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Znaczenie orientacji seksualnej w życiu osób transpłciowych

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Wszystkim osobom, dla których normy okazały się zbyt ciasne

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Abstrakt

Wprowadzenie: Prezentowana rozprawa doktorska stanowi cykl publikacji oparty na dwóch badaniach: systematycznym przeglądzie jakościowych badań naukowych oraz badaniu oryginalnym. Wspólnym przedmiotem analiz jest znaczenie orientacji seksualnej w życiu osób transpłciowych, ze szczególnym uwzględnieniem jej roli w doświadczaniu tożsamości płciowej oraz budowania i przeżywania relacji seksualnych.

Metoda: Badania zostały osadzone w metodologii jakościowej. W Badaniu 1 przeprowadzono systematyczny przegląd literatury jakościowej zgodnie z wytycznymi PRISMA, którego celem była Analiza Tematyczna istniejących badań dotyczących znaczenia orientacji seksualnej w życiu osób transpłciowych. W Badaniu 2 przeprowadzono 12 półustrukturyzowanych wywiadów indywidualnych z osobami transpłciowymi, których celem była analiza narracji wokół seksualności za pomocą Refleksyjnej Analizy Tematycznej.

Wyniki: Wyniki obu badań wskazują, że orientacja seksualna i tożsamość płciowa, choć stanowią odrębne wymiary, pozostają ze sobą powiązane i wzajemnie na siebie oddziałują. Badanie 1 wskazuje, że znaczenia nadawane orientacji seksualnej ujawniają się na poziomie indywidualnym, relacyjnym i społecznym oraz mają charakter kontekstualny i negocjowalny. Badanie 2 dodatkowo pokazuje, że doświadczenia seksualności osób transpłciowych są silnie osadzone w normach społecznych, które kształtują sposób przeżywania ciała, ról płciowych oraz praktyk seksualnych. W odpowiedzi na te normy osoby badane przyjmują różne strategie, takie jak ich internalizacja lub odrzucenie, co wpływa na sposób doświadczania seksualności oraz relacji intymnych.

Wnioski: Badania wpisują się w aktualny trend w badaniach nad transpłciowością. Uzyskane wyniki wskazują, że orientacja seksualna w doświadczeniu osób transpłciowych stanowi istotny element nadawania znaczeń sobie i relacjom, wykraczający poza tradycyjne

rozumienie jej jako określenia obiektu pociągu. Ma ona charakter dynamiczny, kontekstualny i osadzony w normach społecznych. Przeprowadzone analizy podkreślają konieczność uwzględniania złożoności i niejednoznaczności tych doświadczeń w badaniach naukowych. Wyniki mogą stanowić podstawę dla rozwijania bardziej adekwatnych ujęć teoretycznych oraz praktyki klinicznej uwzględniającej perspektywę osób transpłciowych.
Słowa kluczowe: transpłciowość, orientacja seksualna, seksualność, metodologia jakościowa

Abstract

Introduction: This doctoral dissertation comprises a series of publications based on two studies: a systematic review of qualitative research and an original empirical study. The overarching focus of both studies is the meaning of sexual orientation in the lives of transgender individuals, with particular emphasis on its role in the experience of gender identity as well as the formation and experience of sexual relationships.

Method: The studies were grounded in qualitative methodology. Study 1 involved a systematic review of qualitative literature conducted in accordance with PRISMA guidelines, aiming to perform a Thematic Analysis of existing research on the meaning of sexual orientation in the lives of transgender individuals. Study 2 consisted of 12 semi-structured individual interviews with transgender participants, designed to explore narratives surrounding sexuality using Reflexive Thematic Analysis.

Results: The findings of both studies indicate that sexual orientation and gender identity, while constituting distinct dimensions of identity, overlap and mutually influence one another. Study 1 demonstrated that the meanings attributed to sexual orientation emerge at the individual, relational, and societal levels and are contextual and negotiable in nature. Study 2 further revealed that transgender individuals' experiences of sexuality are deeply embedded in social norms that shape the experience of the body, gender roles, and sexual practices. In response to these norms, participants adopted various strategies, including internalization and rejection, which influenced the ways they experienced sexuality and intimate relationships.

Conclusions: The studies align with current trends in transgender research. The findings suggest that, in the experiences of transgender individuals, sexual orientation constitutes an important dimension of meaning-making in relation to the self and interpersonal relationships, extending beyond the traditional understanding of sexual orientation as merely

defining the object of attraction. Sexual orientation appears to be dynamic, contextual, and socially embedded. The analyses underscore the need to acknowledge the complexity and ambiguity of these experiences in scientific research. The findings may contribute to the development of more nuanced theoretical frameworks and clinical practices that more adequately incorporate transgender perspectives.

Keywords: transgender, sexual orientation, sexuality, qualitative methodology

Wprowadzenie

Historia transpłciowości

Termin *transeksualności* do dyskursu naukowego wprowadził Magnus Hirschfeld (1923), który w tamtym okresie był czołowym lekarzem osób transpłciowych (Hill, 2008). Jednocześnie tą tematyką zajmował się David O. Cauldwell, który w 1949 r. po raz pierwszy w ujęciu diagnostycznym użył tego terminu w artykule "Psychopathia transexualis". Natomiast pierwsze szczegółowe omówienie transpłciowości, określanej wówczas nadal jako *transseksualność* opisał Harry Benjamin w 1966 r. w książce pt. „The Transsexual Phenomenon", dzięki czemu spopularyzował ten termin w latach 50. XX wieku. To doprowadziło między innymi do uwzględnienia transpłciowości jako jednostki klinicznej w DSM-3 (figurującej jednak jeszcze jako zaburzenie psychiczne pod postacią "Zaburzeń tożsamości płciowej"). W 1978 r. powstało stowarzyszenie Harry Benjamin Gender Dysphoria Association, które opublikowało pierwsze na świecie standardy opieki (Matte i in., 2009). Stowarzyszenie to, w 2007 r. przekształciło się w World Professional Association for Transgender Health (WPATH), które w 2022 r. opublikowało najnowszą, ósmą wersję standardów dotyczących opieki nad osobami transpłciowymi (Coleman i in., 2022).

Kluczową rolę w zmianach w klasyfikacji DSM odegrały rekomendacje stworzone przez Cohen-Kettenis i Pfafflina (2010). Aktualnie, w klasyfikacji DSM-5 opublikowanej w 2013 r., figuruje termin "Dysforia Płciowa" (który zastąpił termin "Zaburzenia tożsamości płciowej" utrzymujący się od DSM-3), odnoszący się do utrwalonego cierpienia wynikającego z rozbieżności między płcią przypisaną przy urodzeniu, a poczuciem płci. Z kolei w Klasyfikacji ICD-11 zaakceptowanej w 2018 r., transpłciowość została wykreślona z listy zaburzeń psychicznych (w ICD-10 "Transseksualizm" w rozdziale pt. „Zaburzenia psychiczne i zaburzenia zachowania") i aktualnie znajduje się w rozdziale dotyczącym zdrowia seksualnego (ICD-11 „Niezgodność płciowa w adolescencji i dorosłości" w

rozdziale pt. „Stany związane ze zdrowiem seksualnym"). Co ważne, kryterium cierpienia nie jest istotne, aby stwierdzić "Niezgodność płciową" (ICD-11), co odróżnia ją od "Dysforii płciowej" (DSM-5), w której poczucie cierpienia jest kluczowe.

Zmiany te miały istotny wpływ na współczesne rozumienie transpłciowości, które stopniowo odchodzi od ujmowania jej w kategoriach medycznych i patologizujących. Pojęcie *transpłciowości* stopniowo zaczęło zastępować pojęcie *transeksualności*, stając się obecnie standardem zarówno w praktyce naukowej, jak i klinicznej. Pomimo tego, transpłciowość wciąż bywa interpretowana w odniesieniu do dominujących, normatywnych założeń dotyczących płci i seksualności. Przejawia się to zarówno w sposobie prowadzenia badań naukowych, jak i w dostępie do interwencji afirmujących płeć, a także w społecznych reprezentacjach seksualności i tożsamości osób transpłciowych. W konsekwencji, mimo formalnego odejścia od patologizujących klasyfikacji, mechanizmy jej reprodukowania pozostają obecne w praktyce zarówno badawczej, klinicznej jak i społecznej.

Historia łączenia orientacji seksualnej z tożsamością płciową

Poszukiwanie relacji między orientacją seksualną a tożsamością płciową stanowi jedno z najdłużej poruszanych tematów w badaniach nad osobami transpłciowymi. Cechą charakterystyczną wczesnych teorii było utożsamianie przejawów transpłciowości z homoseksualnością. Na przykład teoria trzeciej płci sformułowana przez Ulrichsa (1864) oparta na koncepcji męskich dusz w kobiecych ciałach oraz kobiecych dusz w męskich ciałach, stanowiła próbę wyjaśnienia przyczyny homoseksualności (jeszcze przed wprowadzeniem tego terminu). Pierwsze rozróżnienie homoseksualności od niezgodności płci przypisuje się Magnusowi Hirschfeldowi (1923), jednak w praktyce klinicznej orientacja seksualna bywała wykorzystywana jako kryterium oceny „autentyczności" tożsamości płciowej jeszcze przez dłuższy czas. Dotyczyło to m.in. założenia o konieczności

heteroseksualności dla potwierdzenia transpłciowości (Benjamin, 1966; Ekins, 2005) czy przekonania, że osoby nieheteroseksualne podejmują tranzycję w celu tworzenia relacji heteroseksualnych (Bailey, 2003; Irvine, 2005). Takie podejście doprowadziło do powstania hierarchii w społeczności osób transpłciowych, w której osoby spełniające kryteria heteronormatywne były uznawane za bardziej autentyczne (Prunas, 2019). Co istotne, wyżej wymienione praktyki wiązały się również z definiowaniem orientacji seksualnej w odniesieniu do płci przypisanej przy urodzeniu (np. Chivers i Bailey, 2000), a różnorodność orientacji seksualnej osób transpłciowych była w przeszłości ignorowana lub traktowana jako zaburzenie (Prunas, 2019).

Współczesne badania wskazują, że orientacja seksualna może różnicować doświadczenia osób transpłciowych w takich obszarach jak proces dochodzenia do stabilnej tożsamości płciowej (Lawrence, 2010), radzenie sobie z odczuwaną niezgodnością płci (Smith i in., 2005a), przejawiane pierwsze objawy niezgodności płciowej (Drummond i in., 2008; Steensma i in., 2013), a także decyzje o rozpoczęciu korekty płci (Smith i in., 2005b) oraz preferencje jej dotyczące (Chivers i Bailey, 2000). Badania skupiają się również na zjawisku doświadczania zmienności orientacji seksualnej po rozpoczęciu korekty płci (Auer i in., 2014; Bockting i in., 2009; De Cuypere i in., 2005; Dozier, 2005; Jacobson i Joel, 2018; Lawrence, 2005; Schleifer, 2006). Jednocześnie widoczna jest problematyczność tradycyjnego rozumienia orientacji seksualnej, odnoszącego się do kategorii takich jak heteroseksualność, homoseksualność i biseksualność, które nie oddają pełnego spektrum doświadczeń osób transpłciowych (Holmberg i in., 2019). Trudność ta znajduje odzwierciedlenie w badaniach ilościowych, wskazując na ograniczenia tych kategorii w adekwatnym opisie seksualności osób transpłciowych (Galupo i in., 2014, 2016; Katz-Wise i Hyde, 2017; Kuper i in., 2012).

Znaczenie założeń cisheteronormywnych w badaniach nad seksualnością osób transpłciowych

Badania nie skupiające się stricte na orientacji seksualnej, a analizujące szeroko seksualność osób transpłciowych można podzielić na trzy główne obszary: badania analizujące wpływ interwencji afirmujących tożsamość płciową na seksualność (np. Thurston i Allan, 2018; Burns i in., 2024; Nikkelen i Kreukels, 2018; Schilt i Windsor, 2014; Ward i in., 2024), badania analizujące seksualność osób, które nie poddały się medycznym interwencjom afirmującym tożsamość płciową (np. Cerwenka i in., 2014) oraz badania analizujące wpływ dysforii płciowej na seksualność (np. Kaltiala-Heino i in., 2019; Martin i Coolhart, 2019).

Centralną osią w tych obszarach jest odniesienie do dysforii płciowej oraz chirurgicznych aspektów korekty płci, w tym nadmierne skupienie na funkcjonalności genitaliów jako wskaźniku satysfakcji seksualnej. Wskazuje to, że cisheteronormatywne założenia nadal stanowią istotny kontekst dla rozumienia seksualności. W rezultacie osoby transpłciowe często internalizują dominujące wzorce kulturowe lub odczuwają presję, by się do nich dostosować, co może prowadzić do ograniczenia rozpoznawania własnych preferencji (również tych dotyczących zakresu korekty płci). W konsekwencji ich seksualność może być przeżywana w napięciu między podążaniem za normatywnymi schematami, a realizacją indywidualnych potrzeb, które mogą pozostawać poza tymi schematami (Masters i in., 2013; Franco-Rocha i in., 2023).

Podsumowanie

Sposób ujmowania orientacji seksualnej w badaniach nad transpłciowością był historycznie silnie uwarunkowany założeniami cisheteronormatywnymi oraz perspektywą medykalizującą, co sprowadzało ją do kryterium diagnostycznego, w tym wskaźnika „spójności” tożsamości płciowej. Pomimo współczesnego rozdzielenia orientacji seksualnej i

tożsamości płciowej, literatura nadal w ograniczonym stopniu wyjaśnia, w jaki sposób oba te wymiary seksualności są ze sobą powiązane w doświadczeniu osób transpłciowych, zwłaszcza na poziomie znaczeń nadawanych im przez nie same. Dotychczasowe badania głównie koncentrują się na aspektach diagnostycznych, medycznych interwencjach afirmujących płeć oraz ilościowych opisach orientacji seksualnej. Dodatkowo, dominacja podejść ilościowych marginalizuje subiektywną perspektywę osób transpłciowych, ograniczając możliwość uchwycenia złożoności, kontekstualności i intersekcjonalności ich doświadczeń. W tym kontekście, niniejsza rozprawa podejmuje próbę uzupełnienia wskazanej luki poprzez jakościową analizę znaczeń nadawanych orientacji seksualnej przez osoby transpłciowe, koncentrując się zarówno na jej roli w procesach konstruowania i doświadczania tożsamości płciowej, jak i w budowaniu oraz przeżywaniu relacji intymnych.

Definicje używanych pojęć

W niniejszej pracy *transpłciowość* rozumiana jest jako niezgodność płciowa pomiędzy płcią przypisaną przy urodzeniu, a identyfikacją płciową, niezależnie od przyjmowanej kategorii tożsamościowej. Z tego powodu obejmuje osoby określające się zarówno na binarnych, jak i niebinarnych wymiarach płci, a także osoby określające się poza płcią lub w każdy inny przeżywany przez nie sposób, tak długo jak nie pozostaje w spójności z płcią nadaną przy urodzeniu.

Orientacja seksualna rozumiana jest jako określenie pociągu romantycznego lub/i seksualnego w kierunku do danej płci. Pojęcie *tożsamości seksualnej* jest szerszym pojęciem, które zawiera w sobie orientację seksualną, jednak akcentuje także rolę podmiotowości i subiektywności w określaniu i przeżywaniu swojej seksualności, skupiając się na autoidentyfikacji (Diamond, 2003; Diamond, 2022; Rietel, 1989). Pomimo istnienia aktualnie licznych definicji i kategorii orientacji seksualnej, w analizie przyjęto perspektywę

autoidentyfikacji osób badanych, opierając się na sposobie, w jaki same definiowały i opisywały swoją orientację.

Dysforia płciowa rozumiana jest zgodnie z klasyfikacją DSM-5, jako kliniczne cierpienie lub dyskomfort, które wynika z niezgodności między tożsamością płciową, a cechami cielesnymi wynikającymi z płci nadanej przy urodzeniu. Jednocześnie należy mieć na względzie, że sama dysforia płciowa może być odczuwana na różnych poziomach, w tym może dotyczyć całego ciała lub jego wybranych elementów. W niniejszej pracy, termin dysforii płciowej nie odnosi się jedynie do odczuć względem własnego ciała, ale również może być związany z funkcjonowaniem i odbiorem społecznym. Dodatkowo, odczuwanie dysforii płciowej nie jest warunkiem koniecznym do identyfikowania się jako osoba transpłciowa.

Tranzycja rozumiana jest jako korekta płci, zarówno na wymiarze społecznym (takim jak społeczne interwencje afirmujące płeć w tym *coming outy*, czy prezentowanie się zgodnie z tożsamością płciową poprzez ubiór, styl zachowania, makijaż itd.), medycznym (takim jak medyczne interwencje afirmujące płeć, w tym zastępcza terapia hormonalna lub/i zabiegi chirurgiczne), jak i prawnym (prawne uzgodnienie płci w dokumentach).

Cisheteronormatywność rozumiana jest jako założenie, które traktuje cispłciowość (w tym oczekiwanie zgodności ciała z binarnymi modelem płci) oraz heteroseksualność jako domyślne. Obejmuje ona także normatywne oczekiwania dotyczące ciała, ról płciowych i zachowań seksualnych, które kształtują sposoby interpretowania i oceniania tożsamości oraz praktyk seksualnych. W jej ramach zakłada się również, że osoby transpłciowe powinny dążyć do dostosowania się do tych norm, a odstępstwa od nich mogą być interpretowane jako nieprawidłowość, co sprzyja ich patologizacji.

Passing (z ang. uchodzenie za kogoś) rozumiany jest jako społeczne rozpoznanie osoby transpłciowej jako należącej do odczuwanej i afirmowanej kategorii płciowej, bez

identyfikowania jej jako osoby transpłciowej. Zjawisko to opiera się na zgodności pomiędzy ekspresją płciową jednostki, a społeczno-kulturowymi normami płci.

Kink odnosi się do szerokiego spektrum konsensualnych praktyk, fantazji i preferencji seksualnych które odbiegają od społecznie dominujących wzorców seksualności. Przykładem kinkowej seksualności może być BDSM, fetysze, odgrywanie ról czy inne praktyki seksualne oparte na dominacji i uległości. Współczesna seksuologia podkreśla, że zainteresowania *kinkowe* nie są same w sobie wskaźnikiem psychopatologii, jeśli realizowane są w sposób bezpieczny, świadomy i dobrowolny. W klasyfikacjach medycznych, takich jak DSM-5 czy ICD-11, podkreśla się różnicę między atypowym zainteresowaniem seksualnym a zaburzeniem parafilnym, a samo nietypowe zainteresowanie seksualne nie stanowi diagnozy klinicznej.

