

Bodies in Relation—Bodies in Transition: Lesbian Partners of Trans Men and Body Image

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SUMMARY. Presenting published narratives of transgender and transsexual men (henceforth “trans men”), along with case study interview narratives from five lesbian-identified partners of trans men, I consider how body image issues may surface both individually and interpersonally in relation to the body dysphoria of a trans partner. In addition to self-reports of negatively shifting body image among some interviewees, I also discuss how negative body image may adversely affect these relationships in terms of sexual and non-sexual intimacy, bodily self-expression, and self-confidence. I term these processes and effects *relational body image* in order to trouble dominant conceptualizations of negative body image as primarily an individual issue arising from external, macro-sociological forces and pressures. I present these cases as a starting point for future sociological theorizing and empirical work with this under-studied population.

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WHAT DO WE ALREADY KNOW ABOUT BODY IMAGE AMONG LESBIAN PARTNERS OF TRANS MEN?

Although there is a growing literature on lesbian body image, this research does not generally include, as subjects, self-identified lesbians who are partnered with female-to-male (FTM) transgender and transsexual men (henceforth “trans men”). Nonetheless, the reality of diversity within the lesbian community resists oversimplification. Lesbian identity is not a monolith, and its parameters are both contested and ever-shifting. In this article, I argue that the failure of current researchers of lesbian body image to consider the experiences of self-identified lesbian partners of trans men (1) ignores and silences this burgeoning community; (2) offers an incomplete understanding of both “lesbians” and “lesbian body image”; and (3) forecloses unique opportunities for greater understanding of how negative body image can be a dynamic and relational process *between* partners as well as an individual problem arising from external social-cultural messages, imperatives, forces, and institutions. Further, I discuss how negative *body image* in this relational context may affect *body practices* of self-identified lesbians and their trans men partners, as well as the ability of trans men and their lesbian partners to engage in mutually-fulfilling sexual and non-sexual intimacy in the context of their relationships.

RESEARCH ON LESBIANS AND BODY IMAGE

Atkins’ *Looking queer: Body image and identity in lesbian, bisexual, gay, and transgender communities*, is one of the most comprehensive and frequently cited sources for personal writings on body image and identity within lesbian, gay, bisexual, and transgender (LGBT) communities (1998). Notably, an entire section is devoted to considering transgender and intersexual identities and body image. Despite the comprehensiveness and focused attempt to represent LGBT communities at the interface of body image and identity, however, this anthology is not without its missteps and omissions with regard to intersections between sexual and gender identities in connection to body image. In one article, a female-bodied

person, who lived as a man until his death, is referred to (by the author) as “her” and a “woman” (Crowder, 1998). In addition, throughout the pages of this extensive volume, the perspectives of lesbian partners of trans men about *their own* body image are nowhere to be found. Complicating the issue, many of the articles on lesbian body image discuss the supposedly “freeing” aspect of feeling less subjected to male standards of beauty or the male gaze among lesbians (e.g., Myers, Taub, Morris, and Rothblum, 1998; Tucker, 1998). These perspectives—both on lesbian body image and transgender body image—neither encompass nor articulate the perspectives and experiences of lesbian partners of trans men.

In academic research on lesbians and body image, self-identified lesbian partners of trans men may never come to be considered as research subjects due to their failure to “fit” neatly into researchers’ operationalization of what constitutes lesbian sexual orientation (e.g., see Owens, Hughes, and Owens-Nicholson, 2003; Wagenbach, 2003). As a result of not being “seen” as lesbians by social science researchers, the self-identified lesbian partners of trans men are generally not represented in these studies, despite the fact that the results are often assumed to apply to “lesbians,” in general. Across many of the studies on body image and sexual orientation, researchers attempt to draw quantitative comparisons between lesbians and heterosexual women in terms of *degree* of disordered body practices (such as anorexia, bulimia, or binge eating) or negative body image rather than discerning whether or not there are qualitative differences between these groups in terms of the *forms* and *types* of disordered body practices and negative body image each group reports.

This article is intended to provoke consideration of how *absence or exclusion* of these voices, experiences, and perspectives may distort what we *think* we know about “lesbians” and body image among this diverse group. In addition, I demonstrate that thinking about body image as a *relational* construct, another theme not fully elaborated in the academic literature on body image, may usefully expand our understandings of body image as a potentially dynamic, socially embedded, co-constructed process occurring within primary relationships.

