

February 14, 1989

Program in Human Sexuality Department of Family Practice and Community Health Medical School Research East Building 2630 University Avenue S.E. Minneapolis, Minnesota 55414

(612) 627-4360

Lou Sullivan
Albion Street
San Francisco, CA 94110

Dear Lou:

Thank you very much for your letter and invitation to the Female-to-Male Get-Together on Sunday, April 9. I would love to take advantage of this opportunity to see you again and conduct some additional interviews with female-to-gay males. However, I am not sure if I will be able to make it to San Francisco that weekend. Could you tell me how many female-to-males will attend the meeting who are post-sex-reassignment and identify themselves as homosexual or bisexual?

The address of the Dutch "Mannengroep" is c/o Jean Van Aerle, Hemelsbleekweg, 10 Mortel, the Netherlands; telephone number, 31 4923 65336.

I have enclosed a copy of the paper I presented at the International Conference, "Homosexuality Beyond Disease," December 12, 1987, in Amsterdam, the Netherlands. This contains only the introduction of the workshop. The rest of the workshop is now being typed out from tape and I will send you a copy as soon as it is available. At the next Harry Benjamin meeting, September 20-23, in Cleveland, Eli and I will present our data of both the Dutch and the American samples.

Last, but not least, the case study of you hit the press, and how! I have enclosed the issue of The Journal of Psychology and Human Sexuality. Your coorperation, openness, and permission to write a case study on yourself, have made this publication possible. I would like to thank you for this.

Dear Lou, take care of yourself. As soon as I know whether I will be able to visit you in April, I will contact you.

take care Walter

Sincerely,

Walter O. Bockting, Drs. Program in Human Sexuality

WB:mh

Paper presented at the International Scientific Conference 'Homosexuality Beyond Disease', 1987, December 10-12th, Amsterdam, The Netherlands.

Homosexual and bisexual identity development in female-to-maletrans sexuals.

Introduction by: Walter O. Bockting, Clinical Psychology Department at the Free University Amsterdam, The Netherlands.

Shively & DeCecco (1977) define four components of sexual identity. First component is 'biological sex', with chromosomal configuration and genitalia as criteria. Second component is 'gender identity', the individual's self-perception of being male or female. Third component is 'social sex-role', which refers to characteristics culturally perceived as typically masculine or feminine, including appearance, behaviour, and personality. The fourth and last component is 'sexual orientation', the physical and affectional preference for males and/or females.

This workshop deals with the various positions people can take on these components of sexual identity, and the interrelations between them. The purpose is to challenge the established model of sexuality, and the existing terminology which is very limiting to our opinion. We would like to invite you to go beyond these limits.

The male-female dichotomy dominates current thinking about sexuality and identity. Realizing that sometimes a male and a female can identify with one another even easier than two males or two females can, the question arises how relevant the distinction on the basis of biological sex is. Imagine for example, that we divide people into blue-eyed and brown-eyed individuals. We could fantasize as legitimate as within a group males or females, that within each of the two groups people have more in common than the colour of their eyes. On the basis of biological sex we doe this every day. There are, however, other dimensions that might be more salient, in particular concerning partner preference. For example, Michael Ross (1984) has proposed a list of possible meanings or motivations for sexual relationships. Ross believes there are a number of social or demographic variables (such as class, race, income and religion) which may be of equal or greater importance than biological sex is in the analysis of sexual relationships. Biological sex may be inadequately used as critical variable.

Along with this, the dichotomous or trichotomous categories of sexual orientation (homosexual, heterosexual, and bisexual) are limiting. Traditional definitions of homosexuality have been based on the premise of two persons of the same biological sex who are attracted to one another. We would like to stress that this is an assumption based on the traditional model of sexuality, with its androcentric and genital-orgasmic bias.

Recently the traditional definition of homosexuality has been challenged. Coleman (1987) has argued, that an individual's sexual orientation could possibly be better defined on the basis of a person's gender identity or social sex-role rather than simply on their biological sex.

In the case of transsexualism, there is a conflict between biological sex and gender identity. A solution is often found in adapting the body to the feeling of belonging to the other sex (cross-gender identity). When this occurs, the complexities of definition of sexual orientation become

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more obvious. Is a pre-sex reassigned male-to-female transsexual who is attracted to other females heterosexual of homosexual? Does this person become (or has always been) heterosexual or homosexual after sex reas-

signment assuming their sexual orientation does not change?

