

A Phenomenological Exploration of Transgender Couples Intimate Relationships

During Transitioning: Implications for Therapists

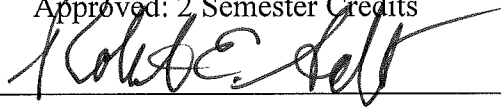
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A handwritten signature in black ink, appearing to read "Robert Salt", is written over a horizontal line.

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ABSTRACT

The purpose of this study was to explore the lived experiences of being in a relationship with a partner who is transgender and the effects of transitioning on the intimate relationship. A phenomenological research study consisting of interviews with two couples, with at least one partner who identifies as transgender, about their relationships and intimacy prior to transition, during transition, and following transition. Transgender couples may present in therapy with issues conceptually different than those of other couples, through this research the experiences of the couples interviewed resonated with the current research indicating that the emphasis on acceptance, support, identity development and intimacy are necessary to the preservation of these partnerships during transition. These findings are compared to the current literature and future research is discussed.

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Acknowledgments

I would like to extend my deepest heart-felt appreciation to all of the amazing people in my life that have allowed for this project to take wing and fly.

The world is not what I think, but what I live through.

~Maurice Mealeau-Ponty~

TABLE OF CONTENTS

	Page
ABSTRACT.....	ii
Chapter I: Introduction.....	1
<i>Purpose of the Study</i>	4
<i>Assumptions of the Study</i>	5
<i>Limitations of the Study</i>	6
<i>Strengths of the Study</i>	6
<i>Methodology</i>	7
Chapter II: Literature Review	9
<i>(Trans)gender and Sexuality</i>	9
<i>Identity</i>	11
<i>Sexual Orientation</i>	12
<i>Intimacy</i>	14
<i>Acceptance and Support</i>	14
<i>Affirmative Therapy</i>	16
Chapter III: Methodology	18
<i>Participant Selection and Description</i>	18
<i>Data Collection Procedures</i>	19
<i>Data Analysis</i>	20
<i>Methodology Limitations</i>	20
Chapter IV: Results.....	21
<i>Case Study One, Ann and Jane</i>	21

<i>Case Study Two, Karin and Alex</i>	<i>26</i>
Chapter V: Discussion	31
<i>Themes</i>	<i>32</i>
<i>Acceptance and Support</i>	<i>32</i>
<i>Identity</i>	<i>32</i>
<i>Intimacy.....</i>	<i>33</i>
Conclusion	35
References.....	36
Appendix A: Pre-pared Interview Questions	

Chapter I: Introduction

“Gender is a ubiquitous social construct that wields power over every individual in our society” (Burdge, 2007, p. 243). “It’s a boy!” or “It’s a girl!” The moment that a baby is brought into this world a gender label is placed upon it that will forever shape the course of its world. For many the dichotomous labels that are placed upon individuals within our current society do not necessarily fit within their personal context of self. Traditionally “sex” refers to a person’s sexual anatomy, whereas “gender” refers to the qualities society considers masculine or feminine. “Transgender” is an umbrella term applicable to a range of individuals who express their gender in non-traditional ways (Gagne, Tewksbury, & McGaughley, 1997).

Outfront Minnesota (2004), defines “transgender” by the following, “a person who transcends the typical male-female gender roles in some significant way. Some transgender people ‘simply’ present themselves, through clothing and other aspects of appearance, as a member of the opposite sex. Others seek to change their bodies, for instance through the use of hormones or through surgery, to more closely resemble the body of a member of the other sex.” For the purposes of this study, “transgender” is used to refer to persons who claim the term on the basis of feelings that their assigned gender role is incongruent with their sense of self.

“The transgender community has its own distinct (but not necessarily homogenous) culture. As with any culture, it has generated a unique language with which it communicates its reality. This language is somewhat fluid and continually evolving. Some terms have emerged organically from within the community; others have been cast by science or academia” (Burdge, 2007, p.243). According to Bockting, Knudson and Goldberg (2006), “the language used by transgender individuals is constantly changing, as transgender people become more visible and are better able to articulate similarities and differences in identities and experiences” (p.42).

Keeping up with this quickly evolving lexicon can be challenging for mental health professionals. As a marriage and family therapist, it is imperative to have an understating and appreciation for ambiguous terminology—along with ambiguous gender.

It is a matter of self-determination and social justice for people to possess the power to self-define. As a result of this self-determined language, innumerable terms for transgender have arisen. However, not all terms are accepted equally. Historically speaking, “transsexual” was the term used for a transgendered person who had opted to have sexual reassignment surgery, the term for the surgical procedures by which a person's physical appearance and function of their existing sexual characteristics are altered to resemble that of the desired sex (Bockting and Coleman, 1993). The umbrella term “transgender” allows for these persons to have flexibility in how they choose to define. “Transsexual” may be one person’s label of choice. Another person, whose situation seems identical to the first, may reject transsexual in favor of “genderqueer.”

“Because it is empowering for oppressed groups to control the language representing their lived experiences, it becomes necessary that mental health professionals honor the meaning of the clients’ chosen words” (Burdge, 2008, p.244). According to Carroll (2006), “The phrase ‘transgender experience’ is currently used to refer to the many different ways that individuals may experience a gender identity outside the simple categories of male or female” (p.479). For the purpose of this study, it is the hope of the author to honor its research participants lived experiences, by using the self-defined terms they use to describe themselves, partners and relationships.

“Gender is the ground out of which sexuality grows” (Carroll, 2006, p. 478). While the impact of transition upon relationships with partners will differ in individual circumstances, the process of transition will always take place to some extent within a social framework of

intimacy. According to Carroll (2006), the process of “transitioning” is defined as the period of time from when the individual first starts the sex-reassignment procedure until the individual is living entirely as a member of the opposite sex. However, some transgender individuals place themselves on a transitioning continuum, meaning that sexual reassignment surgery is not necessarily the end goal in defining their transition.

