



Sexual Wellbeing according to Transgender Individuals

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ABSTRACT

Objective: Sexual wellbeing is an important aspect of quality-of-life. In transgender individuals who seek gender affirming treatment, various aspects of sexuality have been assessed. However, not much is known on how transgender individuals themselves perceive sexual wellbeing. This study aims to explore the perception of sexual wellbeing in transgender-individuals (an emic-perspective).

Methods: To explore sexual wellbeing from an emic perspective, qualitative interviews with transgender individuals were conducted, recorded and transcribed verbatim. Inductive coding and thematic analysis were used to assess topics and themes pertaining to sexual wellbeing.

Results: Based on interviews with 15 participants (19–74 years) with diverse self-identified genders, four main themes, relating to sexual wellbeing were derived: (1) given description of sexual wellbeing, (2) conditions for sexual wellbeing, (3) factors affecting sexual wellbeing, and (4) experienced sexual wellbeing.

Conclusion: Positive experiences, feeling comfortable with body/self, intimacy, acceptance and communication with partner appeared helpful to overcome hurdles and experience sexual wellbeing.

ARTICLE HISTORY

Received 3 December 2022

Revised 13 June 2023

Accepted 14 June 2023

KEYWORDS

Transgender; sexual wellbeing; qualitative research; grounded theory; gender affirming treatment;

Introduction

Sexual wellbeing is an important aspect of Quality of Life (Woloski-Wruble, 2010) and has gained increasing interest as an outcome of healthcare. The concept itself has also received attention, placing greater importance on healthy and positive sexuality, instead of the absence of disease or dysfunction (Lorimer, 2019). According to Harden, a sex positive approach to sexual wellbeing in adults includes sexual self-efficacy, sexual self-esteem, arousal, feelings of sexual pleasure and satisfaction, and freedom from pain and negative affect regarding sexuality (Gruskin et al., 2019; Harden, 2014). However, consensus on a clear definition of sexual wellbeing is still lacking; despite its use in literature

and research, there is a lack of clarity about its meaning (Martin & Woodgate, 2020). Analysis of the current use of the concept in the scientific literature yielded four characteristic features: one's capability in performing sexual functions, sexual satisfaction, self-esteem, and self-efficacy (Martin & Woodgate, 2020).

Transgender individuals are individuals whose gender identity does not correspond with the sex assigned at birth. Some transgender individuals seek medical gender affirming treatment (GAT). A wish for gender affirming treatment or having undergone treatment may impact an individual's sexual wellbeing, either positively or negatively. Presently, we have little knowledge of how treatment seeking transgender individuals experience

sexual wellbeing, and what aspects they find important (Özer et al., 2022).

Multiple studies have assessed sexual aspects in transgender people, mostly to evaluate the outcome(s) of gender affirming treatments. However, only relatively few studies have investigated sexuality from an emic perspective (Anzani and Prunas, 2020; Anzani et al., 2021; Lindley et al., 2022; Lindley et al., 2020). Those studies often addressed specific topics, such as, sexual fantasies (Lindley et al., 2022), queer or nonbinary experiences of sexuality (Anzani and Prunas, 2020), partner dynamics (Lindley et al., 2020), the use of the body in sexual relationships and the role of affirming sexual partners (Anzani et al., 2021). These studies give insight into some aspects of sexuality from the viewpoint of transgender individuals, but a general perspective on how sexual wellbeing is perceived by transgender individuals who wish to undergo affirming treatments is missing.

With the current study, we aim to gain a better understanding of sexual wellbeing as an aspect of quality of life in transgender individuals who seek gender affirming treatment from an emic perspective by conducting qualitative interviews using a Grounded Theory approach (Charmaz, 2006). The research questions were: “What is sexual wellbeing according to transgender individuals who are seeking or have undergone gender affirming treatment?” and “How do these transgender individuals experience their sexual wellbeing?”

Aim

The aim was to describe sexual wellbeing from the viewpoint of the treatment seeking transgender-individuals themselves: What do treatment seeking transgender individuals describe as important attributes? (an emic-perspective).

Method

Study setup

A qualitative study design with open interviews was used. This was done to explore sexual wellbeing from the perspective of transgender

individuals who seek gender affirmative treatment and to describe their experienced sexual wellbeing.

This study was exempt from institutional review board approval and was performed in accordance with the Declaration of Helsinki, guidelines for Good Clinical Practice, and the CONSORT statement.

Participants and recruitment

For the recruitment of the participants we have chosen convenience sampling to be followed by purposive sampling to ensure inclusion of a diverse group of participants regarding gender, age, living situation, and gender affirming treatment that was received or wished (Etikan et al., 2016). Subsequently there was no need to perform purposive sampling because of the high degree of heterogeneity that was reached with convenience sampling. Recruitment occurred in two ways: (1) in a clinical setting, the Amsterdam UMC, location VUmc and (2) facilitated by “*Transvisie*”, the largest patient organization for transgender individuals in The Netherlands. In the clinical setting participants were notified about this study through narrowcasting and flyers at our outpatient clinic. “*Transvisie*” was facilitated by notifying about this study through a post on social media solely used by transgender individuals. A specially created email address was used for registration as a participant. Travel costs were reimbursed and participants received a gift card of 50 euros for taking part in the study.

Inclusion criteria for this study were: aged 18 or older; self-identification as a transgender individual; having a wish for, being in the process of, or having completed gender affirming treatment; and being fluent in Dutch or English. To prevent dependency bias, participants could not participate when they had a doctor-patient relationship with the interviewer, which was also emphasized in the recruitment text.

The participants received the written study information and informed consent form before the interview was scheduled. Participants were informed about the possibility to stop participation at any time without need for justification and to receive aftercare at our clinic after

participating when desired. In advance, all participants gave written informed consent for participation and the use of the results for scientific purposes.

Data collection

First, participants completed a demographic form, with the following topics: age, familial background, sex assigned at birth, relational status, received gender affirming treatments and self-identified gender. Hereafter they were interviewed to explore their perspectives on sexual wellbeing, this was done in Dutch, one participant preferred English for the interview. All interviews were conducted by the same interviewer (MO), who identifies as female (she/her), is an experienced gender surgeon as well as a sexologist (therapist), and trained in qualitative research at the Department of Epidemiology and Biostatistics at the Amsterdam University Medical Center.

