

---

## Conceptualizing Masculinity in Female-to-Male Trans-Identified Individuals: A Qualitative Inquiry Conceptualisation de la masculinité chez les personnes à transidentité femme-homme : une enquête qualitative

---

Vanessa Vegter  
*University of Calgary*

---

### ABSTRACT

A non-normative gender identity raises questions concerning widely accepted theories of gender that prevail in Western society. These theories are founded upon dichotomous models of gender identity that are posited as having a direct relationship to binary biological sex. The purpose of this qualitative study was to explore how individuals who have transitioned from female to male (FTM) conceptualize their masculinity outside of the constraints of the binary model. Six FTM participants who had transitioned to some degree were interviewed. Through the exploration of the participants' lived experience and understanding of their male identities, 5 major categories, 12 major themes, and 48 subthemes emerged. A process entitled *Embodying a Male Identity* was revealed. According to this process, the FTMs in this study embodied a male identity through a variety of experiences that serve to align external physiology with internal self. This process suggests that masculinity, which is often interpreted in the social realm as a validation of maleness, is not a requirement for, or a product of, a male gender identity. Rather, masculinity (alongside femininity) is viewed by participants as a set of traits that vary naturally in all humans (regardless of gender).

### RÉSUMÉ

Une identité sexuelle non normative soulève des questions au sujet des théories largement acceptées sur le genre qui prévalent dans la société occidentale. Ces théories se fondent sur des modèles dichotomiques de l'identité sexuelle, qui sont présentés en relation directe avec la sexualité biologique binaire. La présente étude qualitative a pour but d'explorer comment les personnes qui ont fait la transition du sexe féminin au sexe masculin (FTM) conceptualisent leur masculinité à l'extérieur des contraintes du modèle binaire. On a interviewé six personnes FTM ayant effectué la transition à un certain degré. D'après l'analyse de l'expérience vécue par ces participants et de leur compréhension de leur identité masculine, on fait ressortir 5 grandes catégories, 12 thèmes majeurs, et 48 thématiques secondaires. Cela a permis de dégager un processus appelé l'incarnation d'une identité masculine (*Embodying a Male Identity*), selon lequel les FTM à l'étude s'incarnent dans une identité masculine grâce à diverses expériences qui servent à harmoniser la physiologie extérieure avec le moi intérieur. Ce processus semble indiquer que la masculinité, souvent interprétée dans le cadre social comme une validation des caractères du mâle, n'est ni une condition ni un produit de l'identité sexuelle masculine. Il semble plutôt que la masculinité (à l'instar de la féminité) soit considérée par les participants comme un ensemble de caractéristiques qui varient naturellement d'un humain à l'autre (sans égard au sexe).

Although the term *gender* was intended to be clearly distinguished from sex, it is often used interchangeably with the word *sex* in Western society. Furthermore, the classification for both sex and gender is presumed to be the same (e.g., biological males are boys/men/male and biological females are girls/women/female) (Udry, 1994). While biological, feminist, and biosocial theories have been used to explain gender, when it comes to explaining trans-identified individuals, these theories are inherently flawed.

Limited research has focused on how masculine identities are developed in bodies that are biologically female. According to biological theory, gender is a direct product of the biological classification of sex, where feminist theory views gender as a product of social meanings attached to this biological classification. Biosocial theory views gender as a combination of the two. Thus, all three theories posit gender as having some clear relationship to the binary biological classification of sex.

Despite the inability of these theories to account for a gender identity that does not align with biological sex, these identities do exist and are present throughout recorded history (Herdt, 1993; Rudacille, 2005). Much of the literature devoted to these identities focuses upon male-to-female (MTF) trans-identities (Devor, 1989; Gagne & Tewksbury, 1997; Lewins, 1995). Little research has been devoted exclusively to female-to-male (FTM) trans-identified individuals' experience or formation of identity (Forshee, 2008).

The diagnostic criteria for Gender Identity Disorder (GID) used by psychologists make no distinction between FTM and MTF individuals (American Psychiatric Association, 1994). Additionally, the criteria are based upon binary categorizations of gender and gender expression (Rottnek, 1999), produced by the aforementioned theories. A greater understanding of how FTM individuals develop and understand their masculine identities is imperative, as a GID diagnosis is required for medical transitioning.

Psychologists require more specific and accurate descriptions of these identities if they are to provide the proper care and support of such individuals. One of the frequent challenges that FTM individuals face is whether to pursue surgery aimed at constructing a penis or increasing the length of their clitoris (Alderson, 2013). The result of this study will have implications for counselling FTM persons.

The current study considers the ways in which FTM individuals conceptualize their masculinity. The intent is to add to our understanding of this experience in the lives of male-identified biological females who are on a path toward transitioning gender, both psychologically and physically.

#### TERMINOLOGY

##### *Gender Versus Sex*

Gender was first proposed as a term distinct from sex (and aside from the grammatical inflection of nouns) in 1955 by John Money (Money & Ehrhardt, 1972). According to Money, the term *sex* referred to the biological classification of male or

female, based on phenotypic factors. *Gender*, in contrast, referred to the difference of behaviour in accordance to sex (Money & Ehrhardt, 1972).

### *Trans-Identity and FTM*

*Trans-identity* is an all-encompassing umbrella term for all individuals who are considered to have non-normative gender identities or be gender nonconforming. The term is synonymous with *transgender*, but may become the preferred term because of its emphasis on identity, which is broader based than the construct of gender (Whittle, 2000). Identities are viewed here as socially constructed labels that people provide for themselves to describe aspects of their “selves” that they view as having some degree of stability. The term *female-to-male transgender* (FTM) individuals refers to biological females with a trans-identity who desire to transition to a male morphology to one extent or another.

### *Physical Transitioning*

Physical transitioning refers to all attempts to change the physical body, and includes sexual reassignment surgeries (SRS) and hormone replacement therapy (HRT). It has been a longstanding assumption that all transsexual individuals undergo medical intervention, “pass” as members of their reassigned gender, and disappear comfortably into the binary system of gender classification (Ekins, 2005). However, individuals vary to the degree in which they will choose to transition, and contrary to the medical model of transsexualism, identity is more important than physical distinctions (Factor & Rothblum, 2008). In actuality, many transsexual individuals will not transition fully into the opposing category (Hines, 2006) and many do not opt for any surgical intervention at all (Lev, 2004; Vanderburgh, 2007).

