

Chapter 6

Transgender People Negotiating Intimate Relationships

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Introduction

Given the relationship between experiences of discrimination and poor mental health outcomes, it is perhaps understandable that much of the research to date focusing on transgender people has concentrated on the mental health of this population. Such research has been important for documenting experiences of marginalization and victimization, and for identifying the needs of transgender people in terms of mental health service provision (see Riggs, Ansara & Treharne, 2015, for a summary). Yet this focus on discrimination and mental health only speaks of one – albeit significant – aspect of the lives of transgender people. Much overlooked are the experiences that transgender people have of negotiating intimate relationships.

In order to contribute to the growing body of research on transgender people and intimacy, the present chapter begins by first providing an overview of previous literature on the topic, before reporting on findings from an Australian qualitative study. Importantly, the findings suggest both that understanding transgender people's experiences of intimacy cannot occur absent of an understanding of the effects of discrimination, but that recognizing the impact of discrimination does not explain all there is to know about transgender people's experiences of intimacy. Beyond the impact of both discrimination and cisgenderism, for many transgender people experiences of intimacy are fulfilling and meaningful. The chapter concludes with recommendations derived from these findings for clinicians who work with transgender clients.

Previous Research

Transgender people's experiences of intimacy as documented in previous research tend to fall under one of four themes. The first theme emphasizes the effects of cisgenderism upon transgender people in terms of intimacy. The second theme documents the effects of gender dysphoria upon some transgender people's willingness to negotiate intimate relationships. The third theme highlights the impact of medical aspects of transitioning upon some transgender people's experiences of intimacy. Finally, the fourth theme emphasizes the unique and positive ways that many transgender people negotiate intimate relationships. These four themes are now each explored in turn.

Impact of Cisgenderism Upon Intimacy

Cisgenderism is defined as the “the ideology that delegitimizes people’s own understanding of their genders and bodies” (Riggs, Ansara & Hegarty, 2015). Such delegitimation takes a number of forms, and includes when people refer to transgender people as not ‘real’ men or women, when transgender bodies are treated as fetish objects, and can include more generalised negative or violent responses towards transgender people.

In terms of transgender people’s experiences of intimacy, research by Tobin (2003) suggests that in some cases cisgender (i.e., non transgender) partners of transgender people contribute to the delegitimation of their partner’s gender identity. This occurs, for example, when a transgender man is treated or referred to as female in intimate encounters with a cisgender partner. This often occurs when anatomy typically viewed as female (i.e., a clitoris, vagina, or breasts) is referred to as such by cisgender partners, despite many transgender men re-gendering these body parts as masculine (a topic explored in more detail in the fourth theme below).

In terms of the fetishisation of transgender people, research by Riggs, von Doussa and Power (2015) suggests that many transgender people find it difficult to negotiate intimate relationships with cisgender partners due to the perception that their bodies are fetishized, which can be experienced as a barrier to meaningful intimate relationships. Tompkins (2014) argues that, on the one hand, the treatment of transgender people as desirable solely on the basis of their transgender status is fetishizing. On the other hand, Tompkins suggests that stating that a transgender

person's status is irrelevant denies the lived realities of transgender people and ignores the specificity of transgender embodiment and intimacy. In between these two polarized positions, Tompkins suggests, can lie a genuine attraction by some cisgender people to people of a diverse range of embodiments, in which such diversity is respected without being fetishized.

Finally in terms of the impact of cisgenderism, Gamarel, Reisner, Laurenceau, Nemoto and Operario (2014) suggest that negative societal attitudes towards transgender people impact upon transgender women's relationships with cisgender men. Specifically, they suggest that negative attitudes may be internalised by both transgender women and their cisgender male partners, and that this can impact upon relationship satisfaction and mental health. As they suggest, a decrease in relationship satisfaction and reduced desire for intimacy can especially impact upon how transgender women view themselves and their bodies in terms of intimacy and self-esteem.

