Trans* bodies

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Gender-variant people live all across the globe. In some cultures they are well integrated and enjoy considerable social acceptance, whereas in others there is little or no tolerance for significant gender nonconformity (Peletz 2006). The word *trans** comes from English-speaking Euro-American cultures and has begun to spread into other cultures, where it increasingly competes with indigenous ways of understanding the correspondences between genders and bodies (Towle and Morgan 2002). According to GATE—Global Action for Trans* Equality (2014), trans* can be defined as:

> those people who have a gender identity which is different to the gender assigned at birth and/or those people who feel they have to, prefer to, or choose to—whether by clothing, accessories, cosmetics or body modification—present themselves differently to the expectations of the gender role assigned to them at birth. This includes, among many others, transsexual and transgender people, transvestites, *travesti*, cross dressers, no gender and genderqueer people.

Trans* and genderqueer people in Euro-American societies include a wide range of people who, to varying degrees, feel that the sexes and genders to which they were assigned at birth do not match well to their own gender and sex identities. They may identify themselves in a variety of ways, with new gender and sexual identities and presentations constantly coming into use. Some trans*, and most genderqueer people, actively wish to be easily identified as such; some prefer to appear cisgendered (not trans*) but are nonetheless recognizable as trans* due to aspects of their physical presence; some trans* people are able to live very comfortably and unrecognizably in their preferred gender. Many trans* and genderqueer people will take steps to transform their bodies so as to bring them into better alignment with their gender identities (Factor and Rothblum 2008). However, owing to the limitations of some of the technical aspects of physical gender transitions, very few trans* people are able to live the entirety of their lives without some disclosure of their trans* identities. This is especially true in sexually intimate situations involving close physical contact with, or observation of, physical bodies. Thus, while the physical changes undertaken by trans* and genderqueer people are usually most deeply motivated by their gender identity needs, in many instances the expression of their own sexuality, and that of their partners, will also be impacted by the bodily alterations they undertake to bring their gender identities and bodies into better alignment.

Contexts: gender assumptions in everyday life

When trans* and genderqueer people transform their physical bodies, they do so within the context of assumptions made by most members of society about the meanings attached to physical features of human bodies and the social statuses, identities, and behaviors assumed to be naturally associated with them. In particular, most people assume that the possession of a penis and testicles defines a person as both male and a man, and that the actions of the hormones typically produced in such bodies will cause those people to be masculine. Similarly, the possession of a vulva and vagina, and the actions of ovarian hormones are assumed to produce female women who are feminine. Conversely, all women are presumed to be females who have vulvas, vaginas and corresponding internal organs; all men are assumed to be males who have penises and testicles. Most often, when members of the public encounter people whose masculinity or femininity is somewhat less traditional than expected, they may be assumed to be gay men, lesbian women, or bisexuals, but their essential maleness or femaleness is rarely questioned. However, when gender presentations and genitals appear to be sending irreconcilable messages, genitals will trump

The International Encyclopedia of Human Sexuality, First Edition. Edited by Patricia Whelehan and Anne Bolin.
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gender presentations as the defining factors in the minds of most people (Kessler and McKenna 1978).

Trans* and genderqueer people negotiate their gender presentations within these everyday assumptions. Those who are most adept at successfully communicating their gender identities are those who are best able to make use of the usual assumptions about the relationship between physical bodies and gender presentations. They strategically deploy stereotypical masculinity or femininity so as to cause observers to recognize them as their desired gender and sex, because observers generally assume that people possess bodies that match their gender presentations in stereotypical ways (Devor 1989). This is more easily accomplished in situations that involve neither disrobing nor physical contact that would expose nonstereotypical bodies.

When sex characteristics and gender presentations are known to not align in typical ways, trans* and genderqueer people become much more vulnerable to a number of indignities and dangers (Lombardi 2009). They may be objectified or fetishized, have their gender identities invalidated, be denied due respect, abused, violated, assaulted, or murdered. Some trans* and genderqueer people choose to brave some of these risks because to do otherwise would be to hide their gender identities. Others' gender identities are such that, under most circumstances, their gender presentations are sufficiently conforming to normative expectations that their risks of adverse outcomes are low. However, every trans* and genderqueer person, even those who most approximate cisgendered appearances, remains vulnerable to the entire catalogue of invalidations and dangers should information about their gender identity become known. Hence, trans* and genderqueer people are continually attempting to strike a balance between true-to-themselves gender expressions and effective stigma management.

