

8-2017

"Love is Gender Blind": The Lived Experiences of Transgender Couples Who Navigate One Partner's Gender Transition

Barry Lynn Motter

Follow this and additional works at: <https://digscholarship.unco.edu/dissertations>

Recommended Citation

Motter, Barry Lynn, "'Love is Gender Blind': The Lived Experiences of Transgender Couples Who Navigate One Partner's Gender Transition" (2017). *Dissertations*. 428.
<https://digscholarship.unco.edu/dissertations/428>

This Text is brought to you for free and open access by the Student Research at Scholarship & Creative Works @ Digital UNC. It has been accepted for inclusion in Dissertations by an authorized administrator of Scholarship & Creative Works @ Digital UNC. For more information, please contact Jane.Monson@unco.edu.

© 2017

BARRY LYNN MOTTER

ALL RIGHTS RESERVED

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

“LOVE IS GENDER BLIND”: THE LIVED EXPERIENCES OF
TRANSGENDER COUPLES WHO NAVIGATE ONE
PARTNER’S GENDER TRANSITION

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Barry Lynn Motter

College of Education and Behavioral Sciences
Department of Applied Psychology and Counselor Education
Program of Counseling Psychology

August 2017

This Dissertation by: Barry Lynn Motter

Entitled: *“Love is Gender Blind:” The Lived Experiences of Transgender Couples Who Navigate One Partner’s Gender Transition*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in
College of Education and Behavioral Sciences in School of Applied Psychology and
Counselor Education, Program of Counseling Psychology

Accepted by the Doctoral Committee

Basilia Softas-Nall, Ph.D., Research Advisor

Jeffrey Rings, Ph.D., Committee Member

Betty Cardona, Ph.D., Committee Member

Mel Moore, Ph.D., Faculty Representative

Date of Dissertation Defense _____

Accepted by the Graduate School

Linda L. Black, Ed.D.
Associate Provost and Dean
Graduate School and International Admissions

ABSTRACT

Motter, Barry Lynn. *“Love is Gender Blind”: The Lived Experiences of Transgender Couples Who Navigate One Partner’s Gender Transition*. Published Doctor of Philosophy dissertation, University of Northern Colorado, 2017.

This study investigated the experiences of romantic couples who maintained their relationship when one partner transitioned gender. For this phenomenology, 13 couples were interviewed as a dyad and individually from within systemic, feminist, and queer research theories. Couples were interviewed together to best encapsulate their couple narrative and honor their experiences. Themes that emerged from the interviews appeared overall consistent with research regarding transgender couple experiences. Couples discussed how much they loved each other and cared about their relationship above and beyond a partner’s gender identity, sharing they felt committed to their partners as people. Several common relationship changes were associated with gender transition including improved communication skills and language changes, affirming sexual relationships, and redistribution of power within the couple dyad. Benefits of the gender transition included improved relationships overall, emergence of support from communities and loved ones, passing privilege, and improved awareness to social issues. Couples also described challenges to navigating a gender transition within a relationship including losing close relationships, difficulty with remaining patient in transition, and adjusting to new identities such as feeling queer invisibility or a loss of heterosexual privilege. Many common relationship strengths and positive qualities were found in

common across couples: love, acceptance, advocacy, commitment, respect, perseverance, friendship, flexibility, listening, humor, and sexual fluidity. Finally, couples shared that political issues in the current sociopolitical climate had a personal impact on their felt safety and daily lives. Suggestions were made for counseling psychologists to use in their work such as remaining unconditionally trans positive in work with transitioning couples and becoming competent in trans issues before taking on transgender couples. Future research could also be drawn from this work to continue celebrating the complexity of gender diversity and sharing positive, successful narratives of this often ignored population of families.

ACKNOWLEDGEMENTS

This dissertation would not have been possible without the thirteen couples who graciously shared their lives with me. Thank you for time, your stories, and for letting me share your love with the world.

Dr. Softas, your guidance and support has been unflinching and more than I deserve. I have appreciated your kindness, your motivation, and your unwavering belief in my ability to make it through, even when I was uncertain. Thank you for encouraging me to pursue research and clinical work I feel passionately about and to trust my instincts in all I do. You have helped me learn to be a better teacher, supervisor, therapist, and mentor. Dr. Rings, thank you for your encouragement and listening ear; you have always made yourself available when I needed to talk--it made all the difference. To Dr. Cardona and Dr. Moore, who have also assisted in sculpting this project, thank you for helping me create the best version of this project I could.

I consider myself lucky every day to have a wonderful, inspiring family (biological and in-law) to surround me with love and care. You have each taught me no dream is too big or worth giving up on. I am amazed at your strength, your courage, and your persistence, and I want to be just like each of you when I grow up. I am especially grateful to my mother, Susan. I am so proud of you, and will never be able to repay you for the gifts you've given me or the lessons you have taught me. You taught me how to care and how to love, and I love you for being you.

To the wonderful colleagues in my cohort who have shared many tears, cheers, and coffees with me, and especially to my “Wolfpack” trio--thank you for continually joining with me in this process. I do not think I would be where I am without our work dates and late night talks. Let’s continue to share successes and setbacks long after the trials of graduate school have ended. To my beautiful friends (you know who you are), thank you for being so patient with me--I get to be a real person now.

Finally, thank you to my darling, patient, brilliant, and kind-hearted husband Pate. You’ve always thought I used too many words so I will end with four: I love you most.

TABLE OF CONTENTS

| | |
|--|-----|
| CHAPTER INTRODUCTION | 1 |
| Background and Context..... | 3 |
| Rationale | 6 |
| Intended Audience | 11 |
| Statement of Purpose | 12 |
| Research Questions..... | 13 |
| Definitions..... | 14 |
| Limitations of the Study..... | 18 |
| Summary | 21 |
| CHAPTER II. REVIEW OF THE LITERATURE..... | 22 |
| Theoretical Orientation | 23 |
| Gender | 32 |
| Changing Attitudes Toward Transgender Issues | 56 |
| Transgender Couple Relationships | 61 |
| Therapy with Transgender Couples | 77 |
| Literature Gaps..... | 87 |
| Summary | 89 |
| CHAPTER III. METHODOLOGY | 91 |
| Theoretical Framework | 92 |
| Methodology | 95 |
| Researcher Stance | 98 |
| Research Methods..... | 102 |
| Ethical Considerations | 117 |
| Qualitative Rigor..... | 119 |
| Summary | 122 |
| CHAPTER IV. RESULTS..... | 124 |
| Overview | 124 |
| Dyadic Analysis | 125 |
| Emerging Themes | 161 |
| Feedback for Therapists | 263 |

| | |
|---|-----|
| Reflections | 289 |
| Conclusion | 292 |
| CHAPTER V. SUMMARY AND DISCUSSION | 295 |
| Overview and Purpose of the Study..... | 296 |
| Summary of Findings and Relationship to Current Literature..... | 299 |
| Implications..... | 309 |
| Limitations | 324 |
| Conclusion | 326 |
| REFERENCES | 327 |
| APPENDIX A. INSTITUTIONAL REVIEW BOARD APPROVAL..... | 355 |
| APPENDIX B. PARTICIPANT RECRUITMENT LETTER..... | 357 |
| APPENDIX C. RECRUITMENT DISTRIBUTION EMAIL | 359 |
| APPENDIX D. PARTICIPANT SELECTION CRITERIA..... | 361 |
| APPENDIX E. CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH..... | 363 |
| APPENDIX F. PARTICIPANT DEMOGRAPHIC INFORMATION SHEET..... | 366 |
| APPENDIX G. INTERVIEW GUIDE | 368 |
| APPENDIX H. PARTICIPANT DEMOGRAPHICS | 372 |
| APPENDIX I. MANUSCRIPT FOR PUBLICATION | 374 |

LIST OF TABLES

| | | |
|----|---------------------------------|-----|
| 1. | Love Is Gender Blind..... | 163 |
| 2. | Relationship Changes..... | 177 |
| 3. | Benefits of Transition | 195 |
| 4. | Relationship Challenges..... | 204 |
| 5. | Relationship Strengths | 242 |
| 6. | The Political Is Personal | 256 |

CHAPTER I

INTRODUCTION

Transgender individuals have experienced a longstanding history of oppression and discrimination including facing significantly higher rates of extreme poverty, attempted suicide, unemployment, adverse job outcomes directly related to gender identity, homelessness, housing discrimination, verbal harassment, and healthcare disparities compared to the general population (James et al., 2016). Society in the United States has made demonstrable progress toward acceptance of lesbian, gay, bisexual, and transgender (LGBT) individuals, e.g., the legalization of same-sex marriage in all 50 states (Obergefell v. Hodges, 2015) and the repeal of “Don’t Ask, Don’t Tell” for gay and lesbian service members (The White House, 2011). Even in popular media, greater visibility is being given to the reception of LGBT individuals as integral members of society with care to decrease discrimination experiences and increase acceptance by presenting gender and sexual minorities in a respectful way (Erhardt, 2007; Tebbe, Moradi, & Budge, 2016, e.g., *Transparent*, *Sense8*, *Normal*, and *Orange is the New Black*). In many ways, transgender individuals experience an identity process completely distinct from issues related to the lesbian, gay, and bisexual population. Often, visibility and sensitivity to transgender issues lag behind social change in the lesbian, gay, and bisexual populations (Blumer, Green, Knowles, & Williams, 2012). Transgender awareness has arrived culturally as the “next civil rights frontier” (Steinmetz, 2014, p. 1)

of social justice and equality in the United States. This can be seen particularly with increased visibility of transgender individuals with public figures such as Laverne Cox (Steinmetz, 2014) and Caitlyn Jenner (Bissinger, 2015) speaking openly about transition, health care, and their journeys toward self-acceptance.

As publicity increases regarding transgender individuals and society becomes more accepting, it stands to reason clinicians might also see an increase in clients' openness to explore gender identity concerns within the context of therapy. Self-help guides are being published that specifically address issues transgender individuals might be more likely to encounter, i.e., physical or sexual assault, that encourage therapeutic interventions (Munson & Cook-Daniels, 2015). Generally, research and guidelines regarding work with this population are deficient. Encouragingly, each day new progress is being made to draw attention to clinical considerations related to this population such as the new release of the American Psychological Association's (APA; 2015) *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* adopted at the annual APA conference. Although transgender issues appear to be a burgeoning area of clinical and research interest, the focus remains predominantly on the individual experience of the transitioning individual (Chapman & Caldwell, 2012). This study sought to understand the systemic context of a gender transition by simultaneously interviewing both members of a committed romantic dyad regarding their experience of one partner's gender transition. By understanding the issues related to the transgender experience from multiple perspectives, counseling psychologists will be uniquely positioned to assist not only trans-identified clients but also work with kin, loved ones,

and especially couples navigating the life-cycle stage of transgender emergence (Lev, 2005).

Before examining this study's purpose, it might be helpful to create a framework of understanding by discussing the sociopolitical context around transgender rights and visibility and existing research related to couples with a transgender-identified partner. The next section discusses the background and context of transgender couples as well as potential benefits for research with this population.

Background and Context

Transgender identity conceptualization has dramatically evolved over the years from a disease-based view into a modern identity-based model (Bockting, 2009). In the 1950s and 1960s, healthcare providers first began recommending "sex change" operations to address the dysphoria that presented for individuals whose gender did not align with their birth sex. During this time, few guidelines existed regarding appropriate treatment of transgender individuals both medically and psychologically. The original *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming Individuals*, first released in 1979 and now on its seventh edition (Coleman et al., 2012), provided the earliest set of professional guidelines for transgender care that aimed to improve well-being and standardize treatment options among healthcare professionals. The *Standards* also included guidelines for psychological care. The American Psychiatric Association's (APA; 2013) *Diagnostic and Statistical Manual of Mental Disorders* (DSM) operated under the pathologizing view of gender diversity as a mental health disorder until the release of the fifth edition of the DSM (DSM-5) where the diagnosis of gender identity disorder was removed and replaced with gender

dysphoria. This change represented a progressive step toward decreasing mental health professionals' view of differences between gender identity and natal sex as clinically significant (Dickey, Fedewa, & Hirsch, 2014). Now, psychologists use diagnostic criteria to emphasize distress experienced by a difference in one's sex and gender rather than viewing gender identification itself as disordered (APA, 2013).

For many years, the assumption was individuals who transitioned from one gender to another would give up everything in their lives in order to “blend into the woodwork” (Scarpella & Motter, 2014, p. 4), sacrificing family relationships, friendships, and careers to move to a new location with a new name and gender marker.

“Woodworking” is no longer the expectation or an assumption that should be endorsed (Israel, 2004). With the increase in accessibility of information via the internet, it has become easier than ever to gain information about the transition process and options for gender presentation and identity, leading to greater access and potentially more understanding of resources for family members, committed romantic partners, and healthcare professionals.

The modern view of transgender identity is as an emergent life cycle stage (Devor, 2004; Lev, 2004) that can occur in early childhood, adolescence, or even later in life (Katz-Wise & Budge, 2015). Viewing transgender identity as a life cycle stage encourages the celebration of human diversity in all its forms and credits distress related to identification as transgender predominantly to social stigma (Bockting, 2009).

Transgender identities are intersectional constructs that might change over time and include one's gender roles, personal identity, primary and secondary physical sex characteristics, daily choices and actions, and how one chooses to express themselves

(Budge, Chin, & Minero, 2017; Dargie, Blair, Pukall, & Coyle, 2014). Transition is both a private and public process (Katz-Wise & Budge, 2015) without a set prescribed path as many individuals choose different levels of medical, social, or therapeutic interventions to suit their personal needs (Lenning & Buist, 2013).

A large-scale national survey (James et al., 2016) found that 60% of transgender individuals maintained most of their family relationships through transition, which appeared to be a protective factor for the participants. Despite evidence that romantic relationships are significantly more challenging for socially disadvantaged groups such as transgender clients compared to privileged groups (Lev & Sennott, 2012; Maisel & Karney, 2012), being in a relationship through gender transition can increase one's likelihood for a successful transition. Research endorsed social support and relationship satisfaction are both very important in lowering stress levels and increasing positive mental health outcomes for transgender individuals (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2014; Collazo, Austin, & Craig, 2013; Dargie et al., 2014). Weyers et al. (2009) found those transgender individuals who were in romantic relationships experienced greater levels of social functioning, vitality, and overall mental health compared to trans individuals who were uncoupled. Some practitioners who specialized in work with transgender couples reported wives and female partners were increasingly choosing to stay with their transgender mates (Erhardt, 2007).

Although evidence supported the notion that transgender individuals in relationships fared better than those who were not (Dargie et al., 2014; Weyers et al., 2009), a paucity of information explored the experiences of cisgender partners and how they might be impacted by their partner's gender change. For the cisgender partner of

someone going through a gender transition, it is a unique transition process as they examine their own sexual identity as relational or essentialist, explore how others perceive them, and adjust to remaking themselves in the context of their partner (Chapman & Caldwell, 2012; Chase, 2011; Lev, 2005). The partner's transition is both a systemic and individual change (Dierckx, Motmans, Mortelmans, & T'sjoen, 2016). Their transformation happens in the context of the relationship as needs and desires are navigated with the trans-identified partner (Erhardt, 2007) as well as individually while the cisgender individual understands how their partner's identity impacts their perceived gender roles, gain or loss of privileges, and sexual orientation identity (Dierckx et al., 2016; Jackson, 2013).

Thus, the experience of being a transgender individual is a unique journey substantially different from person to person. The transition process impacts not only the transgender-identified client who is undergoing the gender transition but also impacts partners and family members of that person. Therefore, it seems prudent to examine both the transgender experience and the experience of committed romantic partners who are inextricably connected in the systemic change of the gender transition.

Rationale

In 2015, a special issue of *The Counseling Psychologist* spotlighted the intersection of potentially harmful therapy and multicultural counseling research; namely, several of the articles indicated such work was not being done (Davidson & Hauser, 2015; Wendt, Gone, & Nagata, 2015a, 2015b). Wendt et al. (2015a) highlighted the discrepancy between counseling psychology's understanding of harmful treatments and beneficial treatments as an ethical issue, stating, "One might expect more proactive

vigilance in ensuring that vulnerable and potentially marginalized populations are not disproportionately harmed” (p. 341). Harmful therapies included not only therapies that have been injurious through quantitative studies and clinical trials but also those methods each individual client qualitatively described as inconsiderate or insensitive care including microaggressions on the part of the therapist. Considering gender diversity issues have a difficult history in mental health spheres (Dentice & Dietert, 2015; dickey et al., 2014; Lev, 2004, 2013; Scarpella, 2010), challenging the normative bias around gender to reduce marginalization of this group seems to be a vital social justice issue (Davidson & Hauser, 2015; Wendt et al., 2015b). In addition, it is important to spread the positive experiences of transgender individuals as a way of challenging the sociopolitical idea of gender variance as abnormal (Fowers, Anderson, Lefevor, & Lang, 2015; Sue, 2015). Counseling psychologists have been challenged to spearhead this need by producing scholarship that is strengths-focused, liberatory, and directly projects the voices of transgender individuals (Singh, 2016a, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016; Tebbe et al., 2016). Increasing knowledge and understanding of gender diversity is one step in reducing potential harm to a group that experiences numerous healthcare disparities and discrimination experiences (Fowers et al., 2015; James et al., 2016). Without research backing to understand experiences of diverse groups and their families who challenge traditional oppressive narratives of normality, multicultural sensitivity in psychology “risks becoming an empty political value” (Morales & Norcross, 2010, p. 823). Hopefully, the implications of the current study can contribute to the understanding of transgender couple experiences.

Transgender and traditionally gender nonconforming individuals can be found in cultures around the world and throughout history (APA, 2015). Numerous researchers report difficulty in estimating the prevalence of the transgender population because of challenges in collecting demographic data among this diverse group (Bethea & McCollum, 2013; Blumer et al., 2012; Chapman & Caldwell, 2012; Collin, Goodman, & Tangpricha, 2016). The most recent approximations place the population estimate anywhere from 0.17 to 1,333 persons per 100,000 individuals (Collin et al., 2016; Meier & Labuski, 2013) or between 0.25 and 1% of the U.S. population (Veldorale-Griffin & Darling, 2016). Differences in estimation might be due to what constructs are being measured: gender confirmation surgical procedures, legal name changes, self-report, or diagnoses of gender dysphoria. Nevertheless, self-reported trans individuals appear at much higher estimates than suggested in clinical data. Practitioners have discussed a noticeable, although non-quantified difference in the number of visible female to male transgender individuals compared to the arguably more visible male to female transgender individuals related to society's comfort with masculine women and discomfort with feminine men (Kailey, 2005). Thus, it is very challenging to calculate the prevalence of transgender individuals until such a question is included in standard census data and it is physically safer to be "out" as transgender in certain regions, cultures, and professions.

Although there is growing research on LGBT groups, transgender experiences are significantly underrepresented in studies looking at the collective LGBT community; it might be harmful to lump together gender and sexual orientation minorities (Blumer et al., 2012; dickey, Hendricks, & Bockting, 2016). The transgender coming out process is

very different than coming out for LGB individuals (Zimman, 2009). As a process, coming out as transgender can take many years from the beginning of self-awareness to validation from community members and public presentation (Bethea & McCollum, 2013). It would be inappropriate to consider the experience of coming out in lesbian, gay, or bisexual relationships as analogous to the transgender experience; thus, it should be examined independently in the literature (Blumer et al., 2012; dickey, Hendricks et al., 2016), although this is still a common misconception (Buck, 2016). In general, there is a lack of research on the experiences of couples when one partner goes through the process of gender transition.

Transgender issues are ignored and marginalized by marriage, couples, and family therapy scholars and researchers. Blumer et al. (2012) examined over 10,700 articles in 17 different journals published over a 12-year period (1997 to 2009). Only nine of the articles (.0008%) focused on transgender issues, which they found to be a gross underrepresentation given the challenges these clients might face. One study found half of the transgender participants who were involved in a romantic relationship prior to their transition process remained with the same partner throughout and after their transition; nearly a quarter of the overall international sample collected stayed together (Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013). Although couples with one transgender-identified and one cisgender partner comprise a small population, they experience a huge amount of distress related to being marginalized and ostracized (Barr, Budge, & Adelson, 2016; Chapman & Caldwell, 2012; Giammattei, 2015). Limited treatment processes exist outlining how to work with such couples (Giammattei, 2015; Malpas, 2012; Piper & Mannino, 2008; Raj, 2008). Instead, research on the impact of

gender transition on romantic relationships is fragmented, unfinished, and examines only one side of the experience. It is hoped the implications of the current study could shed light into processes couples go through when one transitions gender.

Some research studies emerged addressing the experiences of transgender partners or cisgender partners in relationships through the coming out process. Trans-identified partners were found to experience dissonance between who they are in their relationship or family and who they are internally (Bethea & McCollum, 2013; Katz-Wise & Budge, 2015). Transgender partners reported an expressed desire to take care of their partner, a sense of internal dissonance as they tried to protect their partner from the distress coming out might cause, and fear of negative consequences to their relationships because of transition (Elder, 2016). Cisgender partners reported feeling ignored, isolated, and lonely while facing social stigma, safety concerns, competitiveness around their partner's gender role, and doubt about their partner's identity and the relationship (Chase, 2011; Dierckx et al., 2016; Erhardt, 2007; Goldenberg, 2011; Jackson, 2013; Raj, 2008). Common relationship changes found in narratives of both cisgender and transgender partners included a transition to or from heterosexual privilege, experiences of discrimination, changes in gender roles, sexual intimacy, orientation, desire, and discrimination experiences (Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014; Giammattei, 2015; Jackson, 2013; Lev & Sennott, 2012; Moran, 2013; Whitley, 2013).

Meier et al. (2013) specifically suggested studies need to look at the impact of gender transition on preexisting committed romantic relationships. Transition is considered to be a family process (Dierckx et al., 2016), yet very few studies found to date interviewed both partners in a dyadic romantic relationship regarding transition-

related issues. Instead, research favored one partner's perspective at a time, which might result in an incomplete picture of the relational process. If researchers wish to understand the impact that gender transition has on the couple system, there must be consideration of the couple as a system. In the current study, I interviewed both partners individually and together to address this literature gap.

One option some dyads navigating a gender transition might consider is couples counseling in order to learn necessary skills for working through changes in their relationship and in their individual lives (Dierckx et al., 2016; Erhardt, 2007; Malpas, 2012; Raj, 2008). Limited information is available about guidelines for treatment of gender transition. With little to no ready evidence regarding issues unique to transgender couples as a system, psychologists and clinicians might be operating blindly based on anecdotal evidence rather than empirical support. As an ethical issue (Wendt et al., 2015a), it is vital more research be conducted examining the issues relevant to the dyadic system so as to inform treatment with transgender clients and their loved ones more effectively with increased ethical awareness and with greater multicultural sensitivity.

Intended Audience

Transgender individuals and their family members experience marginalization, prejudice, and ostracization from their greater systems (James et al., 2016; Miller & Grollman, 2015). There is a need for identified treatment processes to address concerns faced by transgender couples that counseling psychologists' strength-based perspectives might be uniquely posed to provide (Singh, 2016a). Counseling psychology has a foundation of social justice and advocacy for marginalized, invisible groups and promotes as part of its professional identity the importance of multicultural awareness

and understanding. To uphold social justice, counseling psychologists believe in a just world that respects and protects human rights. There is a need to understand how cultural differences and poor conditions for certain groups, such as transgender individuals, might be based on negative social conditions rather than internal forces (Hays & Erford, 2014; Singh, 2016a).

This study contributed to future counseling psychologists and other practitioners in deepening their understanding of transgender couples, particularly to avoid harmfully lumping this group's experiences into those of other minority groups. This study could improve multicultural education and treatment across various mental health disciplines. Counseling psychologists are in a unique position to carry forth this research because of their emphasis on person-environment interaction, building on strengths, and conceptualization of clients utilizing developmental interventions (Fowers et al., 2015; Singh, 2016a; Sue, 2015; Vera & Speight, 2003).

Statement of Purpose

The purpose of this study was to describe the experiences of maintaining a committed romantic relationship through one partner's gender transition for couples composed of one transgender partner and one cisgender partner. Transgender couples are part of a uniquely marginalized group of individuals who might experience intersecting diverse identities related to not only the minority status of the transgender couple but also related to changes in their sexual orientation and possible social support groups. Given that transition is an inimitably systemic concern and might lead to a number of challenges that counseling could address, it is pivotal that counseling psychologists and other mental health professionals who might work with these couples or individual partners develop a

clearer understanding of the challenges and strengths exemplified in these unique relationships. In this way, counseling psychologists can provide a more effective, sensitive, and competent form of care in their treatment. The primary purposes of this study were:

1. To assist counseling psychologists who work with transgender couples in which one partner undergoes a gender transition in better understanding such couples. The implication is to increase counseling psychologists' effectiveness and overall competence as mental health clinicians and allies to the transgender community.
2. To contribute to the scope of research on the lived experiences of gender transition by exploring the topic in a systemic way with transgender couple dyads.
3. To contribute to the scope of research on the lived experience of gender transition by giving voice to both sides of the transgender couple dyad and by examining similarities and differences in the transition experience of a transgender partner and a cisgender partner.

Research Questions

- | | |
|----|---|
| Q1 | How do transgender couples who navigate one partner's gender transition within the context of their relationship experience the transition? |
| Q2 | How do transgender couples who stay together as they navigate the gender transition of one partner experience strengths? |
| Q3 | How do transgender couples who stay together as they navigate the gender transition of one partner experience challenges? |

Definitions

Before going into further detail regarding background literature related to these concepts, it might be beneficial to thoroughly explain the terminology used in this paper, throughout practice guidelines, and in research literature. It is essential that counseling psychologists who wish to provide culturally sensitive treatment and care for the transgender population be familiar with these concepts and comfortable using this language. It is also important to note that language use around this population is frequently evolving and there is some disagreement about the most affirming word choice depending on a person's background, culture, and generation (APA, 2015). The following definitions have been adapted primarily from the World Professional Association for Transgender Health (Coleman et al., 2012) as well as the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (APA, 2015).

Ally. Someone who uses their privileged status to support and advocate for those individuals who might have less privilege and power within society; a cisgender person who advocates for and supports transgender communities or people (APA, 2015).

Cisgender. Individuals whose gender identity and gender expression align with their assigned birth sex (APA, 2015).

Coming out. The process by which someone might affirm and realize their stigmatized identity. Coming out might be a different process from person to person and might include telling others about one's gender identity not aligning with their assigned birth sex (APA, 2015).

Feminist theory. A postmodern approach that acknowledges socially constructed power systems influence control and dissemination of knowledge (Allen & Piercy, 2005). Feminist theory aims to empower participants by honoring intersecting identities, challenging oppressive forces, and accepting diversity that counters heteronormative and patriarchal systems (Lather, 1988; Reinharz, 1992).

Gender binary. The societal and cultural norm of classifying gender into two distinct and discrete groups of man/boy and woman/girl (APA, 2015).

Gender dysphoria. Distress experienced as a direct result of the discrepancy between someone's gender identity and their assigned birth sex (Coleman et al., 2012). Some individuals believe gender dysphoria is a result of societal stigma around gender and thus is a systemic and cultural issue rather than an individual concern (Austin, 2016; Gamarel et al., 2014). Gender dysphoria is also used as a diagnostic label within the DSM-5 (APA, 2013).

Gender expression. The outward presentation of a person who expresses facets of their gender role or identity including physical appearance, accessories, clothing, and behaviors. Gender expression might or might not match a person's gender identity (APA, 2015).

Gender identity. A term used to describe a person's internal, fundamental sense of being a man/boy, woman/girl, or another gender (e.g., transgender, genderqueer, two-spirit, agender). A person's gender identity might or might not align with their assigned sex at birth (APA, 2015).

Gender nonconforming. A term used to describe those persons who differ from normative binary conventions of an assigned sex in their gender identity, role, or expression (Coleman et al., 2012).

Internalized transphobia. A person's internal discomfort with feelings of being transgender as a direct result of societal expectations of gender (Coleman et al., 2012).

Queer theory. An ontological approach that questions normative, culturally binary patterns of gender and sexual expression to accept and celebrate the spectrum of human diversity (Nagoshi & Brzuzy, 2010; Singh, Richmond, & Burnes, 2013).

Sex/natal sex. One's assignment at birth as either male or female generally based on outward appearance of the infant's external genitalia (APA, 2015). Internal genitalia, chromosomes, and hormones also determine sex. Most individuals have a gender identity and expression that matches the sex they were assigned at birth but for gender nonconforming individuals, their gender identity or expression is somehow different from the sex assigned to them at birth (Coleman et al., 2012).

Sexual orientation. A facet of someone's identity that includes a person's sexual attraction to another person and the behavior and/or social grouping that might result from that attraction. Sexual orientation is often used to include romantic attraction. Categories of sexual orientation include those who identify as lesbian, gay, heterosexual, bisexual, pansexual, or asexual among other terms (APA, 2015).

Systems theory. A theoretical approach that describes how couples or family groups are unique, self-regulating systems that influence how a person solves problems,

works through tasks, or adjusts to outside life. Societal and cultural systems also impact how the small couple system operates in the larger world (Gehart, 2010). Members of a system maintain stability by accommodating through mutual adjustment (Bateson, 1972).

Trans. Often used as an umbrella term, shorthand for transgender or gender nonconforming. Although this is meant as an inclusive term, not all individuals might identify this way (APA, 2015).

Transgender. Describes the wide range of individuals who change or somehow differ from culturally defined categories of birth gender (Coleman et al., 2012). Transgender might include those who wish to change their primary and/or secondary sex characteristics through medical intervention and change in gender role.

Transgender couple(s). Describes a committed romantic relationship between one transgender partner and one cisgender partner (Cook-Daniels, 2015; Jackson, 2013).

Transgender man, transman, or trans man. Describes those who were assigned female at birth and changed either gender role, expression, or body to a more masculine body or role. Some might also identify as female to male (FTM; APA, 2015).

Transgender woman, transwoman, or trans woman. Describes those who were assigned male at birth and changed either gender role, expression, or body to a more feminine body or role. Some might also identify as male to female (MTF; APA, 2015).

Transition. Refers to the time period where a person changes from the gender role associated with assigned birth sex to a differing gender role (Budge, Tebbe, & Howard, 2010). This might include learning social conventions associated with the new gender role or finding a gender role and expression that feels most comfortable. Transition processes are entirely individualized and might include social transition and/or medical transition involving feminization or masculinization of one's body with hormones or surgery (Coleman et al., 2012).

Limitations of the Study

There were numerous limitations to this study. As a qualitative inquiry, the aim of this study was to explore the meaning participants created in the context of their individual lives (Ponterotto, 2005). I sought to understand the experiences of the participants rather than the experiences of all those individuals who might fit this classification. Thus, I looked at the personalized perspectives each participant described rather than a generalized, universal experience (Patton, 2002). Qualitative research inherently avoids generalizing information as its aim (Merriam, 2009). Therefore, the experiences described and the data gleaned from participant interviews might or might not be representative of other couples who maintained their relationship through a gender transition, particularly given gender role transitions do not have a traditionally established timeline for completion (Kailey, 2005). It would be the responsibility of research consumers to read this study critically for comparison as it describes potential experiences their clients might or might not be going through.

The research questions and resulting study design were created from my personal experiences, perspectives, cultural background, and my lens on the world. It was very

possible my experiences and views differed from those of both readers and participants; it was also probable my own biases and interpretive perspective had an impact on data collection, analysis, or even the tone of my writing. This was especially relevant given my privileged identity as a cisgender researcher working with trans participants (Dispenza & O'Hara, 2016; Mizock & Lundquist, 2016; Singh, 2016a, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016). Both a strength and a limitation of qualitative research is the human instrument of the researcher who comes complete with preconceived notions and ideas about the research and participants in question (Guba & Lincoln, 1989).

As the researcher, I was the human instrument for data collection and analysis; thus, I conducted interviews in a language I understand. I am monolingual and, therefore, a selection requirement for participant inclusion was all participants must speak English fluently. Considering the importance of language to inclusively capture my participants' experiences, I chose not to use a translator for this research study so I could ensure no nuances of communication were lost through a translation process. I recognized excluding the experiences of multicultural individuals who do not speak English was a limiting factor of this study; hopefully in the future, the design can be replicated with other linguistic groups.

To address the concerns of subjectivity and bias as a researcher, I worked to bracket my personal experiences (Hein & Austin, 2001; Moustakas, 1994; Yeh & Inman, 2007). Although this was likely impossible to implement to perfection without having any of my personal influences seep through, bracketing is a primary phase of the phenomenological research process. It allows the researcher to set aside his/her biases as

much as possible so the participant's story can shine through as wholly as possible (Creswell, 2013). Bracketing allowed me to better see the experiences as my participants saw them and experience the transition phenomenon freshly with each transgender couple. I asked a peer reviewer, a doctoral candidate in counseling psychology trained in qualitative methods, to read my researcher journal as a way of checking that my subjective experiences did not unduly influence my interpretations and representations of the data. In addition to my own input, I collaborated with professionals in my field and those individuals who comprised my doctoral committee for consultation and feedback on my research processes. Additionally, I used member checking to ensure I heard and conveyed the messages of the participants appropriately. Seven couples responded confirming the found themes.

An additional challenge to qualitative research is the effect of social desirability (Crowne & Marlowe, 1960). It is possible clients responded to interview questions in a way that garnered a positive response from the researcher, the interviewers, or their partner rather than responding in a wholly honest way based on their personal experiences. I hoped through the interview process participants grew more comfortable with me. I anticipated that as participants relaxed in the interview, they would answer in a more self-reflective way rather than conscious of my thoughts or reactions. It was possible the responses gathered from the couple interviews were different than how participants responded individually and data triangulation occurred comparing the results of couple and individual interviews to one another. Comparison led to a potential discrepancy analysis that provided important information regarding how relational dynamics worked in each of the couple dyads.

Summary

Over this chapter, I described the rationale for the current study including the increased visibility of transgender clients and the systemic nature of the coming out and transition process. I outlined a need to understand and contribute to the literature regarding lived experiences of gender transition within a committed romantic dyad as well as to give voice to both partners in each couple. It was expected the implications of this study would contribute to the ethical mandate to provide culturally sensitive care. The intended audience was described as being those counseling psychologists and other professionals who work with transgender individuals, their loved ones, and couples who maintain their relationship through a gender transition. I discussed the purpose of this study was to describe the experiences of couples who sustained a committed romantic relationship through a partner's gender transition. The hope for this study was to increase the effectiveness and cultural sensitivity of counseling psychologists who might work with these clients. I then outlined my research questions and defined a number of relevant terms used in this dissertation. Finally, I examined the limitations of the research including limited generalizability, potential researcher bias, and social desirability.

CHAPTER II

REVIEW OF THE LITERATURE

Research related to transgender issues has grown substantially in the past 10 to 20 years and is arguably still significantly limited (Budge, Adelson, & Howard, 2013; dickey, Hendricks et al., 2016; MacDonnell & Grigorovich, 2012). A recent content analysis indicated that within the last 10 years, 40% of articles claiming to have a transgender focus had a significant underrepresentation of trans participants (Moradi et al., 2016). Even as research expands on concerns specific to transgender individuals, few studies were available related to transgender partnerships, kin relationships, and romantic couples. This study was conducted in part based on the recommendation of Meier et al. (2013) who suggested future research was needed specifically examining the impact of gender transitions on preexisting relationships. Additionally, this study addressed current gaps in the literature by emphasizing positive, affirming experiences of transgender individuals (Budge et al., 2017; Singh, 2016a, 2016b) that are relevant for everyday lives of trans people and their families (Tebbe & Budge, 2016).

This chapter first describes theoretical approaches that informed my interpretation of the literature related to couples with one transgender partner and one cisgender partner. Next, I provide some background related to understanding gender diversity in its varied forms and expressions. A sociopolitical context for understanding transgender issues is next discussed followed by a thorough examination of research focused on experiences of

transgender and cisgender individuals and their unique relationships. I then discuss information clinicians are currently using to inform their practice in working with these couples and conclude by discussing identified gaps in the scholarly literature.

Theoretical Orientation

Theory is an essential introductory component of any research design as it permeates all aspects of the research process (Crotty, 2010). I first provide a discussion of the theories that contextualized my own interpretation of the literature as well as the lens through which I created my research design and analyzed the data including systems theory, feminist theory, and queer theory.

Using systems theory, I considered each participant's outside influences on multiple levels. This theory was selected because I wished to understand not only how a couple as a system might be influenced by gender transition but also how each member of the dyad experienced the transition. I was able to account for and emphasize the importance of not only a romantic partner but also the impact of families of origin and society at large as reciprocal influences on a person's actions and identity.

Feminist theory also informed my research. It was chosen because of its emphasis on social justice concerns and acknowledgment of established systems of power and privilege in society and traditional research paradigms. Feminist theory is a postmodern approach that values gender as an important facet of identity that might transcend categories traditionally established and reinforced by researchers.

Finally, because this research was conducted in part with gender minority participants, I selected queer theory as a primary informant of my study. Queer theory seeks to challenge traditional normative categories of gender and sexuality while

embracing a spectrum of identity. It is also uniquely posited for qualitative research because of its emphasis on subjective knowledge and post-positivist forms of understanding and research.

Systems Theory

Systems theory created the backbone of this research project. Numerous researchers have indicated gender transition should be conceptualized as a systemic issue (Bethea & McCollum, 2013; Chase, 2011; Lev, 2005) because of how others might be impacted in one's life as gender roles and identities are negotiated. Systems theory posits each family or couple could be considered a unique system that has developed numerous rules and roles for how to solve problems, negotiate changes, and accomplish tasks effectively (Gehart, 2010). Each system also operates within larger systems including individual cultures and greater society. Gender roles are believed to be highly impactful on how family systems negotiate roles and responsibilities, leading a gender transition to be something that would potentially result in numerous changes within the system as members shift their own identities to accommodate this change. As stated by von Bertalanffy (1968), "Events seem to involve more than just individual decisions and actions and to be determined more by sociocultural 'systems,' by these prejudices, ideologies, pressure groups, social trends, growth and decay of civilizations" (p. 8). Thus, researchers should consider not only the family and couple system but also the greater sociocultural context in which each family system resides.

Starting in the 1940s with the Macy Conferences, theorists opined groups of individuals operate in a larger system that impacts their interactions with the world (Gehart, 2010). To function within the world, systems theorists posit members of each

system adapt to one another over time--a change in one aspect of the system would result in changes to all the other members as well--a process referred to as cybernetics (Bateson, 1972). Bateson (1972) outlined ways in which family systems maintain stability through self-regulation and accommodating changes. In first-order cybernetics, change within the family/couple system is “understood as the effort to maintain some constancy and all constancy as maintained through change” (Bateson, 1972, p. 381). Thus, when one aspect of the system changes, the dyadic partner or additional family members also change to accommodate the unbalancing and find stability again, e.g., tapping a child’s mobile and seeing all the hanging toys turn to find balance.

Also influential to this research project was the notion of second-order cybernetics--a post-modern incorporation into systems theory (Watzlawick, 1984). For second-order cybernetics, there is no objective truth; rather, each member of a couple/family has their own version of reality as well as a jointly created family reality agreed upon by family members. This was significant to my research design as it impacted how interviews might unfold; extremely different versions of a story might be told by partner one, partner two, or the couple interviewed simultaneously. Gathering these multiple perspectives was important to creating the most well informed view of a research question and reinforced that an objective truth related to a particular research question might not actually exist. Additionally, second-order cybernetics posits it is impossible to be completely outside of the couple/family system--anyone who attempts to interfere or interact with the system as-is will create changes within the system and be influenced by that very system in a form of mutual reciprocity and circular causation (Gehart, 2010). Thus, as a researcher, I was aware my presence gathering information

from participants could change the way the data were recounted and my experience of the couple's relationship was also an important part of the research process.

Finally, this research was impacted by the systems theory concept of circular causality (Bateson, 1972; Goldenberg & Goldenberg, 2008)--all events that occur within a couple/family are influenced not only by one outside force but also by changes family members make in reaction to the outside event. In this way, each change within a system causes a ripple effect that comes back around to continually influence each family member or partner in a romantic dyad recursively.

Feminist Theory

A major influential theory for the design and inception of this research came from feminist theory. Feminist research emerged originally to challenge patriarchal assumptions and give value to the impact gender plays in "the shaping of our consciousness, skills, and institutions as well as in the distribution of power and privilege" (Lather, 1988, p. 571). Feminist research is ultimately a postmodern research theory, suggesting we can only know partial representations of a whole truth that might or might not be achievable. This theory challenges binaries used to dominate research and understanding (Harding, 1986) and encourages a spectrum of relational knowing wherein understanding can be held of certain aspects of some people's truths without being universally applied (Lather, 1988).