Effects of Gender Dysphoria Upon Intimacy

The language of 'dysphoria' in relation to transgender people is widely contested. Primarily such contestation stems from the fact that the diagnosis of 'gender dysphoria' is seen as pathologising, and the requirement of a diagnosis in order to access services is seen as marginalizing. For many transgender people, however, a sense of dysphoria is keenly experienced and impacts upon willingness or capacity to enter into intimate relationships.

For example, Tobin (2003) suggests that some of his transgender participants were unwilling to enter into intimate relationships because of a sense of dissatisfaction or discomfort with their bodies. Importantly, some of his participants negotiated alternate ways of thinking about their bodies that allowed them to experience satisfaction in intimate encounters (a topic explored further in the final theme below). Nonetheless, for many of his participants a sense of dysphoria reduced their capacity or willingness to even entertain the possibility of intimate encounters with other people.

An additional concern noted in previous research in terms of dysphoria, as documented by Doorduyn and van Berlo (2014) in their research with transgender men, is that for many transgender people feelings of dysphoria can also impact upon how intimacy is experienced. Doorduyn and van Berlo suggest that some of their participants who had managed to negotiate intimate encounters with cisgender partners felt that during the experience they were not in control of their body and its responses to intimacy, and that this led to the encounter being akin to a rape. Importantly, as Doorduyn and van Berlo note, “they felt not so much raped by their partners as raped by the *situation itself*” (original emphasis, p. 660). These findings demonstrate that for some people the experience of dysphoria has an extremely negative impact upon experiences of intimacy.

Effects of Medical Aspects of Transitioning

For many transgender people, hormones and/or gender affirming surgeries are an important aspect of transitioning. Whilst this is not true for all transgender people,

research documenting experiences of intimacy amongst transgender people has tended to include participants who have undertaken at least some aspects of medical transition. This research highlights two interrelated consequences of medical transition for expressions and experiences of intimacy: 1) changes to physical arousal and its impact upon sexual desire and sexual practices, and 2) psychological and identity changes resulting from medical aspects of transitioning.

In terms of physiological changes, Doorduyn and van Berlo (2014) report extensively on the differential effects of hormones upon transgender men and women. The latter, they suggest, often experience a decrease in sensitivity and arousal whilst the former experience greater sensitivity and desire for intimacy. For some of the transgender women in their sample the reduced degree of arousal was desirable, as in the past they had found erections to be distressing, whilst other transgender women in their sample found reduced arousal to be distressing. Another point of difference was that orgasms for transgender women who had commenced hormones tended to last longer than they had in the past, whilst for transgender men orgasms were briefer though more intense.

Brown's (2010) research with cisgender female partners of transgender men indicates that some such women struggle to adapt to changes in their partner's arousal as they go through medical aspects of transition. Specifically, some of the women Brown interviewed reported that their partners became more demanding and less emotionally connected to them during sex, which impacted negatively upon their relationship. For some cisgender women, then, medical aspects of transitioning as undertaken by their transgender partners are viewed as a barrier to intimacy.

Finally in terms of changes wrought by medical aspects of transitioning upon intimacy, Hines (2006) suggests that for many of the older transgender women she interviewed, their relationships with their wives changed following medical transition. Hines suggests that the quality of the relationship changed, though not necessarily for the worse. For many of her participants, whilst there was a reduction or cessation of physical intimacy (and especially sex), there was often an increase in tenderness and the strength of the caring relationship between the transgender women she spoke to and their wives.

Unique and Positive Negotiations of Intimacy

Emerging within research on transgender people and intimacy is a clear and consistent narrative that many transgender people find creative ways to negotiate intimacy both prior to and following transition, and that for many transgender people this leads to positive and fulfilling experiences of intimacy.

A strong narrative across research focusing on transgender men is the importance of being perceived of and treated as a man by intimate partners. Research by Tobin (2003) and Schleifer (2006), for example, suggests that for some transgender men, comfort with receptive vaginal intercourse with cisgender men becomes viable if the transgender man feels that they are viewed and treated as a man by their intimate partner.