RESEARCH DESIGN AND METHOD

The power of qualitative research ultimately lies with a holistic analysis of narratives to discern themes and trends in how research participants make meaning of their experiences within and across interviews. As such,

I do not aim to represent either my interview participants' words, or my own interpretive claims, as absolute, unequivocal, or objective "Truths." Rather, my analysis will necessarily be a (co)construction of the narratives of the women partners of trans men, informed both by substantive content of the interviews and my interpretations of this content within and across the interviews. Through my research, I offer one of the first substantive and focused explorations into narratives of women partners of trans men to discern their own unique framings of identities, experiences, body image, and relationships.

Data for this article derive from a larger study that more broadly explores the narratives and experiences of the women partners of trans men. Research participants were recruited using snowball sampling and list serve, e-mail group, and paper flyer postings targeting the significant others, friends, families, and allies (SOFFA) of trans men. At this writing, I have conducted twenty semi-structured, in-depth telephone and in-person interviews with women partners of trans men. Of these twenty interview participants, seven self-identified as "lesbian" and/or "dyke." For this article, due to limited space, I have drawn a subset of the five richest narratives to enable a more in-depth analysis using a grounded, case-study approach. It should be noted that the two remaining lesbian-identified participants' narratives do not provide disconfirming evidence to my findings and are in general alignment with the narratives I present in this article.

My larger sample is comprised entirely of cissexual/cisgender (non-transsexual/non-transgender—see Serano, 2007) women who are largely (but not exclusively) White, in their twenties and thirties, well-educated, and from the United States. As such, this sample does not fully reflect the rich diversity to be found among women partners of trans men and, in future data collections, I intend to engage in targeted recruitment of a broader range of self-identified women partners of trans men. Additional demographic information for the lesbian-identified participant subsample described in this article is provided within the case studies that follow.

***TOWARD A THEORY OF RELATIONAL BODY IMAGE:
COUNTERPOSING BODY NARRATIVES OF TRANS MEN
WITH CASE STUDIES OF LESBIAN PARTNERS
OF TRANS MEN***

I first began to consider the possibility that body image issues may be usefully conceptualized as relational and dynamic, in ways that have

not yet been explored in the research literature, as I compared published, autobiographical narratives of trans men to the narratives I collected during my interviews with women partners of trans men. Conducting a content analysis of published autobiographies by trans men, I noticed that the theme of body dysphoria was nearly omnipresent throughout the narratives. Although this was not an unexpected finding, what I found most evocative was the *intensity* of the language that some trans men used to articulate their negative feelings about the parts of their bodies considered social markers of female sex. In many instances, these narratives revealed unadulterated hatred of, and dissociation from, particular aspects of the authors' bodies. In particular, breasts, hips, and body fat were some of the most frequent sites of elaborated displeasure.

In his autobiography, Mark Rees writes that his breasts were “a deformity I abhorred” (1996: 14). He goes on to state: “In the privacy of my room I pummelled [sic] my hated breasts with fury” (16). Mark Angelo Cummings (2006) refers to his breasts as “torture” and a “plague” (8). Rees (1996) reports being “horrified and disgusted” about menstruation and devotes particular attention to descriptions of the ways in which body fat and body fat distribution had a profound effect upon his self image:

One of the things which really bothered me was that my hips and thighs were too large for a normal male. It had worried me when living as a female and did so even more now that I was living as a man. A determined effort was made over some years to ameliorate this, both by exercise and dieting. This anxiety became more acute if other areas of life were not going well. It was obvious that everyone took me for male, so my fears were groundless, but nonetheless they overcame reason and I became almost neurotic about it. [My partner] said that she feared I could slip into anorexia. . . . I became so neurotic about losing weight that friends and family began to worry about me. In spite of the treatment, my body was still much too feminine for my peace of mind. I hated it. In fact, there wasn't much to like about myself at all. . . . Nothing could have removed my feeling of hatred for my body (99; 112; 122).

In his autobiography, Dhillon Khosla (2006) pejoratively equates fatness with femaleness on several occasions and discusses his own mission to build lean muscle on his chest.