Gender identity is defined and functions differently than sexual orientation. According to Israel (2005), “gender identity by definition is comprised of: (a) the maleness and femaleness a person feels on the inside; (b) how that gender identity is projected to the world; and (c) and how others mirror that identity back to the individual” (p. 55). Each of the components constituting gender identity is inherently dynamic, yet they also work together. If these conflicts become persistent then that in sum best describes gender dysphoria or gender identity disorder (Gagne, Tewksbury, & McGaughey, 1997).

The DSM-IV gives the criteria for gender identity disorder (GID) as follows (1) “a strong and persistent cross-gender identification,” (2) “persistent discomfort with his or her sex or sense of inappropriateness with one’s given gender,” (3) the disturbance “is not concurrent with a physical intersex condition” (4) “the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning” (American Psychiatric Association, 2000). “The DSM-IV also includes a diagnosis of gender identity disorder not otherwise specified, which includes those who have intersex condition and gender dysphoria, intermittent cross-dressing behavior, or who may want genital surgery without the goal of changing their gender” (Carroll, 2006, p. 479). According to Seil (2004), “Individuals with GID do not wish to be considered another category of gender. Most of them want to move from one conventional gender to the other. They adopt not only the anatomy of the other gender,

but also the roles determined by society as appropriate to the other gender. In doing so, as the disorder disappears, they disappear into the fabric of society” (p.101).

Distinguishing between gender identity and sexual orientation is an essential clinical distinction. Burdge (2007), makes the distinction, stating, “Sexual orientation refers to one’s emotional and sexual attraction, whereas gender identity refers to one’s sense of self as being female, male, or otherwise gendered (perhaps transgendered or not gendered at all” (p. 244). Israel (2005) defines sexual orientation as follows “sexual orientation indicates to whom a person is attracted to and can be defined as gay, lesbian, bisexual, polyamorous, pansexual, asexual or heterosexual patterns of sexual attractions, fantasies, desires, and/or practices of persons. This can be true for transgender persons, including those that transition, just as it is so for non-transgender persons” (p.55).

Gender identity is a matter of self-determination. This can be respected by observing a person’s efforts at developing a consistent gender presentation and demeanor. For the purpose of this study, it is important to operationally define participants in a way that allows the reader to conceptualize their experience. If a transgender person who was born with male genitalia and elects to make the decision to permanently transition to female, she is considered Male-to-Female (MTF). Conversely, if a female-born person elects to make the decision to permanently transitioning to male, he is considered Female-to-Male (FTM). The emphasis is placed on the genital transition, given that gender is a social constructed label placed upon people.

Purpose of the Study

The purpose of this study is to explore an area of research that has been explored in terms of transgender individuals, but remains wholly unexplored in terms of their intimate partners. By being a witness to the narratives of these couples and providing a space for their voices to be

heard; the hope is to provide helpful feedback for mental health practitioners, specifically marriage and family therapists, assisting couples with a partner who is transgender and who are experiencing the process of transitioning together.

Assumptions of the Study

The primary assumption of this study is that like all relationships, couples with a partner who identifies as transgender possess qualities, values, ideals, boundaries, and expectations that set them apart from others. However, the process of transitioning is a completely unique experience that these couples have undergone and continue to work on within the framework of their relationships. Any couple and the individuals that make up their dyad, who have experienced similar things will still have great variety and diversity amongst them. Therefore, the couples' experiences will present several common themes, but is not necessarily a conclusive description of all couples with a partner who identifies as transgender. It is also important to take into account that as a heterosexual identifying as female, who lives in a society that places great emphasis on gender and generally speaking, possesses a limited understanding about the "T" in the lesbian, gay, bisexual and transgender (LGBT) community, there is a possibility for this author to carry biases and hypotheses to the study that do not fit the worldviews of the participants. Careful consideration has been taken to assess how these biases may play out in the questions posed, the expectations, and the general understanding of transgender persons before completing this study. Even as a therapist, objectivity possesses subjectivity and honoring oneself in this process of understanding and meaning making is imperative to this research and future therapeutic endeavors.

Limitations of the Study

Limitations of the study would be corrected with an expanded version of the research with more participants. With only two couples participating, results cannot be interpreted as generalizable for all couples where a partner is transitioning; this study provides merely a glimpse of these couples' experiences. In addition to the number of participants included in the study, the study may have benefited from a greater variety of participants. Each of the members of these couples identified as Caucasian and all are currently residing in Western Wisconsin. Age was also a factor; in the future a sample of younger couples with similar experiences would perhaps yield more diverse results. Three of the participants were above the age of fifty years old. Finding participants from other race, age and demographic groups would increase the possibility for richness and depth for future research on transgender persons and their partners' experiences.

Strengths of the Study

The primary strength of this study is the researcher's use of phenomenology for the research methodology. Phenomenology is "a method of investigation, and description that is compatible with their [marriage and family therapists] already developed skills of observation, creativity, intuition empathetic listening and analysis" (Boss, Dahl, and Kaplan, 1996, p. 83). One of the most important characteristics of phenomenology is knowledge that researchers are not separate from the phenomena they study. "Social inquiry influenced by the investigator's beliefs about how the world works. Subjectivity (rather than objectivity) is therefore recognized as a researcher's reality" (p. 85). This researcher has taken strides in being in able to understand her own beliefs, views, and values and when they may be present when completing this research.

It is imperative to possess a level of self-awareness in completing this research, as one will be called upon to interpret the participants' narratives. "Language and meaning of everyday life are significant "(p. 86). This author made an effort to honor participants' experiences through her interpretations of their interviews. The use of the participants' language was enlisted to aid in these interpretations. This researcher was called upon to listen, observe, note feelings, note her own feelings and to ask questions, because it is the participants, not the researcher, who holds the answers to the research questions.

