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Trans Women Doing Sex in San Francisco

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Abstract This research investigates the sexuality of trans women (individuals who were assigned male status at birth who currently identify as women), by focusing on the "bodily techniques" (Crossley, 2006) they use in "doing" sexuality. The "doing sexuality" framework not only is modeled after the "doing gender" approach of West and Zimmerman (1987), but also utilizes the idea of "sexual embodiment" to emphasize the agency of trans women as they conceptualize and organize their sexuality in a socially recognized way. This is often difficult as they confront discrimination from medical and legal professionals as well as intimate partners who may find it difficult to adapt to the trans woman's atypical body and conception of gender. However, with a study group of 25 trans women from San Francisco, we found the study participants to be adept at overcoming such hurdles and developing techniques to "do" their sexuality. At the same time, we found trans women's agency constrained by the erotic habitus (Green, 2008) of the wider society. The interplay between innovation and cultural tradition provides an opportunity to fashion a more general model of "doing" sexuality.

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Introduction

This article examines the sexuality of trans women (individuals who were assigned male status at birth who currently identify as women). Such individuals often experience a disconnect between their gender identity and physical body (cf. Pfeffer, 2014). We pursue this topic in a sociological framework that emphasizes the agency of trans women as they use their body to "do" sexuality as well as gender. This extends our earlier work on trans sexuality (which was focused on trans men—Williams, Weinberg, & Rosenberger, 2013). In our work, we use the notion of "reflexive body techniques" (Crossley, 2006, 2007) and apply it to "reflexive trans embodiment." This refers to the trans person's reflexive strategies concerning their body and sexual performance so as to be read as the gender they proffer (Schrock & Boyd, 2006).

Our study contrasts with the widely discussed work of Blanchard (1985, 1989), which has a more clinical emphasis. Although he classifies trans women based on their sexuality, his concern is more with their sexual orientation than with how they actually "do" sexuality and the real-life situations that affect the reflexivity involved.

The interactionist sociological perspective we adopt is based on the "doing gender" perspective presented by West and Zimmerman (1987). Their viewpoint sees gender as being a routine accomplishment, a set of practices whose successful performance rests on "accountability to sex category membership" (p. 116)—i.e., how one's gender is recognized in everyday interaction. We adopt this "doing" aspect to focus on the way the body is used to create and transmit a sense of gender—what we refer to as "gendered embodiment." Thus, we use the concept of

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"gendered embodiment" to refer to a set of bodily practices experienced and recognized as "doing gender."

As with gender, people also "do sexuality." As noted by Van Leuven (1998, p. 75), "…sexualization…[is] an achievement… sexuality, like gender, must be done." This has been further described by Wade and Ferree (2015, p. 225): "We learn the rules for whom we should be attracted to, what is attractive, how to be sexual, and what we should and shouldn't do with one another." As this quotation implies, the way the body is used is paramount in creating and performing sexual practices.

We use the concept of "sexual embodiment" to refer to bodily practices experienced and recognized as "doing sexuality" (cf. Dozier, 2005, pp. 300, 311; Plummer, 2003, p. 526; Van Leuven, 1998, p. 75). Previously we showed how sexual embodiment contributed to what we regarded as "gendered embodiment," those bodily practices understood and recognized as "doing gender" (West & Zimmerman, 1987; Williams et al., 2013). Both types of embodiments can mutually constitute one another (Schleifer, 2006) so that we can view people as "doing gendered sexualities" (Wade & Ferree, 2015, p. 236). All of this occurs in the wider context of what Green (2008, p. 615), following Bourdieu (1977), refers to as the "erotic habitus"—embodied tendencies or dispositions acquired through cultural learning. Thus, objective sexual values, norms, and ideas are incorporated (taken into the body) as subjective dispositions to act, namely, as embodied social structures (Lopez & Scott, 2000). For example, Wade and Ferree (2015, pp. 231–233) note the "gendered division of the sexual dynamic," whereby men produce "sexual subjectification," the capacity to experience and act on sexual desires, and women, "sexual objectification," the reduction of the person to their sex appeal. Thus, the major bodily technique in doing heterosexuality involves what has been referred to as the "coital imperative…a conventional sequence of sexual acts comprising 'foreplay,' followed by vaginal penetration, followed by male orgasm…." (Rahman & Jackson, 2011, p. 182). Being the dominant, penetrating partner in these practices also sustains traditional masculinity. Conversely, traditional femininity is confirmed by being penetrated in a posture of submission (Fee, 2010; Potts, Gavey, Grace, & Vares, 2003; Tiefer, 1995; Ussher, 1997).

Doing sexuality in a socially recognized way, then, requires the embodiment of the erotic habitus through employing body techniques either unconsciously or reflexively that produce a gendered sexuality. The agency of the actor, however, is also shaped by social structures—those enduring patterns of social relationships that define "…possibilities and consequences for action" (Connell, 2009, p. 74). Thus, persons organize their sexuality amid the constraints of social institutions, all of which are gendered in some way (see, for example, Schilt & Westbrook, 2009, for the gendered treatment of trans persons in the workplace). Some of these social structures impinge on trans sexuality in more direct ways than for non-trans persons. For example, trans people are directed to use the medical profession for hormone prescriptions (although many who cannot obtain prescriptions or afford to use such authorized outlets get them through the internet, black market, or from other countries). For transgender individuals who want sex reassignment (genital) surgery (hereafter referred to as SRS), doctors also serve as gate keepers—blocking or opening the way. Trans persons can also be subject to repressive ideas held by some doctors, for example, those holding the belief that all trans people should be "heterosexual" (oriented sexually toward the gender other than the one they claim) to qualify for SRS (Namaste, 2000; Serano, 2007). Such ideological positions were shown to be operative in research by Whitehead and Thomas (2013), who found many medical professionals would only support SRS if it signified what they considered to be the trans person's "true" core gender identity. Any other reason for seeking body modification—e.g., to enhance erotic pleasure, to increase their number of sex partners, or to avoid a gay identity, was rejected as a basis for SRS.