This relationship between bodily comfort and being correctly perceived leads some transgender men to re-gender particular body parts so as to facilitate perceptions of

their bodies that align with their gender identity. So, for example, both Brown (2010) and Edelman and Zimman (2014) report that some transgender men refer to their clitoris as a dick or their breasts as their chest, and thus use language to refer to sex acts that relate to this terminology (so referring to oral sex performed on a transgender man as a ‘blowjob’). This re-gendering of particular body parts serves an important role in making intimate encounters viable for transgender people who may not yet have commenced or may not plan to commence medical aspects of transitioning.

Finally, Bolin’s (1988) research undertaken with transgender women suggests that for women who have not undertaken gender affirming surgeries, a penis can be re-gendered as a female organ, and thus remain a source of pleasure that is not psychologically distressing. For many of Bolin’s participants, whilst vaginoplasty was seen as desirable, it was also seen as potentially unlikely (particularly with regard to the costs associated with it). Findings positive ways to view their penis was thus an important approach to making space for intimacy and sexual fulfillment in their lives.

Research Project

The findings reported in the following section are derived from a research project undertaken by the authors, which focused on Australian transgender people’s experiences of parenting, relationships with families of origin, and intimate relationships. The project involved both an online survey (see Riggs, von Doussa & Power, 2015, for findings from the survey), and a series of interviews undertaken by the second author. Ethics approval for the project was granted by the second and third authors’ institution. With regard to the interviews, participants were primarily sourced

via the online survey. Upon completion of the survey participants were asked to indicate if they were willing to be contacted for a follow up interview to explore in greater depth the topics addressed by the research project. In addition to those participants recruited via this method (10), a further two participants were recruited via snowball sampling from one of the initial participants, and an additional participant was recruited via a call for participants disseminated via an email network.

In total 13 interviews were undertaken. These followed a semi-structured interview protocol. The focus of the analysis below is on responses to a particular series of interview questions related to intimate relationships. Participants were asked to describe their experiences of negotiating and being in intimate relationships, including both positive and negative experiences. The interviews were transcribed verbatim by a paid transcription service. The first author then read responses to these interview questions in order to identify common themes across the interviews, keeping in mind the themes identified above from previous research. Five themes were identified through this process. Of these, two aligned to a certain degree with previous research, namely 1) Negative effects of cisgenderism (with specific regards to the fetishizing of transgender bodies), and 2) Negotiations of intimacy across transitioning. Three additional themes were identified: 1) Pragmatic decisions about non-intimacy, 2) Normative expectations in the context of intimacy, and 3) Intimacy between transgender partners. These five themes are now explored in turn, utilizing selected representative extracts.

Findings

Negative Effects of Cisgenderism

Similar to previous research, participants who reported negative experiences of negotiating intimate relationships with cisgender partners emphasized how transgender people are at times treated as fetish objects. In the first extract below, Elizabeth notes that given she desires an accepting and honest relationship, she feels it is important to disclose her status as transgender. Doing so, however, means that she becomes vulnerable to people who would treat her as a fetish object, which means she is no longer seen as a person or a woman in their eyes:

Elizabeth: If I put myself on [an online dating site], they have only limited labels so you're identifying as transgender or transsexual or something like that. If I identify as that then you get typically some guy, quite often creepy guys that are interested in that as a fetish, as some sexual turn on thing and then I'm not a person or a woman anymore it's a real fetish thing. So it's a real conundrum because if I want to be open and honest, I want to get the person that I'm ultimately looking for, if I put on there as my real person they won't accept me for who I am, so it's just hard work it really is.