Methodology

This research was guided by the inductive process of phenomenology. The foundation of phenomenology is to demonstrate the reciprocal interactions among the processes of human action, situational structuring, and reality construction (Langsdorf, 1995). The central goal of this study was to gain greater understanding of the experience of being in an intimate relationship with a partner who is transgender and who is experiencing transition. The interviews are presented as case studies about being in a relationship with someone who is transgender and the effects of undergoing the process of transition on the relational and intimate experience. In addition to these the case studies, the interviews are also cross-coded for significant, repeating, and noticeable themes. These themes are compared with existing literature and discussed for future research. The participants' direct quotes and language are used throughout the case studies to add depth to their descriptions of their experience of being in a relationship with a partner who is transgender. This author relied heavily on using the participants' direct quotes to aid in validating the interpretations of the interviews.

Phenomenological concerns are frequently researched using qualitative methods (Denzin and Lincoln, 1998). Within the phenomenological paradigm, intensive interviewing to uncover

the subject's orientations or his or her "life world" is widely practiced (Bogdan and Taylor, 1995). By making use of a qualitative research design this allows space for interviewees' lived experiences to best be described, recorded, and conceptualized.

Qualitative tools are used in phenomenological research either to yield insight into the microdynamics of particular spheres of human life (Langsdorf, 1995). This author is interested in both the lived experiences and of meaning-making, which is the impetus behind this researcher making use of semi-structured interviews. Understanding *how* the meaning-making process emerges is equally important as understanding *what* is asked and conveyed during the interview. Through the notes and transcription of the interviews, this author hoped to capture themes that will offer insight into these couples' relational experiences. The entire interview process is conceptualized as a shared process of reality construction between the interviewers and the participants. Further, phenomenological research has suggested that emotions are best analyzed as interpreted processes embedded within experiential contexts (Langsdorf, 1995).

Chapter II: Literature Review

Many fields have contributed to current knowledge of gender and the transgender community, such as psychology, sociology, literature, medicine, anthropology, and philosophy. However, there continues to be a dearth of research related to issues affecting transgender people and their intimate relationships. According to Bockting, Knudson and Goldberg (2006) the intimate and sexual lives of individuals who have made a gender transition is an area that has not been widely discussed by professionals. Moreover, the relationships of transgender people are ignored not only within the definitions of the family, but also within gender research (Fox and O'Keefe, 2008). It becomes necessary for all mental health practitioners to have an understanding of transgendered individuals as a sexual minority and how this may ultimately impact their experiences in their families, their relationships, and society as a whole.

According to Bockting, Knudson, and Goldberg (2006), "transgender individuals and loved ones (partners, family and friends) may seek assistance from mental health profession for trans-specific or more general health concerns" (p. 35). Many transgender individuals and their loved ones have had negative experiences with health and social service professionals, and may be wary about entering into a relationship with a clinician. It is imperative that clinicians possess at very least, a basic working knowledge and understanding of the transgender experience, because a "transgender person's success hinges on receiving critical care, family and social support" (Israel, 2005, p.53).

Trans (Gender) and Sexuality

The interplay between (trans)gender and sexuality is complex. The problem of defining the sexuality of members of society has been vexing students of human behavior since sexuality began to be used as a basis for identity in the 19th century (Burdge, 2007). In recent years, the

question of the relationship between biological sex and social gender has become a contentious issue in this discourse. This has been especially highlighted by research about the sexuality of transgendered people (Bockting and Coleman, 1993). Sex, gender, and sexuality are far too complicated to be placed within a binary system (Burdge, 2007). This is true for all people, but it is especially true for people who identify as transgender. A review of the literature reveals that “transsexual couples” is a label typically used to describe the relationship between a transsexual and a non-transsexual partner. However, as mentioned earlier, many people who fall under the transgender umbrella choose to label their identities with their own self-defined language. Such labels as “gender fluid,” “gender queer” or “transgender,” serve the function of better honoring these individual’s lived experiences (Fox and O’Keefe, 2008).

Open discussion of sexuality is comfortable for some transgender individuals, and not for others. Transgender individuals are often asked invasive and inappropriate questions by strangers or health professionals relating to genitals or sexual practices and may be wary of the researcher’s motivations if explicit questions are asked (Fox and O’Keefe, 2008). Discomfort discussing sexuality in a therapeutic relationship may or may not extend to discomfort communicating about sex in an intimate relationship. In addition to feelings of embarrassment and shame commonly associated with sexuality, transgender individuals may have extra difficulty discussing sexual issues because of dysphoria associated with their genitals and body, and with sexual roles associated with gender (Bockting, Knudson, and Goldberg, 2006). Therefore, many transgender clients can benefit from exploring strategies for disclosure of identity, sexual negotiation, and setting boundaries regarding sexual touch and sexual activity (Israel and Tarver, 1997).

“Trans-specific sexual concerns may include managing gender dysphoria in an intimate or sexual relationship, concerns related to erotic cross-dressing, shifts in sexual orientation or sexual preference as part of gender exploration or gender transition, and the impact of hormonal or surgical feminization or masculinization on sexual desire, sexual functioning, and safer sex practices” (Bockting, Knudson, and Goldberg, 2006, p. 62). Assumptions should not be made about the sexual activities of transgender individuals and couples. While some transgender individuals are strongly dysphoric (feeling depressed, anxious or uneasy) about their genitals and do not like them to be touched or looked at, others may be very comfortable using their genitals. For example, some FTM transgender individuals engage in receptive vaginal intercourse with other men (Bockting & Coleman, 1993). “Like non-transgender people, both MFT and FTM transgender individuals may engage in a wide variety of sexual behaviors, including erotic touch, receptive or oral, vaginal, and anal penetration; and role-playing” (Bockting, Knudson, Goldberg, 2006, p 63).