A restrictive view of a "real" transgender/transsexual is often found in psychiatry and the law. One influential clinic that "treats" trans women, for example, claims that only those who they define as "androphilic" (men who are exclusively attracted to men) are the only "true transexuals" so that others may be denied medical attention (Erickson-Schroth, 2014, p. 85). Laws too can affect the sexuality of trans people, institutionalizing cultural expectations about genitalia and gender identity. For example, in some states and cities, only "post-operative" (SRS) trans people can legally change their identity (Meadow, 2010). Also, trans women can directly come into contact with the criminal law when financial need pushes them toward prostitution to make a living (Hwang & Nuttbrock, 2007). In fact, one publication noted that three-quarters of the trans people in San Francisco were unable to find full-time employment (Serano, 2007)—thus, a very high proportion of them turn to sex work (Erickson-Schroth, 2014). Their financial need can also pressure them to provide sexual services that can be at odds with their gender identity. Plus, sex work can make them more vulnerable to HIV and other STIs (Cohan et al., 2006; Operario, Soma, & Underhill, 2008; Sausa, Keatley, & Operario, 2007), which can also affect their personal sexual relationships (Nemoto, Operario, Keatley, Hant, & Soma, 2004).

The effects of social structure on a more micro level—vis-à-vis face-to-face interactions—also shape trans sexualities and relationships. The kind of intimate relationships open to a trans person is often limited. For example, the motivations of some of the men who want to date trans women can be exploitive (cf. Belawski & Sojka, 2014). And there are special problems that face trans persons within their relationships. For example, they may want to have an intimate relationship with a particular person who does not validate their gender identity. With other partners they may face the problem of when is it best to disclose that one is trans or how to deal with the issue of having an atypical body. So too, there can be problems concerning sexual preference identity (e.g., lesbians rejecting a trans woman as a lesbian).

Finally, one of the most unacknowledged social structures that can shape trans sexuality is the character of the locale they

find themselves in. Is this a place where alternative sexualities are welcome and/or communities of like-minded people are present? San Francisco, where we obtained the study group for this research, can be a facilitating locale, with strong gay, lesbian, and bisexual communities and institutions as well as city agencies that tend to be supportive of sexual minorities. This does not mean that trans persons who live there are freed from problems. There have been continuing problems with the police and acts of violence stemming from young persons on the street and conflicts even with supposed allies—e.g., some "feminists" can be hostile and rejecting (Califia, 1997). So too can interactions with other trans people cause problems, e.g., the disagreement between those who see "passing" as submitting to gender oppression and want to abandon categories like "man," "woman," and "transsexual," and those who accept the identity "transsexual" and wish to transition to "man" or "woman" (Namaste, 2000; Roen, 2002).

Doing Sexuality: Some Literature

The taken-for-granted link society makes between sex, gender, and sexuality is called into question by trans people. How this disconnection has been mediated through gendered and sexual embodiment has been the focus of classic studies such as Devor's (1989) examination of "gender blending," Prosser's (1998) phenomenological analysis of bodily transformation, and Rubin's (2003) account of body dysphoria. A more recent study that examined how people used their body to confirm their gender identity is Schrock, Reid, and Boyd's (2005) work on trans women. Here, individuals were shown to do body work that retrained, re-decorated, and reshaped their physical body, consequently bringing their feelings, attitudes, and self-concept into alignment with their gender identity. Their study, like others, however, has been neglectful of sexual embodiment among trans people. Our attempt to remedy this is through locating our ideas on embodiment within a "doing sexuality" framework.

Even this has limitations in that it has not been adequately theorized. Green's (2008) description of the erotic habitus falls short of how such a habitus is embodied and its subsequent effects. Even though they consider sexual scripts, Jackson and Scott's (2007) theory of sexual embodiment fails to provide clear links between bodies and the wider social structure. Gagnon and Simon's (2005) scripting theory contains snippets of how sexuality is done, but its symbolic interactionist underpinning leaves little room for bodies. Davis (1983) provides a sexual phenomenology that links erotic consciousness to the body and does provide some framework for "doing" in his "sensual slide into erotic reality" (p. 45), but does not consistently show how social structural forces shape these embodied processes.

We begin, then, in looking in the opposite direction, examining empirical work about trans persons' sexuality and focusing on the practical actions reflecting bodywork that they engage in as they construct their sexual life. Most findings show that the parameters of their sexuality are not unlike non-trans persons (now commonly referred to as cispersons), but contain adaptations that are unique to persons for whom gendered embodiment is or has been problematic.

For example, sexual fantasies can serve anyone as a precursor or "imagined rehearsals" to doing sexuality—projecting one's actions into the future and evaluating the imagined consequences. As such, they may incite sexual arousal. For trans women, fantasies are often likely to center on gendered embodiment as gender confirmation is so much of an issue for them. This is especially common during pre- or early-stages of transition where a common fantasy is to imagine their bodies as female (Serano, 2007).

Erotically activating their body in real-life situations can be problematic for trans persons given the disjunction between their felt gender identity and the material reality of their sexed bodies. Thus, those trans women who have not had SRS often develop interpretive practices that redefine body parts, especially the genitals—the primary signifier of sex in Western society (cf. Tobin, 2014). Such incongruence has been shown to affect their sexuality in that a trans woman may want to avoid sex altogether or approach it in a manner in which her body is made less visible. For example, Iantaffi and Bockting (2011) have found that many trans women prefer engaging in sex in the dark to hide their penis.

Doing sexuality can also be problematic when a person considers him/herself (and is considered by others) to be sexually unattractive. For trans women, this can occur when they feel they are not feminine in appearance. Not only do they have to deal with aspects of their body that do not correspond with their gender identity, but they also must meet the higher standards of attractiveness applied to women. Johnson (2007, p. 54) notes that the trans body is not "…entirely malleable, because it is marked by previous physical features and cultural bodily practices that are difficult to shake off."

For example, to appear more feminine, and feel more sexually attractive, many trans women turn to hormone treatment and cosmetic surgery (cf. Klein & Gorzalka, 2009). This, however, has limitations for those with highly masculinized bodies. Moreover, it can have negative physiological effects on their sexuality, viz. studies have found that feminizing hormones can diminish erectile function, "sex drive," and orgasms (Devor & Dominic, 2015, p. 188; Serano, 2007, p. 69; Wassersug et al., 2007). Those who retain their penis may confront the issue of whether or not to use it with a sexual partner (cf. Cerwenka et al., 2014). Even among trans women who undergo SRS, following the dictates of the erotic habitus can be difficult, especially the "coital imperative" (Fee, 2010; Rahman & Jackson, 2011). It has been found that some of these trans women have problems in the production of lubrication and experience inadequate dilation which can interfere with sexual intercourse (Erickson-Schroth, 2014).