In the second extract below Tom notes the same binary identified by Tompkins (2014), namely that if he actively names himself as a transgender gay man, then there is the possibility that his cisgender male partners may only be interested in him because he is transgender, rather than as a person (mirroring Elizabeth's concern

above). On the other hand, not disclosing his transgender status would potentially deny the specificities of his embodiment as a transgender man:

Tom: So when I did finally transition I did find it a lot more easier to make casual relationships I would say online, especially, because I found a lot more gay guys are just upfront about having a casual relationship. But I don't think that was so great for my self esteem because the way I was doing it was setting myself up as a novelty, as like a trans guy, so I'm different from other guys. I would have people who were interested in me just because I was trans rather than interested in me as a person. So again that wasn't particularly satisfying and for a long time I was mostly single.

These two extracts highlight the specific challenges that some transgender people face when attempting to negotiate intimate relationships. Importantly, these challenges are the product of cisgenderism and the ways in which transgender bodies are delegitimized or seen in stereotyped ways. These extracts also highlight the double-edged sword of openness: both research and community advocates emphasise the importance of disclosure to potential cisgender partners so as to avoid negative responses (Belawski & Sojka, 2014). Yet the accounts provided by Elizabeth and Tom suggest that disclosure may not always lead to trans-positive acceptance: it may instead lead to fetishisation.

Negotiations of Intimacy Across Transitioning

The extracts included in this theme again echo previous research in terms of highlighting the effects of hormones upon transgender people's experiences of intimacy. In the first extract, Sarah suggests that hormones render 'relationships post transition in technicolour', an evocative description of the power of hormones to change both a person's physicality and also their experiences of their physicality:

Sarah: Before I transitioned most of my emotions were like, suppressed, put behind a dam wall so to speak. I didn't want to deal with them, I couldn't deal with them. And after I transitioned that dam wall started to crack and break and emotions started pouring out. So my relationships became more intense, and with the new hormones through my body my body became more sensitive so intimate relations so to speak; they were heightened a lot. So I would say that my relationships post transition like, in technicolour or high definition whereas before they were standard definition. It was just like, they were much more crisp and real.

Hamish too in the following extract also emphasizes hormones as producing a new form of 'intensity' in regards to embodiment, but also that transitioning meant that he had to adjust not just physically, but also psychologically to different ways of being in the world:

Hamish: So, what does transitioning mean for me now? Well it's an interesting journey. I think because I'm still earlier on in the journey, it continues to change

and evolve, but I think when I first came out, I wasn't passing at the time and I didn't really get noticed a lot by gay men. That's very different now. So, it is, it's a huge adjustment to be honest. Look, it's an adjustment with the hormones, because the hormones are intense and it's been an adjustment in terms of my physicality and the cultural differences of coming from like a lesbian community to a gay male community is very different. It's highly sexualised; it's much more physical based.

An important recommendation often made to transgender people as they transition is to prepare themselves for the challenges that come with moving social groups. Whilst as critical scholars we might decry claims to essentialist gender differences, there is nonetheless a truth, as expressed by Hamish, in the *socialization* of particular groups. In other words, without relying upon an essentialist notion of what it means to be a man, we can acknowledge along with Hamish that the experience of moving from one particular social group ('lesbian community') to another ('gay community') brings with it differing demands in terms of negotiating intimate relationships.

Pragmatic Decisions about Non-Intimacy

To a degree this third theme echoes the findings of Hines (2006), in that her older female transgender participants reported that physical intimacy often declined or ceased between participants and their wives. Different in the present theme, however, is the arguably pragmatic decision by some of our, again older female, participants to eschew intimate relations, and to instead focus on other aspects of their lives that gave them meaning:

Stacey: Something that came up in conversation today was the question of “What’s your sex life like?”. [On a community panel recently] three of us pretty much identified as asexual in that it’s not a huge driver in our lives. We’ve had so many other issues to address that throwing that into the mix is so irrelevant. In terms of looking for another partner I’ve got no interest in that whatsoever... We’re far more interested in living full lives in terms of our professional lives, our friend networks than looking for sex and I think in the public’s imagination the only reason we are like we are is because we’re looking for some sort of compatible sex partner and I think that’s a fallacy. That’s a bit of mythology going on there.