Ways that trans* and genderqueer people change their bodies

Some trans* and genderqueer people find that it is not necessary to permanently change their bodies in substantial ways in order to effectively communicate their gender identities. They may make use of changes to deportment, body, facial, and head hair styles, clothing, cosmetics, jewelry, fashion accessories, body fat, or muscularity; they may strategically employ padding, concealment devices, sex toys, genital or breast prostheses, genital enhancement or diminishment devices, tattooing, or piercings in order to present themselves so as to be recognized in ways that are appropriate to their gender identities.

Some trans* and genderqueer people who feel that they are *neither* of the two most commonplace genders, or that they are some mixture of the two, may combine any of the above techniques in unusual and fluid ways that disrupt common assumptions about the usual correspondences between sexes and genders. Some people feel a periodic need to step outside of their quotidian genders to inhabit other gender positions for shorter periods of time. They may make wholehearted attempts to present themselves as the other normative gender, they may make symbolic partial gestures in this direction, or they may make parodic or hyperbolic presentations that nonetheless serve as a valid and satisfying form of gender identity expression for them. They can thus cause observers to better understand that there are genders which lie outside of the usual binary conceptualizations of gender and that these kinds of enactments of genders are not necessarily fixed.

Other trans* and genderqueer people find that they need to alter their bodies in more long-lasting ways. Such alterations may involve treatment with sex steroid hormones, surgical sex reassignment procedures, and ancillary procedures to feminize or masculinize facial features or body contours. These treatments and procedures are typically combined with at least some of the techniques described above. How they might be combined is as varied as are the gender identities of the trans* and genderqueer people who employ them.

The effects of sex steroid hormones (depending on one's specific genital inheritance) can be quite dramatic. In trans-masculine-spectrum people (assigned as female at birth) the effects may include lower pitch to the voice, thickening and increased oiliness of skin, growth of facial and body hair, loss of head hair, increased muscularity, masculine body fat distribution, cessation of menses, and growth of clitoris. In trans-feminine-spectrum

people (assigned as male at birth) the effects may include increased softness and decreased oiliness of skin, growth of breasts, slowed growth of facial and body hair, slowed loss of head hair, decreased muscularity, feminine body fat distribution, loss of erectile function, decrease in testicular and penile volume, decrease in fertility.

Surgical interventions for trans-masculine-spectrum people include: breast reduction; breast removal (mastectomy); recontouring the chest for a masculine look; removal of the internal reproductive organs (hysterectomy, salpingo-oophorectomy); removal of the vulva (vulvectomy) and vagina (vaginectomy); transformation of the enlarged clitoris into a small penis (metoidioplasty); construction of a penis (phalloplasty); rerouting of the urethra (urethroplasty); construction of scrotum and testicles (scrotoplasty and testicular implants); erectile implants; liposuction (most commonly of hips and thighs); voice-masculinizing surgeries; chest implants; and calf implants. Surgical interventions for trans-feminine-spectrum people include: breast augmentation (mammoplasty); removal of the testicles (castration); removal of the penis (penectomy); construction of a vulva (vulvoplasty), clitoris (clitoroplasty), and vagina (vaginoplasty); rerouting of the urethra (urethroplasty); voice-feminizing surgeries; brow, chin, or Adam's apple recontouring (facial feminization surgery and lipofilling); scalp hair implants; and hip and buttocks augmentation (implants and lipofilling).

Gendered sexualities

Genders and sexualities are related, in that most people, at least in the early stages of sexual attraction, are attracted to others on the basis of gendered appearances and assumptions. In other words, most people are attracted to men, women, trans*, or genderqueer people, and they unthinkingly make stereotypical presumptions about what kinds of bodies those people might bring to sexual encounters.

