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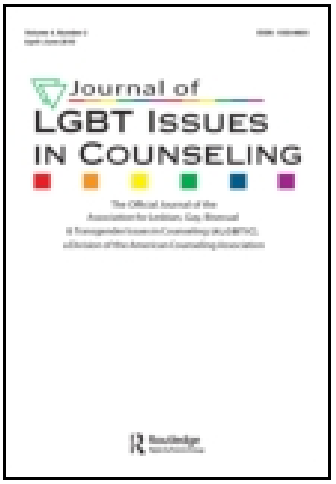

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Sexual Identity Development of Female-to-Male Transgender Individuals: A Grounded Theory Inquiry

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Sexual Identity Development of Female-to-Male Transgender Individuals: A Grounded Theory Inquiry

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This study is a grounded theory study of the sexual identity development of 11 female-to-male (FTM) transgender people. Data collection included semistructured interviews with participants. A three-member research team conducted axial and selective coding to identify salient interactions between participants' gender identity and sexual identity development. A model of these interactions is provided, in addition to thick descriptions of participant voices. The model describes the antecedents and consequences of sexual identity development. This includes the interactions between sexual identity and gender identity. Implications for research and theory are discussed.

KEYWORDS female-to-male, gender identity, sexual identity, transgender

INTRODUCTION

Although prevalence data (Conway, 2002; Olyslager & Conway, 2007) suggests a large number of transgender individuals and communities, counseling

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practitioners' knowledge of this group is lacking. Recent studies identified a need for increased quality and competence in conceptual and theoretical understandings of transgender individuals (Clements, Katz, & Marx, 1999; Goldberg, 2006; Pickering, 2005; Singh, Hays, & Watson, 2011; Xavier, 2000). Such lack of knowledge directly affects many domains of functioning for transgender individuals. One such domain is mental health care. Research has suggested that few counselors are knowledgeable about the specific needs of this population and therefore are not adequately trained to respect the identities of their transgender clients (Bockting, Robinson, Benner, & Scheltema, 2004). Such lack of knowledge in turn often "limits transgender clients' access to care for which they have an urgent need" (Bockting et al., 2004, p. 279). Unfortunately, many of these studies focus on risk and pathology models of care and do not take into account resilience and strength-based approaches to understanding the transgender experience.

In addition, there is a dearth of counseling literature and knowledge relating to transgender individuals' lived experiences and the understanding of the intersection of sexual orientation and gender identity (SOGI). A barrier to understanding the interactions between gender identity and sexual identity development of female-to-male transgender individuals (FTMs) may be the continued conflation of these constructs. *Gender identity* has been defined as the experience an individual has as a man, woman, neither, or a gender in between (Vanderburgh, 2007); whereas *sexual identity* has been defined as "a specific manifestation of sexuality as expressed through sexual, affectional, and relational predispositions toward other persons on the basis of their gender" (Moradi, Mohr, Worthington, & Fassinger, 2009, p. 6). In this article, the authors review the literature related to FTMs' sexual identity development, describe a grounded theory of sexual identity development for 11 FTMs, and discuss research and counseling implications for working with this group.

DEFINITIONS

Due to the wide expanse of terminology that is used within lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) communities to refer and define *sexual orientation* and *gender identity* (Fassinger & Arsenau, 2007), several terms and concepts must be defined. Language and terminology regarding transgender individual's lived experience has been shifting over the years; in an effort to isolate the construct under investigation, this study focused on the experiences of male-identified transgender individuals.

Language surrounding identity for FTMs can often be influenced by the gender of their intimate partner and by their relationship status (Grossman, D'Augelli, Salter, & Hubbard, 2005). Same-sex couples are often referred to as either gay (male or male-identified) or lesbian (female or female-identified), whereas multigendered couples are usually referred to as heterosexual or

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straight (Carroll, 2010). People who are attracted to individuals of both genders are typically referred to as bisexual or pansexual. *Pansexual* is used by individuals who object to the gender binary (Kuper, Nussbaum, & Mustanski, 2012). The gender binary assumes that there are only two gendered choices: male and female. Pansexual individuals are typically accepting of the idea that gender occurs along a continuum. As such, if an FTM is affectionally attracted to women (or female-identified people) before and after transition, he is considered to have a heterosexual identity posttransition (unless he chooses to self-identify in another way). Likewise, if an FTM is affectionally attracted to men (or male-identified people) before and after transition, he is considered to have a gay identity posttransition.