Even something as simple as aligning bodies during sexual activity can be problematic in that it can convey important gender messages. Being on the top or bottom can signify dominance/submission and thus masculinity/femininity (Greer, 1999; Kip-

pax & Smith, 2001). This can provide a problem for some trans women whose pre-transition sex lives may not have prepared them to be on the bottom.

The coital imperative portrays orgasm as the successful completion of sex for both men and women (Nicholson & Burr, 2003). This, like sexual positioning, may create stress for those who may have to relearn how to be sexual as they transition. In terms of gendered embodiment, this may involve trying to interpret orgasmic experience by what they believe is typical of their identified gender (De Cuypere et al., 2005; Doordiun & Van Berlo, 2014).

A sense of doing sex successfully can also come from the closeness experienced with a partner who communicates his/her sexual excitement or satisfaction. Thus partner choice is important for trans women. The partner can help validate their gender identity and signify that their trans embodiment is not an impediment to their sexual satisfaction (Gameral, Reisner, Laurenceau, Nemoto, & Operario, 2014). A suitable intimate partner, moreover, would be one willing to negotiate sexual practices and positions that are acceptable to both and adapt to the exigencies of a non-traditional body.

The choice of a partner can be further complicated when it has implications for sexual preference identity. Such identities are hard to avoid as the erotic habitus connects them with gendered embodiment. Thus, in a large study of trans women (Iantaffi & Bockting, 2011), most trans women defined themselves in terms of widely accepted labels–heterosexual/straight, homosexual/gay/lesbian, and bisexual. These identity labels were also those chosen by trans women in another large study where 31 % of the trans women defined as bisexual. 29 % as gay or lesbian, and 23 % as heterosexual (Grant et al., 2011). A preference for identifying as "bisexual" was also found in a study comparing trans men and trans women (Factor & Rothblum, 2008). Identification, however, is not without problems. For example, it is not unusual for a trans woman to adopt a lesbian identity despite the risk of being rejected by the lesbian community (Califia, 1997; Meyerowitz, 2002; Zita, 1992). It is also the case that changes in sexual attractions and identities often can come as a surprise to a transitioning person. Some interpret changes in attractions and identities as a discovery of their "true" sexual identity (Doordiun & Van Berlo, 2014, p. 668). Other studies also show the increasing popularity of non-traditional sexual preference identities (e.g., queer) being adopted by trans persons (Beemyn & Rankin, 2011; Kuper, Nussbaum, & Mustanski, 2012).

Method

Participants and Procedure

We chose San Francisco as the locale for the research because of our past work on sexual minorities in this city (Weinberg, Shaver, & Williams, 1999; Weinberg & Williams, 2014; Weinberg, Williams, & Pryor, 1994), which made us aware of how it provides a relatively supportive locale for persons exploring unconventional genders and sexualities. To obtain a study group for the present study, multiple recruitment strategies were used: face-to-face recruitment, recruitment through the use of flyers, and "snowball sampling" (study participants contacting additional people to participate). For face-to-face recruitment, participants were recruited at community venues where trans persons were likely to frequent, including service organizations and social spaces that welcomed trans people. Additionally, flyers that provided information about the study were posted, with the permission of management, at local commercial sites and venues such as bars, sex clubs, and medical, counseling, and legal clinics. These advertisements contained the cell phone number of one of the investigators whom individuals could contact to learn more about the study to help them decide whether or not to participate. Lastly, snowball sampling or what has been labeled modified respondent driven sampling, where recruited individuals are asked to find additional participants in their social network, was used to recruit study participants. This method has been successfully used to study hidden and marginalized populations: for example, Latino gay and bisexual men (Ramirez-Valles, Garcia, Campbell, Diaz, & Heckathorn, 2008), injection drug users and sex workers (Platt et al., 2006; Simic et al., 2006), zoophiles (Williams & Weinberg, 2003), partners of trans persons (Pfeffer, 2014), and other hard-to-reach groups. Thus, individuals who were recruited in the other ways mentioned above were then asked to recruit additional participants. They provided these new potential informants with information on how to contact us if they were interested in being interviewed. This method included direct word of mouth as well as utilizing online community boards, blogs, and list-serves by these participants to post information about the study.

Those who wished to be study participants had to consider themselves transgender/transsexual (even if they labeled themselves in another way—e.g., queer and genderqueer). If so, they were asked to complete a structured face-to-face interview. We made it easier for them to participate by being willing to conduct the interviews at their residence if this was their desire and all but a few opted for using their home location. The rest were interviewed in private areas of our residence buildings except for one person who requested being interviewed in an unoccupied area in a restaurant. Approval for the study was obtained from our Institutional Review Board and informed consent was obtained from all participants.

We asked each member of the study group the same questions—open-ended questions about the history and current state of their transition—focusing on changes in their anatomy and physiology, gender roles, identities, employment, gendered and sexual embodiments, social and sexual relationships, a variety of aspects of their sexuality, their involvement in and commitment to institutions in their community and the nation as a whole, and their physical and emotional health. The total interview time was

approximately 60 minutes and participants were paid $25 as a token of our appreciation for their time. Using the above recruitment methods, we obtained 50 trans people—the number we had sought for the study. Half of the trans individuals were trans men and half were trans women. In this article, we focus on data from only the 25 trans women. Demographics on the trans women participants are provided in Table 1.

The age range for the 25 trans women was 22–83—with a median age of 41. Some of the study group had just started their transition and others had lived as women for many years. The majority identified ethnically/racially as Caucasian, but there were also trans women with various Caribbean identities (e.g., Puerto Rican and Cuban-Dominican), two with a Pacific Island identity, one who defined as African American, one as Indian, and two as "racially mixed." In terms of education, all but four of the trans women reported at least some time attending a four-year college, 12 reported graduating from such a college, and four reported some post-graduate schooling. Residence-wise, one in the group had lived in San Francisco for only 3 months, and four for about a year, but six had lived in San Francisco their whole life. The median length of time for residing in San Francisco was between 6 and 10 years. In terms of employment, fourteen were working full-time in a conventional job, and two indicated they were either retired or semi-retired. Nine had engaged in sex work at some time and five reported they were currently doing sex work. Physically, most of the participants (21 of the 25) reported currently receiving estrogen treatments and six of the trans women stated that they had undergone genital surgery (Tables 2, 3).