Given the Covid-19 pandemic, the participants were asked whether they preferred to be interviewed face-to-face or a by video call. Three interviews could only be performed online (due to Covid-9 restrictions), three were conducted online on request of the participant, and nine interviews were conducted face to face, on the location of preference of the participant: 7 interviews in a homely furnished room in the Amsterdam University Medical Center, one interview was held at the home of the participant and one at the creative studio of the participant.

We have chosen, in accordance with a Grounded Theory approach, to perform an open interview; no interview guide was used (Charmaz, 2006; Qu & Dumay, 2011). At the start of each interview a short introduction was given, about the interview procedure and still existing questions were answered, after which each interview was started with the grand tour question: “*Tell me about your sex life*” (McCaslin, 2003). Furthermore, when it was not already mentioned, we asked the participants to finish the following sentence: “*Sexual wellbeing is for me...*” The interview was ended when there was nothing left to tell according to the participants.

Data extraction and analysis

All interviews were recorded with a “Troex” voice recorder and send to be transcribed verbatim by a transcription service called “uitgetyped.nl.” One interview was conducted in English and therefore transcribed in English. The duration of the interviews was on average 59 min (range 40–81 min).

Summaries of the interviews were made by the interviewer, directly after the interviews. A member check (Candela, 2019) was carried out by sending the summaries to the participants to enhance participant validation (Flood, 2010) in accordance with the emic perspective. The participants agreed with the summaries and were positive about the brief enumeration of the important key points of their interview.

The transcripts were then coded following Thematic Analysis according to Braun and Clarke (2006). The first five interviews were open coded by two authors (MO and AdK) independently. Next, the preliminary codes and final codes were compared and consensus was reached on all codes. Based on data-driven coding, all interviews were consecutively open coded, axial coded and selective coded by MO and verified with AdK (Gibbs, 2007). Mindjet MindManager for Mac was used to build a code tree. The iterative process of open-, axial-, and selective coding was done based on consensus of the authors on preliminary code, final codes, (sub-)subthemes and themes. An example of a coding can be seen in [Appendix A](#). The main results were discussed in the research team (MO, AdK, LG) to enhance the robustness of the findings.

Positionality

The first author MO, interviewed the participants and coded the results. She identifies as female and is an experienced gender surgeon as well as a sexologist (therapist), and trained in qualitative research at the Department of Epidemiology & Biostatistics at at the Amsterdam University Medical Center.

The second author AdK, coded the results together with the first author. She identifies as female and is not working in the field of transgender medicine, she engaged the result with an open and objective view. She is specialized in

qualitative research and a lecturer at the Department of Epidemiology and Biostatistics at the Vrije Universiteit in Amsterdam.

The third author LG, a psychologist, identifies as a heterosexual cis male. Between 2002 and 2021 he was affiliated with the Center of Expertise on Gender Dysphoria of the Amsterdam UMC, with a special interest in (the methodological aspects of the study) of the results of gender affirmative treatments. Since 2008 he is also affiliated with the Institute for Family and Sexuality Studies, Department of Neurosciences, KUL, with a main interest in sexual deviance and perpetrators of sexual violence. Philosophically, he is inspired strongly by Thomas Kuhn's "The structure of scientific revolutions."

The fourth author BK, identifies as female and is specialized in transgender research, focusing on gender identity development and transgender health care. She is a professor at the Department of Medical Psychology at the Amsterdam University Medical Center.

The fifth author MM, identifies as female and has a background in biomedical and clinical research. She specializes in gender surgery research, with a focus on the improvement of the quality of care. She is a professor at the Department of Plastic, Reconstructive and Hand Surgery at the Amsterdam University Medical Center.

Results

Participant demographics

Fifteen participants, whose ages ranged from 19 to 74 years, were interviewed. Their self-identified gender and other demographics are presented in Table 1 (to ensure confidentiality, all names are pseudonyms). One participant did not receive any form of medical treatment yet, twelve participants used hormones and twelve participants had undergone surgery. The specific treatments are presented in Table 1.

Findings

Four main themes were derived, which relate to what sexual wellbeing is according to the participants: (1) given description of sexual wellbeing, (2) conditions for sexual wellbeing, (3) factors

affecting sexual wellbeing, and (4) experienced sexual wellbeing. Each theme comprises sub-themes, presented in Table 2. The four main themes will be discussed subsequently.

1. Given description of sexual wellbeing

Sexual wellbeing is described by all participants as being comfortable with one's body, being able to experience intimacy and having positive sexual experiences and feelings.

Being comfortable with one's body and self.

Participants reported that sexual wellbeing for them meant to be comfortable with their body and themselves. They used a Dutch saying to describe feeling good about themselves, which literally translated states: "I feel good in my skin." By translating this literally it is clearer that it is not only about themselves but also about their embodied selves. "I'm happy with my body and I feel good about myself, my genital is working and I'm enjoying my body" (Chantal, age 49, identified gender: female).

They explained that sexual wellbeing was related to feeling good about themselves, based on self-acceptance of their bodies. "It's just the history of yourself with your body. The legacy of your body." (Marc, age 52, identified gender: male). One person explained that this acceptance is only possible if you accept your body and your preferences: "So sexual wellbeing is also, about not being judged, but what you consider not the norm, but your preference" (Alex, age 62, identified gender: queer/I'm a boy).

Being able to experience intimacy. By defining sexual wellbeing all participants also stressed the importance of intimacy, although the way they experienced or defined intimacy differed.

Some experienced intimacy when being physical with a partner, not per se sexually. "Sexual wellbeing, well that is that once in a while you have sex with each other and that you have satisfying lovemaking and apart from that, you are intimate with each other now and then, which does not have to result in sex. And if that is all right and you are both happy with that and you can just talk about it, then I think that is wellbeing. [...] We stay connected all day long. We

Table 1. Demographic characteristics of the participants.