Cele badań własnych

Projekt badawczy został zaplanowany jako badanie dwuetapowe, łączące analizę istniejącej literatury (przegląd systematyczny) z analizą samodzielnie zebranych danych empirycznych (badanie oryginalne). Wspólnym przedmiotem badań jest analiza znaczeń nadawanych orientacji seksualnej przez osoby transpłciowe. Analiza obejmuje dwie sfery: (1) znaczenie orientacji dla identyfikacji i doświadczania własnej tożsamości płciowej oraz (2) znaczenie orientacji dla budowania i przeżywania relacji seksualnej z osobą partnerską. Takie podejście pozwala na uchwycenie zarówno szerszego kontekstu badań nad seksualnością osób transpłciowych, jak i pogłębionych, indywidualnych doświadczeń badanych osób.

Metodologia

Badania jakościowe koncentrują się przede wszystkim na analizie znaczeń, sposobie interpretowania rzeczywistości oraz subiektywnych doświadczeń osób badanych, traktując

wiedzę jako współkonstruowaną i zależną od kontekstu (Braun i Clarke, 2025). Wybór tej metodologii w niniejszej rozprawie doktorskiej wynika więc z natury badanego zjawiska, jakim jest nadawanie znaczeń w obrębie własnej seksualności. Jakościowa perspektywa jest szczególnie użyteczna tam, gdzie seksualność nie funkcjonuje jako odrębna cecha jednostki ale splata się z innymi wymiarami marginalizacji, co pozwala uchwycić jej intersekcjonalnosć (Narvaez i in., 2009). Dodatkowo, osoby należące do mniejszości płciowych i seksualnych pozostają niedostatecznie reprezentowane w badaniach naukowych, a ilościowe narzędzia badawcze nie zawsze adekwatnie oddają złożoność ich tożsamości, co może prowadzić do zniekształceń danych, a także ograniczać komfort i zaangażowanie tych osób w badaniach (Suen i in., 2020). Zastosowanie metodologii jakościowej w badaniach grup wrażliwych i mniejszościowych pozwala więc uniknąć narzucania osobom badanym sztywnych, większościowych kategorii opisu, w tym binarności i cisheteronormatywności. Pozwala uchwycić również płynność i niejednoznaczność kategorii tożsamościowych (Suen i in., 2020).

W przypadku niniejszej rozprawy szczególnie istotne było uchwycenie w jaki sposób osoby badane rozumieją własną orientację seksualną, jak negocjują jej znaczenie w relacjach oraz jak interpretują swoje doświadczenia w odniesieniu do norm społecznych. Podejście ilościowe, operujące z góry zdefiniowanymi kategoriami, nie pozwalałoby na uchwycenie tej dynamiki oraz wieloznaczności, dlatego metodologia jakościowa wydaje się stanowić adekwatne narzędzie do eksploracji badanej problematyki.

Dodatkowym uzasadnieniem wyboru metodologii jakościowej jest jej zgodność z podejściem interpretatywnym, które w analizie koncentruje się na znaczeniach nadawanych doświadczeniom oraz uwzględnia rolę badacza w procesie ich interpretacji (Braun i Clarke, 2025). W tym ujęciu doświadczenia osób badanych nie są traktowane jako bezpośrednie odzwierciedlenie rzeczywistości, lecz jako jej interpretacje, współtworzone w relacjach

społecznych i dyskursach kulturowych. Takie podejście umożliwia analizę zjawisk związanych z płcią i seksualnością jako konstruowanych w interakcji, a nie jedynie jako stałych własności indywidualnych. W konsekwencji metodologia jakościowa pozwala na uchwycenie relacyjnego, kontekstualnego i znaczeniowego charakteru badanych doświadczeń i ich zmian, co jest kluczowe dla zrozumienia, jak orientacja seksualna jest rozumiana i przeżywana przez osoby transpłciowe oraz jak zmienia się w zależności od etapu rozumienia własnej tożsamości płciowej.

W ramach tej metodologii zastosowano analizę tematyczną (Braun i Clarke, 2006; 2019; 2021; 2022; 2025), która stanowi adekwatne podejście do badania seksualności osób transpłciowych, ponieważ umożliwia uchwycenie złożoności i kontekstualności doświadczeń bez ich redukowania do sztywnych kategorii analitycznych. W badaniach grup mniejszościowych pozwala na uważną analizę indywidualnych narracji oraz rozpoznanie ich społecznych i relacyjnych uwarunkowań. W Badaniu 1 (przeprowadzonym w 2020 r.) zastosowaną klasyczną analizę tematyczną, natomiast w Badaniu 2 (przeprowadzonym w 2023 r.) zastosowano refleksyjną analizę tematyczną. Zastosowanie refleksyjnej analizy tematycznej w Badaniu 2 roku wynikało z rozwoju metodologicznego podejścia Braun i Clarke (2021) oraz rosnącego znaczenia refleksyjności i interpretacyjnego charakteru analizy w badaniach jakościowych. Refleksyjny charakter zakłada świadome uwzględnianie wpływu badaczki na proces interpretacji, co jest szczególnie ważne w badaniach dotyczących doświadczeń narażonych na stygmatyzację, marginalizację i uproszczone reprezentacje. Dzięki temu możliwe jest tworzenie pogłębionej, metodologicznie spójnej i etycznie wrażliwej wiedzy o badanym zjawisku

Charakterystyka grupy badawczej

Grupa badawcza w niniejszej rozprawie obejmuje osoby transpłciowe rozumiane jako osoby doświadczające Niezgodności Płci (ICD-11), o różnorodnych tożsamościach płciowych, w tym binarnych i niebinarnych. Zarówno w Badaniu 1, jak i Badaniu 2 nie wprowadzono kryteriów zawężających odnoszących się do etapu tranzycji, ani do określonej kategorii płci. To dało możliwość maksymalnego zwiększenia heterogeniczności próby badawczej (Merriam i Tisdell, 2016). Celem takiego postępowania było zwiększenie transferowalności badań jakościowych, tak aby otrzymane wyniki dotyczyły jak najszerszej grupy odbiorców. W konsekwencji grupa badawcza obejmuje osoby reprezentujące zróżnicowane tożsamości płciowe oraz orientacje seksualne. Osoby badane różnią się także pod względem etapu tranzycji.

Osoby transpłciowe stanowią grupę mniejszościową, co może mieć konsekwencje metodologiczne dla prowadzenia badań. Jak wskazują dane z raportu dotyczącego sytuacji społecznej osób LGBTA w Polsce za lata 2019 - 2020 (Bulska i in., 2021), są one częścią tzw. populacji ukrytej, co wiąże się z trudnością w uzyskaniu możliwie reprezentatywnej próby oraz koniecznością stosowania niestandardowych strategii rekrutacji. W Badaniu 2 osoby badane rekrutowane były poprzez media społecznościowe oraz fora internetowe skupiające osoby transpłciowe, co miało na celu trafniejsze dotarcie do grupy badawczej, ale jednocześnie zawęziło jego dostępność jedynie do osób funkcjonujących w przestrzeniach internetowych zrzeszających osoby transpłciowe (Staples i in., 2017). Przynależność do grupy mniejszościowej wpływa również na gotowość osób do udziału w badaniach oraz na jakość uzyskiwanych danych. Literatura wskazuje, że doświadczenia marginalizacji, dyskryminacji oraz wcześniejszego wykluczenia z badań mogą prowadzić do nieufności wobec badaczy i instytucji naukowych, a tym samym ograniczać chęć uczestnictwa (Staples i in., 2017).

Charakterystyka grupy badawczej w rozprawie uwzględnia również zróżnicowanie kontekstów społeczno-kulturowych, w których funkcjonują osoby uczestniczące w analizowanych badaniach. W Badaniu 1 uwzględniono wypowiedzi osób funkcjonujących poza Polską, co implikuje potencjalnie odmienne warunki społeczne, poziom wsparcia instytucjonalnego oraz dostęp do interwencji afirmujących płeć. Badanie 2 zostało przeprowadzone w Polsce, co oznacza osadzenie doświadczeń osób w kontekście silnych norm społeczno-kulturowych dotyczących płci oraz ograniczonej akceptacji społecznej dla różnorodności płciowej. Różnice te mogą wpływać na doświadczanie i opisywanie tożsamości płciowej, orientacji seksualnej oraz ich znaczenia dla funkcjonowania. Tym samym grupa badawcza obejmuje osoby transpłciowe funkcjonujące w odmiennych kontekstach kulturowych.

Badanie 1

(por. Skrzypczak, Grunt-Mejer i Ziółkowska, 2024)

Pytanie badawcze

Przeprowadzona analiza skupiała się na uzyskaniu odpowiedzi na następujące pytanie badawcze: Jakie znaczenie ma orientacja seksualna dla osób transpłciowych?

Metoda Badania

W badaniu zastosowano metodę systematycznego przeglądu literatury jakościowej, której celem było zsyntetyzowanie istniejących badań dotyczących znaczenia orientacji seksualnej w życiu osób transpłciowych. Badanie zostało zarejestrowane w bazie PROSPERO (CRD42021227010) oraz przeprowadzone zgodnie z wytycznymi PRISMA (Moher i in., 2010; Moher i in., 2015). Systematycznie przeszukano cztery bazy danych: PubMed, Scopus,

PsycInfo oraz Web of Science. Analizie poddano publikacje z lat 2010–2020, co było uzasadnione dynamicznie zmieniającą się terminologią i podejściem badawczym w obszarze badań nad transpłciowością. Wstępna analiza danych pozwoliła wyłonić 2999 artykułów, które następnie poddano procedurze usuwania duplikatów oraz selekcji na podstawie tytułów i abstraktów. Ostatecznie do pełnej analizy zakwalifikowano 14 badań jakościowych, spełniających kryteria włączenia dotyczące populacji (osoby transpłciowe), zakresu tematycznego (orientacja seksualna i jej znaczenie) oraz typu publikacji (artykuł naukowy).

W procesie wyszukiwania danych zastosowano kombinację czterech grup słów kluczowych: *transgender*, *sexual orientation*, *meaning* oraz *experience*.

Zastosowane następujące kryteria włączenia: (1) grupa badawcza składająca się z osób transpłciowych. Obejmująca: trans kobiety, trans mężczyzn i osoby, które nie identyfikują się jako binarne płciowo. Uwzględniono również osoby identyfikujące się jako "transseksualne" (lub w inny sposób, np. MtF, FtM, gender non-conforming, gender fluid). Nie ustalono ograniczeń dotyczących wieku i etapu tranzycji. Wykluczającą: badania koncentrujące się na grupach lesbijek, gejów, osób biseksualnych, cisgenderowych mniejszościach seksualnych; mniejszościach seksualnych; mężczyzn mających seks z mężczyznami (MSM). Ponadto wyłączono badania z udziałem populacji LGBTQIA, w których odsetek uczestników transpłciowych w próbie nie wynosił co najmniej 50%. (2) Orientacja seksualna obejmująca: orientację seksualną; seksualność, zachowania seksualne, tożsamość seksualną. Wykluczająca: badania koncentrujące się na zdrowiu seksualnym, ryzykach seksualnych, pracy seksualnej, infekcjach przenoszonych drogą płciową. (3) Doświadczenie i/lub znaczenie. Obejmująca: wszystkie aspekty znaczenia i/lub doświadczenia. Wykluczająca: tylko charakterystykę (np. wiek, używane etykiety, stan cywilny/związek) osób transpłciowych w oparciu o ich orientację seksualną. (5) Typ literatury. Obejmująca: ilościowe, jakościowe i mieszane metody badań w artykułach

naukowych i rozprawach doktorskich. Wykluczająca: opinie, felietony, artykuły redakcyjne, opisy pojedynczych przypadków, recenzje, książki. (6) Inne: uwzględniono tylko badania opublikowane w języku angielskim.

Badania włączone do ostatecznej analizy spełniały następujące kryteria: (1) próba składała się z osób transpłciowych (100% lub więcej niż 50%), (2) wyniki dotyczyły znaczenia/doświadczenia orientacji seksualnej, (3) pełny tekst dostępny w języku angielskim. Wykluczenie badań odbyło się na podstawie następujących kryteriów: (1) typ badania (przegląd, prace opiniotwórcze, przegląd systematyczny), (2) mniej niż 50% uczestników transpłciowych, (3) próby LGBT+, w których wyniki dotyczące osób transpłciowych nie były raportowane osobno, (4) brak informacji, ilu uczestników transpłciowych znajduje się w próbie, (5) brak analiz według orientacji seksualnej, (6) wyniki odnoszące się jedynie do charakterystyki osób (wiek, wykształcenie) (7) niedostępny pełny tekst w języku angielskim, (8) nieistotne dla celu przeglądu systematycznego, oraz (9) niedostępny pełny tekst.

Ostatecznie podjęto decyzje o włączeniu do przeglądu jedynie artykułów jakościowych. Decyzja ta była podyktowana m.in. niewielką liczbą przeglądów systematycznych analizujących literaturę jakościową w niniejszej tematyce, a także istotnymi ograniczeniami interpretacyjnymi badań ilościowych. Wynikały one przede wszystkim z niejednorodności stosowanych zmiennych i metod pomiaru. Do syntezy artykułów jakościowych zastosowano metodę analizy tematycznej Thomasa i Hardena (2008), czyli (1) kodowanie tekstu, (2) opracowanie tematów opisowych, (3) generowanie tematów analitycznych. Kodowanie zostało przeprowadzone za pomocą programu MAXQDA.

Wyniki Badania

Przegląd systematyczny wskazuje, że chociaż orientacja seksualna i tożsamość płciowa nie są ze sobą bezpośrednio powiązane, dostrzec można ich współzależność w życiu osób

transpłciowych na poziomie (1) indywidualnym, (2) relacyjnym oraz (3) społecznym.

Na poziomie (1) indywidualnym osoby badane często doświadczały trudności w jednoznacznym rozróżnieniu między tożsamością płciową, a orientacją seksualną, co prowadziło do ich wzajemnego przenikania i redefiniowania. Wyniki wskazują, że orientacja seksualna może pełnić rolę wspierającą lub utrudniającą w procesie odkrywania swojej tożsamości płciowej. Istotnym elementem tego procesu była zmienność używanych etykiet oraz ich dostosowywanie do aktualnego rozumienia siebie. W jednej sytuacji, nowe rozumienie własnej tożsamości płciowej pociąga za sobą redefinicje orientacji seksualnej, w innej sytuacji brak jasnego określenia tożsamości płciowej wiąże się z problematyką zdefiniowania orientacji seksualnej.

Poziom (2) relacyjny dotyczy znaczenia relacji interpersonalnych, w szczególności roli osób partnerskich w procesie kształtowania tożsamości. Wyniki wskazują, że reakcje tych osób mogą zarówno wspierać, jak i utrudniać proces rozumienia własnej orientacji seksualnej i tożsamości płciowej. Akceptacja i afirmacja ze strony osoby partnerskiej sprzyjają integracji tożsamości oraz poczuciu bezpieczeństwa w relacji, natomiast brak akceptacji lub obawa przed odrzuceniem mogą prowadzić do opóźnień w ujawnianiu swojej tożsamości oraz do trudności w przeżywaniu relacji intymnych. Istotnym wątkiem wyłonionym z analizy jest także postawa wobec własnej orientacji seksualnej oraz znaczenie braku jej akceptacji dla określania własnej tożsamości płciowej.

Poziom (3) społeczny odnosi się do znaczenia norm społecznych, oczekiwań kulturowych oraz doświadczeń dyskryminacji dla sposobu przeżywania orientacji seksualnej przez osoby transpłciowe. Wyniki wskazują, że osoby transpłciowe mogą doświadczać presji związanej z heteronormatywnością i oczekiwaniem binarności płci. Brak świadomości społecznej dotyczącej niezgodności płciowej może prowadzić do dyskryminacji osób transpłciowych na tle uprzedzeń homofobicznych. Doświadczenia stygmatyzacji, uprzedzeń

oraz błędnych w odbiorze społecznym interpretacji tożsamości, dodatkowo komplikują sposób rozumienia i określania siebie.

Dyskusja wyników

Wyniki wskazują, że orientacja seksualna i tożsamość płciowa mogą się przenikać i wzajemnie na siebie oddziaływać, zarówno w procesie samookreślenia, przeżywania siebie, jak i w odbiorze społecznym. Dlatego ich znaczenia ujawniają się na poziomie indywidualnym, relacyjnym i społecznym, a wspólną cechą jest trudność w jednoznacznym ustaleniu granicy między nimi. Etykiety do opisu zarówno orientacji seksualnej i jak tożsamości płciowej mogą pełnić funkcję oddającą w pełni osobiste przeżycia lub funkcje uproszczonej komunikacji społecznej.

Ograniczenia

Największym ograniczeniem wydaje się fakt, że dane pierwotne nie były dostępne, dlatego synteza danych opiera się na analizie danych oraz ich interpretacjach przedstawionych przez autorów. Ponadto analizowane badania różniły się pod względem metodologii w obrębie badań jakościowych oraz jakości prowadzonych analiz, co może wpływać na spójność i interpretację uzyskanych wyników.

Badanie 2

(por. Skrzypczak, Chańska, Grunt-Mejer i in., 2026)

Pytanie badawcze

Celem badania było zrozumienie, w jaki sposób osoby transpłciowe o różnorodnych tożsamościach płciowych postrzegają swoją seksualność niezależnie od etapu tranzycji.

Badanie miało również na celu pogłębioną analizę tego, jak osoby te opisują i interpretują swoją seksualność w kontekście norm społecznych oraz relacji intymnych. Postawiono następujące główne pytanie badawcze: W jaki sposób osoby transpłciowe opisują swoją seksualność?

Metoda badania

Badanie zostało przeprowadzone na podstawie 12 półustrukturyzowanych wywiadów indywidualnych z osobami transpłciowymi mieszkających w Polsce, w wieku od 20 do 53 lat. W grupie badanej znajdowały się osoby o zróżnicowanych tożsamościach płciowych. Osoby badane były rekrutowane za pośrednictwem Internetu, w tym mediów społecznościowych oraz wcześniejszych kontaktów badawczych. Kryterium włączenia do badania było ukończenie 18 roku życia oraz identyfikowanie się jako osoba niecispłciowa. Wywiady trwały od 40 do 70 minut. Wszystkie rozmowy zostały nagrane za zgodą uczestników, a następnie przepisane w formie transkrypcji. Dane były zbierane w 2023 roku. Procedura badawcza została zatwierdzona przez Komisję Etyczną Uniwersytetu SWPS (Nr 05/P/10/2022). Wywiady koncentrowały się na eksploracji znaczeń nadawanych orientacji seksualnej, ciału, zachowaniom seksualnym, interwencjom afirmującym płeć, a także relacjom romantyczno-seksualnym.