Transition is the process that a transgender person might complete in an effort to achieve congruence between one's birth sex and one's lived experience of gender (Lev, 2004). There are two types of transition. Social transition is a transition in which a person may change his or her name and various identity documents to the extent allowed. Social transitions are more common in children and adolescents (Carroll, 2010), as they are typically not allowed by the medical establishment to complete a medical transition until they have reached the age of majority in their country of origin (World Professional Association for Transgender Health [WPATH], 2011). The second type of transition is a medical transition. This may involve some or all of the following steps: (a) hormone treatment, (b) nongenital surgeries (e.g., chest masculinization surgery), and (c) genital reassignment surgeries. These surgical procedures are sometimes called gender affirmation surgeries.

Transgender has been used as an individual and a collective term (Carroll, 2010; Grossman et al., 2005). A transgender person is an individual who takes social, legal, and/or medical steps to change his or her gender identity. In the past this term has been used as an umbrella term to refer to all people who choose to live outside of the traditional gender binary (Lev, 2004), which includes transsexuals and cross-dressers. The term *transsexual* is rooted in the medical model that has been used for many years (Gay & Lesbian Alliance Against Defamation [GLAAD], 2010; Reicherzer, 2008). A transsexual is usually considered to be a person who undergoes medical care related to a physical transition. It is also important to define the word *queer*—a word that has historically been used as a derogatory term to refer to gay, lesbian, and bisexual individuals (Vanderburgh, 2007). In recent years members of the LGBTQQ community have worked to reclaim this identity as a positive way of indicating one's sexual orientation (GLAAD, 2010). Diamond (2008) referred to *queer* as a label that "resists rigid categorization" (p. 187).

Sexual Identity Development in FTMs

There is little research that helps one understand how gender transition affects one's sexual identity. One of the earliest articles in this topic was

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published in 1993 (Coleman, Bockting, & Gooren, 1993). In that study, the authors reported on FTMs from The Netherlands who had a gay identity after transition and at the time were believed to be quite rare. That study examined a person's sexual identity and the ways in which that identity shifted as the result of claiming one's gender identity. That study did not examine the sexual orientation of the FTMs prior to transition, so it is unclear whether the individuals had changed their sexual orientation. More recently Bockting, Benner, and Coleman (2009) published the results of a similar study that was conducted in North America. This mixed-methods study examined the differences between transgender gay men and cisgender gay men (*cisgender* is a term that has been used to refer to individuals who do not have a transgender history; Serano, 2007). The goal of the study was to determine whether the results of the earlier study conducted by Coleman et al. (1993) were generalizable with a sample from the United States. Bockting et al. note that the sample used in the 2009 study represent what they have termed a "different generation ... of transsexuals" (p. 689) and called for additional qualitative work for the purpose of developing models of sexual identity development in the transgender community. The authors called for this additional qualitative research to "explore the nature and development of transgender sexuality" (Bockting et al., 2009, p. 699).

Literature exploring the sexual identity development process for FTMs continues to be rare (Singh, Boyd, & Whitman, 2010) despite the increase in studies that have investigated general psychological well-being of this population (Davis, Saltzburg, & Locke, 2009; Erich, Tittsworth, Dykes, & Cabuses, 2008). Historically, authors have chosen to base a transgender person's sexual orientation on the individual's birth sex (American Psychiatric Association [APA], 1980; Benjamin, 1966; Chivers & Bailey, 2000); therefore, an FTM who is attracted to men posttransition would be considered by these authors to be a female, heterosexual transsexual. This method of referring to one's sexual orientation based on birth (anatomical) sex negates the transgender person's affirmed gender identity and fails to acknowledge and honor a person's lived experience. Understanding a person's sexual identity and the process for the development of that identity requires a deeper understanding of that lived experience. Difficulties associated with a gender transition are likely to be exacerbated if there are ongoing questions about concurrent sociocultural identities such as that of sexual identity. For example, if an FTM is in a committed relationship with a lesbian prior to transition, it is entirely possible that posttransition there will be challenges for the couple in understanding the parameters of the existing relationship and regarding sexual attraction in general.

This study was conducted in an effort to gain clearer knowledge of sexual identity development for FTMs so that those working with FTM clients can be better prepared for the identity variations that may occur. The specific research question guiding the grounded theory inquiry was How do FTM

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transgender men describe the interaction of their gender and sexual identity development?

METHOD

The researchers used a grounded theory inquiry to identify how participants described their sexual identity development process (Corbin & Strauss, 2008). Grounded theory is an inductive approach that allows researchers to become heavily immersed in the data with the intention of building theory (rather than verifying existing theory) related to previously unresearched phenomena (Fassinger, 2005). This prolonged engagement with the data allows a recursive, ongoing process of data analysis where the researchers of the current study obtained a subjective experience of participants' sexual identity development as transgender men.

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Researcher Assumptions and Biases

The research team comprised one counseling psychology doctoral student and two faculty members in counselor education programs. The primary author identified as a White, FTM transsexual, gay man. The second author identified as a White, queer man and was assigned "male" at birth. The third author identified as a South Asian queer woman who was assigned "female" at birth. All researchers had experience with qualitative research methodologies and were involved community members in local and national transgender communities as activists and researchers.