Aren Aizura describes intense body-based self scrutiny he experiences when in public:

I'm walking down the street in summer. It could be any street, any city, any version of summer: sweaty, sweltering monsoon, or dry windy heat. As I walk, I'm calculating the passability of my moving body. How masculine is my walk today? Are my buttocks tucked under, concealing the tell-tale femininity of their curves? Are my hips swinging, or am I 'leading from the shoulders,' as so many FtM passing tip sites assure me that all men do? Am I emanating broadness, a comfortable ownership of the space around me? (in Sennett, 2006: 13)

Cummings describes anguish he felt living in his female body: "Being in the wrong body is a crime. Death is appealing to those of us, who are encased in the wrong shell, who are trapped in a flesh of darkness, that . . . sickens us to the point of madness" (2006: 33). Schleifer (2006) reports on an interview with a transman: "'Joe' refers to a self that struggles to make sense of its body. He told me that, for him, transitioning 'is about living in a body that doesn't make you sick and alienated every time you look in the mirror or take a shower'" (64).

It is important to remember that the force of these narratives clearly reveals the agonizing and frustrating disjuncture some trans men report experiencing between their physical bodies and their sex and/or gender identifications. Furthermore, as some scholars (e.g., Hausman, 1995) note, these narratives have been constructed in the social context of powerful imperatives from psychological and medical establishments that virtually require trans men to produce such narratives in order to obtain authorizations for hormones and surgeries (for a counterargument to this perspective, see Prosser, 1998). I highlight the intense negativity of many of these narratives not to impose judgment on trans men, but to push us to consider that such strong personal expressions of intense body dysphoria and surveillance, directed toward markers of female sex, may have powerful (although likely unintended) negative effects on others who read, hear, or witness them. This may be particularly so for those who are closest to the "messenger," and whose bodies, ostensibly, *share* such social markers of female sex. In this article, I consider how some of these expressions by trans men may be internalized and acted on by their women partners. In addition, how might experiences of body hatred and surveillance affect a site so completely dependent on *sharing* one's body—sexual intimacy?

As one transman notes in the documentary, *Transparent*: "I'm not the only one who transitions; everyone around me transitions." In the following case studies, I present rather extensive narratives of five, lesbian-identified partners of trans men to assist us in developing a theory of *relational body*

image. These narratives demonstrate how the body image of one partner may affect both the body image of another, as well as the ways these bodies may relate (sexually and non-sexually) to one another.

Toby

Toby is White, fifty years of age, and lesbian identified. Her partner is also White and is forty-five years of age. Toby reports that her partner self identifies as a transsexual man and does not want to be seen as a cissexual (non-trans) man. Toby's partner is on "T" (testosterone) and has undergone both "top surgery" (in this case, bilateral radical mastectomy with chest recontouring) and a hysterectomy (one type of "bottom surgery"). The two had been together for eleven years at the time of my interview with Toby. During the first nine years, their relationship was considered "lesbian" by both partners. Despite the fact that her partner was already two years into his transition at the point of our interview, Toby still identified as lesbian and discussed that she had self-identified as lesbian for more than thirty years—since she was nineteen years of age. "Toby described her partner's current sexual orientation as, "undefined.""

Toby spoke at length about her partner's experiences with body dysphoria:

The body dysphoria's the thing that doesn't get talked about when people write or talk about transsexuals. And from what I've seen him go through and what I have talked to other people about, it is the most profound aspect of transsexualism and of being transgendered. . . . It's this sense that the body is not right. Or the body's okay, it's just not the one you want it to be. . . . Being on hormones has made it much more tolerable, but it hasn't disappeared. . . . When his doctor says, 'Well, your whatever count is too high, why don't you drop the testosterone back a bit?' Within a week—because it's a daily dose—he starts feeling the dysphoria really strongly again.

Toby also stated that her partner's body dysphoria has had considerable effects on his willingness and ability to share his body with her in sexual and nonsexual ways. Although her partner showed her his genitals when he first began to take testosterone, she had neither seen this part of his body, nor spoken about it with him, in at least a year at the point of our interview. Toby stated: "I can *see* him from the waist down, but he doesn't *show* me what's there."

Toby's story became more complicated as she revealed that she and her partner, at her partner's request, have not been sexually intimate together since a year or so before he began actively transitioning (approximately three years at the time of our interview). When asked if her partner's body dysphoria had, in any way, affected her own body image, Toby responded:

I talked with someone whose partner is also transitioning who said, 'It's starting to make me hate my body.' But I don't have that experience. I have begun to feel more self conscious at times. I became more self conscious thinking, 'Well, yeah, I know *intellectually* it wasn't that he didn't like breasts. He just didn't want them on *his* body. They didn't belong there.' But I started feeling self conscious about having breasts and being visible—like stepping out of the shower or whatever. There's kind of a sense, for me, slight dis-ease. . . . Like, you know, maybe I don't want you to see me—maybe you don't wanna see me. . . . But as far as my sense of me and my body—there hasn't been much of a trend.