Among those trans* and genderqueer people whose bodies do not align with their gender identities in stereotypical ways, people tend to claim their sexual identities more on the basis of their gender identities than on the basis of their physical bodies (Dozier 2005). For example, a significant minority of transmasculine people are sexually attracted to men and identify themselves as gay men, including many who do not have penises. Similarly, a significant proportion of transfeminine people are attracted to women and identify themselves as lesbians, including many who do not have vulvas and vaginas. Also, many trans* and genderqueer people prefer sexual partners who are themselves trans*, genderqueer, or queer. They, too, will most often identify themselves on the basis of their own gender identities and those of their partners. So, for example, two transmasculine people without penises in relationship with one another might identify themselves as gay, bisexual, or queer men (Devor 1993; 1994; Dozier 2005).

Although attractions may start on the basis of gender presentations, sexuality generally requires interactions with bodies. When trans* and genderqueer people contemplate sexual contact they have to make strategic decisions about how, when, and what to disclose to potential partners about their bodies (Reisner et al. 2010). Such disclosure decisions and acts are often a source of anxiety for trans* and genderqueer people. This adds an extra, and thick, layer of apprehension to the usual acceptance and performance anxieties inherent in most sexual encounters.

Many sexual practices will also change when trans* and genderqueer people undergo bodily changes (Brown 2010). When trans* and genderqueer people feel that their gender identity is being correctly perceived by others, they often feel invigorated and more firmly situated in their physical selves. This can result in increased sexual confidence and changes in sexual expectations. Many trans* and genderqueer people use sex steroid hormone treatments. In addition to a generalized masculinization of bodies, increased testosterone and decreased estrogens usually result in increased libido, often accompanied by increased sexual adventurousness, and decreased emotionality, as well as a diminished fertility. In addition to a generalized feminization of bodies, decreased testosterone and increased estrogens usually have the obverse effect on libido and sexual adventurousness, as well as decreasing erectile functioning and fertility. Surgical alterations to primary and secondary sex characteristics will necessarily change sexual practices associated with them.

Sexual relationships involve other people (real or desired). When one or more persons in such relationships change their gender identities and/or gendered appearances the categorizations of relationships involving them may correspondingly change as well. Furthermore, trans* and genderqueer people may also find that their patterns of sexual attractions change as their gender identities change. This may cause established sexual relationships to become transformed into other varieties of sexual relationships, into nonsexual relationships, or to end (Brown 2009). For example, if a previously cisgendered man, married to a cisgendered woman, physically and socially transitions into a woman, and the couple continues the relationship, the relationship may be redefined by them, and will be perceived by most observers to be lesbian.

Thus, the sexual identities and practices of trans* and genderqueer people, and those of their sexual partners, may be significantly affected both by changes in identities and in bodies. Because they may require less challenging adjustments of partners' sexual identities, those relationships that have the greatest likelihood of continuing as sexual relationships following gender and sex changes are those which were established within a context of a bisexual, trans*, genderqueer, or target-gender identities (Joslin-Roher and Wheeler 2009).

The majority of trans* and genderqueer people have bodies that are in some ways different from those of cisgendered people. When they engage in sexual practices which are congruent with their gender identities, trans* and genderqueer people can lead the way in creating new understandings of the relationships between genders, sexed bodies, sexual practices, and sexual identities. For example, transmen who retain vaginas, and have not acquired penises, may live fully as heterosexual, bisexual, or gay men and enjoy the use of their vaginas for sexual pleasure (Bockting et al. 2009). And because most trans* and genderqueer people have sexual relationships with cisgendered people, the ways in which they, and their partners, practice and understand their sexuality together are gradually creating more opportunities for all people to engage in more diverse and affirming sexualities (Weinberg and Williams 2010).

SEE ALSO: Body Image; Body Modifications; Cross-Dressing; Drag (Linguistically Defined); Drag Kings; Drag Queens; Female-to-Male Trans Person (FtM); Gender Dysphoria; Gender Role Nonconformity; Hormones and Human Sexuality; Male-to-Female Trans Person (MtF); Sex Reassignment; Sexual Identity and Sexual Orientation; Testosterone; Transgender; Transgender Surgery; Transsexual

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