A grounded theory method guides researchers to identify their assumptions about the topic of inquiry and integrate these biases as part of the data collection and analysis (Creswell, 2006). Motivated by standards of trustworthiness, the researchers recognized that their reflexivity, or "self-awareness and agency within that self-awareness" (Rennie, 2004, p. 200), was necessary to learn about the construct under investigation. Prior to the beginning of data analysis, the researchers met to identify researcher assumptions. These biases included the assumption that sexual identity development and gender identity development were processes that were interrelated and important areas of study. The three researchers also held the assumption that participants would identify societal barriers (e.g., heterosexism, sexism) to their sexual and gender identity development. Finally, the researchers were active members in the movement within counseling and psychology to take a strengths-based approach to understanding transgender people by moving away from viewing transgender people as living with a mental disorder. These biases were documented and discussed related to each stage of the research process and therefore became a particularly important component of the data analysis stage.

Procedure

After obtaining approval for the study from the university Institutional Review Board, the first author interviewed participants at a national conference for transgender people in the upper midwestern United States. The conference provided a variety of workshops that were focused on understanding the transgender experience with a special focus on transgender men. The first author marketed the study by preparing a research table in the exhibit area of the conference location. Participants were recruited by handing out fliers at the table and by offering a $25 cash incentive for participation. Standards of trustworthiness for qualitative research and grounded theory call for the use of purposeful sampling to ensure that participants sampled have a rich experience of the phenomenon of inquiry (Fassinger, 2005; Patton, 2002). The criteria for the purposeful sampling used in this study included that participants identified as (a) FTM and (b) older than age 18 years.

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Instruments

Two instruments were used for this study: a demographic questionnaire and semistructured interview as described below.

Demographic questionnaire. Participants completed a brief demographic questionnaire that asked eight questions related to age, gender, race and ethnicity, relationship status, family income, work, and education status. Eleven participants (age range was 27–54, $M = 42.7$) with racial/ethnic identities including one African American, eight White, and two people of mixed ethnicity (Native American and White, and African American and Native American) took part in the study. With regard to gender identity, nine participants identified as male and two as FTM. In this article, all research participants' sexual identities will be based on their gender identity or expression within the context of the individual's transition status, which is consistent with the participant's identity. The sexual identity of all participants is described in Table 1.

Most participants were not in a relationship at the time of the interview ($n = 6$). Three participants identified that they were in a same-sex relationship. These three people had been in their respective relationship for either 10, 21, or 34 years. The remaining two people were in heterosexual relationships (of 2 or 5 years). Participants were asked about family income and most reported that they "do okay, but money is tight" ($n = 6$). The remainder stated that they "live comfortably" ($n = 5$). The participants were highly educated. Six of the 11 participants had graduate degrees, and all but one attended a 4-year college.

Semistructured interview. The primary author interviewed each participant using a semistructured format to explore participants' subjective

TABLE 1 Participant Reported Sexual Identity Pre- and Posttransition

	Sexual Identity	
Participant	Pretransition	Posttransition
Corey	Open, drawn to female	Pansexual, drawn to female
Tony	Pansexual	Pansexual
Chris	Queer	Queer
David	Gay Man	Gay Man
Jason	Lesbian	Heterosexual
Drew	Lesbian/Queer	Gay/Queer
Ben	Lesbian	Queer
Adam	Heterosexual	Gay
John	Asexual	Gay
Fred	Lesbian (best fit)	"I don't know"
Andy	Heterosexual	Heterosexual

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experiences of the intersections between gender identity and sexual identity development (Creswell, 2006). An interview protocol (Table 2) was used with interview probes about the manner in which a participant defined demographic data such as gender and sexual identity. This interview protocol was developed based on the most recent literature exploring sexual and gender identity development processes. Participants were also asked how they came to identify their current gender and sexual identity development processes. Further, they were asked to talk about the ease and/or difficulty they experienced in defining these identities for themselves, in addition to how they chose to share their gender and sexual identities with others in their life. Questions also probed at the extent to which participants felt it necessary to hide their sexual identity from family, friends, and coworkers. Finally, they were asked how the LGBTQQ community and the media have affected their identity. Interviews were 45 to 120 minutes in length and were transcribed verbatim by a professional transcriptionist.

Data Collection and Analysis

Interviews were conducted in a private hotel room to ensure participant confidentiality. The first author also presented at this conference, but there was no connection between the author's presentations and the research data collection.