There have been many reports of male-to-female transsexuals who are attracted to females, and are viewed by themselves and others as heterosexual before sex reassignment. After surgery most transsexuals do not change their sexual object choice. Therefore these male-to-female transsexuals take on a lesbian identity. This phenomenon has been described by Blanchard et al. (1987) and Cohen-Kettenis (1983).

However, the phenomenon of female-to-male transsexuals with a homosexual identity is unreported. Now we have identified seven post-reassigned female-to-male transsexuals with a primarily homosexual identity through a

gender dysphoria clinic in the Netherlands.

the U.S.A. we have identified a comparable amount of individuals. I would like to show you one slide of a female-to-male transsexual we have written a case study on, which will be published in the Journal of Psychology and Human Sexuality 2 (2), 1988.

We conducted face-to-face interviews with these individuals, and I would like to present some of our findings to illustrate the complexities of the definition of sexual orientation.

The interview contained questions on three themes, namely Identity, Development, Social Acceptance, and Sexual Activities.

Identity Development.

Five of our subjects Identified themselves as gay. Two of them identified as bisexual. All subjects felt comfortable with their sexual orientation.

When asking about the interference of being both transsexual and homosexual, all subjects stated that their homosexuality had nothing to do with their gender dysphoria. They conceive it as two independent phenomena. The gender dysphoria is referred to as something to do with their feelings about themselves, the sexual orientation as relating to other people. "How can anything physical have something to do with my attractions?" This statement reflects the assumption that sexual orientation is not connected to biological sex or physical identity.

One subject postponed his sex reassignment somewhat, because people induced fear, for example by stating: "You will enter a gay life then". This subject experienced a lot of resistance from therapists and coun-Probably these professionals had some difficulty turning someone

'straight' into a gay person.

For some of our subjects the gay feelings and gay lifestyle started years before the sex reassignment. One stated about this pre-reassigned period: "I did not feel attracted to males as a female". For others the labeling being a gay man started at the time of reassignment. One of them stated: "I had the opportunity to re-live my youth, but then accelerated. I discovered myself feeling a little boy, being naughty. I did eat eleven slices of bread a day, and the first time I fell in love with a boy after reassignment was very puberal."

It is remarkable, that three of the seven subjects once thought being a lesbian, or tried for some time to be one. One subject entered the gay subculture by thinking he was a lesbian. "I had a very short affair with a lesbian, that made me sick!" Then he got in contact with gay men. Another

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ical y to When come one tried also to identify with lesbians, confused by the similarity in social sex-role. But soon they all felt out of place with lesbians. Two more quotes regarding this episode: "My mother suggested I was a lesbian, but I reacted very upset. There isn't anything more female than that!"; and: "I tried to behave like a girl, but everyone said: You are playing a gay man!"

So far some information concerning identity development.

Social Acceptance.

About social acceptance, some subjects reported the tendency of the peer-group to accept the transsexual feelings better than the homosexuality. One of them told us: "My brother reacted with: That is impossible, being transsexual and homosexual at the same time", and: "As long as they do not know I am also transsexual it is okay". Regarding transsexualism in combination with homosexuality, people often seem to have extra difficulty understanding and accepting the sex-change. One subject told us about his father stating: "Why can't you be a human being in the first place? I answered: You do not understand. I need to know I am a boy to feel human. Before this I was nobody." Gay friends responded to the fact of being both transsexual and homosexual with the question: "Why did you change your body then?" Do these friends find it hard to believe that a person prefers to be a gay man, even when the body has to be accommodated to achieve this goal?

Regarding the acceptance within the gay subculture, the subjects reported that on the one hand they feel at ease among other people who differ from the heterosexual norm, but on the other hand they meet resistance. One stated: "Some gay men find it hard to accept that I am one of them now. Some lesbians took it very political, as a betrayal." On the part of the female-to-male transsexual, one discovered some difficulty in relating to

other men, due to his female socialization.

Sexuality.