Feminist research transpired in three primary waves (Lather, 1988; Snyder, 2008). First wave feminist research traditionally worked within conventional research paradigms aimed at reducing sex-based (male-female) inequality and operated within well-established ways of "knowing" without challenging the ways of knowing as biased in and

of itself (Lather, 1988). First wave feminism in the 1960s through the 1980s sought to correct androcentric bias and include gender as a category relevant to participant identity (Hesse-Biber, 2014). Second wave feminist research created new forms of knowledge within a socially conscious construction, challenging research not only through the results but also by the methods used to collect and analyze data (Lather, 1988). Current feminist research theory, coined third wave feminism, includes asking “questions that place women’s lives and those of other marginalized groups at the center of social inquiry” (Hesse-Biber, 2014, p. 3). It provides a greater sensitivity to feminist principles outside of White, heteronormative, and binary categorized identities (Snyder, 2008).

Feminist research challenges the status quo by understanding that people traditionally operate in a socially constructed system of privilege that gives some individuals far more control than those without power (Allen & Piercy, 2005; Wolf, 1992). Feminist researchers aim to not only point out these relational and systemic inequalities (Reinharz, 1992) but also to openly challenge them with alternative viewpoints and interpretive perspectives that give voice to those who have been silenced in traditional research paradigms (Allen & Piercy, 2005). Judith Butler (1990), a prominent queer theorist with foundations in feminism, stated in her seminal book on gender issues related to feminism, “Laughter in the face of serious categories is indispensable to feminism” (p. x).

Qualitative research is particularly adaptable to feminist principles due to the importance it places on reflexivity and self-reflection to understand how each person is uniquely situated within the larger context of oppression and power (Lather, 1988; Wolf, 1992). To work from this perspective, it is essential for researchers to listen intently to

those who have been previously dismissed, e.g., women and gender variant individuals, people of color, or those who challenge heteronormative expectations (Allen & Piercy, 2005) while “accepting their diversity” (Reinharz, 1992, p. 5) as an acceptable and honorable variety of truth. Feminist researchers are sensitive to the intersectionality that comes with multiple forms of identity such as intersections between gender identity and sexual orientation, romantic orientation, ethnicity, or socioeconomic status (Allen & Piercy, 2005)--an attitude essential to work with trans participants (Barr et al., 2016).

One essential component of feminist theory particularly relevant to this research project was the consideration of how language is used as a primary means of communicating power (Allen & Piercy, 2005). Throughout this dissertation and in interviews with participants, I used the most inclusive and respectful language possible in my writing and mirrored the language use of my participants. As a feminist researcher, I intended to empower participants to create meaning through our dialogue by using the language that was empowering to them (Giammattei, 2015; Singh, 2016a).

Although initially focused on bringing attention to women as having different experiences than men (Hesse-Biber, 2014), I believed feminist research’s conceptualization of gender as an impactful force in personal as well as societal aspects of life could be expanded to include transgender individuals who continue to challenge the gender binary (Pfeffer, 2010). Feminism involves empowerment of disenfranchised and traditionally silenced voices against patriarchal standards of knowledge (Allen & Piercy, 2005). It acknowledges absolutistic research based on studies by those in power presents only a partial truth that ignores and neglects voices of the oppressed (Wolf, 1992). While some feminist researchers might still utilize positivist research paradigms

in the search for truth, my goal in utilizing a feminist ideological research approach was to facilitate an interpretive, qualitative paradigm in which I could utilize dialogic interview approaches to empower participants being interviewed in the research process (Lather, 1988; Singh, 2016a; Singh et al., 2013). This was particularly important given transgender individuals' status in society as historically marginalized and oppressed. Feminist theory allowed me to research while honoring individualism, personal power, sex positivity, and my belief in the construction of social categories of identity including gender and sexuality (Pfeffer, 2010).

Queer Theory

Queer theory was an indispensable component to this dissertation--both in conceptualization and literature analysis. Queer theory emerged in the 1970s through the 1990s as a result of the acquired immune deficiency syndrome (AIDS) epidemic across North America; yet it has been used in diverse contexts among varying disciplines and theoretical groups (Browne & Nash, 2010). Queer theory argues a number of categories that have been positively binaried as fixed attributes, including sexuality and gender, are instead social constructs that cannot be taken as "biological certainties" (Browne & Nash, 2010, p. 5). Queer theory favors a fluid view of identity that challenges standard category homogeneity in society as well as throughout the literature (Butler, 1990). Building off of feminist ideologies that gender is a social construction, Butler 1990) argued biological sex should also be considered a construction containing more diversity than is categorically representative (Warner, 2008). Queer paradigms aim to challenge and critique aspects of identity considered socially normative while providing acceptance

of the spectrum of gender and sexual diversity, particularly through post-positivist and postmodern qualitative research paradigms (Ferguson, 2013).

As a person is placed within one socially constructed category of identity, humans tend to make further assumptions about the person based on this identity category (Warner, 2008). Those who vary from the traditionally expected pattern of behavior are considered unusual or deviant. Queer theory posits considering someone as deviant based on sexual or gender identity is inherently flawed and is based on a structural matrix of intelligibility (Butler, 1990) that in fact does not exist for everyone but has been created and reinforced by expectations and cultural performance scripts (Warner, 2008). This does not mean identity expressions traditionally considered normative such as heterosexual do not also exist. Instead, queer theory challenges how labels are assigned and which behaviors are assumed based on power structures; it embraces the diversity and variance of gender and sexuality as natural.

Queer theory, like feminism, also emphasizes the importance of researcher reflexivity and self-examination. Reflexivity creates greater understanding of how the life of a researcher impacts how they listen to the voices of others and frame queer participants within their research (Ferguson, 2013). A challenge to defining queer theory comes in its fluidity and questioning approach as queer theory might have a different meaning depending on the researcher's intention and background (Browne & Nash, 2010).

In this research study, I used queer theory as a way of challenging stereotypically normative identity patterns in gender and sexual expression (Singh et al., 2013) so as to make space for, validate, and empower voices of those who identify in ways that might

confront normative assumptions including the spectrum of gender identities (Nagoshi & Brzuzy, 2010; Singh, 2016a, 2016b; Tebbe & Budge, 2016). Considering half of my participants were individuals who identified outside the gender binary, it was essential my research allowed space for participants to identify with whatever terms they wished rather than me imposing categories upon them (Singh, 2016b; Singh et al., 2013). Similarly, some cisgender participants also experienced evolving definitions of what their gender and/or sexual orientation meant to them. I wanted to honor their identity development process and the potential queering of their identity over time.

Each of these three theories added a different layer of understanding to the topic of working with transgender couples. Fundamentally as a systemic researcher, I believe people operate in systems and every change an individual makes impacts their family members. Thus, when a person transitions genders, it also impacts how their partner interacts with them. As a feminist researcher, I believe certain groups have greater access to social privilege and power and traditional methods of investigation have reinforced this pattern of oppression. Transgender individuals and their loved ones by association and through relational stigma are often ignored from research and historically marginalized as a result of this oppression. Finally, as a researcher using queer theory, I believe many facets of traditionally accepted identity including gender are socially constructed; human diversity should be honored and celebrated rather than pathologized or stigmatized.

Conceptually, these theoretical considerations are supportive to the social justice agenda of counseling psychology. Multiculturally sensitive psychologists use voices that challenge traditional discourses of knowledge and understand cultural and institutional biases lead to patterns of discrimination (Sue, 2015)--an important facet of feminist

research. Clients and research participants alike are vulnerable to the values of therapists and researchers including valuations of human diversity as pathological (Wendt et al., 2015a); thus, using a queer theoretical approach as a counseling psychologist helped me challenge traditional mental health views of gender diversity as deviant by embracing the spectrum of human diversity. It also allowed me to integrate and consider how personal liberation of allies could only be achieved through advocacy for and liberation of minority groups such as trans individuals (Singh, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016; Tebbe et al., 2016).

Gender

In the previous section, I discussed how theory informed my research process and conceptualization. Next, I describe the underpinnings of conceptualizing sex, gender, gender diversity, and gender role transitions through my queer and feminist theoretical perspective.

Sex Versus Gender

Gender is often conceptualized as identical to sex with the belief that each person should fit into one of two discrete categories: man or woman, male or female (Bethea & McCollum, 2013). Gender and sex are distinct constructs and should be discussed separately (dickey, Hendricks et al., 2016; Levitt & Ippolito, 2014a; Von Vogelsang, Milton, Ericsson, & Strömberg, 2016; Wood, 2005). Sex is determined based on varied genetic and biological factors including one's hormones, chromosomal makeup, internal sex organs, and external genitalia (Bethea & McCollum 2013). Medical professionals generally assign a person's sex at birth based solely on the presence of external genitalia; often the first exclamation at the time of an infant's birth is either "It's a boy or "It's a

girl” (Lev, 2004, p. 353). Thus, sex is treated as a binary categorization based on the presence or absence of a penis or vagina. Yet, even sex should not exist in binary categories as many individuals are born *intersex*--another umbrella term used to describe people born with “anomalies of the reproductive system [that] includes more than seventy different atypical chromosomal and hormonal conditions” (Lev, 2004, p. 355). An intersex individual might have ambiguous genitalia or their condition might be identified with karyotyping and blood testing of hormone levels. Thus, sex is used to describe biological mechanisms of human functioning rather than patterns of interaction, outward expression through appearance and dress, mannerisms, or one’s internal sense of being.

Gender is a fluid process that relates to how a person interacts with the world through prescribed roles and interactions (Bethea & McCollum, 2013). It is considered a social and psychological construct that cannot be measured objectively and is only reported by the person’s experience. Gender is highly influential as to how a person is perceived in the world. Fassinger and Arseneau (2007) suggested gender might be the first way people categorize one another before any other demographic variable including race or age.

Numerous difficulties exist in conceptualizing gender as a construct. Some theorists argue for a traditionally “essential” view of gender--an internal sense of who the person is as manly or feminine, while others argue for gender as a purely social construct (Fassinger & Arseneau, 2007; Nagoshi & Brzuzy, 2010). Gender essentialists argue each person has an internal experience of their gender that transcends social mores and might or might not be attributed to biological mechanisms; each person has an innate sense of being a man or a woman (Lenning & Buist, 2013; Levitt & Ippolito, 2014b; Nagoshi &

Brzuzy, 2010). Conversely, gender can also be considered as a way of defining identities based on social categories that exist in a reciprocally reinforced, stereotypical narrative of what makes someone's body a "useful artifact" within a "system of exchange in a heterosexual economy" (Stryker, 1994, p. 249). West and Zimmerman (1987) proposed gender is not something a person is but rather something a person *does* as he/she they navigate exchanges with others according to normative standards. Gender in this context only has meaning as it relates to interaction with others based on expectations of what are appropriate or inappropriate behavioral expressions (Miller & Grollman, 2015; Pfeffer, 2010).

Whether one considers gender an internal experience or one that is socially influenced, gender roles impact how a person interacts with the world and gender role expectations are primarily tied to one's assigned sex (Bethea & McCollum, 2013). Researchers recommend conceptualizing the "greyness" or "fuzziness" (Tauchert, 2002) of gender as combining both the physical and mental aspects of gender including those socially constructed performances of gendered behavior assumed to fit based on binary categories (Nagoshi & Brzuzy, 2010). Gender can be conceptualized as a multidimensional experience that works differently for an individual depending on the context--with differences between how a person believes they should identify, how content they feel within that gender category, how similar they feel to others in the same gender category, and pressure to conform to gender expectations (Egan & Perry, 2001). Researchers and clinicians should acknowledge the continuum of experiences an individual might encounter and the spectrum of gender identity in order to validate each person's subjective self-identification as true for them (Levitt & Ippolito, 2014b).

Spectrum of Gender Diversity

Transgender individuals are those who “express their gender in non-traditional ways and find their sense of self as female, male or other to be in conflict with their assigned gender role” (Burdge, 2007, p. 244). Transgender, often used as an overarching umbrella term to include a spectrum of gender variance and diversity as it was in this dissertation, encompasses a variety of identity classifications. Trans individuals all work to act in a gender role that aligns with how they experience themselves instead of what others might expect of them based on their assigned sex (Bethea & McCollum, 2013; Levitt & Ippolito, 2014b; Zimman, 2009). Transgender identities are not only related to internal gender identity, they might change over time in conjunction with gender roles, physical characteristics, gender expression, choices, and actions (Dargie et al., 2014). Many individuals who wish to transcend gender binaries report feeling pressure to fit in according to normative rules around gender (Dentice & Dietert, 2015; Levitt & Ippolito, 2014a). Although one study found most transgender people identify with the gender to which they transitioned, some dually identified with gender roles including the gender associated with their birth sex (Dargie et al., 2014). It is insufficient to assume transgender individuals exclusively live in first one end of the binary and then the other.

An aspect of empowering oppressed groups is to allow members to “control the language representing them” (Burdge, 2007, p. 244). Assigning gender diversity into labels or categories by researchers and medical professionals admittedly limits the range of human experiences to categories defined by those with power and privilege (Piper & Mannino, 2008). Ultimately then, researchers and psychologists should use descriptive terms clients use to self-identify even if used with different connotations or denotations

than the clinician would otherwise have chosen (Fassinger & Arseneau, 2007; Levitt & Ippolito, 2014b). For example, the term *transsexual* is a traditionally medical definition for people who desire sexual reassignment surgery due to a need to fully change from living as binary “male” or “female” to “female” or “male” (Lev, 2004). Because of the pathologized history of gender variance, many transgender individuals avoid the use of this term even if they desire medical intervention to alter their bodies (Moran, 2013).

This history is also why I chose to use broader terminology in this dissertation although I have always defaulted to the terms used by participants for their self-identification (Hale, 1997; Levitt & Ippolito, 2014b). Other forms of gender diversity include but are not limited to androgyny--gender expression with masculine and feminine traits, bigender--identifying in part as both a man and a woman, gender fluid--identity changes as a mix of available options, agender/genderless--identifying with no gender, genderqueer--those who identify outside of the gender binary, third gender--often used in other cultures to denote someone who does not identify as neither man nor woman but another gender, or Two-Spirit--used in Native American/ First Nations cultures to describe someone who has qualities and role fulfillment of both genders (Killermann, 2014).

Stages of Transgender Identity Development

As early as two-years-old, individuals have reported uncertainty that their assigned sex at birth was congruent with their gender identity; young children might vocalize gender incongruence and a desire to engage in varied forms of gender expression (Korell & Lorah, 2007). In adolescence, many gender variant individuals described puberty as one of the most challenging experiences for their identity development because secondary sex characteristics that might be highly distressing began

to appear such as the development of breasts, onset of menstruation, deepening of one's voice, and the appearance of facial hair, which make one's potential gender expression rapidly change (Korell & Lorah, 2007). Other individuals did not report exploring their transgender identity until later adulthood (Katz-Wise & Budge, 2015; Zimman, 2009). One study found male to female transgender individuals (MTF) recognized their gender variance at an earlier age than did female to male individuals (FTM); however, FTMs presented as their preferred gender much earlier than MTFs (Factor & Rothblum, 2008). Clients who presented to counseling to address gender identity concerns were often engaged in an identity exploration process that was natural given their life cycle stage (Korell & Lorah, 2007).

Over time, conceptualization of transgender identity development has shifted away from the medical model to honoring the diversity of transgender needs (Bockting, 2009). Several models exist for conceptualizing transgender identity development (Devor, 2004; Lev, 2004, 2007; Piper & Mannino, 2008) but some models still conceptualize gender diversity identity using frameworks developed for lesbian or gay identity development, which I have intentionally chosen not to include here because of wrongful conflation of gender and sexual orientation over time (Blumer et al., 2012; Dargie et al., 2014).

Lev (2004, 2007) outlined a six-stage model of transgender emergence, which provides a framework for understanding the trajectory of a transgender person who is working to understand their gender identity. The first stage is *awareness*--when persons realize they might be different from others regarding their gender and notices their sense of having discomfort associated with their body. This stage is often characterized by

intense distress as a person admits feelings that might shake their foundation of identity and they experience a flooding of emotions or shock over admitting to themselves they belong to a stigmatized minority group. Because gender issues can be suppressed or denied for significant periods of time, a person might feel powerlessness, terror, or even crisis as they begin naming this part of their experience. Lev (2004) importantly noted, “Being transgendered does not necessarily condemn one to a life of turmoil, although emerging transgendered can create chaos and upheaval” (p. 237). Since many transgender individuals present to counseling around this time of great anxiety, it behooves therapists to understand this difference: being transgender does not equate pathology but coming to understand a huge shift in identity might lead to some temporary distress. Also, not every person who integrates gender variance into awareness experiences distress. Some people might feel relief and euphoria as they gain self-awareness.

Stage two of the model is *seeking information and reaching out* (Lev, 2004). In this stage, the person seeks out knowledge around what it means to be transgender and stories of others who might be like them. This includes doing research on the Internet about medical transition options, seeking out videos and blogs of transition timelines, reading stories about others’ lives, and even reading clinical and medical textbooks as they relate to transgender care. To reach out, transgender individuals might find support groups online or in person or contact a gender-affirming therapist to begin counseling. This stage is incredibly important as they can emerge from isolation and find connectedness with similar individuals. It is important for transgender people in this stage to not abandon their old life in favor of the new; rather, they can be guided to

explore options and gather information while maintaining important ties and relationships.

Disclosure to significant others is the third stage of the transgender emergence model (Lev, 2004). At this point, the transgender person includes others in their process of exploration and might disclose to spouses, partners, friends, or family members. This is a particularly challenging phase as it might be difficult to predict exactly how the loved one would respond to this disclosure. To seek greater intimacy with their partners and family members, it is important to be honest with them. At the same time, the transgender person likely fears rejection by those they care about most. Romantic partners and family members must go through their own disclosure and discovery process as they integrate this change into their conceptualization of their loved one and themselves. It is likely they are at a different stage of understanding at the time of disclosure than the transgender person. Numerous strategies could be employed to navigate changes and give both sides a safe space to explore concerns and adjust to one another in a new context.

Stage four, *exploring identity and transition* (Lev, 2004), involves trying on new labels as well as making meaning of one's transgender identity. This might be a phase in which early memories are revisited and deep philosophical questions about who the person is and what gender means to them are examined. Exploring identity and transition can also include experimentation with alternative forms of gender expression including changing hairstyles, dress, speech patterns, or mannerisms.

Stage five includes *exploring transition and possible body modification* as the person understands what they need to present in their aligned gender and make choices

about the extent of medical intervention necessary for their well-being. Finally, the person reaches stage six, *integration and pride*, where synthesis and integration of internal and external self are achieved and the person “resolve[s] the present and incorporate[s] the past” (Lev, 2004, p. 266). This does not mean the person is not still working toward goals related to their gender identity and expression, e.g., saving money for surgical interventions. At this phase of identity development and acceptance, the person is able to realize who they are does not depend on their physical characteristics “but on who they know themselves to be” (Lev, 2004, p. 268).

A similar model outlined by Devor (2004; Budge, Orovecz, & Thai, 2015; Budge et al., 2010) includes 14 stages that fit well within Lev’s (2004) emergence model. In *abiding anxiety* (Devor, 2004), the person experiences some discomfort with their assigned gender identity and indicates a preference for other activities associated with a differing gender presentation. They then experience *identity confusion about originally assigned gender and sex* (the initial doubts that something might not align appropriately for them), leading to *identity comparisons about originally assigned gender and sex*. At this point, a person might begin experimenting and seeking out differing gender roles until the *discovery of transgenderism*. When coming into contact with this information, they might experience *identity confusion about transgenderism* and feel unsure if this identity model fits for them. The person might then make *identity comparisons about transgenderism* and begin associating with this reference group. As the person moves into incorporating new information with their sense of identity, they might experience *tolerance of transgender identity* and may find that due to extenuating circumstances or reality testing of relationships, there is *delay before acceptance of transgender identity*.

When a person feels they have sufficient information and support, they might begin to tell others about their identity and move into *acceptance of transgender identity*. At this point, there might be *delay before transition* as the person saves money or learns more about what is involved in the transition process. Next, a person changes gender and/or sex through *transition*. After their identity is established, they experience *acceptance of post-transition gender and sex identities*, *integration* of their identity, and finally *pride* in their gender identity.

Transition Options and Procedures

Numerous options are available for individuals who identify as transgender regarding possible changes and avenues to actualize their internal identity in a way that is congruent with their external presentation (Dentice & Dietert, 2015; Levitt & Ippolito, 2014b; Wesp & Deutsch, 2017). Treatment for gender dysphoria is aimed at reducing the distress a person experiences when their gender identity and natal sex do not align (Coleman et al., 2012). “Recommended treatment for this birth variance is gender role transition” (Scarpella, 2010, p. 4) and might involve medical procedures or social changes. Some individuals feel medical intervention is entirely necessary for their gender transition and altering their physical appearance in some way is an important component of actualizing their identity (Korell & Lorah, 2007; Levitt & Ippolito, 2014b). Not every person who has a gender nonconforming identity experiences distress as a result of their gender identity and physical characteristics and not every transgender person desires medical intervention (Korell & Lorah, 2007). An extensive “range of creative human possibilities” (Dentice & Dietert, 2015, p. 71) exists regarding identity development and construction. Other options might be available for the person to explore

their gender expression in an affirmative manner including social transition, counseling for gender exploration, and support groups (Collazo et al., 2013; Piper & Mannino, 2008). Social and medical transition steps have been described as a “rite of passage” (Dentice & Dietert, 2015, p. 86), which enable a person to transition from one stage of life into another.

Social transition steps are often very important for a transgender person as this describes the way in which they interact with the world in a different way and is perceived by others as a member of a specific gender group (Brill & Pepper, 2008). Socialization into a different gender expression might be a challenging barrier to effective functioning in a person’s new gender role (Kailey, 2005). Some individuals must “literally be taught...how to walk, talk, sit, stand, and interact with others as a member of that gender- things that were learned by nontranspeople in childhood and adolescence” (Kailey, 2005, p. 4). One option for social transition skills training is the use of voice and communication therapy, particularly used by trans women, to help train a person how to speak in a higher register and with cadences socialized into women from an early age (Coleman et al., 2012). Individuals might also engage in hair removal practices such as waxing and shaving for temporary hair removal or electrolysis and laser hair removal treatment for more permanent removal. Trans men might choose to bind their breasts to reduce their appearance and use penile prostheses (Coleman et al., 2012) or female urinary devices to enhance the appearance of their genitals, use during sexual intercourse, or facilitate using urinals in gender-affirming men’s bathrooms. Unfortunately, chest binding has been associated with negative health outcomes including chronic pain (Peitzmeier, Gardner, Weinand, Corbet, & Acevedo, 2017). Trans women might use

breast padding, hip and/or buttocks padding, and genital tucking to enhance their physique as more traditionally feminine. Social transition includes using one's preferred name and gender pronouns with others, wearing affirming clothing and accessories, modifying gender expression and role both privately and publicly, and changing name and gender markers on important legal documents including drivers' licenses, birth certificates, and passports. Dysphoria might arise for individuals specifically because of cultural and societal expectations of what is traditionally masculine or feminine, beautiful or ugly (Collazo et al., 2013). Body dysphoria might decrease when one's physical features more closely match those qualities associated with one's identified gender (Bockting, Knudson, & Goldberg, 2006).

Medical transition refers to the numerous processes a person can undergo to feminize or masculinize the body with surgical or medical interventions (Jackson, 2013). Medical interventions can serve both aesthetic and functional purposes for a transgender person (Monstrey, Ceulemans, & Hoebeke, 2011). Hormone therapy (also called hormone replacement therapy or HRT) can be used for feminizing the body by combining anti-androgens to block the production of testosterone and reduce traditionally masculine traits like hair production with estrogen treatments to soften skin, redistribute fat, or progestins to stimulate breast tissue growth (Coleman et al., 2012; Wesp & Deutsch, 2017). To masculinize the body, trans men can take testosterone (often referred to as T) to deepen the voice, increase muscle mass, redistribute body fat, enlarge the clitoris, and stimulate the growth of facial and body hair (Coleman et al., 2012; Kailey, 2005). Physical interventions are also available for adolescents who have identified as gender variant since childhood. One of the primary medical interventions in this age

range is the fully reversible suppression of puberty (Coleman et al., 2012). GnRH agonists block the release of gonadal-stimulating hormones, thus delaying the onset of puberty in natal males, and progestins can delay the beginning of menstruation and puberty in natal females. This buys the adolescent time to explore their gender as an important aspect of their identity in the context of other developmental concerns (Coleman et al., 2012). Should the adolescent decide they want to medically transition to a more congruent physical form, those who have participated in puberty suppression can thus be saved the traumatic experience of going through puberty in the wrong gender and never develop the sex characteristics they might otherwise change later (Lev, 2004).

Surgical interventions are also available to transgender individuals that may help alleviate body dysphoria. By altering secondary sex characteristics, some trans men and trans women experience greater comfort in their bodies (Kailey, 2005), and can even lead to improved quality of life and mental health (Wesp & Deutsch, 2017), particularly as others perceive them as “passing” for their aligned gender. For natal males transitioning to female, procedures might include breast augmentation and enlargement, facial feminization surgery designed to soften the appearance of someone’s bone structure, body contouring through liposuction and lipofilling, tracheal shave to reduce the appearance of the Adam’s apple, gluteal augmentation through implants or lipofilling, voice surgery to raise the tone of one’s voice, or hair reconstruction to counteract male pattern baldness (Coleman et al., 2012). Female to male transgender individuals might undergo a subcutaneous mastectomy to remove breast tissue, chest reconstruction to smooth out the appearance of the chest, pectoral implants, and liposuction or lipofilling to redistribute or remove deposits of body fat (Coleman et al., 2012). “Top surgery” has

been shown to positively increase trans men's overall quality of life and decrease perceived body dissatisfaction and dysphoria experiences (Van de Grift et al., 2016).

Sexual reassignment surgery (SRS), sometimes called gender reassignment surgery (GRS) or gender affirmation surgery, involves surgically altering the internal and/or external genitalia to match those traditionally associated with the natal sex of female or male (Israel & Tarver, 1997; Lev, 2004). Options for SRS are varied and transgender individuals might choose to complete any or all of the procedures. Financial and societal barriers may also be present to limit options for surgical intervention (Wesp & Deutsch, 2017). For a male-to-female transgender person completing SRS, the following procedures are available: penectomy--the surgical removal of the penis, orchiectomy--surgical removal of the testicles and cessation of testosterone production, vaginoplasty--the reconstruction of a vaginal canal using transplanted mucous membranes, clitoroplasty--the creation of a clitoris traditionally using erectile tissue from the penile glans, and vulvoplasty--the creation of external labia to surround the clitoris and vaginal canal (Coleman et al., 2012; Rubin, 1993). For female-to-male transgender individuals, options for surgery include hysterectomy/ovarectomy--the removal of the uterus, fallopian tubes, and ovaries; vaginectomy--surgical amputation of the vaginal canal; urethral reconstruction; scrotoplasty--involves creating scrotal sacs using external labia with eventual testicular prostheses implanted; and penile reconstruction--often created using a skin graft from the forearm and penile prosthesis to induce erection (Coleman et al., 2012; Monstrey et al., 2011). Decisions regarding "bottom surgeries" or SRS/GRS procedures for trans men might differ from trans women, particularly because of the additional expense and limited success of the procedures (Lev, 2004).

Additionally, because of the powerful physical transformation that might occur for some FTM on testosterone, assimilation into society as a man might be easier than for trans women (Kailey, 2005), leading to different choices about the types of procedures that allow the person to feel most comfortable in their body.

Although physical transition steps are important for individuals who desire them and are considered an “effective and medically necessary” (Coleman et al., 2012, p. 54) treatment, many individuals do not want to undergo such painful, expensive processes for a myriad of reasons including simply not needing physical changes to find congruence with their body and mind (Kailey, 2005). Transgender clients might rely on medical and mental health professionals to provide options for treatment and validation of the options available in addition to receiving medical services (Collazo et al., 2013; Korell & Lorah, 2007; Mizock & Lundquist, 2016). A client might choose to undergo all or none of the aforementioned transition steps. Some individuals believe transitioning is not a choice because “if the incongruity between a person’s gender identity and his or her body and social roles is strong enough, he or she will transition or die” (Kailey, 2005, p. 20). In keeping transition an individualized process, there is no prescribed set of steps any person must accomplish to be considered transgender; ultimately, it is up to the identified person to decide what options would result in the greatest alignment between their internal sense of self, physical sense of self, and how they are perceived and interacted with by others.

Transition is linked to a sense of connection between inner experiences and outer presentation as well as greater alignment between how one sees themselves and how they are perceived by others (Martinez, Sawyer, Thoroughgood, Ruggs, & Smith, 2017).

Transition has been shown to increase a trans person’s experiences of positive emotions

and can lead to greater pride, happiness, confidence, and comfort with oneself as a person (Budge et al., 2015). Drydakis (2017) reported trans individuals report higher levels of life satisfaction after SRS; social transition has also been connected to improved mental health for trans individuals including lower depression, distress, and self-harm (Katz-Wise, Reisner, White Hughto, & Budge, 2016).

Mental Health as Gatekeeper to Transition Processes

Mental health practitioners have been tasked with providing formal mental health assessments to minimize the regrets of those who follow through with surgical or medical interventions (Lev, 2004; Scarpella, 2010). Generally, regrets of transgender individuals are rare--less than 1% of female-to-male transgender individuals and 1.0-1.5% of male-to-female individuals experienced regret they received medical transition (Pfäfflin, 1992; Pfäfflin & Junge, 1998). Several factors have been associated with client regret including poor differential psychiatric diagnosis, unsatisfactory surgical results, and a failure to carry out the “real life experience” component (Pfäfflin, 1992) outlined in the *Standards of Care* (Coleman et al., 2012), which recommends individuals spend a certain amount of time presenting as their aligned gender before undergoing medical intervention. It was interesting to note only one of the three factors contributing to client regret would be the direct responsibility of a mental health professional--ascertaining the differential diagnosis.

There are several limiting factors to the practice of mental health recommendations for surgical or hormone therapy. First, previous principles of care were established ignoring the spectrum of gender expression; instead, they required clients transition from one end of the binary gender spectrum to another (male to female; female

to male) to receive medical intervention. Those who did not identify along these strict gender roles were excluded from receiving any form of medical intervention including hormone therapy (Lev, 2004). This binary outlook did not accommodate the many gender expressions not yet accounted for under this model, which were excluded from treatment (Markman, 2011). Additionally, many clients might choose hormone replacement therapy with no additional surgical component or modification of some visible sex characteristics without a desire for gender reassignment surgery. For example, many trans men choose to undergo hormone replacement therapy, chest reconstruction, and possibly a hysterectomy without undergoing any modification of their external genitalia because the surgical technology is not yet advanced enough to create fully satisfying results (APA Task Force, 2009; Kailey, 2005). Under the aforementioned strict interpretation, if these individuals who identify as male do not wish for gender reassignment surgery, they might be considered unsuitable candidates for *any* transition-related procedures by their mental health professional.

Because of such limitations on which identities might be eligible for medical care, many consequences have arisen. One challenge was some clients might feel they cannot provide a true and accurate depiction of their identity or experience since they view the mental health letter as necessary to receive certain treatment. Historically, this has resulted in the perpetuation of the *transgender narrative* (Lev, 2009)--a uniform story of transition that might meet diagnostic criteria for medical eligibility but does not fully encapsulate the experience and variation inherent to each unique transgender individual. This *transnormativity* (Johnson, 2016) traps trans individuals into a binaried structure in order to access appropriate medical care. The therapeutic relationship then becomes built

around inauthenticity and judgment as the client tries to work under the power differential gatekeeping creates (Moran, 2013; Scarpella, 2010; Von Vogelsang et al., 2016) rather than the clinician displaying unconditional positive regard and acceptance for the client's true identity. Added expectations around gatekeeping might also weaken the therapeutic relationship as it could be considered involuntary treatment required for a referral letter (Budge, 2015) rather than exploratory and affirmative support counseling. Evidence also suggested many helping professions carry a compounded discrimination of transgender clients (Burnes et al., 2010), which could greatly impact the quality of the therapeutic relationship or the work done in sessions. More psychologists are recognizing the use of gatekeeping is a way to keep control and power in the hands of cisgender therapists and minimize the power of trans individuals (Mizock & Lundquist, 2016; Singh, 2016b).

Whether due to the aforementioned reasons or other factors, illicit hormone use might range from 29% to 71% of transgender individuals using hormone therapy (Clements, Katz, & Marx, 1999; Nemoto, Operario, & Keatley, 2005; Xavier, Bobbin, Singer, & Budd, 2005). This has substantial implications for practicing psychologists who aim to minimize client harm to the best of their ability according to ethical standards (APA, 2010). Clients consuming illicit hormones might use a variety of unsafe practices such as sharing needles, taking unregulated medications in unsafe dosages, and proceeding with altering hormones without careful oversight of an endocrinologist or medical doctor (Lev, 2009). It is very likely necessitating the recommendation of a mental health professional before clients undertake hormone therapy or surgical intervention increases the risk for clients to use illicit hormones if they are unavailable

through traditional means. Psychologists must consider not only how evaluation procedures affect their therapeutic relationship but if they might potentially increase client risk.

Gatekeeping in the form of clinical assessment potentially serves helpful purposes as well. The practice was developed to ensure the protection of gender-dysphoric clients by ruling out differential diagnoses that could impact treatment effectiveness (Lev, 2004); it also encourages an integrated care approach in conjunction with the prescribing medical professional to ensure continuity of services (Coleman et al., 2012). Rachlin and Lev (2011) discussed some presenting concerns that would cause them to hesitate to write treatment letters of reference for medical intervention: psychological instability, isolation from the transgender community, lack of interest in self-education about treatment issues, too much urgency for surgery without critical thinking, inability to build social and survival skills, comorbid substance concerns, serious cognitive impairment, acute psychiatric issues, a lack of willingness to be honest with family members about their identity experiences, and severe personality disorders that impact reality testing and relationship-building skills. These concerns might all lead to impediment of a person's judgment; thus, having a mental health professional's opinion serves to protect the person from harm.

Movement toward liberatory psychological practice for trans individuals includes consideration of how psychologists can transition from serving as gatekeepers to supporting individual flourishing and personal strengths overall (Johnson, 2016; Singh & dickey, 2016). It is impossible to ignore the process of gatekeeping is a structure that maintains cisgender privilege; arrangement of this process inherently favors non-trans

people (Singh & dickey, 2016) and is likely worthy of significant critical examination (Singh, 2016b). Because there are both substantial preservations for clients and serious consequences to utilizing the recommendation letter or gatekeeping approach, psychologists should consult their professional and ethical standards to decide how this conflict should be approached.

Discrimination Experiences of Transgender People

Despite an increase in clinical understanding of issues related to transgender individuals as well as societal movement toward acceptance of gender diversity, numerous challenges are faced by the transgender population and rampant discriminatory experiences have been reported (Fassinger & Arseneau, 2007; Miller & Grollman, 2015) as well as violations of basic human rights (Dispenza & O'Hara, 2016). Some states including Indiana, Iowa, Louisiana, Nebraska, Ohio, Oklahoma, Texas, and Virginia all specifically exclude federal disability coverage for transgender individuals (American Civil Liberties Union [ACLU], 2015). California, Connecticut, Oregon, Massachusetts, New York, and Washington are the only six states where legal bans are in place on trans-exclusionary benefits for state employees (dickey, Budge, Katz-Wise, & Garza, 2016). It is still unclear as to what medical procedures receive coverage by private and public insurance companies; more work is necessary to extend coverage for medically necessary gender affirming treatments (ACLU, 2015). Protection is limited in prisons for individuals who identify as transgender; generally transgender women are kept in male facilities and trans men are kept in facilities for females (ACLU, 2015). Although movement has been made toward removing restrictions against transgender people in the military, rules are still in place prohibiting them from serving openly in their affirmed

gender (National Center for Transgender Equality [NCTE], 2015). The American Psychological Association's Society for Military Psychology (cited in Gatson, 2015) has made no statement regarding advocacy for transgender rights and discouragingly continues to conflate transgender issues with those of lesbian, gay, and bisexual veterans and active duty military.

Coming out as transgender can go beyond one's private identification because it influences a person's level of safety in the world (Levitt & Ippolito, 2014a). Brown and Jones (2016) polled 7,000 trans individuals and 80% reported fear of negative repercussions if others were to find out they were trans. In a large-scale survey assessing the injustice experiences of transgender and gender nonconforming individuals, the NCTE (James et al., 2016) polled 27,715 participants from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and overseas bases for U.S. military service people to capture the most extensive comprehensive assessment of discriminatory experiences. The results of their study were sobering. Seventy-seven percent of participants reported harassment experiences while in grade school, 24% reported being victims of physical violence, and 13% reported sexual violence in childhood. Those who reported harassment and abuse by grade school teachers experienced significantly poorer health than those without those experiences. Another study found 70% of transgender adults had experienced transphobic discrimination experiences (Miller & Grollman, 2015).

The workplace can be a particularly challenging discriminatory environment for transgender individuals (Budge et al., 2010; MacDonnell & Grigorovich, 2012). Seventy-seven percent of trans people reported taking active steps to avoid harassment,

mistreatment, or discrimination at work, 27% reported being not hired or being denied a promotion based on their gender identity, 19% reported losing a job due to their gender status, and 15% reported verbal harassment, physical, or sexual violence experiences at work (James et al., 2016). Although one study found transgender individuals tended to be more educated than the general population, their reported income was significantly lower (Levitt & Ippolito, 2014a). Respondents to the NCTE (James et al., 2016) survey reported three times the unemployment rates of the general population and transgender people of color reported higher rates of unemployment than did White respondents. Twenty percent of responders reported working in sex work or selling drugs for income. Transgender individuals who have experienced negative work and economic influences because of their identity are almost five times more likely to experience violent acts (Budge et al., 2010). Statistics related to occupational transition stresses are particularly discouraging given the work environment has the potential to help individuals find personal meaning, a sense of community (MacDonnell & Grigorovich, 2012), and further external feedback for acceptance of one's true gender (Martinez et al., 2017). Fortunately, one study found trans adults experience increased job and life satisfaction related to SRS and transition (Drydakis, 2017).

According to the NTCE survey (James et al., 2016), 12% of participants had experienced homelessness in the past year, 30% had previously experienced of homelessness, participants had one quarter the national rate of home ownership (16%), and 23% had experienced housing discrimination based on their gender identity. Low income was reported at twice the national average with 29% of participants living in poverty. Another study found the majority of their participants reported an income of

less than \$20,000 annually (Barr et al., 2016). Almost half of participants in the NTCE survey (46%) reported being verbally harassed in public. Fifty-seven percent of respondents reported feeling uncomfortable seeking police assistance and 58% reported being harassed by police. Forty percent of respondents reported being either rejected or unsupported by their family due to their gender identity.

Transgender individuals have been found to engage in health-harming behaviors at significantly higher rates than the rest of the population (Miller & Grollman, 2015). Forty percent of respondents to the NCTE survey (James et al., 2016) reported a previous suicide attempt; the national average for suicide attempts is between 1.6% and 3% of the general population (Lehavot, Simpson, & Shipherd, 2016; Levitt & Ippolito, 2014a). Another study found over 70% of their trans participants had thought of suicide at least once in the past 12 months (Tebbe & Moradi, 2016). Within a one-year period, 57% of trans veterans reported suicidal ideation, 34% had a suicide plan, and 32% reported a lifetime attempt (Lehavot et al., 2016). Up to 47% of transgender college students reported seriously considering or attempting suicide (Budge, Katz-Wise et al., 2013). Gender-based discrimination and victimization among transgender individuals have been explicitly associated with attempted suicide (Clements-Nolle, Marx, & Katz, 2006; Levitt & Ippolito, 2014a). Another study found that in a large online sample of transgender adults, 41.9% reported a history of non-suicidal self-injury (dickey, Reisner, & Juntunen, 2015); in clinical samples of cisgender adults, the rate of non-suicidal self-injury was 20% and only 4% of non-clinical samples of adults reported a history of cutting. The worldwide prevalence of HIV among transgender women has been reported anywhere from five times (James et al., 2016) to 50 times higher than that in the general population

and was attained through high risk sexual behaviors (Nuttbrock et al., 2015). Eight percent of individuals polled by NTCE were refused medical care due to their identity (James et al., 2016).