Within the standards of trustworthiness, Morrow (2005) identified the criterion of "adequate amounts of evidence" (p. 255) that strengthens qualitative research by recognizing that an ample amount of data is necessary to capture the richness of the phenomenon under investigation, and that a data collection instrument should be reviewed and changed to account for the increasing amount of data during the collection process. The first author collected

TABLE 2 Interview Protocol

Number	Question
1	You said on the demographic form that you identify as _____. What does that mean to you?
2	You said on the demographic form that prior to your transition, you identify your sexual orientation as _____. What does that label mean to you?
3	You said on the demographic form that after your transition, you identify your sexual orientation as _____. What does that label mean to you?
4	How did you come to use these labels to identify yourself? Did you come to these descriptions on your own, or did you learn them from someone or from somewhere? If so, where?
5	Describe how you came to know your sexual orientation identity in whatever way you feel comfortable.
6	Were there parts of this learning about yourself that were difficult for you? Were there parts that were difficult for you to understand? Were they difficult emotionally?
7	Were there parts of this learning about yourself that were not difficult for you? Were there parts that just seemed to fit naturally to you? Were there parts that seemed to fit you better?
8	Describe how you came to let others know about your sexual orientation identity in whatever way feels comfortable for you.
9	Who was someone with whom you discussed your sexual orientation identity that was meaningful for you? Can you describe that experience? (This may be altered to look at this discussion before AND after transition given data collection).
10	Were there people who were important to you in this process that were or still are important to you?
11	Is there a time where you felt that you had to hide your sexual orientation identity? Please describe.
12	Describe an instance where it was difficult for you to reveal your sexual orientation identity to someone else. How did that feel? What was the end result of that instance?
13	How do you think that your background as transgender has affected your sexual orientation identity development?
14	Does your family know that you identify as transgender? Do they know about your sexual orientation identity as (*insert label from A category*)?
15	(*Ask only to nonheterosexual participants*). Describe your family's impact on your ability to be out as LGB. What do they do that makes it easy for you to be out as LGB, if applicable. What do they do that makes it hard?
16	Are you in an intimate relationship? How has your intimate relationship impacted your sexual orientation identity? How has that relationship been difficult for you to navigate the context of your sexual orientation identity and gender identity?
17	Describe your transgender community's impact on your LGBQ identity. What do they do that makes it easy for you to be out as LGBQ, if applicable? What do they do that makes it hard?
18	If applicable, describe the LGB community's impact on your gender identity? What do they do that makes it easy to identify with your identity as transgender? What do they do that makes it hard?
19	Knowing what you know about LGB individuals who do not identify as transgender, how has your experience been different from theirs?
20	Describe society's impact on your ability to be out. What are societal influences that make it easy for you to be out as LGB and T, if applicable? What are influences that make it hard?
21	Describe what you've learned from society (media, TV, magazines) about being an LGB individual who is also transgender. How did learning these things impact you?
22	As you experienced your transition, at what points did you reevaluate your sexual orientation? Were there particular milestones that prompted such a re-evaluation? Or, were there specific points in time?
23	Were you in an intimate relationship prior to your transition? Are you still involved with this person/these people? If not, can you describe how the relationship ended?
24	How do you think that your decision to transition affected your relationship?

SOGI = sexual orientation and gender identity.

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all data using a semistructured interview, but because of the difficulty in accessing the transgender community for research (i.e. reluctance on the part of some transgender people to participate in research for fear of being objectified and the need for some transgender men to live in stealth, meaning that they are not out as a transgender person; Currah, Juang, & Minter 2006; Valentine, 2007) the researchers elected to collect the data during a conference where the review and changing of the data collection instrument was not possible.

In the first step of data analysis, the researchers revisited their assumptions about the topic. The data was first coded using an open coding method in which the authors examined the participant transcripts and identified categories based on frequency of words, phrases, or ideas. This coding method allowed the language of the participants to guide the development of category, subcategory, and coding labels in which data was grouped to recognize patterns. This method was supplemented with a line-by-line coding method, in which the authors examined two to three paragraph passages from each interview and coded them line by line (vs. looking for frequency of words or phrases) to create coding and category labels.

In the second step, researchers used an open coding process where they each analyzed one interview to identify multiple potential codes and themes for each line of text. Researchers came to consensus on these codes and themes and developed a codebook from this process, which guided future coding of subsequent interviews (Corbin & Strauss, 2008). This codebook was continually refined throughout the data analysis process. Further, the researchers met often to talk about and reflect on their own biases, and to talk about discrepancies within the coding processes of various interviews.

In the third step of data analysis, researchers used axial coding to identify subcategories in the data and their interrelationships (Creswell, 2006). The researchers took categories and their subcategories and made connections among them by applying the categories and subcategories to the data to confirm that the relationships initially made between categories and subcategories did exist. By making these connections, the authors were able to identify and explain different components of the phenomenon under investigation. For example, they identified whether categories and subcategories were a causal condition that influenced the phenomenon of sexual identity development, a contextual condition that was a characteristic of the participants' specific time and place during investigation, or a strategic action that depicted how participants handled, reacted to, or interacted with the phenomenon as they encountered it.