Toby's narrative is highly informative insofar as she simultaneously acknowledges that other women partners of trans men experience negative body image in relation to their partner's gender dysphoria, denies that her partner's body dysphoria has had a significant effect upon her own body image, yet reveals a developing self consciousness over her own breasts and naked body.

I asked Toby if she could speak at greater length about the lack of sexual relationship between herself and her partner over the past three years:

It's kind of been shit for me [laughs], to speak frankly. Part of my understanding of having a partner, for me, is having a sexual relationship. It's not the most important thing, obviously, 'cause otherwise I would have left. But that's a piece of it. And as [my partner has] gone through these ups and downs—dealing with the body dysphoria stuff and dealing with kind of getting his own sense of his feet under him—he's absolutely not wanted to even touch me. . . . I said, 'Look, you know, if nothing else is going on, you have to hug me once a day. I just need it to know you're really here.' He couldn't even do that. So um [exhales loudly] so it's an issue. Like I say, I wait. I'm waiting. We're very slowly working toward trying to become closer again now. . . . And I'm hoping we'll eventually move into physical contact and mutual sex again.

Thus, while Toby asserts that her own body image has not been seriously impacted by her partner's body dysphoria, she admits that the absence of a sexual relationship between them has had other effects on her relationship. Toby spoke further about the painful severing of physical connection and intimacy during the transition experience:

I can remember crying a lot in various—I was going to say, ‘moments,’ but it was more like, you know, periods of several hours. Me crying and saying, ‘What’s going on? I need to know what we’re doing. You won’t even hug me. I’m telling you that I need to be touched to know you still kind of exist—that I exist in your world. You say you can’t even hug me.’ [very long pause] He was pretty inarticulate—very distressed and pretty inarticulate because he didn’t exactly understand, for himself, what was going on. He just knew he felt really bad and didn’t know—didn’t know what he might want from me, how he wanted things to go. He just felt like he had to withdraw and figure out what the heck was going on.

Toby’s narrative painfully articulates the manner in which a trans partner’s physical (both sexual and nonsexual) withdrawal, in response to body dysphoria, can have profound effects on both the relationship and the partner who has been “shut out.” This perspective is important given that body dysphoria is often discussed as a highly *individual* problem.

Michele

Michele is thirty-two years of age, White, and self-identifies as a “dyke.” Her partner is twenty-four years of age and White. They had been together for one and a half years at the time of our interview. Michele described being lesbian-identified since she was eighteen years of age—the past fourteen years of her life. Michele stated that her partner had been transitioning since they met. According to Michele, her partner had self-identified as lesbian since the age of seventeen, but then began to question his gender identity at the age of twenty. He came to self-identify as “queer,” feeling that a lesbian identity was overly confining, and had also recently begun to self-identify as transgender. Michele reports that while her partner is interested in top surgery, he is not currently taking (or planning to take) testosterone because “he doesn’t want to seamlessly meld into the male culture.”

Michele described how her partner's gender presentation interacts with her own in ways that affect their social intelligibility as a *couple*, as well as her *personal* sense of self:

The more I look like a girl and present as a heterosexual girl, the more likely [my partner] is to pass as a boy. And sometimes that makes me uncomfortable because I don't like having my queer identity elided over—especially since I've owned it for so long. . . . It makes me angry. It makes me feel invisible. It makes my queer identity feel invisible.

Michele described how her own body comportment and (sexual and non-sexual) bodily interactions with her partner have become more salient to her as he contemplates top surgery:

In some ways, it will be a relief for [him] not have breasts because right now he has breasts, you know, and so they remind me—It's not as though I have to pretend that he doesn't have breasts because of the open pact between us and, in fact, [he] even sits with his shirt off regularly—he's shifted back to that. He had stopped doing that for a long time. But they're certainly not a part of our erotic life whatsoever. I don't touch them. In fact, I even have shifted the way that I sleep at night. Because it used to be that I would sleep up against [his] back and slide my arm around his waist and sort of tuck it underneath his body, but then I would end up touching his breasts. But for a good two months after he first came out and informed me of his growing feelings of transness, I didn't know what the hell to do with my arm. I would try various things. I really couldn't figure out how to sleep. So snaking it around the waist felt a little feminine and girly. Sort of sleeping like this [makes a cupping motion with each of her hands, with each person facing away from one another] replicated too closely the metaphor of being sort of shut out by this. . . . We used to shower together frequently and we stopped doing that. Often, I will have to help him get his binder on . . . and if I touch his breast or something it's like, "Oh God, I'm sorry." . . . I know that he's not comfortable with his chest at all, feels alien from it, desperately wishes it gone.