Transgender and gender nonconforming individuals are significantly less likely to have primary care providers or health insurance than cisgender individuals (Dickey, Budge et al., 2016). They reported having less access to health care treatment and between 20-33% of transgender individuals reported delaying accessing medical care because of discrimination experiences (Brown & Jones, 2016; Jaffee, Shires, & Stroumsa, 2016). These barriers to health care exist at both institutional and provider levels as more policy changes are needed to keep insurance from excluding transgender care. Given negative experiences of transgender individuals in medical settings, many might also neglect to receive appropriate health care such as a person born female foregoing breast or cervical exams, putting themselves at greater risk for missing early cancer diagnoses (Quinn, Schabath, Sanchez, Sutton, & Green, 2015). Trans men may be up to twice as likely as trans women to delay accessing health care due to discrimination concerns (Jaffee et al., 2016), and many trans people directly report they hesitate to access health care because professionals lack knowledge to treat their unique needs (Brown & Jones, 2016; Lindroth, 2016; Von Vogelsang et al., 2016).

Transgender individuals have been shown to have disproportionately high experiences of depression; up to 51% of transgender women and 48% of transgender men reported depressive symptoms (Budge, Adelson et al., 2013). Tebbe and Moradi (2016) reported a depression rate of 68.5% of trans individuals within their sample. Depression rates among transgender women are almost six times that of the general population

(Gonzalez, Bockting, Beckman, & Durán, 2012). Anxiety and psychological distress as a result of stigma experiences were also linked to trans people (Austin, 2016; Bockting et al., 2014). Experiences of discrimination and victimization in trans individuals have been significantly tied to internalized transphobia, shame, low self-esteem, depression, anxiety, perceived powerlessness (Collazo et al., 2013; Tebbe & Moradi, 2016; White Hughto, Pachankis, Willie, & Reisner, 2017), and post-traumatic stress disorder (PTSD) symptoms (Reisner et al., 2016). Reisner and colleagues (2016) found the association between PTSD symptoms and trans discrimination was stronger than the association between PTSD symptoms and intimate partner violence or child abuse experiences.

The Transgender Day of Remembrance is held internationally in November when transgender victims of hate crimes over the past year are acknowledged and honored (Scarpella, 2010), particularly given the suspicion that numerous murder cases related to transgender individuals do not result in equitable attention by investigating forces (Korell & Lorah, 2007). The numbers of discriminatory experiences and crimes against transgender individuals are astounding and clearly establish a need for potential mental health services for this population (Budge et al., 2010).

Changing Attitudes Toward Transgender Issues

With an understanding of what comprises gender diversity and transition related options and experiences, I next discuss how transgender issues have evolved in mental health, legal, and sociopolitical spheres.

Mental Health

Transgender issues have a complicated history in conjunction with mental health professionals. Historically, non-binary gender expression has been consistently

pathologized and socially ostracized in the United States (dickey, Hendricks et al., 2016; Lev, 2004; Singh, 2016a; Tebbe & Budge, 2016); in some ways, it is still considered to be a controversial identity (Dierckx et al., 2016). Because of the history of transgender clients perceiving mental health professionals as gatekeepers and pathologizing their diverse identity, generational trauma might exist in the transgender population that leads to distrust and fear of the medical and psychological community as well as researchers (Scarpella, 2010; Singh, 2016a; Singh & dickey, 2016; Tebbe & Budge, 2016). Transgender clients report not being supported by therapists in their gender identity and expression (Dentice & Dietert, 2015; Mizock & Lundquist, 2016), pointing toward a lack of training and understanding of gender diversity issues.

Gender identity disorder (GID) was included in APA's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until 2013. Pathologizing gender diversity first appeared in 1980 in the third edition of APA's DSM with the addition of *transsexualism* as a diagnostic label for adults and adolescents with gender-diverse identities along with gender identity disorder of childhood. Over the next 33 years, the definitions evolved but the problem remained--all individuals who experienced a different gender identity than the one they were assigned at birth were diagnosable in the eyes of mental health and medical practitioners (Lev, 2013).

With the fifth edition of the DSM (APA, 2013), GID was removed and replaced with gender dysphoria, reflecting a conceptual modification emphasizing the problematic distress experienced by one's gender incongruence--not one's gender identity itself as disordered (dickey et al., 2014; dickey, Budge et al., 2016). Gender dysphoria was also removed from inclusion with sexual disorders and paraphilias, and specifiers regarding

the individual's sexual attraction were removed to further delineate a conceptual understanding of the differences between sexual behaviors and attraction from gender identity. This paradigm shift in the DSM-5 reflected the ongoing change in the literature from viewing gender concerns as a disease or disorder to an issue related to identity development (Bockting, 2009) and acknowledged gender as "variable, diverse, and changeable" (Lev, 2013, p. 289). Consequences of changing GID to gender dysphoria have yet to be determined but researchers suggested this positive change would show clinicians a discrepancy between one's birth sex and gender identity was not inherently clinically significant (dickey et al., 2014). It remains to be seen how the diagnostic label change impacts court proceedings regarding discrimination suits and coverage by insurance companies for transition related procedures including psychotherapy, although it is anticipated to improve transgender individuals' access to medical and psychological care (Collazo et al., 2013).

Legal Changes

Overall, greater visibility is granted toward understanding transgender people and social changes have been enacted toward accommodation and acceptance of gender diversity; however, many trans people still report being ostracized from greater society (Barr et al., 2016). "Increasing numbers of people think that transgender people should have access to civil liberties and the medical services they require to live authentic lives" (Lev, 2013, p. 295). Transgender individuals are in a unique position of requiring numerous legal protections to live affirmatively and without discrimination--something unnecessary for cisgender, heterosexual privileged individuals. Unfortunately, there are links between political affiliation and refusal of care for trans individuals (White Hughto,

Murchison, Clark, Pachankis, & Reisner, 2016). Researchers found calculating the percentage of state residents who voted for Republican candidates was the single strongest and most significant predictor at a state level of trans individuals who experienced care-refusal, especially among non-White racial and ethnic minorities.

Recently, the landmark case of *Obergefell v. Hodges* (2015) led the U.S. Supreme Court to decree it unconstitutional to not allow same-sex couples to marry; thus, marriage equality was ruled legal in all 50 states. This was considered a huge civil rights victory across the country for sexual and gender minorities as there were concerns about trans people's ability to maintain their legal marriages after transitioning genders (Erhardt, 2007; Raj, 2008). Now, legally any combination of sexual orientation and gender identity marriages between two people can be upheld, limiting the primary legal obstacle to maintaining a committed romantic relationship through gender transition.

To date, over 200 cities and 18 states and the District of Columbia carry state laws that prohibit discrimination against people based on gender identity although coverage varies (ACLU, 2015). In 2012, the Equal Employment Opportunity Commission extended coverage of Title VII of the 1964 Civil Rights Act, which prohibits discrimination based on sex to include those who face discrimination on the basis of gender identity (Transgender Law Center, 2012). The Attorney General also publicly committed to support this anti-discrimination policy in 2014, although some district courts have challenged this (ACLU, 2015). The U.S. Department of Housing and Urban Development (2015) also stated the Fair Housing Act could protect against discrimination based on gender identity and sexual orientation, although these groups are not explicitly included in the prohibition against housing discrimination. More states are

moving toward protecting transgender youth from harassment or discrimination in schools under Title IX of the Education Amendment Acts of 1972, although this is not a national policy (ACLU, 2015). Protection is inconsistent regarding an individual's right to use the restroom consistent with their gender identity. While some states have ruled this a discrimination issue, other jurisdictions have left the decision to each business owner to determine (ACLU, 2015). Each state has policies in place regarding how a person might change their name and gender marker on their birth certificate, driver's license, social security card, passport, and marriage license. Laws also exist to prohibit crimes against transgender people, ruling them as hate crimes; some states also have hate crime laws specifically worded to include coverage for transgender individuals (ACLU, 2015). In states without legal protections from non-discrimination based on gender identity, trans individuals report significant increases in felt stigma, discrimination, and victimization (Gleason et al., 2016). Lack of safety in one's community also increases trans individuals' likelihood of a lifetime suicide attempt.

Medical coverage for gender-related care has been rapidly changing with the Affordable Care Act, which prohibits insurance discrimination based on previously existing conditions including gender dysphoria (ACLU, 2015). As of 2014, Medicare covers hormone therapy for gender transition and a court denied keeping the Medicaid policy of refusal to cover any type of gender-affirming surgical procedures; however, which procedures would be covered was unclear (ACLU, 2015).

With greater publicity related to transgender care, increase in companies setting social policies affirming transgender individuals, and increased legal protection available to protect against discrimination, society has grown more comfortable and accepting

overall of transgender issues (Erhardt, 2007). Increased structural and systemic changes toward acceptance of trans individuals also have the potential to decrease negative mental health consequences experienced through victimization and stigma (White Hughto et al., 2017). It is essential that mental health professionals understand national and local laws that would impact the status of their clients, particularly as transgender clients might either be provided protection or have them taken away through legal discrimination (Gleason et al., 2016; Korell & Lorah, 2007). In this way, psychologists and researchers have a better understanding of the sociocultural climate in which their clients operate.

Transgender Couple Relationships

To date, a significant paucity of research has explored the experiences of being in a committed romantic relationship while going through a gender transition (Dierckx et al., 2016; Lenning & Buist, 2013). Investigation into this content area is considered to be an extremely new area of research (Couperthwaite, 2014). One content analysis demonstrated only nine out of nearly 11,000 articles in marriage, couples, and family therapy literature discussed transgender issues or gender variance at all (Blumer et al., 2012). The researchers argued the lack of focus on transgender issues related to couples work is yet another incident of trans community marginalization by the psychological sciences. Prevalence rates are difficult to estimate about the persistence of relationships through a partner's gender transition. Devor (1993) reported in a study with FTM individuals that 50% of the participants had long-term relationships with women who stayed with them through the transition process. Another study found half of the participants were in a relationship while undergoing a gender transition and 25% of their overall sample remained with the same partner at the time of the study (Meier et al.,

2013). A third report found 30% of their participants were in a relationship through their transition (Pfeffer, 2010). Divorce rates have been shown to be higher among trans women than for trans men (Dierckx et al., 2016). Although this was a small population of individuals, the amount of relational stress experienced due to being rejected by the dominant culture and discrimination rates necessitates a particular focus on this group in research and treatment (Chapman & Caldwell, 2012; Chase, 2011).

Relationship Stigma

Intimate romantic relationships are generally reported to be more challenging among socially disadvantaged groups (Maisel & Karney, 2012). One can also expect that as the cultural visibility of transgender issues increases over time, more people will present for transition; thus, more partners will be impacted by the disclosure of their significant others' gender identity (Brown, 2010). As discussed earlier, discrimination of transgender people is still a rampant problem in modern society and being transgender is still considered a stigmatized identity (Dierckx et al., 2016; James et al., 2016; Miller & Grollman, 2015). Lev and Sennott (2012) reported, "Frequently, it is not the transition itself that is challenging for partners and families but, rather, the immense discrimination and social stigma related to being differently gendered" (p. 117). Recent research demonstrated social stigma related to one's transgender identity increases the rate of clinical depression, anxiety, and psychological distress found in transgender populations (Bockting et al., 2014; Tebbe & Moradi, 2016) as well as increases one's risk in engaging in harmful behaviors including attempted suicide (Miller & Grollman, 2015; Tebbe & Moradi, 2016).

Stigma impacts not only transgender individuals but also their significant others and the overall quality of romantic relationships (Gamarel et al., 2014). Researchers suggested the closer a partner is to the transgender person, the more impacted they will be by the stigma placed on their relationship (Whitley, 2013). Relationship stigma occurs when one internalizes discriminatory messages about being in a relationship with someone with a stigmatized identity; it might lead to self-consciousness, self-doubt, a belief that one needs to hide their relationship, higher depressive symptoms, and lower relationship quality (Bockting, 2009; Gamarel et al., 2014). Although discrimination might be targeted toward the transgender person in a relationship, it is essential to understand the impact of discrimination in a dyadic context since for those in relationships, both partners feel equally impacted by negative, stigmatizing behaviors (Gamarel et al., 2014).

Misconceptions abound that relationships in which one partner undergoes a gender transition are doomed to fail--a belief rooted in transphobia and heterosexism (Moran, 2013). Until research began to grow on the area, transgender couple relationships were not expected to survive the transition process (Lev, 2004). In fact, some doctors would require a “proof of divorce” in order to provide transition-related medical care (Clemmensen, 1990, p. 124).

Family support has been identified as one of the primary protective factors against discrimination (Collazo et al., 2013; Klein & Golub, 2016). Klein and Golub (2016) found trans individuals who experienced rejection from family members were nearly four times more likely to have a suicide attempt; those with moderate levels of family rejection experienced almost twice the rate of suicide attempts compared to trans

individuals who were not rejected by their families. Thus, maintaining a strong relationship could be a highly beneficial experience to protect against relationship stigma. One of the most common positive coping mechanisms used by trans people is strengthening relationships with family (Budge et al., 2015; Dierckx et al., 2016). Incorporating and empowering coupleships is a significant move toward a strength-based treatment of gender diversity concerns (Goldenberg, 2011).

Transgender Partner

Coming out as transgender is a relational process as gender diverse people search for validation not only from themselves but also from close family members and partners (Bethea & McCollum, 2013; Dierckx et al., 2016; Klein & Golub, 2016). Some trans people report delaying their transition because of fear and actualized losses of close relationships (Elder, 2016). Disclosure is a multilayered process that includes a person's private exploration and acknowledgment of their identity as well as public sharing of one's gender status (Bethea & McCollum, 2013; Katz-Wise & Budge, 2015). Transition occurs on an introspective cognitive level--while the individual mentally sorts through their own identity and an interpersonal level--how they are perceived by others and received as their identified gender is highly influential to how they might proceed in transitioning (Katz-Wise & Budge, 2015). As trans individuals move through cognitive and interpersonal changes, they might move toward self-acceptance, although this is not a smooth step-wise process (Austin, 2016). For those who have positive identity transition experiences, transgender individuals report having a supportive community is crucial (Dentice & Dietert, 2015) and having a positive connection with community

belongingness is associated with greater well-being and lower psychological distress (Austin, 2016; Barr et al., 2016).

The transition process has been described as a return to adolescence as a transgender person begins to learn new skills, ways of interacting, dress, and behaviors potentially amidst a first wash of hormones (Chase, 2011; Lev, 2004). Although some individuals described transition as a selfish, self-focused time in a transgender person's life (Erhardt, 2007; Lev, 2004), other research suggested transgender individuals reported greater endorsement of self-sacrifice schemas, the belief they might need to give things up to satisfy others (Katz-Wise & Budge, 2015), and treated transition as a reflexive and relational process (Hines, 2006; Malpas, 2012).

In addition to their cisgender partners, transgender people might feel like outsiders in the lesbian, gay, and bisexual community, leading to potential social isolation and loss of support (Dentice & Dietert, 2015; Katz-Wise & Budge, 2015). This emphasizes the necessity for partners to rely on each other for support in this process. A greater sense of social support coupled with increased relationship satisfaction has been shown to predict positive mental health outcomes for transgender people; as relationship satisfaction increases, their overall stress level decreases (Dargie et al., 2014). Overall, committed romantic relationships increase adjustment post-transition for transgender people (Malpas, 2012) and are considered a strong coping mechanism for sorting through convoluted feelings around identity (Hines, 2006).

Financial strain is one of the primary challenges reported for transgender individuals (Lenning & Buist, 2013; Lev, 2004). Access to care depends in great part on one's geographic location, insurance coverage, employment status, personal income, and

family responsibilities, which also carry significant weight on how much financially a person can invest in their transition process (Lenning & Buist, 2013). Costs for care can range from a few hundred dollars, if one only receives supportive counseling, to over \$100,000 for surgical interventions, hormones, therapy, and wardrobe changes (Lenning & Buist, 2013). Given the disproportionate level of economic exclusion transgender people face compared to the general population (James et al., 2016), transition costs are important to consider as contributing to stress in this group (Levitt & Ippolito, 2014b). Many transgender individuals report occupational barriers since being out in the workplace is linked to discriminatory experiences (Budge et al., 2010). This leaves many transgender individuals with a difficult decision: stay in a well-paying job to pay for transition but remain unable to actualize one's identity in the workplace or leave their current job and encounter financial limitations to being able to transition. Financial hardship has also been associated with a 69% increase in the chance of illicit drug use among both trans men and trans women (Reisner, Gamarel, Nemoto, & Operario, 2014).

Living in and defining one's own gender has been identified as a source of resiliency against discriminatory experiences and can provide increased self-worth and hope for the future (Budge et al., 2015). In their study, Budge et al. (2015) found transitioning led to feelings of pride, happiness, feeling alive, confidence, and comfort with one's body and gender expression. Another primary positive experience they found was when others responded positively to them, trans people experienced significant increase in positive emotions (Budge et al., 2015). Transgender people in romantic relationships were reported to experience better mental health, increased vitality, and improved social functioning (Weyers et al., 2009). Trans partners in relationships

reported disclosing their identity out of a desire to be genuine in their relationships (Bethea & McCollum, 2013). There was anxiety that came with the unpredictability of how one's partner would react. Although people differed in believing family was the priority or transition was the priority, most transgender people acknowledged coming out was a relational process that would lead to changes in how they were perceived by others and how others interacted with them (Bethea & McCollum, 2013). Many described a feeling of freedom or liberation after disclosing their identity to their partner, increased feeling of connectedness, and greater comfort with their relationships with others (Bethea & McCollum, 2013). Transgender individuals have acknowledged the need for their own patience to allow partners and loved ones time to adjust.

Cisgender Partner

Cisgender individuals who stay with transgender partners through their transition also experience a monumental life transition (Chase, 2011; Dierckx et al., 2016; Levitt & Ippolito, 2014a). Little to no research exists that delineates the process a cisgender partner goes through as they come to terms with their partner's gender transition (Whitley, 2013). Some partners, especially wives, feel blamed for their partner's gender identity status by outsiders who lack an understanding of gender development and diversity (Korell & Lorah, 2007). Generally, the people closest to trans individuals, including partners, are asked to provide the highest level of understanding and greatest amount of support (Pfeffer, 2010).

For cisgender partners of transgender individuals, a transgender partner's identity disclosure can trigger a number of different issues for them to consider. Discovery experiences can be substantially different from situation to situation and can facilitate

either greater safety in the relationship or foster mistrust (Dierckx et al., 2016; Raj, 2008). For example, one can disclose either in person, over the phone, through written communication, or by surprise discovery of clothing or a telltale Internet search history (Erhardt, 2007). When a cisgender partner learns of their significant other's gender diversity through surprise discovery, they might experience higher levels of shock, betrayal, and questioning about the trust in their relationship or what other secrets their partner might be keeping (Erhardt, 2007; Malpas, 2012). Shock is often followed by hurt, fear, and grief as they mourn the loss of the person they once knew in place of someone else (Goldenberg, 2011; Malpas, 2012; Raj, 2008). Grieving might be challenging as the cisgender partner still is with the same person, although it might not feel that way any longer (Chase, 2011). Other individuals reported that finding out about their partner's identity early in the relationship made it easier to adjust (Erhardt, 2007). Some partners reported seeing signs or noticing differences in their loved one before they came out as transgender, which gave them more emotional preparation time for such information (Chase, 2011). Some partners reported being inspired by their partner to engage on their own introspective and exploratory journey (Goldenberg, 2011). Ultimately, the hope was for partners to work through stages of turmoil and negotiate with their partner to find balance regarding what their relationship should be (Lev, 2004).

Erhardt (2007) listed common concerns she observed through the course of her research with cisgender wives of transgender people: fear of losing their partner, fear their male partner was actually gay and would no longer want to be with them, questioning of their sexual orientation, concern about their shortcomings triggering their partner's identity, a search for control in the relationship, financial burdens, mistrust from

the kept secret, feelings of isolation, and worry about the impact on the nuclear family unit. Although these misgivings appeared almost universal in her experience, she noted cisgender women who stayed with their trans partners were able to self-soothe and find personal validation, communicate good boundaries, express emotions and ask for needs, and connect emotionally to their partners with deep caring. In her experiences as a researcher and clinical counselor, she found if gender variant partners were able to respect their partner's boundaries and attend to their needs as well as their own, relationships had a better chance of surviving the transition.

A primary task for cisgender partners when their significant other changes gender is learning to support their partner while also validating their own identity (Levitt & Ippolito, 2014a; Whitley, 2013). The transition of one partner's gender leads to changes in how the cisgender partner's sexual orientation is perceived and they might feel their own identity is being negated (Cook-Daniels, 2015). Those who identified as heterosexual might suddenly have lost the privilege and support they were previously experiencing as they are now member of a sexual and/or gender minority community (Chapman & Caldwell, 2012; Lenning & Buist, 2013; Malpas, 2012). For those individuals who previously belonged to the lesbian, gay, and bisexual community, "passing" as a heterosexual couple could be lonely and invalidating as many cisgender partners in particular still identified as members of the queer community (Moran, 2013). This could be especially difficult for cisgender women who identified as lesbians and who might feel rejected by the LGB community for being in a relationship with a trans man who now identifies as heterosexual (Goldenberg, 2011; Levitt & Ippolito, 2014a). Other stresses result as social support from outside the romantic dyad wanes. Several

studies indicated family of origin support would have been very beneficial for how transgender couples navigated the transition process (Goldenberg, 2011; Lenning & Buist, 2013; Whitley, 2013).

Significant others experience a shift in gender role with their partner's gender transition (Raj, 2008). Just as their transgender partners learn to renegotiate gender roles and expectations of what they should do in a relationship, cisgender partners have to negotiate flexibly what it means to "do gender" with their partner (Katz-Wise & Budge, 2015). Gender dynamics change within the relationship as the transgender partner finds new gender roles to fill and the significant other must adjust in tandem (Levitt & Ippolito, 2014a; Whitley, 2013).

Cisgender partners report feeling like primary caretakers for their transgender partners--from supporting them financially in the expensive transition process to correcting others who misgender or misname their partner (Goldenberg, 2011) since misgendering is a common minority stressor trans people experience that also leads to distress (McLemore, 2016). Given the unique experiences of being a partner to someone going through a transition, it is important for those individuals to have their own support available (Dierckx et al., 2016; Erhardt, 2007; Goldenberg, 2011; Malpas, 2012).

Sexuality

Sexuality is an imperative component of conversation in couples counseling and within dyadic systems, yet little research exists on this topic related to transgender individuals and their partners (Moran, 2013). Sexual orientation tends to be a complicated facet of a transgender person's identity as it is unclear if one should base the label of "homo" or "hetero" attraction on one's biological sex or gender identity (Moran,

2013). Overall, transgender people report a diverse range of romantic and sexual attractions (Dargie et al., 2014; Dentice & Dietert, 2015).

In one author's practice, approximately half of her gender-variant clients reported they reconsidered their sexual orientation after transition (Israel, 2004). A recent study found 64.6% of trans adults experienced some change in their attraction after socially transitioning (Katz-Wise et al., 2016). Some believe this is a temporary process that might fade over time or indicates a bisexual orientation rather than a complete shift in an intersecting identity (Erhardt, 2007). Sexual orientation is a construct separate from gender identity. Many transgender partners might have profound love for their partners and wish to remain in a committed relationship with their cisgender partner; a cisgender partner might have deep love for a transgender person and might find their sexual orientation evolves as well (Korell & Lorah, 2007).

Changes to sexual orientation labeling and identification will likely evolve through the transition process for both partners (Chapman & Caldwell, 2012; Dentice & Dietert, 2015; Dierckx et al., 2016; Giammattei, 2015; Levitt & Ippolito, 2014b; Raj, 2008) and was noted as one of the primary concerns for cisgender partners (Lenning & Buist, 2013). Some cisgender partners reported for those who stay in relationships with a transgender person, their perceived sexual orientation is defined relationally by their partner's identity (Erhardt, 2007; Whitley, 2013).

Other individuals described their sexual orientation as completely separate from their relationship status. As one participant stated in Erhardt's (2007) book, "I don't believe for one moment that my staying in this relationship makes me a lesbian any more than it could change my blood type. I'm just finding a way to love this person I've

chosen and with whom I want to spend the rest of my life” (p. 115). Goldenberg (2011) argued, “Sexual orientation is not determined by the placement or gender of a partner, rather our attractions, desires, and fantasies are active both in isolation and in company of others” (p. 46). Moran (2013) discussed experiences working with clinicians who believed female partners of trans men would be happy to now be in a heterosexual relationship, an alarmingly heterosexist assumption that being straight is obviously preferable to being a lesbian. Many couples experienced the challenge of passing as heterosexual although they identified as queer (Goldenberg, 2011). Overall, heterosexual trans adults experience more challenges with mental health issues than trans individuals who identify as sexual minorities (Katz-Wise et al., 2016).

Whatever way one defines their sexual orientation in the context of their romantic relationship, talking openly about sex and exploring sexuality together is an important facet of a positive transition experience within a couple (Collazo et al., 2013), particularly as the interdependence between privilege with sexuality and gender comes into focus for these couples (Mizock & Hopwood, 2016). Partners might have to be more open in sexual conversations than before transition as activities are renegotiated as acceptable or off-limits, body parts are re-named or repurposed affirmatively, and sexual activities change in meaning (Brown, 2010; Edelman & Zimman, 2014). Transgender people often report challenging relationships with their body and sexual organs (Brown, 2010); negotiating openly about body dysphoric feelings and behaviors is essential to creating a sexual environment (Levitt & Ippolito, 2014a; Malpas, 2012). As transgender partners grow more comfortable with their physical presentation, sexual satisfaction tends to

increase (Brown, 2010), although sexual satisfaction is highly linked to satisfaction with surgical procedures (Lev & Sennott, 2012; Pfäfflin & Junge, 1998).

Moran (2013) provided one of the most thorough examinations of sexual relationships for transgender individuals found to date. In her study with trans men and their female partners, she found traditional labels used for discussing sexuality are still inadequate and primarily based on false binary descriptors for gender and sexual orientation. Participants discussed sex could be a huge trigger for body dysphoria; yet couples discussed numerous ways they could navigate affirmative sexual practices including visualization and mentalization. Medical transitions, particularly chest reconstruction and testosterone therapy, had a significant impact on the couple's sex life and generally these procedures increased their sexual satisfaction. Testosterone has been particularly impactful at increasing the sex drive of trans men (Malpas, 2012) while testosterone blockers and estrogen treatment for trans women might reduce their sex drive and ability to achieve orgasm (Lev & Sennott, 2012). Finally, Moran noted trans man and cis woman sex was substantially different than a lesbian sexual relationship for all partners involved. This distinction was particularly important for affirming the trans man's masculinity.

Transgender Parenting

The family system is the space in which gender expectations are traditionally taught and reinforced (Lev, 2010) and more queer families are coming to the attention of family therapists and researchers. Research on transgender parenting is practically nonexistent (Biblarz & Savci, 2010; Dierckx et al., 2016; Hines, 2006; Malpas, 2012) despite knowledge that transgender people are also parents (Lev, 2010). This applies to

those who become parents before or after transitioning genders. Between 25 and 49% of the transgender population reported having children (Dierckx et al., 2016). Most of the parenting literature examining transgender individuals focused on health issues associated with transitioning and neglected the examination of traditional family studies research, evaluation of parenting behaviors, or fertility issues (Biblarz & Savci, 2010). A standard recommendation for those not yet parents and beginning a transition was the consideration of reproductive concerns, such as freezing of eggs or sperm before undergoing hormonal or surgical changes (dickey, Ducheny, & Ehrbar, 2016; Lev, 2010). As medical developments in trans care are made, options for transgender parenting continue to grow (dickey, Ducheny et al., 2016).

One's identity as transgender has not been shown to impact a person's ability to parent; most children are very adaptable to having a transgender parent when it is made clear to them the gender transition is an experience the parent is going through separate from the child (Israel, 2004). Parenting ability in these relationships is directly related to how well the transgender and cisgender parents work together to maintain a strong front for their children as children are more impacted by the quality of the parent relationship than the gender transition (Hines, 2006; Lev, 2004). The stronger the sense of coherence between parents, perceived stigma on their families tends to diminish as does its impact on overall family functioning (Veldorale-Griffin & Darling, 2016). Thus, an important component to effective parenting in a transgender couple is the quality of the parent dyadic relationship. Generally, no information was found to indicate a parent's gender transition led to gender confusion in one's child (Lev, 2010).

Linguistics and self-labeling return as an important component of transgender parenting as new labels can be identified for children to refer to their mothers and/or fathers (Hines, 2006). Some trans parents experience mixed feelings about their transitioning roles, both grieving the loss of their former role and celebrating a new role in their families (Veldorale-Griffin & Darling, 2016). Research suggested it might be easier for children to adapt to gender transitions for trans men compared to trans women, particularly because female androgyny is more socially accepted than male femininity (Hines, 2006).

Factors Impacting Relationship Satisfaction

Numerous factors have been shown to impact relationship satisfaction in transgender couples. In one dissertation examining relationship satisfaction in a diverse sample of participants, the author found passionate love in transgender relationships was a positive predictor of relationship satisfaction while attachment anxiety served as a negative predictor of relationship satisfaction (Couperthwaite, 2014). One study indicated cisgender individuals who identify as lesbian might have more difficulty adjusting within a transgender relationship (Brown, 2010). Bisexuality of both partners in the couple was shown to facilitate a transgender couple's ability to adjust in transition (Malpas, 2012). When the transgender partner felt more empowered in their body, relationship and sexual satisfaction increased (Brown, 2010). Some women partners of trans men reported their sexual satisfaction significantly decreased when their partner began to transition due to their history of sexual trauma that was triggered as their partner's body masculinized (Brown, 2010).

Studies found in general trans men had greater success in maintaining stable relationships than did trans women (Dierckx et al., 2016; Kins, Hoebeke, Heylens, Rubens, & De Cuypere, 2008). Lewins (2002) posed FTMs were more likely to experience stable partnerships than MTFs due to early socialization experiences where women are taught at a young age to value emotional connectedness and affective expression in relationships, whereas men are taught to value bodily appearance and physical instrumentation as indicative of their usefulness. Thus, trans men have the experience of valuing relationships and greater skill in communicating with their partners about emotional needs and trans women have not had such experience. This might indicate more communication-focused interventions would be helpful for couples work with trans women; emotion focused therapy has been shown to be beneficial in targeting this need (Chapman & Caldwell, 2012). Overall, no differences were found in relationship quality between transgender relationships and cisgender lesbian, gay, or bisexual relationships (Dargie et al., 2014).

Challenging phases of transgender relationships include when the transgender partner comes out initially, when they start hormones, and through difficult surgeries and recovery periods (Israel, 2004). If a cisgender partner is unwilling to accept their partner's gender diversity or if the couple is unable to find ways to communicate with each another about the changes in their relationships, they might have more trouble succeeding in this process (Israel, 2004).

When partners are willing to negotiate the timeline of transition together based on each person's comfort level, they are more likely to stay together through the transition and afterwards (Cook-Daniels, 2015; Giammattei, 2015). As couples do research

together and become well informed on what changes to expect, they are more apt to negotiate the relationship changes that come about as a result of gender transition (Israel, 2004). Successful relationships have been attributed to qualities of respect, honesty, trust, love, understanding, and open communication (Kins et al., 2008). Remaining connected to the caring and love that brought them together initially is also important for relationship success (Israel, 2004).

Therapy with Transgender Couples

With an understanding of gender diversity and issues related to transgender couple relationships, I next discuss existing guidelines for conducting therapeutic treatment for transgender couples. Practicing within appropriate competency guidelines is imperative for work with transgender and gender nonconforming people (Dispenza & O'Hara, 2016).

Professional Guidelines and Standards for Treatment

World Professional Association for Transgender Health standards of care.

The World Professional Association for Transgender Health (WPATH) “is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect in transsexual and transgender health” (Coleman et al., 2012, p. 166). The WPATH identifies its main function as to “promote the highest standards of health care for individuals through...the Standards of Care... based on the best available science and expert professional consensus” (Coleman et al., 2012, p. 166). The Standards of Care for the health of transsexual, transgender, and gender nonconforming people aim to assist clinicians and health care providers who work with transgender individuals in many

health-related settings such as mental health services, surgical treatments, primary medical care, and voice therapy, among others. The WPATH clearly stated the Standards of Care should be considered “flexible clinical guidelines” (Coleman et al., 2012, p. 166) based on each client’s unique circumstances, body chemistry, and choices. The Standards of Care are referenced in nearly any research article, book chapter, or clinical guideline regarding work with transgender clients as the international standard professionals should follow in conjunction with their ethical codes.

The WPATH Standards of Care outline a series of guidelines regarding the role of the therapist working with transgender adult clients including a necessary master’s degree, supervision, diagnostic skills and competency, knowledge, and continuing education (Coleman et al., 2012). No guidelines are included within the Standards of Care to delineate how clinicians should work with loved ones of transgender individuals including partners and spouses.

American Psychological Association Task Force on Gender Identity and Gender Variance. In 2009, the American Psychological Association Task Force on Gender Identity and Gender Variance released a document outlining evidenced-based standards and recommendations for issues faced by clients, students, and psychologists who identify as transgender. The Task Force posited a need for further research on issues related to the impact of transition-related medical treatments for various subgroups of the transgender population. They advocated for further coverage of medical treatment by insurance companies as many individuals end up paying for transition-related medical treatment out of pocket. This limits individuals’ access to surgery that “is almost always medically necessary, not elective or cosmetic” (APA Task Force, 2009, p. 32).

The APA Task Force (2009) discussed many other considerations psychologists should be aware of when conducting their assessments or clinical work. They reported not every transgender individual transitions from one binary to the other nor do all transgender clients who desire medically assisted transitions desire gender reassignment surgery. Clinicians should broaden their perspectives to include alternate forms of gender expression. This might also be a multicultural awareness issue as various other cultures have a more complex view of gender, e.g., hijras in India, fa'afafine in Samoa, kathoey in Thailand, and Two-Spirit people of the First Nations/North America (Levitt & Ippolito, 2014b; Singh & Burns, 2010). Language might be limiting in many APA policy documents including the APA *Ethical Principles* (2010) that encourage non-discrimination against gender identity but do not specify or protect gender expression. The APA Task Force opines those definitions for nondiscriminatory treatment should be expanded. Similarly, clinical research and the language used in the DSM-5 (APA, 2013) to refer to gender variation might be alienating and stigmatizing (APA Task Force, 2009).

Finally, the APA Task Force (2009) suggested transgender health issues be prioritized in research and training initiatives to facilitate appropriate and nondiscriminatory treatment. They voiced a need for a new document outlining practice guidelines for transgender clients. The Task Force concluded by formally recognizing the efficacy, benefit, and medical necessity of gender transition treatment. No mentions were made of transgender couples.

American Psychological Association guidelines for psychological practice with transgender and gender nonconforming people. While transgender individuals have been systematically excluded from consideration by the APA (dickey & Singh,

2016), in August of 2015, the American Psychological Association formally adopted a set of clinical guidelines to address the paucity of training information and standard treatment options available for clinical work with gender diverse clients. These came as a direct response to the APA Task Force on Gender Identity and Gender Variance (2009) and were designed to build on their established suggestions and considerations. The guidelines were particularly phrased to inform “culturally competent, developmentally appropriate, and trans-affirmative psychological practice” (APA, 2015, p. 2), which coincided with ethical considerations and non-discrimination policies. Sixteen guidelines were established for sensitive treatment (APA, 2015):

1. Psychologists understand gender is a non-binary construct that allows for a range of gender identities and a person’s gender identity might not align with sex assigned at birth (p. 4).
2. Psychologists understand gender identity and sexual orientation are distinct but interrelated constructs (p. 6).
3. Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC (transgender and gender nonconforming) people (p. 8).
4. Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression might affect the quality of care they provide to TGNC people and their families (p. 9).
5. Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people (p. 10).

6. Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments (p. 13).
7. Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people (p. 14).
8. Psychologists working with gender questioning and TGNC youth understand the different developmental needs of children and adolescents and not all youth will persist in a TGNC identity into adulthood (p. 16).
9. Psychologists strive to understand both the particular challenges TGNC elders experience and the resilience they can develop (p. 19).
10. Psychologists strive to understand how mental health concerns might or might not be related to a TGNC person's gender identity and the psychological effects of minority stress (p. 21).
11. Psychologists recognize TGNC people are more likely to experience positive life outcome when they receive social support or trans-affirmative care (p. 23).
12. Psychologists strive to understand the effects changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people (p. 25).
13. Psychologists seek to understand how parenting and family formation among TGNC people takes a variety of forms (p. 26).

14. Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers (p. 29).
15. Psychologists respect the welfare and rights of TGNC participants in research, strive to represent results accurately, and avoid misuse or misrepresentation of findings (p. 30).
16. Psychologists seek to prepare trainees in psychology to work competently with TGNC people (p. 31).

Of particular note for psychologists working with couples with one trans-identified partner is Guideline 12 (APA, 2015). The authors summarized it was possible for transgender people to maintain sexual relationships, and described the importance of renegotiating relationships, gender roles, and sexual orientation with both partners and transgender individuals. They recommended facilitating conversations of support for cisgender partners who might struggle to adjust to their partner's transition, talking openly about sexual desires, adapting to bodily changes, and promoting awareness in transgender individuals about how their decisions might impact their partners.

Additional Clinical Recommendations

Malpas (2012) outlined several steps that could be used in conducting couples counseling with transitioning couples. First, it is essential to use appropriate assessment of the situation to understand what issues are coming up for the couple, their relational history, and to clarify treatment goals. This is especially important given complex relational issues such as tension and conflict resolution might be occurring in addition to relationship stigma and experiences of discrimination (Reisner et al., 2014). Clinicians

might want to consider using one or two sessions to meet with each partner individually given their concerns might be different from one another and processes might be challenging (Malpas, 2012). Topics that might come up in treatment to address include processing grief, discussing conflict resolution, commitment levels, changes in sexuality and relationship boundaries, making meaning of the transition process, and parenting concerns. Finally, clinicians should use reflexive practice strategies to ensure their training is adequate to meet client needs.

Another model for treatment is the transformative therapeutic model (TfTM) developed by Raj (2008). The author breaks down treatment with transgender couples into 13 steps: *identify treatment goals*, prioritizing based on expectations and needs; *hear stories*, actively listening to both partners' narratives; *validating* both positive and negative emotions; *challenging*, breaking down stereotypes and provide psychoeducation around gender diversity; *reframing*, helping the couple find new ways to think about their relationship; *transforming/resolving*, enabling evolution of the relationship and resolution of conflict; *transforming/dissolving*, facilitating a respectful and constructive dissolution if the couple separates; *strategizing*, discussing logistics of transition processes as a couple unit; *clinical referrals*, connecting to appropriate resources as needed; *community linking*, encouraging supports within the transgender community; *liaison and advocacy*, using power as a therapist to advocate for the client to other stakeholders; provide *ongoing support*; and *evaluate treatment outcomes* for effectiveness. Raj's model holds many similarities to the model outlined by Malpas (2012) but provides a more linear approach to the process, which might or might not be helpful for clients. Critiques of this

approach note it includes limited support for the partner of the transgender-identified partner in the couple--even its title is transgender-centric (Chapman & Caldwell, 2012).

Some other recommendations for treatment were also found in the literature. Nonviolent communication skills were described as the most important quality of a relationship that lasts with transgender couples (Erhardt, 2007); teaching such skills is of utmost importance. Piper and Mannino (2008) indicated narrative therapeutic approaches might be helpful in deconstructing societal versus personal meaning of gender, identifying the dominant discourse around gender expression, and empowering clients to share their subjugated stories that challenge the dominant discourse. They also suggested externalizing the problem, namely, the stigma related to being gender diverse was the cause of distress rather than one's personal identity being inherently wrong or deviant. All these recommended treatment models or perspectives emphasized empowerment, granting choice regarding transition processes, and navigating decisions as a family (Levitt & Ippolito, 2014b).

Mizock and Lundquist (2016) provided a summary of "missteps" therapists often make while working with transgender clients that should be avoided. First, clients should not be relied on as primary educators of their therapists on trans-related issues. Other aspects of life are additionally often just as important, if not more so, than gender dynamics; however, gender should not be avoided or ignored in the therapy process. Therapists must remain open to re-conceptualizing gender beyond the binary. Gender should be considered as not something to be fixed or changed; rather, gender diversity should be non-stigmatized and accepted as a facet of human diversity.

Generally, training programs do not address concerns related to understanding transgender clients and their loved ones (Korell & Lorah, 2007; Singh & dickey, 2016). Counselors consistently report feeling they lack skills and competency to address trans client needs (Jaffee et al., 2016) and gender diversity issues can sometimes be met with direct hostility from practitioners of mental health (Dispenza & O'Hara, 2016). Researchers suggested the lack of trans-affirming training opportunities was likely connected to societal and institutional stigma as well as personal biases (Dispenza & O'Hara, 2016) or consideration of gender in essentialist terms (Buck, 2016). It is unfortunate this discrepancy exists given the likelihood students and working professionals will encounter gender diverse clients and the increased need for trans-affirmative providers (dickey, Ducheny et al., 2016; Israel, 2004; Rutter, Leech, Anderson, & Saunders, 2010). Psychologists who identify as sexual orientation minorities report feeling more competent with trans individuals (Dispenza & O'Hara, 2016). Psychologists and trainees who are cisgender men tend to have more negative views of trans people than cisgender women (Riggs & Sion, 2016). Buck (2016) also found the more strictly people adhered to traditional roles, the less likely they were to be accepting of transgender individuals. This might be related to cultural and societal stigmas about masculinity expectations.