In a fourth step, researchers moved to selective coding, a process in which each interview was analyzed to investigate common and divergent themes across the interviews (Corbin & Strauss, 2008). This was a lengthy and recursive process that included constant comparison and consensus making on the selective codes that all three researchers identified. This process

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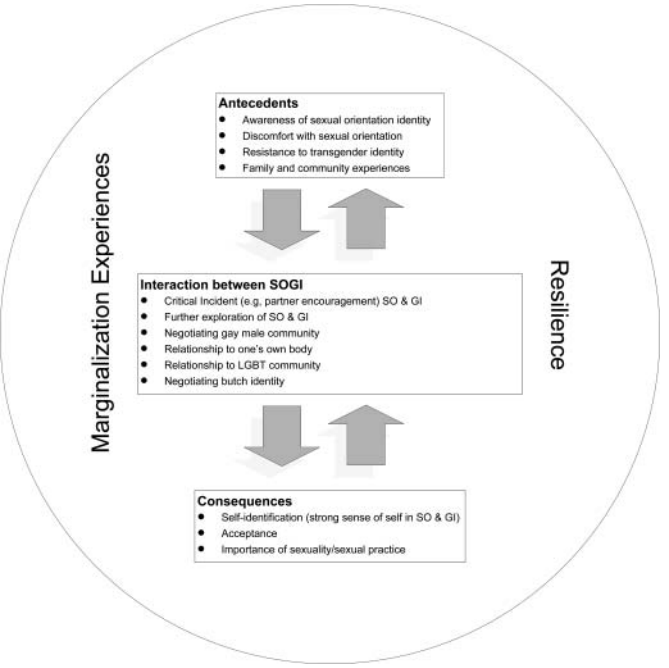

FIGURE 1 Sexual Identity Development of Female-to-Male Transgender Individuals.
Note. This model provides a graphical representation of the intersections of sexual orientation and gender identity (SOGI). It includes examples of antecedents, interactions, and consequences of this development process. It also diagrams the overarching nature of marginalization and resiliency.

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resulted in members of the research team auditing (another method of obtaining research rigor as outlined by the standard of trustworthiness; Morrow, 2005) one another's coding and checking themes across different participants as a group.

In a fifth step, a model of sexual identity and gender identity development was identified for the 11 participants (see Figure 1). This model represents the standard of trustworthiness of "adequacy of interpretation" (Morrow, 2005, p. 256), and made the researchers aware of their biases as they worked to find connections and relationships within the data collected.

Trustworthiness

Morrow (2005) described the phenomenon of "trustworthiness" as standards of credibility for qualitative research that emerge from qualitative research itself and are not based on quantitative methods. To strengthen the trustworthiness of the study, researchers utilized a research team in which peer debriefing and recursivity of data interpretation was integrated into research

team meetings. The researchers also conducted an internal audit at the end of the data interpretation where they reanalyzed all 11 interviews to ensure there was not data negating the theory and/or not accounted for with the identified grounded theory. This involved rereading each interview to check for coding consistency. Researchers also accounted for trustworthiness through adequacy of interpretation by memo writing, in which the authors wrote a series of thoughts, hunches, and interpretations about how they felt codes connected to each other, and what preliminary hypotheses they had about theory as it emerged from the axial coding process. They also addressed trustworthiness through adequacy of interpretation by auditing the coding for bias, assumptions, and fit between open codes and their categories. The researchers then constructed an analytic framework in the form of a visual model of participants' sexual identity development across their exploration of their gender identity that was revised and audited throughout the coding process.

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FINDINGS

This model (see Figure 1) indicated an interaction of (a) three domains that described influences on the participants' sexual identity, (b) the participants' own respective development processes, and (c) the expansion and differentiation of the participants' sexual and gender identities. Further, a model that fully captured the participants' sexual identity development needed to not only recognize an interaction between these factors, but also show how the different factors impacted the participants' development (see Figure 1). Therefore, the researchers identified a model that depicted the different domains that affected the participants' experiences of intersections between their gender and sexual identity development. In addition to these domains, the model included cross-domain constructs. These constructs (marginalization and resiliency) had an impact on the participants' development across multiple domains. These cross-domain constructs represented items that could not fit into the one specific domain of the model but instead interacted with each of the domains within the model and had a different impact on the participants' development within each domain. The three-domain multidimensional identity development model is described below by addressing each domain and corresponding cross-domain constructs individually.