As Stacey notes, amongst her cohort of friends the perception that transgender women all seek sexual partners is a fallacy. Instead, her emphasis is on other determinants of a ‘good life’. Frances too, in the following extract, emphasizes the importance of focusing on the good already in her life, though to a degree her shift away from a focus on intimate relationships leaves her nonetheless feeling lonely:

Frances: I've got a lot now and it's sort of like, I just - there's something about not expecting everything. That sort of, I think it's the way I think. It's like, you're doing pretty well Frances, you've got a lot of good things happening and good friendships you know. Do I need to get into some strange fucking, you know, needy kind of relationship with a person whose needs sort of overtake my own, and those of my relationship with my son. You know, disrupt this calm, you know, and this established lifestyle? You know, my painting is like my girlfriend. You know, I'm with her all the time, always thinking about her. I'm

always mixing colours in my mind, you know. You know, I'm not really - it's not making me very sad really but sometimes I've just got a bit of a hole there.

The account provided by Frances exemplifies our use of the word 'pragmatic'. Whilst some participants like Stacey above provided no clarifiers to the choice of celibacy, other participants like Frances emphasized that whilst technically they had chosen celibacy, they did so in order to avoid heartbreak, or being treated as a fetish object, being rejected by potential partners, or just avoiding the complications and demands that can come with an intimate relationship. This is clear in the emphasis by Frances upon feeling 'a bit of a hole', despite all that she has in her life. To a degree, then, whilst we respect the decisions made by participants such as Stacey and Frances, we also raise the question as to the degree to which some decisions are made in a context of cisgenderism, where older transgender women in particular may struggle to negotiate accepting and affirming intimate relationships (Riggs & Kentlyn, 2014).

Normative Expectations in the Context of Intimacy

The extracts identified as part of this theme all centred upon normative expectations placed upon men's and women's bodies, both by participants and by their intimate partners (or a combination of both). Such expectations became especially problematic for some participants when their desires didn't necessarily accord with what is normatively expected of their bodies. In other words, normative expectations associated with bodies read as female and bodies read as male conflicted with the desires of some participants to be treated as, or to be able to engage intimately as, men or women. In the first extract below Janet emphasizes that her desire to be a

sexually dominant woman seeking intimacy with men means that she encounters particular ‘types’ of men who don’t accord with what she is seeking:

Janet: I like my sex drive and I like having sex, but I don’t like getting fucked up the arse, I’m a bit of a top so I kind of sexually am a little bit limited with guys. I either find two lots of guys: I find guys that just want me to fuck them up the arse and my idea of a man isn’t someone taking up the arse, I mean no problem with that, it’s kind of fun, but I want my man to be a man if I’m going to be the woman. What else, then I’d either get the guy who wants to fuck me hard and I don’t like it up the arse so of course that wasn’t going to do it for me either. Then everyone goes well, why don’t you go and get [gender affirming surgery] like most of my friends went and did and I’m like I don’t think that’s kind of working either.

Perhaps particularly important in this extract is the injunction that Janet experiences from her friends, namely to ‘solve’ the problem she faces in meeting appropriate men by having gender affirming surgery. This type of injunction to surgery reduces Janet’s desire to a particular normative form of embodiment required of women who desire men, rather than encouraging alternate ways of thinking about intimate relationships between men and women, and how they may be configured sexually. Hamish too in the following extract highlights how normative expectations placed upon him by people who read him as female had previously limited his relationships with men:

Hamish: I identified I guess probably as a straight girl up until about 19, at which point I realised that my sexuality wasn’t as clear cut as that. And I think

probably looking back in retrospect, that's when some of this stuff actually started to come up, but I just didn't have names for it. And what I knew was at the time that I would have relationships with men who sexually were compatible, all that stuff worked, but what didn't work was the energy around it and I'm a driven and ambitious kind of person and I felt very stymied by the role that I was expected to play as a woman in those relationships. It didn't work for me and it didn't work in my relationships with men and so I just think in my early 20s I was quite confused about what that meant and who I was and like I said, I didn't have a language, I didn't know trans men existed for a very long time.