Do analizy danych została wykorzystana Refleksyjna Analiza Tematyczna (Braun i Clarke, 2021). Proces obejmował (1) wielokrotne czytanie transkrypcji, (2) kodowanie danych niezależnie przez dwie badaczki, (3) generowanie wstępnych tematów, (4) rozwijanie i weryfikowanie tematów wspólnie przez dwie badaczki, (5) udoskonalanie, definiowanie i nazywanie tematów, w tym krytyczna ocena trzeciej badaczki oraz (6) pisanie raportu. Początkowe kodowanie danych osobno przez dwie badaczki oraz krytyczna ocena wniosków wprowadzana przez trzecią badaczkę, która nie brała udziału w kodowaniu, było celową

strategią zwiększenia wiarygodności analizy (Merriam i Tisdell, 2016). Działanie to miało na celu zmniejszenie subiektywności analizy oraz ocenę poprawności wnioskowania analitycznego. Kodowanie zostało przeprowadzone za pomocą programu MAXQDA.

Wyniki badania

Analiza wykazała, że społeczno-kulturowe normy płci, osadzone w cisheteronormatywności, mają znaczenie dla doświadczenia dysforii płciowej podczas aktywności seksualnej. Normy te wiążą się z oczekiwaniami dotyczącymi zarówno wyglądu ciała, jak i zachowań seksualnych. Uczestnicy odnosili się do tych norm na dwa główne sposoby: poprzez ich internalizację lub odrzucenie. W niektórych przypadkach seksualność nie odgrywała istotnej roli w życiu osób badanych lub była ujmowana w kategoriach funkcjonalnych. Wyniki analizy koncentrują się na dwóch strategiach jako kluczowych dla zrozumienia doświadczeń seksualności osób transpłciowych.

Internalizacja wiązała się ze zwiększoną obawą o zachowanie *passingu* podczas kontaktów seksualnych, tendencji do unikania określenia własnej orientacji seksualnej, koncentracji na dopasowaniu się do ról płciowych kosztem przyjemności seksualnej, wykorzystywaniu fantazji i wyobrażeń o posiadaniu normatywnego ciała, a także unikaniu aktywności seksualnej która może wzmacniać dysforię płciową. Odrzucenie wiązało się z koncentracją na przyjemności seksualnej i własnych preferencjach, redefinicją lub/i nadawaniu nowych znaczeń ciału i zachowaniom seksualnym w celu zmniejszenia odczuwanej dysforii płciowej, angażowaniu się w *kinkowe* praktyki seksualne jako dające bezpieczną przestrzeń do eksploracji i negocjowania ról płciowych, a także ze znaczeniem afirmującej postawy osoby partnerskiej.

Dyskusja wyników

Narracje osób transpłciowych dotyczące doświadczanej przez nich seksualności są silnie osadzone w kontekście cisheteronormatywności, która kształtuje zarówno sposób postrzegania ciała, jak i oczekiwania wobec zachowań seksualnych. Normy te nie są jedynie tłem doświadczeń, lecz mają istotne znaczenie dla przeżywania dysforii płciowej oraz sposobów konstruowania własnej seksualności. Osoby badane podejmują wobec tych norm różne strategie, które można rozumieć jako formy negocjowania własnej tożsamości i doświadczeń w relacji do dominujących wzorców kulturowych.

Internalizacja cisheteronormatywności wiąże się z próbą dostosowania się do społecznych oczekiwań, często kosztem własnego komfortu i satysfakcji seksualnej. Z kolei jej odrzucenie umożliwia redefiniowanie znaczeń przypisywanych ciału, rolom płciowym i praktykom seksualnym, co sprzyja większej autonomii i eksploracji własnych potrzeb. Obie strategie pełnią funkcję adaptacyjną i są związane z próbą radzenia sobie z dysforią płciową oraz dążeniem do komfortu i przyjemności w relacjach romantycznych i seksualnych. Istotną rolę w tym procesie odgrywają afirmujące relacje partnerskie oraz możliwość otwartej komunikacji.

Ograniczenia

Badanie zostało przeprowadzone w polskim kontekście kulturowym, charakteryzującym się stosunkowo konserwatywnym podejściem do tematyki LGBTQ+ co może wpływać na specyficzne sposoby doświadczania seksualności przez osoby transpłciowe, co utrudnia przełożenie uzyskanych wyników na inne kultury.

Dodatkowym ograniczeniem jest fakt, że udział osób mających gotowość do rozmowy o seksualności może oznaczać nadreprezentację osób bardziej refleksyjnych, świadomych swojej seksualności, funkcjonujących w bardziej afirmujących środowiskach

lub mających potrzebę posiadania wpływu na zmianę w dyskursie naukowym. Istotnym ograniczeniem może być także to, że doświadczenia seksualności analizowane były w określonym momencie życia osób badanych, podczas gdy zarówno nadawane znaczenia tożsamości płciowej, jak i doświadczana seksualność mają charakter dynamiczny i mogą zmieniać się w czasie.

Konkluzje dla Badania 1 i Badania 2

Wyniki obu badań wskazują, że orientacja seksualna w doświadczeniu osób transpłciowych nie ogranicza się jedynie do określania obiektu pociągu romantycznego lub/i seksualnego, lecz stanowi ważny punkt odniesienia w procesie konstruowania i doświadcza tożsamości płciowej oraz ma znaczenie w relacjach romantyczno-seksualnych. W Badaniu 1 wykazano, że znaczenia nadawane orientacji seksualnej ujawniają się na poziomie indywidualnym, relacyjnym i społecznym, a ich wspólną cechą jest trudność w jednoznacznym oddzieleniu orientacji od tożsamości płciowej. Badanie 2 pogłębia to rozumienie, pokazując, że seksualność jest dodatkowo negocjowana w odniesieniu do norm cisheteronormatywnych, które kształtują sposób przeżywania ciała, ról płciowych oraz praktyk seksualnych.

W obu analizach znaczenie orientacji seksualnej ma charakter kontekstualny. W Badaniu 1 kluczowe znaczenie mają etykiety, które mogą wspierać proces samookreślenia, a gdy nie oddają złożoności doświadczeń, to go utrudniać. W Badaniu 2 widoczny jest podobny mechanizm, ujawniający się w trudnościach w definiowaniu orientacji seksualnej i tożsamości płciowej w kontekście nienormatywnego ciała oraz społecznych stereotypach wobec zachowań seksualnych. W obu przypadkach orientacja seksualna funkcjonuje jako narzędzie interpretowania siebie, sposobu komunikacji i doboru osoby partnerskiej oraz walidacji własnej tożsamości. Kolejnym wspólnym wnioskiem jest także znaczenie kontekstu społecznego. Wyniki Badania 1 wskazują na wpływ norm społecznych, stygmatyzacji i

heteronormatywności na sposób dochodzenia do własnej tożsamości płciowej i seksualnej oraz jej komunikowanie. Badanie 2 rozwija ten wątek pokazując, że cisheteronormatywność nie ma znaczenia tylko na sposób określania siebie, ale również na przeżywanie seksualności.

Łącznie wyniki obu badań pozwalają wnioskować, że orientacja seksualna w życiu osób transpłciowych jest zjawiskiem relacyjnym, kontekstualnym i negocjowalnym oraz silnie powiązanym z doświadczeniem ciała oraz normami społecznymi. Jej znaczenie wykracza poza klasyczne definicje i obejmuje funkcję interpretacyjną w procesie rozumienia siebie oraz funkcjonowania w relacji.

Z perspektywy teoretycznej wyniki te pozostają spójne z podejściem konstrukcjonistycznym oraz koncepcjami queer, które podkreślają, że płeć i orientacja seksualna nie stanowią stałych oraz jedynie biologicznie determinowanych kategorii, lecz są konstruowane społecznie i kulturowo, a ich znaczenie zależy od kontekstu i relacji (Butler, 1990; Seidman, 1994; Weeks, 1986). Wyniki badań wskazują również, że seksualność osób transpłciowych kształtowana jest przez normatywne rozumienie płci i relacji seksualnych, które organizuje społeczne oczekiwania wobec kobiecego i męskiego sposobu przeżywania seksualności (Rubin, 1984). Opisywane przez osoby badane strategie podważania tych norm poprzez redefiniowanie znaczeń ciała, praktyk seksualnych oraz relacji intymnych pozostaje spójne z queerowym ujęciem seksualności jako zjawiska płynnego, relacyjnego i współtworzonego społecznie, którego znaczenia podlegają ciągłym negocjacjom i przekształceniom (Butler, 2004; Seidman, 1994).

Szczególny wkładem przeprowadzonych badań we współczesne rozumienie seksualności jest wskazanie na problematykę definiowania orientacji seksualnej (jako kierunku pociągu do tożsamości płciowej lub kierunku pociągu do cech cielesnych), znaczenie zachowań seksualnych dla wyrażania orientacji seksualnej i tożsamości płciowej,

znaczenie orientacji seksualnej dla poziomu doświadczania dysforii płciowej w relacji seksualnej, a także problematykę cisheteronorm mającej znaczenie dla realizacji seksualnej.

Wyniki Badania 1 oraz Badania 2 wskazują również kierunki do dalszych badań, ze szczególnym uwzględnieniem sposobów definicji orientacji seksualnej, analizy roli *kinkowych* praktyk seksualnych dla odkrywania, przeżywania i walidacji tożsamości płciowej, a także osobistych subiektywnych znaczeń nadawanych ciału, a poziomem odczuwanej dysforii płciowej, oraz międzykulturowych znaczeń cisheteronorm.

Na podstawie uzyskanych wyników można również dostrzec kierunki do przyjmowanej postawy w praktyce terapeutycznej. Niezwykle istotną kwestią wydaje się być uznanie znaczenia etykiet orientacji seksualnej w procesie odkrywania tożsamości płciowej oraz uwzględnienie tego podczas psychoterapii, jak i w procesie opiniowania Niezgodności Płciowej (ICD-11) w celu rozpoczęcia korekty płci. Dodatkowo, unikanie niektórych praktyk seksualnych przez osoby transpłciowe może stanowić świadomą strategię radzenia sobie z dysforią płciową, a nie problem wymagający korekty terapeutycznej, co jest spójne z aktualnymi trendami w terapii seksuologicznej. Ostatecznie, podejście terapeutyczne powinno być niepatologizujące i uwzględniać fakt, że wiele trudności takich jak komunikacja w relacji, akceptacja ciała czy negocjowanie ról seksualnych występuje również wśród osób cispłciowych.

Ograniczenia pracy doktorskiej

Ograniczeniem całej pracy doktorskiej jest to, że opiera się ona na dwóch badaniach osadzonych w odmiennych kontekstach kulturowych. Badanie 1 obejmuje analizę badań prowadzonych głównie w krajach zachodnich, natomiast Badanie 2 zostało przeprowadzone wyłącznie wśród osób mieszkających w Polsce. Pomimo spójności uzyskanych wyników należy uwzględnić, że doświadczenia związane z tożsamością płciową i seksualną, jak i samą

aktywnością seksualną pozostają silnie zależne od kontekstu społeczno-kulturowego. W związku z tym formułowane wspólne konkluzje mają przede wszystkim charakter interpretacyjny i konceptualny.

Dodatkowo, obydwa badania opierają się na doświadczeniach osób posiadających dostęp do rekrutacji badań naukowych, co oznacza, że osoby uczestniczące funkcjonowały przynajmniej częściowo w przestrzeniach społecznych lub internetowych związanych z tematyką transpłciowości i LGBTQ+. Może to skutkować nadreprezentacją osób znajdujących się na etapie większej akceptacji własnej tożsamości oraz posiadających dostęp do wiedzy i zasobów językowych pozwalających na konceptualizowanie własnych doświadczeń i gotowości do dzielenia się nimi.

Dodatkowo zarówno przegląd systematyczny, jak i badanie własne zostały osadzone głównie w ramach zachodnich kategorii językowych dotyczących płci i seksualności. Oznacza to, że nawet przy krytycznym podejściu do cisheteronormatywności praca nadal operuje pojęciami wywodzącymi się z określonego kontekstu kulturowego i akademickiego. Pomimo intencji odejścia od normatywnych ujęć, a także podkreślania płynności i złożoności doświadczeń osób badanych, język naukowy nadal wymaga definiowania i kategoryzowania doświadczeń, które w praktyce bywają płynne, niejednoznaczne i oporne wobec tych definicji. W konsekwencji ograniczeniem pracy doktorskiej pozostaje konieczność opisywania złożonych i płynnych doświadczeń przy użyciu określonego dyskursu akademickiego, który z natury porządkuje i upraszcza analizowaną rzeczywistość.

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Spis publikacji naukowych stanowiących spójny tematycznie zbiór artykułów

Publikacja dotycząca Badania 1:

Skrzypczak, E., Grunt-Mejer, K., & Ziółkowska, J. (2024). The meaning of sexual orientation in the lives of transgender people. Systematic review of qualitative studies. *International journal of transgender health*, *26*(3), 544–563. https://doi.org/10.1080/26895269.2024.2376215

Publikacja dotycząca Badania 2:

Skrzypczak, E., Chańska, W., Grunt-Mejer, K., & Ziółkowska, J. (2026). "*It's a female penis*": trans+people navigating cisheteronormativity in sexuality. *International Journal of Transgender Health*, 1–15. https://doi.org/10.1080/26895269.2026.2621817

Oświadczenia współautorek publikacji dotyczącej Badania 1

The Co-Authorship Statement

Name of the candidate: Emilia Skrzypczak

Publication: Skrzypczak, E., Grunt-Mejer, K., & Ziółkowska, J. (2024). The meaning of sexual orientation in the lives of transgender people. Systematic review of qualitative studies. *International journal of transgender health*, *26*(3), 544–563. https://doi.org/10.1080/26895269.2024.2376215

We, the undersigned, co-authors of the above publication, confirm that the above publication has not been submitted as evidence for which a degree or other qualification has already been awarded.

We, the undersigned, further indicate the candidate's contribution to the publication in our joint statement below.

Statement indicating the candidate's contribution to the publication: The candidate contributed to the conception of the study, participated in its design, data search, extraction and coding, data analyses, synthesized the data and drafted the manuscript.

The contribution of co-authors: The co-authors contributed to the conception of the study, interpretation of the data, and contributed to drafting and revising the manuscript.

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Oświadczenia współautorek publikacji dotyczącej Badania 2
The Co-Authorship Statement

Name of the candidate: Emilia Skrzypczak
Publication: Skrzypczak, E., Chańska, W., Grunt-Mejer, K., & Ziółkowska, J. (2026). "*It's a female penis*": trans+people navigating cisheteronormativity in sexuality. *International Journal of Transgender Health*, 1–15. https://doi.org/10.1080/26895269.2026.2621817

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The contribution of co-authors: The co-authors contributed to the conception of the study, coding and interpretation of the data, and contributed to revising the manuscript.

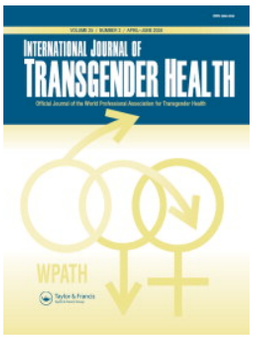
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REVIEW ARTICLE

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The meaning of sexual orientation in the lives of transgender people. Systematic review of qualitative studies

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ABSTRACT

Background: The literature emphasizes the importance of sexual orientation in the self-identification and decision-making processes related to diagnosis and gender affirmation among transgender individuals. A deeper understanding of these relations can be attained by synthesizing qualitative studies that explore the personal meanings transgender individuals attribute to their sexual orientation.

Aims: The aim of this study was to systematically review the literature investigating the meaning of sexual orientation in the lives of transgender people.

Methods: Original studies published on PubMed, Scopus, PsycInfo, and Web of Science between 2010 and 2020 were examined. Fourteen qualitative studies met the inclusion criteria and were included in the review. Each of them was analyzed using a thematic synthesis method to identify key themes.

Results: The thematic synthesis revealed that sexual orientation interplays with gender identity at individual, relational, and social levels, while transgender people often report confusion between the two and the influence of one identity on the development of the other.

Discussion: The findings both inform future research directions and have clinical implications, such as increasing awareness of the interrelated influence of sexual orientation and gender identity. Clinicians should approach the labels adopted by patients as possibly subject to change, supporting clients in their self-exploration process.

KEYWORDS

Gender identity; qualitative research; sexual orientation; systematic review; transgender

Background

The interplay between sexual orientation and gender identity stands as one of the most significant and frequently discussed themes in transgender research. Historically, this relationship has had significant clinical importance due to the outdated stereotype that every gay person desired to transition (Irvine, 2005). The presence of a heterosexual orientation (based on their gender identity) among transgender individuals was seen as a strong argument for an actual "gender identity disorder" rather than, for example, uncertainty about the object of sexual interest . Harry Benjamin (1966) introduced a scale of sexual orientation (applicable only to trans women), according to which 'true transsexuals' should be characterized by low libido, asexuality or heterosexuality. This approach led to the creation of a hierarchy within the transgender community, where those who met heteronormative criteria were considered more authentic (Prunas, 2019). Furthermore, the diversity in the sexual orientations of transgender people has historically been ignored or pathologized, which has further implications for restricting access to medical care for those who do not fit the heteronormative frameworks (Prunas, 2019). Today, the meaning of one's sexual orientation is more relevant to the personal journey of discovering one's transgender identity and decisions to reduce dysphoria than to the diagnosis of gender incongruence itself.

Sexual orientation, understood here in a broad sense as romantic and sexual attraction, sexual

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behaviors, and personal sexual identity (Diamond, 2022) may be an integral part of transgender identity development (Nahoshi et al., 2014). Lawrence (2010) stated that homosexual and non-homosexual transgender individuals (according to gender assigned at birth) are characterized by a different transgender developmental pathway. Among other things, gay individuals are younger and better psychologically functioning at the time of reporting gender incongruence (Smith et al., 2005a), and they are more likely to exhibit cross-dressing behaviors and more gender incongruence during childhood (Drummond et al., 2008; Steensma et al., 2013). Additionally, sexual orientation may play an important role in the decision to begin transitioning for individuals who functioned in heterosexual relationships and had children before coming out as transgender (Smith et al., 2005b). Although sexual orientation may be one factor that differentiates trans people's preferences regarding gender transition and gender identity development (Chivers & Bailey, 2000), it does not affect the level of severity of gender dysphoria (Deogracias et al., 2007; Smith et al., 2005a) or the severity of the resulting distress (Smith et al., 2005b).

As has been repeatedly documented in research, another manifestation of the complex relationship between orientation and gender identification is the change in sexual orientation in transgender individuals during transition (Auer et al., 2014; Bockting et al., 2009; De Cuypere et al., 2005; Dozier, 2005; Jacobson & Joel, 2018; Lawrence, 2005; Schleifer, 2006). Meier et al. (2013) indicate that a large proportion of transgender men's experienced change in sexual orientation (i.e. they were more interested in men than before transition) may be due to the effects of the testosterone in gender affirming treatments. It may, however, also be an effect of the greater social freedom associated with male sexuality and/or body comfort (Katz-Wise et al., 2016) and more openness to exploring a range of sexual attractions when gender identity aligns with the body (Schleifer, 2006).