Analytic Model of Interactions Between Gender Identity and Sexual Identity Development

The data depicted that these three parts were (a) antecedents, (b) interaction between sexual orientation and gender identity (SOGI), and (c) consequences. In addition, this model indicated an interaction of (a) the influence

of multiple cultural communities on the participants' development and (b) the participants' own resilience and/or marginalization experiences throughout the developmental process. The researchers found that the data clustered into three distinct domains that helped to describe the complex nature of sexual identity development for this population.

The data found that the three distinct domains also often intersected with each other due to the fluidity and conceptual proximity of gender and sexual identity development. Specifically, the arrows in the model illustrate the reciprocal and revolving notion of the domains (vs. an implied, linear relationship that may be found in other identity development models). Further, the data depicted that the constructs of marginalization and resilience intersected with each of the domains. Resilience was seen as a means of addressing marginalization. The model accounts for these intersections across the three domains by putting the constructs of marginalization and resilience as fluid constructs on its periphery to depict that they affect the domains in the center of the circle. The three-tiered, multidomain development model is described below by addressing each domain individually as well as articulating ways in which the domains intersect with each other.

Domain 1. Antecedents. The identity development process in this first domain (see Figure 1) depicted how the participants' recognitions of their sexual identity development either began through an already existent recognition of their gender identity or how their sexual identity informed their gender identity. For example, Adam, a 41-year-old, gay-identified male, noted that he recognized his male gender identity early in his life, giving him a space to later see his questioning of his gender identity as a separate, distinct construct that allowed him to explore his gender and sexual identity separately:

> And what happened with me was growing up, as I said, I was female bodied and very masculine so I got called a lesbian all my life. . . . That was the explanation for masculine female bodied people, what else could there be? And the fact that I had almost no attraction to women didn't seem to phase people . . . my first serious girlfriend basically figured out that I was a) trans, and b) gay in three dates. She was that intuitive, and she got me to deal with [both my gender identity and my emerging sexual orientation].

Adam's quote depicts how he was able to titrate his sexual identity from his gender identity and consciously explore his attraction to other people as a result of learning about his own body. Further, his quote exemplifies how his gender expression during earlier developmental experiences was identified as part of his sexual identity, not his gender identity. Such an antecedent served as a catalyst for exploration of gender identity when participants were ready to recognize it. In Adam's case, his gender identity informed his

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sexual identity. The data showed that transgender men had varying, or fluid, processes surrounding their sexual identity development.

Data also depicted how the antecedent domain intersected directly with the constructs of marginalization and resilience. Participants often experienced discrimination and oppression as they began to first discover their sexual and/or gender identity. As many of the participants noted their gender identities first, they often found that they experienced oppression regardless of how long after they discovered their sexual orientation and therefore engaged in resilience strategies to overcome the marginalization of combating transgender and sexual orientation-related discriminations. Ben, a 43 year-old male, spoke about the experience of shifting from his lesbian and transgender identities, in part because he had trouble finding support:

> Lesbian was something that I took on after taking on transsexual when I was 20–21. I came out first as trans but didn't have the social support and ah, the mental health community, medical community support, that would be 1983, [was a] very, very different system. And so with a 15-minute … interview with a psychiatrist and a bottle of hormones and needles, that nobody ever told me what to do with; I wandered out into the world. … I didn't know what to expect … when stuff shifted … I freaked out because I didn't know what to expect and I had no support. … I went back into the lesbian community, … at least I knew what to do there.

Data exemplifying Ben's experiences highlight how he struggled to find support, and he also struggled to find a home. Although he knew about his gender identity first, he couldn't cope with the lack of support from institutionalized communities. Further, without the benefit of support, his first attempt to transition was too much to handle, and therefore he focused on his lesbian identity. Such data exemplify participants' desires to prioritize the shifting of one identity over the other so as not to be consumed by the oppression of multiple, marginalized identities.

Domain 2. Interactions between sexual and gender identity. The identity process in the second domain (see Figure 1) involved the participants' experiences of how they felt about the constructs of gender and sexual identity and this domain's impact on their ability to know their sexual identity specifically. Some participants recognized how feeling comfortable in their own physical body was a catalyst to explore their physical relationship with other possible partners, whereas other participants noted how their exploration allowed them the self-analytic tools to explore their sexual identity. David, a 54-year-old transgender man of Cherokee and White heritage, had always identified as a gay man. He was able to recognize how his awareness of attraction to other men really began to solidify experiences of his gender identity, and how those experiences then, in turn, helped him to further

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explore his identity as gay male. In one example, David recounted how he and his partner had recently attended a retreat that was designed to help couples enhance their relationship skills. David reported how a moment between he and his partner helped him recognize his identity as a man, which in turn reinforced his identity as a gay man:

> And the next day, after a hard workshop in which the facilitator was talking about negotiating a marriage contract and changing clauses and opening the marriage and stuff, got upset. And so, after lunch, we went up to our room and [my partner] said, "I'm sorry, I don't know what to do. I really need the touch of a man," and I [David] was able to say, "I'm that man, I've always wanted to be your man."