Participant number	Participant pseudonym ^a	Age	Gender ^b	Hormonal treatment	Surgical treatment	Living situation	Gender partner ^c	Children ^d
1	Diamond	29	Female	Yes	FFS	1 Adult	No	No
2	Alex	62	Queer I'm a boy	No	Mastectomy (one side other breast cancer)	2 Adults	Trans man	No
3	Marc	52	Male	Yes	Mastectomy Ovariectomy Hysterectomy Phalloplasty	2 Adults 2 Children	Female	Yes (not carried)
4	Christina	56	Trans woman	Yes	Testicular implants Vaginoplasty	2 Adults	Female	No
5	Robert	63	Trans man	Yes	Mastectomy Ovariectomy Hysterectomy Metoidioplasty Testicular implants	2 Adults	Male	No
6	Sarah	33	Female	Yes	Vaginoplasty	1 Adult	No	No
7	Aspen	39	Nonbinary	No	No	1 Adult	No	No
8	George	23	Male Trans man	Yes	Mastectomy Ovariectomy	1 Adult	No	No
9	Bob	65	Transgender	No	Hysterectomy	2 Adults	Female	1 Son
10	Tommy	33	Male/Eunuch Genderqueer	Yes	Orchiectomy Mastectomy	2 Adults	Female	1 Daughter (carried baby)
11	Storm	25	Boy Male	Yes	Mastectomy	2 Adults	Male (AFAB)	No
12	Jane	59	Female	Yes	Hysterectomy	1 Child LAT	Female	1 Daughter
13	Chantal	49	Female	Yes	No Vaginoplasty Breast augmentation	1 Adult	No	No
14	Beatrice	74	Female	Yes	FFS	1 Adult	No	No
15	Billy	19	Male	Yes	Vaginoplasty No	2 Adults 3 Children	Female	No

^aParticipant pseudonym: refers to the pseudonym given to the participants for anonymity. ^bGender: refers to self-described gender. ^cGender Partner: Male refers to a transgender individual who identifies as male.

^dChildren: participant Marc did not carry own children & participant Tommy did carry own child.

Table 2. Main themes after thematic analysis of the interviews.

1. GIVEN DESCRIPTION OF SEXUAL WELLBEING	2. CONDITIONS FOR SEXUAL WELLBEING
Being comfortable with one's body and self Feeling good about yourself Physical acceptance Being able to experience intimacy Physical intimacy Mental intimacy Romantic intimacy Synchrony sex Having positive experiences and feelings Positive experiences Exploring own sexuality Feeling safe	Acceptance of being transgender Self-acceptance Acceptance by family Acceptance by (potential) partners Social acceptance No frustrations Being connected with a partner Spiritual connection Communication
3. FACTORS AFFECTING SEXUAL WELLBEING	4. EXPERIENCED SEXUAL WELLBEING
Sexual assumptions Sex is straight forward/framed? Heteronormative stereotypes Sexual education Values Sexual development Sexuality as commonplace Role of sexuality in life Sexual rehearsal play Sexual example behavior Negative sexual experience	Satisfaction Increased satisfaction Frequency of sex

hug and kiss in the morning and in the evening. We don't want to neglect real intimacy [naked] [...] just to cuddle intimately because we think that's necessary, that's important. That is also good for yourself, for your mood and for your relationship" (Christina, age 56, identified gender: trans woman).

Others, experienced more intense intimacy now they were receiving hormonal treatment. *"It's less genitally focused it's more an entire body experience. [...] Much more intense. Like - coming is like a pleasure right now and not a duty"* (Diamond, age 29, identified gender: female).

Moreover, participants illustrated the importance of intimacy described for instance as a spiritual connection. *"Sexual wellbeing is, I think, when you still can have intimate contact with people. [...] Let me put it this way, if that spiritual connection is good, then that physical connection will follow, it will come naturally"* (Beatrice, age 74, identified gender: female).

Nevertheless, participants also valued sexual intimacy. *"I actually think I'm a very passionate person I guess. I think once I feel something, and I am okay with that feeling, I think I'm just kind of expressive. [...] That moment when you share: relationship, love each other, I also notice that love and sex is really interconnected for me"* (Storm, age 25, identified gender: male).

The participants emphasized the importance of synchronous sex. This is reciprocal and attuned sex, which is about connection, creativity, varying states of excitement, vulnerability, renewal of connection and belonging, joint pleasure and satisfaction, letting go and surrender. Emotional connection is a prerequisite and necessary. They exemplified synchronous sex as harmonized love-making in which people (naturally) adapt to one another and keep an eye for each other's desires and boundaries. *"We took small steps, it went further and further for me. With my ex-girlfriend, I could just do anything with her. I didn't think that was a problem at all. But I took it very slow, so we kept going a little further every time. [...] My girlfriend didn't try either. She assumed that, I would indicate when I was ready for a next step and I did. Then I expressed it to her"* (George, age 23, identified gender: male/trans man/transgender).

Having positive experiences and feelings. The participants agreed on the fact that having had positive (sexual) experiences contributes to sexual wellbeing. *"We were obviously in love from day one. And with him, I talk about sexual satisfaction. Everything's simple. That's wellbeing. You don't have to think about it. [...] It's like happiness. It's even better when you know you're happy, and*

believe me, I know that I have the best sexual relationship I've ever had in my life and I treasure it" (Alex, age 62, identified gender: queer/I'm a boy).

The participants elaborated about their coming out and gender affirming treatment, (re)exploring their own sexuality was a common topic and was a positive sexual experience for all of them. Some described this from their point of view, within a relationship. *"So, acceptance of yourself, whatever your needs are and also being in a relationship or in a situation where you can meet your needs. So, the most favorable case would be being able to meet the need you have"* (Storm, age 25, identified gender: male).

Others stated that, it was a positive sexual experience that, they started by exploring their selves by themselves. *"I'm trying to discover myself in terms of sex life, I'm exploring my body and my genital"* (Chantal, age 49, identified gender: female).

Most participants explained the importance of feeling safe with a partner contributed to experience a positive sexual wellbeing. Feeling safe to express themselves and feeling safe to be themselves. *"For me, sexual wellbeing means that I feel safe. That I can say what I like or dislike. That I can also just say if I don't want something now or that I don't want it at all. [...] That it is just very delightful when it (sex) does happen. That it feels very pleasant. No requirements. Just go with the flow"* (Jane, age 59, identified gender: female).