Perhaps different to Janet's account of the expectations of others, the account provided by Hamish emphasizes the utility of speaking with other transgender people, which allowed Hamish to understand his identification as transgender, and from there to be able to explore relationships with other men in which he was recognized and treated as a man (as outlined in the previous extract from Hamish). Different altogether from Janet and Hamish, however, is Zoe's account below, which emphasizes her own normative expectations of how she should be treated by a male partner:

Zoe: Whenever I think about – like at this point in time, where I am – relationships, I guess the thing, for me, would be that – I guess this is probably sexist on my own part. I have this image that came to me one day. I woke up with it so strong in my mind. Is that having my hair quite long in a ponytail, and it's over to one side and standing at the kitchen sink doing dishes, and man

coming up and putting his arms just around my waist. That's just what I want. That's just what came to me. That image, that daydream, whatever it was, made me happy. I guess that's what my fantasy would be.

To a certain degree, understanding and validating the accounts of some transgender women runs counter to what we might understand as a feminist account of gender relations. To a degree we might in general argue for a non-normative account of relationships between men and women: one that doesn't reinforce gender stereotypes (and this was certainly the case in regards to Janet's account). At the same time, however, it is vitally important to acknowledge that for some transgender women (and men), a normative experience of gender relations is what is desired, and perhaps indeed needed (Serano, 2007).

Intimacy Between Transgender Partners

This final theme speaks to the positive and supportive relationships that some transgender people enter into with another transgender person. In the one extract included in this theme, Tom speaks about the positives of being in a relationship with another transgender man, but importantly that he also acknowledges the differences between transgender people.

Tom: [What is good about my relationship with my partner is that] he is another trans guy. Like we have that understanding and with other people, people can get it really well. Like they can understand being trans but I suppose there is always that sort of barrier where they don't fully appreciate what it means or

what you go through and just having someone there for that support and has helped both of us I think. Also I think he's helped me reconcile being trans a lot more because whereas before I was not really meeting any other trans people or really having much contact with them at all and it was like living a double life. I would go off to work when no-one knew I was trans and I would come home and I would just be by myself and that sort of thing and it was just sort of like as secret from my life or just something from my past. Whereas now I feel like I can be a lot more open about being trans and I've met a lot more other trans people as well.

As noted above, this extract is important because it highlights both the strengths of intimate relationships between transgender people, but also reminds us that the 'transgender community' is heterogeneous: it is comprised of people of varying experiences, interests, and desires, and that two transgender people in a relationship does not mean that there will not be significant differences in terms of experiences. Nonetheless, as Tom's account demonstrates, intimate relationships between transgender people can foster a sense of being understood, of self-acceptance, and of feeling connected to a broader community.

Applying Research to Practice Contexts

The findings presented in this chapter make a significant contribution to the developing focus on intimacy within the field of transgender studies. As suggested at the beginning of this chapter, a focus on intimacy (amongst other topics) is important, so as to provide a rich and holistic account of transgender people's lives, rather than

solely focusing on mental health outcomes and their relationship to discrimination. Nonetheless, the findings presented in this chapter indicate that it is nonetheless important to locate transgender people's experiences of intimacy – particular in relation to partnerships with cisgender people – within the broader context of cisgenderism and the specific forms of discrimination that transgender people encounter. Whilst it is vitally important that the intimacies that transgender people diversely negotiate and experience are celebrated, it is also important to remember that such intimacies, even at their most positive, are often implicitly framed by gender norms and normative expectations of gendered embodiment.