Identity

A dynamic that many people may find challenging is to be able to set aside their preconceived ideas of who a loved one is, and be able to embrace the transgendered person’s autonomy in self-determining his or her gender identity (Brown and Rounsley, 1996). For example, within a relationship that has lasted many years a plethora of questions might arise, “Is my husband gay? (MTF) Is my partner straight and are we no longer lesbians? (FTM) What does this mean for us and what we’ve shared?” These are the questions that may arise that couples may find best answered within the context of therapy.

According to Bockting, Knudson, and Goldberg (2006) the process of revealing one’s transgender identity is similar to the coming out process for gays and lesbians, however not

completely analogous. The revealing of transgender individual's identity may be met with a negative reaction, due to the fact that transgenderism is not widely recognized nor understood. Transgenderism challenges societal beliefs about sex, gender, and sexuality in ways that people that are non-transgender may not fully understand or accept for that matter. The coming out process for transgendered individuals not only reveals their hidden identity, but will also result in physical and social changes that may be difficult for loved ones to understand within the context of their relationship with transgendered loved ones.

The research indicates that "couples that are willing to do the communicating, search for answers together and redefine their relationship are the ones who benefit" (Israel, 2005, p.61). Couples may make the decision to form a new partnership within their pre-existing marriage, or choose to become lovers or just friends. Partners may have difficulty with their partner's transition, due to the fact that they see the transition as a threat to their own identities and they can experience an identity crisis themselves that forces them to reassess their own self-images. According to Fox and O'Keefe (2008) partners who are able to remain accepting and flexible are able to cope better and continue their relationship with their transgender partner.

Sexual Orientation

According to Bockting, Knudson, and Goldberg (2006), gender transition is usually accompanied by shifts in sexual orientation. A MTF transgendered person may find themselves attracted to men following transition, though previously their attraction was to women. Similarly a FTM who previously identified as lesbian and now no longer holds that particular identity or a place within the lesbian community. These shifts in sexual orientation may be confusing for the transgendered person and may also impact intimate relationships and their partner's identity within them.

Miller (1996), found in clinical practice, that approximately three-fourths of transitioning persons will re-examine and explore their sexual orientation during transition. Of those that do explore, approximately one-half will redefine their sexual orientation within the first few years of transitioning. Similar to the developmental process of adolescence, many transgendered people going through transition are exploring their sexual orientation and intimate relationships; they have to mature on their own terms.

“While defining an outward gender identity becomes a fairly predictable process after a person’s transition is established, actually recognizing impending change to sexual orientation is frequently much more surprising to transgender persons and their loved ones” (Israel, 2005, p.57). How does a MTF with an attraction to women express these unexpected feelings, specifically when these conflict with an assumed or forced attraction to men to fulfill cultural (homophobic) biases that are expected of women” (p. 57). Another situation that may occur is that when a FTM finds himself sexually attracted to men and his partner is female.

These shifts in sexual orientation may be issues that arise within the context of transgender partnerships and they warrant discussion within those relationships. A couple may have to make a decision to redefine their relationship following transition. For example, an MTF transgender person who is married to a woman, who transitioned later in life, and who has little contact with the lesbian community may or may not describe the relationships as a lesbian one. According to Israel (2007), this new couple identity is formed through communication, negotiation, and acceptance. “Transgender persons express a wealth of human diversity, and as with any population should be encouraged to safely explore these issues so that individuals can get their intimacy needs met” (p.57).

Intimacy

Changes related to gender transition commonly impact intimacy and sexuality, and psychotherapeutic assistance may be required to assist transgender individuals and couples adjust to these important life changes (Bockting, Knudson & Goldberg, 2006). According to Bockting, Knudson, and Goldberg (2006) within intimate relationships, “Communication about transgender sexuality is made more difficult by the paucity of sexual language that is respectful and inclusive of the sexual experiences of transgender individuals and their partners. Assumptions about bodies, gender, and genitals that simply do not speak to the real bodies that some transgender people live with, or the specific way that a transgender person might understand and describe their body” (p.63).

Many transgender individuals may benefit from the exploration of strategies for how they go about revealing their identity, sexual negotiation with partners, and skills on how to set boundaries regarding sexual touch and sexual activity. “Transgender individuals may also conceptualize their genitals in ways that they see fit their sense of self. Transgender individuals may have discomfort discussing sexual issues in the therapy environment due to difficulty in finding appropriate language to refer to body parts that do not necessarily match their gender identity. The research shows, that in these cases it may be helpful to normalize the discomfort and spend time exploring language that feels comfortable to the client” (Bockting, Knudson & Goldberg, 2006, p.63).

Acceptance and Support

According to Brown and Rounsley (1996), for parties with no knowledge whatsoever of gender issues, disclosure for the transgender person becomes one of primarily adopting a caretaker role—usually to contain the family member’ shock and distress—just at a time when

the transgender person may need a great deal of support for him or herself. It is during this time, according to Burdge (2007), therapists may be called upon to assist families of transgendered individuals to understand how to respond affirmatively to their transitioning loved ones.

Comparisons in intimate relationships can be drawn to the current research on the varied sibling relationships of transgender persons. Boenke (2003), indicates that clients often report that their siblings went out of their way to help the transgender person adjust to the new role. Men will talk to their new brother about those things that men know and enjoy and doing. Clothing, makeovers, and other subjects of concerns for women, become the focus within new sister relationships, thus showing their support for the siblings identity. "The importance of social support cannot be underestimated. Research has shown that transgender individuals often have low levels of social support and that support from partners and family buffers the negative effects of social stigma and discrimination (Bockting, Knudson, and Goldberg, 2006, p. 48).