It might be frustrating for clients to work with therapists who have not been trained in transgender issues, particularly if an evaluative component is included for medical referral letters (Johnson, 2016; Korell & Lorah, 2007). A quarter of transgender individuals reported having to teach their medical professionals about transgender issues (James et al., 2016) including the use of correct names and pronouns, which is troubling

to clients (Korell & Lorah, 2007; Mizock & Lundquist, 2016; Von Vogelsang et al., 2016) and leads to delays in seeking appropriate care (Jaffee et al., 2016). In one qualitative study, every participant noted their first therapy experiences were negative and trans exclusionary (Elder, 2016). Transgender clients reported all aspects of their satisfaction with the therapeutic process were directly connected to the counselor's experience and comfort with transgender issues (Katz-Wise & Budge, 2015) and the use of professional ally support could be an instrumental tool for positive coping (Budge et al., 2017).

There is also considerable benefit to ally therapists in being educated on transgender issues including feeling one can uphold ethical principles effectively, belonging in a community, learning to use privilege as a helpful tool, speaking out, and taking a stand to support others (Rostosky, Black, Riggle, & Rosenkrantz, 2015; Singh & dickey, 2016). Without knowledge on treating trans clients and couples, providers are more likely to respond to these individuals with disrespect, discrimination, and prejudice (Lindroth, 2016) or to use microaggressions such as misgendering (Austin, 2016; McLemore, 2016). As people and psychologists are exposed to information about transgender individuals and couples, they might experience reduced prejudice and increased familiarity and perceived likeability of trans people (Flores et al., 2017).

Research increasingly points toward couples counseling as an effective method of intervention with transgender clients given the importance of social support on transition outcomes (Budge, Adelson et al., 2013); yet little research has examined the usefulness of treatment with trans couples (Giammattei, 2015). Although a transgender client might present to counseling, therapists should not assume one's gender identity is the primary

emphasis of treatment (Giammattei, 2015; Korell & Lorah, 2007; Mizock & Lundquist, 2016). One study discussed that counselors-in-training were uncertain how to locate information on serving transgender clients; when seeing a post-operative trans man and his lesbian wife, they were mystified at how to treat this couple, were completely uncomfortable exploring topics of how the couple navigated his transgender status, and avoided discussing their sexual relationship before and after SRS (Rutter et al., 2010). A study participant on experiences in coupleship with trans men stated, “If someone is going to transition and they are in a relationship, I think couples counseling is essential” (Goldenberg, 2011, p. 101). Increasing exposure to transgender issues, increasing coursework in the field, and improving upon the research literature might help improve treatment options and affirmative care for transgender clients and their loved ones (Barr et al., 2016; Blumer et al., 2012; Elder, 2016; Lindroth, 2016).

Literature Gaps

Greater understanding of transgender issues is needed to expand the literature on multicultural competency and establishing sensitive treatment. Research done in this area needs to come explicitly from a social justice perspective (Wendt et al., 2015a). As stated by Morales and Norcross (2010), “Multiculturalism without strong research risks becoming an empty political value” (p. 823). Recently, researchers have suggested qualitative investigative methods are needed to understand gaps in treatment for diverse groups (Wendt et al., 2015a, 2015b) including transgender individuals (Singh, 2016a). It was also recommended that when working with transgender participants, topical relevance and empowerment are key so issues discussed in research have direct

connections with empowering and liberating the lives of participants (Singh, 2016a, 2016b; Tebbe & Budge, 2016; Tebbe et al., 2016).

Despite the increased number of studies being done in this area, there are still limitations and further research is needed for a comprehensive understanding of transgender couples. Brown (2010) suggested continued research is necessary to enhance the treatment literature on working with transgender individuals and their partners since little is known about how relationship duration prior to a partner's gender transition impacts the relational outcome. Meier et al. (2013) noted future work should continue to examine the partner's perspective and the impact of gender transitions on pre-existing romantic relationships, which was a direct goal of this dissertation. Moran (2013) stated more diverse coupleships should be represented. Although research has begun to examine implications of transition on coupleship and sexuality, there is little understanding of how couples navigate other life changes including adjusting to the transition, parenting concerns, extended family, or careers. Biblarz and Savci (2010) commented on the need to separate family research with transgender individuals from that of other populations. Dierckx et al. (2016) recommended further research supporting trans families and intimate relationships. Dargie et al. (2014) along with Mizock and Hopwood (2016) recommended non-clinical samples of transgender individuals and their partners should be more represented in research. Malpas (2012) indicated the importance of examining couple issues together and individually. Only three studies (Gamarel et al., 2014; Moran, 2013; Reisner et al., 2014) found in this literature review assessed both sides of a transgender relationship and only one was a qualitative design. Moran (2013) conducted dyadic interviews with both members of the couple but did not interview them

individually. Finally, several studies indicated the need for research involving trans participants to come from a strengths-based and resiliency perspective promoting trans experiences (Budge et al., 2017; dickey, Hendricks et al., 2016; Singh, 2016b; Tebbe et al., 2016)

Summary

This chapter reviewed the state of the literature regarding committed romantic couples with one cisgender and one transgender partner. I began by explaining my theoretical conceptualization of transgender individuals and their partners including systems theory, feminist theory, and queer theory. Next, I described the multifaceted processes related to being transgender including differentiation between sex and gender, the numerous presentations of gender diversity, how transgender identity develops, options for social and medical transitions, the role of mental health professionals within those treatment models, and discrimination experiences transgender individuals face. I then discussed recent changes to the field of psychology with regard to transgender people and summarized the recent legal changes toward nondiscrimination policies in the United States. I summarized the literature on transgender couple relationships, focusing on those people who maintain their relationship through the transition process. I discussed the impact of relationship stigma, the unique processes experienced in coming out by the transgender partner and the cisgender partner, navigating sexuality change, transgender parenting, and reviewed qualities that seemed to affect relationship satisfaction for these couples. I discussed the limited professional guidelines available for multiculturally competent treatment with transgender couples as well as treatment

recommendations found in the literature. Finally, I highlighted existing research gaps related to this population.

CHAPTER III

METHODOLOGY

Modern psychology has focused on understanding a concrete world through the fundamental experience of objective, universal truths (Morrow, 2007). By focusing primarily on positivist, quantitative research designs, the field has limited its perspective and, thus, growth in knowledge (Ponterotto, 2005). Recently, calls have been made to utilize qualitative inquiry as a method of examining social justice concerns in the field of counseling psychology because of qualitative methodology's demand for action (Wendt et al., 2015a, 2015b), as there is often a disconnect between research results and much needed activism, particularly within the trans community (Gleason et al., 2016; Singh, 2016a; Singh & dickey, 2016; Tebbe et al., 2016). Qualitative research has grown in credibility among counseling psychologists and is particularly appropriate in the field given its sensitivity to multicultural and social justice issues (Morrow, 2007; Singh, 2016b; Yeh & Inman, 2007) as well as its focus on the discovery of knowledge held by participants who are the experts in their lives (Haverkamp & Young, 2007; Tebbe & Budge, 2016).

Qualitative research aims to explore meaning in context (Ponterotto, 2005). It is the most appropriate approach for understanding how people make meaning from their life experiences as well as exploring topics with little identified research (Morrow, 2007). Gergen (2001) proposed instead of being quantifiably isolated, knowledge is

interconnected and developed through social construction principles. This idea is particularly useful for developing culturally sensitive research as cultural mores can be honored and valued as influential to a person's experiences--a major consideration in counseling psychology (Morrow, 2007). Qualitative research places great value on social interactions and the context of behaviors (Morrow 2007). The goal of qualitative research is to amplify participants' voices to show their perspectives--not objectify experience as absolute truth (Ponterotto, 2005) or perpetuate further oppressive systems (Tebbe & Budge, 2016). Knowledge gained through qualitative research's contribution is emic--from an insider viewpoint of those who have experienced it, and idiographic, i.e., meaning the experiences discussed might not be generalizable as they are inherently subjective to the participants (Morrow, 2007). Because of my desire to honor each participant's subjective truth and their journey through gender transition in a respectful way, qualitative research's connection of the person to the data (Patton, 2002) was the most appropriate fit for this dissertation.

Theoretical Framework

Theoretical frameworks for qualitative research are critical as they create a foundation for the study's reasoning as well as the criteria from which to base a study's goals and rigor (Crotty, 2010). The philosophical underpinning of a study guides the researcher's actions (Creswell, 2013). The primary goals of this study were to understand the shared experience of a couple undergoing one partner's gender transition and to understand each partner's unique perspective of the experience, incorporating both the individual transition and that of the couple system. Each participant and each couple dyad had a unique understanding of the transition experience. I explored and synthesized

shared and differing aspects of the phenomenon of gender transition by each couple, transgender partner, and cisgender partner.

My primary research theory was a constructivist approach. This approach facilitated my belief that different people construct meaning in different ways and many individuals witnessing the same event would have diverse interpretations of what happened (Crotty, 2010). Constructivism is particularly useful in counseling psychology because of the theory's similarities to the field's perception of the therapeutic process (Morrow, 2007). Constructivism was acutely valuable for my study as I believed each partner's experience of the "same" gender transition process would probably differ from the other partner and each couple's collective interpretation as a dyad likely had differences from individual recollections. I aimed to explore and understand the unique individual interpretations each partner had of this experience by interviewing participants separately as well as to explore systemically the shared experience and impact of the transition process on the couple relationship by interviewing the couple together.

Rather than valuing one external reality, constructivists believe each individual creates their own true experience of reality (Ponterotto, 2005). There are as many realities to explore as there are participants who share in an experience (Morrow, 2007) and these multiple realities are all held as equally valid (Haverkamp & Young, 2007). Through reflection and exploration, meaning of events can be drawn out and shared with others (Ponterotto, 2005). Each person's meaning might differ from someone else's; the process of discussing the meaning changes it as it no longer exists in isolation within a person. Through interactions with others, including culture, history, society, and family (Creswell, 2013), meaning is socially constructed (Ponterotto, 2005). Constructivists also

attend to the process of meaning making between individuals (Creswell, 2013), which added an important facet of understanding to this study focused in part on couple dynamics.

Constructivism also values the role of the researcher in the process of data collection and interpretation (Ponterotto, 2005). Because each witness to an event has a unique meaning of it, the process of collecting data through participant narratives means findings are co-created between researcher and participant, conversation, and interpretative processes (Morrow, 2007; Ponterotto, 2005). It is futile for a constructivist to believe they know enough about the phenomenon in question to know exactly what they will find; constructivists believe they do not yet know what it is they do not know. Subjectivity is an understood experience as research participants' views cannot be wholly separated from their participation in the interviews as well as interpretation of the data (Crotty, 2010; Haverkamp & Young, 2007). By entering the research environment as a learner, researchers are able to gather more of the participant's perspective in their naturalistic setting, e.g., participants' homes. This also facilitates closer consideration of the context the researcher aims to understand (Guba & Lincoln, 1989).

In addition to a constructivist approach to research, I must also acknowledge the importance of systems theory to my design. Constructivist researchers believe meaning is created through social interaction and influenced by those around us (Creswell, 2013). Similarly, systems theory posits each member of a couple has their own perspective of reality events and change is mutually impactful on all connected aspects of a family system (Gehart, 2010). Circular causality of interaction, the self-regulation of a system through mutual interaction (Bateson, 1972), was also impactful on my research approach

as part of systems theory as participants have likely co-created meaning of events related to one partner's gender transition as part of their coupleship.

Constructivist research also aligns closely with feminist and queer research principles. Feminist research acknowledges truth can only be known in part based on each person's experience; it is difficult, if not impossible, to fully generalize one person's truth onto someone else (Lather, 1988). Queer and feminist theories both acknowledge and make room for the layers of power and privilege in traditional research that comes from imposing the truth of others on silenced groups (Ferguson, 2013; Reinharz, 1992). Feminist and queer theories are deeply constructivist--they accept the spectrum of identity as each person's true experience.

Through this study, I aimed to uncover the meaning found individually and in shared experiencing of gender transition. I anticipated each person's meaning of the transition experience would have differences and similarities since each person's construction of reality was unique (Morrow, 2007). Additionally, I expected the systemic relationship would influence how meaning was created for the couple unit (Bateson, 1972). I used multiple data sources including the report of the individual participants, the co-created report from the couple as a unit, my observations of non-verbal behavior and patterns of interaction, my personal experience with the participants, and peer/expert checks of the data to help capture the essence of the participant's shared experience.

Methodology

This study used a phenomenological approach to understand the unique and shared aspects of the experience of navigating a gender transition while in a committed romantic relationship. The use of a phenomenological methodology helped create a

strategy for conducting research while providing solid reasoning for design and methods to understand a certain question or experience (Crotty, 2010). My goal in using a phenomenological approach was to uncover the similarities and experiential differences in the shared phenomenon of navigating a gender transition while sustaining a romantic relationship and to honor that “true knowledge is relative” (Dahl & Boss, 2005, p. 63).

Phenomenological research operates on four philosophical perspectives that inform its usage in the field (Creswell, 2013; Stewart & Mickunas, 1990). First, phenomenology is strongly linked to philosophy as a search for wisdom rather than limiting itself to overt empiricism. As a method of inquiry, it seeks to understand rather than objectively know. Secondly, phenomenology is “a philosophy without presuppositions” (Creswell, 2013, p. 77). The researcher’s reality is suspended through the epoche process to facilitate understanding of the reality of the participants. Third, the intentionality of consciousness facilitates understanding that an object cannot be separated from someone’s experience of the object. Finally, reality exists in the consciousness of the participants and cannot be separated out into subjective and objective parts.

Phenomenological studies describe experiential meanings for multiple participants who have undergone the same phenomenon (Creswell, Hanson, Plano Clark, & Morales, 2007). While participants might have unique interpretations of the experience the researcher wants to understand (Creswell, 2013), phenomenological researchers assume there is a core essence (Patton, 2002), a shared central meaning, or facet to the experience (Moustakas, 1994). The researcher then collects data from people who have lived the experience in question and develops a composite picture of the

phenomenon compiled from each participant's constructed reality (Creswell et al., 2007). Phenomenology is "a study of people's conscious experience of their life-world" (Merriam, 2009, p. 25).

To focus on the complete essence of a person's experience of something, a phenomenological researcher generally uses a phenomenological interview, characterized by broad, open-ended questions (Creswell, 2013; Merriam, 2009). This allows the researcher to gather an in-depth understanding of "what [the participants] have experienced in terms of the phenomenon" and "what contexts or situations have typically influenced or affected [their] experiences of the phenomenon" (Creswell, 2013, p. 81).

Although there are multiple approaches to a phenomenological study, I used a transcendental phenomenology outlined by Moustakas (1994) who uses the term transcendental to mean "everything is perceived freshly, as if for the first time" (p. 34). Thus, a transcendental approach to phenomenology is more about the attitude the researcher takes toward reality; one must work to suspend their own suppositions to perceive the world as the participants do (Hein & Austin, 2001). To perceive things "freshly," the transcendental researcher is responsible for bracketing out, also referred to as the *epoche*, previous experiences to see the phenomenon as the participants do (Creswell, 2013; Yeh & Inman, 2007). This way, the researcher is able to describe participants' experience using their language and viewpoint rather than placing presuppositions and over-interpretation through a biased lens on participants' stories (Merriam, 2009). To achieve a transcendental attitude, the researcher must "suspend her or his belief in the objective reality of the phenomenon to attend to it as it is experienced by the participant" (Hein & Austin, 2001, p. 6). Most transcendental phenomenologists

acknowledge it is impossible to fully remove their consciousness from that of the participants; thus, some component of the researcher's interpretation is used to convey meaning in the data (Creswell, 2013; Creswell et al., 2007; Hein & Austin, 2001). The choice of a transcendental phenomenology for use in this study appeared to be good fit given this methodology values the voice of participants more than interpretation.

The goal of my phenomenological study was to understand the lived experience of navigating a gender transition in a committed romantic relationship. Transcendental phenomenology allowed me to capture the essence of my participants' lived experiences both as individuals and as a couple while honoring their voices and emphasizing their stories. This approach felt particularly salient given the expressed need for liberatory, empowering research with transgender individuals and their partners (Singh, 2016a, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016; Tebbe et al., 2016). To honor participant voices, direct quotes were often used from participant interviews.

Researcher Stance

An important component of qualitative research is to provide readers with a social location for the researcher to better understand how they are positioned to work with the participants as well as create a context for how they see the phenomenon of investigation (Morrow, 2007). Including my researcher stance allows readers to understand my unique worldview that both informs my research and creates a bias in how I have perceived the literature and participant experiences. It also allows me the opportunity to own my perspective on the investigative topic (Ponterotto & Grieger, 2007), deepen my reflection on my own experience of gender (Singh, 2016b; Singh & dickey, 2016) as well as my cultural and professional assumptions (Yeh & Inman, 2007).

Numerous influences contributed to my interest in conducting this research and informing my philosophical approach. I was raised in a conservative sect of Christianity, which I believe discouraged many forms of human diversity in dress, gender diversity, sexual orientation, education, or religion. Traditional gender norms were expected and women, although respected as supporters of, homemakers to, and mothers of men were not allowed to be leaders or teachers of men. Growing up in a family of strong-willed women, it was not until my mother returned to college against the urging of our religious leaders that I realized it was possible to question traditional ways of knowing or alternative interpretations of what constitutes “truth.” As a child and in my adolescence, I never understood why a message to “love thy neighbor” also included excluding and not associating with anyone who might look, feel, act, or love someone different than you. My immediate family encouraged me to pursue education and learning as a way to experience differences of human presentation. As a result of valuing differing perspectives and more human diversity than seen in our religious community, most of my immediate family and I left our affiliation with that organization in my teenage years to begin a new journey of exposing ourselves to those who thought and felt differently than us. Leaving my religious community meant leaving most of my friends and extended family who were mandated to no longer associate with my immediate family and me. This transition experience was painful but necessary for my personal growth.

I became passionate about work with gender and sexual minority groups when I witnessed the struggle my family went through as one of my siblings came out as a lesbian. There was a definite challenge for the people who loved her most to wrestle with instilled values from a practice they no longer followed with understanding her as a

person and accepting her identity. At the time, although I was surprised, I never questioned her reality was as valuable and “normal” as mine--something she later shared was the exception to her coming out experience and not the rule. I was inspired to spend time working with both the loved ones of people navigating life transitions as well as those undergoing life changes in my clinical work.

During my master’s program, I began working at an agency that specialized in work with the transgender population and their loved ones. Almost every client with whom I worked discussed how important their families and relationships were to them and to their transition goals. I conducted couples therapy with one couple who, after being married for over two decades, began to address one partner’s coming out as transgender. As I pored through research looking for ways to help inform my treatment with them, I realized there was little to no information available addressing their unique situation. I was humbled and inspired by their love, their understanding, their resilience in the face of cultural adversity from friends and support groups, and their commitment to making their relationship work through this change. Consulting with peers and faculty, I had little guidance on how to help them.

I worked with my clinical supervisor at this agency to write a book on coming out as a positive experience (Scarpella & Motter, 2014). Framed around a model called the *Good News Approach*, this small work has been very important to me as it was written in language for clients to directly help in conceptualizing the transgender coming out process in positive language. The book’s message was about how to frame communication with loved ones, coworkers, and acquaintances about the positive change

in one's life that comes with a gender role transition, a view I have also incorporated into my clinical work.

I decided that in my continued doctoral work, I would use my privilege as a member of multiple dominant groups who had opportunities for advanced education to promote diversity and understanding of this population with vastly underrepresented support. Since then, I have presented at several conferences and given class lectures on clinical mental health care for clients who identify as transgender. I have also conducted a study on the training experiences of clinicians who work with trans-identified clients as well as an autoethnography on my ongoing journey toward culturally sensitive work with transgender clients.

I recognize that my clinical and research work has provided me with numerous biases coming into this study: (a) being transgender is a healthy, normative expression of gender identity; (b) gender transition can be both a celebratory, positive experience for the person transitioning as well as an emotional challenge; (c) it is possible to sustain a relationship through this transition and come out stronger together; (d) cisgender partners might struggle to adjust to the trans partner's identity; and (e) transition impacts more than just the person undergoing a gender transition and might lead to numerous changes in multiple facets of life.

As a person who experienced some rejection from my religious family and cultural group because of my support for equality and the beauty of human diversity, I hoped I could in some ways understand the experiences of navigating life changes. I have continued to read, attend conferences, research, and work with clients who are gender diverse in an attempt to gain a greater understanding of this experience. I

recognized my perceptions of transgender couples have changed even through the process of the literature review and continued to evolve through data collection. Additionally, I attempted to sufficiently separate my cultural assumptions and ingrained beliefs, as well as my experiences of previous transgender individuals, to experience each participant and couple in this project as wholly as possible within their conceptual framework.

Research Methods

In this study, I used a phenomenological approach with semi-structured interviews and a researcher journal as the primary forms of data collection. In the following section, I describe the steps of gaining approval for the study, the participants I recruited, the steps for data collection and analysis, and my role as a researcher.

Institutional Review Board Approval

This study was submitted for approval through the University of Northern Colorado's Institutional Review Board (IRB). I sought an expedited approval process given that this study did not aim to disrupt or manipulate the normal life experiences of adult participants but was conducted with a vulnerable population of transgender individuals. An amended IRB request was submitted and approved to use digital signatures of informed consent documents as well as the for use of social media for participant recruitment per organizational request (see Appendix A). Participant recruitment began after IRB approval was granted. Selection criteria are described shortly.

Participants

Sampling method and recruitment. I used maximum variation and snowball sampling to find participants (Merriam, 2009). Each participant had to meet certain criteria to participate in the study so as to uphold the evaluative rigor of the research. I hoped to find participants from different backgrounds, identifications (male to female, female to male, sexual orientation identification), and family histories so as to create a maximum variation sample encapsulating participant diversity (Creswell, 2013).

To obtain sufficient participant numbers for this study as well as to diversify the voices captured within this study, several different recruitment methods were used (Tebbe & Budge, 2016). First, participants were recruited through community organizations that utilize support for the transgender community by distributing a copy of the participant recruitment letter (see Appendix B) through research coordinators or program facilitators via email (see Appendix C). I used my history working with a Rocky Mountain agency specializing in transgender care as a point of entry for participant recruitment. Secondly, I used my professional connections to contact professionals and researchers who might have access to my intended population by providing them with the recruitment letter to distribute to potentially applicable participants, i.e., other regionally based agencies specializing in trans care and support. Thirdly, a Jpeg version of my recruitment letter was shared publicly on Facebook after IRB approval was granted as several organization leaders and professional contacts requested the use of social media for letter distribution. Researchers have recommended the use of social media with trans participants could increase the accessibility of research participation (Tebbe & Budge, 2016). Finally, I used snowball sampling where new

participants were recruited from current participants who knew individuals who also met study criteria (Merriam, 2009). Capturing a diverse geographic sample also helped maintain confidentiality of this small population (Tebbe & Budge, 2016).

Participant recruitment and data collection ceased after saturation was reached (Creswell, 2013; Merriam, 2009). Saturation was defined as the point in data collection when no new information emerged from additional interviews and responses began to be redundant (Ponterotto & Grieger, 2007). Because data collection and analyses were conducted simultaneously (Bogdan & Biklen, 2007; Creswell, 2013), saturation was accomplished evolutionarily in the data. Namely, I interviewed a small grouping of the participants, one to three couples, and then conducted preliminary analyses on the data set to pull out themes. This process was repeated--interviewing and analyzing dyads' interviews--until the themes become redundant from couple to couple. When the data seemed repetitive and new information unearthed did not contribute to new descriptive categories, data collection stopped (Guba & Lincoln, 1989).

After completing my dissertation proposal and gaining approval from the IRB, I began the process of recruitment, screening, and data collection. Participants were recruited by contacting directors of agencies serving transgender populations. The recruitment letter was also shared via Facebook among professional contacts after receiving additional IRB coverage as well as through the APA Division 44 student listserv. Finally, snowball sampling was used as participants shared the recruitment letter with other couples they knew who met selection criteria. Over the course of 11 months, I was contacted by 27 couples. Eleven couples either did not meet selection criteria or ceased communication with me during the emailing process before participating in a

phone screening. Three couples contacted me well past the data saturation point when data collection had ceased so were not screened. Thus, 13 couples were interviewed and included in data analysis over a five-month period for a total of 39 interviews. Although saturation appeared to be reached at nine couples and due to the differences in demographic gender makeup among couples, four more couples were interviewed to help diversify the sample and solidify the themes. Saturation was determined as the point when themes became repetitive and no new information appeared to emerge from interviews with additional participants (Guba & Lincoln, 1989; Ponterotto & Grieger, 2007). Additional couples beyond saturation were selected to ensure the redundancy of themes with new participants, particularly with different demographic variables. For example, the last two couples interviewed were the only couples represented with cismen. Thus, I decided it would be beneficial to increase the rigor of the study to ensure the themes were supported among an additional demographic group.

Inclusion criteria. To participate in this study, both partners in the couple must have met a number of criteria to ensure they had lived the experience in question (Polkinghorne, 2005; see Appendix D). First, I sought participants who were in a committed romantic relationship where one partner identified as transgender (or a different gender than traditionally associated with their assigned natal sex such as agender) and one identified as cisgender or not gender variant. The participants determined committed relationship status through self-reported descriptions of their relationship (see Appendix D). The transgender partner must have been publicly out to most people regarding their gender identity and living primarily full time (Coleman et al., 2012) in their congruent gender role and expression so as to understand the impact of

transition on life outside of the private coupled relationship. Participants had to be in a relationship together for at least two years in total and in a subjectively committed relationship for six months prior to the transgender partner coming out to ensure that they had developed a sufficiently detailed shared history of experience (Bystydzienski, 2011; Tien, 2013). To date, no research has established a clear time limit for relationship duration in any studies interviewing transgender couples including when one's gender role transition began.

Every participant was required to be over the age of 18 in order to consent to the research process and because of the nature of some sensitive questions being asked, such as those about relational sexuality. All participants were fluent in English so that the researcher could conduct and transcribe interviews. This way, participants could feel comfortable that I accurately understood them and was able to capture their stories appropriately. There were no limits to sexual orientation, ethnicity, race, religion, or any other factors of diversity as long as participants met the other required criteria. Finally, and perhaps most importantly, both members of the couple had to be willing to voluntarily participate in the study. All participants were selected because they could “provide substantial contributions to filling out the structure and character of the experience under investigation” (Polkinghorne, 2005, p. 139).

Data Collection

Data were collected through interviews based on a phenomenological approach in which questions were open-ended and information was gathered about both the context and content of the experience in question (Creswell, 2013; Merriam, 2009). Skype interviews were offered and used for 12 of the 13 couples based on geographic

availability to increase accessibility and sample diversity (Tebbe & Budge, 2016). Because I did not wish to exclude participants based on location, online interviews created a greater range for selecting participants.

Couple interviews were approximately 90 minutes in length while interviews with each individual were usually between 45 and 60 minutes. In-person interviews were conducted at a location of the participants' choosing including their home, a public library, or another quiet space that maximized confidentiality and participant comfort. For participants who elected to use Skype interviews due to distance or scheduling purposes, all were conducted from the researcher's home or private office and within each participant's home. Three interviews were conducted with each couple dyad: one conjoint interview with both members present, one interview with the transgender partner only, and one interview with the cisgender partner only. This method of couple interviewing has been used throughout couples research literature; many times drastically different accounts of a romantic relationship have been recounted (Blumstein & Schwartz, 1983). By conducting three interviews, I captured the experience of not only the couple relationship but could directly compare and contrast each partner's experience individually, which thus far has not been done in studies with transgender couples and facilitated a unique data analysis result (Eisikovits & Koren, 2010). Conducting both separate and joint interviews with the same participants provided a "best of both worlds" (Eisikovits & Koren, 2010, p. 1643) benefit for analysis with few identified drawbacks except for time.

Interviews were digitally recorded using audio-recording software onto a personal recorder used only for interview recordings. No video recordings were collected to best

protect the confidentiality of the participants. Audio files were then uploaded onto my personal computer for storage on a password-protected flash drive and erased from the recorder. Files were also password-protected to maintain privacy.

Participants were provided with informed consent documents to read and sign before beginning the interview either through hardcopy or through the secure, encrypted online program DocuSign (see Appendix E). Consent forms were provided in advance so that participants were made aware of the study purposes, confidentiality, and voluntariness of study participation. Informed consent documents also included a statement granting permission for follow-up contact in case of clarifying questions and for member checking of themes. I verbally reviewed the informed consent form with the participants before beginning the interview process. I particularly elaborated that I could guarantee keeping their information and one-on-one interview information confidential, but that I could not guarantee they would keep each other's confidentiality of information shared in the joint couple interview. It was the participant's decision to decide what information to share with one another from individual interviews.

Participants completed a demographics questionnaire (see Appendix F) including the chance to choose their own pseudonyms. Twenty-five of 26 participants elected to choose their own pseudonyms and one requested that I do so. The questionnaire was intentionally open-ended to allow participants to self-identify their sex assigned at birth, gender identity, sexual orientation, and preferred gender pronouns for use in the write-up. Language is a primary way to communicate power (Allen & Piercy, 2005). To thoughtfully empower my participants, I aimed to break from culturally-fixed binaries of identity that are traditionally categorically defined (Browne & Nash, 2010; Singh et al.,

2013). This was particularly challenging since current rules of grammar use gendered pronouns (he or she) to refer to an individual person (Moran, 2013). Although it might be grammatically incorrect to use “they, their, theirs” to refer to one person, this was intentionally used as an accessible and appropriate gender neutral pronoun throughout this dissertation (Moran, 2013). I also asked questions about ethnicity and socioeconomic status as intersecting identities are an important characteristic of transgender lives (MacDonnell & Grigorovich, 2012) but are often ignored from research with this population (dickey, Hendricks et al., 2016; Moradi et al., 2016; Singh et al., 2013).

I used a semi-structured interview for both the dyadic interview and individual interviews. By keeping the questions open-ended and semi-structured, I was able to gather information about similar experiences from all the participants while leaving space to expand and follow up regarding unique experiences of each couple. Dyadic interviews were held first. Individual interviews were completed after the dyadic interview to help me maintain confidentiality. Because new information was sometimes shared in the individual interview, I kept confidentiality of the individual interview information disclosed from the other partner. Additionally, since the individual interviews were designed to supplement the analysis of the couple unit, I wished to get a picture of the couple together before meeting individually. This enabled me a greater context for choosing follow-up questions in the individual interviews.

Semi-structured interview questions were used to open conversations and gather data related to general topics (see Appendix G). Interview questions for a dyadic study are formulated in a different way that accesses both the meanings attributed by each

couple member as well as the couple as a unit (Eisikovits & Koren, 2010), thus different iterations of similar conceptual areas are represented. I aimed to ask questions that captured the story of their relationship as well as cover topics not collaboratively discussed in the research including decision making processes, gender roles and responsibilities, changes to support systems, discrimination experiences, changes in sexuality, and parenting. Questions were phrased to target the couple's experience and then framed in a way to capture the individual experience for each separate interview. For example, I wanted to know what the couple system thought was important for therapists to know about this population. Thus, I asked the couple, "What would you want therapists to know about working with transgender couples?" as a systemic question versus "What would you want therapists who work with transgender couples to know about being the partner of someone who is transgender?" and "What would you want therapists who work with transgender couples to know about being the partner who transitions?" These three questions, although targeting the same subject area, were altered to reflect a systemic response versus an individualized response. Similarly, I assessed strengths of the couple, in addition to challenges faced, as positive experiences have been underrepresented in traditional examinations of transgender issues (Budge et al., 2015).

As a researcher and an ally, it was vital that I described my study inclusively and sensitively and made ready use of consultation with trans research and practice experts (Singh, 2016a, 2016b). To do this, I consulted with Arlene Istar Lev (2004), an expert clinical social worker in the field who authored *Transgender Emergence* and numerous book chapters and publications on transgender care, regarding tips for writing inclusively

about transgender individuals when one is not a member of the transgender population (A. I. Lev, personal communication, September 17, 2015). I heeded her advice and made ready use of Jacob Hale's (1997) *Suggested Rules for Non-Transsexuals Writing about Transsexuals, Transsexuality, Transsexualism, or Trans__*. Additionally, I consulted with Dr. Stephanie Budge (S. Budge, personal communication, September 17, 2015), a preeminent researcher on transgender issues, as well as Dr. Karen Scarpella, Program Director at the Gender Identity Center of Colorado, regarding my recruitment letter, demographics form, selection criteria, and interview questions. Finally, I communicated with Dr. Linda Schmid, a licensed psychologist at the University of Northern Colorado Counseling Center and specialist in transgender issues in counseling. I utilized their feedback to ensure my language was affirming and inclusive, and to incorporate more outside cultural influences into my interview questions.

Additional data were collected using a field journal. Keeping a field journal allowed me a space to reflect on the research process and assisted with bracketing my own reactions to the participants so that the impact of bias was reduced and participants' voices could be heard (Merriam, 2009). In the field journal, I recorded notes and observations of the couple, their dynamics, and nonverbal behaviors. To keep my perspective in alignment with transcendental phenomenology, I recorded things with as little interpretation as possible, instead relying on descriptions of what I observed to denote information. Any reactions that I experienced as the researcher including my thoughts, feelings, and reflections on the process or the participants were also kept in this journal. The journal was kept on the password-protected flash drive. I also used a peer reviewer to review my research journal to help ensure my personal reactions did not

overly seep into my data analysis. This peer reviewer was a doctoral candidate in counseling psychology who had completed coursework and/or research studies in qualitative methods.

Role of Researcher

As a qualitative researcher, I was involved in the research process as both a participant, co-creating meaning with the couple and each individual partner, and as an observer of their dyadic relationship (Creswell, 2013; Ponterotto, 2005). Although the researcher is the primary method of data collection for qualitative inquiry (Merriam, 2009), the presence of a researcher as a new member of the interactive systems impacts how stories and experiences are shared (Creswell, 2013; Dahl & Boss, 2005). I could not simply collect data that were “ready to be gathered up; rather the researcher is required to dig below the surface to bring up experiential accounts” (Polkinghorne, 2005, p. 141). I engaged the participants in active dialogue to uncover and co-create meaning from their experiences. It was very important that throughout this process, the participants’ voices shone through and it was my role to help give them voice through my writing (Ponterotto & Grieger, 2007), which occurred in part by using participant quotes frequently in my analysis. As the researcher, I conducted interviews, documented my own reflections and observations of the interview process, transcribed and proof-read the interviews, conducted data analysis, and wrote up the results for dissemination (Creswell, 2013).

It was my responsibility as the researcher to be reflexive in examining how I might have impacted the information shared with me (Dahl & Boss, 2005). I also took efforts to be aware of my own biases, attitudes, beliefs, and values so I could attempt to bracket them (Creswell, 2013). By bracketing my experiences, I more accurately

captured the experience of the participants while minimizing the infusion of my own beliefs into the data collection and analysis. I must acknowledge meaning was co-created by both the participants and me, and that interpretation and conduction of interviews undoubtedly somehow colored the data (Dahl & Boss, 2005; Ponterotto & Grieger, 2007).

Before interviews began, I worked to set aside my previous biases through bracketing in order to approach each couple with a new perspective (Merriam, 2009). I also worked to be consistently reflexive and self-analytical in how I was communicating with participants so as not to pull in my past experiences as they influenced the data. Part of managing these reactions for me was using the researcher journal where I made brief notes following each interview of poignant nonverbal behaviors, interaction styles, as well as noting my own thoughts and feelings about the interview. All participant interviews were audio recorded and transcribed verbatim by me; I listened to them again to proof-read my transcription process. With every couple, the dyadic interview occurred first with individual interviews scheduled at later times. This allowed me to be reflective of the couple interview and ask appropriate follow up questions of each individual about concepts that might have arisen during the dyadic interview. Emerging themes were conceptualized and documented until saturation was reached at nine couples. Four more couples were interviewed to help create a more representative sample and encourage theme redundancy. Finally, a qualitatively trained peer reviewer who is a doctoral candidate in counseling psychology reviewed the transcripts and researcher journal to assist in strengthening the trustworthiness of the study and provide critical feedback about the themes.

Data Analysis

The primary unit of evidence for analysis was interview transcripts. I transcribed all interviews verbatim using pseudonyms chosen by the participants. This enabled me to gain “intimate familiarity” (Merriam, 2009, p. 110) with the data and to ensure correct, affirming language was used throughout as the participants wished to be represented. It was important to distinguish that the data did not come from the textual words themselves but from the ideas, thoughts, and meanings expressed by the participants represented in written form (Polkinghorne, 2005).

Data analysis occurred simultaneously with data collection because of the emergent nature of qualitative research and its preference as a beneficial approach to analysis (Creswell, 2013). By conducting the analysis in conjunction with data collection, I was able to freshly examine the stories and remain curious to what was uncovered. I was also able to test out ideas and themes as they emerged with the participants and develop analytic questions along the way (Bogdan & Biklen, 2007). Data analysis was an iterative, evolving process. Interview transcripts were used as the primary unit of data following the completion of transcription. Analysis was completed simultaneously with the data collection to facilitate testing themes to explore further with couples as redundancy was reached (Bogdan & Biklen, 2007; Creswell, 2013).

Two analytical processes were used to make sense of the interview data: phenomenological data analysis (Moustakas, 1994) and dyadic interview analysis (Eisikovits & Koren, 2010). For dyadic interview analysis, a thorough description of each couple system was compiled based on the three interviews conducted within the dyadic group. Overlaps in stories were identified--the similarities and high degree of

compatibility between each participant and the couple as a system. Contrasts were pulled out as well and differences in the couple's story script were examined. Differences might have been found in the descriptive level of events as well as the interpretive level--the meaning made by each person of the events described. I sought to find "meanings that connect and meanings that differentiate" (Dahl & Boss, 2005, p. 74).

Dyadic interview analysis was presented first as transcripts were compared within couples for overlaps and differences (Dahl & Boss, 2005). As a picture of each couple emerged from the three interviews, a description was written and presented. In presenting the dyadic narrative for each couple, I compared the stories presented in the dyad and from each partner. Narratives were primarily gathered from the first interview questions on the story of their relationship and in recalling the coming out experience. Because of my repeated exposure to the narratives through interviews, transcribing, and proofreading, I became intimately familiar with the stories each couple presented. I pulled out significant statements within the narratives for each couple through horizontalization and compared the three versions of the narratives against one another. Common elements were considered to be consistent with one another, and areas in which their stories differed were considered discrepancies or alternatives. The significant statements were laid out to tell a complete story that appeared to capture the narrative each couple shared.

Moustakas (1994) laid out the steps of phenomenological data analysis. The first phase involved me bracketing my experience to separate out my preconceived notions. Next, the data underwent horizontalization wherein all significant statements were highlighted and listed out with equal weight. Significant statements were those things

that revealed something relevant to the study and would stimulate the reader to think about the phenomenon in question. Third, I clustered the statements together into themes, grouping them by common meaning. For the emerging themes, phenomenological data analysis was used (Moustakas, 1994). Similar to the process of dyadic analysis, I gained intimate familiarity with the content of the interviews based on having conducted the interviews myself as well as completed all transcription, proofreading, and multiple re-reads of all transcripts. For each of the 39 interviews, I highlighted significant statements in each transcript and listed core words and emotions. These were all granted equal weight through the process of horizontalization. Statements were then clustered together into groups based on similar meanings or emotions. Then, clusters were grouped together into larger groups until they appeared to capture the larger “theme.” This process was documented and discussed with the peer reviewer who also reviewed all transcripts. We verbally discussed the groupings of themes and names and discussed how to cluster the significant statements into subthemes or tertiary themes to most succinctly capture the essence of the narratives. Structural and textural descriptions were provided to deepen the meanings participants communicated as well as understand the discrepant experiences and rich emotional content communicated (Denzin, 1989; Ponterotto & Grieger, 2007).

The next two steps of the data analysis process were creating structural and textural descriptions (Moustakas, 1994). The structural description allowed me to describe “how” participants experienced the phenomenon. This involved understanding the possible meanings inferred by the participants, seeking divergent perspectives and exceptional stories to encapsulate the most comprehensive sphere of the phenomenon.