In terms of clinical responses to the findings presented in this chapter – a focus for us as researchers and clinicians in the fields of public and mental health – there are many take home messages. The first has already been stated above, namely that understanding intimacies as experienced by transgender people must involve an awareness of the effects of cisgenderism: how it shapes individual's understandings of their bodies, how it constrains available ways of understanding, and how it marginalizes transgender people. At the same time, the findings indicate ways that clinicians can work with transgender clients to develop alternate ways of understanding their own bodies. Of course many transgender people already do this, and discuss with their peers ways of re-gendering particular body parts. But as some of the interviewees indicated, not all transgender people are connected into transgender communities, and those who are may sometimes receive normative responses (such as the injunction to undertake gender affirming surgery). Knowledgeable and informed clinicians thus have a role to play in sharing information about alternate way of thinking and talking about bodies.

In terms of the responses that transgender people receive from potential intimate cisgender partners, the findings presented in this chapter suggest that caution is warranted in regards to clinicians automatically assuming that the disclosure of transgender status will be productive. Whilst clinicians may presume that disclosure is a key way to ensure the safety of transgender people negotiating intimate encounters, this may not always be the case. Instead, it would appear important for clinicians to engage with transgender clients to weigh up multiple, potentially competing, factors when deciding whether or not to disclose. These may include potential risks to physical or psychological safety, the mode of meeting (online or in real life), previous discussions undertaken with potential partners (which may indicate attitudes held by them), and risk management plans (such as taking a friend along or meeting in a public place). Importantly, our suggestion here is not that transgender people should necessarily always be on guard when it comes to disclosing their transgender identity. In an ideal world this should never be necessary. It is to suggest, however, that caution may be warranted in advocating for disclosure in all cases.

Echoing previous research, the findings also emphasise the importance of ensuring that transgender clients who are commencing hormone therapy understand the possible side effects, especially with regard to intimacy. Whilst generalisations must be undertaken with caution, research findings appear to indicate a relatively stable set of changes that occur for transgender men and women in terms of the sensitivity of genitalia, desire for intimacy, and experiences of intimacy. Without adequate preparation, these types of changes may be alarming and distressing for some

transgender people. Discussing fully these possible changes is thus an important part of an informed consent model of transgender health care.

Conversely, it is also important to acknowledge that some transgender people may adopt a celibate or asexual identity upon transitioning. Indeed, of the survey conducted as part of this research project, 6.3% (10/160) of the sample identified as asexual (Riggs, von Doussa & Power, 2015). This should not be taken as indicating that transitioning was ill advised. Rather, it indicates that, as with any major life change, priorities will likely be re-evaluated, and the (often pragmatic) decision to focus on other things that give life meaning is valid and should be supported. This does not mean that, over time, some transgender people who for a period are asexual or celibate may not decide upon another path. Rather, it acknowledges that for those people who do adopt celibacy or asexuality, this requires support and understanding rather than the imposition of normative understandings of what constitutes ‘appropriate’ expressions of sexuality (Chasin, 2014).

To conclude, those who work with transgender clients (including transgender clinicians themselves) must be mindful of the importance of engaging with transgender people’s experiences of intimacy. Importantly, clinicians who undertake formal assessments of transgender people to support hormones and/or gender affirming surgery potentially already do this as part of a broader psychosocial assessment. The topic of intimacy in such assessments, however, is potentially developmentally normative and focused on evidence of dysphoria. In a sense, this focus is not inherently positive, and may indeed contribute to a negative perception of intimacy amongst some transgender people. It thus behooves clinicians to also

incorporate a positive focus on intimacy when working with transgender clients, so as to support such clients into the future to live fulfilling and meaningful intimate lives as they determine them to be.

Key Recommendations

1. Clinicians should be aware of the literature on transgender people's experiences of intimacy,
2. Clinicians should understand the impact of cisgenderism on many transgender people's experiences of intimacy,
3. Clinicians should be mindful of the terminology that transgender people might use to describe their genitalia and to use a client's preferred terminology,
4. Clinicians should be prepared to engage in discussions with transgender people about disclosure and potential risk management,
5. Clinicians should be knowledgeable about the potential effects of hormones and be able to discuss these with transgender clients, and
6. Further research is needed on transgender people's experiences of intimacy, particularly with regard to sex-positive accounts.

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