According to Israel (2005), "One dynamic which can inevitably become a hindrance to a couple's coming to terms with a partner's gender issues is when very rigid gender boundaries were the substance and norm of the relationship" (p. 61). Partners that are able to remain flexible with their transgender partner's identity appear to do better within their relationships. Couples that are able to treat one another with dignity and respect, even throughout the difficult process of transitioning on their relationship, are the couples who the research indicates are able to survive and ultimately thrive.

Transition becomes difficult for others to accept when they have always known the person transitioning in the gender that they have been living as. Often it takes a concerted effort on the part of partners and family members to change their preconceived profiles to meet of

match those of the transgender person (Boenke, 2003). According to Bockting, Knudson and Goldberg (2006), partners may describe an emotional process similar to that of stages of grief and bereavement. Partners may initially react with shock and respond with denial or attempt to bargain with the transgender person. Partners may move into being angry with their transgender partner, fear what others might react and fear about how the transgender person will be treated. It is at this stage that sexual dysfunction has the highest likelihood to occur. It is during this time in the couple's relationship that therapy may be most helpful to assist partners in restoring intimacy and reduce isolation. Partners may start to grieve their losses on a variety of levels, specifically the perceived loss of their partner. The last stage that partners appear to go through is that of their own self-discovery and change; and ultimately the acceptance of their transgendered partner. Finally the hope is that partners will join their transgendered partner's journey. A therapist may be called upon at this point in time to assist partners in their understanding of their feelings that may arise from having a transgender partner who may face harassment and discrimination in a transphobic society. The final goal that partners will attain is that of pride in their loved one's courage and this pride may take the form of advocating and educating others about them (Boenke, 2003). The research indicates that some partners and loved ones of transgendered individuals are encouraging and supportive, and may even take a stand in helping to counter the shame and embarrassment that transgender individuals experience. Mental health practitioners should continue to encourage partners and families to take this affirmative stance for their loved ones.

Affirmative Therapy

Research related to conducting affirmative therapy with the LGBT population indicates that though transgender couples may present with issues conceptually different than those of

other couples, the emphasis on acceptance, understanding, communication and support are necessary to the preservation of the partnership (Fox and O'Keefe, 2008). There is a great gap in the knowledge base related to the transgender experience and how transgender couples navigate their transitioning process.

According to Carroll (2006), "Historically the mismatch of gender identity and physical or social gender has been pathologized or condemned (p.479). However, today with more research and an improved understanding of the transgender experience, clinicians are becoming better able to assist these individuals and their loved ones. "Therapists would do well to foster a sense of 'trans pride' in their clients, couples and families. Whether that pride is private or public is irrelevant provided it is operating as part of sustainable, positively constructed ego-strengthening. Anything less is denial and transference of transphobia on the therapist's part" (Fox and O'Keefe, 2008, p. 275.) This study hopes to shed light on the importance of encouraging future research and to provide information for marriage and family therapists and other mental health practitioners as begin their process of building a knowledge base and an understanding for issues facing transgender individuals and their partners.

Chapter III: Methodology

This phenomenological study aims to better understand the lived experiences of couples in transgender relationships. Two couples were interviewed and asked to describe their experiences. Interview recordings and transcripts were used to construct case studies for each participant based on their self-reports. A discussion of significant and reoccurring themes is presented.

Participant Selection and Description

The participants selected for this study were couples that have at least one partner who identifies as transgender. This author possesses an awareness of the sensitive nature of discussing something as personal as couple intimacy, especially when often transgender couples have had negative experiences around this line of questioning (Bockting, Knudson & Goldberg, 2006). This author feels very strongly that it is important that the chosen participants are couples with whom the author had had the opportunity to have met and have interacted with. This author conceptualizes this process much like the therapeutic joining process, because of the intimate breadth of knowledge that is hoped to be uncovered. The participants are all couples whom this author has met through her work in the LGBT community.

This author has put a great deal of reflection into the use of participants that she knows personally. This author believes that this is necessary to be able to make as full of a contribution to the needed research and in turn, back to the community. Interviews were conducted with two couples, each that has one partner who is transgender and who has experienced the process of transition. Participation was voluntary as stated in the provided informed consent and monetary compensation was provided at the end of each interview.

Data Collection Procedures

Interviews were conducted in person with each of the couples. Interviews were completed at the couples' homes. Each interview lasted approximately two hours. Both members of each couple dyad were interviewed together to provide history congruency to the relationship. The first couple consented to be tape recorded, however the second couple declined. Notes from the second interview were thorough, and quotes were documented when possible, but a complete verbatim transcript is not available. The first interview was transcribed fully by the researcher.

Interviews were focused on learning more about each participant's experience within their relationship. The initial question was intentionally open-ended so to avoid imposing the researcher's expectations into the participants. It was imperative that each couple felt that their relationship was being acknowledged for its legitimacy and not just for research purposes. Each interview opened with the question, "Tell me about you relationship." Several other prepared questions were available to be asked during appropriate times of the interview if the participants did not already address the question earlier in the interview. The others questions were:

- Tell me how you or your partner came to the decision to transition.
- What was the initial impact of the decision to transition on the relationship?
- How has the relationship changed through the process of transitioning?
- How has the process of transitioning affected intimacy in your relationship?

All of these questions were asked of each of the couples to provide congruency across the research.

Data Analysis

The second interview could not be tape-recorded and thus was unable to be transcribed by the researcher. However, the researcher recorded detailed notes throughout the interview and recorded verbatim quotes whenever possible. These notes and interview transcripts were used to construct case studies of the participants' lived experiences. These transcripts were then coded by the researcher to highlight key topics of discussion (i.e. acceptance, communication, negotiation, and intimacy).