Physical transitioning for FTM individuals can include any or all of the following:

1. *Hormone replacement therapy (HRT)*: The treatment of the body with testosterone, resulting in masculinization of secondary sex characteristics (Brook, 1999). These characteristics include hair growth, deepening of voice, and masculinization of other features such as weight distribution, as well as changes to neurology (Hulshoff Pol et al., 2006). However, there is not yet sufficient evidence to explain if or how androgen-based neurological changes, such as increases in brain volume, affect overall brain function.
2. *Mastectomy*: Removal of the mammary glands and a full breast reduction (Jarolim, 2001). Often followed by chest contouring, which makes the chest appear more masculine. This is often referred to as “top surgery” within the FTM community.
3. *Hysterectomy*: Removal of the uterus; aside from the legal distinction, this is done in FTMs to avoid complications with testosterone therapy. This includes an adnexectomy, which refers to the removal of the ovaries and fallopian tubes (Jarolim, 2001).

4. *Phalloplasty*: Refers to the surgical development of a neophallus from a skin graft and penile implantations (Perovic, Djinovic, Bumbasirevic, Djordjevic, & Vukovic, 2007). Further surgeries are required for both erectile prosthesis and scrotoplasty (creation of the scrotum) (Perovic et al., 2007; Por et al., 2003). Loss of erogenous sensation can occur with phalloplasty (Perovic & Djordjevic, 2003).
5. *Metoidioplasty*: As an alternative to phalloplasty, metoidioplasty involves surgically moving the clitoris, already enlarged from testosterone, to the approximate location of a penis (Perovic & Djordjevic, 2003). The procedure often includes construction of a scrotum.

## GENDER THEORIES

### *Biological Theory of Gender*

This dichotomous model of gender suggests that the classification of being male or female is based upon innate biological differences between males and females. It is these differences in biology that purportedly account for behavioural differences between men and women, or differences in gender (Diamond, 2000). In other words, in the biological view, while gender is a term distinct from biological sex, it is determined solely by sexually differentiated biology (Diamond, 2000). Any variation in gender expression within binary categories of gender is considered the natural result of variation in phenotypic factors, such as the varying production of sexually differentiated hormones (Udry, 1994). In this theory, gender is reduced to sex dimorphism as applied to all vertebrates (Udry, 1994).

### *Feminist Theory of Gender*

The use of the term gender as sex dimorphism was challenged by feminists beginning in the 1960s. They made a clear distinction between that which was biologically innate (i.e., one's sex) and that which was culturally or socially prescribed (one's gender) (Fausto-Sterling, 1999). According to this definition of gender, all gendered behaviour is a product of social norms, and the very act of gender itself is responsible for perpetuating these norms (Udry, 1994). Thus, gender becomes a way in which we may understand aspects of an individual that are unrelated to biological sex (Diamond, 2000). Although there is much disagreement among feminist theorists regarding gender, Butler (1990) discussed gender as an act. As such, even activities that challenge the pervasive norms of gender (such as cross-dressing, which is referred to as "gender play" by Butler, 1990) are still subscribing to these socially constructed realities.

### *Biosocial Theory of Gender*

With the rise of feminist literature, referring to gender as having a strictly biological foundation began to be viewed as a politically conservative way of thinking (Udry, 1994). However, social norms and cultural forces could not fully account

for all differences in gender, gender expression, and gender identity; this gave rise to a dilemma in how to deconstruct gender while still accounting for difference (Hines, 2006). Thus, the complex interplay of biological and social forces were combined into what is known as the biosocial model of gender.

According to this model, gender expression (still constrained to gender identity) is the result of the societal and cultural influences in combination with sex dimorphism. Still, where gender expression may be allowed more variance by the model, such as a spectrum, it is still situated as a product of biological differentiation. Thus, the biosocial model continues to dichotomize gender according to the binary poles of biological sex.

### *Limitations of the Three Theories of Gender*

The three theories (biological, feminist, and biosocial) and their relationship to understanding gender do not account for the experience of FTM individuals. According to biological theory, gender is a direct product of the biological classification of sex, where feminist theory views gender as a product of social meanings attached to this biological classification. Biosocial theory views gender as a combination of the two. Thus, all three theories posit gender as having some clear relationship to the binary biological classification of sex. Limited research has been done to understand how masculine identities are developed in bodies that are biologically female.

Aside from the strong association between gender and biological sex in the three theories, it is also assumed that gender expression is synonymous with gender identity. Individuals are constantly categorized in accordance with this gender dichotomy (boy-man-male or girl-woman-female) based upon those expressed traits in the social realm (Seil, 2002). Gender expression is thought to be constrained to gender identity, where masculinity is seen to belong almost exclusively to men and femininity to women (Hird, 2000). Regardless of the theory in question, gender cannot be clearly distinguished from one's biological sex at birth.

### FTM INDIVIDUALS

Researchers often assume that FTM individuals should, theoretically, be a mirror image of MTF individuals (Herman-Jeglinska, Grabowska, & Dulko, 2002). However, this is not accurate. Herman-Jeglinska et al. (2002) found that FTM individuals differed in their identification with gendered traits and gender expressions when compared to MTF individuals. The study found that MTF individuals scored higher than control females on a scale of femininity and at par with control females on a scale of masculinity (Herman-Jeglinska et al., 2002). In contrast, FTM individuals scored at the same level as control males on a scale of masculinity, but slightly above control males (below control females) on femininity (Herman-Jeglinska et al., 2002). This suggests that FTMs' experience of masculinity is similar to cis-gendered males; however, they achieve these comparable levels of masculinity without completely discarding their femininity. *Cis-gendered* means

having congruence among the gender one was assigned at birth, one's body, and one's personal identity.

Similar results were previously found by Fleming, MacGowan, and Salt (1984). In that study, FTM individuals who completed the Personal Attributes Questionnaire rated themselves comparably to cis-gendered men on the masculinity scale, but significantly higher than cis-gendered men on the femininity scale.

Hansbury (2005) created a taxonomy of three different transmasculine identities that he called "woodworkers," "transmen," and "genderqueers." His continuum began with the youngest group (i.e., genderqueers—teens to mid 20s) who displayed diverse and fluid identities, making them difficult to describe. Next were the transmen (late 20s to early 30s) who were not entirely comfortable labelling themselves as men and who owned their histories as biological females. Last were the woodworkers, a label sometimes used by other trans-identified individuals to denote this group's tendency to "blend in with the woodwork," defining as male and going stealth (a term meaning to attempt to pass as male and live a life as though biologically male).