When I asked Michele whether or not her partner had experienced any body dysphoria since beginning to identify as transgender, she stated:

[He] is very physically active right now and is experiencing his body in positive ways for the first time. And rugby has definitely helped with that, mountain biking has definitely helped with that. We've started running even more. I mean we run every day and we lift three times a week—we increased that a lot—so it's gotten a lot better but there was a time where early in the spring where [he] was just expressing and feeling a huge amount of body dysphoria just like nothing could get his chest flat enough. Nothing. Like he would stand there talking about how much you could see his chest and there would be nothing there. It drove me mad. . . . But that drove me just absolutely crazy because nothing would be enough and there are still days when nothing is enough to quell [his] sense of disgust with his chest. Now he tells me—and I believe this is true—he actually likes lots of other things about his body. He likes how strong his body is. He likes that he has a lot of muscle for a female-bodied person. There's a point of macho pride without T. [Speaking as her partner:] 'Those boys they just sit on their lazy asses and take T and they just get muscle like crazy. I worked for every bit of this.'

Michele's narrative reveals that, for her partner, great focus on exercise and muscle development is required to stave off feelings of body dysphoria. I inquired about whether or not her partner's attention to (and focus on) his body has affected her own body image:

[He] had such a critical eye for every portion of his appearance. . . . [He] got into such a minute scrutiny of his body and how it appeared and other people's trans bodies and how they appeared. It's like that minute scrutiny rubbed off onto me and so, suddenly, I was being really hypercritical about my own body in ways that I hadn't been before, and finding displeasure in it. . . . And this is crazy, this is dysphoric—feeling like my thighs are too flabby. Like my body, itself, is distasteful. My face is showing signs of age in ways that are unattractive. Those kinds of issues. Not helped by the fact that [he] doesn't frequently express appreciation for my body. So those interior messages weren't getting rebuttal from my partner. Finally, I spoke with him about this issue. He regretted that that was happening for me and sometimes remembers to say, 'You look nice.'

In this quote, Michele clearly expresses that *her own* body image has been negatively affected in relation to her partner's critical focus on *his* body.

Like Toby, Michele also reported sexual dysfunction in her relationship that she attributes to her partner's body dysphoria. When I asked Michele to discuss some of the ways that her partner's shifting gender identity has affected her, she discussed a sexless period in their relationship that lasted about four months:

That period was, well, the sex totally shut down and he had no language to tell me why—couldn't figure out what he wanted, couldn't figure out why he felt so strange and awkward in himself and with me. [He] shut down emotionally in a lot of ways. . . . It was a period of real isolation as far as intimate contact of any sort and also very little language to talk about what was going on. So finding out that he was feeling as though he was a trans person and wanted to explore that far more consciously in his daily life was a huge relief in some ways. It was like—'Oh my God, there's something here!' I did deeply personalize the lack of desire, the sexual rejection, because it's one of the most intimate parts of your life. To have constant rejection in that area is tough turf to understand. . . . I was thinking, "He's bored, so what can I do to make it exciting? Let's see, he no longer finds me attractive for whatever reason." Lots of self-loathing along the lines of, "Why am I not attractive? What can I do to generate any kind of sexual energy?" And also feelings of desperation. And towards the end, feelings of inevitable failure . . .

Michele offered a powerful description of the personal and interpersonal impacts of a trans partner's inability to engage in sexual intimacy:

When this first started, [he] wouldn't vocally articulate that he wasn't able to engage in sex. So I would get a cold shoulder. And, at one point, the phrase I used with a friend was—'It was worse than trying to have sex with a corpse.' Because at least you don't expect a corpse to ever respond, no matter what you do, the corpse is not going to respond. And so I would get no response whatsoever and actively pulling away from and turning and no language around that to explain what was going on initially. . . . I felt totally undesirable—utterly vacated of any kind of ability to generate any sexual desire in my partner and also the real pain around myself feeling quite a bit of desire and knowing that it was absolutely not reciprocated. . . . And then we talked about that and I talked about how devastating that was to me and I'm still feeling the affects of that period, it really shook my sexual confidence

in a way I have yet to recover from. So that and then occasionally it turned into [him saying] like, ‘I don’t know what I want but what you’re doing is not what I want but I don’t know what I want. So search your mind and come up with something else to offer me.’

