Perspective

DOI: https://doi.org/10.4038/sljpsyc.v16i1.8632

The Kaleidoscope of human sexuality: exploring the complexities of associations between gender identity and sexual orientation

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SL J Psychiatry 2025; 16(1): 62-64

Introduction

Healthcare providers may struggle to understand the constructs of sexual orientation and gender identity in relation to each other. This difficulty is due to lack of education, stigma and nuanced differences. Clear communication and training can help care providers better address diversity in sexuality experienced by individuals. Gender identity (GI) and sexual orientation (SO) are distinct aspects of a person's identity. GI refers to one's internal sense of being male, female, or non-binary whereas SO refers to an individual's enduring physical – romantic – and/or emotional attraction and related sense of self and behaviours towards another person.

Understanding gender and non-binary gender identities

Gender is a complex fluid construct shaped by individual experiences, society and culture . It exists on a spectrum from agender to pan gender encompassing various identities that defy rigid binary dichotomy. It is a dynamic construct which is ever changing influenced by the context and related life experiences.

There are a multitude of terms used to describe the GI of individuals based on their different and unique life encounters (1, 2). Transgender is an umbrella term for the individuals whose gender identity is different from the sex they were assigned at birth. Some transgender people experience an emotional distress due to the marked incongruence between one's preferred gender and one's assigned gender. DSM-5 adopted the term gender dysphoria to encompass that distress. However not all transgender individuals experience distress or dysphoria about their incongruence, and they are in acceptance of the incongruence (3). The individuals who have commenced or completed their transition from their assigned gender to the preferred gender by way of treatment or social adjustments are termed transsexuals. The shorter term of "Trans" is widely and preferably used to refer to transsexual individuals in their community as a prefix to male and female. i.e. trans male and trans female, as opposed to the terms transsexual male and transsexual female.

Understanding sexual orientation and its dimensions

The SO is a complex multifaceted concept encompassing emotion, romantic and physical attraction of an individual. SO is also like gender, a fluid and dynamic construct that lies in a spectrum. SO includes multiple dimensions – identity, attraction and behaviour (4). SO, identity refers to how one labels themselves as homosexual, heterosexual or bisexual. The SO attraction is emotional, romantic or sexual feelings towards others. SO behavior is an individual's past and present sexual experiences. The SO identity may or may not align with their attractions or behaviours. There is identified fluidity in one or more of these dimensions over time, in a single individual (5). The fluidity in sexual orientation identity is exemplified when an individual who identifies as bisexual, later identifies him or herself as homosexual. The fluidity in sexual attractions or behaviour is shown when one who has been attracted towards more than one gender, later experiences attractions toward only one gender or vice versa. Change in sexual orientation identity may reflect an actual change in orientation or social circumstances, such as learning about a new identity label that fits their own experiences better or choosing not to use a certain identity label because the environment is hostile or unsupportive (6,7). Similarly in relation to attractions and behaviours in SO, individuals may experience an actual change or a mere change in labelling themselves. Transgender men reported more sexual fluidity than cisgender individuals according to one longitudinal study (7).

Sexual orientation and gender identity (SOGI)

The determination of SO is important in self-identification and decision-making processes related to diagnosis and gender affirmation among transgender individuals. Being transgender does not imply any specific sexual orientation. Transgender individuals can be having any SO identity in the spectrum, just as non-transgender

individuals can be. It is reported that they usually label their sexual orientation using their preferred gender as a reference. Author's clinical experience over 23 years, also resonates with the same. Therefore, transgender individuals who are attracted to the same sex (in relation to their preferred gender), would be termed homosexual in their SO identity. For example, a trans woman, who is attracted to other women would be identified as a lesbian or a gay woman. Similarly, a trans man, who is attracted to other men, would be identified as a gay man (8).

Thematic exploration of meta-analyses have revealed that SO interplays with GI at individual, relationship, and wider social levels. The transgender people may report confusion between the two and the influence of one construct on the other. The care providers may find such confusions challenging in trying to formulate the cases in clinical settings (9). Another caveat the care providers must be mindful about is that most sexual orientation identity labels are based on the traditional binary notion of gender, female and male (e.g., hetero-sexual, bisexual, lesbian/gay). The transgender individuals' experiences of their own sexual orientation may not fit the cis-normative labels which are based on cisgender experiences. For example, capturing the attraction to other transgender individuals may be difficult and complex. Therefore, some transgender individuals tend to use the identity label "queer" to describe their sexual orientation (10).

Most of the transsexual individuals do not change their orientation after transition. According to Auer M.K. et al 87% of the trans women and 64% of trans men retained their pre transition sexual orientation (11) and other studies confirm these findings.

The scientific community respects the right of the trans-gender individuals to determine their sexual orientation based on their own personal meanings (12). The mental health professionals or any other stakeholder cannot decide the orientation of a transgender individual any more than they cannot decide the same of a cisgender individual.

Conclusion

A deeper understanding of the relations between GI and SO can be attained by synthesizing qualitative studies that explore the personal meanings transgender individuals attribute to their sexual orientation dimensions. Such findings both inform future research directions and have clinical implications, such as increasing awareness of the interrelated influence of SO and GI. Clinicians should approach the labels adopted by patients as possibly subject to change, supporting clients in their self-exploration process. Fluidity in sexual orientation identity may reflect changes in the gender of sexual partners, which has implications for sexual health counselling and behavioural risk assessments. It is important for sexual and mental health care providers to acknowledge that fluidity in sexual attractions and sexual orientation identity in transgender population could be linked to adverse physical and mental health outcomes. Assessing sexual orientation identity, attractions and behaviours of transsexual individuals more frequently at clinical visits than only at initial intake is important. Providers can help to normalize these experiences and refer their clients to support and resources, if indicated.

Respectful inquiries about preferred terms – and their subsequent use – can set a positive and supportive tone in clinical and service interactions. Health care providers will benefit from being aware of how complex yet important the search for fitting identity and labels can be, while acknowledging that these may change in the future. Clarity on human sexuality concepts is vital. It informs programs and policies that affect LGBTIQ individuals promoting equality, inclusivity and wellbeing. Misunderstandings can lead to discrimination and poor health outcomes, and accurate understanding is key to creating supportive environments.

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