Green (2005) asked 8 transmen six questions at an FTM international meeting about masculinity in 2002. Green did not specify where these individuals were surgically in their process. What he discovered is that all had an "undeniable masculinity" (Green, 2005, p. 291). Green found that all participants agreed that maleness and masculinity are not the same thing and that they did not believe a penis was necessary to say one had a male body.

#### FEMALE MASCULINITY

Masculinity in female-bodied individuals is not always considered non-normative. Female children with expressions of masculinity are not only accepted: they are often viewed positively (Safir, Rosenmann, & Kloner, 2003). This expression of masculinity in female children or *tomboys* is extremely common, with research by Burn, O'Neil, and Nederend (1996) finding that 50% of their 194 female college-aged participants reported having been tomboys as children. Tomboys differ from non-tomboys in a variety of ways such as playmate preference, toy preference, participation in sports, rough and tumble play, interests, mannerisms, activity preferences, clothing preferences, and appearances (Bailey, Bechtold, & Berenbaum, 2002; Green, Williams, & Goodman, 1982; Morgan, 1998). This expression of masculinity becomes non-normative as girls enter puberty and are expected to grow out of their tomboyism (Safir et al., 2003). But for some females, masculinity persists into adulthood.

Female masculinity, as a construct, was operationalized by Blanchard and Freund (1983) to develop their Masculine Gender Identity scale (MGI). According to the researchers, the MGI was intended to measure female masculinity as a continuous variable. Available data suggest that homosexual females are more masculine than heterosexual females in regards to childhood tomboyism, doll play, male peer preferences, and fantasies of being male (Blanchard & Freund,

1983). The MGI revealed that homosexual females indeed possess a greater degree of masculine gender identity as compared to heterosexual females (Blanchard & Freund, 1983). While research has shown there to be a close relationship between lesbian and FTM identities (Breger, 2005), there is a difference in gender diagnostics between lesbian women and FTMs overall.

Ehrhardt, Grisanti, and McCauley (1979) found that most FTM individuals in their study reported cross-dressing as children, whereas no homosexual females reported doing so. However, no statistical differences were found between the homosexual females and FTM individuals in regard to tomboyism, doll play, or male peer preference in childhood, suggesting that no difference exists on these measures of masculinity (Ehrhardt et al., 1979). Lippa (2001) also found that there was a similarity between FTM individuals and lesbians on expressed masculinity. However, FTM individuals exceeded lesbian women on all other measures of masculinity, including male-typical occupational and hobby preferences. It is important, therefore, to make a distinction between an FTM gender identity and a lesbian sexual identity. While the two have commonalities in certain areas (i.e., gender expression), individuals who transition from female to male do not necessarily transition into a heterosexual identity (Forshee, 2008). When considering female masculinity, this masculinity does not always incite a transition into a male body.

Thus, as the above-mentioned literature suggests, FTM individuals represent a unique population that cannot be accounted for by current models of gender formation. Hines (2006) wrote that binary models of gender have served to disable a more effective understanding of gender identity. The literature regarding what it is to be a man aside from physiology or how individuals who are female-bodied construct and understand their masculine identities is sparse. In an effort to contribute to a greater understanding of gender identity and in challenging existent theories of gender formation, this study explores FTM individuals' lived experience of masculine identities, which have formed outside of sexual dimorphism and social interpretations of biological sex. The specific research question is, *How do female-to-male trans-identified individuals conceptualize and understand their masculinity?*

## METHODOLOGY

### *Bracketing the Research*

In qualitative research, it is important that the position of the researcher be specified at the beginning of the study (Creswell, 1998). The author is cis-gendered, both female-bodied and female-identified. However, she also embraced her masculinity and tomboyism during her childhood. Her theoretical position is rooted in feminist theory and she has strong ties within the queer community through social relationships and volunteerism. She feels passionately that trans-identified individuals should be provided choice in whether to physically transition, but that they should not feel pressured to live in the binary categories of male or female, or in binary expressions of masculinity or femininity as assumed by these categories.

### *Participants*

Participants included 6 female-to-male (FTM) individuals who had transitioned to some extent, both socially and medically. For the purpose of this study, a minimum of three months on cross-gender hormones and a minimum age of 18 years were required. Three participants were recruited with the help of a queer community service in Calgary, AB. In addition, 3 participants were recruited through chain, or “snowball,” sampling. Participants varied in age, sexual identity, and point of transition (see Table 1).

Table 1  
*Participant Biographical Information*

FTM	Age	Ethnicity	Hormones	Mastec- tomy	Hyster- ectomy	Phallo- plasty	Sexual Identity
Scott	21	Mixed Race (1/2 Metis)	10 Months	no	no	no	Queer
Jim	21	Caucasian	3 Years	yes	yes	no	Queer
Chris	22	Caucasian	3 Years	yes	yes	no	Queer
Barnaby	24	Caucasian	11 Months	no	no	no	Queer/ Pansexual
Jack	41	Caucasian	11 Years	yes	yes	yes	Hetero- sexual
Michael	50	Caucasian	9 Years	yes	no	no	Hetero- sexual

### *Procedure*

Participation in this study was anonymous (except to the principal researcher), and pseudonyms were chosen by all participants. Informed consent was obtained in writing by each participant. This study was approved by the University of Calgary Conjoint Faculties Research Ethics Board.

Phenomenology is a qualitative research approach rooted in the philosophical position that individuals' experiences are important in creating knowledge (Willig, 2008). While uniqueness is valued, the researcher looks for commonalities in the experience of the participants, which then become “themes.” In accordance with phenomenology, participants were asked 12 open-ended and nondirective questions about their current male identities, their gender expression and identity across life stages, and opinions regarding what components they considered requirements of being “male” (see Appendix for interview questions). Each participant was interviewed for approximately one hour in a private location of his choosing. Interviews were audio-recorded and transcribed verbatim for subsequent analysis. Participants were also asked to complete a brief biographical questionnaire that included questions focused on sexual orientation, sexual identity, and their definition of masculinity.



### *Analysis*

The transcripts were analyzed using the inductive approach of transcendental phenomenological analysis, an approach that suggests refraining from setting hypotheses (Willig, 2008). By acknowledging the influence of the researcher and by bracketing the researcher's personal relationship to the phenomena, an attempt to provide an unbiased depiction of the participants' experience was made.