It is important to note that the aforementioned division of transgender individuals into homosexual and non-homosexual (Lawrence, 2010) does not fully capture the diversity of romantic-sexual attraction orientations. It is now understood that this model does not account for the full range of sexual identities and expressions. Holmberg et al. (2019) report that transgender individuals express or declare the entire spectrum of orientations: sexual orientation toward men and masculinity, sexual orientation toward women and femininity, sexual orientation toward people regardless of their gender (such as bisexual and pansexual), and asexual orientation. The difficulty of describing transgender sexuality using traditional categories is also reflected in quantitative studies in which participants often describe their orientation as "different" (Galupo et al., 2014, 2016), or in the increasing use of "queer" and/or "pansexual" categories (Katz-Wise & Hyde, 2017; Kuper et al., 2012). Although sexual and gender identity developmental pathways are closely linked (Diamond & Butterworth, 2008), few authors conceptualize their intersections. For example, Rankin and Beemyn's (2012) findings show that for many trans-masculine individuals, self-identification as being a lesbian was a step toward transgender identity, while self-identification as a gay male was not typical for trans-feminine transgender identity development. Hiestand and Levitt (2005) describe butch gender identity development in a seven stages process, where the last stage is the integration of sexual orientation and gender difference.

In contrast, based on qualitative interviews with transgender individuals across different sexual orientations, Levitt and Ippolito (2014) developed a model to describe the three steps of transgender identity development. In this model, the authors note that sexual orientation can form simultaneously with the process of gender identity formation and can thus undergo change. Pullen Sansfaçon et al. (2020) partially confirm this model by showing that the discovery of a transgender identity can happen concurrently with revealing oneself as non-heterosexual or after coming out. This intersection between sexual orientation and gender identity also implies the possible social misperception of gender expression as the expression of sexual orientation (Mizock & Fleming, 2011).

In summary, the literature indicates the importance of sexual orientation in the lives of

transgender individuals, both in the process of self-identification and in the process of diagnosis and willingness to undergo gender affirmation. Yet, researchers have mainly explored the relationship between sexual orientation and a series of other factors, such as mental health (Eisenberg et al., 2019; Smith et al., 2005a), medical and social transition (Auer et al., 2014; Chivers & Bailey, 2000; Ross et al., 2024; Spielmann & Stern, 2019), quality of life (Gaither et al., 2017; Oyarvide & Gorman, 2019), HIV related risk factors (Sevelius, 2009) and sexual behavior (Fein et al., 2018; Katz-Wise et al., 2016; Lindley et al., 2021). In addition, other reviews have focused on sexuality during gender transition (Nieder et al., 2016; Özer et al., 2022; Thurston & Allan, 2017) without addressing the relationship between sexual orientation and gender identity. In contrast, the subjective personal meanings given to orientation by transgender individuals are poorly researched.

Therefore, a better understanding of the experience of sexual orientation and its meaning in the lives of transgender individuals is needed. This article addresses the lack of a robust synthesis of qualitative evidence on this topic. We have adopted a systematic review approach to qualitative research that integrates research from different contexts and populations without losing depth and phenomenological quality for us to identify the meanings and/or experiences of sexual orientation in the lives of transgender people.

Methods

The review question: What is the meaning and/or experience of sexual orientation in the lives of transgender people?

Search strategy

This systematic review was registered on PROSPERO (ID number CRD42021227010) and followed the guidelines of The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Guidelines (Moher et al., 2010). The review protocol was designed and data extraction forms were developed. Using combinations of the broad search terms "transgender," "sexual orientation," "meaning," and "experience," separated by the Boolean operator 'AND', the literature in four databases was searched: PubMed, Scopus, PsycInfo, and Web of Science. Due to the rapidly changing terminology in the field of transgender science, some database searches were limited to publications present since 2010 and Journal Articles, Dissertations, and Human studies. The data were retrieved between December 11 and December 21, 2020.

Selection criteria

The inclusion and exclusion criteria were as follows:

- Participants:

For this study, being transgender was defined as not (fully) identifying with one's birth-assigned sex. The following groups were included:

trans women, trans men, transsexual (people), MtF, FtM, gender incongruence, gender fluid, and people who may prefer not to identify as part of a gender binary based on their self-identification. There were no age and stage-of-transition limitations.

The following groups were excluded: cisgender sexual minorities, cis men who have sex with men (MSM), studies with an LGBTQIA population where transgender participants comprised <50% of the sample.

- Sexual orientation:

Included studies focused on: sexual orientation, sexuality, sexual behavior, sexual identity

Excluded studies focused on: sexual health, sexual risk, sex work(-ers), sexually transmitted infection.

- Experiences and/or meanings:

We included studies that considered all aspects of meanings and experiences related to being transgender.

We excluded studies that only reported characteristics (e.g. age, labels used, marital/relationship status) of transgender people based on their

sexual orientation without discussing the meanings ascribed to sexual orientation or gender identity.

- Literature type:

We included: quantitative, qualitative, and mixed methods; primary research articles and dissertations.

We excluded: opinion pieces, feature articles, editorials, individual case reports, reviews, books.

- Language:

Only studies published in English were included.

Selection process

All records were saved in Endnote and screened to remove duplicates. Following the screening of titles and abstracts, we removed records that did not address the research question or did not meet the inclusion criteria. All identified uncertain or discrepant records were included for full-text review. Then, a full-text review was conducted using the standardized form, which included information on the year, country, participant characteristics, methods, key findings, quotes, and comments.

The first author reviewed all titles and abstracts ($n = 2277$), read the full texts of all potentially eligible articles ($n = 60$), and evaluated them against the eligibility criteria. Through discussion, the first two authors reached a consensus on which articles met the criteria and should be selected for the next stage ($n = 22$). Initially, 22 articles were included in the systematic review: 8 quantitative and 14 qualitative. Following extensive discussions among the research team, a decision was made to include only qualitative research in the final analysis of the review. This decision was driven by the lack of homogeneity in outcome variables and measurements among the quantitative studies, as well as the limited number of reviews that synthesize qualitative literature on sexual and gender identity. Ultimately, with the agreement of all three authors, all 14 qualitative articles were included in the review. Detailed information about the study selection process and the relevant inclusion and exclusion criteria can be found in Figure 1 (PRISMA flow diagram).

Quality assessment

To evaluate the quality of the studies included in the review, we employed the Critical Appraisal Skills Programme (CASP) checklist for the methodological strengths and limitations of qualitative studies (CASP, 2018). CASP is a commonly used checklist for quality assessment in health-related qualitative evidence syntheses (Hannes & Macaitis, 2012).

We followed Long et al. (2020) and used a modified version of CASP, therefore we added an appraisal of the approach to inquiry assumed by the authors in the studies included in this review. Therefore, we included a question regarding whether the studies' theoretical underpinnings (e.g. ontological and epistemological assumptions) were consistent, clear, and conceptually coherent (Long et al., 2020). Additionally, we also added an extra response, "somewhat," to record situations in which the CASP criteria were only partially addressed.

In our project, the quality assessment was not aimed at excluding studies based on their methodological quality, yet the results of the quality appraisal informed our analyses. We used the results of the CASP appraisal during coding and synthesis of the findings. First, no new codes were created based on the studies that had moderate methodological concerns. Second, the methodological quality of the studies was considered in the course of considering the trustworthiness of the findings of the synthesis.

The CASP assessment indicated that all the included studies had acceptable quality. Most of the studies were methodologically sound and only minor concerns were found (Galupo et al., 2014, 2016; Hereth et al., 2020; Johnson et al., 2014; Levitt & Ippolito, 2014; Nagoshi et al., 2012; Rowniak & Chesla, 2013; Tree-McGrath et al., 2018; Williams et al., 2013; Yerke & Mitchell, 2011). Four studies had moderate concerns (Baker, 2018; Doorduin & Van Berlo, 2014; Guerra et al., 2020; Mizock & Hopwood, 2016). Ethical issues were the most common: only two

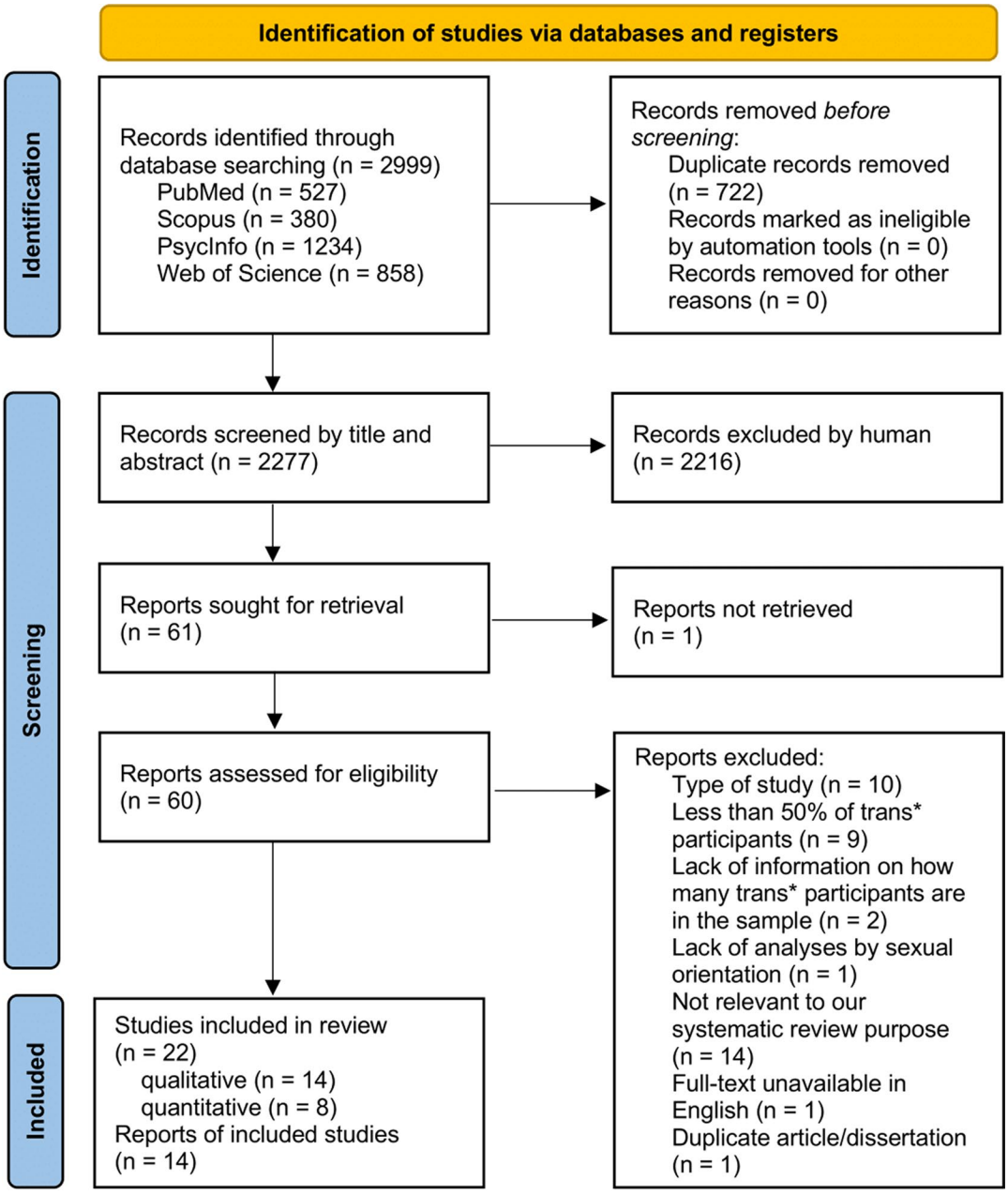


Figure 1. PRISMA diagram.

studies included details related to the ethical standards maintained in them (Nagoshi et al., 2012; Tree-McGrath et al., 2018). Usually, ethical issues were either not addressed at all, or the authors only provided information about the approval of an ethics committee. The second most common issue was the relationship between researchers and participants. Only eight studies gave at least some information about researchers' sexual orientation and/or gender identity and the potential influence of this on data collection and the coding procedure. Finally, there were also issues with the studies' ontological and epistemological underpinnings. In fact, none of the studies gave clear information about their theoretical underpinnings. The results of the CASP appraisal are shown in Table 1.

Data synthesis

Thomas and Harden (2008) thematic synthesis was employed for this systematic review. Following Thomas and Harden, we aimed to create analytical themes that go beyond the content of the

Table 1. CASP—quality assessment of the articles.

Study	CASP question										
	1. Was there a clear statement of the aims of the research?	2. Is a qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between researcher and participants been adequately considered?	7. Have ethical issues been taken into consideration?	8. Was the data analysis sufficiently rigorous?	9. Is there a clear statement of findings?	11. Are the study's theoretical underpinnings clear, consistent and conceptually coherent?
Baker (2018)	Yes	Yes	Yes	Somewhat	Somewhat	Yes	Somewhat	Somewhat	Yes	No
Doorduin and Van Berlo (2014)	Somewhat	Yes	Yes	Yes	Yes	No	No	Somewhat	Yes	No
Galupo et al. (2016)	Yes	Yes	Yes	Yes	Yes	Somewhat	No	Yes	Yes	Somewhat
Galupo et al. (2014)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Somewhat
Guerra et al. (2020)	Yes	Yes	Yes	Yes	Can't tell	n/a	No	Somewhat	Yes	No
Hereth et al. (2020)	Yes	Yes	Yes	Yes	Yes	Somewhat	Somewhat	Yes	Yes	Somewhat
Johnson et al. (2014)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Somewhat
Levitt and Ippolito (2014)	Yes	Yes	Yes	Yes	Somewhat	Somewhat	No	Yes	Yes	Somewhat
Mizock and Hopwood (2016)	Somewhat	Yes	Yes	Somewhat	Yes	Can't tell	Somewhat	Yes	Yes	Somewhat
Nagoshi et al. (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Somewhat
Tree-McGrath et al. (2018)	Yes	Yes	Yes	Yes	Yes	Somewhat	Yes	Yes	Yes	No
Williams et al. (2013)	Yes	Yes	Yes	Yes	Yes	Somewhat	Somewhat	Can't tell	Yes	Somewhat
Yerke and Mitchell (2011)	Somewhat	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Somewhat
Rowniak and Chesla (2013)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Somewhat

original studies and deepen our understanding of sexual orientation in the lives of transgender people.

The synthesis comprised three stages: (1) coding text, (2) developing descriptive themes, and (3) generating analytical themes. The first stage started with a line-by-line coding of the 'findings/results' sections of the methodologically sound studies (9 out of 13) according to our quality assessment (see section on quality assessment). The coding was carried out independently by the first and second authors. Once the coding results were agreed, the codebook, which contains definitions and inclusion and exclusion criteria for specific codes, was created. The coding process was then repeated for the remaining studies (5 out of 14). The result of the first stage was 110 codes that captured the findings of the included studies. The third author supervised the creation of the codes and the coding process at regular meetings of the whole team. In the second stage, the first and second authors independently searched for similarities and differences in the codes to create descriptive themes, focusing on references to sexual orientation. The third author reviewed the content and the structure of the themes created. As a result, seven descriptive themes were generated around which the codes were arranged. Finally, in the last stage, the first and the second authors returned to the main question of the review and created three analytical themes.

Results

Study characteristics

Detailed information regarding the study design and sample characteristics of all 14 studies included in this review can be found in Table 2. The year of publication of the included articles ranged from 2011 to 2020. The majority of studies were conducted in the United States. A total of 916 participants were included in these studies. The age of participants was 18–67 years. Some researchers used binary categories for GI, for example by limiting their samples to individuals who identified as transgender men or FtM ($n = 6$), while some research included transgender people

in general and/or gender nonconforming people ($n = 8$). Original terminology for participant gender was maintained to avoid inferring beyond what was stated by the researchers. The database included reports from 10 interview-based pieces of research, two open-ended question surveys, one Collective Memory Work, and one hospital data analysis.

Analytical themes

The repeated analysis of code interactions led to the identification of three analytical themes concerning the meaning of sexual orientation in the lives of transgender people: 'the meaning of labels', 'the meaning of partner', and 'the meaning of social norms/social rules'. Our analyses reveal that these themes manifest themselves at three different levels: individual, relational, and societal. At each level, the meaning of sexual orientation intersects with gender identity and is most apparent through these interactions. These intersections are important for understanding the lived experience of sexual orientation among transgender individuals.

Individual level. The meaning of labels

The formation of one's gender identity is an ongoing process that requires negotiation and renegotiation of one's own experiences and how to label them. The conflation between sexual orientation and gender identity is most clearly visible precisely in the process of trying to categorize oneself on the axes of gender and orientation. From an early age, some of the people whose experiences we analyzed had a sense of otherness that is difficult to attribute unambiguously to non-heterosexual orientation or gender incongruence. This otherness motivates the search for different forms of self-expression and the labels associated with them. For this reason, in the process of identity discovery, the sense of belonging or not belonging to a particular sexual orientation and gender category was repeatedly questioned by many of the subjects.

In this section, we will present examples of where sexual orientation can play a supporting or hindering role in the discovery of one's gender identity. Usually, shifts in adopted labels are the result of a new understanding of oneself; sometimes, this new understanding is about gender (and the label of sexual orientation is consequently adjusted accordingly); other times, the established identity is about orientation (thus facilitating the further definition of gender).

From sexual identity to gender identity. "He discerned that his partner's gender was not the issue, but his conflicted feelings about his own gender identity." (Doorduin & Van Berlo, 2014, p. 667). Coming out as a non-heterosexual person is a part of the development process for many trans people (Baker, 2018; Doorduin & Van Berlo, 2014; Nagoshi et al., 2012; Rowniak & Chesla, 2013). This may be due both to the fact that the lack of cognitive access to the concept of transgenderness forces one to seek other paths of self-understanding (Hereth et al., 2020; Levitt & Ippolito, 2014; Williams et al., 2013) and the fact that non-heterosexual gender orientation is still more accessible and socially acceptable than transgender, therefore it is safer to explore it freely.

Beginning self-exploration with one's sexual orientation may make it easier to eventually identify as transgender. Experimenting with different sexual orientation labels increases one's openness to experimenting with gender labels. Being part of a minority that is socially recognized and understood can facilitate the transition to identifying oneself as a member of other less accepted or less understood minorities. However, this transition is moderated by messages from the environments in which the person functions. In situations where the person has experienced non-acceptance or stigma in relation to non-heterosexuality, increased fear of coming out as transgender may occur (Levitt & Ippolito, 2014; Mizock & Hopwood, 2016) (more on this in section Heterosexual norms). There are also situations in which a person fears their potential non-heterosexuality more than transness. As Guerra et al. (2020) points out, the lack of acceptance of one's non-heterosexual identity can lead to recognizing oneself as a transgender person (more on this in section Internalized homophobia).