Methodology Limitations

Other method specific limitations of this study are related to data collection. One of the couples declined to be tape recorded during their interview. Without verbatim transcripts, data is more vulnerable to researcher-error related to interpretation and biases. In addition, descriptions of the couple's experiences lose richness and profundity without direct quotes from the interviews.

Chapter IV: Results

This phenomenological study was conducted to present to an audience a meaningful description of two couples' experiences of having a transgender partner. Case studies were constructed and, when possible, participant quotes are provided to enhance the richness of the descriptions. Participant quotes are also used to validate the researcher's construct of the participants' narratives. Interview notes and transcripts were coded by the researcher to highlight key topics of discussion. These topics are compared to existing literature and discussed for potential future research. Finally, the researcher presents an interpretation of significant themes across the interviews, looking for similarities and differences across the couples. The participants in this study made the conscious decision together that they wanted to use their real names within the case studies. The participants' reported that through their process of transition they made the decision to change their names legally (i.e. driver's license, marriage certificate, passport) and for the purpose of this study wanted to honor their name changes by using them within the research.

Case Studies

Case Study One, Ann and Jane

The interview was conducted with both Ann and Jane present. Ann, formerly known as Art and identifies as transgender and her partner Jane are a married couple both in their mid-sixties residing in Wisconsin. Ann and Jane have been married for over forty years. Ann and Jane consented to being tape-recorded and their interview has been transcribed. Direct quotes are used throughout the case study narrative.

Ann began the interview by sharing that she had transitioned from Art to Ann approximately 5 years ago on July 4th. She uses this as her "transition anniversary" date because

this is when she had sexual reassignment surgery and stated: “This the day I feel that I was liberated and become a whole person, the whole person that I had been waiting all my life to become.” Ann and Jane shared the history of their relationship. Ann and Jane grew up in the same town and have known one another since they were young children.

Jane shared:

“We have been together for over 50 years. So we’ve been together for a very long time and our love is so strong and has gotten us through and never changed even through all we’ve been through together.” [Researcher: “You were saying about the piece about how your love didn’t change?”] Ann’s response:

“No it was fearful for what was going to happen in the outside world, how we will be treated either individually or as a couple, what was going to happen with our jobs, income, we didn’t have a lot of money saved up, my retirement was in my business that I was trying to build, so we were concerned, very concerned. But we stayed together, talking about things which Art never talked about things; Art kept it all instead pretty much.”

Ann and Jane discussed that after Art transitioned to Ann there was a significant increase in their communication as a couple. Ann shared that as Art she had been very involved within the community. Ann shared that she became overly involved to hide what was going on inside for her.

Ann shared:

“I was going to hide and mask what was going on in my brain because every time I had free time all wanted to do was dress [cross-dress].”

When Art decided to transition fully in becoming Ann, she was no longer able to be part of the organizations that she had been in for many, many years. Ann lost her social networks and her

job. Ann stated: “And so now, that gave me an opportunity to transition. And so we spent an awful amount of time together, she [Jane] worked with me on dressing and make-up and hair. And, so we were more like girlfriends and we really enjoy ourselves together.”

Ann and Jane share about how they handle situations where people inquire about their relationship. Ann shared:

“People will say, “Oh are you two married?” we say yes, because they didn’t ask if it was to each to other. They will say, “So what do your husbands do?”, I [Ann] drive shuttle and say that he is a painter, I can’t say she’s a painter, I’ve got to say he’s a painter.”

Ann’s comment reflects the caution that many LGBT person face when revealing that they are partnered with a member of the same sex.

Jane’s response to Ann’s statement reflects her openness and acceptance of her partner and their relationship:

“But you could, there should be no problem with that, you are who you are and we are who we are together, so people should learn to be more accepting of that.”

Ann’s stands by her reservation:

“No, but I’d rather not, because of what the response might be, you know I’d rather not get into it and leave it at that.”

The researcher inquired about what the process was like for while she was contemplating transitioning fully and when she decided that she had to come out to Jane.

Ann shared:

“I’d reached my boiling point and I had to confess to her what was happening with me. I said to her there’s something that I have to talk to you about. And of course, she’s

thinking, are you going to divorce me, have you got cancer, you know whatever, and I said no, I asked are you familiar with the term GID, and she said no what's that? I said Gender identity dysphoria and she says she still doesn't know. And that was my exact response when I got my diagnosis from my therapist and I said what does that mean, she said that 'means that your brain and your body are on two different planes. Your brain says you are female and your body says that you are male.'"

Jane's reaction:

"It will all be ok; we will get through this together."

At this point, researcher inquired more about how Ann and Jane felt like they were able to "get through it." Ann (crying) shared:

"Well, I think that with her [Jane's] blessing we can deal with it. That I guess I didn't care what happened in the outside world; as long as I had her."

Ann and Jane discussed how they identify as a couple.

Ann: "Well, in the public's eye we are a lesbian couple. In my mind we are just a couple."

Jane echoes their couple identity, stating,

"We are a just a couple. And I don't care what other people think. I don't care what they think I am. Why does society have to have labels? I don't like labels and so many people put labels on things, but I'm just Jane. We're a married couple; always have been, always will be."

The researcher inquired about what Ann and Jane would say to a therapist that works with couples similar to them. Ann states:

“Number one it’s hard to say if the therapist will be working with couples to start out with, they will be most likely working with an individual and then trying to encourage them to talk to their spouse. Now ninety-percent of the spouses want nothing to do with it. The therapist just has to keep encouraging them to open up to their spouses. Talk to them, open communication is key. Now not all spouses are going to be like her [Jane].”

Ann and Jane shared what they believe to be keys to their success as a couple. Not only have they known one another since they were in the third grade, but there are some other keys pieces. Jane shared:

“We respect each other. Others see the love and affection that we show all the time for each other. We are kind to each other. We help each other. Every relationship needs a foundation; for us it’s that connection and you build that up and build that up, pretty soon you are a mountain and nothing can topple that.”