The textural description was the “what” of the experience, describing the events and meaning of the phenomenon. In both the structural and textural descriptions, I aimed to create thick, rich descriptions of the experience. Thick descriptions provide “detail, context, emotion, and the webs of social relationships and self-feelings” (Denzin, 1989, p. 83) of the participants. Thick descriptions are evocative to spur emotionality in the reader while projecting through the voices, emotions, and true experiences of the participants (Ponterotto & Grieger, 2007). Finally, I captured the “essence” of the phenomenon (Moustakas, 1994). The textural and structural meanings were reduced to a description that captured the common experience associated with the phenomenon in question.

Finally, I used a peer reviewer to assist in double-checking my themes and data and to strengthen the accurate representation of the results. The criterion for serving as a peer reviewer was that they must be a doctoral student or doctoral clinician with training in qualitative methodology established by advanced coursework in qualitative methods. This person assisted in checking my preliminary data analyses and in discussing discrepancies and concurrences with themes and coding. We thoroughly examined the differences as an additional measure of establishing trustworthiness.

Ethical Considerations

Numerous ethical considerations were considered for this dissertation, particularly because transgender individuals are considered a sensitive population for research. The APA’s (2010) code of ethics outlines numerous principles for conducting ethical research including using informed consent, getting approval from the IRB, respecting the limits of confidentiality, emphasizing the voluntariness of the research process, and accurately

reporting results. It was also ethical practice to allow the participants time to debrief about the study and to give them access to the study's results if desired. Debriefing included giving participants resources for counseling to continue delicate conversations after the research process was over if desired (Dahl & Boss, 2005), although every participant turned down this list of resources. All of the aforementioned procedures were included as part of my research methods and procedures.

Qualitative research relies heavily on the methods of the investigator to maintain study ethics (Merriam, 2009). Interviewing participants also carries ethical risks (Merriam, 2009). Although there is benefit to helping participants' voices be heard through the research process, there is the risk participants could feel their privacy was invaded. They might feel embarrassed about what they shared or even share more than originally intended. Because I interviewed participants both together and separately, I needed to also respect their privacy and not share things told individually in the couples interview. Given the sensitive nature of the conversations I had, maintaining confidentiality was of utmost importance (Dahl & Boss, 2005).

I aimed to collaborate as much as possible with my participants in the study; however, there is always an inherent power differential present as a researcher (Dahl & Boss, 2005). In addition to being a privileged person with regard to my power as a researcher and someone in higher education, I am also a cisgender, heterosexual, White woman and thus a member of multiple dominant, historically oppressive groups. It was necessary for me to be aware of my biases and discuss openly with my participants how I perceived my role as a researcher and advocate, particularly given the generational trauma toward the psychological community among some trans populations (Singh,

2016b; Singh & dickey, 2016; Tebbe & Budge, 2016; Tebbe et al., 2016). I communicated through the informed consent and introductory processes that my role was to explore the numerous varieties of transitioning couples so I could assist with advocating for mental health professionals to better understand and help transgender couples. I made considerable effort to be aware of my biases and language.

When doing a phenomenology with a family, it is not possible to completely separate out one's role as a therapist and boundaries between therapy and research are most blurred in this form of inquiry (Dahl & Boss, 2005). Therapist-researchers aim to use their skill in building relationships to develop connections with the participants (Dahl & Boss, 2005). However, I certainly was not taking part in the research to be a therapist for the couple or to work as their individual therapist. Navigating role relationships was an ethical challenge for the research process. There was also a high level of rapport that came with sharing intimate disclosures and potentially strong emotions often arose. It was inevitable that I used my communication skills as a therapist in my communications with participants as well as my comfort with difficult conversations. "The more adept we are at creating a sense of connection and engagement, the more we need to be attentive to issues of power, influence, coercion, and manipulation" (Haverkamp, 2005, p. 152). I also used my skills to anticipate and minimize potential risks.

Qualitative Rigor

Trustworthiness is the "authenticity and consistency of interpretations grounded in data" (Yeh & Inman, 2007, p. 386) or the general rigor of the study being conducted (Merriam, 2009). Although numerous ways to measure qualitative rigor have been used

(Creswell, 2013; Creswell et al., 2007), the most widely used criteria are credibility, dependability, confirmability, and transferability (Guba & Lincoln, 1989).

Credibility

Credibility deals with the accuracy of representing participants' stories (Guba & Lincoln, 1989). In quantitative terms, credibility is the internal validity of a study. This level of trustworthiness is necessary as it ensures I appropriately conveyed what participants wanted to share.

There are several ways to increase the credibility of a study, the first of which is triangulation or using multiple data sources. Interviewing both parts of a couple could be considered triangulation of the data, which increased the trustworthiness of the design and resulted in stronger findings (Eisikovits & Koren, 2010). Triangulating the data through multiple interviews with each couple system (with the couple together, individually with the cisgender partner, and individually with the transgender partner) also decreased the risk of chance associations made in the data while increasing the depth of understanding of the phenomenon in question (Yeh & Inman, 2007).

Credibility was increased with member checking--the process of asking participants to check if the found interpretations were accurate representations of their stories. Member checks were conducted continually through the verbal interviews by asking clarifying questions and providing summaries of understanding to participants. After transcription and preliminary analysis, I followed up with participants and shared my perceived interview themes to see if the ideas I identified in their stories were accurate depictions of what they wanted to convey. By documenting my researcher stance, I made known my own biases to reviewers and consumers of this research and

openly discussed how my biases might impact the study. Using a well-recognized research method such as phenomenology also ensured I followed an established guideline for interpreting data and gathering information from participants.

Dependability

Dependability or reliability is the clear and logical documentation of the inquiry process (Guba & Lincoln, 1989). I accounted for changes in the research context so additional researchers could replicate this study. Considering generalizability is not the goal of qualitative research (Creswell, 2013; Merriam, 2009), reliability was connected more appropriately to how my results reflected the collected data. When a study is repeated qualitatively, results differ because of the participants, researcher biases, changes in environment, and differing cultures.

By keeping an audit trail, dependability was increased (Guba & Lincoln, 1989). This described the steps I took for data collection, derivation of codes, and the documentation of various decisions throughout the process (Creswell, 2013; Merriam, 2009). This also included my journal, my reflexivity, and peer examination of data themes (Merriam, 2009).

Confirmability

Confirmability ensures data are accurately interpreted (Guba & Lincoln, 1989). It is a way of establishing the certainty or validity of the results and themes found in participant interviews. One way of establishing confirmability was in conducting multiple interviews with each couple system. By interviewing partners individually as well as in their couple system, I helped confirm that the stories were coming from

multiple retellings and in differing settings (Eisikovits & Koren, 2010). Peer checking of my themes also increased the confirmability of the study.

Transferability

Transferability was exhibited by my providing enough information so that other readers could decide what aspects of the results might or might not be applicable to their situations (Guba & Lincoln, 1989). Providing a thick, rich description of the factors associated with the study increases its transferability so readers have sufficient material to determine the similarity of the situations in question (Creswell et al., 2007). This includes discussing the participants and setting in great detail. Additionally, by getting a maximum variation within the sample, a wider array of potential cases could be represented for transference outside of the study in question (Guba & Lincoln, 1989).

Increasing the credibility, dependability, confirmability, and transferability of this dissertation helped support its rigor as a study. Additionally, it improved the soundness of the methodological inquiry, leading to a potentially greater impact of the results.

Summary

I began this chapter by discussing the theoretical framework for this study as constructivist and systemic. I then outlined the methodology by describing this study as a phenomenological inquiry aimed at understanding the lived experience of being a couple who stays together through a gender transition. I described my researcher stance to provide my cultural context and perspective on this research. I discussed the methods for the study including participant recruitment and inclusion criteria. Data were collected through interviews and researcher journal by holding three interviews with each romantic dyad. The steps of phenomenological data analysis were discussed as well as ethical

considerations. Finally, I outlined the steps involved in increasing the qualitative rigor of this dissertation.

CHAPTER IV

RESULTS

Overview

To effectively communicate the depth and breadth of information collected during this study, this chapter is broken up into several parts. First, the dyadic analysis is presented. This section includes demographic information for each couple as well as the story of their relationship and coming out. Some behavioral observations are included as well as differences in their narrative experiences. Next, emerging themes are summarized using considerable amounts of direct quotes from the participants to best project their experiences through the analysis. Some emerging themes included variant experiences in which a couple described a counter situation to the theme described. These variances are discussed in conjunction with the discrepant theme. After primary themes are discussed, emerging differences based on demographic variables between female to male transgender couples and male to female transgender couples are discussed overall. Feedback provided for psychologists and couples counselors is then discussed to help communicate practical implications for this study. The chapter concludes with my reflections as a researcher on the response this project received and on the research overall.

This dissertation examined the following research questions:

- Q1 How do transgender couples who navigate one partner's gender transition within the context of their relationship experience the transition?
- Q2 How do transgender couples who stay together as they navigate the gender transition of one partner experience strengths?
- Q3 How do transgender couples who stay together as they navigate the gender transition of one partner experience challenges?

Dyadic Analysis

While the transgender community is small, the pool of individuals who met criteria for participation in this study was even smaller. Therefore, to protect the identities of the participants as much as possible, some information was changed. All names of participants were pseudonyms chosen by the participants on the demographics form. In some situations where participants misunderstood the written question about choosing a pseudonym, one was verbally discussed in the interview process. Because of different circumstances and resources available based on regional differences, states of residency were reported. Ages were slightly modified and estimated household income was rounded to the nearest \$5,000. Some employment positions were changed. In cases where other individuals were mentioned, such as names of children, they were redacted and replaced with "XX."

Transgender individuals are in a unique situation with regard to differences in past and present nomenclature depending on their life circumstances and personal preferences. In situations where transgender partners were referred to by their birth names, either by themselves or their partners, the name was redacted and replaced with the notation (former name) as some participants described use of their former names as triggering or uncomfortable. In some situations, cisgender partners used the trans partner's former

name only in their individual interview with me. Thus, to remain consistent, inclusive, and as respectful as possible, (former name) notation was used. When referring to participants in their pre-transition couple story or timeline, they were still referred to by their chosen pseudonym and the gender pronouns noted on their demographics form.

JB and Roberta

JB and Roberta are a married couple living in a small town in Texas. They have been together for approximately five years and married for one year. JB works as an advocate and Roberta is retired. JB is 40-years-old and identifies as White. He was assigned female at birth and identifies as male. Roberta is 54 and identifies as White Hispanic and as a cisgender woman. They both identify their sexual orientation as pansexual. They have no children together and both have been married previously. Roberta has two adult children from a previous marriage. They recently got a kitten and noted they are together “almost all the time.”

JB and Roberta shared a friend circle before beginning dating and started spending more time together following JB’s divorce. He laughed, noting, “I thought that I was making myself clear that we were dating, and I found out later on after we’d been a couple for a while that in the beginning Roberta didn’t realize we were dating.” They both recalled their initial attraction to each other started when realizing they had similar values and beliefs as well as similar “struggles” and felt like a good fit for one another. When they began dating presenting as a same-sex couple, Roberta had never been in a romantic relationship with a woman before.

After dating for about 13 months, JB decided he wanted to “spend the rest of my life with her,” which included coming out as transgender. JB described it as a “really big

step” to “make a commitment to each other and also a commitment to my transition.” He felt afraid to tell her; when he came out the first time in his first marriage, it led to rejection, divorce, and JB going back in the closet about his gender identity, thinking he would “never tell anyone ever again that [he] was a man.” Roberta said she “needed time to think about it” and wanted to have the approval of her adult children before moving forward in this relationship. She recalled spending “10 or 15 minutes” before deciding “it didn’t really matter,” valuing that JB was a “good person” over any other factors that might arise. She described feeling “honored” when he came out to her. JB ultimately said it was “exciting” to come out to her because of how “accepting” and “loving” she was in her response and support of him as a person. Roberta had never been in another romantic relationship with a person who identified as transgender and had little knowledge of what being transgender meant before JB transitioned. As a couple, they did not have any models of other successful couples who maintained a relationship through the gender transition process. Overall, they both described the process of transition as having gone “smoothly,” logistically, and emotionally for both of them. JB is prominently out in his community as transgender to help advocate and increase visibility for transgender issues.

Through the course of the interviews, JB and Roberta appeared closely connected to one another. They sat closely on the couch, sometimes leaning over to touch heads and often making physical contact. Generally, it seemed as though JB spoke more openly and often than Roberta, which might be consistent with JB’s role as a public advocate about transgender issues and openness about discussing his identity and story with others.

Their individual stories were consistent with one another and with what was shared in the original dyadic interview.

Conor and Amy

Conor and Amy are a married couple living in the Washington, D.C. area. Conor is 40-years-old. He was assigned female at birth and identifies as male. He identifies his sexual orientation as heterosexual. Connor has a bachelor's degree and is employed as a physical therapist. Amy is 31-years-old and a cisgender woman. She identifies her sexual orientation as queer. She completed her master's degree and is employed in non-profit work. Both Conor and Amy identify as Caucasian. Conor had been in one long-term relationship prior to meeting Amy. They have a daughter together that Amy carried using in vitro fertilization. They got engaged in 2009 and married in 2011.

Conor and Amy met in a lesbian bar in the Washington, D.C. area in 2007 where Amy approached Conor and they started dancing together. Conor described being attracted to Amy because of her assertiveness, thinking she was "cute," and having a good conversation together. Amy recalled him "being silly," which she found endearing. They started spending more time together and felt "it was just so easy" to spend time together, talk to one another, and get along.

Conor started exploring his gender identity approximately one year before he and Amy began dating. He decided to come out to Amy as transgender before they got their first apartment together "while she can still get out of this." In 2009, while sitting in the car waiting to sign the lease, Conor told Amy, "I think I should've been a boy." They cried together; Amy recalls being surprised and confused but felt it was "not that far of a logical step" because of his butch presentation. After Conor first came out, they did not

talk about it again for some time because Conor did not want to discuss it further. Amy continued to record documentaries about transgender issues and continued “prodding” to talk further about his need to transition, feeling “he needs to deal with this... whatever it means.” Amy and Conor spent time unsure if they should postpone their wedding while they “sorted things out” as they were not sure what Conor’s transition would entail--if he would move forward with transitioning or if he would choose to participate in a “same-sex wedding.” Conor had been out to most people since 2010.

Amy had never been in a romantic relationship with another transgender person but had some basic background knowledge of transgender issues. She believes this was very helpful for her in how she responded and understood Conor’s coming out to her as she found it “very interesting” and had “only positive associations” with transgender people. Overall, Amy and Conor described their experience of transition as encountering some significant challenges but feeling very satisfied with their relationship overall and feeling that the transition brought them closer together. They did not have any models of couples who sustained their relationship through the gender transition process. Conor is out in some spaces as transgender but in other areas of his life lives as a man without disclosing his transgender identity. They have made choices about how to navigate being out in queer spaces and finding queer communities for them both to feel their identities are accepted as part of building their life together as a couple.

In the dyadic interview, Conor and Amy sat comfortably together on their couch with pictures of their daughter hanging behind them. Throughout the interview process, Conor and Amy seemed very interested in one another. They often made jokes and comments, engaging in some side conversation in discussing timelines of events, others

in their life, and family. Amy became tearful while listening to Conor describe the strengths of their relationship and the things he appreciated about her. He reached over to comfort her by rubbing her back when she discussed losing their first child in pregnancy. Overall, their individual stories appeared consistent with what was discussed in the dyadic interview.

Madelyn and Sara

Madelyn and Sara are a newlywed couple living in Texas. Madelyn is 26-years-old, was assigned male at birth, and identifies as a woman. Her sexual orientation is pansexual. Sara is 29-years-old, was assigned female at birth, and identifies as female. Her sexual orientation is heterosexual. Madelyn identified as Caucasian and Sara noted her ethnicity as White. Madelyn has an associate's degree and is employed in customer service. Sara has a high school diploma and works in human resources. Madelyn and Sara married between the screening phone conversation and the date of interview in 2016. They have been together for five years and do not have any children.

Madelyn and Sara met through a local website group's online dating services for people with similar interests. They went to their first date at a local restaurant and continued to date for six weeks before they "became official." Sara and Madelyn have shared interests in video games and comics, which they believe helped them bond quickly. They have a shared sense of humor and Sara felt accepted by Madelyn for her "boss" personality "exactly as it was." Madelyn was similarly drawn to Sara's sense of humor and "nerdy" personality as well as her emotional stability. Within the first month of their dating relationship, Madelyn told Sara she could not date anymore because her father had been diagnosed with cancer and needed Madelyn's support; when Sara

responded compassionately, they learned they could “get through anything together.” Madelyn stated the transition process for her has “been a mess, but...it’s been a good mess.”

Madelyn came out to Sara as transgender in 2015 after they were living together. Madelyn spent several weeks “working up the nerve” and feeling terrified of coming out. She had been struggling with her mental health and felt increasingly suicidal and depressed because of her emotional distress related to her gender identity. When Madelyn told Sara “I think I want to be a woman,” she fully expected the relationship to end. Madelyn told Sara if she wanted to leave, she could do so “guilt free” as she did not expect Sara to “change their sexual orientation” to continue being with her. Sara was insistent she was “not going anywhere” but was in shock initially regarding this news, taking time to process what it meant for her as well as what it meant for their relationship moving forward. Sara felt she had to go through a significant grieving process because she imagined her future with “a husband” rather than a wife. Immediate physical changes such as Madelyn shaving her beard and chest was especially shocking for Sara to adjust to. Sara noted everything she loved about who Madelyn “was” were the same qualities Madelyn possessed no matter her gender presentation. Sara had never been in a relationship with a transgender person before and knew very little about transgender issues before Madelyn came out. As a couple, they cited the lack of models of other couples who went through the transition process to be a significant challenge since they were unsure about what to expect from the process overall. Madelyn has been out to most people since 2016.

Madelyn and Sara snuggled closely on their bed while using their computer for Skype interviews. They were open with each other and comfortable talking about their issues. In general, Madelyn appeared more reserved than Sara, which was consistent with how they described their relationship. Sara sat with her arm around Madelyn through the couple interview, providing some physical support to how they described changes in their roles within the relationship. Overall, the information shared in the individual interviews appeared commensurate with the content shared in the dyadic interview.

KC and Veronica

KC and Veronica are a cohabitating couple living in a large California city. KC is 27-years-old and was assigned female at birth. They now identify as agender and noted their sexual orientation as lesbian/queer. They are of Western European descent and have a graduate degree. KC is employed as an administrative assistant. Veronica is 27- years-old and a cisgender woman. She identifies as bisexual and Caucasian. She has a bachelor's degree and is a student and homemaker. They have been together for nine years in total. They have no children but have two cats. They moved in together in 2010.

KC and Veronica met when they were undergraduates at the same university and began associating through the Queer Straight Alliance (QSA) group on campus. Veronica first asked KC out and they began dating on and off when they were 19-years-old. Veronica had a difficult time coming out as a lesbian and then moved to a conservative area she felt was not accepting of her initially, which led her to find QSA. Veronica messaged KC on Facebook and started asking about common interests and spending more time together. KC was attracted to Veronica's confidence and found that

their shared interests made it easy to spend time together. KC also grew up in a conservative family environment and had only come out as a lesbian to people a few months before Veronica asked them out. They described their early relationship as being rather tumultuous as they both worked to discern their adult identities with a lot of “pushing and pulling of figuring yourselves out together.”

KC began exploring their gender expression through some role-playing with Veronica of “early 30s and 40s butch-femme culture” for the first three years of their relationship. KC learned about having words for their gender identity after that point and stated that talking about it was “actually kind of rough” with Veronica as it brought both of their identities into question. Veronica first remembers KC coming out to her when they were driving in the car discussing transgender communities with a friend. She recalled KC made a comment that “there might even be a trans person in this car,” which confused her when KC stated it was them. KC was studying sexuality and gender in graduate school and was spending time with gender queer friends who encouraged them to try using gender neutral pronouns and provided a space for them to process feelings around gender identity. Veronica initially was “very closed off and not receptive” to KC’s exploration as she was struggling with mental health issues, especially related to men and gender dynamics with men.

KC recalled coming out differently than Veronica, describing being in graduate school in 2012 and realizing “all of a sudden, I don’t want to become male; I want to become intersex” and telling Veronica at that time getting into bed. In early 2014, KC began to fear how they would be received by others and “tried to be feminine again,” which was ineffective. Later in the year, they felt “ready to present as an androgynous

male of center person.” They then set a date to cut their hair, had top surgery, and started testosterone in 2016. KC and Veronica had numerous conversations over the years of their relationship around KC’s gender presentation. Veronica was more comfortable in KC’s eyes with the idea of KC being intersex than being male-bodied and experienced fear about what that would mean for her.

Veronica had never been in a relationship with a transgender person before dating KC. She noted much of her learning came through KC’s education process; until college she had very narrow ideas about what transgender people could be and was influenced by her family of origin and religious faith. Veronica went back to school in 2012 and started taking classes about feminist theory and ethnic studies; she noted she began doing a great deal of personal learning then. When thinking about being with KC before they transitioned, Veronica noted she felt “gratitude” for their time together and the happy memories of their life before transition.

In their interviews, KC presented as more of the nurturing person as evidenced by her body language around supporting Veronica on their couch and in their discussions. KC was more apt to speak up first and had fewer hesitations about sharing in certain topics such as sex and sexuality. Some ideas and memories were different between the two such as the memories around KC coming out and their individual responses to those events. KC endorsed having models for what their relationship with Veronica could look like, while Veronica did not feel she had a model of a successful transitioning relationship. KC also described more challenges with Veronica’s reactions than Veronica discussed in her interview with me. Veronica and KC were both open in sharing a number of other life circumstances occurring at this time, such as Veronica’s mental

health and medication concerns that could impact her memories of those events.

Generally, they appeared comfortable with discussing those situations and differences with one another in the couple interview, often turning to talk to one another and asking questions about how a situation occurred.

Kash and Jasmine

Kash and Jasmine are a married couple living in an urban metropolitan area in Washington. Kash is 39-years-old, was assigned female at birth, and now identifies as male. Jasmine is 42-years-old and is a cisgender woman. Both Kash and Jasmine identify as queer and White. Kash has completed some college and is employed as a mechanic. Jasmine has a bachelor's degree and is attending graduate school. They share custody of three children together with co-parents from previous relationships. Kash has a teenage son with special needs and Jasmine has an adult son and a teenage daughter.

Kash and Jasmine met using an online dating service in 2013; they were matched together and after the first date, Jasmine remembers knowing "I wanted to continue dating him." Jasmine came out as a lesbian at age 35 and had previously participated in heterosexual relationships. Kash then reached out to ask her to be his girlfriend via text message. They spent time getting to know one another and married in 2015. Jasmine was attracted to his physical appearance, his overall demeanor, loyalty, and "gentle quietness." She was also attracted to the fact that he had a child as Jasmine also had children of her own from a previous relationship. Kash was attracted to similar qualities in Jasmine, citing her demeanor, acceptance, and family status as primary attraction factors. Jasmine and Kash both described that it was nice to be with someone with whom they could do "simple things together" and "enjoy each other's time."

Jasmine had suspicions Kash was experiencing gender dysphoria early in their relationship based on both his demeanor and in their sexual intimacy. For example, he was “grossed out by pregnancy” and did not like to be touched in certain areas of his body. Over time, Jasmine described adjusting how she referred to Kash and “thought of him as transgender even though he didn’t really come out.” Kash was worried mostly about how his son would respond if he were to transition to male and initially felt “transition is selfish.” Although Kash had felt he was “born in the wrong body” since approximately age five, he did not have much understanding of what being transgender meant. Jasmine was the more knowledgeable on transgender issues of the two, citing close friends who are transgender as helpful sources of information. Jasmine recalled feeling like “seemingly overnight” Kash “changed his tune” and agreed transition would be an important step for him. She was “pretty surprised and happy” when he shared with her he was ready to come out and transition because of his initial resistance. Kash felt “relief” at finally talking about transition with Jasmine. They watched documentaries together to help hear stories of people who had been successful in transition and Kash “felt like [he] wanted to do that too.” Moving forward with transition, Kash and Jasmine had a difficult time finding information about how to proceed with the medical steps required to transition and sought out research and information from transgender support groups. Kash started testosterone therapy in 2015 and has been out as transgender to most people since 2015.

As Jasmine and Kash shared their story with me, they consistently used “we” language to discuss their experiences, indicating their connectedness in the overall process. Kash was mostly quiet through the interviews and provided more succinct

responses than those provided by Jasmine; nevertheless, he was quite cooperative.

Generally, the narratives shared individually were consistent with what was discussed in the couple interview. Jasmine's tone indicated more frustration by recounting some of the hurdles they had experienced especially related to struggles in co-parenting and with discrimination experiences. This seemed consistent with how they described their personalities as Kash is quieter and reserved while Jasmine is more of the "advocate" in their relationship. Another discrepancy was the perception of job-related struggles. Kash described experiencing his challenges with employment as being directly related to gender transition discrimination, while Jasmine seemed to think that there might be more factors involved. Considering they described employment as a major challenge for them in their relationship, it would make sense that some of the differing perspectives on Kash's employment adjustment could be a source of contention between them.

Cole and Leah

Cole and Leah are a cohabitating couple living in an urban area within Colorado. Cole is 25-years-old and was assigned female at birth. He identifies as male, straight, and White. Leah is 37-years-old, was assigned female at birth, and identifies as a woman. She also identifies as straight and White. Cole has a master's degree and works as an accountant. Leah has an associate's degree and works in sales. Leah had previously been in a long-term relationship with a male partner before dating Cole. They have no children; "we don't even have pets or plants," they noted when asked. They have been together since 2014.

Cole and Leah met while attending the same CrossFit gym. Leah asked Cole if he wanted to join her and some friends for dinner one evening, and Cole told her he had

“just broken up with my girlfriend like a couple minutes ago, I have no plans.” At the time, Cole and Leah were the only identified women within their gym and spent more time lifting weights together than with some of the other male members of the gym. They spent time together as friends for about two months until Cole told her, “You know we’re dating, right?” Leah and Cole laughed a great deal while telling the story of their relationship beginning because “ironically enough” Leah had broken up with her long-term boyfriend to try dating women and “thought Cole would introduce me to some lesbians” for her to date. Instead, this plan “backfired” and they dated instead. Leah was attracted to Cole because she saw him as a “commanding person” with a “big presence,” whom she also describes as “very good looking.” It is important to their relational identity that they have fun and participate in adventures together.

Leah discussed that there were some clues for her that Cole identified outside of the gender binary when they were dating. For example, Cole did not like to be touched in certain areas and had strong reactions to being referred to as “ladies” when out in public as well as “hating being called a lesbian.” Leah “joked that Cole’s the best gentleman I ever dated” even while he identified as female. Cole noted he never was hiding his masculinity but that he was simply not aware of it as an option--it was “something I didn’t even think of.” Cole and Leah had several conversations about Cole’s behaviors and beliefs that to him felt like “beating around the bush.” He suspected Leah thought of him as transgender but that “she was not going to come out for me.” A year into their dating relationship, Cole attended a conference they referred to as “the Big Gay Conference” for supporting LGBT individuals within professional settings. While attending, Cole sat in on numerous presentations geared toward the transgender

population and trans issues. For the first time, he “stopped thinking about what would everyone think and more just, how do I feel?” He excitedly video-chatted with Leah at the end of the night and talked about all he had learned while in his hotel when Leah finally explicitly asked, “Dude, do you think you’re transgender?” Cole replied affirmatively, feeling relieved he did not have to “get the words out” and they both reacted with thoughts of, “all right, what do we do now?” Leah described that having the label of transgender helped her conceptualize Cole as a person, stating, “I have enough lesbian friends to know that he wasn’t a lesbian.” Leah and Cole both felt Cole coming out “wasn’t a big deal” to them or to their relationship. Cole then started therapy examining his gender identity and reported more emotions of feeling “like a freak” as he sorted through what it meant to identify as transgender. Despite his reservations, Cole “knew” Leah would be supportive. Leah did not have this reaction, feeling that her “goal in life is to let the freak flag fly higher than anybody else’s.” Leah had very basic knowledge of transgender people, describing herself as an “LGBT ally with an open mind,” but overall transition-related information was “100 per cent” new for her. She had not previously been in a relationship with a transgender person. Cole has been out to most people as transgender since 2016.

Cole was seven months into testosterone therapy at the time of interviews. He reported being “impatient” with having to wait for five more months before he could complete top surgery as his identified doctor required 12 months of HRT before chest reconstruction surgery. They identified themselves as “instant gratification people” who struggled with the intense amount of time it took to move through the transition process, legally and medically. Cole and Leah thus reported they were still “at the somewhat

beginning of this process.” They anticipated more changes to their relationship than they had run into in the past year but felt they were “getting back to normal” compared to putting their relationship “on hold” to move through logistical changes in Cole’s transition. As a couple, they have not had successful models of a couple staying together through transition.

Throughout the interviews, Leah and Cole appeared to be having a great deal of fun together. They would laugh often and their high energy was noticeable even in how they engaged in conversation and described their experiences. Cole was sick during our individual interview but still maintained a high energy and optimistic attitude through the conversation. Leah “surprised the shit out of” herself when she became tearful during our one-on-one interview and cried while describing the love and respect she has for Cole’s courage in transitioning. Their stories were highly commensurate with one another and their relationship and emotional narratives consistently matched what was shared in the couple interview. Overall, they appeared highly attuned to each other’s experiences.

Alan and Faye

Alan and Faye are a married couple living in a metropolitan area of New Mexico. Alan is 47-years-old and was assigned female at birth. He identifies as male, straight, and White. He is employed as an assistant director in health care and attended technical college. Faye is 43-years-old and identifies as a pansexual, White, cisgender woman. She attended some college and is a marketing consultant. They have three children from previous relationships and are considering opening their home to foster a transgender child in their community.

Alan and Faye met online using a dating app in 2011. They went on their first date on Alan's birthday; although their first date went well, Alan was afraid to become more serious with Faye as she reminded him too much of his wife who had died several years earlier. They then decided to remain friends. Faye said she felt "obsessed" with Alan but wanted to "play it cool" so she let him know when he was ready, she would be ready too. Alan tried to keep up with Faye by following her social media and sometimes visiting a store close to her home "just in hopes to run into her accidentally." When Alan found out Faye was in a new relationship, Alan was heartbroken. "One day" they recounted running into each other again at a grocery store and Alan knew "I didn't want to let her go." They then spent "every waking moment" of two months together to "make up for lost time" before Alan gave her a promise ring on a vacation in Colorado.

Alan described being attracted to Faye's advocacy, intelligence, and how she treated other people in their lives. He was also physically attracted to her and believed there was "a lot of mutual respect and just love for one another." Faye was attracted to his appearance initially, fondly remembering his wristwatch from the first date and petting his silver hair. Faye noted she believed his compassion and respect for his employees and clients as well as his cooking skills all helped increase her attraction to Alan as well. Alan and Faye had three separate weddings: a legal wedding in Iowa, a "big wedding" with their families without a marriage certificate, and another marriage in New Mexico after same-sex marriage was legalized.

Alan said his coming out as transgender was "all Faye's fault." He described growing up feeling "manly on the inside" but also experiencing some feelings of judgment about other people he saw transitioning. Alan felt uncertain about how his

family would react and so he “wouldn’t face it or admit it.” Faye suspected he identified more masculinely, stating she “probably pegged it before he did.” When Faye asked him outright, “Are you sure you’re not trans?” Alan continued to deny those feelings.

“Putting two and two together,” she felt that Alan was “in denial” about his transgender identity. Faye recalled him sharing a “secret fantasy” of being mauled by a bear while camping so his chest would be damaged and he would lose his breasts. Faye continued to persist up until “like bossy bitches that we are,” she enlisted a friend with a trans child to help her hold an “intervention” for Alan and encouraged him to attend a transgender support group meeting. Over the next year-and-a-half, Faye attempted to “create an environment that made him free to tell the truth about himself to himself and everyone else” by opening conversations and suggesting articles and documentaries for discussion. It took over a year of convincing before Alan agreed to attend a support meeting; once he did, he experienced “a real eye opener” and attended weekly from that point forward. He started testosterone a few months later, two years into their relationship. Alan has been out to friends and family as transgender since 2013 and came out at work in 2014. Faye summarized that overall, she felt in her relationship she was “just like all the other soccer moms...living a white picket fence, Americana, hetero lifestyle with my husband” and felt living in a “traditionally binary way” has best satisfied their needs.

Faye had not been in a romantic relationship with a transgender person before. She noted that she had learned a great deal about transgender issues through her best friend who has a transgender child, which enabled her to support and encourage Alan’s transition process and coming out. Alan and Faye had some successful couple models

from their support groups, which they felt helped to set an example of what their relationship could be.

Overall, Faye and Alan demonstrated the most physical affection between any of the couples I interviewed. Faye consistently would lay her head on Alan's shoulder or play with his hair while he leaned over to kiss her forehead. In their communication with me, Faye's more directive style coupled with Alan's more demure tone appeared consistent with how they shared dynamics in their relationship with one another. Generally, their stories appeared relatively consistent in content and tone. One major difference that arose was Faye was more willing to share her frustration in the challenges she experienced with Alan's transition, their communication changes, and difficulty in parenting. Alan seemed to communicate much more happiness and satisfaction within their relationship. This might be consistent with how they discussed what had changed overall: Faye described feeling frustrated with Alan's change in conversation style while Alan recognized Faye's needs had not changed related to communication.

Sandy and Mia

Sandy and Mia are a married couple living in a mid-sized city in Texas. Sandy was assigned male at birth and identifies as female. She is 57-years-old and questions her sexual orientation. Mia is a cisgender woman. She is also 57-years-old and identifies as straight. Mia and Sandy both identify as Caucasian. Sandy has a master's degree and works as a mechanic. Mia completed high school and works as a clerk. Although, they have no children together, Sandy has two adult children from a previous marriage.

Sandy and Mia attended high school together. They lost touch for many years and then on Mia's 35th birthday, Sandy asked her out to lunch. Mia describes this as "the

ugly part” of their story as they were both married to other people at this time. Initially, the relationship was “a physical thing only, and that’s it, no more, no nothing.” Yet, as they spent more time together, they found themselves “in deep” love with one another. They were attracted to each other for physical reasons but learned they had similar life goals and could be each other’s “best friend,” which increased their sense of connection and commitment to one another. Sandy described Mia’s wit and intelligence as major strengths for Mia’s contribution to her attraction.

Sandy initially started playing with gender within their relationship by cross-dressing. Sandy would wear women’s underwear, then Halloween costumes, and progressively started wearing more and more women’s clothing for certain events. Mia noted this “gradual” change happened over so much time she considered it to be “dress up,” recognizing that although Sandy was “different, I don’t have a problem with different.” Sandy described she presented as female about half the time; eventually, she felt her life was split almost down the middle where half of her friends knew her as Sandy and half knew her as a man with her former name. Mia felt that she had two people living in her home--her husband and her friend Sandy. Finally, Sandy reached the threshold where “the need was there for me to do it” and proceeded with medical transition. Mia felt uncertain about whether or not Sandy would actually go through with transitioning and expressed more hesitation about the relationship as Sandy emerged: “The more she became Sandy, the less happy I was.”

When Sandy came out officially as transgender with a desire to transition in 2010, Mia initially did not want to stay in the relationship. Sandy felt Mia had the right to choose; “she had to have time to accept it or reject it.” Mia described not wanting to “see

the person I love turn into someone else” and thus believed they needed to separate. Mia and Sandy were cleaning out the apartment in the back of their home for Sandy to move into when Sandy’s business partner was brutally murdered in their business. After finding this person’s body, Mia had a change in “perspective” and realized she still wanted Sandy as her best friend. Mia recalled, “In the scheme of things, this is not as important as seeing someone...beaten to death.” To work through this standoff about emotions related to the transition, Mia and Sandy took a road trip to New Mexico together to “hash it out” and work through their decisions. When they got back to Texas, Sandy moved back into their home and they now stay in separate bedrooms. Mia put away pictures of the person she feels “no longer exists,” and mourned the loss of her husband. Mia and Sandy describe themselves as “best friends” and “snuggle buddies,” recounting that their relationship feels more like a “friendship” than a romance at this point.

Mia had been in no relationships with a transgender person before and did not have knowledge of transgender issues; she described it as a “secret world” she “didn’t know existed.” Sandy and Mia had no successful couples to look at for what a transgender relationship could be and Sandy described them as “pioneers” in transgender issues for their area at the time. Sandy commented that many people are “jealous” she and Mia are still together despite the challenges to their relationship. Sandy has been living full time as transgender and out to most people since 2011.

Sandy and Mia appeared to describe the least amount of “romance” left in their committed relationship compared to other couples with whom I spoke. Although they maintain a solid relationship built on a foundation of trust and emotional connectedness,

no physical intimacy remains, which appeared present in the interview itself. Sandy and Mia sat on a couch together but on opposite ends. They made no physical contact with one another throughout the conversation but frequently made eye contact or smiled. Mia appeared to be more emotional about recounting her story and became tearful discussing the grief of losing her husband to her new “friend.” Sandy appeared to be more satisfied with how their relationship had evolved and where it is now, while Mia appeared to carry more sadness about this decision.

Shane and Kim

Shane and Kim are a married couple living in a small town in Wisconsin. Shane is 32-years-old and was assigned female at birth; he now identifies as male and heterosexual. He has a bachelor’s degree and works in health care. Kim is 35-years-old and identifies as a cisgender pansexual woman. Kim has a bachelor’s degree and is employed in customer service. Both Kim and Shane identify as Caucasian. Together they have five children and a dog. Neither partner had been previously married.

Shane and Kim met “the old-fashioned way.” While in college in the same town in Texas, they were introduced in a bar by mutual friends in 2004. Both partners identified as women at the time. Kim graduated that spring and as they were both looking for somewhere to live, they decided to move in together. They rented a two-bedroom apartment “in case we wanted to be roommates,” which they did not need to use. Kim and Shane were married “in the public sense of the word” in 2007 and legally married in Canada while on their honeymoon. They moved into a new duplex together in 2008 and adopted their dog a month later.

Kim and Shane had a strong desire for children together but knew there would be some complications. They decided to “steal Shane’s DNA and mix it with a stranger’s DNA and stick it in [Kim], so [Kim] was just the oven.” Because of the “horror stories” they heard about fertility treatments, they started the process soon after their wedding. Kim gave birth to healthy twin boys in 2009. Two years later, they decided to move to Wisconsin, bought a house in 2012, and had triplets shortly after.

Kim reported having “an inkling” about Shane’s gender identity before they ever married as Shane expressed discomfort with his chest and gave other “signs” of his transness. While Kim was pregnant, she and Shane started talking vaguely about Shane’s identity and potential desire to transition. After having their twins, they noted more seriously considering chemical transition as Shane had “already pulled the genetics we were intending to use.” They noted having a “five-minute conversation” about whether Shane wanted to celebrate Father’s Day as the babies’ father and then continue with a medical transition. Shane felt afraid Kim would leave him with their new children if he was to start testosterone. Kim reassured him that she was “absolutely not...going anywhere.” Shane started testosterone in 2009 and has been out to most people as transgender since then.

Kim had never been in a romantic relationship with another transgender person. She described knowing “the difference between somebody that was a cross dresser and someone that was really transgender” and there her knowledge stopped. They did not know any couples who had gone through a similar experience, noting they “made it up as we went.” Although they had transgender friends through their local support center and group, their friends were primarily single. Shane and Kim now serve as a positive

example for others in their community who are going through transition and have talked with others to provide advice on staying together in this process.

Kim and Shane were extraordinarily on the same page as the interviews progressed. Despite the complications to their stories and different experiences, they described moving through every step in sync with one another. Their togetherness was reflected in both their couple narrative, punctuated with humor and laughter together, as well as their individual interviews. While small children appeared in and out of frame to “say hi” and give hugs, Shane and Kim remained positive, upbeat, and in step with one another.

Audrey and Lyn

Audrey and Lyn are a married couple who live in an urban metropolitan area of Texas. Audrey is 58-years-old and was assigned male at birth. She identifies as female, pansexual/demisexual, and White. Lyn is 66-years-old and identifies as a heterosexual cisgender Caucasian woman. Both Audrey and Lyn have juris doctorate degrees. Lyn is retired and Audrey works as an activist. Audrey had previously been married prior to dating Lyn but her wife passed away. They do not have any children and have an orange tabby cat.

Audrey and Lyn met in 1988 while they were both working as attorneys and started working for the same office. Lyn initially thought Audrey was married and “a jerk hitting on me” until another month later when they met again at another conference. Audrey and Lyn spent time with colleagues, visiting a reggae bar and a dueling piano bar for their “first unofficial date.” At the end of the conference, they had their first “official date” at an art museum followed by a drop off at the airport. At this time, they were

living in separate cities. When Lyn returned to her hometown, she told a friend, “I’ve met a person that I’m either going to marry or I’m going to marry somebody like them.” From that point on, Lyn began seeking out professional ways to enter into Audrey’s city so they could spend more time together. They alternated visits between cities for weekends and kept their relationship mostly private. When similar projects brought them together, they would “get two hotel rooms and only use one” without anyone knowing they were a couple. Lyn was given the opportunity to move to the same city as Audrey and asked for her feedback on doing so. Audrey wholeheartedly supported this plan. They married in 1992.