Transcripts were analyzed in accordance with recommendations by Creswell (1998) for phenomenological research. Each transcript was coded line-by-line with the intent of generating a list of themes and categories that were "nonrepetitive and nonoverlapping" (Yeh & Inman, 2007, p. 391). This was facilitated by printing the transcripts on paper that included a left-hand margin with three columns where annotations and notes were documented. The three columns were labelled "content," "issues," and "themes." Annotations and first impressions were recorded in the content column, while issues evident in participant accounts were recorded in the issues column. Each transcript and initial notes recorded in the content and issues column were reread until patterns across sections of text emerged. Each theme that emerged was recorded in the column labelled "themes," and each theme was then compared across transcripts. Themes were then refined, and themes that were similar or redundant were eliminated or combined.

Refined themes were then grouped into categories based on their relationship to one another. Two other researchers (an honours and a graduate student trained in qualitative analysis) assisted with the final arrangement of categories and themes to help arrive at the best fit (Willig, 2008). This was done through the use of visual depictions of the accepted themes and group discussion regarding the relationship these themes had to one another. As this arrangement occurred, the researchers concurred that there was a temporal aspect to the development of a male identity for the participants. Consequently, a model was developed (see Figure 1). Participants reviewed the final results and they all concurred with the findings.

## RESULTS

This analysis revealed a process, *Embodying a Male Identity*, which encompassed the interactions of five categories, 12 major themes, and 48 subthemes (see Figure 1). The five categories of themes are *Beginnings*, *Identity Searching*, *Realizing Identity*, *Integrating Identity*, and *Self Actualization*. In this section, only those themes related to masculinity will be expanded upon with specific examples from the transcripts provided. To view all themes and overarching categories, refer to Figures 1 through 5.

### *Beginnings*

This experience is characterized by three major themes: *Pre-Transition Dysphoria*, *Societal Pressure*, and *Reactions* (see Figure 2). All participants expressed feelings of discomfort with their assumed female identity.

Exemplar: “I felt inside that I was a man. When I walked down the street, I felt like a man. But when I walked by a store window and I saw my reflection, I did not identify with that person.” (Jack, 41)

The interaction between personal dysphoria and societal pressure led to feelings of isolation, camouflaging behaviour, and to questioning.

Exemplar: “I was always really careful to look feminine. I never felt it. I always felt really weird in my body, but I was really pretty and had a really feminine appearance. No one would have ever questioned how uncomfortable I was. I just thought that nobody taught me, I grew up in the feminist era. Where we were told that we were taught to be female or male and nothing was innate.... I thought when people looked at me they could see in my eyes that I was a boy.” (Michael, 50)

Figure 1  
*Embodying a Male Identity*

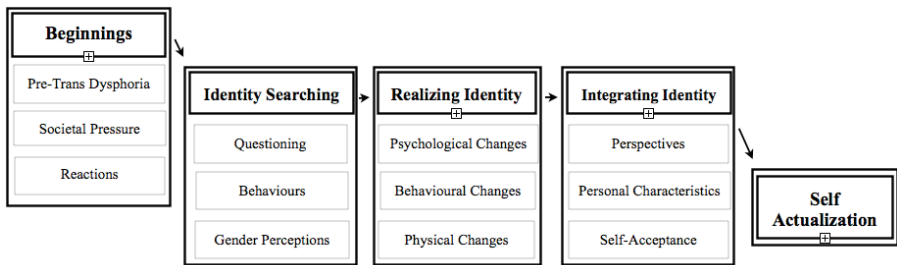
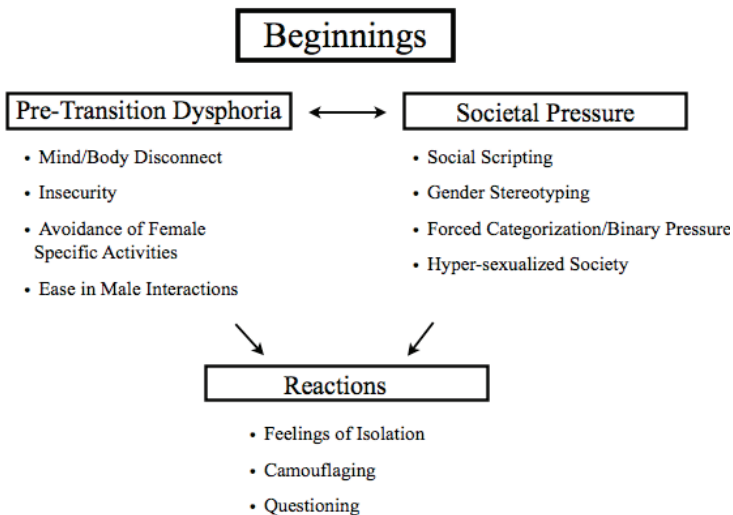


Figure 2  
*Beginnings*



*Identity Searching*

Having elicited various reactions to the pre-transition dysphoria and societal pressure they experienced, the participants began to question their identity. Thus *questioning*, as a major theme of this process, leads to the interacting major themes of *behaviours* and *gender perceptions* (see Figure 3). Changing behaviours include challenging gender norms and presenting as male.

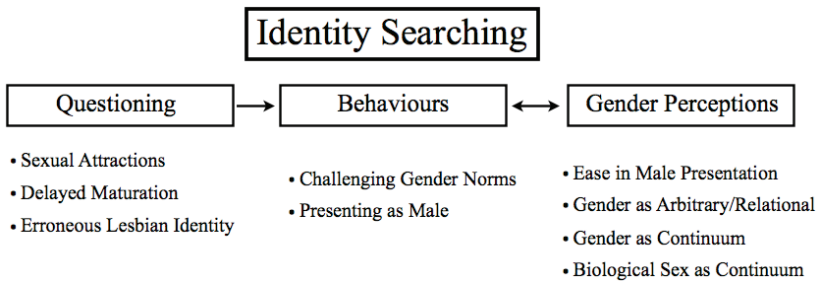
Exemplar: “People started to fall into the gender norms and I wasn’t comfortable doing so, so I took up wrestling. I was one of the only girls in the bodybuilding club.” (Scott, 21)

Participants felt that their understanding of gender was largely shaped by social forces and that gender cannot stand alone—that is, masculinity only exists in relation to femininity, and a man in relation to a woman. The boundaries to these dichotomies are shaped by subjective interpretations of cultural and social norms.