A difficulty individuals face on the path to identifying as transgender is the need to simultaneously identify their own and their partner's

Table 2. Characteristics of the included studies.

Study	Title	Sample and age	Methods	Method of data analysis
Baker (2018, USA)	Sexual and gender identities in transgender men: fluid and binary perspectives.	8 transgender men in various stages of transition, aged 19–62	Interviews: at least two in-depth and semi-structured interviews for each participant	Thematic analysis
Doorduin and Van Berlo (2014, Netherlands)	Trans people's experience of sexuality in the Netherlands: a pilot study.	12 trans people (MtF and FtM spectrum) in various stages of transition, aged 19–60	Interviews: in-depth and semi-structured interviews, average duration 2 h and 45 min	Grounded theory analysis
Galupo et al. (2016, USA)	"The labels don't work very well": transgender individuals' conceptualizations of sexual orientation and sexual identity	172 trans participants [Transfeminine ($n = 47$), Transmasculine ($n = 84$), Gender variant ($n = 31$), Agender ($n = 10$)], aged 18–65	Online survey	Thematic analysis
Galupo et al. (2014, USA)	Transgender friendship experiences: benefits and barriers of friendships across gender identity and sexual orientation.	536 transgender or gender variant, aged 18–73	Online survey: 4 open-ended questions	Qualitative comparative analysis
Guerra et al. (2020, Spain)	Transsexuality: transitions, detransitions, and regrets in Spain.	4 documented cases of detransition and/or regret, aged 31, 26, 16, 21	A cohort of 796 people with gender incongruence attending the Identity Gender Unit of Doctor Peset University Hospital from January 2008 to December 2018 was studied.	A cohort of 796 people with gender incongruence attending the Identity Gender Unit of Doctor Peset University Hospital from January 2008 to December 2018 was studied.
Hereth et al. (2020, USA)	Gender identity and sexual orientation development among young adult transgender men sexually active with cisgender men: 'I had completely ignored my sexuality … that's for a different time to figure out'.	18 transgender men who have sex with cis men, aged 18–29 years	Interviews: In-depth semi-structured interviews, average duration 37 min	Narrative coding and data analytic memos Life history calendar method
Johnson et al. (2014, USA)	"It's complicated": collective memories of transgender, queer, and questioning youth in high school.	9 TQQ (6 transmen, 3 genderqueer or bigender), aged 18–22	Written stories and focus group session lasted 1.5 h	Narrative coding and data analytic memos Collective memory work method
Levitt and Ippolito (2014, USA)	Being transgender: the experience of transgender identity development.	17 self-identified transgender, aged 18–63	Interviews: semi-structured interviews	Grounded theory analysis
Mizock and Hopwood (2016, USA)	Conflation and interdependence in the intersection of gender and sexuality among transgender individuals.	45 transgender and gender nonconforming (21 trans women or MtF, 17 trans men or FtM, 7 genderqueer or fluid gender), aged 21–71	Interviews: semi-structured interviews, average duration 60 min	Grounded theory analysis
Nagoshi et al. (2012, USA)	Deconstructing the complex perceptions of gender roles, gender identity, and sexual orientation among transgender individuals	11 self-identified transgender (one of them intersex), aged 19–43	Interviews, average duration 40–60 min	Deductive qualitative analysis
Tree-McGrath et al. (2018, USA)	Sexuality and gender affirmation in transgender men who have sex with cisgender men.	16 trans men who have sex with cis men, *M* age 32.5, *SD* 11.1	Interviews: semi-structured interviews, average duration 1.5 h	Grounded theory analysis
Williams et al. (2013, USA)	Trans men: embodiments, identities, and sexualities.	25 trans men, aged 20–65	Interviews, average duration 60 min	Inductive coded
Yerke and Mitchell (2011, USA)	Am I man enough yet? A comparison of the body transition, self-labeling, and sexual orientation of two cohorts of female-to-male transsexuals	16 FtM, two groups: (1) transitioned between 1969 and 1987 and (2) transitioned between 2000 and 2006, all participants had transitioned at age 18–30	Interviews, average duration 60–90 min	Issue-focused analysis
Rowniak and Chesla (2013, USA)	Coming out for a third time: transmen, sexual orientation, and identity	17 transgender self-identified as FtM who had been taking testosterone for a minimum of 1 year, aged 23–64	Interviews; In the initial phase with 6 participants for 1–2 h. In the second phase with 11 participants for 1–3 h.	Interpretive phenomenology

gender when using traditional terms for sexual orientation. For example, although the word "lesbian" defines orientation, it simultaneously defines one's own and one's partner's gender as female. However, a person who is not yet sure about identifying as, for example, a transgender man, but uses lesbian orientation terms, can through such designation exacerbate his gender incongruence (Baker, 2018; Levitt & Ippolito, 2014).

Attempts to remove the discomfort related to the use of terms clearly defining gender may involve adopting labels, such as tomboy/butch/dyke, which—although intended to refer to sexual orientation—also include elements of gender expression (Baker, 2018; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016; Williams et al., 2013). These labels allow expressing directions of sexual attraction while breaking the convention of gender stereotypes. This may be a first step to expressing one's gender identity in a more socially acceptable way. When, after all, it turns out that these labels did not fully reflect a sex-gendered identity, then the person may begin to search for transgender labels.

From gender identity to sexual identity. "My gender identity helped define my sexual identity." (Nagoshi et al., 2012, p. 417). Becoming certain of one's gender, usually by accepting a trans identity, can mean freeing up mental space for sexual exploration. Some transgender people become more confident in their sexual orientation identity only after accepting themselves as trans (Hereth et al., 2020; Levitt & Ippolito, 2014; Nagoshi et al., 2012; Rowniak & Chesla, 2013; Tree-McGrath et al., 2018; Williams et al., 2013). For some people, the realization that gender does not have to be binary, gives space for orientation to be treated as non-binary. For this reason, embracing a non-binary identity can lead to embracing a non-binary sexual orientation or a binary, but fluid in time, orientation. On the other hand, trans individuals who were attached to a binary conception of gender found it easier to navigate traditional categories associated with sexual orientation, such as hetero-, homo-, and bi- (Baker, 2018; Rowniak & Chesla, 2013). Individuals, who were still on a path of exploring their sexual identity and were unsure of to whom they were attracted, adopted labels that did not commit to defining the characteristics of themselves or their partner, such as "queer" or "pan"; alternatively, these individuals rejected self-identification completely. At the same time, the label "queer" was also sometimes adopted by some people who felt confident with their gender and sexual identity but had difficulty expressing it through binary labels (Baker, 2018; Galupo et al., 2016; Mizock & Hopwood, 2016; Nagoshi et al., 2012; Rowniak & Chesla, 2013; Tree-McGrath et al., 2018; Williams et al., 2013; Yerke & Mitchell, 2011).

A relatively often raised theme was the possible change or broadening of sexual interest during the transition process (Baker, 2018; Galupo et al., 2016; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016; Nagoshi et al., 2012; Rowniak & Chesla, 2013).

Access to the transgender concept. "Learning the term transgender and hearing transgender people's experiences was pivotal in their gender development processes." (Levitt & Ippolito, 2014, p. 20). In cases where a person did not have access to the concept of transgender, they may have tried to express themselves through different labels of sexual orientation. Judging by the respondents' statements, this way of expressing themselves "never felt quite right" (Rowniak & Chesla, 2013, p. 454), but ensured temporary affiliation to minority groups. Learning about other transgender people and their experiences could act as cognitive closure and provide a sense that there is a category that fully represents their experiences. It also provided an opportunity for a safe space in which they can express their gender. This was often the moment when it became clear that it was not defining sexual orientation that was the challenge but dealing with their own gender identity (Hereth et al., 2020; Levitt & Ippolito, 2014; Rowniak & Chesla, 2013; Williams et al., 2013).

Esthetic attraction. Uncertainty. "Did I want to be them or did I like them?" (Hereth et al., 2020, p. 8). Another manifestation of confusion that respondents presented was uncertainty about whether they felt attracted to a particular gender or wanted to be a particular gender. Engaging in a relationship with a person of a specific gender may be not an actual reflection of romantic and/or sexual attraction but a desire to get closer to a "role

model" that embodied this gender (Hereth et al., 2020; Rowniak & Chesla, 2013) (more on this in section One can be man and love men—partners as a source of resolution of false dichotomies).

Relational level. The meaning of partner

A theme often raised when describing conflation of gender and sexual orientation is the attitude of sexual or romantic partners. On the one hand, they may play an affirming role in the identity that is being discovered and thus accelerate coming to terms with one's orientation or gender. On the other hand, they may play a negating/ignoring role in the gender identity or orientation of transgender people, which may consequently delay the resolution of the confusion.

Another possible direction of the confusion-resolution process was mentioned much less frequently: defining oneself by referring to the gender of people important in one's life. This process was not an affirmation of a previously individually formed gender identity that results in a search for partners who accept that identity: it was the situation in which a particular partner becomes a reference point and source of affirmation of a trans person's body characteristics or sexual expression.

In other words, in the case of the former, more common process, the individual first arrives at a relative fixity of self-concept and orientation, often testing it under difficult and confounding circumstances (e.g. in relationships with partners who respond positively to dysphoria-inducing traits), to eventually, under better conditions, enter into sexual and romantic relationships with people who accept their established identity. In the case of the second process, the individual vacillates between different identities, sometimes adopting one with the intention of remaining in it (e.g. deciding to undergo gender affirming surgery); however, the attitude of important partners may be more significant than the path previously taken by the subject in their search for their identity. This mode of identifying one's own gender and sexual orientation is relatively rarely raised in research and is primarily concerned with individuals who undergo detransition.

These two processes can be called accordingly "from a stable identity to a partner" and "from a stable partner to an identity." Both paths have common features as well as specific challenges and accompanying phenomena. In this section, we will describe the themes depicting these two processes that appear in the stories of the subjects.

One can be man and love men—partners as a source of resolution of false dichotomies. "So, am I gay, but not really?" (Hereth et al., 2020, p. 9). As indicated earlier, the confusion about gender and sexual orientation has been primarily about non-heterosexual people (Doorduin & Van Berlo, 2014; Hereth et al., 2020). Most of the analyzed studies involved men, so this theme was particularly often presented in relation to non-heterosexual trans men. They declared that the direction of their attraction was a more certain thing for them than their own gender, or they felt uncertain whether their interest in a particular gender related to a romantic and/or sexual interest or to curiosity and a desire to get closer to gender expression role models (Hereth et al., 2020; Rowniak & Chesla, 2013). It seems that this confusion about one's gender and its expression was strongly related to the internalization of implicit heterosexuality: either you desire men (and come to terms with your female assigned gender), or you are a man (and then the direction of attraction does not resonate with your gender identity). For these men, being recognized by cis gay men as a man was a crucial experience that resolved confusion and led them to simultaneously recognize themselves as both a man and a person who are attracted to men (Williams et al., 2013).

Need for acceptance. "He saw me completely as a woman. There was absolutely no doubt about that, so I could allow it that somebody would give love to me on that terrain." (Doorduin & Van Berlo, 2014, p. 661). The gender of a person's sexual partners and how they related to the identity of this person were also important for people who were not particularly hesitant about their own gender. In some of the research, trans men mentioned that their masculine identity was acknowledged during their first sexual encounters and that it was a major positive reinforcement for their sense of maleness (Williams et al., 2013). One factor that reinforced their sense of masculinity was partners' gender and orientation: for gay trans men, this was partners

who were also gay males; for heterosexual trans men this was partners who were heterosexual women. Other reinforcing factors included partners' use of masculinizing nomenclature for trans men's genitalia (Doorduin & Van Berlo, 2014; Tree-McGrath et al., 2018; Williams et al., 2013), taking the male role in sex, as well as their partners' display of desire as if it were toward any other man (Doorduin & Van Berlo, 2014; Hereth et al., 2020; Mizock & Hopwood, 2016; Rowniak & Chesla, 2013; Tree-McGrath et al., 2018; Williams et al., 2013). Also, for some trans women, their partner's acceptance of their identity may have been a condition for a successful sex life (Doorduin & Van Berlo, 2014). It was of utmost importance for subjects of all genders to be fully accepted according to their gender identity, regardless of their stage of medical gender transition, to enter the relationship and to freely experience their sexuality in it (Hereth et al., 2020; Martin & Coolhart, 2019; Mizock & Hopwood, 2016; Rowniak & Chesla, 2013; Tree-McGrath et al., 2018; Williams et al., 2013).

Fear of rejection. "Well, no gay guy's going to like me." (Hereth et al., 2020, p. 11). Stories indicating the bumpy path to full recognition of one's gender by partners are more often cited than stories indicating that partners typically treated the person according to their identity from the beginning (Baker, 2018; Doorduin & Van Berlo, 2014; Hereth et al., 2020; Mizock & Hopwood, 2016; Williams et al., 2013).

Sometimes, informants were so afraid of their partners' rejection that it discouraged them from communicating their dysphoria or gender incongruence. Trans people felt deep discomfort when their partners wrongly assumed their sexual orientation and referred to them as cis people (in relation to their bodies) (Baker, 2018), e.g. when a trans woman was treated as a gay man by another gay man. Anxieties could be caused by the negation or downplaying of a trans person's identity, exemplified by misnaming organs, cis women treating sex with a trans man as lesbian sex, or potential expectations from partners, such as a functional penis in a trans man (Martin & Coolhart, 2019; Williams et al., 2013). Fears were not always borne out in reality, and (at least female) partners turned out to be much more flexible and not focused on genitalia than the interviewed trans men seemed to expect (Williams et al., 2013). For this reason, as a solution, some trans men considered dating cis women who did not have a strongly defined sexual orientation or had experience dating trans people (Baker, 2018), or were interested in women (Martin & Coolhart, 2019). Nevertheless some individuals did not risk facing this fear and refrained from sexual exploration until they had entered the gender affirming treatments far enough to feel confident that they would be treated by their partners in accordance with their gender identity (Baker, 2018). Sometimes the problem with engaging in a relationship seemed to lie more in the individual than in the other's reaction, as in the case of a trans man who had had sex with men as a woman for several years in his youth and later did not know "how to sleep with them and not feel like a girl" (Hereth et al., 2020, p. 11). In addition, some trans people mentioned a feeling that potential partners treat them as a curiosity—an unusual sexual object—because of their trans body characteristics (Levitt & Ippolito, 2014).

Internalized homophobia. "An affective relationship with a gay male helped him to discover himself as a bisexual man and taught him to accept his own genitals." (Guerra et al., 2020 p. 3). Sometimes a partner is not only a source of affirmation but is also someone who is essential in establishing a gender identity. Their gender and sexual orientation become the source of reference against which the other person defines his/her/their own gender identity and orientation. Two cases described by Guerra et al. (2020) involve individuals with male sex assigned at birth who identified as female for a period of their lives. During this period, they undertook some medical procedures to feminize their bodies. These individuals felt sexually attracted to men, which may have reinforced the construction of a female gender identity. However, successful romantic-sexual relationships with men contributed to identification with male identity, detransition, and recognition of their own orientation as homosexual or bisexual. In these two cases, it is conceivable that transgender identity may have been a consequence of internalized homophobia, the impact of which was only diminished within a

loving and accepting relationship.

Direction of sexual/romantic attraction. "But I'm attracted to the feminine. Guess I do not care about their anatomy as much as I care about their expression." (Mizock & Hopwood, 2016, p. 98). Specifying one's attraction to other people by using only their characteristics (e.g. sex, gender, feminine/masculine expression) was a way of avoiding the social conflation of gender and orientation (more on this in section Social level. The meaning of social norms/social rules) and the incomplete or misleading representation of orientation by the labels, such as gay, lesbian or heterosexual. The label of orientation, even one as relatively broad as "queer," may have given an incongruous impression, hence for some people the choice to refer to partner characteristics is communicatively more explicit.

Some ways of specifying these characteristics are "I'm physically attracted to all different types of genders" (Yerke & Mitchell, 2011, p. 72); "I'm attracted to feminine, and/or females and/or androgynous … (other) or body parts; I only like vaginas—gender expression is moot"; "I mostly date transmasculine genderqueers, sometimes trans men and occasionally non-trans men" (Galupo et al., 2016, p. 99); "So I tried doing that (being lesbian), for two years. But I was always dragging home boys. And it just, you know, it just, I would crave, okay, I'll be crass, I would crave cock" (Rowniak & Chesla, 2013, p. 454) or "straight with an aesthetic attraction to men" (Baker, 2018, p. 283).

Social level. The meaning of social norms/social rules

The impact of the post-transition social expectations to which transgender people felt they must conform was a recurring theme in all the analyzed articles. The experienced pressure to behave and to look like a stereotypical man or woman was clearly evident.

The societal overlap of gender and sexual identities can generate misunderstanding, violence, and the imposition of the aforementioned pressure of normativity (Baker, 2018; Galupo et al., 2014, 2016; Hereth et al., 2020; Johnson et al., 2014; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016; Nagoshi et al., 2012; Tree-McGrath et al., 2018). A non-heterosexual and transgender person can experience stigma and discrimination based on these two identities (Mizock & Hopwood, 2016; Tree-McGrath et al., 2018). Lack of public awareness of gender incongruence often leads to discrimination against transgender individuals based on homophobic prejudice (Johnson et al., 2014; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016). As the pressures that society places on transgender individuals involve both heteronormativity and binary gender roles, trans individuals may internalize both transphobia and homophobia (Baker, 2018; Guerra et al., 2020; Hereth et al., 2020; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016; Tree-McGrath et al., 2018). What seems particularly interesting is that similar pressures may come from trans (Galupo et al., 2014; Hereth et al., 2020; Tree-McGrath et al., 2018), LGB (Galupo et al., 2014; Johnson et al., 2014) as well as heterosexual and cisgender communities (Baker, 2018; Doorduin & Van Berlo, 2014; Hereth et al., 2020; Johnson et al., 2014; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016; Nagoshi et al., 2012; Tree-McGrath et al., 2018). Some individuals felt such a strong internal pressure to conform to "typical" (binary and heterosexual) functioning that, perversely, only after achieving the "ideal" passing did they feel free to move beyond gendered patterns (Hereth et al., 2020).

In this section, we will outline the importance of gender and sexual identity conflation in the social functioning of transgender individuals.

Heterosexual norms. "This is going to be great, you're going to be a straight man." (Hereth et al., 2020, p. 11). Coming out as a trans person entailed specific social expectations related to sexual orientation and the gender role of the person who came out (Baker, 2018; Hereth et al., 2020; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016; Nagoshi et al., 2012; Tree-McGrath et al., 2018; Williams et al., 2013). The pressure for transgender individuals to conform to heterosexual expression is important in the context of this review. Homophobic attitudes are reflected in conditional acceptance of transgender identity only when it is accompanied by heterosexual orientation, and in assumptions that the transition will lead to hetero orientation (Hereth et al., 2020).