Audrey and Lyn were attracted to one another for their common interests and hobbies: travel, languages, professional interests, telling stories, and cooking. They both valued their careers and professional independence; Audrey saw Lyn as the most intelligent woman she had ever met. Lyn was especially drawn to Audrey’s caring, sensitivity, and strong feminist sensibilities.

Audrey never intended to come out as transgender to Lyn or to anyone. She “wanted to be normal” for Lyn and believed that it was something she could “outgrow” with the right person. Audrey would privately cross dress when Lyn was out of the home or when she traveled on business trips. Audrey described her cross-dressing as a “self-comforting behavior... a way of relieving pressure and centering myself.” She began finding online communities and realized there were other people like her “telling the story of my life,” yet still continued to only dress in private. Over time, it became more challenging for Audrey to go without cross-dressing but it was still a part of herself she intended to “take to [her] grave.”

Audrey and Lyn described Audrey's coming out as "an accident." In 2012, Audrey was pulling down her box of clothes from the garage when Lyn came home early from work; she asked Audrey what was in the box to which Audrey replied, "Something we probably need to talk about later... things I like to wear." Lyn drove off and returned to work. While Lyn was gone, Audrey panicked and even considered suicide. She noted that every time she imagined Lyn finding out about her identity, "It was the end of my marriage, the end of my family, the end of my career and it kind of felt like I had just lost everything." Audrey found a momentous reminder "from the stars" and decided she was ready to sit down to talk with Lyn when she arrived home from work. Audrey "told her the story of my life," about "growing up different" until she "ran out of breath and tears." Audrey expected "anger and derision" from Lyn and was shocked at her compassion. Lyn was "astonished" and heartbroken for Audrey that she had felt obligated to keep herself hidden for more than 50 years. Her first tearful reply was "I'm sorry you had to do that alone."

Although Lyn struggled to fully accept Audrey's gender transition and presentation right away, she did immediately understand this was not a choice; "It was something that had been true about [Audrey] when [Lyn] met [her], that [Audrey] was trans when [they] met and it was a part of [her] when she feel in love with [her]." They noted that for the two of them, they had "enough to get us started." Lyn's next response, they laughingly recalled, was "Do you have anything I can wear?" From that point forward, it was "a day at a time" moving through and working through their emotions and reactions together. They both felt they were "still navigating" Audrey's transition at the

time of their last interview. Audrey started hormone replacement therapy in 2013 and has been out to most people as transgender since 2014.

Audrey and Lyn shared a complicated story fraught with pain and love and a powerful mutual respect evident in how they participated in the interview. Through the course of our conversation, there were pieces of story that arose from my questions that had not been discussed between them before. Their professional commitment to equality and social justice as well as the values evident in how they related to one another personally seemed to impact the way their romantic relationship has evolved. Audrey and Lyn made no physical contact during the conversation but there was palpable care and compassion in how they addressed one another and spoke to each other. Their stories remained similar both individually and conjointly with two major differences. The first was how they described their physical relationship; while Lyn declined to speak much about the matter, she suggested they still maintain physical intimacy. Audrey noted they have had no sexual contact since her transition and they are “more like sisters” than perhaps romantic partners at this point. The second discrepancy that arose was how much strong tearful emotion arose in their individual interviews, almost as if they each did not want the other to know how much they have been pained through this process in their own grieving processes.

Sue and Anne

Sue and Anne are a married couple living in a metropolitan area of Ohio. Sue is 62-years-old and was assigned male at birth; she now identifies as a female Caucasian lesbian. Anne is 58-years-old and identifies as a cisgender heterosexual White woman. Sue has her juris doctorate and is employed as an attorney and activist. Anne has a

bachelor's degree and is a computer engineer. Sue had previously been married for 13 years and has adult children from that marriage. Anne had been married for seven years before meeting Sue and had been in another long-term relationship after that marriage.

Sue and Anne met in 1993 through a dating service. Although the physical attraction was a prominent catalyst to their attraction, Anne loved that Sue's profile had included on her information sheet a message--"I wish my video wasn't so serious, maybe if I had a toilet plunger on my head it would've helped." She was immediately drawn to Sue's humor and sense of "fun." Sue noted that Anne was "easy going" and intelligent with a great sense of humor. They moved in together later that year. Sue's daughter would ask, "When are you two going to get married?" which made them laugh. They eventually married in 1997 to Sue's daughter's delight.

Sue had early recollections of wanting to be a woman and wearing women's clothing. As a child, her parents took her to a psychiatrist to be "cured," which was ineffective until the threat of institutionalization was made. At that point, Sue said, "You know, I think I'm over this!" She was declared "cured" and her parents moved on. As she grew up, her feelings did not leave despite how hard Sue worked to "push it away." She began wearing women's deodorant, stopped using urinals, and sometimes cross dressed when on business trips as an adult. Before Sue and Anne married, Sue disclosed to Anne that she cross dressed, which surprised Anne but did not overly concern her "because it wasn't something other people would see" if he wore women's underwear or night gowns.

In 2011, Sue shared with Anne a stronger desire to cross dress in public. Throughout Sue's coming out and self-exploration, she committed to being "100%

truthful” with Anne about what she was doing and when so there were never surprises. Sue and Anne spent the next three years traveling for Halloween and wearing coordinating couples costumes that allowed Sue to dress femininely. Anne felt less comfortable with seeing Sue dressed in public if there was a risk of “running into people we knew” so there was safety in going out of state. Anne’s greatest frustration came in getting Sue dressed for these events; while she described herself as “low maintenance,” it took over an hour and a half to help Sue with makeup, dressing, and all the accouterments involved. Anne’s patience wore thinner. In 2012, Sue began engaging in more self-study and reflection and realized for herself that her life-long feelings were “more than cross dressing.” She started attending transgender peer support groups in the area and felt “overwhelmed” with seeing others like her.

Sue came out to Anne as transgender with a desire for gender reassignment surgery in 2014. Anne noted that the more Sue wanted to cross dress in public, the more she questioned internally, “Is this where this is headed?” Anne began to “prepare [her]self for the possibility that was going to happen.” Yet, it was still difficult for Anne to adjust to and accept. Sue recognized that keeping Anne and their relationship strong was more important to her than transition and told Anne that if she would be leaving because of her transition, she would “back off on it” and not move forward. They recognized this would ultimately cause them both to feel “miserable.” Each shared, “I loved her, and I wanted her to be happy and if her happiness involved not being with me, then that’s what needed to be done.” They made each other “feel like the most loved person in the world,” which felt more important to them than anything else in the relationship. Because each was willing to make such efforts to maintain the relationship,

they stayed committed to remaining together. Sue and Anne decided together that coming out to their children first was a priority. Sue has been out to most people as transgender since 2015.

Sue now serves as a transgender support group leader and makes many efforts to serve as an advocate for the trans community. Sue and Anne did not have models of successful transgender couples so they now give workshops at local conferences about their surviving relationship and how to help other transgender couples “feel 100% loved and accepted” between each other. Anne had been in no romantic relationships with other transgender partners before Sue came out. She felt she had very little knowledge as well but was willing to learn alongside Sue about all the steps involved in her process.

Anne and Sue appeared very connected through the course of our interviews. They had nearly identical stories, jokes, and recollections of their coming out process and relationship history, which was consistent given their advocacy work in telling their story with others. Sue and Anne both appeared relaxed, open, and comfortable with each other and with me as the researcher. No discrepancies arose between individual narratives and their couple narrative.

Evan and Cathasach

Evan and Cathasach are a married couple living in an urban metropolitan city in New York. They have been married approximately one year and have an adopted dog together. Evan is 38-years-old and was assigned female at birth. He identifies as a homoflexible White man. Cathasach is a 38-year-old cisgender man. He identifies as bisexual and White. Evan is a designer and has some college education. Cathasach has a

bachelor's degree and is employed as an educator. Evan and Cathasach do not have any children.

Evan and Cathasach met in high school and had known each other “off and on” for nearly 15 years before reconnecting about five years ago in 2011. While they both lived in California at the time, they ran into each other at a café while Evan was doing homework. Evan recalled being thrilled to run into Cathasach that day because he “had a crush on him since a million years ago, and he’s always just a delight to see.” Cathasach told Evan about his adventures in the art world and wanting to start a new art studio space in the city where they were both living. They ended up moving into the same shared art studio space with other people where they lived for about two months. Evan and Cathasach “ended up together” after approximately two weeks of living in the shared space. Evan recalled, “I had an old crush on Cathasach, Cathasach had an old crush on me, we were both single and right around each other in this super social fun space all the time.” He believes it started first with Cathasach asking Evan if he “wanted to make out, really straight forward.” Overall, they were attracted to each other because of a long, shared history as well as many common interests in activism, politics, philosophy, and art.

Evan and Cathasach’s story of moving to New York together was complicated with many stops and steps in between. Two months after they started dating in California, Evan and Cathasach both quit their jobs to travel to New York and take part in the Occupy Wall Street movement. They stayed with various friends, family members, and slept in the park for nearly two months. Evan was the first to return to California to participate in the Occupy Wall Street movement closer to his home when Cathasach

joined him. They were “living randomly outside” for several months, moving from squat to shelter to friend to park spaces. After those months were up, they spent 10 months living with Evan’s parents in a close city, moving back to their original city to start an art space in an abandoned bar. They were evicted from that space within a year due to the building’s conditions and increase in rent. Because they “couldn’t afford to go anywhere else,” Evan and Cathasach decided to move to New Mexico. They described it as “beautiful but horrible,” noting they were “miserable” and had difficulty finding work as well as social supports. Evan and Cathasach described relying heavily on alcohol as a coping mechanism, particularly after Cathasach sustained a serious injury and could not afford extensive after-care treatment and pain medication. In 2014, they were given the opportunity to move to New York and sublet an apartment of a friend. Although they were previously in a “civil partnership,” Evan and Cathasach decided to get married in 2015 as it made sense for logistical and financial reasons.

Evan came out as transgender to Cathasach over the course of several months while they were living in New Mexico. They noted having spent a great deal of time examining sociopolitical concepts like gender together quite frequently, i.e., the “weirdness of gender” and how each of them identified with gender. Evan would bring up his thoughts, “I think maybe I want to transition,” and Cathasach worked to “let him have space to talk about that...I’m okay with that and I want to be supportive but also I don’t want to be like, yes you should definitely do that because I don’t know whether he really wants to.” Eventually, Evan told Cathasach he was going to transition and wanted to use masculine pronouns. A primary factor in Evan starting hormone therapy was finally having a sense of stability. He noted having health insurance and a consistent

place to live allowed him to consider more strongly the option of starting testosterone, which he began in 2015, three months after informing Cathasach of his desire to transition. Evan described his impatience with starting the process, laughingly recalling, “Come on, I’m 38! Just give them to me, I’m not going to change my mind! I’m a grown ass man!” Cathasach noted even after Evan started testosterone, he was unsure about Evan’s commitment to transitioning or if he would continue until seeing him in the hospital waking up from top surgery. Seeing Evan after surgery, Cathasach noticed Evan’s palpable “demeanor change” that he joked “you could tell he felt like a giant weight had been lifted off of his chest.” Because testosterone had been “glacially slow” for Evan to notice changes, they both felt that surgery made Evan’s transition “a clear and real thing in a way that it hadn’t been before.”

Cathasach and Evan were well-connected to the queer community in California and noted that made a big difference for their preparedness and understanding of trans issues and what could arise in their relationship. Cathasach felt he was fairly knowledgeable about social issues in general related to the trans community but did not understand what all would be involved in a medical transition or the “hurdles involved.” Cathasach had not had a romantic relationship with a transgender person before. They recalled having models of transness and transgender people but did not have examples of successful couple relationships through transition.

Evan and Cathasach appeared very closely connected throughout their interview. They sat closely together on the couch with their dog in between them coming and going. Evan was often reaching over to touch Cathasach’s arm or shoulder or would put his head on Cathasach’s shoulder when they remembered something together. It seemed there

were some memories that emerged, especially of their early relationship and traumatic experiences involved with being indigent, that they had not often thought of. Their stories remained very consistent with how they talked about the transition process and the only discrepancies that arose were also present in the dyadic interview. For example, Evan felt Cathasach had more expectations of him to perform emotional or household labor than Cathasach realized he was putting onto him. Their story seemed to illustrate, like some other couples, that the issue of transition had hardly been an issue at all but rather another chapter in the complicated story of their overall relationship.

Paul and Bill

Paul and Bill are a married couple living in an urban metropolitan city in Illinois. Paul is 39-years-old, was assigned female at birth, and identifies as an androphilic male. Bill is 41-years-old and identifies as cisgender masculine. His sexual orientation is heterosexual. Bill and Paul both identify as White. Paul has an associate's degree and is a full-time parent. Bill has completed some college and is a network engineer. They have a daughter together who is seven years old as well as a dog.

Paul and Bill met when they were in college together. In 1993, they both had access to a "special computer lab" within their honors college where they would play computer games together and/or watch each other play. They then started "spending an awful lot of time together," even registering for the same classes so they could hang out more. They both tried "flirting incompetently" with one another to no avail and they both thought the other was not interested in dating. Finally, they began dating in 1994 during finals week. They "sort of kind of accidentally moved in together" because Paul was staying so often in Bill's dorm room. They then "on purpose moved in together" in 1994

and both left school. They married after encountering some significant stressors along the way including unemployment, depressive episodes, and loss of significant financial stability while experimenting with polyamory and open relationships. Bill and Paul recalled this as a very stressful time in their relationship and refer to it as “Shrödinger’s marriage period”--will they stay married or will they divorce?

After deciding to stay together, Paul returned to a local community college to take some classes and potentially help with his future employment. They also reasoned that “stacking” getting pregnant with returning to school would make sense given the lack of maternity leave often available with employment. While there, Paul became involved in the pride club at his college “because I’m a joiner and an activist, what can I say?” He attended the “big gay conference” for people in college pride clubs, which he thinks of as “Queertopia,” and spent time in the “Trans 101” lecture before realizing that the speaker “stood up before God and everybody and said I existed.” Paul returned home to share with Bill that he might need to transition, turning the conversation into “What does that mean?” “Well I don’t know yet.” Bill felt surprised when Paul came out, “but it wasn’t earth-shattering.” He noted that throughout their relationship, Paul was never “particularly effeminate” unless he was “in drag,” dressing up more femininely for special occasions or events. They entered a second “Shrödinger’s marriage period” in their relationship. They stopped trying to have a child at this time and then eventually recommitted to this new consideration of their relationship.

Paul discussed that growing up, his mother was very involved in the queer community so he was often surrounded by “artists or freaks or queers.” He knew that

trans people existed, especially trans women “and therefore presumably trans men.”

Until that conference, he was unclear that others like him existed.

In 2008, Paul first came out to a small group of friends in his online community so he could process emotionally what he was considering as well as have time to become a “walking seminar on trans issues” to answer any and all questions he might get. One week later, they got “two plusses on the pregnancy test” and began presenting masculinely, navigating life as a pregnant man. Paul started testosterone in 2016 but had been socially transitioned for approximately eight years. Paul still struggles with getting read as a woman, which is a source of great frustration for him. He noted, “Apparently I get dyke rolling out of bed, it’s just trying to get people to move beyond that and think of me as a guy that’s the hard part. So I’ve been out to everybody except that I’m accidentally closeted because I don’t get clocked as male.” Paul and Bill discussed that because Paul is still early in his medical transition process, they remained uncertain about what will happen with the rest of their relationship’s future. They described themselves as a family first and foremost and noted that even if they lived “as brothers” rather than romantic partners in the future, they believed they would still be happy together.

Bill had never known any people to be transgender before Paul came out. He had no understanding of trans issues other than “mid 80’s knowledge...that there was a surgery to change your sex and that you were infertile after surgery.” Bill is not out to all of his colleagues and in all spaces as having a same-gendered spouse. Paul describes himself as “Outy McOuterson” and is very open to educating others and serving as a source of information for cis people about the trans community. Neither had models of successful relationships with transitioning partners.

Paul and Bill were an interesting couple to interview. While they sat close to one another on the couch, Bill spent most of the time looking off to the side while Paul would frequently check in with Bill about his thoughts or if he had other opinions. It was apparent Paul's identity as a "shit-kicking activist" influenced how he has informed himself about his identity, the way he communicates it to others and how that might be discrepant from a more passive, quiet personality like Bill. Bill was generally more quiet and introverted in presentation, both one-on-one and in couple, where Paul spoke rapidly and openly about all aspects of his life and transition story. Although there was a great deal of connection and shared history between the two of them, they both individually discussed other frustrations about their relationship. Their story seemed to be a good example of how marital challenges could be separate from transition but also that gender dynamics might be very difficult to completely tease out from the equation.

Emerging Themes

In this next section, I outline themes that emerged from the data analysis process. Initially, as interviews were conducted, I made notes within my research journal about some common points that stood out from the interview process. In this way, I was able to continually reflect on the thematic emergence throughout the interview process and noted for myself which ideas felt related to those shared by other participants and those variances that appeared significantly different from others. This process was repeated through transcription, proof-reading, and re-reading of the transcripts; with increasing succession, I gained a deeper understanding and familiarity with interview content. After all interviews were completed, transcribed, and proofed, I went through the "horizontalization" process by coding topics and ideas within each interview. The codes

from the 39 interviews were then laid out and sorted together based on commonality and finally grouped into themes and subthemes. A doctoral candidate in counseling psychology with a specialization in qualitative research reviewed all transcripts and independently devised broad themes. We then compared notes to my emerging theme categorization and discussed our differences and similarities until agreement was reached on representation. For themes or subthemes that were best encapsulated by a direct quote from participants, quotation marks were used. Otherwise, I attempted to devise theme titles that most pithily encapsulated the described experiences. Six overall themes emerged within this data:

- Love Is Gender Blind
- Relationship Changes Connected to Transition
- Benefits of Transition
- Relationship Challenges
- Relationship Strengths
- The Political Is Personal

Love Is Gender Blind

The first theme that came from the interviews was the idea that “love is gender blind.” Throughout conversations of strengths, challenges, changes, resources, and views of their relationship, couples discussed how much they cared about their partner because of their personhood. They described that the gender of the person was not important to how they nurtured their relationship, how they felt when they were alone, and how their partners and relationships had evolved over time. Couples discussed feeling their love was maintained for factors extending outside of and beyond binary gender ideas. As they

were partners in life, they saw themselves as partners related to the transition process as well. Overall, couples discussed their relationships felt predominantly similar before and after gender transition. Finally, they each described additional challenges they had adjusted to that felt much more significant than anything related to gender transition such as building a family, making career decisions, encountering loss, or other major life situations (see Table 1).

Table 1

Love Is Gender Blind

| Participants | Sub-Theme | | |
|------------------|---|-----------------------------|----------------------|
| | Partners in Life, Partners in Transition | Relationship Consistency | Life is Gender Blind |
| JB & Roberta | X | X | X |
| Conor & Amy | X | X | X |
| Madelyn & Sara | X | X | |
| KC & Veronica | X | X | X |
| Kash & Jasmine | X | X | X |
| Cole & Leah | X | X | X |
| Alan & Faye | X | | |
| Sandy & Mia | | X | X |
| Shane & Kim | X | X | X |
| Audrey & Lyn | X | X | |
| Sue & Anne | X | X | X |
| Evan & Cathasach | X | X | X |
| Paul & Bill | X | X | X |

Note. X means the couple mentioned the emerged theme

Partners in life, partners in transition. Overwhelmingly, the couples discussed their mutual commitment to their relationship and to each other as something that facilitated the gender transition process. Because these couples remained partners in their everyday lives, approaching the transition process as partners was the predominant response. Through being partners in life and partners in transition, two primary groupings appeared. First, participants discussed their commitment to one another as people and their care for the whole person above and beyond one's gender identity. Second, partners described how they made decisions together throughout the transition process. Both of these subthemes illustrated the partnership approach to the gender transition experience.

Commitment to one another as people. A predominant storyline that emerged was how participants felt dedicated to the personhood of their partner. Conor and Amy felt their love was unconditional and “gender blind.”

Conor: I just really learned that she really did love me, like no matter what. Her love was, it was like real and there was really no conditions. Even though she was afraid, there was still never any, I never felt any like, like her, I never felt like she was disappointed or felt differently or anything like that. I felt like it was definitely just 100% like we really do love each other for who we are.

Amy: We have this, it's kind of funny, he had this magnet on his fridge like forever, that said “love is gender blind”... and that really became sort of a truism of our relationship for sure. Like this is definitely speaks to our relationship overall.

Bill shared this sentiment, stating, “I'm much more invested in my relationship with this person, this intellectual person, than this biological person.” For him, Paul's internal sense of self was more important than any physical changes that Paul could go through. Alan similarly discussed how his understanding of their commitment to one another had deepened and expanded beyond gender:

Alan: I love her because I love her. And I think I'm more open just, through this whole process of, if Faye all the sudden came to me and said I decided I want to be male, which I know would never happen, I would still love her for who she is. So I guess for me, it's opened me up in a way of understanding relationships a lot better and that it's not always about your gender or your assigned sex or whatever. It's about who you love.

Sara described something similar about Madelyn, stating, "What I love about her, it wasn't specific. And I knew that as long as what was at her core never changed, then I could do this."

JB and Roberta discussed how their commitment to the relationship and to each other made it seem like the gender transition process had no impact on their commitment to one another:

JB: Love wasn't about what gender I presented as but it was about who I am as a person and that made it really comfortable and reassuring for me to go through this process.

Roberta: I guess it was, it was a relationship and I just needed it to work. I was willing to work on it. I wasn't thinking trans this or that. He's a person I'm in a relationship with. And I was willing to work on it. Which everybody should work on a relationship. That's all...all I know is that when we got together we promised that, this is both our second marriages, that if we got married that we were really going to try and communicate and we were going to make sure this worked. He's a wonderful person and he still is, and he's mine. I don't know, that's just it.

Transition was discussed as a life change that was anticipated as part of being in a long-term relationship. Kim and Shane anticipated changes in their relationship over time and noted that gender transition was one of many options that would not change their love for one another:

Shane: Everybody changes over the years. In my case, it's just slightly different than others. She said she had planned to go through some changes with me because she planned to be with me for the rest of our lives. This is just a slightly different change than she was anticipating originally.

Romantic partners in this study ultimately seemed to want what felt best for their transitioning significant other. Several partners discussed how important it was for them to see their partners feeling happy and fulfilled:

Veronica: Every once in a while KC will ask, do you still love me even though I'm not what you signed up for? That you're not in a lesbian relationship? And I said yeah! And KC's like, well why? And I said if anything I love you more because you're being true to yourself and I see how happy you are...overall I see how true you are to yourself now and that makes me love you more.

Leah: Even though he's not there yet, but knowing that he could say 'boy' and he could be that like, he was so happy. It's just impossible not to support it. Well, unless you're heartless.

Anne: I thought, ok. If what makes me feel like the most loved person in the world is being able to 100% be myself, how can I not let her be 100% herself?

Amy: I mean for me it was like, identity is such a core part of who you are, like, I mean. It seems so obvious to me... to me there's nothing more tragic, because I think if you're holding your partner back from who they're supposed to be, what kind of relationship is that? So for me it was like, well we're just going to dive in and do that shit.... There was nothing more important to me than him being who he is and being his happiest self.

Some couples discussed the challenge in coming to this conclusion about the important values in their relationship. Lyn had difficulty adjusting to the idea of Audrey's gender transition initially. She reflected on their commitment and friendship as a primary factor that allowed her to recognize what she cared for in Audrey had nothing to do with Audrey's gender identification:

Lyn: I don't think you can commit and say you love someone and then at the drop of a hat walk away from it. And we had over 20 years together. And she was my best friend. And I'd made my life with her and it's just not something that, that you want to end abruptly. It's something I wanted to see if we could make work, and I will say too, I've lost people to death and they never come back. And I just, I didn't want to lose this good person, this good soul. I wanted this person to still be in my life. And I had the opportunity to explore how to do that, and so far we have.

Audrey: So far, so far we've navigated it.

Participants in this study seemed to prioritize the well-being of their relationship and the well-being of each partner as part of the transition process. By feeling committed to one another as people beyond the gender binary, they experienced a deeper understanding of what was important within their relationships.

Making decisions together. Couples discussed the process of making decisions and navigating the timeline of the gender transition was a joint endeavor. Conor described how for he and Amy, making decisions had come smoothly: “Things for us as a couple are really easy. So just hard decisions like that often don’t seem that hard. We’re usually pretty much on the same page.” Sara and Madelyn consulted with each other throughout Madelyn’s transition, agreeing on what order and steps would be most helpful for increasing Madelyn’s success:

Sara: We’ve also been very on the same page as far as, ok first is therapy, then hormones, sticking with therapy, and both of us being in agreement on that has made a huge difference that we’re taking the right steps to ensure everything is going the way it should.

Jasmine and Kash described a similar approach--working together to stay in tandem regarding decisions. This was also described by JB:

Jasmine: We’re both into it, into it together and try to do it together...that is one thing that has kept, I mean, been very [strong] in our relationship is we’ve both been on the same page.

JB: It’s definitely been a together thing. That’s the key word, together. You know, any individual is going to have their own idea of what’s important to them in transition. But for us it’s been, what’s important to us in transition?

Many couples discussed their unfamiliarity with what a gender transition entailed. Leah and Cole approached researching transition options and steps together to make decisions about what Cole wanted to do:

Leah: We had a lot of talks and a lot of Googling...it was just like, Cole is trans, how do we have that happen? And that is all we talked about. Like what are we going to name you? How do we find, like there's a lot of legal mumbo jumbo is enough to send you sideways, so there was a solid six months where...we just became a well-oiled machine, like getting shit done.

KC described coming to Veronica with completed research and consulting together about making decisions once information was known: "I'd say 99 plus percent of it has really been kind of together. Like I have to do my own work as the person who has to walk through the world this way but like Veronica knows all of it."

Couples seemed to care about each other and their relationship and used the desire to become closer as a way to inform transition choices. As KC described, "I definitely don't think anyone has ever transitioned in a vacuum (laughs), that's just not how it works." Couples made choices about how to approach this idea. JB discussed how he wanted to incorporate Roberta's preferences into his presentation and transition process. In this way, he used his transition and making decisions together to improve their relationship overall: "As I was taking on new physical characteristics, I also wanted to grow into the man that would be best for this relationship. And so I got to put in pieces that helped her."

Leah described how her closeness with Cole made it so she wanted him to explore his trans identity openly with her, both in exploring his conceptual identity and how he might or might not choose to transition:

Leah: Cole might be my partner but he's also the guy I call, he's my best friend. So it's a good relationship in the fact that we had the good groundwork about already talking about everything so there was no need for him to discover he was trans in his head. We could just talk about it.

A few couples described deferring to the timeline set by the trans partner for making decisions about transition. Yet, even in "deferring" to the partner, mutual

conversations were held. This seemed to be a way to provide support rather than a feeling of being excluded from making decisions. Evan and Cathasach described this dynamic and Cathasach's respect of Evan's bodily autonomy:

Cathasach: The other thing has just been like really deferring to him about what he needs. Because it's not, I mean, I don't know. There was not really any, it didn't feel like there was anything for me to have input on for a lot of it. Like having top surgery, I don't know. It's not like I want you to have breasts for another six months, that would just be weird to ask for I guess...

Evan: Basically I've sort of been like, hey I think I'm going to do this at this rate, and Cathasach's been like, that's cool, that's exciting. (laughs)

Overall, decisions regarding transition pacing, choices, and care seemed to be made in conjunction with both parties in the relationship. Although situations of deference arose in which the trans partner ultimately decided on timelines, conversations still emerged to create safety within the relationship for both partners to be heard.

Relationship consistency. Generally, participants shared they did not feel their relationships changed as a result of gender transition.

Leah: Life didn't change that much, I just called him him instead of her.

Amy: I think for me it's been sort of like our relationship didn't really change that much?

KC: I don't think it changed.

Veronica: I think at a certain point things did change, but that had nothing to do with KC's transition.

Jasmine: For me, I don't really feel like there's been a lot that's been different? And I guess it's because like, I think transitioning and the transition to formally to the other gender, he's always been that gender so it wasn't really like...

Kash: Yeah I don't feel like we've been, much changed in that area....

Jasmine: I don't really think there's been a lot of difference in our overall relationship.

Mia: We still pretty much do the same things we did before.

Evan: My internal perception is like you know, the only thing that's really changed about it is how people treat me depending on what they see when they

look at me. But the experience of being intimate with someone physically, emotionally, mentally, geographically like sharing an apartment, that isn't really that different in so many ways.

These similarities also extended to gender roles and functions within their relationship. It seemed those roles were not changed as a result of one partner's gender transition:

Amy: We're very, we're not a very gendered couple... but I think for the most part those roles were kind of like that before anyway.

Conor: Yeah, I think they would've stayed the same had I not transitioned.

KC: The roles and things, I would say they were set because they're never really set; they're always a little fluid. But I feel that got set pretty early on.

Jasmine: I personally don't think there has been any change in roles. I think that kind of what we've brought to the relationship from the beginning is the same as what we have now.

Some couples shared they felt their identities remained consistent throughout transition. Because of this, they hoped their relationship would be seen as greater than the trans status. Leah and Cole discussed how they wished to be seen by others:

Leah: We're the most boring people. We've had beautiful experiences and that's the only thing we like to get out more is it's not always like a train wreck of like, suicide and homelessness... I mean it's really stupid how great it's been and our relationship..

Cole: I don't know, it hasn't changed that much.

Leah: ...We're also really happy just being Leah and Cole and it doesn't, we don't always want to be the trans couple, you know? Like we don't mind it, but we also don't want it to be the only thing that defines us...the parts that define us are like, the parts that we think make us who we are. Just like going to college or him playing basketball or like, I have a large family. I think it's more like we think of it as a defining personality trait than like, who they identify our being as.

In addition to feeling a general sense of consistency within their relationship from before and after transitioning, couples spoke specifically about their attraction remaining consistent and their satisfaction within the relationship remaining the same or improving.

Attraction. Many participants described how the qualities they were attracted to in their partners before transition remained the same. This led them to feel continued consistency within the relationship as their partners still felt like the same person throughout the gender change:

Sara: Everything that I actually loved about (former name) was nothing that Madelyn didn't already have. So it was all the same qualities... it's the same passion, the same ambition, the same humor, heart; those never change and that's really what I fell in love with. So even though how we express our love and how I think of her has changed, everything, that is what stayed the same.

Kim: I love Shane, and the wrapping is just details.

Leah: I was dating men before and then I was dating a woman and if you looked at my past partners they all looked different and Cole is like, I didn't date his genitalia, you know what I mean? It's his personality and it didn't make much of a difference and when he came out, so many things clicked for him...he was so much happier and so many things made sense and being my boyfriend instead of my girlfriend and all these little things made it so much easier...I feel like it's so stupid because it's been so basic for us.

Although Lyn and Audrey's relationship had evolved significantly through Audrey's transition, Lyn described the qualities of Audrey's personality she remained attracted to that have stayed consistent in their relationship, which helped encourage Lyn to support Audrey:

Lyn: I realized that all of the things that I love about her, and what was going through my mind is the sensitivity and the caring and basically the feminism that I appreciated so much was because of who she was. I mean I was hearing that in her story. And realized that those were the qualities that I fell in love with... The soul, the fiber of that person was so fundamentally good and considerate and compassionate and had empathy for others. And then we shared so many interests. Reading and music and travel and food and language and learning languages and adventure. Skiing or scuba diving or whatever. It was just, it seemed like growth and I don't think there was any way that I would've walked out on her even if we weren't going to stay together, I knew I had to support her.

JB was able to articulate how much having unconditional support meant to him in the context of his relationship with Roberta. He described still feeling seen for his personhood with Roberta:

JB: I just think that I'm the luckiest person in the world! I found somebody who's so open and understanding and um, understands that love is more than the gender and genitalia that you have. That my transition didn't change who I am. My personality, my beliefs, what makes me, me is still the same. I just now feel better about myself because what I see in the mirror matches what I've always seen in my head. And it took me a long time to feel safe enough to say that. It took me a long time to know other people who felt this way to believe in myself to say that. And she got it!

Faye laughingly described how she is more physically attracted to Alan now he has transitioned:

Faye: He's so hot now! (laughs)

Alan: You're sweet.

Faye: Looks matter, right sweetie? (laughs)

While gender transition processes led to changes in the relationship, many qualities partners described as most important to their attraction to their partner remained the same. It seemed that overall, couples felt personal attraction remained consistent.

Satisfaction. Most couples described their relationship satisfaction as either consistent with before the gender transition or having improved since the gender transition. Roberta and Amy felt that their relationship remained consistently satisfying.

Roberta: It was wonderful, it was still wonderful... he's always been a wonderful person and I know he loves me and I love him very much.

Amy: I mean honestly I would give it like the best (laughs) like a 10 out of 10... we've been through a lot at this point and it's only brought us so much closer and I feel very, very connected to him... yeah I mean I couldn't imagine any better relationship.

Other participants discussed how they felt that an improvement in their authenticity allowed them to be more secure with the relationship and more satisfied with their relationship than before their partner's transition:

Madelyn: Prior to transitioning I always had one foot out the door, I was never comfortable because I couldn't be satisfied with anything. There was no chance of me being really satisfied with her. And since transitioning, I am very settled and don't really have a problem with being settled... it still surprises me that sometimes I just have to stop and really appreciate that I no longer have that sense of something missing, that I feel pulled, not a hole whenever I'm doing something, whatever I'm pursuing.

Alan: I think that for me it's way better because I'm just way better period, you know? I'm way better in my own skin about being who I am now, how I present.

Kim: I'd say my satisfaction is more now than it was before...part of that probably goes back to concreting in sort of the roles and responsibilities and everything. And frankly the fact that we could just be that open with each other, you know what I mean? It always, it probably did have a little bit of a subconscious effect on me beforehand that I always felt like there was this secret going on and Shane had these feelings he wasn't sharing with me and so knowing that's all out in the open really does nothing but help.

Evan: It's completely better. It's way better, like how could it not be? I'm satisfied with myself and I feel like I can have a voice and that's ok.

Paul: I don't think you can go through transition and not feel more satisfied in your relationship. I don't think it would survive it.

Leah explicitly discussed how other people in her life had asked her if she would be as satisfied in her relationship with Cole as a man as she was with Cole as a woman. She responded bluntly in the affirmative:

Leah: To me it's almost offensive to the human race, like not to me, because it's almost like what, I would just ditch someone? You know, I told Cole when he decided to come out, I was like I'm not going to guarantee I'll be your girlfriend forever. But I can guarantee we don't break up because you're transgender, you know? If we break up it's because he turns out to be an idiot or something, not because he's transitioning.

Although 12 of the 13 total couples reported improved relationship satisfaction, Mia and Sandy were the only couple to articulate they felt the gender transition had a negative effect on their relationship. Specifically, Mia had more difficulty adjusting to Sandy's identity, and at the time of interviewing still felt unhappy with being in a relationship with a transgender woman:

Mia: We were friends still and we were always going to be friends, but I just didn't want to see the transition. I didn't want to see the person I love turn into someone else...The more she became Sandy the less happy I was. The less I would lose interest because the thought of being intimate with another woman is just, I know people like it, it just kind of gave me the willy-willies.

Additionally, in the process of member checking, Faye shared she felt her relationship changed significantly with Alan's use of testosterone and she felt uncertain about the representation that her relationship had stayed consistent. Overall, it seemed participants found experiencing a gender transition within their relationship did not impact their romantic and emotional attraction with their partner nor the satisfaction they felt in their relationship. Most couples described perceiving their relationship to be consistent before and after transition or improving because of the transition.

Life is gender blind. Nearly every couple discussed challenges within their relationship. Interestingly, almost every couple discussed other facets that occurred in life either in conjunction with the transition timeline or separately as significantly more difficult or challenging to cope with than the process of transitioning gender. Three couples discussed issues related to family planning and having new children as most challenging:

Amy: I think the hardest part in our relationship was not the transition, it was when we lost a pregnancy in the second trimester... and it was horrible and horrifying and losing the baby was awful, but going through that time I remember telling my mom that like, as awful as this was it just reassured me or just

reminded me that I absolutely picked the right person to go through life with because I only felt like that horrible period in our time like made us stronger and made me stronger and we got through it together and our relationship really grew through it.

Kim: We have been through so much between the transition, the premature births—

Shane: The multiple pregnancies—

Kim: Oh yes, that we are stuck together.

Shane: Yeah, I think as a whole it's just, it's a lot. And we've managed to stick through it.

Paul: I think we ended up having to work on a bunch of shit relating to our relationship because the transition and being new parents and all of the other shit all happened at once to put stresses on it and you can't skate by anymore.

Faye and Alan shared difficulty with co-parenting and experiencing blended families as did Jasmine and Kash. Jasmine related their challenges with parenting were specifically not associated with the transition process: "In general I don't think it has anything to do with the transition, it's just hard to parent in a blended family I think...it's like raising kids is just really hard."

Other life changes were also discussed such as career changes or moving in together that created a difficulty in adjustment:

Leah: Cole also moved in during his transition, which has been a little bit of a hiccup for me...so I'm having to get used to that a little bit and that's a bit of a struggle for me. I don't think that has anything to do with his transition.

JB: I mean the biggest challenges we've had are figuring out, and this has nothing to do with the fact that I'm trans, figuring out what I'm going to do as a career.

Two couples discussed shared traumatic experiences that occurred throughout the course of their relationship. Considering the magnitude of the events these couples discussed, they felt the transition paled in comparison.

Cathasach: I feel like, we've had economic and jobs and all that stuff has been much more prominent than any of the relationship stuff.

Evan: Yeah.

Cathasach: And I mean communication was a big thing but all of it's just been so exacerbated by other stuff that I feel like—

Evan: Yeah, if you keep having to put something off because you have to deal with an immediate actual disaster.

Mia: I think the deciding part was seeing XX dead... It's like you realize what's important in your life. You know, there are worse things than being transgender. Like being killed. And it kind of puts it in perspective.

Couples described numerous factors that impacted their lives outside of the gender transition process. They recognized issues within their relationship that should not be conflated with the gender transition experience:

KC: Thinking back on it now it's...we both were going through so much and we just grew together and learned all these great skills at the same time as a couple and came out the other end and so it's like, I'm laughing because I don't think it was just the transition for me that effected all of that... that's just what life was at that time.

Jasmine: Sometimes it's been difficult to know what is transition related or is this normal related. So a lot of times I had to remind myself or him, no this isn't about your transition and this is about you know, cleaning the dishes.

Anne: I think that, we have each always wanted the other person to be happy and I think that when you keep that kind of utmost in your mind, some of the other stuff becomes less important. Does that make sense?

Sue: Kind of don't sweat the small stuff.

Evan: I don't know how much that has to do with gender. See, that's the other confusing thing, it's like which parts have to do with gender? Which parts have to do with being visible versus not being visible? Which parts have to do with just the craziness that any kind of massive change brings to heart? And which is like, a concoction of all these little different things and it's, I don't know, it's hard to know what is related to what sometimes.

Within the theme of Love is Gender Blind, couples described their commitment to one another and their relational partnership. They discussed making decisions together because of valuing each other and ways in which their relationships remained consistent throughout the gender transition process. Finally, couples described experiencing other

life changes as separate from the gender transition process that also impacted their relationships.

Relationship Changes

Although couples described many facets of their relationship that remained consistent throughout the gender transition process, couples also described several thematic changes occurring within their relationships (see Table 2). The first major change noted was related to language and communication. Next, couples discussed changes to their sexuality and sexual relationship. Finally, many couples discussed the redistribution of power that occurred within their relationship.

Table 2

Relationship Changes

| Participants | Sub-Theme | | |
|------------------|----------------------------|---------------|-------------------------|
| | Language and Communication | Affirming Sex | Redistribution of Power |
| JB & Roberta | X | X | |
| Conor & Amy | X | X | |
| Madelyn & Sara | X | X | X |
| KC & Veronica | X | X | X |
| Kash & Jasmine | X | X | |
| Cole & Leah | X | X | |
| Alan & Faye | X | X | |
| Sandy & Mia | X | | |
| Shane & Kim | X | X | |
| Audrey & Lyn | X | | X |
| Sue & Anne | X | | X |
| Evan & Cathasach | X | X | X |
| Paul & Bill | X | X | X |

Note. X means the couple mentioned the emerged theme

Language and communication. Every couple discussed differences in the way they have had to intentionally modify their communication with one another as a direct result of experiencing a gender transition. These differences have been grouped into categories due to the breadth of changes related to communication. First, couples discussed increased honesty and openness with each other. Next, the couples discussed having to modify conversations within the relationship. Modifications were made to parenting language. Finally, couples discussed the process of compromising with one another about transition.