This interaction allowed David the voice to express his gender idenity to his husband for the first time. Though David had identified as being a gay male all of his life, having been born into a female body he married a man. David and his husband remain together as a couple and now feel secure in their identities as gay men.

As with the first domain described earlier, data also depicted how this domain of intersection between gender and sexual identity intersected directly with the constructs of marginalization and resilience. Participants often experienced discrimination and oppression as they began to examine the interactions between their own gender identity and the gender of the individual to whom they were emotionally and/or physically attracted. Participants differed in how this intersection came to be or was depicted but often found that they experienced oppression regardless of the order and therefore engaged in resilience strategies to overcome it. David noted how his intersecting realizations of his gender and sexual identity were affected by the cross-domain construct of marginalization. He felt as though his sexual identity development may have been hindered by the transphobia that he experienced within gay male communities:

> So, I thought I had no choice, so therefore I buried what I felt [about being FTM and gay]. And I didn't know how to deal with the inclusion because it was always to gay guys who said "Well, you're a female so to heck with you," until I met my husband.

Although David did not initially come out as trans to his husband, he was able to eventually explore his gender and come to terms with his masculinity. His story is an example of working through the marginilization he experienced in the gay male community that was buffered by his own resilience, while exemplifying how resilience helps against oppression stemming from a combination of gay and male communities.

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Domain 3. Consequences. The identity process in this third domain (see Figure 1) involved the participants' recognition of how the interaction between gender and sexual identity had an impact on other areas of their lives. Specifically, participants noted the difficulty that this intersection had in their ability to currently access social support and how they anticipated that gender identity would help them to more fully integrate into a community that would be based on members' sexual identities. Drew, a 48 year-old gay male, noted that he experienced consequences with regard to how he was perceived, in part because of his disability:

> And now you know, trying to navigate in the gay male community is, I find it a major struggle for me as well. Because there are, I mean, there are some men who are very much into trans men. . . . But a lot of men, because I have a disability and stuff, they just see that and it's like they don't even get past that stuff . . . so many people see disabled people as nonsexual beings . . . there's a lot of rejection . . . isolation . . . alienation . . . I've had to build a thick skin in order to deal with it . . . I am still hoping.

Drew's experience exemplifies how his gender identity and his disability has had and continues to have a direct consequence on his access to gay male-focused communities.

Data from this third domain (see Figure 1) also highlighted the participants' experiences of ramifications or consequences that intersected with the cross-domain constructs of marginalization and resilience and of their gender and sexual identity development. Corey, a 27-year-old White, FTM who identifies as pansexual, has an adoptive and a biological family. Data exemplified how Corey continued to be challenged by the need to get permission from his adoptive family if he wanted to return to his childhood home. Corey reported being out as pansexual to his biological and adoptive families, but his adoptive family is not supportive of his identity. Corey reported that a consequence of being out to his adoptive family was his inability to connect with other members of his biological family:

> My biological families don't do anything to hinder or support necessarily but it's just, I am. I don't worry about bringing someone home. . . . As far as my adoptive family, there is more than just the sexual identity or the gender identity that ties into it. . . . But I'm not allowed whatsoever to go up to [that] part of the state without contacting [my biological family first] . . . my high school 10-year graduation reunion thing is in a year, I'm planning on attending and that's going to be in the hometown. You've got a year to deal with this or move, I don't care.

This data exemplified how the construct of marginalization intersected with the domain of consequences for Corey and prevented him from being able

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to make decisions about how and when he interacts with the people he grew up with.

DISCUSSION

This study was conducted in an effort to gain clearer knowledge of sexual identity development for FTMs so that counseling practitioners working with FTM clients can be better prepared for the variations of sexual identity development that may occur in this clientele. The findings suggest that sexual identity development is a fluid process and may or may not be informed by gender identity development for the participants in this study. The variations in the participants' data indicate that there is no clear path for sexual identity development. Some participants were lesbian identified prior to transition and remain attracted to women but identify as queer. One participant was straight prior to transition, and remained straight after transition when his attraction shifted from men to women.

The transgender men in this study shared they identified their sexual identity development as being grounded in their identified gender, as opposed to the sex they were assigned at birth. This study supports the notion that to be affirming of a client's sexual and gender identity, counselors should seek to understand how the clients define their own sexual orientation. This study explored a model of development by examining the factors that helped to facilitate and detracted from an individual's development. For instance, the stories help to explain the complexity of transgender men's lives related to their sexual and gender identity development, as has been found in previous research (Bockting et al., 2009).