The information garnered from the study participants' interviews dovetailed with interview data from 48 trans women in San Francisco that we previously studied (Weinberg et al., 1999; Weinberg & Williams, 2010). This past research, which included fieldwork in and surrounding the main trans bar in San Francisco at that time, gave us a sense of familiarity as we encountered the transgender situation in the city for the current research. This was aided by the resumption of relationships with trans people we had befriended in the past. At the same time, like all small studies, generalizing from our results must be done with care because of their possible uniqueness (see Rosser, Oakes, Bockting, & Miner, 2007; Scheim & Bauer, 2015 for the demographics of various trans study groups). For example, their

Table 1 Demographics

Pseudonym	Age	Race/ethnicity	Education	Time in San Francisco
La Toya	50	Cuban-Dominican	BA	36 years
Apple	41	Puerto Rican/Hawaiian	HS Grad/come college	12 years
Dallas	38	Hawaiian	College grad	1 year
Karen	30	Indian/Mixed	Not finish HS	10 years
Devon	50	Caucasian	Some college	34 years
Aoki	27	Pacific Islander	Junior college	5 years
Jane	63	Caucasian	Some college	3 years
Pashma	31	Caucasian	College grad	1 years
Melanie	53	Caucasian	Post-grad	18 years
Kelly	36	Multi-racial	MA	1 year
Keira	22	Caucasian	In college	2 years
Carrie	26	Caucasian	BA	4 years
Madeline	83	Caucasian	BA	Life
Ruth	35	Caucasian	Some college	13 years
Sharon	41	African American	3 years college	11 years
Emily	32	Caucasian	BA	5 years
Sarah	58	Caucasian	BA	4 years
Kaite	34	Caucasian	Some college	3 months
Kristen	57	Caucasian	MA	Life
Brianna	45	Caucasian	GED	20 years
Lindsay	38	Caucasian	MA	10 years
Sophia	59	Mixed	BA	Life
Gabby	46	Caucasian	Assoc degree	10 months
Mavis	76	Caucasian	12th grade	Life
Carla	63	Caucasian	Some college	20 years

Brianna spent 12 years in prison

Table 2 Physicality

Pseudonym	Currently on estrogen	Genital surgery	Sexual preference
La Toya	Yes	No	Heterosexual
Apple	Yes	No	Transfemale
Dallas	Yes	No	Heterosexual
Karen	Yes	No	Heterosexual
Devon	No; only in past	No	Gay
Aoki	Yes	No	Heterosexual
Jane	Yes	Yes	Lesbian
Pashma	Yes	No	Lesbian
Melanie	No	No	Bisexual
Kelly	Yes	No	Bisexual
Keira	Yes	No	Queen
Carrie	Yes	No	Lesbian
Madeline	No; only in past	No	Lesbian
Ruth	Yes	No	Lesbian
Sharon	Yes	No	Heterosexual
Emily	Yes	No	Bisexual
Sarah	Yes	No	Heterosexual
Kaite	Yes	No	Heterosexual
Kristen	Yes	Yes	Heterosexual
Brianna	No; only in past	No	Lesbian
Lindsay	Yes	Yes	Bisexual
Sophia	Yes	Yes	Lesbian
Gabby	Yes	Yes	Lesbian
Mavis	Yes	Yes	Heterosexual
Carla	Yes	No	Lesbian

Brianna spent 12 years in prison

educational attainment was quite high and most were employed in full-time jobs (or were retired). This contrasts with other study groups from health-related projects where the trans women have been lower in educational and social status and more were involved in sex work. Our study group was also composed mainly of fully transitioned or transitioning trans people so it under represents other gender variant people (Denny, 2004; Roen, 2002). Finally, as already noted, San Francisco is a relatively unique place to live as transgender in the U.S. because it offers a supportive environment for sex and gender minorities. Even given these limitations, we hope to have captured significant detailed information through qualitative research about the sex lives of one particular study group of trans women that may complement larger survey type studies (cf. Bockting, Benner, & Coleman, 2009).

Coding and Data Analysis

We used a grounded theory method: reading the text from the interviews and coding inductively, creating categories for the themes encountered as we read and reread the transcripts (Emerson, Fretz, & Shaw 1995; Glaser & Strauss, 1967). Five persons were also involved in the coding of the interview data and checks were made with different coders coding the same interview so we could check for discrepancies. The text from the interviews that were of relevance to this article were relatively straight-forward and were also carefully considered by all of the authors in terms of their thematic fit.

The analysis and conceptualization of the interview material for this article focused on the study participants' experiences of their body before and after their gender transition—namely in their physicality, their gender identity and expression, their sexual feelings, who they related to sexually, their sexual preference attractions and identity, the nature of their sexual interaction, and how all these aspects of lived experience intertwined. As noted previously, all names presented are pseudonyms.

Results

We examine the similarities and differences in the sexuality of the trans women in terms of a "doing sexuality" framework. Both the extant literature and our results reflect a number of broad

Table 3 Employment

Pseudonym	Conventional job	Ever in prostitution
La Toya	Yes	Yes
Apple	No	Yes
Dallas	No	Yes
Karen	No	Yes
Devon	No	Yes
Aoki	Yes	No
Jane	No	No
Pashma	Yes	No
Melanie	Retired	No
Kelly	Yes	No
Keira	No	No
Carrie	Yes	No
Madeline	Retired	No
Ruth	Yes	No
Sharon	Yes	No
Emily	Yes	Yes
Sarah	Yes	No
Kaite	No	No
Kristen	Yes	No
Brianna	No	Yes
Lindsay	Yes	No
Sophia	Yes	Yes
Gabby	Yes	No
Mavis	Semi-retired	Yes
Carla	Yes	No

Brianna spent 12 years in prison

categories that illustrate the trans woman's negotiation of potential hurdles as she goes about constructing a sexual life.

Fantasizing

Most of the participants (14 of the 25) reported being sexually aroused, especially at a younger age, when thinking of themselves as women. As Serano (2007) points out, as trans persons are unable to take their own biological sex for granted, their fantasies often involve being in the bodies of their preferred sex. She says trans persons' sexual fantasies "…almost always involve on some level their being in the appropriately sexed body" (p. 269). These experiences, then, make gendered embodiment central to doing sexuality for many trans women. Ruth illustrates the importance of fantasy work involved in feeling sexy and that it is "…hard to feel sexual aroused when your body is physically repulsive to you." Most of the study group reported having sexual fantasies involving their body. Pashma fantasized about having breasts, as did Lindsay: "Titties, big titties—I like big titties." Ruth said, "…having a vagina, about being penetrated by my girlfriend with a strap-on dildo." Gabby fantasized about reaching orgasm more frequently.