Ann shared: “And so now even in the transition that admiration is even stronger. That our love is strong enough to keep us together yet.”

Jane discussed her feelings of loss and grief related to Art transitioning to Ann. Jane shared:

“I stated that I was always there for her, but I really mourned the loss of Art. I don’t know if it was Art necessarily, I don’t know but I knew I still I had the person, but Art was no longer Art, Art was Ann. My love never changed but it was like a death to me.” And yet, I knew I still had the physical person with me, I didn’t lose the person. But Art will always be with me inside always.

On intimacy: Ann shared:

“Well, you know when I was driven by testosterone and now that I’m not, it is all different, it’s [sex drive] not even there, I could care less, we still hold, hug, kiss, that hasn’t changed a bit.

Jane shared: “I’ve been sexually active all my adult life, that’s not a priority anymore. I’ve had two kids, I’m 62 years old, it’s not a priority. It’s about being together and enjoying each other’s company.

Ann and Jane shared that their connection, communication, pride, compassion, humor and respect is what keeps their intimacy and relationship alive and thriving.

Case Study Two, Karin and Alex

The interview was conducted with both Karin and Alex present. Per the participants' request, the interview was not tape recorded. Direct quotes are provided when available from the researcher's notes. Karin, formally know as Erwin and her partner, Alex, formally known as Amanda are a couple in a long-term relationship and both identify as transgender. Karin is in her fifties and Alex is in his thirties, they are residing in Wisconsin. Karin and Alex have been in a relationship for approximately five years.

The interview began with Karin and Alex sharing the history of their relationship. Karin and Alex met an All Trans-Health Conference held at the University of Minnesota, sponsored by the Program for Human Sexuality. Karin shared:

“This is place for all the people who identity under the transgendered umbrella to come to be together with other trans people and their partners and loved ones. I didn’t think it would be where I would find the person I would fall in love with and want to spend my

life with. Then I saw Alex sitting on the floor during one of the presentations and he was just so cute. I didn't realize initially that he was trans, because he passes so well."

At that time Karin shared that she was living full-time [dressing in the desired gender and going out by normal daily routine] as a FTM and when she meet Alex he had just started his transition and had just begun taking testosterone. Karin shared that she somehow struck up a conversation with Alex and Alex shared that he was also transgendered. Sometime following that first encounter, Karin and Alex began to see one another and have now been together for almost five years. Karin shared that she had started her transition when she was forty-five years old and transitioned fully, meaning for her sexual-reassignment surgery when she fifty.

Karin had already been taking hormones for quite some time before she and Alex had even began dating.

Karin shared:

"After I was able to save up enough money and got the green light from my therapist to go ahead with the surgery, Alex was the one that I wanted to make sure wanted me to have it [surgery] for sure. After my surgery I felt almost, how do you say, asexual, I had to get used to my new found sexuality, it was so different being a woman than being a man, sexually especially."

On Karin's sexual reassignment surgery, Alex shared:

"Of course I wanted her to transition fully; I just wished that I could have been able to keep her penis (laughing). It was hard to see her lose something that I want so badly and kind of had, I guess vicariously through her, oh well, I will just have to wait my turn."

Alex shared that he always identified as a butch lesbian within the lesbian community and when he decided to come out as transgender he felt completely liberated. Alex began taking hormones

when he was thirty and has had his top-surgery completed [a double mastectomy], at this time Alex is trying to save enough money to have his sexual reassignment surgery, often referred to as bottom surgery.

On their intimacy, Alex shared:

“It is a hard waiting to get my surgery done, because I know she [Karin] isn’t interested in being with a vagina, so we do lots of cuddling and holding.”

Karin and Alex shared that their intimacy may look different from other couples who are able to “get their parts” to fit the way they want to, but for them it is all about just being together and being intimate in ways that are not necessarily sexual. Karin shared:

“Many trans people are in the process of transitioning and may not yet feel comfortable with where they are at in the process and don’t really like looking at or using their genitals, because they are not exactly what they want yet. So they find other ways of being with partners intimately and that’s how Alex and I are.”

With the process of transition came lots of communication and discussion about what their intimacy would look like. Alex, having transitioned from FTM, discussed having a partner with the “part” he is interested in. Alex shared:

“It’s not weird for me because Karin has the part now that I want, but I am not quite there yet, but we can do a lot that makes us both feel good.”

Karin and Alex focused on their connection and their ability to communicate with one another.

Karin shared:

“We are always looking for solutions to whatever comes up in our relationship, we don’t necessarily fight, we have good discussions and we always get them resolved, nothing some cuddling won’t cure either.”

On their sexual orientation and identity as a couple.

Karin shared:

“Well to the outside world, we just look like a typical heterosexual couple. No one has to ever know that we each started out as the other one (laughing).”

Alex shared:

“We identify how we want to identify. We are just a couple that loves each other, pretty simple. It’s weird for me sometimes having come from the lesbian community and having always identified as a lesbian. I sometimes feel like they might label me a ‘sell-out,’ but it’s who I am and who I love so it’s fine with me.”

Karin and Alex shared that they would hope couples that are going through transition understand what a huge, important process it is for that person and how important and supportive and affirmative partner is. Alex shared:

“If I wouldn’t have found Karin I don’t know what would have happened, she makes me feel proud to be who I am and that I am transitioning on my own, my process from FTM is a bit different than her experience, but we just support each other no matter what.”

Karin shared:

“Our love is what it is and it keeps growing each day, because together we can get through anything. I suppose it’s different because we get to go through the process of being trans together, not everyone gets that and it’s sad. We look like a heterosexual couple and people don’t question that where we live, so that probably helps us. “

Karin and Alex shared that they go to each other’s therapy sessions, Karin shared

“So that they are best able to support one another through all of the issues that come up with being in a relationship with a partner who is transgendered and being transgendered to.”

