDs which best suited them. Perhaps the most delicate of all tasks they had to learn was how to perform sexually as men, which they largely had to learn through observation. Each of us must also learn the scripts of our sexes and SOIDs (Gagnon, 1990), but most members of society are fortunate enough to be able to learn their scripts using their own bodies as their test instruments.

Those FTM TSs who could find a validation of themselves, as sexed, gendered, and sexual persons, did so in the form of partners who would fully confirm their SOIDs. Those who could not find such partners were compelled to remain celibate. In this last regard, too, they were not so different from any other member of society.

For most members of society this whole process seems quite straightforward and unproblematic. We simply grow up into our socially expected and approved SOIDs. But if we were to look more closely at the lives of more typical members of society, we might find that each of us must search for our place within the gender schema of the society in which we live. Who among us have never wondered if they weren't somehow different from all the rest? Who among us have always felt so secure that they have never altered themselves to try better to live up to society's gender ideals? Clothing, coiffures and cosmetics, body building, hair transplants, electrolysis, and surgeries are all used by transsexual and non-transsexual members of society to make ourselves more perfectly fit society's sex, gender, and sexual ideals. Perhaps, in the end, the biggest difference

between FTM TSs and other members of society lies not so much in the nature of the identity-supporting processes they must pass through but in the anguish and consciousness with which they must negotiate them.

References

- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders. DSM III-R* (rev. 3rd ed.). Washington, DC: American Psychiatric Association.
- Blanchard, R. (1985). Gender dysphoria and gender reorientation. In B. Steiner (Ed.), *Gender dysphoria: Development, research, management* (pp. 365-392). New York: Plenum.
- Blanchard, R. (1989). The classification and labeling of nonhomosexual gender dysphorias. *Archives of Sexual Behavior*, 18, 315-334.
- Blanchard, R. (1990). Gender identity disorders in adult women. In R. Blanchard & B. Steiner (Eds.), *The clinical management of gender identity disorders in children and adults* (pp. 77-97). Washington, DC: American Psychiatric Press.
- Bolin, A. (1988). *In search of Eve: Transsexual rites of passage*. South Hadley, MA: Bergin & Garvey.
- Bradley, S. J., Blanchard, R., Coates, S., Green, R., Levine, S., Meyer-Bahlburg, H. F. L., Pauly, I. B., & Zucker, K. J. (1991). Interim report of the DSM-IV subcommittee on gender disorders. *Archives of Sexual Behavior*, 20, 333-343.
- Cass, V. (1984). Homosexual identity: A concept in need of definition. *Journal of Homosexuality*, 9(2/3), 105-126.
- Clare, D., & Tully, B. (1989). Transhomosexuality, or the dissociation of sexual orientation and sex object choice. *Archives of Sexual Behavior*, 18, 531-536.
- Coleman, E. (1987). Assessment of sexual orientation. *Journal of Homosexuality*, 14(1/2), 9-24.
- Coleman, E., & Bockting, W. (1988). "Heterosexual" prior to sex reassignment—"homosexual" afterwards: A case study of a female-to-male transsexual. *Journal of Psychology & Human Sexuality*, 1(2), 69-82.
- Coleman, E., Bockting, W., & Gooren, L. (1993). Homosexual and bisexual identity in sex-reassigned female-to-male transsexuals. *Archives of Sexual Behavior*, 22, 37-50.
- De Cecco, J., & Shively, M. (1984). From sexual identity to sexual relationships: A contextual shift. *Journal of Homosexuality*, 9(2/3), 1-26.
- Devor, H. (1990). A comparison of gender schema constructs and conformity among

- female-to-male transsexuals, lesbian and heterosexual women (Doctoral dissertation, University of Washington, 1990). *Dissertation Abstracts International*, 51.
- Devor, H. (in press a). Transsexualism, dissociation, and child abuse: An initial discussion based on nonclinical data. *Journal of Psychology and Human Sexuality*, 6.
- Devor, H. (in press b). Toward a taxonomy of gendered sexuality. *Journal of Psychology and Human Sexuality*, 6.
- Dixen, J. M., Maddever, H., Van Maasdam, J., & Edwards, P. W. (1984). Psychosocial characteristics of applicants evaluated for surgical gender reassignment. *Archives of Sexual Behavior*, 13, 269-276.
- Faderman, L. (1991). *Odd girls and twilight lovers*. New York: Penguin Books.
- Gagnon, J. H. (1990). Gender preference in erotic relations: The Kinsey scale and sexual scripts. In D. P. McWhirter, S. A. Sanders, & J. M. Reinisch (Eds.), *Homosexuality/heterosexuality: Concepts of sexual orientation* (pp. 177-207). New York: Oxford University Press.
- Grimm, D. (1987). Toward a theory of gender: Transsexualism, gender, sexuality, and relationships. *American Behavioral Scientist*, 31, 66-85.
- Huxley, P. J., Kenna, J. C., & Brandon, S. B. (1981). Partnership in transsexualism. Part II. The nature of the partnership. *Archives of Sexual Behavior*, 10, 143-160.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: W. B. Saunders.
- Klein, F., Sepekoff, B., & Wolf, T. (1985). Sexual orientation: A multivariable dynamic process. *Journal of Homosexuality*, 11(1/2), 35-49.
- Lever, J., Kanouse, D. E., Rogers, W. H., Carson, S., & Hertz, R. (1992). Behavior patterns and sexual identity of bisexual males. *The Journal of Sex Research*, 29, 141-167.
- Lothstein, L. (1983). *Female-to-male transsexualism: Historical, clinical and theoretical issues*. Boston: Routledge & Kegan Paul.
- McCauley, E., & Ehrhardt, A. (1980). Sexual behavior in female transsexuals and lesbians. *The Journal of Sex Research*, 16, 202-211.
- Money, J. (1988). *Gay, straight and in-between: The sexology of erotic orientation*. New York: Oxford University Press.
- Parsons, T. (1951). *The social system*. New York: Free Press.
- Paul, J. (1983). The bisexual identity: An idea without social recognition. *Journal of Homosexuality*, 9(2/3), 45-63.
- Pauly, I. (1974). Female transsexualism: Part I. *Archives of Sexual Behavior*, 3, 487-507.
- Pillard, R. C., & Weinrich, J. D. (1987). The periodic table model of the gender transpositions: Part I. A theory based on masculinization and defeminization of the brain. *The Journal of Sex Research*, 23, 425-454.
- Shively, M., & De Cecco, J. (1977). Components of sexual identity. *Journal of Homosexuality*, 3(1), 41-48.
- Steiner, B., & Bernstein, S. M. (1981). Female-to-male transsexuals and their partners. *Canadian Journal of Psychiatry*, 26, 178-182.
- Stoller, R. J. (1972). Etiological factors in female transsexualism: A first approximation. *Archives of Sexual Behavior*, 2, 47-64.
- Stuart, K. E. (1991). *The uninvited dilemma: A question of gender*. Portland, OR: Metamorphous.
- Weeks, J. (1989). *Sex, politics and society: The regulation of sexuality since 1800*. New York: Longman.
- Weinrich, J. D. (1988). The periodic table model of the gender transpositions: Part II. Limerent and lusty sexual attractions and the nature of bisexuality. *The Journal of Sex Research*, 24, 113-129.

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The XI World Congress of Sexology was held June 1-5, 1993, in Rio de Janeiro, Brazil.

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