Finally, Jane exemplified the role that fantasies of gender and embodiment played in the sex lives of many of the participants in the study.

> I was in straight relationships with women and they always complemented me on how good I was at oral sex. But I think the reason I was probably good was when I'm giving oral sex to my partner, I'm at the same time trying to feel what it would be like if that was me and so what their body does, that's my involvement.

Interpreting Bodies

The major body problem reported by the study participants who have not had SRS was retention of a penis—the primary signifier of being male. Various methods were described in terms of dealing with this body part especially when in sexual situations. One was a rhetorical attempt to de-gender it. Carrie complained of involuntary erections (only having been on hormones for 4 months) and said: "It's just like 'shut up'—I don't want to listen to you."

Others expressed a sense of disembodiment, especially after being on hormones for a while. As described by Kelly:

> I feel very detached from my male genitals. It doesn't feel that they are really a part of me. They are just kinda there.

Aoki said of her penis:

> It's just here. It doesn't bother me at all. I use it for peeing, but [otherwise] it is just there.

Another method was to divert attention away from the penis by directing a sexual partner's focus to the anus which could be re-defined as a vagina. For example, Apple said, "When I have anal sex, this is my vagina—better known as my pussy….Like in jail, we call it a 'man-gina.'" Also, revealed in some of the interviews was a belief that the anus was a genderless body part. Thus, when asked about anal penetration, Kaite said of her anus, "It's female too. I mean it could be male or female."

Feeling Sexually Attractive

Most of the trans women (19 of 25) were receiving feminizing hormones. All but one of those who were not (5 of the 6) had done so in the past. The majority of the study group (16 of 25) had also undergone cosmetic surgical modifications, and most of those who had not (8 of the 9) planned to have it in the future. Six reported having had genital surgery. Most (19 of the 25) saw the administration of estrogen as having made them more sexually attractive by contributing to their femininity. So too did most of those (12 of the 16) who had cosmetic surgery. As described by La Toya:

> [It helped me] to transition and grow the breasts and to see my body form [in a more feminine way]. Oh my God, just actually to see it [when] looking in the mirror—you can't help but feel more feminine.

In turn, the increased femininity contributed to validation of their gender identity mainly through the admiring looks of others, especially men. Pashma put it this way: "Um, there's a softening of the skin. There's a definite body shape change….I would say six months made a big change in the way men perceived me." How the above factors can come together to produce feelings of sexual attractiveness is described by Jane:

> One day I was walking back to work after I'd been on hormones awhile. I was standing on the corner and suddenly I thought, I can't hide who I am anymore. My breasts had developed enough. And I was shocked when I looked at myself in the mirror in an elevator—which I never would have done in male-mode. So your awareness is different. When you walk by construction sites, that's always a pleasure!.

For a number of the trans women, then, feelings of sexual attractiveness are inextricably related to their ability to pass as a ciswoman. Aoki highlighted this problem as she referred to the pressure of being "clocked" (publically recognized as trans). Her lack of success led her to the resigned comment that she would rather "be a pretty transsexual than an ugly woman…I don't consider myself passable; I walk around like I'm a transsexual." On the other hand, Pashma exemplified how successfully passing as a ciswoman allowed her to construct a unique gendered embodiment that made her feel sexy.

> I'm sexy when I can pull off something outside the standard feminine, like go to sci-fi conventions and wear goggles, a corset, and pigtails—because you are around a bunch of nerds. I would have been the one wishing I could wear such an outfit. Now I get the guys looking at me.

Following the Habitus

Most of the study group had not received genital surgery, and reported that the penetration they experienced was anal. As mentioned previously, this was often seen through the lens of gendered embodiment. Thus, Carla commented that "being penetrated [anally] made me feel more feminine." Melanie noted that she liked being penetrated [anally] because "it's the closest I can come to being female." Apple reiterated that being penetrated anally "…makes me feel like a woman more than anything else."

Anal penetration, however, did not always lead to a sexual interpretation. Keira said that being anally penetrated made her "feel like I'm going to the bathroom rather than anything sexual." Also, even when a trans woman had had SRS, penetration of the constructed vagina did not automatically lead to sexual pleasure and gender affirmation. Kristen said being vaginally penetrated by a cisman was an uncomfortable experience as she cannot self-lubricate. This highlights the fact that gendered and sexual embodiments did not always complement one another.

There were also trans women who used their penis to penetrate their partners—which for some was a contra indication of their gender identity as women. Sometimes ambivalence was expressed about engaging in this practice. Thus, Kaite, who defined as heterosexual, said she used her penis to penetrate male partners, but,

> It just doesn't feel right at all. It just doesn't feel like it's me. I feel like I'm betraying my own gender…it shouldn't be for me to be the one that penetrates.

Devon, however, voiced a common pressure related by the trans women: "Most of the guys who are attracted to transgenders want us to perform for them. I'll say 70 % of the time they want you to penetrate them."

Such behaviors are difficult to interpret outside of a frame of gendered embodiment. Pashma explained: "On the giving end [penetrating], to me, it's way too masculine an act." Melanie is more explicit:

> Having sex with men, I prefer to take the female role but they want me to fuck them or go down on me. I let them because that's what they want but I'd rather not be reminded that I have a penis.

In addition to pleasing partners who are boyfriends, a penis can be important in trans prostitution (cf. Nemoto et al., 2004). Those in the study group who had been involved in sex work said that many customers wanted to experience penile penetration. The trans women seemed to have become resigned to this. For example, La Toya, who said she had been a sex worker for 22 years, explained why she had not had SRS:

> I can't be a man because a man don't have breasts. I can't be a woman because a woman don't have a cock, so that's where I come in concerning a third sex. My clients say… "if I wanted a real woman I could stay at home with my wife." I won't do the sex change [SRS] because most men are very attracted to that difference about us—that we have a penis instead of a vagina.