None of our subjects have a phalloplasty, and techniques to provide one are still very experimental. This makes the majority of the subjects feel insecure in making contacts with other men. Two of them, however, gained confidence out of positive experiences in relating to other gay men. One has been committed in a relationship with a gay male since 8 months. The gay partner never made love to a woman. "After a few tries, he really likes to fuck me vaginally!" More of our subjects use their vagina having sexual contact as a gay man with a gay male partner.

Before sex-reassignment some of our subjects engaged in role-playing, having sex with a man as a man. 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 alright. Later on I had a longstanding 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 this subject said: "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 his favourite position. A friend once told him: "You make a homosexual or a woman out of every man you make love with!"

So far some quotes from the interview-data. The main conclusion is, that

the reports of these female-to-male transsexuals show that one can feel and behave as a gay man, being a biological female. Using biological sex as only basis to define sexual orientation (as the Kinsey scale does), is a large oversymplification. All four components of sexual identity, and even more, should be taken into account to assess sexual orientation adequately. Information about how these components relate to each other, will give meaning to sexual orientation, and will reveal a better understanding of one's sexual identity.

This does not mean that being a physical male or female does not make any difference. As one of the female-to-male transsexuals of our study said: "I'd rather live as a feminine man than as a masculine woman!"

WORKSHOP C2 general issues

HOMOSEXUAL AND BISEXUAL IDENTITY DEVELOPMENT IN FEMALE-TO-MALE TRANSSEXUALS

Walter Bockting Clinical Psychology Dpt. Free University Amsterdam Gay and Lesbian Studies Utrecht University The Netherlands

Eli Coleman Professor in Psychology Program in Human Sexuality University of Minnesota U.S.A.

Dr. Louis Gooren Endocrinologist and researcher Free University Amsterdam

Thursday, December 10, 16.30-17.45 Main Hall/Grote Zaal

Homosexual identity development has been described by many theorists (e.g. Cass, 1979; Coleman 1982). Our traditional definitions of homosexual identity however, have been based on the premise of two persons of the same biological sex who are attracted to one another. Recently the traditional definition of homosexuality has been challenged because of its androcentric and genital-orgasmic bias. Coleman (1987) has argued that an individual's sexual orientation could possibly be better defined on the basis of a person's gender identity or social sex-role rather than simply on their biological or chromosomal sex.

In the case of transsexualism, an individual's gender identity is not consistent with one's physical identity. When this occurs, the complexities of definition of sexual orientation become more obvious. Is a pre-sex-reassigned male-to-female transsexual who is attracted to other females heterosexual or homosexual? Does this person become (or has always been) heterosexual or homosexual after reassignment assuming their sexual orientation does not change?

have been many reports of male-to-female transsexuals who are attracted to females and are viewed by themselves and others as heterosexual before sex reassignment. After surgery most transsexuals do not change their sexual object choice. Therefore, these male-to-female transsexuals then begin a process of developing a lesbian identity. This phenomenon in maleto-female transsexualism has been described by Blanchard et al. (1987) and Cohen-Kettenis (1983). However the phenomenon of female-to-male transsexuals who develop a homosexual identity after sex-reassignment unreported. Now the authors have identified 7 post-sexreassigned female-to-male transsexuals who developed a

homosexual identity.

In this workshop the authors will present some of their findings based on face-to-face interviews conducted from these individuals, who have been identified through a dysphoria clinic in the Netherlands. questions interview contained about identity development, social acceptance, and sexual activities. In addition a small battery of psychological tests were administered, including the Klein Sexual Orientation Grid, the Rosenberg Self Esteem Inventory, several subscales of the Derogatis Sexual Functioning Inventory, and the Dutch shortened version of the MMPI- the The structured interview information as well as results of the standardized tests will be described. The authors will also compare some of the results of the tests to a non-clinical sample of gay-identified Dutch men.

Following the didactic portion of the workshop, a female-to-male transsexual who has developed a primarily homosexual identity will be present to discuss his own sexual identity development. Participants will have an opportunity to ask him questions and to understand this phenomenon in a more direct way.

Finally participants will be asked to look into the manner in which they assess their own sexual orientation using a new instrument (Coleman, 1987). Participants will have an opportunity to examine some of the underlying assumptions of sexual orientation development.

References

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