Exemplars: “It’s so subjective.... A lot of it is that being a man is not being a woman. It has a certain amount to do with how I engage with [and] how I relate to other people.” (Barnaby, 24)

“We now know that there are much more innate gender tendencies and brains are wired a bit differently. It’s on a continuum; we know that there are definitely differences in how hormones affect you.” (Michael, 50)

Figure 3  
*Identity Searching*



*Realizing Identity*

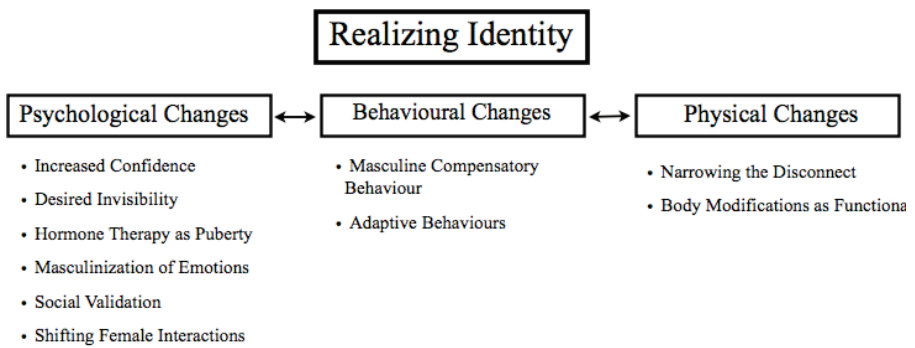
The realization of participants’ male identities results in three major types of changes: *psychological*, *behavioural*, and *physical* (see Figure 4). Hormone therapy had internal affects, one such effect being the way in which participants felt and expressed their emotions.

Exemplar: “It was really important to me to get onto hormones. Not just because of the physical changes, but because of the internal changes. It’s like putting the right fuel in the right system.” (Michael, 50)

As western society prescribes masculinity as belonging to male individuals, an attempt to validate their male identities resulted in overcompensation and a striving to appear or act in more masculine ways than that which came naturally to participants.

Exemplar: “When you start transitioning, you’re completely aware of how you’re presenting yourself. You go over the edge a little but to make sure. Even though your voice is changing, you’re pushing your voice down and trying to talk lower.” (Jack, 41)

Figure 4  
*Realizing Identity*



*Integrating Identity*

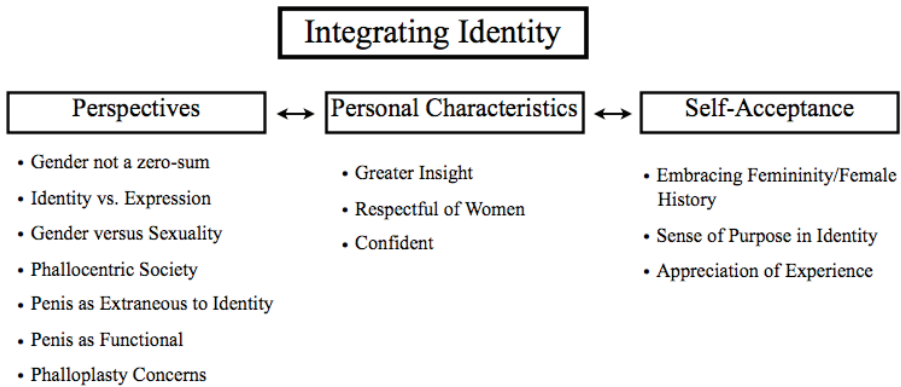
The process of integrating an identity is characterized by *perspectives* (on gender and physicality), *arising personal characteristics*, and *self-acceptance* (see Figure 5). Masculinity and femininity are generally viewed as opposites, but not by the participants. They expressed that one does not have to remove a feminine characteristic to embrace its masculine equal. All participants expressed that they can be extremely feminine without being less male, and being extremely masculine is not a requirement for a male identity.

Exemplars: “I’ve met FTMs who identify as gay men. I can’t understand it, it’s not my situation. But it makes sense, it’s about gender, not about sexuality.” (Jack, 41)

“A lot of people don’t get the distinction. Gender and sexuality are not the same thing. Woah, minds blown!” (Chris, 22)

“I don’t think that your masculinity or your femininity as far as your personality and the way you interact with the world necessarily defines your gender.... Whether you end up as a really masculine or a really effeminate transguy, I think that’s irrelevant.” (Jim, 21)

Figure 5  
*Integrating Identity*



*Self-Actualization*

Most participants eventually achieved an integrated identity. During this process, themes of identity security, identity stability, the embracing of human characteristics, a mind/body congruence, and gender became resolved. While not all participants experienced this, they all recognized some of the comprising themes.

Exemplar: “It doesn’t really matter now, you can’t touch me, you can’t faze me. I don’t care what you say. I’m a dude, I don’t have to pretend because I just am.” (Jack, 41)

DISCUSSION

The purpose of this study was to understand the experience of FTM individuals in relation to how they conceptualized their masculinity. Current theories on gender cannot fully account for trans-identity, as they posit gender identity as having a direct relationship to binary modes of biological sex in some way. Little research has been done to understand the complexity of a masculine identity that develops in the absence of a biologically male body. Research has revealed that female masculinity is a common phenomenon; however, limited research has been focused exclusively on the development of male identities in female-bodied individuals who experience this masculinity and choose to transition (Blanchard & Freund, 1983; Burn et al., 1996).

Many of the themes identified through the analysis presented here were supported by previous research, while many appear to be novel findings. One finding that was both supported by and challenging to existing literature is that participants did not feel as though they were inordinately masculine. Feelings of gender

as not being a zero-sum and embracing femininity are supported by previous studies, where FTM individuals scored and self-reported themselves as higher in scales of femininity compared to cis-gendered males (Fleming et al., 1984; Herman-Jeglinska et al., 2002). However, low levels of self-reported masculinity among some participants serves as a potential challenge to the MGI scale, where FTM individuals were expected to have the highest ratings of masculinity in comparison to lesbians and heterosexual females (Blanchard & Freund, 1983). This is an extremely important finding as it is a partial answer to the research question.

In asking how FTM individuals understand and conceptualize their masculinity, the current study found that participants did not require masculinity, at least not in regards to their subjective gender identity. That is, masculinity is a gender expression that was not considered crucial to an FTM identity by participants. Participants felt that they could embrace their femininity and stray from pure masculinity without compromising overall gender identity. Thus, a key finding relates not to how FTMs conceptualize masculinity, but rather to how they embody a subjective male identity. It is important to recognize that these individuals did not feel as though they had less masculinity than cis-gendered men, but rather, participants expressed the belief that all individuals have varying degrees of masculinity and femininity that may not be determined by or be determinants of gender itself.