In contrast, Mizock and Hopwood (2016) present a case of transphobic attitudes where a family reacted to the person's coming out as transgender through greater acceptance of their homosexuality than their transgender identity: "[they] want me to be at least gay as he [the father] would still have a son" (p. 98).

Another relationship between orientation and societal gender expectations is the social assumption that orientation defines "true" gender identity. Because the default orientation seems to be heterosexual, some trans people have had to struggle with the assumption that their interest in people of a certain gender is indicative of their gender identity: "because [the fact that] I like girls doesn't make me a male" (Nagoshi et al., 2012, p. 416). This indicates that social assumptions about normativity in one identity lead to assumptions in another.

Homophobic transphobia. "But really it was gender nonconforming behavior that caused people to assume an orientation" (Mizock & Hopwood, 2016, p. 97). The overlap between gender and sexual identity can exacerbate prejudice. Some transgender adolescents become targets of homophobia due to being misperceived as non-heterosexual (Johnson et al., 2014; Levitt & Ippolito, 2014; Mizock & Hopwood, 2016). As discussed in section From sexual identity to gender identity, some sexual orientation labels (e.g. butch) are based on non-stereotypical gender expression. For many people, accepting such labels is a transitional stage to coming out as transgender. Experiences of violence and prejudice create situations in which people with gender incongruence may feel inhibited from revealing their gender identity as a result of homophobia. Another issue is the double stigma that non-heterosexual transgender individuals experience (Mizock & Hopwood, 2016; Tree-McGrath et al., 2018).

For this reason, individuals have highlighted the need for school-based education to prevent homophobic discrimination against trans people and to enable trans people to move beyond the binary expectations (Johnson et al., 2014).

Exchange of privileges. "Well, this girl wants to be a guy; obviously she knows what she's doing because she's moving from the weaker sex to the power sex." (Nagoshi et al., 2012, p. 413). Social transition can involve the loss or gain of privilege based on gender and sexual orientation. Examples include a trans male person who gains male privilege but loses cisgender privilege, or a trans female heterosexual person who loses male privilege and cisgender privilege but gains heterosexual privilege. Male privilege, as mentioned by the participants, includes greater social acceptance of expressing one's sexuality and dominance (Baker, 2018; Nagoshi et al., 2012). What we want to highlight in the context of this review is the exchange of cis-gender privilege for heterosexual privilege (Mizock & Hopwood, 2016). Gaining heterosexual privilege and functioning as "a regular guy" makes it easier to function in society due to the lower risk of discrimination and thus more freedom of expression. On the other hand, the loss of privilege associated with heterosexuality can lead to the double stigmatization mentioned in section Homophobic transphobia.

On the other hand, not all transgender people acknowledge the exchange of these privileges as they still remain in the less privileged group (the transgender group) despite gaining male or heterosexual privilege (Baker, 2018; Mizock & Hopwood, 2016). Mizock and Hopwood (2016) provide an example of a person who felt more socially privileged as a lesbian before transition than after transition as a trans man.

Being part of communities. "I feel like I am a lesbian, but lesbians do not accept me as such." (Galupo et al., 2016, p. 98). Although a person may feel stable attraction despite transition, changing gender labels forces them to change orientation labels, which can lead to misunderstanding or even exclusion in social interactions. Before adopting trans identity, individuals often take on orientation labels based on the sex assigned at birth, which ensured membership in sexual minority groups. As the participants began their medical and/or social transition, which forced them to change the labels under which they previously functioned to those consistent with their new gender identity, they cited the loss of affiliation groups based on sexual identification, such as the LGB community (Galupo et al., 2016; Hereth et al., 2020; Johnson et al., 2014). Some even remarked on the perception that

as trans men they had betrayed the lesbian community, which made them unwelcomed in previously friendly circles and become outcasts (Rowniak & Chesla, 2013).

The feeling of being misunderstood was felt more by hetero trans people whose direction of attraction did not change after transitioning, while the social label changed to heterosexual and thus they no longer found themselves in sexual minority communities, while non-hetero trans people still felt affiliation to LGB groups (Galupo et al., 2014). Some trans men, after many years of identifying as lesbian and feeling part of the lesbian community, found it difficult to define themselves post-transition as heterosexual and therefore chose labels more inclusive of diversity, such as queer (Rowniak & Chesla, 2013). There were also individuals who, despite their transitions, continued to find acceptance and benefit in sexual minority groups (Baker, 2018; Galupo et al., 2014; Hereth et al., 2020; Levitt & Ippolito, 2014; Rowniak & Chesla, 2013). For some trans men, the male gay community was the safest and most supportive group, and the one that facilitated romantic and/or sexual relationships (Tree-McGrath et al., 2018; Williams et al., 2013), while others described it as particularly exclusionary (Hereth et al., 2020). Although the desire for group membership was strong in many respondents, some referred to an accompanying fear, particularly of entering the gay scene, necessitating learning different modes of interaction than those previously acquired (Rowniak & Chesla, 2013). Galupo et al. (2014) highlight in their research the benefits and barriers of functioning in LGBT communities. Trans people mention that non-heterosexual people incorrectly consider their own and trans people's experiences as similar and have overconfidence in understanding the challenges of trans people's lives.

Discussion

The aim of this systematic review was to look at the meaning and experience of sexual orientation in the lives of transgender people. The synthesis of 14 qualitative studies indicates that although sexual orientation and gender identity are not directly related, intersection often occurs on three levels: individual, relational, and social. This intersection refers both to confusing sexual orientation with gender identity and to the influence of one identity on the development of the other, as identification with a traditional sexual orientation label defines a gender identity label (unless that orientation was not dependent upon gender identity, like pan/sapio/etc. sexual). This is consistent with van Anders (2015) statement that gender (an individual's gender and the gender(s) of those whom the individual finds sexually attractive) is the foundation for categorizing sexuality.

Individual level: the meaning of labels

The formation of gender identity in transgender individuals is a continuous process that entails negotiating and re-negotiating their experiences and the labels they use. The conflation between sexual orientation and gender identity is particularly prominent in this process of self-categorization. From an early age, many informants perceived a sense of otherness that could not be distinctly attributed to non-heterosexual orientation or gender incongruence. This sense of otherness often drove them to explore various forms of self-expression and labels associated with them. As a result, the sense of belonging to a particular sexual orientation and gender category was frequently questioned.

The review identifies two primary paths: from sexual identity to gender identity and from gender identity to sexual identity. On one path, individuals may begin by exploring non-heterosexual identities due to a lack of accessible transgender concepts or greater social acceptance of non-heterosexuality. This exploration can serve as a precursor to identifying as transgender. Conversely, accepting a transgender identity can provide the mental space necessary for further exploration of sexual orientation.

Another significant finding is that trans people have different ways of approaching labels that can influence the process of sexual self-identification. We can describe these ways of approach to labels as identifying use or conventional use. For people using labels in an identifying way, their orientation or gender label carried a range of meanings

that they identified with (thus making it "an identity"). Finding the right description of oneself brought a sense of peace as the chosen label carried meanings to which a person deeply related. In consequence, those who attached personal meanings to labels, searched for the most convenient "drawer" (social category) by testing various socially recognized but less popular minority identities until they found the one that defined them most fully and was understood in a similar way by others. In ideal situations, the same label made it easy to belong to particular groups and to communicate with both the trans and the cis community. It also led to confidence in the building of intimate relations.

For other (especially non-binary) people, the label was just a (often imperfect) tool for simplifying communication with a world that demanded some kind of definition from each person. In that case, a label did not signify any "truth" about the person but was used to denote stereotypical qualities that others can assume about an average person who defines themselves by this particular label. Such use of a label was merely a necessity, however uncomfortable: it was a submission to the social convention of self-definition and did not resolve the identity conflict.

As the labels did not carry any essential value and their content was a consequence of social context, their meaning was subject to change, just as gender stereotypes are. In the case of the desire to truly communicate with another person and tell the "truth" about one's gender and orientation, the label did not suffice and a multi-layered experience had to be added.

We are unable to assess from the analyses reviewed what causes some people to see labels as an imperfect communication tool and others to assume that the label illustrates some essential property. However, we can assume that the way of constructing self-knowledge and the challenges associated with it are different in the two cases, which may have important implications for psychological support. The person for whom the label is used conventionally is perhaps more independent of cultural messages and more attentive to their own inner experience, which can be treated as unique and changeable over time. This may result, on the one hand, in greater peace of mind during the exploration time, resulting from not striving to find the holy grail of identity, and on the other, perhaps in greater social alienation. People who seek themselves through a sense of fit or comfort in the labels they try on, may in fact have a stronger sense (or desire) to belong to identity-based groups with socially shared connotations.

Relational level: the meaning of partner

The review also identifies situations where partners' acceptance—or lack thereof—profoundly impacts the transgender individual's journey. For some, partners aid in resolving confusion between gender and sexual orientation, thereby accelerating the acceptance of one's identity. Partners who acknowledge and validate the person's transgender (or, sometimes, cisgender homosexual) identity can be significant sources of support, reinforcing their sense of self. For example, recognition and affirmation from partners who align with one's gender identity (e.g. gay cis men affirming a trans man's identity) can reinforce both gender identity and sexual orientation. However, fear of rejection or misinterpretation by partners can hinder effective communication and self-acceptance, often leading to delays in expressing one's true identity. The response of partners in many of the articles we analyzed was one of the key issues determining not only the exploration of identity and orientation but also the psychological and sexual well-being of trans people. Research promoting a holistic approach to transgender sexuality (Kennis et al., 2023) should therefore incorporate relational factors, including exploring what factors determine important relational competencies, such as the ability to choose supportive partners, to build relationships in which it is safe to expose oneself, or the ability to leave relationships that do not serve the well-being of trans people.

As at the individual level, here too the question arises, which can inform subsequent research, of what properties of the person or the context of their life make the partner the focal point of identity formation or merely a facilitator/obstacle to the disclosure and expression of an identity formed based on internal deliberations.

Social level: the meaning of social norms

Ways in which sexual orientation and gender identity conflate are highly contextual. The impact of the pre- and post-transition social expectations to which transgender people must conform was a recurring theme in all the analyzed articles. The experienced pressure to behave and to look like a stereotypical (heterosexuality included) man or woman was clearly evident and might negatively influence coming to terms with one's non-heterosexual orientation (e.g. being a lesbian trans woman). Transgender individuals, especially those who were also non-heterosexual, faced compounded discrimination that may originate from various community groups, including heterosexual, cisgender, LGB, and even transgender communities. The societal expectation for transgender individuals to conform to heteronormative and binary gender roles intensified internalized transphobia and homophobia, affecting the process of self-identification. Another crucial theme was the exchange of privileges following a social transition. Transgender individuals may have gained certain privileges, such as male privilege, but lost others, like cisgender privilege or affiliations with previously important communities. Social context of these fluid and complex transitions may better explain the specific pathway to define oneself through labels of trans/cis and sexual identities than individual properties, such as the direction of sexual attraction. It was often only after challenging the socially imposed dichotomy of sexual orientation (homo-hetero) and gender identity (man-woman) that a person became more confident in formulating their own visions and labels for defining their own identity.

For some, this process required deconstructing societal meanings and divisions concerning gender and orientation or rejecting them altogether. This was not always easy: for example, the label "queer" is meant to transgress gender and/or sexual norms, but at the same time it creates new challenges as to how to be truly "queer" in a binary world where expression, behavior, and relationships are categorized on the dimensions of cis and straight. This is exemplified by the dilemma of one of the informants: "what's weird about that is that I end up feeling not queer enough, no matter who I sleep with!" (Tree-McGrath et al., 2018, p. 7).

Even if a trans person identifies with a certain label, there is still the social environment that should react to the label. Considering how far a person has to go in search of the "ideal" definition of his or her experiences, the environment may not be able to keep up with the ever-changing labels and their meanings. Thus, it is not the hardship of finding the right label for oneself that causes difficulty in communicating with the world: the problem is the constant evolution of the phenomena, labels, and meanings around the issue of gender. On the one hand, these changes force a constant update from society; on the other hand, they force the gender non-stereotypical person to compromise between defining oneself with the "most fitting" label and one that is understood and which—to some extent (however suboptimally)—reflects their experience.

In summary, the issue of labels was one of the most important in the reviewed texts and permeated all the levels on which the conflation of sexual and gender identity occurred. Although labels are by design meant to serve and facilitate communication with oneself and others, they pose as many challenges as they try to solve.

Strengths and limitations of the current review

The review has some limitations, the main one being that primary data are rarely available, so our interpretation is based on the data presented by the authors and their interpretations.

The method of thematic synthesis (Thomas & Harden, 2008) also has some limitations. For example, during the synthesis, the findings are abstracted from the original study, so the original context of the data and analysis is lost. The studies analyzed have different theoretical frameworks and methodologies, making it difficult to synthesize the findings into coherent themes. The quality of the original studies may also affect the strength of the findings. Despite these limitations, we decided to use this method because we value its comprehensibility and transparency. In addition, we wanted to go beyond summarizing the findings of the original

studies and analyze patterns across different data sets.

Another limitation is that only English language studies were included. Exclusive reliance on English-language studies may not fully reflect the phenomenon under study as they fail to take into account other relevant data, including issues of nomenclature, labels, meanings, and cultural contexts, especially from continents other than North America and Europe. The inclusion of non-English articles in future systematic reviews may provide generalizability, reduce the risk of bias, and capture meanings describing gender and orientation that cannot be translated into English.

Furthermore, the initial screening of titles and abstracts was done by only one researcher, which may mean that potentially relevant articles might have been missed. Additionally, the exclusion of quantitative studies may mean that other potentially relevant results were not included in this review. Importantly, the majority of participants in the included articles are trans masculine persons, so the low representation of trans feminine persons is certainly another limitation.

Despite these limitations, a strength of this analysis is its replicable systematic search strategy. Additionally, the thematic analysis was conducted independently by the two researchers and then synthesized and agreed upon through discussion. Another strength of this systematic review is the quality assessment of the included articles.

Implications and recommendations for theory and research

Our analysis fits in with the needs identified by experts (Veale et al., 2022) to gather information about trans people's sexuality, based on the experiences of trans people themselves. This requires challenging the assumption that concepts developed from studies of cisgender people will be adequate to describe the experiences of trans people. Our analysis makes it clear that the development of gender identity and sexual orientation and their interactions along the path of identity formation can be dramatically different for trans and cisgender people.

Given the diversity of the ways in which these two areas are experienced, it is important to identify and define terms related to both gender and sexual orientation. This is essential in developing both research questions and subsequent research directions. Given the qualitative nature of this review, the literature would benefit from quantitative research to corroborate or falsify these findings. Moreover, the low representation of people of female gender identity in the included articles suggests that additional research is needed on sexual identity, especially among transfeminine people where the qualitative research is particularly scarce. Furthermore, due to the paucity of research on sexual orientation among trans and non-binary people of color, an analysis that includes content on the intersectionality between race, sexual orientation, and gender identity could be extremely important.

Implications and recommendations for clinical practice

Our findings have several clinical implications. Clinicians gain awareness of the importance and relation between identities. Changes in one identity can be strictly related to changes in the other, which can have important implications for the process (e.g. potential willingness to detransition once internalized homophobia is resolved) and the planning gender affirming treatments (e.g. forgoing surgery or HRT as a result of increasing acceptance of previously dysphoric body parts). Furthermore, clinicians can inquire about potential stressors that arise from these experiences and which affect one's gender identity development, relationships, and community belonging. Clinicians may also treat the labels adopted by patients not as rigid, unchangeable, and fully descriptive of their experiences, but as a process of self-exploration, thus permitting them to be modified and possibly to explore the background of these modifications through therapy.

Conclusion

In summary, the findings of this review suggest that the most significant meaning of sexual orientation in the lives of transgender people and

their experience of living it is seen in the field of communication and searching for the "true self." This is due to the way orientation and gender intersect for transgender people, both in terms of confusing sexual orientation with gender and in terms of conflation of gender and sexual orientation. A final conclusion may be that for a group as specific as transgender people, the concept of sexual orientation can become a "trap."

Ethical approval

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"*It's a female penis*": trans+people navigating cisheteronormativity in sexuality

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ABSTRACT

Background: The sexuality of trans+individuals has a long history of pathologization within medical and psychological discourse. Contemporary research describes trans sexuality as a complex and multidimensional phenomenon shaped by social contexts, personal meaning-making, and experiences of affirmation or stigma.

Aims: The aim of this study was to explore how trans+individuals experience and negotiate their sexuality within cisheteronormative frameworks, with particular attention to the ways participants describe sociocultural gender norms as shaping their understandings of sexual behavior, body image, and identity affirmation.

Methods: The study drew on semi-structured interviews with twelve White Polish trans+participants aged 20–53 living in Poland. The data were analyzed using reflexive thematic analysis.

Results: Two overarching themes were identified: internalization and rejection of cisheteronormativity (CHN). Internalization involved fears of not "passing," avoidance of sexual activity, and adherence to gendered sexual roles. Participants described struggles with defining sexual orientation and negotiating nonbinary embodiment in relation to normative expectations. In contrast, rejection of CHN was characterized by redefining bodies and sexual acts beyond binary gender meanings, focusing on personal pleasure, and establishing open communication with affirming partners. Some participants reframed dysphoria in terms of (dis)comfort, emphasizing bodily diversity and self-acceptance. The findings reveal that both internalization and rejection function as adaptive strategies for navigating sexual experiences and mitigating dysphoria.

Discussion: The study underscores the importance of affirming relationships, inclusive language, and culturally sensitive support for trans+individuals. Future research should examine cross-cultural differences and the role of partners in shaping trans+sexuality.

KEYWORDS
Cisheteronormativity; qualitative method; sexuality; transgender

Background

The sexuality of trans individuals has a long history of pathologization rooted in cis and heteronormative frameworks. Starting with the requirement of heterosexuality to validate transgender identity (Benjamin, 1966; Ekins, 2005), followed by the belief that nonheterosexual trans people transition in order to form heterosexual relationships (Bailey, 2003), the long-standing practice of defining sexual orientation in research according to sex assigned at birth (e.g. Chivers & Bailey, 2000), and the excessive focus on genital functionality after surgery as a measure of sexual satisfaction (e.g. Nikkelen & Kreukels, 2018).

Sexuality constitutes a fundamental component of quality of life for both cisgender and transgender populations. For transgender individuals, sexual experience emerges as a complex phenomenon shaped by the incongruence between gender identity, embodied gender expression, and societal gender perceptions (Doorduin & van Berlo, 2014). This complexity is further intensified by the intersecting influences of gender-affirming medical treatments, social stigmatization, body satisfaction levels (Özer, 2023; Tompkins, 2022; Holmberg et al., 2019), and the pervasive fetishization of trans bodies (Anzani et al., 2020). Gender-affirming medical treatments, encompassing hormone therapy

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and surgical interventions have direct effects on libido, sexual function, and embodied satisfaction (Doorduin & van Berlo, 2014; Holmberg et al., 2019). Moreover, transgender individuals conceptualize sexual well-being through dimensions of positive sexual experiences, body-self comfort, intimate connection, acceptance, and effective partner communication (Richards, 2017).