Michele’s complex and painful discussion of this time in her life reveals that what took place in the past continues to affect her in the present. Michele expresses her feelings of negative body image and a reduced sense of sexual desirability in response to her partner’s withdrawal and inability to express desire for her. At the end of this quote, we also learn that Michele was ultimately held responsible for eliciting a sexual response—which likely heightened her sense that her partner’s lack of sexual desire stemmed from her personal failure or lack of sexual attractiveness and desirability. Michele also discussed continuing sexual difficulties in her relationship with her partner.

For example, Michele further discussed how her partner only initiates sex when he is drunk and that they often have sex when they are both drunk. In addition, Michele stated that, “During sex, he wears generally more clothing than he would wear even going to bed at night.” Michele hypothesized that these actions make it easier for her partner not to have to fully experience all of the conflicting feelings that he has about his body, sex, and having sex with someone whose body mirrors his own in personally jarring and discordant ways.

I asked Michele to reflect on all that she had told me and to consider what she thought was at the root of these issues around sex and intimacy in her relationship. Michele stated:

It is the inability of our partners to be connected to their bodies, to feel comfortable in their bodies, to feel sexual desire at all, to not feel a sense a shame around that. And it is discouraging to me that every single trans partner that I have spoken with struggles with this issue. People who have been in relationships for ten years, five years, a year and a half, two years, for all of us it is a huge issue. . . . [I know a] woman who is a pretty prominent partner of a trans person in [our] community and after we had a conversation about this issue, [she] put a post up on one of the moderated forums about how she was going to say that she and her partner—she’s going to come out of the closet! Even though they love each other and they’re married and they’ve been together this many years, they have—from the beginning and continuously—struggled around having an active sex life. And she

also thinks that it's a sign of an epidemic that we're not talking about and that both people suffer from that and that partners bear a huge brunt.

Tiffany

Tiffany is twenty years of age, White, and lesbian-identified. Her partner is a trans man who is nineteen years of age, Asian, and identifies as heterosexual. Tiffany and her partner had been together for two years at the point of our interview and lived together only during summer months. Tiffany's partner has been transitioning since their relationship began.

When I asked Tiffany to discuss whether or not her identity as a lesbian had been challenged by her partner's transgender identity, she stated:

When I first started to be with him, it became a thing where I shaved my legs every single day because I was trying to be feminine. I think now that I've been with him for awhile I think it's definitely something that has calmed down. I mean, I don't notice it as much. I still shave them and I always have. . . . I think in the beginning it was a lot more of an issue because I felt that I had to over-feminize myself—that I had to always be in pink and that I had to always act very feminine and girly because I was trying to offset him and make him feel more masculine. And I think, for awhile, that made me question myself because I was worried about having to work this hard to look female and I wondered if it was what I was supposed to be doing. . . . I mean it's definitely a problem with sexuality because it seems to come up a lot. People are wondering what your sexuality is and, even on quizzes, I get asked on surveys and things like that and I really don't know what to put because I can't put that I'm heterosexual and I can't put that I'm a lesbian. I almost feel like I'm compromising him by saying that I'm a lesbian because he's still female and I don't want to do that.

In this quote, Tiffany describes a process that, in some ways, is similar to Michele's discussion of how social intelligibility shifts in response to the physical appearances of each partner. In this case, however, Tiffany describes intentional attempts to modify her own body and gender presentation, in feminizing ways, in order to contrast and bolster her partner's masculinity.

Tiffany also discussed dynamic and critical interfaces between her own and her partner's race, gender, and sexual orientation in terms of bodies, feelings, and the social world:

I'm taller than he is and I'm Caucasian and I have a bigger build than he does because he's genetically smaller, so I always felt uncomfortable and almost out of place when I was with him at the beginning of the relationship because I was so much bigger than he was. So I felt that if I over feminized myself that that would kind of be downplayed and not as noticeable. I think it was for as much of my own comfort at the time as it was for his. Some of it was to try to make him look more masculine and some of it was because I wasn't positive how I felt in a relationship with a trans-guy, and I wanted to make myself feel more comfortable especially when we were out in public and he wasn't passing 100% in the beginning, I wanted to make myself feel more comfortable and not have people look as much.