Masculine compensatory behaviour was also recognized by each participant. An obvious increase in personal expressions of masculinity during the beginning stages of transition was noted. This included intentionally deepening voice, masculine gait, and a rejection of any feminine attributes. This suggests that gender expression is one way to achieve social validation in regards to one's gender identity. Once individuals felt more confident about their external selves in relation to their identities, the masculine compensatory behaviour declined and they found themselves embracing femininity and connecting with females on a new level. Beyond this level of comfort, as participants began to self-actualize, a tendency to embrace human characteristics (rather than gendered characteristics) became evident. According to participants in this study, Western constructs of masculinity, as posited previously, were not necessarily indicative of a male identity or of overall "maleness." This could explain a difference between FTM individuals and other masculine femininities, where FTMs have been found to be higher in maleness and an internal male identity, rather than masculinity.

Body modifications were discussed in two ways: as narrowing the disconnect (between body and mind), and as functional. Where body modifications were described as narrowing the disconnect, they were seen as a way to close the gap between internal identity (mind) and physical self (body). This was to physically appear the way individuals felt they ought to look in accordance with their identity, and, again, as a way to achieve social validation and congruence with their identity in the social realm.

Where body modifications were functional, they served as a way to adhere to a binary world. Without congruence in presentation it is difficult or impossible

to function in the social realm. This difficulty is exaggerated in men-only spaces, such as washrooms and change rooms, and in situations where the body is exposed, such as swimming. Only a single participant had undergone phalloplasty, and while the other 5 participants did not anticipate going through the surgical procedure, there was some variability in the desire for a penis. Where the penis was desired, it was related to both functionality and narrowing the disconnect, but not involved in altering or forming gender identity. This finding is consistent with previous research by Green (2005), which found that FTMs do not believe a penis is a requirement for a male body. However, this relationship to the penis appears to be exclusive to FTMs, as the finding is incongruent with cis-gendered male accounts, who view the penis as a reference point to their manliness (Rivera-Ramos & Buki, 2011) and a requirement of a “real” man (Khan et al., 2008).

While not all participants identified having been tomboys in childhood, they did express the traits that are seen to be indicative of a tomboy identity. Avoidance of female-specific interactions, an ease in male interactions, challenging gender norms, and an ease in male presentation are all related to tomboy characteristics such as playmate choice, interests, activity preferences, clothing preferences, appearance, and mannerisms (Bailey et al., 2002; Green et al., 1982; Morgan, 1998). These characteristics persisted until varying degrees of camouflaging behaviour was employed, prior to realizing identity. This is supported by research that reveals most tomboys experience pressure from family and society to conform to traditional femininity and tend to do so, beginning at puberty (Burn et al., 1996; Carr, 1998). This provides insight into the role society plays in gender conformance, and highlights the inherent flaws in a forced binary.

In regards to Hansbury’s (2005) transmasculine identities, participants did not fit rigidly into these categories, thereby calling the usefulness of this system into question. For example, while Michael could be labelled a woodworker in most circumstances, he also embraces his female history, both socially and biologically (i.e., a “transman” in Hansbury’s system). While Scott and Jim could be pushed into the category of transmen, and Barnaby and Chris could be viewed as genderqueers, these participants could also be described as woodworkers, on occasion, as they are viewed as “passing” in the social realm. Additionally, according to Hansbury (2005), age is mentioned as a separating factor between genderqueers and transmen. However, this trend does not seem to apply to these participants, where Scott, Jim, Chris, and Barnaby, all in their early 20s, should be viewed as genderqueers, and the other two participants are outside of the age range for either category.

### *Implications for Future Research*

More research is needed that focuses on FTMs as a distinct group separate from other female masculinities and other trans-identities. Additionally, it may be useful to distinguish between those individuals who have had or intend to have surgical intervention and those individuals who do not desire a neophallus in their embodiment of a male identity.

Traditional masculine norms and shared cultural expectations of maleness, such as physical toughness, emotional control, self-reliance, and avoidance of femininity, have been shown to increase depression and compromise help-seeking behaviours in cis-gendered men (Addis, 2008; Hammond, 2012; McCusker & Galupo, 2011; Rivera-Ramos & Buki, 2011). According to Green (2005), FTM individuals have an “undeniable masculinity” and, in the current study, all participants reported engaging in masculine compensatory behaviours to socially validate their maleness—factors that may put them into a similar risk category as cis-gendered men. Research must be done to determine the effect masculinity has on the health and help-seeking behaviours of FTMs throughout and following the transition process, and counselling approaches specific to this community must be further developed.

More research is needed to develop a deeper understanding of the formation of gender identity that includes gender nonconformance and trans-identities. A distinction must be made between a male identity and masculinity, and constructs should be developed that can clearly define this difference. Binary modes of gender and sex are extremely pervasive and, in order to develop a theory inclusive of the myriad of gendered identities, the language used to discuss such identities must adapt. We must aim for a way in which individuals outside of binary constraints of gender and sex can be discussed as naturally varying human identities, rather than a gendered “other.”

### *Implications for Counselling Practice*

A distinction between FTM individuals and female masculinities must be made, as gender expression is not always purely indicative of gender identity. Assumptions of a gender expression congruent with gender identity serve to reiterate the inherently flawed binary categorization of gender and sex.

“Gatekeepers,” psychologists whom FTM and MTF individuals depend upon to move forward in their transition, rely heavily upon such assumptions in their diagnostics. This is based upon the *Diagnostics and Statistical Manual of Mental Disorders*’ (DSM-IV-TR; APA, 2000) classification of Gender Identity Disorder (GID), under which an individual must meet two criteria: A and B (APA, 1994). Criterion A includes the identified behaviours in children of (a) stating the desire or insistence of cross-sex identity, (b) cross-sex dressing, (c) cross-sex preferences in play, (d) cross-sex playmates, and (e) cross-sex role-playing (APA, 1994). Criterion B, on the other hand, is dependent upon personal feelings of discomfort with assigned sex or gender roles. Heavy reliance on Criterion A is an issue in that it reproduces gender stereotypes and reinforces the very conformance to categorization that has served to marginalize these groups to begin with (Rottnek, 1999). If society is to become more accepting of variations in gender and celebrate human difference, we must set an example for this in the profession of psychology.

Alderson (2013) noted that a common counselling issue for FTM individuals is their uncertainty about whether to pursue SRS. The current research supports the view that a penis is not a prerequisite for an FTM person to develop a positive gender identity, or to self-actualize as an FTM. The pursuit of (a) masculinity, (b) a



male trans-identity, and (c) a penis are all different, and counsellors must recognize the independence of these constructs. A well-adjusted FTM individual may have a male gender identity while maintaining gender expressions traditionally regarded as feminine and may or may not have the desire to surgically develop a neophallus.