Counseling Research, Training, Supervision, and Teaching Implications

There are several implications of this study for counseling research and training with regard to the sexual identity development of FTMs. Unlike traditional grounded theory designs where the researchers can revisit initial participant interviews and invite recursivity into the qualitative design, the participants in this study were interviewed only once. There were several times during the data analysis where the researchers would have liked to follow up with questions about the participant interviews. The decision to interview participants once was based on the fact that it remains challenging to access a readily available FTM sample (Herbst et al., 2008, Namaste, 2000). Future research should integrate online components to supplement semistructured interviews. For instance, use of instant communication technology (e.g., instant messenger, Skype, etc.) may be a less intrusive way to follow-up with participants. Indeed, future studies may consider conducting

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e-mail interviews or video interviews that would increase access to potential participants. The drawback of this approach would be that the sample would be limited to participants who had online access, which may limit understanding of FTMs who have lower socioeconomic and/or educational status.

It is critical that counseling practitioners take the time to understand the ways that transgender men are experiencing their gender and sexual identities. Although it can be easy to make assumptions about how a transgender man identifies his sexual orientation, it is critical to allow transgender clients the opportunity to not only define their respective sexual identities for themselves but also to be able to redefine their sexual and gender identity as they shift individually and collectively. The stereotypes regarding transgender men having come from the lesbian community and only being sexually attracted to women is not supported by the results of this study. Counselors may need to be ready to talk about sexuality issues with transgender clients as a part of exploring the implications of transition.

In addition to research and practice, this study has direct implications for training counselors who work with the transgender community. Supervisors should encourage counseling trainees to explore interactions between sexual and gender identity not only in their work with clients, but also within their own value systems and gender explorations. Encouraging and facilitating counseling trainees' critical self-examinations of such intersections can be an important facet of trainee development of self-awareness (American Counseling Association, 2010). It is important to use portions of the supervision session to ask trainees specific questions about how identities intersect (e.g., "How do you think your client's sexual identity is affecting his transition process? Has this intersection come up in your sessions before?").

In addition to applied training in counseling supervision, this study also has implications for didactic coursework in counselor education programs. It is important that counseling courses infuse transgender concepts throughout course offerings. At best, most courses will set aside a single class session or unit to discuss transgender identities. Given the complexity of transgender concerns and the ways in which sexual identity is woven into this topic, it is important to give more than a cursory examination of this topic in counseling courses.

Limitations of Study

This study was an initial exploration into the interactions of sexual identity and gender identity for participants, and therefore this study has limitations and implications for future research. One of the major limitations of this study was participants' transcripts were not reviewed for accuracy by the participants themselves. The reason this was done was to maintain the anonymity

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of the participants and to capture the opportunity to gather data from participants who have been known to be difficult to access (Herbst et al., 2008; Namaste, 2000). Another limitation of the study was that the questions asked of participants remained constant over the course of the interviews. When using grounded theory, recursivity is an important component where previous data collected is informed by subsequent data collection. Because there was a one-time data collection, the current study is limited in this regard because recursivity might have invited participants to answer additional questions. However to sample participants that fully captured various facets of the phenomenon of interest, the researchers chose to interview participants without using the feedback loop inherent to other qualitative studies. Although this decision undoubtedly impacted the data collection, the researchers felt it was important to sample a wide variety of individuals that may not have been sampled using alternative methods. However, these limitations of recursivity were also ameliorated by the use of additional methods of trustworthiness (e.g., check-ins and processing by members of the research team with one another, peer debriefing, recursivity of data interpretation within the research team, and internal audit of the data).

A further limitation of the study was that all participants were attendees at a conference held in the midwestern United States. This provided a limited group of people to draw from as potential participants. Additionally, participants who attended the conference are likely to be of a higher socioeconomic class given their ability to afford to attend a conference.

Future studies with this group might explore different aspects of the interaction between gender identity and sexual identity development. For instance, participants described how contextual factors influenced the expression of their sexual attraction and desire. However, the scope of this study did not provide the opportunity to explore the actual behaviors and practices of participants. Important questions then remain. How do FTMs perform their gender identity in relationship to their sexual identity in different contexts? What access do they have to safer sex information? What are the counseling needs of this group at various times in their identity processes? This study provides a rich starting point to examine these questions from both qualitative and quantitative approaches.

CONCLUSION

This study aimed to generate a grounded theory of the sexual identity development of FTMs. The resulting model identified interactions between numerous cultural communities and individuals' experiences of resilience and/or marginalization. Counseling professionals should be aware of the distinction between gender identity and sexual identity constructs, while also being able to explore the important intersection of gender and sexual identity for FTMs

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in order to provide helpful counseling. In addition, further exploring the grounded theory and model of this study in counselor training and research is important to building understanding and competence in work with this group.

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