Increased honesty and openness. Couples discussed establishing honesty with one another was pivotal to staying connected through the transition process. JB noted he had to commit to honesty to maintain his relationship with Roberta:

JB: I recognized that if I wanted to maintain this relationship with her, which I really did, that I needed to be honest with her and tell her that this was something that I had thought about before and that I entrusted her with to try again and to explore and to share that with her.

Madelyn discussed honesty applied to not only what was occurring within the transition but in how she and Sara made goals for their relationship and what they wanted their new relationship together to be:

Madelyn: We were both being very honest about what we wanted out of the relationship, we were both being honest about how we felt our dynamics as a couple should be. Really the first time we were being really extremely open with each other and not just her being open with me.

Anne felt Sue's ability to be honest helped her maintain trust in the relationship.

Anne: Sue's always been very honest with me about everything. As soon as she knew something then very shortly after that, I knew it. So I never felt like the trust had been broken, which I think went a long way towards me, I didn't have that issue. I didn't have the lack of trust issue ever.

Veronica recognized KC had to spend a great amount of time in self-reflection to be honest with themselves before coming to her with information about their transition.

Veronica: KC had to be really honest with themselves to finally realize this is what they wanted and in doing that we both became better communicators... being very direct with like, I statements and this is how I feel, this is what I'm going through. And responding like, how do you feel? How does that make you feel?

Sandy and Mia discussed their honesty and open communication has been a major strength for the two of them. Although this presented challenges, couples described it as necessary.

Sandy: A lot of it has to do with who she is, and the communications that we do have.

Mia: Like if we put everything out on the table. We don't let it build up. If I'm mad about something you're going to know about it.

Sandy: Yeah, you got to. And that's with any relationship.

Mia: Because if you can't work it out you can't stay together...if you can't be honest with the person you're married to, who else can you be honest with? It's hard, it's ugly, you fight it out.

Similarly, Alan described the openness he and Faye share with one another helped him feel supported and strengthened their relationship.

Alan: I think we're open and honest about stuff. And well, I just love her so much I can't, I mean to me I would just be devastated not to be with her. I just can't imagine life without her. I'm incredibly grateful that she was so supportive and is still so supportive. She's my biggest supporter, always has my back and I'm incredibly lucky. I really am and I mean our relationship is strong since my transition. I just feel like it grows stronger every day, the connection that we have with each other.

Sue described how honesty and openness is a mutual feedback process that also helped she and Anne stay close and plan for her transition.

Sue: I suppose after my own mind, she's probably the next closest process with feedback and information that I have for contemplating things and figuring things out. So I always feel that she is there for me, and hope she feels I'm there for her, as we start to talk about things. So that process is just, I don't have a lot of, or

maybe any hesitation in sharing things with her life that. And I want to be open and honest with her as she is open and honest with me with it.

Most couples described a commitment to honesty and openness as a necessary component of strengthening their relationship through the transition process. Although this commitment to honesty required some change in communication from before, it seemed to be a pivotal part of maintaining a strong relationship.

Within the relationship. Conversations about what occurred within romantic relationships were modified through the course of transition. Madelyn and Sara credited communication as the reason their relationship had stayed strong even when conversations took a significant amount of work.

Madelyn: We are both huge on communication. And that's, that can't be stressed enough that that's what's helped us get this far, is we talk about everything. Everything needs to be communicated about...

Sara: You know how a computer on the outside looks very smooth and it sounds like it runs great but you open it all up and you see all the wires and all the different things going on?

Barry: Uh huh.

Sara: Everything that has gotten us to this point is all that jumbled mess in the computer (laughs). Yeah, we've talked and talked. We knew we wanted this to work. That that's been kind of our center point. We were going to make this work... and now we're in a very good, calm, computer- looking outside smooth-running place (laughs).

Evan and Cathasach also discussed having productive arguments together to resolve conflict within their relationship through the transition process because of their commitment to each other.

Cathasach: We have this knowledge that communication was a key thing and I think that kind of kept us going to, even when we weren't good at communicating was we knew it was supposed to be happening so that would sort of keep us going to try and like, get to that point where we would communicate.

Evan: Plus at our core I think this is something you and I have in common. Even when we're super mad, there's some part of our mind that is still fairly restrained so that...like begrudgingly asking the question you know you need to ask or like begrudgingly being the one to be like, fine what I said was unfair and I apologize,

but I was feeling. And it's like you're almost, you're like so, so, so pissed off that we both have that reasonable part is very, very stubborn and wants us to do the right thing when it comes down to it.

Other couples also discussed intentionally working together and talking through challenges to stay strong and connected. KC and Veronica described their communication technique of using “check ins” to help them remain in sync.

KC: Nowadays, especially when I first started T, we do like a check in. Like a very purposeful check in... I think that really helps because even the simple like, what's something that sucked? What's something that's great? What's something you're looking forward to? How's T affecting you? Like Veronica said, what does it look like it's doing to me? That's just enough to be on the same page.

Alan used communication as a way to prioritize Faye's feelings and reactions about his transition within their relationship.

Alan: When I was finally accepting of it there was still just so much research that I did, that Faye did that we talked about openly. Because the last thing I wanted to do was lose her, you know? I would rather suffer than to have lost her. So I think that we, today just that's still part of our relationship. If I'm doing something that's not okay or we're not connecting in a way that we need to be, we have to talk to each other about it because she's my number one priority.

One facet of communication some couples discussed was how the transition itself changed their communication patterns. For example, some couples discussed labels within their relationship for each other changed related to transitioning gender. Jasmine illustrated this as an early facet of Kash coming out in their relationship.

Jasmine: I said, have you ever thought about and, if he'd rather be a man and he said yes, there's no question. And I said do you probably want me to call you something different, because I actually used to call him my wife, and it was just that, and he said yes but he would like me to, he wants to be referred to as a man. And so I kind of gradually started looking at him in that way.

Audrey and Lyn discussed how labels and conversations emerged before Audrey ever came out when spending time with their feminist friends.

Audrey: I would shrug and say yeah, well I'm actually a lesbian trapped in a male body. And of course then when I came out you know, Lyn kind of looked at me one day and says, you were telling the truth! (laughs)

Lyn: That was the only way she could communicate her true identity.

An additional component to having conversations within their relationship was about how to present to people outside of the relationship and coming out to others. Sara illustrated this dilemma as she and Madelyn navigated her outness in certain circles.

Sara: Learning at that time, like how did she want to be introduced to people? How do I say who she is? Is she, you know, and that was something we had to work through about, what do I say to people? Do you want me to tell them now? Do you want to do it yourself? Do you want to stay as (former name) in front of these people? ...So that was a lot of learning curves for us.

Some couples described they had different levels of communication and required more nudging by their partners to have conversations about transition. Cole described this dynamic as it played out with Leah.

Cole: We had discussed things for months and months it felt like before that and she would be more like, I would not be the one to talk. She's definitely the talker in the relationship, and she would bring stuff up...I felt embarrassed for wanting to bring it up. So I never did and then she would bring it up here and there and then when we talked about it she'd say, honestly I don't care, I just want you to be happy.

While communication evolved, some facets of change emerged related to how partners talked with each other about their relationship, checked in with each other to prioritize feelings and reactions due to transition, and navigated conversations about changing labels and out status.

Parenting language. Many of the participants had children, either from their relationship or as blended families. Changes were navigated in talking about issues related to parenting. Parents discussed changes to their labels as parents and how their

children referred to them. One couple used Father's Day as a springboard to conversations about transitioning.

Kim: We definitely talked about, the one conversation after the boys were both, sort of things like Shane still wanting to celebrate Father's day and stuff. At the time, under the guise of, well then it gives the boys something to do when other school kids are doing Father's Day or whatever. And I was like, really, it's ok if you want to be their father figure, you know?

Other couples discussed the process of shifting labels, either by encouraging their children to use new names or by following the lead of the children.

Faye: Our youngest who was you know, kindergarten, first grade at the time was like, he'd experimentally call Alan Dad once in a while, because he had two moms, is how he saw it, and it'd be kind of fun to have a dad. And so Alan said, you can call me Dad if you want.

Alan: Yeah, and I think it's almost kind of freaky for them to think of me as female or remember me as Mom. I think that especially my kids, they both craved having a dad because they didn't have that.

Sandy: One of the questions they asked is, well how are we going to announce or call you, refer to you when we're talking to my friends and all? And I said, how do you want to call me? They said, well we've always known you as Dad, and I said, well I'm good with it. Just be mindful that you may have to do Trans 101 occasionally and then they came up shortly after that with Dad-ny. So that's what it is, even the daughter in law, I'm Dad-ny.

Bill: In an opposite gender couple you have a whole category for one person and a whole category for the other person. And you are, you don't let the kid pick. You gotta talk to the kid about Mom, Mommy, and eventually the kid's going to stick on one of them.

Paul: So we decided he was going to be Daddy and I was going to be Papa and I was trying to train myself to say Papa because it still felt and has felt until very recently, very weird to describe myself as XX's father because it just feels weird?

Conor discussed the process of changing the label he conceptualized for describing his identity as a parent as he adjusted to being a father instead of a mother.

Conor: It took me a while for my brain when we actually had our own kid to not think in my head that I was Mama again. Like it was really bizarre for me and it was actually kind of really messed with my head...like I didn't have this Papa image and this Papa name that I'd ever heard myself be called before so I had to retrain myself...I had a hard time resetting. It didn't take a long time, but it took

a couple months to desensitize myself and kind of get myself in this mode where I'm not Mama.

Besides changing terms of endearment, some couples discussed changes in the way they now communicated with their children. Two couples noted they now had conversations about gender and sex with their children in a way that was different than they would have had had they not identified as trans.

Shane: When it comes to then discussing boys versus girls and that kind of thing, we don't relate it so much to what they tend to have between their legs but more how they feel kind of thing...I think we did differentiate a little bit the difference between gender and defined sex. Which is, I can't be sure, but I doubt it's a big conversation I probably would have had if we hadn't gone through this.

Paul: So we knew we were going to have a kid, we knew we were eventually going to be two guys with a kid, we knew we were eventually going to have to discuss things like sperm and eggs and parents and most guys don't have a uterus but I do and that's okay.

Alan and Faye noted Alan's testosterone use had modified the way he interacted with the children and how they might perceive him, which Alan and Faye made efforts to continually monitor within their family.

Alan: I think I probably have less tolerance than I used to, so that makes it difficult...I'm more quick tempered and I lose my patience quicker, so there's certain things I should just keep my dang mouth shut about and let her do because it's just safer for everybody.

Faye: Yeah...the kids, they're all used to you know, softer, or either female. Either softer or very femme men in the rest of their world for as far as parent. So Alan's the dudeliest dude in all of our lives and I think when his voice changed and his physical presence changed, it made his irritation more disconcerting. And it was harder to tell...is he ragey or just annoyed?

Most of the parents discussed their kids had adjusted quickly and easily to the transgender identity shift in their parent. Kash and Jasmine were the only couple who described having difficulty with their child adjusting to the transition process.

Jasmine: I think he [Kash's son] was confused about it like, he'd say things like, oh well you have a vagina so you're a woman. And things like that, questioning that. Which I actually was really judgmental about at the time thinking that he

should be more involved and blah blah blah, but these are things that have, I've learned are pretty normal...we should give our kids the generosity of giving them the time to adapt to that.

As parenting is a major component of relationships and families with children, conversations were necessary through the gender transition in remaking labels and explaining transgender constructs to children.

Compromise. Most couples discussed part of making collaborative decisions about gender transition within the context of their relationship meant taking time to compromise with one another. Compromise in these situations tended to involve learning to see the other person's perspective, which involved different things for couples. Mia and Sandy discussed their ability to compromise as integral to conversations.

Mia: I'm one of those weird people that can see things from both sides; it's kind of weird, I can see both sides a lot.

Sandy: I think that's one of the things that makes us compatible is because I'm the same way. Try to see both sides of that coin.

For some, compromise entailed timing and waiting to move forward with specific transition steps. KC and Veronica discussed this related to KC starting testosterone.

KC: By the time I came to Veronica about T, I had already had such a conversation with myself that it took a lot of catching up, like catching her up? And so that I think was really hard because she didn't get to hear all the reasoning. She didn't get to hear all the confliction...if anything that was probably the hardest bit and that really was still at least a month's conversation on and off before we really, I feel like we really came to a point of...actually getting to be on the same page so it felt good to move forward.

Veronica: Yeah where we were in our relationship I don't, I can't imagine a situation where I would've been like oh you should do that? I think it has a lot to do with KC very much being an idealist and me being like very overly literal.

Cole and Leah ran into a similar challenge when Cole wanted to move forward with top surgery.

Cole: So like top surgery for example...most of them said you have to wait a year. And me, I'm like no, fuck that I'm not doing that...I'm not waiting a year.

And then Leah is like, no you need to. And then she was like, and this is why and then explained it and I was like, oh ok that makes sense and the doctor that I want to go to does require the one year. So I was like, okay fine...it was more like a discussion, yeah I don't agree with that but let me explain why.

Leah: Yeah if it was up to Cole he would drink a bottle of anesthesia and wake up in seven days and like, be done. You know? And there's no quick fix and...someone like Cole who is like, jump in with both feet, you have to realize that you're about to do a lot to your body and these regulations are there for more, for reasons.

Anne and Sue had to set some specific compromises around when to talk about transition so they both felt comfortable in the conversation.

Anne: She was so anxious, so gung ho of wanting to do this and I had to set boundaries. I had to say, for example there was one morning when over breakfast she wanted to talk about things, and then I had to go to work. And in the car on the way to work I started to cry and I'm like ok, this can't, I can't do it this way.... So I was setting up these boundaries to protect myself so that I, you know the stress level wasn't quite as high. And at one point Sue said, well you know, I know you're not quite there yet, but do you have any idea when you might be there? And I said you have to stop asking me that! No! Once I'm there I'll be there... We've always been completely honest with each other and I think we both know how to set boundaries even though sometimes the other person isn't happy about those boundaries you know. At least I am particularly know how to say, all right this is a boundary, you have to not cross this boundary.

Sue: I don't know that I have a whole lot of boundaries.

Anne: I don't, yeah, that's true, I don't think you do. (laughs)

Compromise for Lyn and Audrey was connected to their past experiences of mutual respect and independence. In this way, even if Lyn was not wholly comfortable with Audrey's decisions, she respected her autonomy because their respect was mutual.

Lyn: I mean, to me that was her life. I was not happy about some of it but I knew I could not stop it. I mean that was, how do you sit there and tell somebody go hide? She'd been doing that for so long it just, that's not who she could be. Realistically, I knew she, I knew that couldn't happen.... The way I look at that, she's never been someone to say you should do this or we, we've never had that kind of a relationship...it never occurred to me that she would tell me how to wear my hair or you know, and it wouldn't occur to me to do that to her. She's a grown woman, she gets to make her own decisions about her body and herself.

Audrey: It's always been a marriage of equals.

Lyn: There's never been a substantive control of the individual I guess, that we just didn't have that kind of relationship.

Audrey: We made lots and lots of compromises.

Cathasach also described a mutual change in how they talked and responded to one another as it related to now being in a same gender relationship of two men.

Cathasach: I think there's a weird interaction where part of our gendered interactions are him acting more like a man and not giving in to like the expectations of what would be expected of him if he, when he presented as woman has also changed how we interact. So it's like part of why I'm treating him different is because he's acting very different too.

Compromise within relationships seemed to involve having explicit conversations about changing expectations and how to navigate choices in a way that satisfied both parties as best as possible.

For couples navigating gender transition processes within their relationships, language and communication changes seemed pivotal to facilitating success. In this way, couples could be increasingly honest and open with one another about needs and desires. Within their relationship, couples could discuss how their interaction patterns were changing or how expectations could be modified. Conversations were necessary about parenting and family dynamics that changed related to gender. Compromise also seemed essential to helping both partners feel comfortable with pacing and decision-making processes related to gender transition.

Affirming sex. A second major area of change within the relationships of transitioning couples was related to sex and sexuality. Generally, couples described changes in their sex life as positive and affirming of the trans partner's identity and as a way to maintain connection to one another. Some participants specifically noted how they felt their sex life was improved as a direct result of transitioning.

Madelyn: For the first time in my life I'm actually comfortable with my role in sex and I'm comfortable with my body.

KC: Being more comfortable in my body, being happier and less depressed in general has made things better because it feels better and it feels more comfortable, that kind of thing.

Veronica: Yeah our sex life was never bad...I do think the more comfortable KC has felt it's gotten better.

Shane: It's a lot more comfortable now because I am more comfortable with my body.

Faye and Alan discussed how Alan's increased sense of body comfort helped improve their sense of mutual connection from sex.

Alan: I'm just more comfortable in my own skin...I'm much more open sexually than I ever was. It wasn't like I wasn't a sexual person, it was more about you know, just my own body dysphoria and not wanting to be touched...

Faye: That's absolutely it. He always had a tank top on during sex, never bare-chested. Oftentimes didn't take his underwear off most of the time. And so it was mostly about me orgasming and nothing really to do with him at all, almost. It was pretty rare for me to touch him in any way.

Barry: Yeah. So do you mind speaking to how you feel like that has changed now?

Alan: The more touchy the better! (laughs)

Faye: It's ridiculous (laughs). It's pretty funny actually. There's absolutely no reservations about me touching him.

JB's sense of affirmation in his body helped him communicate those sexual needs openly: "I used to let people do whatever they wanted to me, even Roberta at the beginning of our relationship and now I'm more assertive about saying no, this is really something that I'm not comfortable with."

Several couples also described much of their sex remained consistent in action and behavior but that labels and terms for how to make sex feel more affirming had evolved.

Conor: I think a lot of the things we do, we did before anyway. We just kind of changed our terminology? Like as related to my genitalia and stuff. So we tend to use more male body part names for my genitalia, but other than that I feel like things are pretty much the same. Like we do things very similar to what we did before. Wouldn't you say? I mean maybe you do things a little bit differently than you did before, I feel like, but-

Amy: Yeah. Yeah, I think like pretty immediately I just started like changing the names of what I would call things or how I would sort of respond to certain things like, I don't know, I guess I just sort of had a feeling of what he might want or not want. And I think it was pretty accurate.

Conor: Yeah, it definitely was...sometimes after we had sex I'd be like, that was like, I liked the way you did that. That really made me feel more masculine or whatever.

Jasmine: I don't feel like there's been much change in any of the sexual stuff at all...so when he had the top surgery it was a big deal, I actually felt better because he felt better about it...I think I knew how sexually I adapted fairly quickly to know how to be, us with our bodies together.

Changes to sexual behaviors as described by these transitioning couples appeared to be a positive experience stemming from a desire to remain affirming of one another and sustain emotional connections through physical intimacy.

Rediscovering sexuality. Somewhat connected to the increase in affirming sex, participants described the process of rediscovering their sexuality. Interviewed couples were learning and rediscovering how they identified with their sexuality as medical and emotional processes changed.

Amy and Conor had some hesitation about what would happen as medical transitions proceeded for Conor. Amy described her uncertainty with what their sex life would look like and how she explored this with Conor.

Amy: There have been changes like when he got top surgery. I was like, but I like to play with his boobs, what's going to happen there? And that was definitely a transition and I did lose that, but there are other things and there are things that come up that are like, okay this is new or this is different. I mean in general it's been a turn on for me, in ways that I didn't know it would be? Like I definitely, because that was one of the things when he did come out and say he was going to physically transition and we were engaged to be married it was like, whoa! What if the physical transition is an issue for me? What happens then? So we risked it and figured it out and it turned out not to be an issue.

Faye and Alan described the way they modified sexual routines and touch with one another as Alan's transition advanced.

Faye: It changes your sex life drastically. So for people who are really attached to a particular routine or type of sex, they have to really think about the logistics of that because like even wearing the prosthetic became a problem for him, he had to get a different one because his clitoris grew so big that it was uncomfortable to wear the prosthetic he'd been used to wearing because it touched differently, you know? So everything changes. Every single thing changes, and you have to relearn how to be together. But it's gradual so as long as you're present, I guess it's okay.

Madelyn and Sara discussed a similar process of exploring sexual behaviors and touch with one another in a way that was affirming and enjoyable for both partners. They reported affirming touch arose in the context of their sexual orientation identities as well.

Sara: So we used to have a very heteronormative sexual relationship where she would penetrate me. Now what we've explored is me, pleasuring you? Rectally and-

Madelyn: Anal, anal is the word.

Sara: Anal, okay (laughs). And that was actually something that before she never wanted to try or deal with but part of this, okay I would like to try this, have gotten new things for me to use, for me it's about being okay with saying, I need more of this. I need you to do this more, I need to have more, more orgasms to be fully satisfied.

Madelyn: So when it comes to how, projecting that onto her, I'm coming at her mostly as a lesbian would come at another lesbian. But, and it comes to her projecting onto me, it's more like, um-

Sarah: No, I mean I still treat you as a lesbian, it's just that-

Madelyn: It gets a little creative.

Sara: You just don't have a vagina, you have a different place. But thank god we found out I do like boobs!

Cole and Leah described the way they had sex had not changed as Cole was still fairly early in his transition process medically. They reported expecting sex would likely evolve with further surgery or changes with testosterone therapy.

Cole: There hasn't been any changes I don't think. But it's never, it's always been an interesting subject for me because it's not something that I'm super comfortable with and I've never been really comfortable with it, and it was super confusing for a long time because I was like, why don't I like anyone to touch me ever at all? And so it's been more of a, give me some answers but as far as our sexual relationship it hasn't changed...

Two couples described a major component of exploring their sexuality together had also been in redefining and conceptualizing previously considered “deviant” behaviors as normative and acceptable within the relationship.

KC: I think it [sex] has gotten better in that I feel more, again I feel more comfortable in my body but also before it almost felt weird to want to do certain things because I viewed myself as, well I’m a lesbian and that’s how I was reading the lens of wanting to like, wear a strap on or penetrate Veronica. And then as I have mentally and now physically transitioned it’s more acceptable...before it just seemed almost deviant while not, but it seemed almost deviant to want to do certain things. And now I recognize it was more related to gender than it was sexuality even though they weren’t sexually deviant anyway. So I think if anything there’s just more of a mindset change.

Evan and Cathasach also discussed this idea of a “mindset change” even when their sexual behaviors and activities remained consistent.

Cathasach: In some ways, I think that has been difficult for me a little bit because it still feels sometimes like that not that much has changed it feels like, I don’t know how to really put it. But not transitioning or something?

Evan: Oh like it’s not differences like-

Cathasach: Yeah, like it’s not different enough? And because of that it’s somehow I’m doing it wrong?

Evan: Oh no!

Cathasach: I think that less so now, but I think there was a point in time when I felt that a lot more, when it was like, oh if we still have sex like this, then I’m still having sex with a woman. And that’s not fair to Evan? In a way, I don’t feel like it was ever that explicit in my mind, it’s more like looking back that was what like, anxiety more than anything else.

Three couples noted they were no longer physically intimate with one another; thus, rediscovering sexuality had a very different context. Audrey and Lyn were not opposed to rekindling sexual intimacy but had not explored what that meant for them.

Audrey: I still am not comfortable with the idea of male dominant penetrative sex. I just don’t see myself doing it. Don’t think Lyn sees herself as ever really being interested in lesbian sex so it’s sort of like, so what do we do? Rub elbows with each other, kind of like Mork and Mindy? I don’t know. It gets complicated. I haven’t found the answer yet. Sure there may be one, I just don’t know what it is.

Sue and Anne had not had sex since Sue's transition; yet they also felt this was something they would like to explore and rediscover together eventually.

Sue: From a sexual standpoint, that's still kind of in the discovery stage I think...

Anne: It just wasn't a hugely important piece, part for either of us at that stage. It's not like one of us is saying I really want to get back into doing this and the other one's saying well I'm not ready or anything like that.

Sue: Well we both know, we just haven't...I don't know if it'll not happen until I've had surgery....and we'll probably, I think we're going to probably have to explore some of the ways that lesbian women you know have sexual relations and so, see how some of those things work and whether they're comfortable with us and stuff. But we haven't yet. My guess is I don't function anymore, that I probably cannot get an erection.

Only one couple expressed no anticipation of having a sexual relationship anymore. This was directly related to the gender transition as Mia declared having no interest in engaging in sex with another woman.

Mia: The more Sandy became Sandy, the less interested physically that I was. I just lost all interest because I'm not attracted to other women in that way. I know it seems kind of strange but-

Sandy: Well, why don't you face it, because we are in a relationship as a couple, but at the same time, she's straight. I'm still questioning, but at the same time I know that our relationship intimacy has changed. Because we're not, occasionally we sleep in the same bed, mostly snuggle buddies and that's about it.

Mia: We're still friends, I mean we go do stuff together...we do things most normal couples do... we are pretty much just a couple that is just not intimate. But we still love each other. We still care about each other.

Overall, 10 couples discussed positive changes in their sexual relationship, both in experiencing affirming sexual contact with one another and in conceptualizing their sex life differently. As bodily comfort increased in trans partners, it seemed to have helped improve sexual experiences for transitioning couples. With changes came a process of rediscovering sexuality that involved exploration of both behaviors and mindsets. Three couples reported no longer having sexual contact but only one couple said they would not have sex in the future because of the transition.

Redistribution of power. The third significant change within relationships that appeared directly related to gender transition processes was the redistribution of power within the relationships. Sara and Madelyn described that as Madelyn exited a stereotypical masculine role, Sara stepped in as “alpha.”

Sara: Well I am pretty much the alpha in our relationship now. I take care of a lot of our decisions, never without Madelyn’s input, and never without her permission, but I definitely am the boss in the relationship...and I actually really like that role. I feel a lot happier in that role... Now I feel like I’m doing what mentally makes me happy without worrying about emasculating her.

Madelyn: I have taken on a much more feminine, and a much more submissive role...it was liberating to no longer have, not that she ever put the expectations on me, but we’ve all been raised a certain way and so it kind of skews you even if you don’t rationally like it. I had to act a certain way romantically; I had to be a certain way romantically. And you know then there’s the expectation that in certain situations, I need to step up and as I let go of that, I felt like I was just being a lot more genuine in general. Not having to say I need to act this way or do this, be this person. Just let myself go and whatever I am, I am.

Sara discussed how liberating this was for her based on stereotyped ideals she had previously held from her family of origin about deference to male authority. Ultimately, this seemed to benefit their relationship overall.

Sara: There was a lot of guilt in my head about me doing what actually made me happy? And a lot of resentment that would build up in past relationships over, I need to let the man do this and you need to watch a man’s pride, a man’s pride, a man’s pride. I got so sick about hearing about a man’s pride because it’s like, well what about my pride? What about me being happy? And I didn’t realize how free I would feel after Madelyn transitioned and I was not stuck with that, those thoughts anymore.

Audrey and Lyn also experienced a change in power within their relationship as Lyn’s assertive side emerged more.

Audrey: The power dynamic is different. I mean, Lyn is a strong feminist, but even so I can look back at points in our relationship where we would be discussing something or debating which way to go on something and there was a point at which it felt like she would just defer because I was the man of the house. And the more I came into myself the less of that we saw. And at this point it’s essentially nonexistent, in fact it’s kind of switched the other direction. As I said

she's, I'm convinced that she is in her mind going to be the alpha in this relationship.

Two couples described how the gender transition process increased their awareness of stereotyped behaviors that occurred within their relationship related to power and gender dynamics. Both couples noted they were making efforts to change their stereotyped behaviors to increase the sense of egalitarianism within the relationship.

KC: I feel like I've always been pretty, personally aware of like a masculine energy and like identifying with that and recognizing like how male privilege can like screw people up in relationships and that kind of thing...and then about, to me it was like about six months ago I read an article and was like, oh my god. Like, I actually totally do all these things that this article is talking about in like, cisgender hetero couples. Like the male does this thing and doesn't realize that's actually really hurtful. And I think that has been the biggest change is just recognizing, like really taking that on and recognizing that even though a lot of society still sort of sees me or assumes a feminine person even though I do identify as agender...it really does affect us, at least psychologically because of my transition into more of a masculine place.

Evan: The thing that's crazy is seeing it by going through a transition is seeing it in a really strangely visceral way? And especially when it pertains to whether or not I feel like I need to do X amount of domestic labor? Like not even on a verbal level but on a completely preverbal level? There's a lot of things in life that will make you feel like you know you're not the most, the independent thinker that you always imagined yourself to be and that's definitely one of them. Like, oh shit, I'm just another manipulated schmuck just like everybody else.

Cathasach: And I've felt the same way too, looking, him going through the transition has really like, and I look back on our relationship before he transitioned and really am like, I thought I was this, a great feminist and had bucked all these trends and I'm like, wow, no, not hardly at all! It's a weird experience to really see that so starkly illustrated where it's like, oh wow I really was not doing any of these things and noticing it more now that he's transitioned.

Societal gender expectations and roles appeared to emerge and evolve within transgender relationships as gender roles evolved both inside and outside of the home and relationship. For some couples, this involved greater awareness of dynamics already in play and, for others, there was an explicit transference of power from one party to

another. In either circumstance, power dynamics and dominance in relationships were still present no matter a person's gender presentation.

Benefits of Transition

Couples readily identified they gained significant benefits in their relationship as a direct result of one partner's gender transition (see Table 3). First, couples described having better relationships with one another. Some couples discussed the gain of passing privilege as a benefit. Participants described the emergence of support within their families and communities as a benefit from the transition as well as their increased sense of social awareness and self-awareness.

Table 3

Benefits of Transition

| Participants | Sub-Theme | | | |
|------------------|----------------------|-------------------|----------------------|---------------------------|
| | Better Relationships | Passing Privilege | Emergence of Support | Social and Self Awareness |
| JB & Roberta | X | X | X | X |
| Conor & Amy | X | X | X | |
| Madelyn & Sara | X | | X | X |
| KC & Veronica | X | X | X | X |
| Kash & Jasmine | X | X | X | X |
| Cole & Leah | X | X | X | X |
| Alan & Faye | X | X | X | X |
| Sandy & Mia | | | X | |
| Shane & Kim | X | X | X | X |
| Audrey & Lyn | X | | X | X |
| Sue & Anne | X | | X | X |
| Evan & Cathasach | X | | | X |
| Paul & Bill | | | | X |

Note. X means the couple mentioned the emerged theme

Better relationships. The most prominent benefit couples described from going through the gender transition process together was an improvement to their romantic relationship. Several couples discussed feeling closer to one another and their relationships having improved overall due to the transition experience.

Conor: It definitely seemed to bring us closer the whole time? Like every step of the process brought us closer.

Jasmine: I think that we've just gotten closer to knowing more about each other in this process...it probably brought us closer.

Anne: I think in general our relationship is better now?

Sue: I think so, I mean, yeah.

Closeness to one another also seemed connected to ideas of vulnerability and support.

Sara: The biggest change is her finally being happy. Actually seeing her happy and joyful.

Madelyn: Yeah, once I let the walls down and started letting her in, we became much, much closer... We had a good relationship at our core but there was that fundamental thing and it was hurting her and as I came out more and more we began to get a lot closer because I was emotionally open around her.

Sara: ... I guess what really started to change it was because Madelyn was becoming more open in our romantic relationship, it made me feel less like I needed the same aspect that I was getting in our sexual relationship because I had that vulnerability with her all the time... I was getting the love and affection that I always wanted.

Audrey: There's something amazing about actually not hiding, about just being able to talk about what I feel. Being able to show emotion I think has been a different dynamic for the relationship.

Alan: I think it enhanced our relationship, just because she finally got all of me. And I was able to give her all of me.

Support within a cis-trans relationship appeared to be a unique aspect of a transitioning relationship as JB described of his connection with Roberta: "This is a kind

of honesty that you don't get anywhere else. And this is an opportunity for a cis person to provide support to a trans person in a way that no one else can provide it."

Because of how much effort was involved in the gender transition process, couples felt going through the transition gave them confidence that they could "get through anything."

Kim: Just the feeling that we were going to be able to get through anything. Which is nice to have that sense of home in another person, you know what I mean? Not like a location that could change or something. We could go anywhere in the world together.

Sue: I think it definitely has enhanced our marriage. I think we are both happier people than we were before and I think it would've, if we had not been able to work through this and I had not been able to transition, I think it would have gradually gone the other way you know, and made us less, maybe we would've both been less happy in the marriage.

Overall, couples noted the experience of maintaining a relationship through the gender transition process taught them there was unconditional support within the relationship. Couples seemed to feel strengthened in their connection to one another and described improved relationships occurring from the gender transition process.

Passing privilege. Several couples, particularly those composed of cis women and trans partners assigned female at birth (trans men or agender), described the experience of passing privilege. On an individual level, "passing" or "living stealth" are descriptors used for trans individuals' level of acceptance in public as their affirmed gender. Namely, trans people who "pass" are not perceived by those who do not know them to be trans as transgender; they navigate the world easily accepted as their affirmed gender based on their physical appearance. Participants discussed this as a complicated construct. For couples, passing privilege meant because they appeared heterosexual to

others, there was an ease of navigating the world with a privileged appearance they did not experience before when presenting as a same-gender couple.

Cole: Yeah in our little neighborhood, it's like you're just assumed to be-

Leah: You're boring like White straight people, you know? ...We're not as cool anymore, we're just regular straight people now. We're the same. You laugh, but that's actually a serious conversation we have! (laughs)

Faye: As a couple, a married couple, nobody questions us because we're privileged. You know, he's a White male-

Alan: Yeah.

Faye: And I'm a blonde hair, blue-eyed woman, cis woman. You know we have a lot of privilege and so on the surface, we're the ultimate American white bread couple.

Conor: I think for me, at first it was kind of nice to just be like this straight couple that nobody saw that you were, you know like, I didn't have to feel like I had to hide anything anymore, because I looked like a straight guy with my wife and it was just straight life and easy...I don't have to identify as queer if I don't feel like it kind of thing, I can just be like this regular straight guy and you know in some ways I like that because I don't have to you know, explain myself or do anything like that when I don't want to.

Kash noted this privilege was especially helpful for him at work where he and Jasmine have expressed worry about his safety being out as trans.

Jasmine: We probably...blend in as more of a heterosexual couple...

Kash: For example, at work I've reached the stage of my transition where I have the privilege of going stealth or passing. Well, I mean I still don't like that language but I'm read as male at work. And I'm not going to tell everybody that I'm trans. I know from before I reached this point that people knowing I'm trans is not helpful at all.

Alan and Faye discussed this passing privilege as a benefit they experienced but also noted it was unfortunate it had to exist at all.

Alan: Being female before it's so sad because I'm like, that's just not right. Why would you treat men that much differently than you would women? It's kind of a double-edged sword because, I'm grateful but I'm also like, that's just not right. It's not fair, it's not even cool. So I kind of go back and forth. We'll feel definitely the benefit of being in our cis relationship is way different than how we would've been treated as women.

Faye: Right, because we're straight appearing, or straight, well we are a straight couple. And Alan's passing. We don't have at least outwardly, the reasons for oppressing us are not there...so I guess that's a benefit. I mean, it's gross, but it's a benefit.

Kim and Shane also discussed that while the privilege was initially a benefit, it was something they now felt "guilty" about.

Kim: Shane kind of became that White Protestant male kind of thing, and sort of came into a little bit of the privilege that goes with that... I had not really thought ahead about how much society would look at us differently...I almost feel guilty about the privilege of being presumed to be a heterosexual couple because I can kind of just cruise by when I'm out in public.

Given the potential for threats to safety and discrimination experiences couples might have experienced as a same-sex couple, passing privilege seemed to ultimately be a benefit some transgender couples experienced within their relationship.

Emergence of support. Couples described the emergence and recognition of support within their communities, families, and work environments as a definite benefit that resulted from transitioning gender. Support seemed to be an essential component of a successful transition given the challenges that might emerge. Alan described this well when discussing his community network.

Alan: I don't know who is strong enough to just do it by themselves, frankly. I think you have to have a really good support system, someone, or people who are in your life who are going to stand up for you or validate you. You know, when the outside world is not.

Leah described being surprised at how supportive Cole's friends were when he came out on Facebook as she had been expecting negative feedback from others.

Leah: When he came out on Facebook, I stared at his Facebook feed for like 24 hours. I was like, one person, and his best friend did the same thing. We were both just waiting, and it was just positive, positive, positive, positive. Like people came out of the woodwork, old basketball coaches that you wouldn't have even thought knew what the word transgender meant.

Many couples discussed how essential and beneficial it was to be connected to communities of transgender people in their area or to partners of trans people.

Jasmine: I'd say that our biggest support came from our friends and our transgender friends that we've met through the process that have helped us through it.

Faye: One is what I call the Wives Club, it's the, essentially it's a group of female partners with trans masculine partners...and that was helpful to go to for a while at the very beginning and it helped prepare me for how to hold the whole process in my mind, how not to take things personally, how many years to invest ahead of time in patience until Alan was out on the other side.

Alan: I think it was really beneficial to hear and see other people's stories...and just to see the number of people that are trans, it makes you feel more comfortable, definitely.

Not every couple lived in an area with a thriving transgender community or transgender support group. For those individuals, online support groups and connection served to help provide needed support. Shane said, "The online community has been great because we still have access to the community even though we are in a smaller town."

Others found support within their religious and faith-based communities such as Kim and Shane as well as Sandy and Mia.

Kim: Really finding like-minded people, we also participated both in Texas and up here with the Unitarian Universalist groups and that's a really great group where, like the one we're going to most currently don't know, but it's also like just being in a place where you don't have to worry about it, you know?... So definitely trying to find a group of like-minded people is the most supportive thing outside of each other obviously that we've done.

Several couples explicitly discussed ways they received support from their employers regarding transition. As Audrey was retiring, she was cornered into coming out to her boss in order to decline a continued position. While afraid of what would happen, she and Lyn were both surprised to receive support instead.

Lyn: You did get support from your boss.

Audrey: She wanted me to make a commitment and I kept putting her off. And finally she says, ‘why can’t you talk about what you intend to do?’ And I finally, my general counsel who is one of my best friends and who I was out to was sitting there. And I just kind of looked over at him and I looked at her and I said, ‘because I can’t talk about what I’m going to be doing in two years without telling you that I’m going to be a woman named Audrey.’ My general counsel sat forward in his chair for a moment and said, ‘oh we’re doing that now, are we?’ And my board chair just kind of sat, rocked back in her chair and stared at me for a second and then she said, ‘well I’m glad you’ve finally figured yourself out, but what does that have to do with the question?’ So she was actually very supportive.

Cole: I was most nervous about coming out to work...when the office managing partner found out he was just like, ‘yeah, let’s have a party! People have babies, we have parties, people get married we have parties, so like, why not have a party?’ And so that kind of blew me away...

Leah: It was like mind-blowingly...they took the time to write a very well thought out, personal, heart-felt, encouraging email that went to the company.

As a partner, Anne also received support from her human resources department as she came out having a transgender spouse.

Anne: I mentioned this to the HR rep and she said, ‘if you, if XX or anybody else says anything to you or makes you uncomfortable or does anything, then you tell them that it’s against company policy and that you’re going to come to me and tell me about it. Because (company) does not stand for that at all.’

Ultimately, having a network of community support from work, friends, and faith communities seemed to improve the transition process for these couples. It also served as a benefit of transition for many individuals who did not realize how strong their support systems were until coming out as transgender.

Social and self-awareness. A final benefit many couples described was an increased sense of self-awareness and social awareness related to the gender transition process. Many discussed improved sensitivity to and consideration of the transgender community at large. Anne said, “I’ve gained certainly more understanding about the

transgender community. Like I said before, I didn't really know very much about the transgender community and so I've gained acceptance on that on many levels. "

This idea emerged especially within the context of the greater LGBT community. Participants discussed feeling the "invisible T" was not something they had previously considered and they felt more sensitive to gender diversity and the spectrum of identity present within that community.

Leah: A lot of this has really just opened my eyes to like, there's so much more than just your butchy lesbian and femmy gay guy, you know? And I've realized how discriminated against they are and for me it really just opened my eyes ... I've really just learned so much more.

Bill: I've had a lot more opportunity to explore the social political issues around the LGBTQ...community that was like, ok they have every right to have interests in equal marriage, protection from persecution, et cetera, et cetera, but I haven't had any reason to identify with the LGBTQ community because until I found myself married to a trans person it was like, they're people but they're not my issues. Well they are my issues now? Is that a benefit? Being less oblivious to a whole section of society? I think I'm intellectually liberal enough that I should, I would say it's a benefit because I shouldn't have been ignoring them the first half of my life, or three quarters.