### *Limitations*

While several steps were taken in an attempt to ensure findings were attributed solely to the data, there is the possibility of experimenter bias influencing the analysis. Steps that were taken to minimize this bias included bracketing and collaboration with other researchers. Bracketing involved an exploration of the researcher's personal relationship to the topic of interest as well as pertinent views, opinions, and experiences. Collaboration with other researchers occurred in the organization of themes and categories of themes into the overall process. Despite these attempts to ensure validity and credibility of findings, it is impossible to completely remove the impact of the researcher from the research process. It is possible that the raw data could be analyzed differently by a different researcher with a different set of personal convictions. Aside from personal bias, the research process, of which the principal researcher is an integral component, inevitably shapes the outcome the study (Willig, 2008).

A second limitation comes from the small sample size used in this study. While qualitative inquiry does not require vast numbers of participants, the goal is to reach theoretical saturation (Willig, 2008). Ideally, a researcher should continue data collection until no new themes are arising from the data. While the same themes continued to emerge within each of the transcripts, there were some differences and novel themes that could not be incorporated into the process. While more research would need to be done to provide further support to the findings of this study, the differences found may actually point to a heterogeneity of the FTM population. Many of the differences could be accounted for by differences in age, the age at which transition was initiated, sexual identity, transition goal (especially regarding phalloplasty), and transmasculine identity.

Third, while theoretical saturation was not met, the participants did represent a fairly homogeneous population in terms of age and ethnicity. Four of the 6 participants were in their early 20s, and 5 participants were Caucasian (with one participant being mixed race: half Métis, half Scottish-Canadian). None of the participants identified strongly with any religion. Participants did vary in terms of sexual identity, point of transition, transition goal, age at which transition was initiated, and in regard to Hansbury's (2005) transmasculine identities.

### CONCLUSION

The FTM individuals in this study shared a process in which a subjective male identity became embodied. This male identity exists separately from gender expressions of masculinity and femininity. Furthermore, body modifications were not seen as integral to the formation of this identity, but rather as a means of

narrowing the disconnect between the mind and the physical self. This suggests that a male gender identity is stable and enduring, and masculine expressions of gender are often a way to validate this identity in the social realm.

While the current study provides some insight into a male identity, outside of assumptions about expressions of masculinity, the search for more detailed descriptions must continue. It is important to bridge the gap between the distinct categories of male and female, and to promote a more holistic understanding of what it means to be human in a gendered world.

### *Acknowledgements*

Special thanks are extended to Dr. Kevin Alderson for his generous help in getting this manuscript ready for publication.

### *References*

- Addis, M. E. (2008). Gender and depression in men. *Clinical Psychology Science Practitioner, 15*(3), 153–168. doi:10.1111/j.1468-2850.2008.00125.x
- Alderson, K. (2013). *Counseling LGBTI clients*. Thousand Oaks, CA: Sage.
- American Psychiatric Association. (1994). *Diagnostic criteria from DSM-IV*. Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Bailey, J. M., Bechtold, K. T., & Berenbaum, S. A. (2002). Who are tomboys and why should we study them? *Archives of Sexual Behavior, 31*, 333–341.
- Blanchard, R., & Freund, K. (1983). Measuring masculine gender identities in females. *Journal of Consulting and Clinical Psychology, 51*(2), 205–214. doi:10.1037//0022-006X.51.2.205
- Breger, C. (2005). Feminine masculinities: Scientific and literary representations of “female inversion” at the turn of the twentieth century. *Journal of the History of Sexuality, 14* (1–2), 76–106. doi:10.1353/sex.2006.0004
- Brook, C. G. (1999). Mechanism of puberty. *Hormone Research, 51*(3), 52–54. doi:10.1159/000053162
- Burn, S. M., O’Neil, A. K., & Nederend, S. (1996). Childhood tomboyism and adult androgyny. *Sex Roles, 34*, 419–428. doi:10.1007/BF01547810
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- Carr, C. L. (1998). Tomboy resistance and conformity: Agency in social psychological gender theory. *Gender and Society, 12*, 528–553. doi:10.1177/089124398012005003
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Devor, H. (1989). *Gender blending: Confronting the limits of duality*. Bloomington, IN: Indiana University Press.
- Diamond, M. (2000). Sex and gender: Same or different? *Feminism & Psychology, 10*, 46–54. doi:10.1177/0959353500010001007
- Ehrhardt, A. A., Grisanti, G., & McCauley, E. A. (1979). Female-to-male transsexuals compared to lesbians: Behavioral patterns of childhood and adolescent development. *Archives of Sexual Behavior, 8*, 481–490. doi:10.1007/BF01541415
- Ekins, R. (2005). Science, politics and clinical intervention: Harry Benjamin, transsexualism and the problem of heteronormativity. *Sexualities, 8*(3), 306–328. doi:10.1177/1363460705049578
- Factor, R., & Rothblum, E. (2008). Exploring gender identity and community among three groups of transgender individuals in the United States: MTFs, FTMs, and genderqueers. *Health Sociology Review, 17*, 235–253. doi:10.5172/hesr.451.17.3.235