Contemporary research on transgender sexuality falls into three primary domains: studies examining the effects of gender-affirming interventions on sexuality and sexual experience (e. g., Thurston and Allan, 2018; Burns et al., 2024; Nikkelen & Kreukels, 2018; Schilt & Windsor, 2014; Ward et al., 2024), studies of sexual behaviors among individuals without gender-affirming medical interventions (e. g., Cerwenka et al., 2014), and research exploring the impact of body dysphoria on sexual experience (e. g., Kaltiala-Heino et al., 2019; Martin & Coolhart, 2019). While existing studies provide valuable insights into how hormone replacement therapy and gender-affirming surgeries influence sexuality, the overall scope of research remains limited. On the one hand, this distinction highlights the significance of medical treatments and underscores the need for a comprehensive approach to understanding diverse experiences within trans and nonbinary communities. On the other hand, there is a lack of research that does not primarily focus on gender dysphoria and the gender-affirming process while addressing the sexuality of trans people. The pervasive focus on medical frameworks has particular implications for nonbinary individuals, who less frequently pursue medical transition (Nieder et al., 2020), as well as for other gender-nonconforming individuals who do not wish to undergo any form of medical treatments. Moreover, some trans + individuals do not experience body dysphoria at all (Chen et al., 2016). Lastly, current studies in this area are still limited due to the dominant reliance on quantitative methods.

Conceptualizations of sexuality are also often rooted in a binary understanding of sex and gender (Galupo et al., 2014), a prescription which may not fully reflect the experiences of transgender people. Social constructs that assume only two clearly defined categories (woman and man) and heterosexual relationships between them fail to capture the full diversity of human identities and experiences. Trans individuals frequently encounter the challenge of navigating a space in which sexual behaviors and preferences are evaluated through the lens of cisnormativity. This intersection of gender and social expectations can generate not only discomfort but also a sense of exclusion from dominant narratives of sexuality and disorientation within them. Sexuality is thus closely connected to socially constructed gender roles, with these norms shaping sexual scripts (Masters et al., 2013) that guide individuals in their sexual interactions. Cisheteronormativity, rooted in patriarchal structures (Franco-Rocha et al., 2023), privileges cisgender and heterosexual as normative standards of sexuality.

These theoretical dynamics are particularly salient in Poland, the country where the research was conducted. Poland represents a sociocultural context strongly shaped by conservative gender and family norms, influenced by the prominent role of the Catholic Church and right-leaning political discourse in the public sphere. These influences contribute to the privileging of cisgender, binary, heterosexual identities as well as traditional gender roles. In such a context, trans + identities are often marginalized, and expressions of sexuality that depart from dominant norms may be subject to stigmatization. Situating this study within the Polish context therefore also provides important insight into how trans + individuals experience and negotiate sexuality under conditions of strong normative pressure.

We conceptualize cisnormativity as the assumption that everyone identifies with the sex assigned at birth. This assumption also involves perceiving bodies in binary terms - as either female or male - based on anatomical features (especially genitals) and the social meanings ascribed to them. Heteronormativity, in turn, refers not only to the assumption of universal heterosexuality but also encompasses specific sexual behaviors that society interprets as either confirming or challenging one's sexual orientation; for instance, the cultural significance attributed to being the penetrating or penetrated person in sexual encounters. Cisheteronormativity brings these assumptions together into a broader framework that positions

cisgender, binary embodiment and heterosexuality as the default. This framework shapes how bodies, sexual practices, and identities are interpreted and evaluated.

In this article, we use the term *trans+* to encompass diverse gender variant identities, including binary, nonbinary identities, and other forms of gender nonconformity in relation to one's sex assigned at birth.

Aim

This study aimed to understand how trans + individuals of diverse identities experience their sexuality, regardless of their transition status. Using a qualitative approach, we addressed the following research question: How do trans + people describe their sexuality?

Method

Participants and procedure

Semi-structured, in-person interviews were conducted in Poland with 12 transgender participants: two genderfluid, two men, three women, and five nonbinary. To meet the inclusion criteria, participants had to be at least 18 years of age, have access to the internet and identify as non-cisgender. All participants were white Polish individuals aged between 20 and 53 years living in Poland. For more detailed sample characteristics see Table 1.

All participants were recruited *via* the Internet. Seven were recruited from previous research conducted by the authors, and five were recruited through announcements on social media platforms such as Instagram and Discord.

Interviews ranged from 40 to 70 min. All participants provided informed consent prior to participation. The interviews explored participants' understandings of sexual orientation, body image, sexual behavior, gender-affirming treatments, and sexual/romantic partnerships. All interviews were conducted by the first author, audio-recorded, and professionally transcribed by a third party. All personally identifiable information was removed to protect participant privacy. Data collection occurred between January and March 2023. The study received ethical approval from the university's ethics committee (the employing institution of the first and third authors). Participation in the study was entirely voluntary. Participants did not receive any financial or material compensation for their involvement.

Researchers positionality

Mindful that our identities can influence our approach to science (Roberts et al., 2020), the authors wish to provide the reader with information about our backgrounds. Our research team is comprised of all White Polish female researchers. The first author is a PhD student in psychology and psychologist, sexologist and psychotherapist who works with LGBTQ+ individuals on a daily basis. She identifies as cisgender and heterosexual. The second author holds a degree in philosophy with a specialization in bioethics and is also a psychotherapist with additional training in sexology. She identifies as cisgender and bisexual. The third author is a sexuality researcher and psychotherapist with

Table 1. Sample characteristics.

Age	Gender identity	Sexual identity	Gender affirming treatment	Race/Ethnicity
23	Man	Bisexual, biromantic with asexuality history	One year on testosterone	White Pole
21	Woman	Demisexual	One year on estrogen	White Pole
20	Nonbinary	Nebulosexual, bisexual	Not planning medical intervention	White Pole
28	Nonbinary	Queer	No	White Pole
22	Genderfluid	Bisexual	No	White Pole
21	Man	Not strictly defined	No	White Pole
24	Nonbinary transmasculine	Polisexual	4 years on testosterone; double mastectomy	White Pole
31	Nonbinary spectrum	Bisexual	Not planning medical intervention	White Pole
25	Agender transfeminine	Pansexuality	One year on estrogen; vaginoplasty	White Pole
53	Woman	Pansexuality	No	White Pole
26	Woman	Lesbian, asexeual spectrum	On estrogen	White Pole
22	Genderfluid, nonbinary spectrum	Lesbian, not strictly defined	No	White Pole

sexological training. She identifies as cisgender and bisexual. The fourth author is a qualitative researcher in mental health and suicidology. She identifies as cisgender and heterosexual.

Data analysis

The data were analyzed using reflexive thematic analysis (Braun & Clarke, 2019). The method involves coding and categorizing the data to identify patterns and themes, which are then analyzed and interpreted in relation to the research question or objective. It involves a process of reflection and interpretation by the researchers, allowing for a deeper understanding of the underlying assumptions and meanings present in the data. Following Tufford and Newman (2012), reactions to the data were intentionally discussed during each coding meeting to strengthen the quality of the analysis.

Initially, the first and second authors independently read participant responses multiple times to familiarize themselves with the data. Both then separately began coding and theme development. Through extensive discussions comparing and consolidating their independently created codes, descriptive themes were identified. The third author provided critical feedback, refining interpretations, and encouraged reflexivity. In the process, three descriptive themes were identified, one of which addressed attitudes toward sexuality as peripheral or irrelevant. Finally, all authors revisited the main research question and developed two higher-order analytical themes: (1) Internalization of cisheteronormativity and (2) Rejection of cisheteronormativity in sexuality.

Results

The analysis revealed that sociocultural gender roles significantly influence gender dysphoria experienced during sexual activity. These roles were linked to internalized expectations regarding both bodily appearance and sexual behavior, as shaped by cisheteronormative standards. We use the term cisheteronormativity (CHN), which emerged from our analysis of participant accounts, to describe societal expectations about sexuality and the pressure to affirm gender identity through specific sexual behavior patterns. As one participant said: "As a rule, when a boy has sex with a girl, the boy puts his penis inside the girl. And when a boy has sex with a boy, the boy puts his penis inside the other boy, or the other boy puts his penis inside the first boy, right?" (Bisexual genderfluid person, 22) or another: "Like, a dominant man and a more submissive woman. Basically, the man takes the lead, drives the whole thing (…) he's the one who satisfies her" (Bisexual and biromantic man, 23).

Participants positioned themselves in relation to cisheteronormativity in two distinct ways: by internalizing it, and by rejecting it. One participant didn't refer to cisheteronormativity in their narratives about sexuality, and another explicitly considered it as irrelevant. In these two cases, sexuality and sexual practices did not play a significant role in participants' lives (including self-identification as asexual) or were perceived within other functional categories (such as tension relief). As a result, their challenge to the normative expectations occurred through omission rather than action. The present article focuses only on the first two ways, which are directly related to participants' experiences of sexuality. Illustrative quotations are accompanied by information about participants' self-identified sexual orientation, gender, and age.

Internalization of cisheteronormativity

Internalization of the cisheteronormative standard was described by participants as being primarily associated with the fear of failing to meet gendered expectations during sexual activity, as well as with a tendency to adopt prescribed gender roles even when doing so did not lead to sexual satisfaction.

Fear of "not passing" in sexual contexts

Participants' narratives often reflected a perception of their bodies as misaligned with stereotypical notions of "masculinity" and "femininity," and thus as falling short of cisheteronormative (CHN) standards. Sexual encounters were

described as particularly challenging spaces for achieving a sense of passing, since nudity and sexual practices (e.g. penetration) most visibly exposed and reinforced CHN expectations.

In some cases, this led participants to avoid sexual relationships, as a strategy to prevent experiences that might intensify feelings of gender incongruence. Such avoidance was rooted in the belief that sexual behavior is inseparably linked to gender roles. This fear was especially pronounced among participants who had previously engaged in sexual activity while conforming to the sex assigned to them at birth:

> Sex always weighed on me in the background, because I had experienced it only as a woman, and I was afraid of that role (…) that it would be the place where I would not be a man. (…) I'm a bit afraid of it. (Bisexual and biromantic man, 23)

At the same time, this participant wanted to "have sex with a new partner as a man to overcome my preconceptions and memories of sex only as a woman with a man" as a way to cope with memories of the past experiences that evoked discomfort.

Another participant shared that fluid gender identity (from binary man to binary woman) plays the role of legitimizing sexual preference. In order to be sexually fulfilled, a participant has to be on the male side because the internalized CHN does not allow them to be sexually realized in female identity:

> The more masculine side is more dominant in bed. The feminine side is more submissive. It's as if it were somewhat compulsory (…) Obligatory heterosexuality. That the feminine side is submissive because society has forced it to be that way. And I think that if it weren't for these external pressures from society, I would be more dominant as a woman (Bisexual genderfluid person, 22)

Avoiding strict definitions of sexual orientation

Some participants chose not to define their sexual orientation in rigid terms, particularly because of the noncisgender status of their bodies. They feared that labeling themselves with a specific orientation might elicit concrete expectations from potential partners regarding bodily appearance. One participant explained:

> If there's a man who wants to date another man, he surely wants all the characteristics of a man as we know them in society. Or when a woman wants to date a man, she wants specific traits. (…) And in the moment when I have breasts, a gay man would be repelled, or the genitals, or something like that. (Bisexual and biromantic man, 23)

Expectations about the body and its appearance were most frequently attributed to heterosexual partners. Participants often believed that heterosexual individuals would be less likely to engage in sexual relationships with someone whose body did not align with conventional notions of the opposite sex:

> I once told myself that I would never want to be with a heterosexual woman, and I think it definitely came from the belief that I couldn't imagine a heterosexual woman being able to love a trans man or be attracted to him. (…) Like, how is it possible that a cisgender heterosexual woman would be attracted to a man who has a vagina? That makes no sense. (Polisexual nonbinary transmasculine person, 24)

Nonbinary dilemmas and bodily negotiation

Nonbinary participants described additional dilemmas regarding their bodies. They often oscillated between two competing concerns: not identifying with a body clearly assigned to one gender, and recognizing that bodily modifications aimed at reducing discomfort and/or gender dysphoria might reduce the pool of potential sexual partners. While perceiving their bodies as noncisgender (e.g. having female genitals but no breasts) could bring personal comfort, this also evoked fears of rejection:

> This is the whole problem, because the body I have now is normative, but I don't like it. (…) And the future body, that's a body I would like, but it would trigger external fear, because socially it would be less normative. Even though I would like that body better myself. (Queer nonbinary person, 28)

Having a normative body, despite discomfort and dysphoria, sometimes led to situations where one's nonbinary identity was ignored by partners:

> When I told my partner that I'm nonbinary, he said it didn't really matter to him as long as, biologically, everything suited him regarding body parts. (Bisexual and nebulosexual nonbinary person, 20)

Internalized gender role expectations despite resistance

Interestingly, even participants who explicitly rejected cisheteronormative cultural hegemony continued to struggle with internalized gender role expectations, which could resurface in intimate contexts as anxiety about not passing. One participant, who described a long process of body acceptance and embracing her transgender identity, reflected:

> I had unpleasant experiences with my ex-partners in intimate situations, back when I was still functioning in the male role. I felt different stereotypes and pressures connected with men having a penis, right? And there was this situation when I was already (…) in the female role, and I started telling my partner: 'you know, men are under so much pressure,' and in that moment I realized, wait, I'm not a man, so why am I even thinking about it this way? Why am I relating to it like that? (Lesbian woman on the asexual spectrum, 26)

Another participant noted the persistence of dysphoria despite efforts to distance themselves from gender binaries:

> For example, I don't allow myself to get undressed because I haven't had surgery, so I always keep my upper clothes on, or I wear tapes to flatten [my chest]. They always have to be in a skin color, because otherwise I feel bad. So I still have these dysphoria-related issues, even though mentally I've kind of distanced myself from gender categories. But still, there are things that hold me back. (Bisexual and biromantic man, 23)

Reimagining the body through fantasy and artifacts

Coping with a body that does not conform to cisnormative standards is not limited to avoidance or concealment. It may also entail the deliberate incorporation of affirming elements into sexual fantasies and the imaginative reconstruction of the body as cisgender. Participants described ascribing gendered meaning to body parts that could penetrate or be penetrable, or using material aids to both enhance sexual pleasure and mitigate gender dysphoria:

> If, for example, I feel more masculine, then I fantasize about having a penis and masturbating with it. (Lesbian nonbinary genderfluid person, 22)

> As a man, I don't touch my body. I am unable to touch breasts or female organs; I imagine that I have a penis. (Bisexual genderfluid person, 22)

> I wore a corset that had breasts attached to it. I also have silicone panties with a vagina. That's how I use a female scepter to achieve orgasm, for example.

> However, I am able to bring myself to orgasm. I do it with my hand, pressing what I have against my body and making typical female movements. I imagine that it's a vagina, and, since I can't see what I have there, I imagine that it's an enlarged clitoris. That's how I bring myself to orgasm. (Pansexual woman, 53)

The same participant noted that her sexual preferences are oriented toward conforming to normative notions of femininity:

> Although I think I would prefer to take the female, or passive, side. Hence my interest in the anal part of the body. (Pansexual woman, 53)

Some participants reflected on their earlier internalization of heteronormative norms during their journey toward true gender and sexual identity, recalling how societal pressure had led them to persuade themselves of desires that were not authentically their own:

> I felt all this pressure from society that I had to like guys, so I just kind of told myself that I did. (Polisexual nonbinary transmasculine person, 24)

Avoiding activity related to dysphoria

When certain sexual activity could not be replaced with one that aligned with the CHN gender role, some participants chose to avoid it altogether. This decision was made even when the activity could potentially be pleasurable, but it involved body parts that participants wished to avoid:

> There are sexual behaviors that I simply wouldn't want because they bring dysphoria. Seriously, there are many things I wouldn't want. Maybe they would feel nice at the time, but later, the dysphoria would eat away at me. (Sexually undefined man, 21)

In summary, comparisons with cisgender bodies often intensified participants' experiences of gender dysphoria. To cope, they employed a range of strategies: seeking partners whose sexual orientations increased the likelihood of

acceptance of non-cisnormative bodies; engaging in therapy; reframing the meaning of sexual practices; and cultivating relationships that fostered safety and full acceptance. Others attempted to align with normative expectations by concealing parts of the body, avoiding certain activities, or engaging in sexual practices that affirmed their gender identity within a CHN framework.

Rejection of cisheteronormativity

Rejecting cisheteronormativity involved a shift in the language participants used to describe their bodies, reassigning new meaning to both the body and sexual behavior, and being guided by sexual preferences rather than gender roles (in accordance with CHN). Focusing on personal pleasure, recognizing its sources, and communicating openly with partners led to greater acceptance of non-normative bodies and freed the participants from the compulsion to reproduce strictly defined gender roles in sex.

Focusing on physical pleasure and preferences

Some participants talked about the process of (re) discovering their bodies and exploring what gives them pleasure. This type of exploration, usually occurring with an accepting partner, freed the participants from gender stereotypes and allowed them to treat sexual practices as primarily oriented toward pleasure rather than gender performance:

> My sexual behavior has changed. I believe this is simply a result of my awareness of my sexual needs, not my gender. I know more about myself, I am better at communicating my needs, and I have discovered my body to such an extent that I simply know what kind of sexual practices suit me. (Queer nonbinary person, 28)

> I think it's better for me that I don't care how I look right now. Since I'm not thinking about it, I'm able to enjoy the situation more than if I started worrying that something might not be exactly the way I'd like it to be. So, it's just pleasant, and that's what I focus on. (Nebulosexual and bisexual nonbinary person, 20)

Another participant emphasized the role of therapy and professional support in this process:

> In the meantime, I was seeing a psychologist, so I worked through some of this with her. She told me that male and female sex isn't about specific roles. It's personal and private, and no one is going to judge you for it. You have to do it the way you want, the way you like. Don't hold back. Give yourself space. (Bisexual and biromantic man, 23)

Through this ongoing exploration, some participants discovered that their sexual preferences did not necessarily serve as a means of coping with dysphoria, as they had previously believed. Instead, these preferences resulted from a desire for specific behaviors experienced as more satisfying:

> I generally feel better in dim light. Before, I thought it was just some kind of shame or dysphoria. Now, I think it's just a preference. I prefer it when sight is not the strongest sense, so I prefer lower light. (Bisexual and biromantic man, 23)

> I'm not fond of penetration; it causes dysphoria, and I rarely do it. This is probably one of the behaviors that I didn't think I could change. I didn't feel like doing it or like it, but now I know I can, and it's great. (Bisexual person on the nonbinary spectrum, 31)

Negotiating gender norms in kink contexts/ non-normative sexuality

Several participants highlighted the significant role that kink-related sexual practices played in their sexual and gender experiences. These practices were not only pursued for sexual pleasure but also served as a safe space for exploring and expressing gender identity. Within the framework of kink, various roles could be temporarily and playfully adopted, releasing from the pressure to behave in accordance with normative gender expectations:

> Interestingly, despite everything, I feel that I fit quite well into what are considered more stereotypically feminine roles in this kinky sexuality. (…) Interestingly, it doesn't cause me any dysphoria. I feel very comfortable in these situations, and I don't feel that my identity is being undermined. (Bisexual/Nebulosexual nonbinary person, 20).