Karin and Alex shared that their ability to connect so fully, communicate, their trans pride in each other and themselves, flexibility, humor and respect for one another is what keeps their intimacy and relationship evolving and transitioning along with them.

Chapter V: Discussion

Interview notes and transcriptions were coded for recurring themes across the interviews. Each of the case studies yielded various themes. The strongest theme to have emerged from this research is that each relationship offers unique insight into transgender relationships. More importantly, each relationship seems to have evolved or been designed consciously or unconsciously, according to circumstance. According to Fox and O'Keefe (2008), "the often tenuous nature of the bodies of transgender people seems to give rise to form a genesis when it comes to relations that by necessity had to abandon many of formulae operated in relationships by average people with more stable body types" (p. 270).

The various themes that this researcher was able to uncover were coded and either paralleled the existing literature on the topic of transgender experience and identity, transition and its impact on the intimacy and relationships. Also, the themes that are discussed offered new insight and findings to add to the current literature and future research. The themes offered insight into the similarities that each of these couple possesses, but also the differences that make each of their experiences unique. These themes are an interpretation of the information provided by the research participants through their interviews. These themes represented in this research are not necessarily a conclusive picture of all couples with a transgender partner who have experienced transition. However, these themes help paint a picture for future research and provide a framework for understanding for mental health practitioners working with couples having similar experiences.

Themes

Acceptance and Support

The research shows that when transgendered individuals have a partner or a close family member they are often able to have enough love and support they are able to make it through unimaginable hardships associated with a harsh, transphobic society. For all the couples interviewed being supportive and accepting of one another was something that they each took very seriously. Ann and Jane discussed the importance of no matter what happens within the relationship, one should be able to treat their partner with respect and dignity at all times. Karin and Alex placed great emphasis in being able to accept one's partner where he or she is at in their transitioning process and provide the support that they may need.

Identity

The identity of the transgender person is not the only identity to shift when they decide transition. In addition, so may the identity of their partner, and ultimately the relationship. Here you have a newly developed and transitioning relationship, that warrants communication and negotiation from all those involved. Negotiating one's own identity is an arduous process for the transgender individual, now the process of negotiating identity with a partner holds a vast array of ideas, reactions and preferences to sort through. Ann and Jane reported never doubting their couple identity, they states, "We are married couple, are now and always will be." Jane discussed people may look on their relationship and label them as a lesbian couple, due to the fact that they appear outwardly to be two women in a same sex relationship. However, Ann and Jane stand by their conviction to not box themselves in with a label and remain flexible in their identity as a couple.

Karin and Alex offer somewhat of a conundrum, given that they are both transgender individuals within a relationship together. They offer great insight to couples like themselves and couples like Ann and Jane who may seek therapy from various mental health practitioners. Karin and Alex discussed that they appear to the outside world as a heterosexual couple, their being the only ones who know the true reality. Karin and Alex choose to like their life together free from any particular label as well. The flexibility that these couples show within their relationships allows for their ability to thrive and survive in a transphobic society that is not quite as accepting or flexible.

Intimacy

Both couples focused on the importance of distinguishing between intimacy and sexuality. Intimacy appeared to be defined throughout the interviews as a connection, an ability to communicate, respect and acceptance for one another. Intimacy focused on the importance of connection, touch, closeness, and being together as a couple. Sexuality focuses on the physical aspects of interaction, for example oral or vaginal sex. Both couples engage in sexual activities; however they are not the emphasis within their relationship. Ann and Jane shared that due to shifts in hormones and the natural process of aging, they are no longer interested in engaging in sexual activity, but do still greatly enjoy one another's company in intimate ways, such as holding hands, cuddling or simply spending time together.

Alex and Karin discussed their experience of "when your partner doesn't exactly have the parts you're in to." Due to the fact that Karin has transitioned fully, meaning that she now has a vagina, this fits for her sexual preference. However, Alex has not yet had sexual re-assignment surgery and still has a vagina; this currently does not fit into Karin's sexual preference. They are, however, able to enjoy each other's company intimately and both agree that connection and

closeness are key bricks to their intimate foundation. These findings on intimacy echo the research in terms of communicating about sexual preferences, setting boundaries and developing strategies for allowing for these couples to get their intimacy needs met in whatever ways work best for their relationships given their unique experiences.

Conclusion

According to Bockting, Knudson, and Goldberg (2006), transgender persons and their intimate partners are an underserved community in need of empathetic, comprehensive, and clinically competent care. Qualitative findings can describe the largely uncharted, complex lives and experiences of transgender persons. However, in addition to these descriptive purposes, qualitative findings from transgender samples can be used to question and even modify existing theories, concepts, and norms that describe general human behavior. In this way, the experiences of transgender people can potentially inform society as a whole.

For the mental health professionals unfamiliar with supporting transgender persons, as well as their partners, it becomes an imperative to be able to identify this population's unique needs, transition concerns and relationship dynamics. New challenges arise as transgender clients become more prevalent within the LGBT community. These include distinguishing between sexual orientation and the complexities of gender identity; differentiating actual transgender issues and ordinary relationship concerns; and recognizing characteristics of strong relationships versus that those appear destined to fail when one or both partner's needs can no longer get met. At a core level, there exists the need for marriage and family therapists and all mental health providers to possess basic transgender knowledge, to be able to effectively support transgender persons, their partners and relationships.

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Appendix A: Interview Questions

1. Tell me about your relationship.
2. Tell me how you or your partner came to the decision to transition.
3. What was the initial impact of the decision to transition on the relationship?
4. How has the relationship changed through the process of transitioning?
5. How has the process of transitioning affected intimacy in your relationship?