2. Conditions for sexual wellbeing

Inquiring sexual wellbeing, the participants described conditions that needed to be met to experience sexual wellbeing. All participants indicated "acceptance of being transgender" and "being connected with a partner" being of great importance to experience sexual wellbeing.

Acceptance of being transgender. Self-acceptance.

Participants indicated that selflove and giving yourself permission to be yourself were key for sexual wellbeing. Most participants described that they loved and accepted themselves also before transition. *"I have always loved myself, also before transition"* (Sarah, age 33, identified gender: female).

By giving themselves the permission to be who they are, they decided for themselves to stop struggling with heteronormative roles, and described they started to accept themselves, as being transgender individual. *"My teenage years were dominated by not wanting to be different, but there I was in a heteronomous bubble, feeling hugely betrayed by my desires"* (Tommy, age 33, identified gender: genderqueer/boy).

Acceptance by parents/family. Being accepted and not rejected especially by their loved ones was essential to them to experience sexual wellbeing. Accepting or supporting parents made sure that the participants felt that they mattered, versus parents that rejected them because of the fact they were gender incongruent. For them, this also strengthened their sexual wellbeing, because they said: rejection or being not fully accepted influenced how they experienced or expressed themselves sexually.

Billy, age 19, identified gender: male, who's still living with his parents, found his parents really accepting, supportive and caring when he came out as a transgender individual, helping him initiating his transition: *"So, then I came in with short hair, without make-up, I came in and then she already knew there was something and then I just sat down on the couch with her and I said: Mom and Dad, I think I'm transgender. That night we ordered a binder, because my mom said: then you should actually have one of those. I was allowed to be who I really am"* (Billy, age 19, identified gender: male).

Other participants experienced rejection: *"I was their only son. My dad was in the military, I had to be the tough boy, I never was. [...] I still feel reluctant, interacting with men"* (Jane, age 59, identified gender: female).

Some parents did not reject transgender individuals, but did not accept their child as gender incongruent: *"My mom when seeing trans people: Oh, these people, it's interesting, they're trans. But I wasn't trans. Even after she knew, I mean, I never tried to hide, but the thing is she never listened, she never saw and, to this day, if I try to talk about it: No, I don't need this. [...] This affected my first marriage, we stayed together"*

although the sex was gone” (Alex, age 62, identified gender: queer/I’m a boy).

Some pointed out that parents also were worried about, what would happen after coming out as gender incongruent. *“My father found it difficult because he himself was also confronted by the outside world at work and things, that he would suddenly have a son instead of a daughter. How should he deal with it himself? While my mother was very much into the experience of gosh but what do you have to undergo in terms of operations and you name it, physically, to be who you are and how you feel”* (Robert, age 63, identified gender: trans man).

Four participants were parents themselves, two of them were supported by their kids. *“My daughter always said: Gosh, dad when I see you, you are very feminine, so is your manner. And in your movement. Are you sure you’re a real man? Now she says: Dad, what you’re doing, that’s really super feminine, good for you!”* (Jane, age 59, identified gender: female).

One participant did not elaborate on his son and the daughter of one of the other participants was too young to react or even to realize that her parent is a transgender individual.

Acceptance by a (potential) partner. Participants reported acceptance by a (potential) partner as the most important form of acceptance and key facilitator for sexual wellbeing. Two participants mentioned to have experienced, that potential (sex)partners wanted to keep them secret. *“As a trans woman [...] I am very aware of the fact that I find myself at the outlines of society for a lot of people. This is not normal for many people and will they experience sex or love or intimacy with you as something to be kept secret or something not normal to hide from their friends and family”* (Diamond, age 29, identified gender: female).

Most participants indicated they had encountered accepting or supporting partners. They said their partners did accept the fact they were transgender individuals whether they had undergone (genital) Gender Affirming Surgery (GAS) or not. *“I had quite a few girlfriends before that too. Also, in the entire transformation process itself. And the moment I feel like here is something going on or*

we are going to fall in love or so - then I am just very open about it and then it is a problem or not. And it never was” (Robert, age 63, identified gender: trans man).

For me it’s actually the first time in my life that I have a partner who fully accepts me and I her. [...] That’s actually very special. That you can just accept each other completely, in everything. [...] We are very complementary in this. (Storm, age 25, identified gender: male)

Having had (genital) GAS or not did not affect how they experience sexuality, participants said. All were also sexually active without or before (genital) GAS. Acceptance of the partner was the most important facilitative factor for them. All of them indicated that they involved their genitals in their sexual activities before gender affirming treatment, during transition and after genital GAS. *“Can the genitals now participate in sex? Yes, that’s okay, we just do that. And actually, she does just the same to me as what I do to her, so, yes, because, it just feels nice”* (Billy, age 19, identified gender: male).

Although the participants within a relationship at time of the interview reported to have accepting partners, some said they had had rejecting partners before they started their gender affirming process. *“Well I could give it a place myself in the sense that I had fantasies, about being a woman, and that I was not ashamed of it, and it wasn’t a problem for me, but my partner did not want to know anything about it. To her I was her straight husband and that’s how it had to be and no different”* (Christina, age 56, identified gender: trans woman).

When it comes to initiating sex or a relationship most participants explained they had a take it or leave it mentality and they informed the people they met, they said, this was the same before and after starting gender affirming treatment. One participant identified as asexual and therefore was not interested in sex or having a relationship. One participant only had sexual experience with sex workers, which was satisfactory, but found it difficult to initiate sexual contact in another setting.

Social acceptance. The participants explained that the feeling of belonging made a huge difference

for them, because it increased self-worth and thereby sexual wellbeing, as well as being seen and appreciated. The participants emphasized that social acceptance is really important for their sexual wellbeing, because society defines the norms and the frameworks and therefore behavior toward them or opinions about them, especially when it comes to something private as their sexuality. *“I think, as a trans person you are made by others. It is a social disease to look through binary glasses. You, yourself in relation to the norms of society”* (Tommy, age 33, identified gender: genderqueer/boy).