The same participant added:

> In BDSM, you can dress up in clothes of the opposite sex, which for some may be an element of kink, but at the same time it can be a moment when they can freely explore their gender identity. (Bisexual/Nebulosexual nonbinary person, 20)

In contrast, another participant described the process in the opposite direction: affirming their gender and strengthening their sense of self-worth led to a transformation in how they experienced kink-related sexuality:

> The interesting thing is that it's as if all my kinks have been flipped. Before, I considered myself a masochist who loved being submissive. It was a total non acceptance of my body. But now, I feel much better. […] I feel as if I'm beginning to recognize my own worth, and I'm behaving completely differently. (Pansexual woman, 53)

For some participants, the kink context was not primarily a space for exploring gender or sexuality but fulfilled other functions. One participant, for instance, described gender as irrelevant to her sexual experience and framed BDSM as distinct from her sexuality:

> I don't really perceive gender, so it won't matter to me in this area either. Anyway, even more so because [BDSM sexuality] is something separate from sexuality for me, it [gender roles] has even less connection with all of this. (Pansexuality agender transfeminine person, 25)

Redefining and reframing the body and sexual activities

Some participants emphasized that avoiding the term *dysphoria* and instead framing their experiences in terms of "comfort" or "discomfort" made it easier to relate to their bodies:

> Personally, I try to avoid the word "dysphoria." I simply say that I feel good about some things and bad about others. (…) For example, I say, "I feel uncomfortable with my breasts," just as I would say that I feel uncomfortable with anything else. As long as I've found a way to feel comfortable, there basically isn't a problem for me. (Bisexual and biromantic man, 23).

Several participants challenged the assumption that body parts or specific sexual behaviors define gender. In some cases, it was gender itself that redefined the meaning of body parts or some activities:

> I am a woman, so my body is 100% female. My appearance is feminine because it is the appearance of a woman. My body is a woman's body. I am a woman in a woman's body and I have always been a woman in a woman's body (…) I don't flatten my crotch because I'm not ashamed of it. I don't care. So what? It's a female penis. (Lesbian in asexual spectrum women, 26)

> I don't want my gender to be defined by having a flat chest and a penis. If she sees me as a man in my present form, so to speak, then I just want her to trust that this is indeed the case. (Bisexual and biromantic man, 23).

> Because genitals don't equal gender. (Queer nonbinary person, 28)

> For example, me and a trans girl who is pre-transition or just transitioning, and the activity we engage in may be exactly the same as me and my ex-boyfriend from high school. Except that it will be completely different. Because at this point, we are two girls having sex, and one of those girls has a penis, and that's it. (Not strictly defined lesbian in nonbinary spectrum genderfluid person, 22)

While some participants challenged the notion that body parts determines gender or the meaning of sexual practices, for others affirming their gender also involved perceiving their non-normative bodies as desirable and "sexy," regardless of their divergence from cisgender norms:

> Generally speaking, it's precisely this sexualization of oneself, being provocative, showing off one's body. All of this [moving away from the cisnorm] helps me because I am the one showing off my body. I am confident about it. And I am not ashamed of it. (Lesbian in asexual spectrum women, 26)

> I like myself, and I don't think it's strange that I'm a person with a vagina and no breasts. It's cool that I'm trans and different. I'm sexy and a curiosity, but maybe partly fetishized. (Polisexual nonbinary transmasculine person, 24)

The same participant elaborated further:

> Bodies are so different, and there are so many different modifications of these bodies. For example, there are cis women who have very small breasts, there are cis men who suffer from gynecomastia and have large breasts, or I don't know, small penises, large penises. (…) Transgenderism is not a bad thing and should not affect how people perceive themselves, that someone has a worse body because they are transgender, because bodies are really diverse (…) people have scars in different places, and maybe it is worth considering transgenderism as an advantage? (Polisexual nonbinary transmasculine person, 24)

For others, simply moving away from cisnormative categories became a source of freedom, particularly in relation to sexuality and traditionally gendered sexual roles:

> For example, I don't like to refer to it [transgenderism] as gender incongruence. Everything in me is congruence. I am very consistent. (Lesbian in asexual spectrum women, 26)

> I think that because I identify that way [nonbinary], I don't feel that pressure, that whole role of a woman in sexuality. I definitely don't feel it that strongly. (Bisexual in nonbinary spectrum person, 31)

In addition, one participant shared belief that, if overcoming one (for example cis) norm, it is easier to overcome others:

> It's kind of this thing where the more people experiment with their sexuality and with who they are, the more open they tend to be to slightly less conventional stuff like BDSM or polyamory. (Pansexuality agender transfeminine person, 25)

The importance of an accepting partner

Participants emphasized that open communication between partners, rather than adherence to fixed gender roles, was central to establishing boundaries and needs:

> I don't treat her as if she's a woman who has to satisfy me, nor do I treat myself as a man who has to do something. We give each other space. Since she's cisgender, she often asks if everything is okay and if she can touch me somewhere. She doesn't want to cause dysphoria, so we talk about what we both like and how we both feel. (Bisexual and biromantic man, 23)

The same participant also pointed out that a sense of safety and trust, difficult to achieve with a casual partner, was key to positive sexual experiences:

> However, sex is about trusting someone so much that, when I give myself to them completely, I let go of my mental barriers. It has to be someone who understands me. With a stranger, I might be able to do something, but it probably wouldn't be as comfortable. I would have more inhibitions. Maybe I wouldn't undress as much. Or maybe I would only be able to be in a specific position to feel comfortable. (Bisexual and biromantic man, 23)

One participant described acceptance as a form of normalization, where the absence of discussion about trans identity signaled a quiet rejection of cisheteronormative assumptions:

> Neither of us ever brought up the topic of my transgender identity. It was just as if nothing needed to be said. In a way, I realized that if she doesn't bring it up, then it's neither good nor bad. It just means everything is okay. (Demisexual women, 21)

For others, being with a partner who also does not conform to cisheteronormativity offered greater safety and acceptance:

> Well, at one point, I had a hard time accepting my transgender identity. It wasn't that I didn't accept myself; I was just thinking about how society would look at me and whether others would like me or find me attractive. These thoughts still influence me when it comes to dating. Because of this, I would rather be with a queer person than a heterosexual woman. Knowing that this person likes different types of people alleviates some of my negative thoughts and internalized transphobia. (Polisexual nonbinary transmasculine person, 24)

Others described how being around queer and nonheterosexual communities, seeing diverse bodies, and experiencing affirming sexual relationships, supported greater self-acceptance:

> Meeting other nonheterosexual people helped me a lot, simply because of the greater diversity, but also because of a greater awareness. (…) Seeing other bodies helped me too. Good sexual relationships helped me, where no one tells me, "You're cool, but this part looks shitty". (Bisexual in nonbinary spectrum person, 31)

One of the participants had a view of lesbian sexuality as existing outside CHN norms, allowing for more flexible roles and practices:

> Lesbians exist outside of this heteronormativity, (…) meaning that they have nonbinary, nonheteronormative behaviors. Things like strap-ons and various role-playing games. (Not directly defined lesbian on nonbinary spectrum genderfluid person, 22)

Discussion

The aim of the current study was to explore how trans + people of diverse identities experience their sexuality. Overall, the analysis showed that

sociocultural gender roles, rooted in cisheteronormativity, significantly shape the experiences of gender dysphoria during sexual activity through internalized expectations of body and sexual behavior. This study identified two main strategies used by trans + individuals to cope with cisheteronormativity (CHN): internalization and rejection of these norms.

These strategies echo findings from previous research. Similar dynamics have been noted by Anzani et al. (2021), who found that some individuals framed their sexuality in relation to cis-heterosexual people, expressing a desire to align with cisgender heteronormative practices. Such findings align with earlier research emphasizing the complexity of transgender sexual experiences (Doorduin & van Berlo, 2014; Williams et al., 2013), but further extend current understanding through a more nuanced analysis of coping with normative social pressures related to sexuality.

A prevalent belief about CHN among our participants was that, in sexual encounters, being on the masculine side is associated with dominance, initiation, and guidance of sexual activity, whereas being on the feminine side is perceived as more submissive. Female submissiveness in sexual relations is understood not only as passivity but also as prioritizing the partner's pleasure over one's own. The behavior that most strongly symbolizes dominance and submissiveness is penetration. The act of penetrating is seen as symbolic of masculine activity and control, while being penetrated is viewed as a passive, feminine role. The interviews highlight a range of feelings about penetration, from discomfort linked to gender dysphoria to its association with societal pressures surrounding sexual behavior. Penile-vaginal intercourse, in particular, was most often identified with heterosexual sexual activity and beyond individual preference, was seen as a societal imposition reflecting "obligatory heterosexuality".

CHN was also linked to the belief that "traditional" sexual orientations, such as heterosexuality and homosexuality, are grounded in a binary understanding of gender and may therefore exclude transgender individuals. As a result, transgender participants often faced difficulties in relationships, especially regarding acceptance of their gender identity, which in turn can affect sexual dynamics. In addition, CHN has also played an important role in coming to one's own (gender and sexual) identity, lengthening the process of understanding oneself. Some of the participants stated that the fetishization of transfeminine individuals is also rooted in CHN.

CHN was also related to body self-perception and the extent of body exposure in intimate contexts. The struggle for self-acceptance and the negotiation of body image within these cisheteronormative constraints, as described by participants, often produced complex emotional responses, including gender dysphoria and anxiety, particularly among those who do not conform to traditional gender binaries.

Internalization manifested as fear of not "passing", avoidance of sexual activity, or adherence to prescribed gender roles even when these did not bring satisfaction. Participants described struggles in defining their sexual orientation, dilemmas related to nonbinary bodies, and lingering gender role expectations despite attempts to reject CHN norms. Coping strategies ranged from avoidance to the imaginative reconstruction of the body and the use of aids, highlighting the tension between personal comfort, societal expectations, and the pursuit of sexual pleasure.

Other research has shown internal pressure among some individuals to conform to heteronormative roles during sexual activity (Mizock and Hopwood, 2016; Doorduin & van Berlo, 2014). For example, Williams et al. (2013) illustrated the tension between sexual pleasure and beliefs about gender roles during sex through the case of a person who: "*liked to be vaginally penetrated but also was concerned that his partner did not see him as a woman and … is not fucking me like [I'm] a woman*". (Williams et al., 2013, p. 732). In other words, the sexual behavioral repertoires of some individuals had to change in order for them to be treated by their partners and by themselves in ways consistent with their gender identity. Also, in the case of homosexual trans men, it was characteristic to conform to specific sexual behaviors, that is, focus on orgasm and a lack of sensitivity (Williams et al., 2013). Conformity to cisheteronormativity may place greater pressure on binary individuals, whereas

nonbinary individuals, by challenging dichotomous representations of gender, may create new sexual scripts (Lindley et al., 2020).

Rejection highlights how to resist normative gender expectations by redefining bodies, sexual practices, and language. Participants described focusing on physical pleasure and personal preferences rather than prescribed gender roles, often supported by open communication and acceptance from partners. Interestingly, kink practices provided safe spaces for exploring identity and negotiating roles outside of cisnormative frameworks. Many participants reframed dysphoria in terms of (dis)comfort and emphasized the diversity and desirability of non-normative bodies. Overall, the rejection of cisheteronormativity was associated with greater body acceptance, sexual empowerment, and reliance on affirming partners and communities.

Both processes, internalization and rejection were aimed at reducing gender dysphoria or affirming gender identity within sexual relationships. For some participants, consciously remaining in internalization was experienced as beneficial, whereas for others, only moving toward rejection enabled full sexual satisfaction. Importantly, even among those who had reached a state of rejection, this position was not fixed or unshakable. In moving between these two processes, each participant emphasized the significant role of their partner.

Trans people are able to form fulfilling partnerships and often experience comfort within sexual relationships (Lindroth et al., 2017). Our study, like others, underscores the crucial role of affirming sexual partners (Anzani et al., 2020; Özer et al., 2023). Participants noted that open communication between partners was key to establishing boundaries and expressing needs, and thus to sexual satisfaction, often more important than conforming to rigid gender roles. They also described nonheteronormative partners as offering greater safety and acceptance. Such relationships tend to be most supportive when partners acknowledge body dysphoria and openly address the complexities of gender identity (Lev, 2004). However, some trans individuals reported being treated as curiosities or sexual objects (Levitt and Ippolito, 2014), with fetishization often experienced as negative, though occasionally reframed positively as a kink (Anzani et al., 2021).

When gender identity falls outside stereotypical categories and the language for describing the body is limited, it may leave trans individuals feeling excluded from socially recognized norms and make acceptance and expression of their sexual identity more difficult. For some transgender individuals, it is more affirming to define their sexual identity in relation to the gender identity or presentation of those they are attracted to, rather than through labels tied to their own gender (Galupo et al., 2016). At the same time, for others, both their own sexual identity and that of potential partners created challenges in finding partners who were accepting of their gender identity (Martin & Coolhart, 2019).

For some participants, feeling validated by their partner in sexual relationships required changing the nomenclature relating to genitalia and moving away from gendered roles in sex. One of the most frequently discussed themes was penetration (Tree-McGrath et al., 2018; Williams et al., 2013). For trans gay men, the path to accepting themselves as men sometimes involved engaging in anal sex or finding a partner for whom vaginal sex could still be gay sex (Williams et al., 2013). Some were able to feel open to sexual pleasure by integrating their masculine identity with their female body parts, thus enjoying vaginal sex without it depriving them of their sense of masculinity. Furthermore, some individuals reported feeling privileged to have a vagina (Williams et al., 2013).

It is common for trans + individuals to experience fear of sexual contact or difficulties in seeking such encounters (Gieles et al., 2023). Trans + individuals often avoid sexual activities involving body parts associated with dysphoria. For many, unwanted anatomical features and the awareness of their partner's reaction to them evoked ambivalent emotions and hindered sexual arousal and release (Doorduin & van Berlo, 2014). While avoidance can function as a coping mechanism linked to dysphoric feelings (Lindley et al., 2022), other research has shown that this is not always the case. For example, Anzani et al. (2020) reported that some trans masculine and nonbinary individuals engaged their entire bodies in

mutual sexual exploration with partners, experiencing no limits in sex.

Our findings are consistent with previous studies demonstrating the crucial role of body fantasies and the power of imagination. For some individuals, only imagining during sex that they were in another identity-conforming body allowed them to fully experience pleasure (Doorduin & van Berlo, 2014). Coping with gender dysphoria during sexual activity may involve use of imagination, physical actions, or language to convey desired body (Anzani et al., 2020). In our research, participants described using their imagination about desired body parts to achieve sexual satisfaction, while in Martin and Coolhart (2019) research, participants reported sensations of a 'phantom penis' during sexual activity. This phenomenon has likewise been observed in earlier research, where trans masculine individuals described the perception of a penis despite its physical absence (Ramachandran & McGeoch, 2008). Gieles et al. (2023) suggested that greater satisfaction with one's genitalia is associated with a higher likelihood of experiencing sexual pleasure. However, in Hamm and Nieder (2021) research, participants used diverse strategies to deconstruct the gendered function of genitals. Self-perception, partner recognition, and community support emerged as key to fulfilling sexuality, showing that sexual roles, genital status, and gender identity need not align stereotypically for positive experiences among trans + individuals. Lindley et al. (2020) demonstrated that sexual dissatisfaction among trans masculine and nonbinary individuals cannot be attributed solely to body dissatisfaction or gender dysphoria, but also encompasses broader factors comparable to those experienced by cisgender individuals. The key condition supporting sexual wellbeing is acceptance, with self-acceptance playing a central role (Özer et al., 2023), which is also reflected in our findings. The experiences described by our participants suggest that these aspects of sexuality may not differ fundamentally from those of cis individuals. Consistently, Anzani et al. (2021) noted that sexual roles can also be relevant for cis people, further underscoring the shared dimensions of sexual experience across groups. However, the impact of cisheteronormativity carries particular weight for trans + individuals, as it may be directly tied to the validation of gender identity.

Limitations

The study was conducted within the Polish cultural context, characterized by a relatively conservative approach to LGBTQ+ issues. This context may shape specific ways in which Polish trans + individuals experience and cope with CHN, thereby limiting the transferability of the findings to other cultural settings. Furthermore, the exclusively White Polish sample restricts generalizability. The lack of ethnic and cultural diversity may overlook the distinct experiences of trans + individuals from minority backgrounds, who may face additional forms of marginalization.

Implications and recommendations for theory and research

Future research should include cross-cultural comparisons to better understand how cultural contexts shape trans + individuals' strategies for coping with cisheteronormativity. Further investigation is also needed into the role of partners in shaping identity and body perception. Finally, the function of kink as a space not only for sexual fulfillment but also for gender exploration offers a promising direction for theoretical and empirical work.

Implications and recommendations for clinical practice

The findings provide direct guidance for clinical work with trans + clients, underscoring that avoidance of certain sexual practices may represent a conscious coping strategy for managing dysphoria rather than a difficulty requiring correction. Therapeutic interventions should account for the complexity of trans + sexual experiences and support clients in exploring strategies of both internalization and rejection of cisheteronormativity. Clinicians are encouraged to approach these issues without pathologizing, recognizing that

many challenges such as communication, body acceptance, or negotiating sexual roles, also occur among cis individuals. However, the impact of cisheteronormativity carries particular weight for trans + clients, as it is directly tied to the validation of gender identity.

Conclusion

Both, the rejection and internalization of cisheteronormativity, expressed through sexual behavior and the language used to describe the body, can reduce feelings of gender dysphoria and enhance sexual pleasure. The power of affirming relationships can positively influence the connection between gender and sexuality, increasing self-esteem and supporting individuals in navigating body dysphoria during sexual experiences. The results of the study not only normalize these experiences but also provide information for clinicians and partners of trans + people on how to support the sexuality and sexual relationships of trans + people. It is particularly important to recognize that there is no single 'correct' way of experiencing sexuality among trans + individuals; rather, the diversity of strategies and experiences should be acknowledged and respected.

Ethical approval

Yes: SWPS University Ethics Committee, approval number 05/P/10/2022

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Data availability statement

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