While receiving penetration may be seen as an important aspect of sexual intimacy for a woman, it was not defined as being of paramount importance by all of the trans women. Thus, Kristen stated: "It's [rather] the way they touch me…the gentle touch is probably to me the most heartfelt way a person can show this." Kaite also commented on the importance of her partner's touch: "…just being tender and loving and stuff like that. And I like to be held." Touch can signal the partner's more general acceptance of the trans woman as an embodied person. As La Toya put it: "It's hard to put those feelings [of being a trans woman] into words….

If I reach out to touch a partner or I am going to stroke his ear or something, I don't want to see any flinching."

Sexual Positioning

How bodies are aligned during sexual activity was also highlighted by some of the study participants. For example, when asked how sex with a partner reflected on her sense of gender, Karen said it was important, especially with "straight men because they always want to be on the top." Dallas described her "topping" as an exception: "They pay big for penetration so I'll top them. Yeah, I'll top them, but I normally don't top." She also went on to say that she "would rather top someone—a man with muscles….Psychologically for me [she defines as heterosexual], it's the whole feminine masculine thing." Carla summed up the relevance of positioning, thusly: "I always like to be on the bottom and pretend to be the female." We also note the relevance of positioning over time with changes in relationships, which can result in changes in sexual embodiment. Ruth, who identified as "bisexual lesbian," described the change in her seven year relationship with a ciswoman who identified as queer. It changed from Ruth being the "sexual instigator" when she identified as a man to her playing a more egalitarian role in bed: "We tend to shift the role of who's calling the shots and who's on top."

Reaching Orgasm

Early in their transition some of the trans women said they recognized changes in their experience of orgasm. This interpretation was complicated when they retained their penis. For example, Emily said she found it difficult to orgasm at all. Feminizing hormones had created a problem with obtaining an erection and reaching orgasm. She also noted that when she did orgasm her ejaculate had diminished in volume and had changed in consistency, and that her orgasms were no longer explosive but rather involve a "leaking" from her penis. She described this sensation as a "more internal non-penile orgasm" that involved her whole body which she interpreted as being consistent with her becoming a woman.

For those who had SRS involving penile inversion and the construction of an artificial vagina, the experience of orgasm was more clearly defined in terms of gendered embodiment. Sophia said that before having her SRS and after starting her hormone replacement therapy, and still having a penis, it took longer to reach orgasm but it also lasted longer. She said this continued until after SRS; now she said, "… [orgasms] come more as a wave rather than a sharp jolt." She too interpreted this in terms of her body changing in alignment with becoming a woman.

Some trans women with SRS reported a more radical change in their experience of orgasm. For example, Lindsay commented:

> I had to relearn it [the ability to orgasm], but my orgasms now are better, longer and more. I can have multiple orgasms now that I could not have before….

And Jane had this to say:

> When I've had orgasms since surgery …it's been too overwhelming. Instead of the male mode, it's like surges. Like waves, going back and forth….And multiple orgasms. I had three, back to back, which blew me out of the water 'cause in the male mode, you go reload and get back into the game….By the third one, literally, I just felt like jello.

Pursuing Intimacy

When interviewed, 12 of the study participants reported being single, seven said they were married or widowed, and six divorced. Twelve reported being in a love relationship—three with a cisman, four with a ciswoman, one with a trans man, and four with a trans woman. Most (18 of the 25) said their partners were important in giving them the sense that they were a woman—validating their gender identity. When asked what the most common problem was for a trans person in a love relationship, the most frequent response (11 out of 25) was being truly accepted and taken seriously by one's partner.

The greatest complaint about intimacy with male partners was when the partner insisted that they retain a trans identity rather than an identity as a woman. Sharon, for example, was in a relationship with a man she loved. She said he was devoted to her and "was the first man I walked hand in hand down the street with, which brought out a great deal of my femininity and love." Despite this validation, the relationship broke up because he wanted her to stop taking feminizing hormones, to become more masculine, and for her to penetrate him. A similar situation was expressed by Emily who complained about the lack of validation these sexual relationships involved, especially from men who were "closeted" or on the "down low." She saw them as only interested in physical sex, whereas, in her words, "I want to be part of a person's life; I want coffee, I want dates, I want dinners, I want movies….I don't think you should be denied these because you are trans."

Karen's situation was further complicated by her role as a sex worker. She said her appearance as a "tranny" made her sex life problematic. She claimed to be a target for men who were into "she-males." Her experience with such clients often involved her penetrating them with her penis. She said she complied because of her need for money, but did not like having to do sex like a man.

Finding an intimate relationship, then, can be difficult for trans women. As Kristen commented:

> Lesbian women will have nothing to do with us. It takes a very special man to be with us. Either we end up alone or end up with another trans.

Indeed, it did appear that becoming intimately involved with another trans person was the most viable option for a number of the study participants. Seven of the trans women were or had been in an intimate relationship with another trans woman. Pashma currently had a trans woman as a partner—a person she had transitioned with. They had gone to the same doctors, the same therapy groups, etc. She said of her partner, "I think a lot of our identity is comingled. Now I have a good grasp of who I am and I wouldn't have been able to do that without my partner's help." Emily, who defined as lesbian/bisexual, said she likes other trans persons as partners, as she appreciates the penetrative ability of a man and the emotional skills of a woman. Thus, she said for her the ideal partner was a pre-op transsexual woman. Indeed, her current partner was such a person. As she put it:

> I very much enjoy the heterosexual interaction of being a woman with a male partner. And I don't mind the homosexual interaction of being a woman with a female partner.

Kelly defined as bisexual and had had a trans woman partner for about two and a half years who, Kelly said, "makes me feel appreciated as a woman." Being penetrated by her partner feels right emotionally and physically as she fantasizes about men who have a penis.

It is also important to note the role played by those pre-transition partners who were/or remained in a relationship with trans women and who gave them emotional support through the change. For many of the partners, the sexual relationship ended with transitioning, but not always, as the surprising outcome in the case of Ruth. She stayed with the same woman she was married to when she defined as a man (having been together a total of seven and a half years). In Ruth's words:

> My partner is a big help in validating my identity…. She totally gets it. She understands that I've always been a woman…. It took her time to get that since she met me as a man and we dated for four years as a male-identified person….I came out as a cross-dresser about a year into our relationship….Four years later, I came out to myself as transgendered and she was immediately supportive.

She says that her partner has now become sexually attracted to her as a woman and meets her desire to be "penetrated by my girlfriend with a strap-on dildo of some sort."