It can really be something that upsets individuals in the transgender community, that exactly on the area of intimate life, society plays such a major role in defining what our intimate life should look like. (Marc, age 52, identified gender: male)

Some participants therefore experienced the queer scene as a safe space or they found it easier to accept themselves in that space, because they were part of a queer scene. Minority stress was not reported as an issue by the participants. *“Okay, but as I became more and more known as a queer color, then it became less and less an issue for myself, a fixed circle, perhaps more and more and more an issue with my family and all the ones who did not know me, that’s why I feel so safe within a relationship and my queer friends”* (Alex, age 62, identified gender: queer/I’m a boy).

One of the participants identified as asexual, describing this as: not interested in a sexual relationship and disliking all forms of sexual activities alone or with someone else. The person reported this was a bigger issue in their life than being nonbinary, also in therapeutic settings. *“My body feels like a coat that doesn’t suit me, that pinches on all sides, but I can’t take it off. [...] My psychologist thinks I’m not asexual but maybe that it feels like it right now, because I am in a “partially” wrong body, that being the reason why I don’t want sexual intimacy. For me that has nothing to do with my, with my body. [...] Anyone can imagine sex without love, but love without sex, that’s what people don’t understand”* (Aspen, age 39, identified gender: nonbinary).

Frustrations

(Trans)masculine participants described to experience frustration about not having a

naturally functioning penis, although this frustration did not influence their sexual wellbeing, either before genital GAS or after. *“I always knew very well, what I liked and who I was attracted to and who I wanted to have sex with. [...] The confrontation was always that my own share in it was wrong, resulting in an enormous frustration. And for me, sexual wellbeing is that I no longer have that frustration”* (Marc, age 52, identified gender: male).

My frustration lies in the fact that getting an erection and using it for penetration is not possible. (Robert, age 63, identified gender: trans man)

One of the queer participants did not pursue genital GAS. This participant and their trans partner approached their genital areas as masculine by calling it *“monsieur.”* *“We know it’s a clitoris, we call it monsieur [...] it has become a mechanical question. We know each other very, very well. We know what we like, we know what we don’t like so it’s more a question of: Here’s the tool you’re playing with, or here’s the toy you’re working with, and how does this work? My partner, he saw monsieur as his secret, monsieur is a dream!”* (Alex, age 62, identified gender: queer/I’m a boy).

(Trans)feminine participants did not report on frustration.

Being connected with a partner. Participants also indicated, that being connected with their partner within a relationship was essential for their sexual wellbeing. For them this connection was realized by spiritual connection of the soul, communication, being at ease with each other or oneself, having pleasure, going with the flow during sexual activities within the relationship. *“Well I think you can have intimate contact with people, but for sexual wellbeing you also need to have a good spiritual connection”* (Beatrice, age 74, identified gender: female).

The participants pointed out that communication is seen as a key part of the experience of sexual wellbeing. Talking about desires, fantasies and fears made experiencing sex easier for them. Their gender incongruence shifted more to the background when communication with their partner was good. *“We are in this transgender*

situation, but in the end, you just want that questions or interviews are no longer necessary, because people find out, there are also people who experience their bodies differently, and then maybe we (participant and sexual partner) should talk about it for a moment, and then we can have really nice sex with each other” (Tommy, age 33, identified gender: genderqueer/boy).

The participants explained that by combining communication with humor, they made sex also pleasurable. *“We have a lot of fun together, and humor is very important, because it is a playful journey of discovery. It’s a lot of fun, that makes it light and not loaded”* (Christina, age 56, identified gender: trans woman).

They further added that humor was not only an important element of communication, but also present during sex, because they experienced it as a sign of being at ease. They elaborated that when they were at ease without frustration they could keep up with the flow, getting reassurance from their partner when they needed it. And most importantly they stressed out that sexual wellbeing was experienced when there were no expectations, not about the sex and not about each other. *“I also try very hard to make her feel comfortable and make her feel safe and relaxed and she does that to me too and if she didn’t do that to me, then I would just be in my head and start to think what does she think of my body and what does she think now and that... Yes, I think it is a bit of reassurance that it helps, but on the other hand, not too much, because you don’t want to be reminded that you are transgender”* (Billy, age 19, identified gender: male).

3. Factors affecting sexual wellbeing

Sexual assumptions. Sexual assumptions in general were pointed out to influence sexual wellbeing. The participants mentioned struggling with their own sexual assumptions, but also the assumptions society has about sex and sexuality, with sex seen as what society thinks how that should look like. They emphasized that the way of looking at sex defines the way one experiences sex. *“I think we are taught in society, that sex might be something pretty straightforward [...] You have a certain spectrum of what is possible. [...] It could be all the words you give to it or the*

way you view something yourself that makes it feel better for yourself indeed. Then I think, if I feel comfortable seeing something like that in a certain way, then I look at it like that, I’m happy with that. [...] Sexuality in general, is quite framed, but in principle it is actually all very vague” (Storm, age 25, identified gender: male).

These internalized sexual assumptions of society were also experienced as formed by the sexual education they have received: regardless of the form of education, they did not recognize themselves in the messages/scripts they were taught. For example: *“Where do you get your sexual information from? Yes, from bad internet videos. So, transmen can also have the idea, very overwrought ideas about how you should have sex as a man or what that is like. Normal sex education is hard to get, let alone sex education for trans men. [...] I notice that a lot of transmen are concerned about their body, they are socially fully accepted as a man, are seen as a man, can easily integrate and as soon as they take their clothes off they become completely insecure”* (Marc, age 52, identified gender: male).

One participant also revolted to the idea that seeing transgender individuals in media would cause (young) people to doubt their gender. *“All my life, I have only seen straight images. Only seen heteronormativity around me. Didn’t work either”* (Tommy, age 33, identified gender: genderqueer/boy).

Most of those assumptions are due to heteronormative stereotypes according to the participants. These stereotypes come with expectations about gender role and gender behavior. *“Well I don’t know how you should act as a boy during sex, at least I am dominant or something. [...] I didn’t know how to act in the role of the opposite sex either.”* (Billy, age 19, identified gender: male).

I still have to find my way around my gender role, because I often notice that there are enough men who think that this is not right. I have to act more like prey (Sarah, age 33, identified gender: female).