- Fausto-Sterling, A. (1999). Is gender essential? In M. Rottnek (Ed.), *Sissies and tomboys: Gender nonconformity and homosexual childhood* (pp. 52–57). New York, NY: New York University Press.
- Fleming, M. Z., MacGowan, B. R., & Salt, P. (1984). Female-to-male transsexualism and sex roles: Self and spouse ratings on the PAQ. *Archives of Sexual Behavior, 13*(1), 51–57. doi:10.1007/BF01542977
- Forshee, A. S. (2008). Transgender men: A demographic snapshot. *Journal of Gay & Lesbian Social Services, 20*(3), 331–236. doi:10.1080/10538720802235229
- Gagne, P., & Tewksbury, R. (1997) Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender & Society, 11*(4), 478–508. doi:10.1177/089124397011004006
- Green, J. (2005). Part of the package: Ideas of masculinity among male-identified transpeople. *Men and Masculinities, 7*(3), 291–299. doi:10.1177/1097184X04272116
- Green, R., Williams, K., & Goodman, M. (1982). Ninety-nine “tomboys” and “non-tomboys”: Behavioral contrasts and demographic similarities. *Archives of Sexual Behavior, 11*, 247–266. doi:10.1007/BF01544993
- Hammond, W. P. (2012). Taking it like a man: Masculine role norms as moderators of racial discrimination-depressive symptoms among African-American men. *American Journal of Public Health, 102*(S2), S232–S241. doi:10.2105/AJPH.2011.300485
- Hansbury, G. (2005). The middle men: Introduction to the transmasculine identities. *Studies in Gender and Sexuality, 6*(3), 241–264. doi:10.1080/15240650609349276
- Herdt, G. (1993). *Third sex third gender: Beyond sexual dimorphism in culture and history*. New York, NY: Zone.
- Herman-Jeglinska, A., Grabowska, A., & Dulko, S. (2002). Masculinity, femininity, and transsexualism. *Archives of Sexual Behavior, 31*(6), 527–534.
- Hines, S. (2006). What’s the difference? Bringing particularity to queer studies of transgender. *Journal of Gender Studies, 15*(1), 49–66. doi:10.1080/09589230500486918
- Hird, M. J. (2000). Gender’s nature: Intersexuality, transsexualism and the ‘sex’/‘gender’ binary. *Feminist Theory, 1*, 347–364. doi:10.1177/14647000022229272
- Hulshoff Pol, H. E., Cohen-Kettenis, P. T., Van Haren, N. E., Peper, J. S., Brans, R. G., Cahn, W., ... Kahn, R. S. (2006). Changing your sex changes your brain: Influences of testosterone and estrogen on adult human brain structure. *European Journal of Endocrinology, 155*(1), S107–S114. doi:10.1530/eje.1.02248
- Jarolim, L. (2001). Surgical conversion of genitalia in transsexual patients. *British Journal of Urology International, 85*(7), 851–856. doi:10.1046/j.1464-410x.2000.00624.x
- Khan, S. I., Hudson-Roddy, N., Siggers, S., Bhuiyan, M. I., Bhuiya, A. Karim, S. A., & Rauiyjin, O. (2008). Phallus, performance, and power: Crisis of masculinity. *Sexual and Relationship Therapy, 23*(1), 37–49. doi:10.1080/14681990701790635
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. New York, NY: Haworth Clinical Practice Press.
- Lewins, F. (1995). *Transsexualism in society: A sociology of male-to-female transsexuals*. South Melbourne, AU: Macmillan Education.
- Lippa, R. A. (2001). Gender-related traits in transsexuals and nontranssexuals. *Archives of Sexual Behavior, 30*(6), 603–614.
- McCusker, M. G., & Galupo, M. P. (2011). The impact of men seeking help for depression on perceptions of masculine and feminine characteristics. *Psychology of Men & Masculinity, 12*(3), 275–284. doi:10.1037/a0021071
- Money, J., & Ehrhardt, A. A. (1972). *Man and woman, boy and girl: The differentiation and dimorphism of gender identity from conception to maturity*. Baltimore, MD: Johns Hopkins University Press.
- Morgan, B. L. (1998). A three-generational study of tomboy behavior. *Sex Roles, 39*, 787–800.
- Perovic, S. V., Djinic, R., Bumbasirevic, M., Djordjevic, M., & Vukovic, P. (2007). Total phalloplasty using a musculocutaneous latissimus dorsi flap. *British Journal of Urology International, 100*(4), 899–905. doi:10.1111/j.1464-410X.2007.07084.x

- Perovic, S. V., & Djordjevic, M. L. (2003). Metoidioplasty: A variant of phalloplasty in female transsexuals. *British Journal of Urology International*, *92*(9), 981–985. doi:10.1111/j.1464-410X.2003.04524.x
- Por, Y. C., Tan, B. K., Hong, S. W., Chia, S. J., Cheng, C. W., Foo, C. L., & Tan, K. C. (2003). Use of the scrotal remnant as a tissue-expanding musculocutaneous flap for scrotal reconstruction in Paget's disease. *Annals of Plastic Surgery*, *51*(2), 155–160. doi:10.1097/01.SAP.0000058501.64655.31
- Rivera-Ramos, Z., & Buki, L. P. (2011). I will no longer be a man! Manliness and prostate cancer screenings among Latino men. *Psychology of Men & Masculinity*, *12*(1), 13–25. doi:10.1037/a0020624
- Rottnek, M. (1999). Introduction. In M. Rottnek (Ed.), *Sissies and tomboys: Gender nonconformity and homosexual childhood* (pp. 1–8). New York, NY: New York University Press.
- Rudacille, D. (2005). *The riddle of gender: Science, activism, and transgender rights*. New York, NY: Pantheon.
- Safir, M. P., Rosenmann, A., & Kloner, O. (2003). Tomboyism, sexual orientation, and adult gender roles among Israeli women. *Sex Roles*, *48*, 401–410.
- Seil, D. (2002). Discussion of Holly Devor's Who Are We? *Journal of Gay and Lesbian Psychotherapy*, *6*(2), 23–34. doi:10.1080/19359705.2002.9962306
- Udry, J. R. (1994). The nature of gender. *Demography*, *31*(4), 561–573. doi:10.2307/2061790
- Vanderburgh, R. (2007). *Transition and beyond: Observations on gender identity*. Portland, OR: Q Press.
- Whittle, S. (2000). *The transgender debate: The crisis surrounding gender identities*. Reading, UK: South Street Press.
- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). New York, NY: Open University Press.
- Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices. *Counseling Psychologist*, *35*(3), 369–403. doi:10.1177/0011000006292596

## Appendix

### *Interview Questions*

---

1. What does being a man mean to you?
2. How would you define a man? Which characteristics/aspects does it take to be considered a man?
3. How is a man separate from a woman? What aspects define masculinity from femininity?
4. At what point (if at all) did you feel complete in your identity as a man?
5. Is a penis, in your opinion, a necessary feature of a “man”? Are there any other physical features that you consider necessary components?
6. When speaking to other men, do you feel you are perceived as a man?
7. Do you find yourself comfortable using men’s only spaces (such as a gym or a washroom), and when you are in these spaces do you feel different from the other men?
8. When you feel different from other men, is this a physical difference or is there something else that creates this difference?
9. How did you interact with other males as a child?
10. In emotional and romantic scenarios, are you perceived as masculine or as fitting a male role?
11. How would you define a male role? Is this role predetermined or developed in another way?
12. Having experienced living as a (not necessarily self-identified) woman, what differences do you see between yourself and other men, if any? Are there benefits to this formation of your identity? Drawbacks?

### *About the Author*

Vanessa Vegter completed this project in partial fulfillment of an honours degree in psychology at the University of Calgary in 2011. She is currently working full-time and intends to pursue graduate studies in counselling psychology in the near future. Her main interests are in gender and sexuality research.

Address correspondence to Vanessa Vegter via e-mail: <vanessa.vegter@gmail.com>