In this instance, Tiffany notes that the visual contrasts between her and her partner's bodies, which she attributes to racial differences, serve as important social signifiers of gender and sexual orientation in ways that challenge both her partner's trans identity and her own initial insecurity with being in a relationship with a trans man. In addition to deliberate efforts to modify her appearance in order to highlight her partner's masculinity, Tiffany describes intentional conditioning she undertakes personally:

I think both of us have really trained our brains to see his body as masculine and mine as feminine and it's really—even though by doctors' standards our bodies are identical, I see his as being completely different from mine. And he sees it as being completely different than mine. To a doctor, the same parts are there. But to me, they're not. It seems different for some reason.

These narratives reveal the ways in which Tiffany engages in conscious processes of internal and external body (and body image) transformations that are both active and critical to the production of her partner's trans identity in personal, interpersonal, and social contexts.

Kendra

Kendra is twenty-one years of age, White, and self-identifies as a “dyke.” Her partner is a trans man who is twenty-four years of age, White, and identifies as bisexual. At the time of our interview, the two had been in their relationship for three years and were living together. Kendra’s partner was formerly “dyke”-identified, but began to identify as transgender and to transition eight months into their relationship. Kendra’s partner is on testosterone, has had top surgery, and wants a hysterectomy.

Like Toby, Kendra told me that although she feels her partner has body dysphoria, she does not feel that her partner’s body image issues have affected how she feels about her own body. Nonetheless, similar to Tiffany’s narrative, she relayed a story that revealed her efforts to change her physical appearance in relation to her trans partner’s desire to be perceived as a man in a heterosexual relationship. In particular, Kendra discussed aspects of relational identity in terms of gender presentation, gender identity, sexual orientation and social perceptions:

When he first came out and started transitioning, it really was difficult because he expected me to become more feminine and play more of the ‘straight girl’ role, the straight girlfriend, and be very feminine. And he wanted me to grow out my hair—I had my hair very short—and dress in women’s clothing so that way he thought I wouldn’t ‘give him away.’ . . . When he wouldn’t pass, he would always look to me and be like, ‘Well, you gave me away. It’s pretty obvious you’re a dyke and people just assume that I’m a dyke, too, I guess.’ . . . I was really upset about it for a long time because I felt like this was *his* transition and why would *I* have to change who *I* am just so he could be happy with who *he* is? And it took me awhile to realize that I needed to do this for him at this point in his life. It was something that was really important to him and I have the rest of my life to look however I want. But at this point in time, it was very critical to him, emotionally—to feel safe—that I didn’t look like a dyke.

This narrative is a clear example of a self-identified lesbian partner engaging in body work (see Gimlin, 2002), connected to gender and sexual identities, in order to bolster or concretize the masculinity/maleness of a trans partner. Kendra also discussed how she experienced confusing

feelings about her own body, gender identity, and sexual orientation on beginning her relationship with her transgender partner:

When he came out to me as trans, I really thought for a long time about my own gender. I was happy having breasts and a vagina, but I would start having dreams where I would have a penis. And then I would start wondering, well, could I be trans too? And that was kind of conflicting for awhile. And it also, like, the whole sexual orientation thing was a big challenge—coming to terms with people asking me, ‘Well, does that mean that you’re straight now?’ And then I would be like, well, does that mean that I am? I really had a big problem with my identity as far as sexual orientation goes because I had no idea how to identify any more. I didn’t know if I should change it because I’m technically with a man now? Or does it not change because, biologically, the “parts” still aren’t there? Or what?

Kendra captures some of the personal and social challenges that women partners of trans men confront on a daily basis in terms of the complex and often contradictory intersections between their own and their partners’ bodies, gender identities and sexual orientations.

Teresa

Teresa is twenty-four years of age, lesbian-femme-identified, and White. Her partner is a butch-identified trans man who is twenty-four years of age, White, and identifies as “queer” in terms of sexual orientation. She states that her partner is on testosterone, has had top surgery, and is perceived by everyone as male. He has a lesbian-identified history. The two had been together for a year and a half at the time of our interview and did not live together at that time or in the past.