When you enter a room as a woman and you have, well, long hair, preferably also a dress, you know, that is very easy for people. And preferably you should indeed be subservient, dolly and cute. (Diamond, age 29, identified gender: female)

Participants also received messages about sex from society and from their family, they reflected on the influence of these messages on them. *“At this moment in my life, I also start to think: “what was actually taught to me and does that perhaps unconsciously affect me much more than I initially thought? [...] I used to feel a lot more of the need to be really manly, in terms of sex, you know. I think it was kind of an identity affirmation too [...] learned and classical masculinity and a somewhat more dominant role”* (Storm, age 25, identified gender: male).

Sexual development. As a part of sexual development, participants stated that their own sexual history as a transgender individual influenced strongly their sexual wellbeing, when growing up and developing toward a sexual human being. They elaborated on how being a transgender individual affected their sexuality, how their sexual role changed, about sexual validation, sexual messages, example behavior and sexual violence.

What bothered most of the participants was that their sexuality felt as if it was a commonplace. *“What I’m trying to say is, that as a trans woman there is a thought or a feeling that your sexuality is being taken from you. Your sexuality - belongs to the knowledge and science of society. [...] If your sexuality has always been part of society, then you also need to realize that post-operatively it will be the same. Because yes, you might not have a dick anymore, but everyone will still ask you about it”* (Diamond, age 29, identified gender: female).

About the role of sexuality in her life one participant elaborated, that her role during sex actually changed, although nothing changed for herself. *“Before I had white male privilege. [...] I had no trouble with my genitals and with my role in sex, I just had trouble with the strict separation of roles from straight man, straight woman because I wasn’t actually a straight man. To use the boxes again, I was actually a lesbian woman, deep down inside”* (Christina, age 56, identified gender: trans woman).

Another proclaimed that thriving sexual validation played an important part in his sexuality and gender affirmation, but also caused disappointments. *“So, let’s just say, I don’t really know*

for sure that I’ll be accepted as a man until they find me sexually attractive as a man too. Yes, that is a pitfall, it feels like a wound, it’s deep” (Marc, age 52, identified gender: male).

The role of sexuality in their lives is indistinct for most. *“Confusing because you don’t know whether your individual experience is about you being trans or you as every other person but nobody talks about that”* (Alex, age 62, identified gender: queer/I’m a boy).

Still others said they even made-up boyfriends or girlfriends to stay true to themselves, so they wouldn’t be oppressed by social expectations and engage in a sexual relationship. *“In high school I made up that I had a boyfriend, that I just met someone with my sister on vacation, and then I made up that I received love letters and it was my boyfriend. Through this I didn’t have to do anything sexual, because he didn’t exist, that was nice and safe. But I did count for my peers”* (Aspen, age 39, identified gender: nonbinary).

Two participants talked about their parents and made clear that the sexual example behavior they saw wasn’t that positive. One of them as quoted before said: *“My parents did not set the example, that sexuality is pleasant within a relationship and that it should be enjoyable”* (Beatrice, age 74, identified gender: female).

What most participants agreed on was that transgender individuals are more prone to sexual violence regardless of treatment or treatment phase. *“Of course, many people also experience things that are really traumatizing sexually, so then you have that on top of that. [...] Then you have your frustration that you have to work on and the unpleasant things that happened to you. [...] Possibly just your whole physical, pelvic floor so to speak. [...] “The body keeps the score” (after a book of Bessel van der Kolk) [...] So you decide; sex doesn’t have to be that way for me, I’m a kind of friend person, that’s safer, then having sex. Because, trans are more prone to sexual violence”* (Marc, age 52, identified gender: male).

Two actually reported to have experienced sexual violence, one of them was assaulted. One of the participants avoided sex to avoid situations of sexual violence. *“I then chose not to just share the bed with someone, where I previously did and in which I have also been in situations of which I*

think afterwards the person, I do not want to say was using me, but was it body positive or was it a good experience for me? Well no, it wasn't. Was it a good experience for my partner at the time? I think so. And that was something I wanted to avoid once I went into transition" (Diamond, age 29, identified gender: female).

4. Experienced sexual wellbeing

Although, participants talked about conditions they needed to experience sexual wellbeing and the fact that they sometimes needed to re-explore their sexuality, they were generally very positive about their experienced sexual wellbeing.

Satisfaction. All participants were very clear about one thing: they proclaimed that they were (very) sexually satisfied.

(Trans)masculine participants reported a positive effect of the testosterone treatment on their sexual satisfaction. *"I have become a lot more confident anyway. [...] I'm just less emotional than before. [...] I get aroused faster and I have a higher sex drive"* (Billy, age 19, identified gender: male).

I feel more stable and I feel good about myself. I don't want to go back to the female hormones. (George, age 23, identified gender: male/trans man/transgender)

(Trans)feminine participants reported also a positive effect of testosterone suppression with or without estrogen supplementation. *"I think starting on hormones really made my sexual experience a hundred times better than it made things more difficult. Not only because I feel more comfortable in my body, but it just works differently, I mean I don't have that refractory period anymore. [...] I just often come one after the other and that was really different before. And I become more turned on after coming, that is not because of my thoughts, but in my experience that is really a physiological effect of starting the hormones. [...] So that has had a really, really positive effect on my life. It's less genitally focused and more how - it's like an entire body experience"* (Diamond, age 29, identified gender: female).

Sexual wellbeing means more rest, what I'm actually experiencing only now, without testosterone. I have changed a lot emotionally. [...] That testosterone pain has acted like a shield for me. A lot of things are

emotionally richer and more intense now, sexual contact with my wife now, it feels much better, it feels deeper. Before, I was actually more focused on coming, and penetration. Caressing and working with my tongue gives just as much satisfaction as the other and the warm feeling a sexual experience stays with me much longer. (Bob, age 65, identified gender: male/eunuch)

Participants who reported their frequency of sex was low, due to all kinds of factors, stated to be satisfied with their sexuality and their sex life. *"Because of my sleep apnea we had sex less frequently [...] But we could also talk about it, we could reason that out well together and then we were satisfied with that because it was just the way it was. But we had so many great memories of the sex before that, we weren't afraid we were going to lose that. Because the basis of our relationship is good, this is not something that shakes that foundation"* (Christina, age 56, identified gender: trans woman).