Confirming/Changing Sexual Preference Identities

The choice of partners for a trans woman is not only shaped by gender identity but often by the sex preference accompanying it. This can be problematic if potential partners expect a body consistent with the identity. Of the 25 trans women interviewed, eight now identified as heterosexual/straight women, 10 identified as lesbian or a combination of lesbian and bisexual, and the remainder with other sexual preference identities (mainly, bisexual, or queer). Sexual preference labels were all based on the participant's current gender identity as a woman and current sexual attractions to men, women, or both. Although sexual preference identity can operate to confirm gender identity, the interplay between them can be far from smooth. Sometimes feelings and attractions can change in unanticipated ways. And, at times, personal experiences do not coalesce. Thus, the trajectory between pre- and post-transition sexual preference labels can be complex. Data illustrating the interplay come from the answers to three interview questions: whether the sex or gender of sex partners had changed, how they labeled their current sexual orientation, and how they changed in their definitions of their sexual orientation.

Stable Identities

Overall, most (18 of the 25) of the trans women remained stable in sexual preference over their transition—always being attracted to men or women or being fluid, and currently adopting sexual preference identities consistent with such attractions. Three patterns were discernable.

First were eight who reported always being attracted to men. Six of these participants said they defined as heterosexual both before and after transition, whereas two said they defined as "gay men" before transitioning. The latter two cases did not change in their attraction to men, but did in their sexual preference label. Kaite, for example, took a detour via the labels "bisexual" and "gay" before adopting the current identity as a "straight woman."

The second pattern, reported by three trans women, were those who reported always being attracted to women—i.e., pre- and post-transition—and said that at both times they defined as lesbian. Madeline (age 83) summed up this consistency: "I was attracted to females and that didn't change just because I changed physically [having had SRS ten years previously]."

Third, among those who said their sexual preference had not changed, were seven trans women who reported always having been fluid in their choice of sexual partners. Four of the seven currently identified as bisexual. Kelly came to the bisexual identity from one that she called "undecided." Melanie said she defined as bisexual because "when I fall in love with people it's because I'm falling in love with the person…the external plumbing is of no consequence to me."

The other three trans women in this group adopted a non-traditional sexual preference identity to signify that the gender of their partner would be of no concern. For example, Keira said that her sexual attractions were always a "genderless experience." To capture this, she changed from identifying as a "faggot" to identifying as "queer." This was the only trans woman in the study who identified as queer, which is interesting given the public availability of the term in San Francisco.

Vacillating Identities

All of the previous trans women changed little in their sexual attractions and most of them adopted a sexual preference label consistent with the attractions. Seven of the trans women, however, seemed less consistent in their sexual attractions and vacillated in the sexual preference identities they used. All currently defined as lesbian or some combination of lesbian and bisexual. Thus, Pashma defined as "lesbian leaning toward bisexual," Carrie as "lesbian or bisexual," Ruth as "bisexual lesbian," Lindsay as "lesbian with bisexual tendencies," Carla as "lesbian at this point," and Sophia simply as "lesbian." These trans women showed different trajectories in reaching an identity and, for some, it was not an identity they held with any certainty.

Three trans women had previously defined as a heterosexual man and had been married to a ciswoman. Carla said she had always been attracted mainly to women, but that deciding on a sexual preference identity had been confusing for her. As she explained:

> I used to call myself 'heterosexual' because that's what I expected other people wanted I should say. Even after I transitioned, some people say I'm heterosexual. I don't know. Technically I'm a lesbian, but I kinda mish mash the words.

Lindsay said she changed in the way she labeled herself—from "straight to bi to lesbian with bi tendencies." She said this journey reflected her attempts to find herself sexually. As she described it:

> After transition I had sex with a couple of men and much later discovered lesbians, but I was afraid of lesbians—of rejection, of not being lesbian enough….I felt I wanted to try out things so I considered myself 'bi' for the longest time and I definitely am bi even though I'm in a happy lesbian relationship. I still like to flirt with men. They attract me—if that makes sense!

Sophia was still married to a ciswoman, but did not engage in sex with her. She did prefer having sex with either women or trans women (a trans woman being her current lover and sex partner) and defined as lesbian even though she said the label was not a perfect fit. Part of this she attributed to her experiences as a sex worker when she was young. She explained this as follows; "I have slept with literally hundreds if not thousands of people," and memories of sex with male clients made her "wrestle with this [classification]…Was I bisexual?"

All of the remaining four trans women in this group claimed sexual preference identities that also seemed uncertain. Pashma, who labeled herself "lesbian leaning toward bisexual," said she was 80-90 % attracted to women and 10 % attracted to men (this was both before and after transition). Her sexual preference identity changed, however, from identifying as a straight man to a lesbian man to a lesbian leaning toward bisexual woman especially since she now had come to find men attractive. Previously, she did not want to acknowledge this because she felt that a male attracted to men "makes you gay." She said she did identify as a gay man for about 3 months, but came to realize she was not attracted to men as a male.

> It was like now, wow! I like being with this guy, but he doesn't treat me like I'm supposed to be treated—like a woman.

Carrie, a young trans woman beginning her transition (4 months in), said she was not seeking any sexual outlet. Pre-transition she defined as "straight or possibly bi." At the interview, she said she was not sure whether she was "lesbian, bi, or asexual." She noted this in her changing sense of embodiment associated with her hormonal therapy:

> I definitely noticed, suddenly I was no longer ogling women….The sexual interest was more of—I want a body like that—interest.

These cases show that for some trans women, sexual preference identity can continuously vacillate. One reason is that gendered embodiment is often the major interest rather than a particular sexual preference identity. This makes sense for Carrie who was just beginning her transition and did not engage in sex. A similar situation characterized Ruth who identified as a "bisexual lesbian" and said she had previously identified as a "bisexual guy." She was about to have SRS and said it would be "awesome to have a vagina….but it's not the vagina itself that I find sexually arousing, it's the ideal that I got to have sex with a body that is congruent with my true gender."

Sexuality may often not be the main concern for trans women who have had a history of problematic embodiments. As a man, Kelly had fathered two children with a ciswoman and claimed to have little interest in sexual activity pre-transition. Her sex reassignment surgery led to physical problems—scar tissue over her urethra and difficulty dilating her neo-vagina. She had a relationship with a heterosexual cisman after transitioning, but found sex "to be more of a chore than it's worth." Two trans women partners followed, one (a pre-op) whom she said she loved, but who left her. She currently was living in a non-sexual roommate relationship with a ciswoman and reported not having been sexually active in over a year. Currently, she identified "primarily as lesbian." That such an identity may not be strongly held is perhaps indicated by her comment with regard to this identity—"that's what the people at work identify me as."