I asked Teresa whether her partner’s body image had ever intersected with her own:

I started to feel really bad about my body and I think that is because—not necessarily how [my partner] *talks* about his body but the way in which he *interacts* with his body. And I see him being really uncomfortable with his body and I think that’s just kind of rubbed off on me. He’s very uncomfortable. He doesn’t like to be seen naked. So, after getting out of the shower, for example, he’ll immediately wrap a towel around his waist or put on underwear

immediately. So I stopped walking around naked. Whereas, before, I was very comfortable being naked, for the most part. But now, I very rarely walk about naked. I didn't even realize that I was until another partner [of a trans man] asked me if I walked around naked and if I ever had. And I was like, oh my God! Like, oh wow, okay! So that's changed. So that was really hard to realize. It's that subconsciousness. He is really conscious about weight gain. But, mostly, the weight is distributed differently because he's on testosterone. When he gains weight it is not—it doesn't make him look feminine. He carries it sometimes in his thighs—which really bothers him—but mostly in his stomach. He started to get that male belly thing. He doesn't like that but he can joke about it. For me, I think I just felt less—again, this is self conscious—I think I felt less proud of my curves. So when I gain weight, I feel bad about that. Whereas, before, I was like, 'Oh, look at me, I look a little curvy this month—that's great.' Now I'm kind of like, 'Oooh, I'm fat. I'm getting fat, I'm going to do something because I'm fat.' Whereas I used to say, 'I'm getting a little curvier.'

Teresa's narrative echoes Michele's in terms of personally experiencing negative body image in relation to a trans partner's body dysphoria—particularly with regard to body fat. Her story also parallels Toby's in the discussion of trans men hiding their bodies (after showering, for example) and partners adopting some of these same body-hiding practices. Like Toby, Teresa also mentions a larger community of women partners of trans men who regularly discuss how they are affected by this issue.

Similar to Toby and Michele, Teresa also discusses the painful sexual difficulties that have arisen in her relationship with her partner due to body dysphoria. She makes it clear that grappling with this issue is not confined only to the participants whose voices appear in these case studies. Indeed, the recurring theme of difficulties with sexual and non-sexual intimacy emerging across these narratives recalls, or perhaps parallels, another controversial theme discussed in the literature—that of "lesbian bed death" (see Rothblum and Brehony, 1993) in ways that compel closer, updated examination. These narratives may assist us in better understanding how body image is implicated in declining sexual intimacy between partners. I asked Teresa to describe some of the primary topics that she talks about with other women partners of trans men:

A lot of the time, most of the time, it's about sex and commiserating about lack of sex or about intimacy changing or about . . . yeah, just

not feeling good about our own bodies because our partners don't like their bodies. And so, sometimes, I feel like a lot of times as a partner I take that on and I start hating my own body, which is hard. It's been a really big struggle, actually, in the last year and a half for me to stay connected to my body and still love my body when I partnered with a person who changed their's. So, a lot of times it's about that, it's about our bodies or about our sex lives. I would say sex comes up most often.

Asked to describe, in further detail, the way body image issues have impacted her sexual relationship with her partner, Teresa stated:

[My partner] and I rarely have sex. When we do, it's totally on his terms. . . . It is consensual but it still is totally on his terms. . . . It's never spontaneous. It's always a really big deal, like you have to do a lot of individual prep work and it has to be this really emotional, really present experience. And that's really hard because I want my partner to come home from work and tackle me on the bed. It's hard. I understand, that it is about him *intellectually*. I understand it is about his body issues. But, *emotionally*, it feels like it's about me not being desirable.

Teresa stated, with great emotion, that this had been the status of sexuality in her relationship for all but the first three months since it began.

CONCLUSION

In this article, I bring the voices of five lesbian-identified partners of trans men from invisibility to foreground in a discussion of lesbians and body image. I have considered some of the ways in which complex interrelationships between sex, gender, gender identity, race, sexuality, and sexual orientation may broaden our current discussion of body image, which tends to construct negative body image as an *individual* problem that arises from internalization of external social-cultural messages, imperatives, forces, and institutions. I also challenge some of the parameters that have been placed on the category of *lesbian* and discuss the general omission of the perspectives of women partners of trans men in research on body image and identity.

Examining published autobiographical narratives of trans men, in conjunction with narratives from interviews I collected from self-identified lesbian partners of trans men, I suggest that researchers more carefully consider the interpersonal and relational aspects of body image. Although the case studies offered in this analysis are both limited in number, and not fully representative of the diversity that exists among women partners of trans men, I offer them as a provocative starting point with the hope that future research will begin to not only *include* these voices, but to *feature* them in their own right. I contend that listening to the unique perspectives and experiences of the women partners of trans men can teach us a great deal about the complex interconnections among sex, gender, gender identity, bodies, body image, race, sexuality, and sexual orientation by challenging and expanding our pre-figured notions of who and what comprises each of these categories.

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