The participants valued the importance of satisfaction, they stated satisfaction being one of the terms for sexual wellbeing. *"I think sex should be satisfying, I don't think orgasm is the most important thing, at least not anymore. Although, I reach an orgasm very easily, but that is really not the highlight of the sex anymore. [...] To be satisfying for me, you need to tick all the boxes. [...] But at the same time, I also think how complicated you can make it for yourself. You can also just reset your mind and just enjoy the fucking ride"* (Diamond, age 29, identified gender: female).

Although most participants pointed out that orgasm is not the most important aspect of sexuality anymore, they hold on to being able to go through all phases of their sexual response cycle. *"I suddenly imagined now that I had not made that choice [for a metoidioplasty], that I could not come the way that I can now, or how it feels right now, that it would feel like a mutilation. [...] So, the function and the sexual response curve, are important. So, to be able to get aroused, get an erection and to orgasm"* (Marc, age 52, identified gender: male).

Discussion

This qualitative study investigated what sexual wellbeing entails from the emic perspective of transgender individuals. Analysis of the

interviews revealed that sexual wellbeing for the participants implied feeling comfortable with their body and themselves, in combination with intimacy and positivity. The most important facilitating condition for sexual wellbeing was acceptance, first and foremost self-acceptance.

All participants, were positive about their experienced sexual wellbeing, notwithstanding their diverse sexual and life experiences.

Feeling good about yourself

Most participants described that being comfortable with themselves is important for sexual wellbeing. In this regard, almost all participants talked about self-acceptance. They felt that self-acceptance was important; just accepting yourself the way you are and not trying to live by the expectations of others, or having to conform to gendered norms. But the way they felt about themselves went also beyond mere acceptance. All participants talked about loving themselves.

Sexual wellbeing was influenced by multiple factors, one of the most important was: being comfortable with your body and yourself with regard to sexuality. Most transgender studies point out that transgender individuals experience body dissatisfaction and note the positive influence of GAT (Becker, 2018; Kuper et al., 2020). Garz et al. (2021) also reported a direct positive effect on body image of GAT, but no effect of body image on sexual desire. In our study, not all participants had received hormonal or surgical treatment, but they did feel comfortable with their body and themselves. This was induced by acceptance which was the primary condition for sexual wellbeing, in this case mainly self-acceptance, which positively influenced sexual wellbeing.

Gender affirming treatment and sexual wellbeing

All participants conveyed to be satisfied with their sex life, regardless of the frequency of sex. Twelve of the fifteen participants received GAT with hormones. Both (trans)masculine and (trans)feminine participants stated that hormone treatment specifically contributed positively to their sexual satisfaction. They reported that hormone treatment improved their sexual arousability and sexual desire,

the way they experienced touch, and other senses and emotions. These changes were felt as gender affirmative, which positively influenced their sexual wellbeing. Surgical gender affirming treatment contributed to their feeling good about themselves, but played a smaller role, compared to hormonal treatment and acceptance. The few studies that reported on sexual wellbeing after GAT, reported a positive effect on sexual wellbeing in (trans)masculine participants (Costantino et al., 2013; De Cuyper et al., 2005; Parola et al., 2010).

Although the participants said that not having had (genital) GAS did not affect their sexuality or the things they did sexually with their partner, some of the (trans)masculine participants also reported frustration. The frustration was attributed to not having, or not being able to have a naturally functioning penis, what they described as a penis that reacts to sexual arousal with a spontaneous erection which enables penetration. This frustration did not appear to be a dominant theme, but was sometimes mentioned by (trans)masculine participants regarding sexual situations. Although a couple of studies reported about frustrations, about the lack of neo-phallus sensation and the impossibility to penetrate, these findings were not further elaborated upon, in those studies (van de Grift et al., 2017; van de Grift et al., 2019). The (trans)feminine participants did not report about any frustrations, they were very happy with their genital's appearance and function.

Not (yet) having had (genital) GAS did not affect the use of their genitals during sexual activities. Other studies also reported that participants were sexually active before GAS (Cerwenka et al., 2014; Holmberg et al., 2019). Anzani and colleagues found that in transmasculine and nonbinary individuals the use of their genitals was not experienced as problematic. Their participants formed their own narrative about their genitals and the role they had for them was also seen in our sample (Anzani et al., 2021). Cerwenka et al. (2014) found that before the start of treatment there was a difference between participants depending on the sexual attraction of the partner. Involvement of the genitals and appraisal of genital sensation was associated with the sexual attraction of the partner (Cerwenka et al., 2014). In our participants, acceptance of the partner was

the most important factor in involving their genitals in their sexual activities, which they all did, before gender affirming treatment, during transition and of course after genital GAS.

Positive sexual experiences

The participants reported that positive sexual experiences defined sexual wellbeing more than negative experiences, although some of the participants had negative sexual experiences. Participants mentioned that transgender individuals were more prone to sexual violence. On the other hand, memories of good sexual encounters make that they want to experience that more often. Positive sexual experiences were facilitated by (re)exploring their own sexuality together with their partner or by themselves.

Intimacy

To obtain a good intimate relationship with a partner, communication and connection were key premises. Combined with humor, sex became pleasure, talking about desires, fantasies and fears made experiencing sex easier for them and their gender incongruence diverted to the background. Our findings are in line with the positive sex approach of Harden (2014), that emphasizes the importance of “sexual self-efficacy, sexual self-esteem, feelings of sexual pleasure and satisfaction, and freedom from pain and negative affect regarding sexuality” (Harden, 2014).

Partners and the relation with the partner play a key role in sexual wellbeing. First, acceptance of (potential) partners was, next to self-acceptance, by far the most important condition when it comes to sexual wellbeing, as it was mentioned in all interviews. Second, another theme in conditions for sexual wellbeing was “being connected,” not only at a sexual or physical level but also spiritual in an intimate way. Especially humor and pleasure were topics that stood out in the subtheme “communication.” The participants found intimacy more important than the act of sex itself, when it comes to sexual wellbeing.