From the data we obtained on the way trans women handle a sexual preference identity, we would conclude the following: First, a sexual preference label can confirm a gender identity (in this case as a woman) even if it is not a heterosexual one. Second, there is the possibility (shown in a number of cases) that attractions can fluctuate, that sexual experiences can be negative, and that sexual preference identities can vacillate. It does seem, though, that achieving a desired gendered embodiment goes a long way toward mitigating these problems.

Discussion

In this article, we consider a group of trans women in San Francisco and their reports of how they manage their sexuality as they reflexively adapt to their changing gender identities. We used an approach we referred to as "doing sexuality," which is based on the well-known perspective on "doing gender" (West & Zimmerman, 1987). However, we believe the "doing" approach is too dependent on symbolic and linguistic resources to the detriment of material ones—notably the body. Thus, we focus on the body techniques trans women actively use in doing sexuality as they constitute what Schrock, Reid, and Boyd (2005) refer to as "reflexive trans embodiment."

"Doing sexuality" for trans persons involves body techniques as non-discursive forms of understanding, knowledge, and habits that link "…together the subjective life of the body with its objective sociological situation" (Crossley, 2007, p. 87). Two such cultural frames shape transgender (as well as non-transgender) sexuality. The first is the gender habitus that guides masculine and feminine dispositions and is accessed and experienced through "gendered embodiment." The second is the erotic habitus (Green, 2008) that guides sexual scripts (e.g., the coital imperative) and is encountered through what we call "sexual embodiment." We found trans women to demonstrate considerable agency as they articulate both embodiments to accomplish both sexual pleasure and intimacy as well as a sense of gender identity.

Based on the "doing gender" perspective dual aspects of "do ing sexuality" can be identified (Zita, 1992). One is that the attribution of sexuality is presented by the self to others (a "self-intending" attribution). Another is that the attribution of sexuality is presented to the self by others (an "other extending" attribution). Ordinarily these attributions are consistent and merge as a person's actions achieve a fit between the two—e.g., I know how to perform sexually (from invitation to orgasm) and expect others to recognize this and respond in appropriate ways; in other words, I am sexually or erotically "accountable" (cf. West & Zimmerman, 2009). Our results show that in broad outline the categories involved in "doing sex" are much the same for trans and non-trans persons. However, there are important differences within the categories that center around the uniqueness of trans embodiments.

For example, "doing sexuality" is qualitatively different than "doing gender," especially for trans women. First, West and Zimmerman's formulation rests most heavily on "other-extending" attributions. The "others" in this case tend to be those in immediate face-to-face situations. This neglects the "other" as experienced in social institutions (Berger & Luckmann, 1966), which, in the case of trans persons, can involve "injustice at every turn" (Grant et al., 2011). Doing sex for the trans person often means negotiating or finding a way around such hurdles.

Second, the perspective needs to reconsider "self-intending" attributions. In contrast with doing gender, which is usually publically observable, doing sexuality is rarely so. It most often occurs in private with no audience other than one's sex partner. Moreover, the gender habitus is relatively clear as to the rules of an adequate gender performance. This is not the case for the erotic habitus, whose rules for successful performance are unclear, unstated, and subject to pluralistic ignorance (Gagnon & Simon, 2005). This allows for innovation in doing sex. Variations in the relationship between gendered and sexual embodiments and its effects on transgender sexuality have been described in the research we published on trans men (Williams et al., 2013).

Trans women also face the issue of gendered embodiment in ways that ciswomen do not—a major disconnect between body and gender. Thus, for the trans woman, the relationship between gendered and sexual embodiment can require active attention and manipulation—a constant reflexive concern. Furthermore, for a trans woman, gender is more than a set of performances—it is not just something they do, but something they feel they are (Albanesi, 2009). As a result, trans women must become continually adept at employing body techniques that reflexively produce the identities, feelings, and relationships they desire (Whitehead & Thomas, 2013). Thus, we hope to have demonstrated the importance of agency for trans women by illuminating the monitoring of events and measures they adopt as they pursue their sexual life.

In conclusion: (1) Trans women's sexual fantasies probably involve more focus and work on appropriate gendered embodiment than for non-trans people for whom basic gender is less a concern. (2) They may have to constantly re-interpret the nature and function of body parts (e.g., genitalia) that non-trans persons take for granted, and because many trans women are involved in sex work, they may face demands from clients that make such re-interpretation difficult. (3) Bodies are also central to creating and feeling a sense of sexual attractiveness. Even though non-trans persons may use elective cosmetic surgery to enhance their sexual attractiveness, it pales in comparison to things such as SRS undergone by trans women. (4) Bodies are not "entirely malleable" (Johnson, 2007) and earlier sexual habits may be hard to suppress, e.g., aligning one's body in a sexual position that signified their past gender. (5) Completing the doing of sex is achieved by the bodily expression of orgasm and this may be difficult for trans women to do. Hormonal treatment has dampened their male physiology so they have to retrain their bodies as to how to achieve an orgasmic response. (6) Bodily concerns can also hamper a sense of intimacy with a partner. Trans women use their bodies in ways that are pleasing to a partner but this can come at a price of engaging in sexual practices that contravene their gender identity. (7) Doing sexuality is further complicated by the fact that in addition to achieving a gender identity, trans women also can adopt a sex preference identity. This can be problematic for a trans woman who identifies as lesbian as she may have to negotiate how her penis is incorporated in a relationship with a lesbian ciswoman. Our findings, however, suggest that most of the study participants have actively crafted a unique way of handling the embodied potentialities of the erotic habitus—a clear demonstration of transgender agency.

Overall, despite the vagueness of the erotic habitus and the road blocks of social structure, we see the close connection between doing sexuality and the confirmation of gender identity for trans women. Looking at the techniques that connect such self-intending attributions with other-extending attributions promises to extend knowledge that may be useful to persons in general, to counseling professionals, and also to sociologists and sex researchers as they study the wider institutions of gender and sexuality and their interrelationship. The outcome may be a model of doing sexuality as powerful and pervasive as that of doing gender.

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