Expectations and societal influences

Also, not having expectations regarding sex, both they themselves and their sexual partners, made

them feel more at ease when having sex. Generally, sexual satisfaction is a result of an individual appraisal after weighing the positive and negative points. Without (too high) expectations, this appraisal may more easily result in satisfaction, because expectations are met (Philippsohn & Hartmann, 2009).

The broader social environment plays a role in sexual wellbeing as well. Social acceptance was closely intertwined with feelings of belonging. Having the feeling to belong to a social group or to be accepted by a group, whether it is at work or a group with shared interest, was a condition for sexual wellbeing.

Influencing sexual wellbeing

Remarkable is the finding that all participants had a very positive narrative with regard to sexual wellbeing and experienced sexual wellbeing. This will certainly not apply to all transgender individuals (Kerckhof et al., 2019). This does not mean that negative aspects were not mentioned. Our participants reported that there can be negative influences on sexual wellbeing as well, but underlined the importance of positive experiences in overcoming negative experiences.

The participants experienced, that sexual wellbeing can be influenced, both positively and negatively by sexual assumptions and sexual development. This depends on whether sexual assumptions were felt as oppressing or supportive. Sexual assumptions and social norms for sex were constructed by the fact that sex was seen as something straightforward and the same for everybody. The effect of “an often cisgender normative” sexual education on itself can enhance gender incongruence and distress (Holmberg et al., 2019). Some of our participants, therefore engaged in sexual education themselves, hoping to help others to struggle less than they did themselves.

All described some adversity by social judgment and normative ideas about what sexuality should comprise. Yet, by accepting themselves, they enhanced acceptance of the environment as well, which helped to overcome the hurdles of the cisgender heteronormative binary way of thinking.

Implications for clinical practice and prevention

From a clinical perspective it is important to be aware that transgender individuals can indeed experience sexual wellbeing, regardless of GAT or GAS. It is therefore important to enlist how they experience their sexual wellbeing, on what works for them and where they could need some help. This way healthcare professionals can tune their interventions to each specific individual need.

Also, the fact that not all transgender individuals are averse concerning their genitals and are avoidant toward sexual interactions before completing their wished GAT or GAS, should not be overlooked. Therefore, it is important to approach each care seeker with an open and nonjudgmental view, inviting the other to share their point of view and also educate the health care providers on how they experience sexuality and sex.

Education, not only in school, but also parents and improvement of knowledge in society is important to enhance acceptance and support of transgender individuals. Breaking the boundaries of a cisgender heteronormative binary fixed mindset, can make a huge difference and improve overall sexual wellbeing.

Strengths and limitations

Our way of sampling for this study, which was based on an open invitation to partake, could explain the positive outcomes of this study regarding sexual wellbeing. Persons who do not have trouble talking about sexuality related subjects, persons who think that sexual wellbeing is an important aspect of life or an important topic during GAT, or individuals who are indeed sexually satisfied may have been more likely to participate. This corresponds to the findings of Dawson (2019) that state having positive sexual attitudes and having more experience sexually, predicted the willingness of both men and women to participate in research on sexuality (Dawson et al., 2019). People who are less satisfied or have more negative sexual experiences may have been underrepresented in our sample. Previous studies reported that transgender participants experienced more problems when it comes to sexual wellbeing (Kerckhof et al., 2019).

Nevertheless, our findings do show how positive experiences contribute to sexual wellbeing in transgender individuals and may be helpful for counseling individuals that are not (yet) experiencing sexual wellbeing.

Because participants applied for the study themselves, consequentially they associated themselves with being transgender and (wanting to) undergo GAT. Both features were not independently clinically assessed. A strength of this study is that by performing an open interview and using the interpretative summary as a member check, we adhered to enhance participant validation and stayed in line with the emic perspective to define sexual wellbeing from the viewpoint of our participants. This fills a gap regarding research in the transgender population.

Conclusion

An important result of our interview study is that all participants reported high sexual wellbeing. The participants described sexual wellbeing as a combination of feeling comfortable with their body and themselves, intimacy and positive experiences and feelings. (Self) acceptance and being connected were the most important preconditions for sexual wellbeing. These findings make clear that transgender persons are not devoid of experiencing sexual wellbeing. Furthermore, they give important insights about facilitators of sexual wellbeing that may provide targets for psychosexual education and counseling before, during and after the GAT process, if there is a problem with sexual wellbeing.

Ethics statement

This study was ethically approved by The Medical Ethics Committee of the Amsterdam UMC, location VUmc (number 2019.205).

Informed consent

All patients provided explicit written informed consent for use of the recorded and transcribed interviews.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

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Appendix A

An example of a coding can be seen here:

Sexual assumptions

Sex is straight forward

Socially taught that sex is straightforward.

What is defined as sex.

Words can determine how you look at something. If I like looking at something a certain way, I look at it that way (sex).

Sexuality is very framed, but actually it's very vague.

What is sex anyway?

Heteronormative stereotypes

Seen hetero images all my life, still trans.

Judgments and ideas vs trust and security.

Making love romantically/in contact or making love physically (penetration).

Assumptions about how a man should have sex. Getting wet and having sensitive nipples is concerned feminine.

Sex without love is allowed, but love without sex is not.

Asexual relationships reduced to brother-sister relationships, do not feel recognized.

Received education

Forms of education

No sex education at all.

Never seen a naked woman before.

Tantric training.

Self (Getting to know your own body/learning to make love).

Influence of sexual education

Sex education was good.

What I have learned unconsciously affects me more than I initially thought.

My generation was better off and much capable of appreciating the process.

Parents: sex in a relationship does not have to be pleasant.

Messages about sexuality from your family.

Memo to others

Reassurance about normal bodily reactions.

You teach them, but you cannot force them, you have to change their desire in a way that is not constraining.

Trying to change language on an ad-hoc basis is difficult sometimes educating a patient takes too much time not given the chance to learn differently.

Help in the search for asexuality.

Guest lecturer at schools about transgender.

It would be good to see real bodies getting older.

Values

Satisfaction

Going through the sexual response curve is important.

Emptiness seems much more important than sex.

Sex you can have anywhere.

Sex should come naturally.

Sex should be satisfying.