Kim: An appreciation for part of, prior to that I was not as familiar with the T part of the GLBT family as I obviously have become since, and it's really overall just a wonderful group. People who take more crap than any other part of the group, I think and so-

Shane: And they, it does seem as a sector that they tend to get left out in several discussions when you're talking about the GLBT kind of rights and stuff, it does sort of get left out of the mix a little bit.

Alan described his transition had made him feel more sensitive to gender dynamics as a whole, particularly related to male privilege and White privilege constructs: "I'm disgusted sometimes with my male White privilege, that I really don't think I was so much aware of the differences of how men are treated than women. It makes me sad in some ways."

Kim and Evan noted they had gained greater self-awareness because of experiencing a diversity of life they would not have been exposed to without their gender transition or the transitioning of their partner.

Kim: For myself maybe just a little bit of variety in the sense that I've gotten to experience so many different sides of life now. That it made me sympathetic to other people and other such experiences that I wouldn't have had otherwise.

Evan: It seems almost kind of comical to have to be like, ok well I've done like the most granola lesbian thing possible and so now of course I have to go to gay cocktail bars in a suit in Manhattan. So there was a sort of symmetry to rounding out the full queer experience to me that I appreciated, and I'm being glib. But it was also kind of funny and satisfying in a meaningful way too. I like the idea of collecting really, really different experiences in life. And in a way it's good that I'm trans because you can be really, really opportunistic about that and just treat life experiences like a bingo board.

Participants were able to articulate numerous benefits they felt had been experienced within their relationship as a direct result of the gender transition process. Nearly every couple discussed feeling their relationship had improved overall because of transitioning. They felt more open with one another and more connected. Some participants described the experience of passing privilege as a benefit as it granted an ease of navigating the world without fear of discrimination. Many participants discussed the emergence of support from communities, friends, and connection to the transgender community as a whole as a major benefit. Finally, several individuals discussed an increased sensitivity to social issues through greater awareness as well as a sense of self-awareness they did not have before the gender transition process.

Relationship Challenges

Couples experienced a number of challenges related to transitioning while in a relationship (see Table 4). First, feelings of loss are discussed related to both losing others and feeling a part of the relationship was lost. Next, couples described difficulty

with patience in the transition process as it involved numerous steps and some complicated timelines. Couples discussed the changes encountered with their personal and relational identities as difficult. Differences in experiences were discussed as trans partners and cis partners each described unique challenges related to understanding each other in this process. Finally, participants' challenges with finding affirming professional care are shared.

Table 4

Relationship Challenges

| Participants | Sub-Theme | | | | |
|------------------|-----------|----------|---------------------|----------------------------|-------------------------------------|
| | Loss | Patience | Changing Identities | Differences in Experiences | Finding Affirming Professional Care |
| JB & Roberta | X | X | X | X | |
| Conor & Amy | X | X | X | X | X |
| Madelyn & Sara | X | X | X | X | X |
| KC & Veronica | X | X | X | X | |
| Kash & Jasmine | X | | X | X | X |
| Cole & Leah | | X | X | X | |
| Alan & Faye | X | X | X | X | X |
| Sandy & Mia | X | X | X | X | X |
| Shane & Kim | X | | X | | X |
| Audrey & Lyn | X | X | X | X | X |
| Sue & Anne | X | X | X | X | |
| Evan & Cathasach | | X | X | X | X |
| Paul & Bill | | X | X | X | X |

Note. X means the couple mentioned the emerged theme

Loss. Many of the participants discussed their experiences losing people they loved because of the transition process. Family members and parents who were not able to accept the gender transition of either their own family member or extended family member, in the case of cisgender partners, were most often the source of pain related to loss. Roberta's mother was described as "very transphobic" to the point JB and Roberta had not told her she and JB were married. Roberta found this to be incredibly painful.

JB: Her mom is anti LGBT to be blunt about it...

Roberta: She says some pretty bad things, and that's why we haven't told her that we're married.

Barry: Yeah, I see your tears, there's a lot of pain.

Roberta: She says really bad things and sometimes it's hard to come home because I don't want to tell him the things that she's said. And I know she's doing it on purpose. I swear it, I swear she knows. But until I tell her face-to-face then she doesn't have to acknowledge it, you know?

Amy and KC both discussed reactions from their parents to the gender transition process mirrored their experiences coming out as sexual orientation minorities. It seemed that in both situations, they were initially rejected.

Amy: Yeah my parents totally freaked out. Like didn't want to talk to me, were just like really mad about it. It was just very much a flashback to how, their reaction to when I came out...they were really afraid they would be judged because of it and were like really mad about it.

KC: There's a whole background of guilt from my parents around all kinds of stuff and so I think if anything that was the biggest obstacle of just like, getting out of that mindset that I needed their approval somehow or that I was doing something and it would hurt them or caring how they would react.

Similar to KC's sentiment of "getting out of that mindset," Madelyn and Sue shared a similar challenge with friends and family in setting boundaries. Both individuals discussed they chose to live authentically rather than maintain relationships with unaccepting people.

Madelyn: Both of our families are, even when we were not being overtly abandoned, there was a loss of connection. We're not part, I'm not accepted that way. You know, I may be tolerated but I'm not accepted and so the fact is that I really don't feel connected to those people. I'm not going to put on some other face for them for their own benefit. I can't deal with it.

Sue: I've lost a very good friend who was my best friend since like second grade...he couldn't get his head around it I think, and said well if we hang out or go out...I'm going to continue to have to call you (former name) and you know, I can't treat you as anything else but male...we're not talking.

Other participants described broader feelings of rejection related to friends and family.

Sara: My grandmother has blatantly said that, calls it 'my situation' and has stated that when she passes Madelyn is not invited to her memorial.

Mia: My family will not let Sandy, does not want to see Sandy, doesn't want to know anything about it, so it's kind of weird when I go for family things, I go by myself. We never discuss it.

Sandy: My parents don't want to talk period, so I say ok.

Faye: My sister and my aunt...they're pretty frickin' weird. They're pretty bigoted and two faced about it even.

Jasmine: Kash's mother has been really difficult throughout the whole process in sending transgender exclusionary stuff to him...I think for the most part our extended family hasn't been very supportive.

Shane: There were some friends that just couldn't handle, can't handle it... like my personality hasn't changed that much, which means that you're just looking at the outside and deciding you no longer want anything to do with it and that's hard to take.

Audrey described feeling guilty and responsible for the losses she and Lyn have experienced.

Lyn: My family has sort of withdrawn I think from this. They've moved back from this...

Audrey: And there were a couple of Lyn's friends who were very angry with me for hurting Lyn and I didn't blame them...I recognize that I basically lied to everyone who I've ever known for most of my life...and I may have had really

good reasons for lying but it doesn't change the fact that I wasn't honest about who I was. So they're entitled to feel how they feel.

In addition to familial losses, Kash and Alan described blatant experiences of discrimination at work. Losses related to employment led to greater impacts on financial stressors and additional strain within the relationship.

Kash: I didn't want to transition on the job and that didn't go smoothly at all...I was apparently outed by HR or whatever and it wasn't a good experience at all. And then I got an apprenticeship and I got it. And I was actually laid off, and which I'm sure, obviously they can't officially say that but I'm sure it-

Jasmine: It's because of the transition.

Kash: Positive it's because I was trans.

Jasmine: Yeah I think I would say in maybe 95% of his jobs since his transition, he's had transphobia added.

Alan: It was really hard to still be there because it's like even my boss at the time would continue to misgender me and you know, in front of like new customers that just knew me as male, it was horrific to continue to be there.

Three of the four cisgender partners of trans women described feelings of loss related to the grief of their partner's masculine identity. These women discussed their anger, sadness, and grief experiences relating to mourning their "husbands."

Audrey: We have a little covered patio behind the house, and we were talking and visiting and I looked over and Lyn was sitting there with tears streaming down her face. And I asked what was wrong? And she said, 'I feel like someone's died.' She says, 'I can see you, but I feel like you've died.'

Lyn: Yeah. And I have to say, I went through all the stages of grief. Anger, it was painful it still is.

Sara discussed how her grief experience was in juxtaposition to Madelyn's growth.

Sara: I did go through a process of grieving...knowing that person was gone and knowing I wasn't going to be getting who that was back physically, the person that you know you've, the person that I have these memories of that I fell in love with is no longer there...Madelyn hates (former name) but I don't. Who she was before was somebody that I fell in love with. And so going through this process, and I know she needs to purge how she felt about her old life but that was still a very, very real person to me. Somebody that was a big part of my life that I loved

dearly. And so I felt like that needs to be respected as well, that I'm losing somebody that I loved even if it was somebody that she hated.

Sara and Lyn were able to discuss their processes of working through grief to maintain and reestablish a strong relationship with their partners.

Mia most consistently carried the message of pain and grief through the interview process and continued to feel a sense of loss throughout Sandy's transition. It seemed that for her, the pain and grief was something ever-present when she was with Sandy.

Mia: I was really angry. Very angry. I always felt cheated...my world fell apart. It was just like your whole future fell apart. Because the person I fell in love with was no longer going to be there...I lost the man I loved...I miss the person I married. Even though they're there, they're not the same there...It's like you've lost the person you married. They died. They're still there, but the person that you fell in love with is gone...I didn't want to see the person I love turn into someone else.

Audrey was the only transgender participant to describe grief and feelings of loss related to her former presentation.

Audrey: Part of what I was going through was mourning for myself, that the part of me that had always been the outward façade, the part of me that had hidden me and protected me was going away. That was not going to be me anymore. And in a very real sense, that persona, (former name), died. I mean it was, all of it was me. But I had been living in that persona for so long it was a part of me.

For couples sustaining their relationship through transition, significant challenges related to potential loss of friends, family, and employment opportunities arose.

Participants shared experiences related to loss in all of these domains. Cis partners of trans women also shared grief related to the shift in their partner's identity in a way that was not present for trans masculine couples. This could also be connected to the duration of the relationship before the individuals came out as transgender.

Loss brings us closer. Within the context of losing support from friends and family, three different couples shared how they felt losing others in their life directly

strengthened their relationship. Sara and Madelyn discussed they were now each other's "family" more than anyone else they had.

Sara: It makes me see the true side of people. And it hurts, but if that's how my family chooses to be, then that's just how they choose to be. I know where my heart is, I know where my love is and I know she would never treat me this way. And if something did happen to me and Madelyn's relationship, it doesn't mean that I would automatically forgive my family for how they've acted or what they've done because if you could only support me if I'm a certain way, then that's not real support...

Madelyn: And it's a much bigger sense of, this is my family now. We both have that in the back of our heads now that this is what we've got.

Veronica also shared this sentiment, declaring in her relationships, KC is her priority.

Barry: How do you feel like that impacts your relationship, that difficulty with the family?

Veronica: I would say that it brings us closer...how I was talking about that defensiveness of like this is my partner and like yes you are my extended family but I would take a bullet for KC before anything else. And so in that sense, it brings us together.

Sandy shared she and Mia had encountered challenges in maintaining their relationship but felt this unique experience helped her feel stronger in her connection with Mia.

Sandy: Being with me, being with a transgender person...I guess because she stuck with me, that's been hard. Because it's so different. Society sees it as so different. But yet at the same time we've overcome so much of it and there's been more information brought out there. We don't see it as much, we've overcome those obstacles in a sense.

While losses were painful for the couples to cope with, it seemed that using this obstacle to turn inward toward each other for support in some ways provided a unique opportunity for couples to strengthen their connection to one another.

Experiences minimized. Some participants described loss in a different context.

While they did not feel they completely lost the support of some communities or

individuals, they ran into difficulties adjusting to a new sense of self within these spaces, feeling their trans identities were not honored and their experiences were minimized. These rejection experiences for being transgender or for being in a relationship with a trans partner were recalled as painful. Conor and Kim both shared their parents were more supportive of them now they were passing for “straight” and appeared “normal.”

Conor: My mom through the whole transition process has been great and annoying at the same time...so part of my big thing with telling her was like, she's going to reject me again, she's going to reject me again, and therefore I'm going to lose my mother again, and am I really ready to lose my mother? And I'm like well, I'm going to lose myself if I don't. So therefore I'm going to tell her...and then the next day she gets up and she goes, you know, it just makes sense. And I was like, oh that's awesome! My mom gets it. But now as things go further I'm like, it makes sense because now I'm straight and now you can tell everyone about your two sons and their two wives and their children and it's like now I look nice and straight for you...not because you really necessarily accept me for who I am.

Kim: She likes Shane better now because now we look like a normal family and I'm like, 'oh normal's overrated, Mom.'

Similarly, JB shared their parents were not honoring their coupleship in the way they and Veronica would prefer.

JB: I think with my parents, if anything they might've gotten closer to Veronica with my transition that like, in a way they're like, well at least we still have a daughter. But to me that's still othering. And so it is still very hard to deal with that. Because I feel like they really aren't seeing us the way we want to be seen as a couple. They're seeing what they want to see.

Two couples discussed explicitly feeling marginalized or misunderstood by the greater LGB/queer community. First, Conor had a close friend who identified as a lesbian reject him from the community.

Conor: When I told her she flipped the hell out. It was kind of funny...like she told me I couldn't go to the lesbian potlucks anymore and-

Amy: Like that's lying-

Conor: And I'm like, my friends don't gender their potlucks so I don't care. You know and stuff like that. It was just really bizarre and she kind of flipped.

Conor and Amy later discussed that others challenged Conor's transition, thinking he was seeking "male privilege" and abandoning his lesbian community as well as his partner.

Amy: I feel like we definitely ran into a little bit like, broad generalization, the older lesbians were not as welcoming.

Conor: ...The one woman did say...basically about how I was going to have male privilege and stuff like that, like all I wanted was male privilege or something like that. And I'm like, really? I'm going to go through all of this just to have male privilege? I don't think so. I think there is a certain amount of threat there to some of the older lesbian population but-

Amy: And there was also concern expressed about me, about what this would do to our relationship and that I would leave him.

Conor: Because she doesn't want to be with a man.

Faye shared she saw her partner Alan become rejected at times because of his "passing privilege," that because "he isn't suffering as much as non-passing people" his experiences are sometimes discounted. Madelyn described another experience of being minimized by the queer community for her bisexual identity as a trans woman.

Madelyn: Even in the queer community...I don't tell a lot of people I'm bisexual because I know that there are people in that community who think that deep down I'm into men, that I'm gay and I'm in denial about it. So I do have to be careful about who I tell because I don't want that to be the way they see me.

For the participants in this study, loss took several forms. First, loss included direct rejection from family members and friends. It also included workplace discrimination. Loss was felt in the context of a partner's transition as some partners experienced a grief reaction to their partner's change in identity. Some participants described feeling loss through being minimized or rejected by other members of the queer community. Loss also led some couples to feel closer together as they learned to rely on one another for support.

Patience. Patience emerged as a prominent subtheme related to transition challenges. In this section, participants discussed impatience with many different facets

of transition: coping with one another, dealing with medical transitions, and reacting to other people. Patience also encompassed the difficulty participants experienced with the “adolescent phase” of their transition and being misgendered while in transition.

Impatience was present when participants discussed navigating coming out--who knows what when? Finally, many participants felt “left behind” during the transition process as transition took a greater focus in the couple’s daily lives.

Participants first encountered difficulty being patient as they accepted their identity and decided to move forward. Evan and Alan shared how challenging it was early in their acceptance.

Evan: In the year and two years right before transition when I was like I don’t know how much longer I can take this weird fakeness anymore and the sense of derealization, like I would freak out about things sometimes. And just get like, just really overreact to some problems. Like anything that seems like it was a symbol of the entropy that was slowly eating away at our lives would just fill me with terror and I would get like, you know that’s not fair.

Alan: One of the things that happens is, I do think you deny yourself this and you hide from that transition until you just can’t anymore and then when you allow yourself to have it, it’s kind of like, okay that, that switch, it’s like once you open that up, it makes it so much harder to live in the world...wanting people to identify me as how I was feeling but yet not looking that way on the outside. And it’s just really hard. That piece of it I think is in the beginning is really scary.

Madelyn and Sue discussed this early impatience wore thin on their partners.

Sue: With the readiness, once I got to the point that I was knowing what I wanted to do and what I needed to do, my patience with waiting became a little bit hard for her to deal with understandably... The emotions that I was going through at the time were ones of wanting to move forward and I needed to respect her need for me to proceed at a pace that was comfortable for both of us.

Madelyn: Especially early in the transition process, I became a bit obsessed with what I was doing...I know that a challenge we faced for a long time was that I was wearing her down with it, coming to her every day with it. And she’s not my therapist and that’s hard when you’re having to be whether you like it or not. So I know this has been as emotionally draining for her as it has been for me.

Cole and Leah articulated that Cole felt impatient about wanting to move forward with surgeries. Anne also felt this pressure from Sue.

Anne: When I think of her challenges are being patient with electrolysis and waiting for surgery and the finances behind waiting for surgery.

Cole: I feel right now it's like, I know what I want and now it's out of my control because there's rules. Like I have to wait a year to be on T for top surgery so it's been seven months and I know who I want to get it from and I know that they're covered by my insurance so now it's just, I have to wait.

Leah: Which is kind of, I don't know, it's frustrating as hell for him but it's also like a lot happened in the last year so it's like in a holding pattern which drives him nuts because he wants to all do it and be done...if it was up to Cole he would drink a bottle of anesthesia and wake up in seven days and be done, you know? And there's no quick fix and so I think when you finally identify, figure out what you identify and what you want to do, to have to wait a really long amount of time, like it's totally fair, that's a long ass amount of time.

JB discussed how his impatience manifested as anxiety and uncertainty. The more time he spent in transition, he worried more about reactions from others.

JB: Worried about what other people think, worried am I doing the right thing? Am I presenting the right image? Am I taking care of the people who love me the right way? Is this the right time? What if I had done it earlier? What if I had done it later? Do I have the right resources? Am I telling people the right story?

For partners, patience remained necessary around the ambiguity of transition and in dealing with impatient partners. Bill and Cathasach described how this “not knowing” showed up for them as significant challenges.

Cathasach: Not really knowing what all is going to happen because there's just then not knowing. You don't know how fast hormones are going to work or how slow, you don't know when these changes are going to happen.

Bill: I don't know how the end game is when, when his transition is stabilized, and I don't know what that means for our relationship...I don't know what that person is. I don't think he knows what that person is because it's a journey into a new self that is probably in a lot of ways still the same person.

Leah and Faye expressed how as partners, it was sometimes difficult to spend time with the transitioning person who was struggling to wait for medical interventions or adjustment to their new identity.

Leah: He just wants to blink his eyes and it happen and it's just like, I think it's just because I'm older too but sometimes I want to just be like, just conceptualize the fact that you are 25! By the time you are 30 you will be a fully transitioned man! Like that is unreal. And like, don't just want to be 30! ...I just want to be like, could you just enjoy the moments a little bit more?

Faye: If you're not willing to treat your partner like the endangered species, precious object that they are, and also give them the patience and don't take it personally, benefit of the doubt of a 4-year-old or 3-year-old, then you're not going to make it. That's my firm belief.

Responding to transition with patience appeared to be a challenge for all couples. Trans individuals must have patience in waiting for their transition to proceed or for medical interventions while partners also struggled to be patient with the uncertainty of what transition would look like and to cope with their partner's impatience.

Frustration with misgendering. While struggling with patience, many couples specifically discussed the impact misgendering had on them and their relationships. Cole articulated what made misgendering feel especially painful as a trans person.

Cole: I know some people are like oh they're stupid and that would make them feel better, or maybe not, I don't know. But for me it's like, that's not the point. Like the point is that it's not because they're stupid, it's not because they don't understand, it's just that like to them I looked female and that's what still hurts. Because I hate that.

Evan also shared this anxiety and sense of being self-conscious that his "correct existence" would be honored and how to assert himself effectively about his identity.

Evan: The transphobe within always that, am I trans enough? Do I pass enough? Will I ever pass enough? Like it's still fairly early on I had top surgery this, well last year now. But it was less than 12 months ago and my voice is still kind of high if I just talk to someone on the phone, people usually get ma'am. And I still can't grow any facial hair so it happens that I just don't, I'm still not seen as who

I am a lot of the time, and I don't like attention and it makes me stand out and I hate that. And when people make a mistake about my pronouns there's always this question of like, should I say something? ...Just trying to assert my correct existence as real.

Alan found this anxiety on being seen by others as female has persisted for quite some time: "People say that I'm passing so why do I still struggle with that fear of people thinking that I'm female or having someone misgender me, like that's just going to happen out of the blue or something? But it's still there. So I don't know."

Misgendering concerns came up in multiple contexts of life. Some couples shared how misgendering came directly from loved ones.

Veronica: These past few weeks with KC's family have been really difficult with them like misgendering KC...it just makes me feel angry and sort of put in a tough spot because it's like, we aren't that close, me and KC's parents and so it just feels like it wedges a deeper divide of like, well this is another thing I don't like about you.

Lyn: Her stepmother was riding with me and she said, 'well you know we don't think of Audrey as a woman, we still think of Audrey as (former name) but you know we'll call her Audrey and all that but we don't think of her as any different.' And I said 'well I can understand...but it's very important to her to be recognized as female.'

Madelyn shared how her frustration with being misgendered came out mostly at work.

Madelyn: The most difficult lesson for me to learn was how many more people demonstrated ugliness to me after I came out at work...being overtly ugly or just refusing to respect the correct names or the correct pronouns, and as I come out it's easier to see people's true natures because how they treat a transgender person who is arguably one of the lowest minority groups on the social totem pole is a pretty big reflection of who they are.

KC, Cole, and Paul expressed misgendering coming from strangers or clerks out in the world.

KC: Just like talking to the cashier for instance, initially they would be like, wait what? And then they would be like, oh this must be a girl so ma'am this, ma'am

that, miss this, miss that, as opposed to just interacting. Like you could tell they really were trying to be like, ‘yeah I see you, you’re a girl’! ...Then after I’m kind of pissed.

Paul: Apparently I get dyke rolling out of bed, it’s just trying to get people to move beyond that and think of me as a guy that’s the hard part. So I’ve been out to everybody except that I’m accidentally closeted because I don’t get clocked as male. Ever. I got called sir more times when I was eight and a half months pregnant than I have the entire rest of my life.

Leah: Little things like that, those are kind of the biggest things. He got laded the other day and that really ruins his-

Cole: Yeah that sucked.

Leah: The next 24 to 48 hours for him...we have to get through it and realize that 99% of the time you get called dude, you know you’re probably doing pretty good but it still hurts.

For many of the participants who directly discussed being misgendered and their frustration with it, it seemed directly related to difficulty waiting through the uncertain period before “passing.” Even those individuals who “passed” fully as their affirmed gender still struggled with anxiety and discomfort at the potential of being misgendered and seen as their former gender presentation.

Betwixt and between: Adolescent phase. Couples described experiencing a second adolescence as the trans partner began their transition. The “betwixt and between” period required great patience from both transgender partners experiencing a second puberty as well as from the cisgender partners who were managing their partner’s emotional and social changes. Cole and Paul both discussed being in the middle of the “in-between” phase of transition and the challenges that presented.

Paul: It’s been an interesting place to be...being betwixt and between name change, out, everybody blowing it, having to continually correct people because I have to keep coming out in order to get anybody to notice I’m trans.

Cole: It’s a weird realm to be in this like in-between stage, which is what I feel right now. Like yeah all my friends know, all my coworkers know but it’s still something like, my female name, my female pronouns are still super fresh in like

everyone's mind. So it's this weird in-between phase where I feel like I haven't transitioned fully by any means, I haven't done any of that. So these awkward things keep happening.

Conor struggled with adjusting to mood changes related to testosterone as he experienced this adolescent phase and found them surprising to manage.

Conor: It is actually kind of funny...it would be like something stupid would happen like I'd drop an orange in the kitchen so it makes a little bit of a mess but not a huge mess. But it would be like, I'd be wanting to rage against the stupid orange, you know what I mean? And it's like, it's just an orange...where I would kind of throw me into this, I can't believe I'm so angry about this orange. And then now it's like, I mean I'm still more irritable than I was necessarily before I transitioned but not like raging against the orange.

Sandy shared this adolescent phase was very anxiety provoking as she learned to navigate the world as a woman. Faye noticed similar anxiety in her partner Alan.

Sandy: Being older and transitioning, you've got decades of trying to fit in as a man and now all of a sudden you're a female and you've got to learn the female world very quickly.

Faye: From the time he started T to the time he became passing for lack of a better word, there was an immense amount of anxiety and it was in practically every moment of our lives.

Cisgender partners also discussed feeling their patience was tried as they helped their trans partners through "second puberty." This phase appeared to be taxing and "exasperating," yet temporary, as Sara, Faye, and Lyn described with their trans partners.

Madelyn: She's had to deal with somebody who's going through a second puberty. So I'm doing this thing at 26 where I'm trying to define myself all over again like I did when I was a teenager. Like most people only do that when they're a teenager. And she's having to be very patient with me in regards to that...

Sara: Their hormones are going to pull their head in a hundred different directions...what they feel like they need and what they feel like they want one month may not necessarily be true the next month.

Faye: As they get towards the end of transition it really is like I have another teenager, you know? I have said to a teenage boy that I've raised, is this really the kind of man you want to be? Is this how you really want to present to the

world? I have literally said those words to a 13, 14, 15-year-old child and I have literally said those words to my husband. So it's a lot like parenting. Someone has to stay conscious of the bigger picture, and it's going to be the non-transitioning partner.

Audrey: I think anyone who comes out goes through a juvenile phase. I was the teenage daughter that Lyn never wanted.

Lyn: Oh definitely...it is like having a teenage daughter in the house. The clothes are around, the makeup's everywhere, this exaggerated mannerisms, the drama, never having been a parent, but I've been around kids with friends with kids this age and I remember when I was that age and it just ain't pretty and it just was the most exasperating experience I think I have ever been through.

Amy expressed great relief that she and Conor made it through this period of transition and came out on the other side. They felt the "teenage phase" was a temporary challenging period.

Amy: It was sort of like we were moving past the teenage phase of him being like this new trans guy, which was like everything trans related is so super exciting to just like, okay now we're back to just like real life and we're doing boring things like going to the grocery store and negotiating fertility cycles... and I think that's really important to our relationship that we didn't get stuck at sort of the teenage years of just being you know, only focused on being trans all the time.

While negotiating a gender transition, trans individuals seemed to experience a second adolescence, both socially and hormonally. This puberty period appeared to be taxing for both members of a transitioning relationship; yet, fortunately, couples felt it was a temporary period of time.

Being left behind. Another challenge that arose in the process of transition for couples was remaining patient as cisgender partners felt left behind by their partner. There were facets of risk taking and exploration trans individuals were undertaking as they found their new identities had different impacts on cisgender partners. Amy described how her own identity started getting lost as Conor became more excited about presenting as male.

Amy: It was challenging to take that risk...figuring out how to honor my own sexuality and identity and not getting lost both at the beginning when things were so exciting for him, and it was very much focused on him, not getting lost in that? And then more recently like, not getting lost in just being sort of, this what appears to be a heteronormative couple that a lot of people didn't know sort of this, what I consider a big piece of us and a big piece of me.

Faye felt Alan stayed the same while her sense of identity changed over time: "So that's been a real struggle. He's the same man that he was in many ways but I don't get to be the same woman."

Conversely, Mia and Sara described that they felt like the same person while their partners changed.

Mia: Sandy didn't lose the person she fell in love with... She still sees me as who I am. I don't see her as who she used to be.

Sara: Remind the transgender partner that the other one is still the same, that they aren't going through that. So how they were before is how they've always been.

Veronica and Lyn felt like although they were included in their partner's transition, they had to be left behind to help their partners move forward.

Veronica: For a long time I saw it as like something that KC was dealing with and I was KC's partner?

Lyn: She started pursuing life as a trans woman and I felt like I was like a mother sitting at home, and had a feeling of being left behind. And realized that in many respects I had to be left behind on part of this. I wasn't trans. I could be a part of that community as a spouse...I knew it could be a part of my life but not all of my life.

Audrey was the only trans partner to articulate feeling like she was leaving her partner behind and how her progress in transition was directly hurtful to Lyn.

Audrey: Everything was different. Going through it, every step I took towards resolving my gender conflict was progress for me. I mean, every one of those was an accomplishment. It was a step forward. But every little step forward I took, to Lyn was a little bit less of me that she saw. She felt like you know, I was celebrating these little victories and she was watching the man that she loved die. Things that made me happy made her grief stricken. And she understood why I

felt elated about those things. But at the same time, it increased her grief. For quite a while in there, she literally conceptualized me as a different person in some ways. I mean she felt like Audrey was murdering (former name). And she was very, very angry. She felt like Audrey was, and that wasn't the name I was using at the time, but that the feminine part of me was taking away her husband. And that hurt her, a lot.

It seemed couples discussed it was challenging to either leave their partners behind or feel left behind, yet this was in some ways a necessary part of differentiating each sense of identity throughout the transition process. Exploring one's new sense of identity in their affirmed gender was challenging to do with a partner, yet couples in this study seem to have made it work for them.

Who knows what when? Participants experienced challenges as they decided when and to whom they should come out. Making decisions about coming out was often a complex process as couples could not come out or discuss their experiences without immediately implicating their partners as well. Anne noted this was one of the most challenging components of transition overall. She and Sue did not want people to find out about her transition accidentally so a great deal of thought and planning went into their decision-making processes. Lyn also felt this was very challenging.

Anne: The hardest thing for me was other people finding out and worrying about them being accepting?

Lyn: The whole thing of coming out and dealing with people when they're initially told and then how they react, and what that does in terms of the relationship...it did change relationships...explaining to people that Audrey is transgender, initially with family and friends, and it's still difficult.

JB noted sometimes he and Roberta felt differently about when they should come out: "I think that there's some way that we handle those familial relationships a little differently from each other. Sometimes I may push her a little too hard to tell her mom about us."

Amy and Conor as well as Sara and Madelyn shared how they had to explicitly negotiate their different levels of comfort with being out in different spaces in their relationship. For Amy, she noticed even when Conor was not around, she could not talk about certain things with friends without accidentally outing Conor.

Amy: The importance of us being out is that when those touch points of when it is important to identify as queer or talk about being queer or talk about our experience as queer people, that we can do that without shame and without, with being allowed to do that. Because that's been something that Conor and I have had to negotiate...it put me in a spot of okay, do I say, hey thanks we won't do that, or can I say like okay, like that may be a problem for Conor or for us because that name is triggering for him. Things like that happen all the time and it's really important that I think, like we've communicated very well on that like, when it is okay, when he feels comfortable, when I feel like I need to come out and is it okay if I out him while I come out? Like what are sort of the, what are the different like comfort levels for all of us so that when life happens and it is important for us to come out or reveal something like what are the situations that both of us would be comfortable?

Sara felt fear about Madelyn being discriminated against if she was out before she was "passing," which led to their differences in timing. Sara felt responsible for helping Madelyn stay safe in navigating the world as a woman.

Sara: It was definitely after a few months on hormones about 'okay, well when we're in public, how do I address you? How do I introduce you?' You know we did hit a few speed bumps because there were expectations in each of our minds that we hadn't talked about what the other one wanted. Because and now, very much Madelyn passes but everybody goes through that transition where they're not. And she still was wearing feminine clothes, wearing makeup. So it was a bunch of, there was fear. I had fear about how people would treat her, and talking to her about my experiences as a woman and what she will face as a woman. And I know that definitely changed her mindset from, you know, how a man is treated versus how a woman is treated. So a lot of it's been, well how do you act in public as a woman? How do I introduce you now as a woman?

Anne and Sue decided after coming out to their children, they would each decide when they felt comfortable coming out in certain spaces. Until that time, Anne struggled to cope with adjusting to Sue's transition on her own.

Anne: The other really hard part for me was that I had decided that I wanted, I didn't want to tell any other friends or family members before the kids knew. Because I didn't want to tell them and then say, oh by the way my sister knows or by the way my friend knows or that kind of thing. And so that was very hard for me because I didn't really have anybody that I felt kind of understood, and those kinds of things...she let me set the pace with when I told my friends, my family, my coworkers, the people that work for me.

Ultimately, partners were able to navigate this challenging process together.

Roberta summarized her faith in JB's decision-making process and trusted the transition would turn out well: "Whatever's going to happen is going to happen. He's going to tell me all about it anyhow so yeah, I have no idea... everything is going to be okay."

While couples might have had difficulty in deciding when and to whom they should come out, it seemed they were able to make those choices successfully together as long as they remained patient with the pacing. Remaining patient was a consistent challenge for couples in the transition process. Whether struggling through the adolescent phase of new identity, experiencing misgendering, deciding when to come out, or cis partners sometimes being left behind, fostering patience helped couples remain together through trying circumstances.

Changing identities. A third major challenge in changing gender within a relationship that emerged was a sense of changing identities. For cisgender partners, transgender partners, and the relationship as a whole, identities were examined and modified through the course of transition. Several couples discussed changes to the label of their relationship based on perceptions of their sexual orientations. JB and Roberta used their evolving relational identity to bring awareness to the LGBT community as a whole.

JB: Well what is our label? What is our relationship? We're spouses. But people always want to know, well do you identify as a heterosexual couple now?

Did you used to identify as a lesbian couple? And I don't know. Personally I identify as pansexual, and didn't until I transitioned. But I don't really care, that doesn't matter. The point is that I love this person. And whatever she identifies as is important to me, and I will love her no matter what that is. If she wants to say that she's a gay man, I'm still going to love her. And those labels are irrelevant to how we love each other. So most of the time we say that we're queer because that shows respect and representation for anyone in the LGBT community and brings us together with people who are part of this non-normative sexuality, which is very much what we are, is non-normative sexual couple.

KC and Veronica found this process to be scary for them as their lesbian identities held great importance in their lives before transition.

KC: Once I had words for it and we were able to talk about it, it was actually kind of rough. Because like, it threw both of our general identities into this whole big fray of like, well do I want to transition to be a man? Does that mean Veronica's not a lesbian? Does that mean I'm not a lesbian? What does this mean? Like all that confusion and scary everything.

Sue also discussed having a change in her sense of attraction and sexual orientation that she has had to spend time considering, particularly since her partner did not experience changes in her sense of attraction.

Sue: Since I have been on hormones and started things that I have, whereas I would've said yes I'm 100% heterosexual before or now would maybe say I'm 100% lesbian, I am finding some men attractive. And which surprises me because I really have not seen myself ever as a gay male.

Evan and Cathasach each discussed how they have also experienced changes in their identity while entering the public sphere.

Evan: I feel like I have been more publicly queer.

Cathasach: I think people's interaction with us socially has been part of that. Not just because he's presenting as a man, but because this is like, now I'm publicly gay and that's like made for a very different experience.

Other couples discussed they navigated changes in their relational identities for other reasons. Cathasach and Evan had to concretely discuss how previous gender roles impacted their home life and relationship overall.

Cathasach: That's something we actually talk about pretty regularly is the like, delegating him to like feminine gender role positions...problems with household labor and emotional labor and a number of different things where it's sort of like expecting him to do the feminized work. That's been the big hurdle to get over.

Evan: I don't think Cathasach was aware of it as much, but my recollection is that I was telling him like, you have to stop making me do the housework like I'm your little wifey or something. Like I was mad and I was telling him about that but I kept doing it for whatever reason, even knowing that I shouldn't, I kept doing it anyway.

Paul and Bill had a similar change in entering a same-gender relationship as Bill was now Paul's masculine role model as well as his partner.

Paul: I must admit I look at him as especially physically but not exclusively physically as sort of the closest specimen of guy and for like study?

Bill: Yay, I'm now a role model for both of the humans in my house.

Paul: I'm not trying to compare myself to you.

Bill: But you totally are.

Paul: Not in terms of a better worse faster slower thing, it's more like, oh so that's a thing.

A sense of changing identity was quite prominent in many of the couple's stories. In addition to a general shift in identity as discussed above, couples described changes in their identities in other contexts as well. Many couples discussed feeling like their queer identities became invisible through identity changes. Others felt they lost some of the social privileges they held. Changing identities led to increased feelings of fear and worries of stigma from others. Finally, couples described feeling "othered" because of their trans identity statuses.

Queer invisibility. Many couples discussed that both on relational and individual level, they now felt invisible as queer people. Amy and Conor described that as a couple, their invisible queer identity was a struggle while trying to have children since it was not assumed they would need to use medical intervention for Amy to conceive.

Amy: I think while we were trying to get pregnant and while Conor was working at his job where he was not out was definitely the hardest time because people,

when you're trying to get pregnant, if they think you're straight they think you're trying to get pregnant the heterosexual way? And that was so not our experience.

Shane and Kim discussed feeling invisible as a couple, which led to a disconnect from their queer community that had been very important to them living in Texas.

Kim: I started to get kind of this itch where I was perturbed because on the other hand, if we ran into other GLBT people, they didn't-

Shane: We're not as noticeable.

Kim: Right exactly, so we had lost that community for a while.

Both cis and trans partners discussed different experiences with invisibility. Amy discussed she had been prominently out as a lesbian and found a way to adjust her presentation to become somewhat more visible as a queer person.

Amy: It was more of a challenge of going from being like, very visible, like this butch person and like this couple that was clearly gay to suddenly feeling invisible...the more time went by and he was really only read as male and then we were only read as a straight couple and that our friends started to change and not everyone even knew that he was trans or that I identified as queer? That's when the challenges started I think more so for me...I went like a little bit butcher as sort of my own kind of, I feel like I'm recognized a little bit more walking down the street than I might otherwise? I feel like I've gotten a little bit butcher like over time actually, since he transitioned. And I think, I do think in part it's because I like the visibility of it.

Jasmine shared a similar sentiment. She and Faye both felt having partners who want to live primarily stealth lives as men made it difficult for them to assert their queer identities.

Jasmine: It's honestly a little hard for me because I've always identified as queer and I've always wanted to hold on to that queer identity. But then I also want to respect...who Kash is as a man. I've gone through a lot with my LGBT identity and prior to that I was really kind of wanting that lesbian or that queer label. I didn't want to be perceived as heterosexual... on my application to university I identified as a lesbian or LGBT, and I don't think he liked me putting that label, he wanted me to hold a label of, because it kind of reveals his, my label I guess kind of puts him out in a sense. So I really had to compromise the label of queer for both of us.

Faye: I feel like sometimes he doesn't like it if I refer to the fact that I like tits or whatever. But the fact is that when I met him, I identified as bisexual. Now I would say that my understanding of my sexuality is probably more in alignment with pansexuality, but I guess I get nervous that he doesn't like me to say that...I think he's a little afraid that he can't give me what I need or what.

Similarly, JB discussed he has a high amount of passing privilege, which makes him feel concerned about being "too binary." He also found ways to compensate in order to visibly be seen as queer, which is part of his advocacy work. This is sometimes different than how Roberta feels or wishes to approach their visibility status as she would probably prefer to be less publicly out.

JB: Something I've struggled with since I've transitioned... I sort of had this fear of, how are people going to perceive me? What are people going to expect of me now that I'm a man? And you know, I even have this sort of thing that blurs my self-vision sometimes about, I look too masculine. I'm too binary. I pass too well. And so I really want to be able to show people that I'm trans and to tell people that I'm trans. I like to wear t-shirts that say things like 'this is what trans looks like' or that has the transgender pride symbol on it so that I'm representing the community that I'm a part of. And that is really good for me but sometimes that's hard on Roberta because she wants to look like everybody. For me to be a trans man that people accept as a man. But I recognize that we're at a point in culture and society in the United States where I still have to be visible and make some noise for people to accept trans people. And so we still have to negotiate that.

Conor discussed both sides of this experience--in losing his visible queerness as an individual and a couple. He felt living in stealth made it more challenging for him to feel as honest in expressing himself to others.

Conor: I looked like a straight guy with my wife and it was just straight life and easy. But then I became more fearful all the time though of who is going to find out and when are they going to find out, and it was almost again hard for me because I felt fear of people finding out without it being on my terms as well as I was super out too, when I identified as female so I was like, there was no way you didn't know that I wasn't gay. And so I miss that too, to a certain degree. Like I missed feeling like I could be myself, and you either liked it or you didn't and I didn't have to sit there and think about it.

Holding on to queer identities in a way that feels visible and affirming can be a challenge for couples in transition. Both trans and cisgender partners discussed the ways this impacted their sense of self.

Loss of privilege. The contrasting experience from those couples who lost their queer visibility were those couples who felt they lost a sense of social privilege compared to their previous identity presentations. Two different couples were able to express this shift. Madelyn first shared she felt the loss of male privilege in her new sense of self. She had to learn a different way of interacting with people to receive the same respect.

Madelyn: There have been a few assholes. So I've had to learn how to, because I'm no longer, I no longer have White male privilege, I've had to learn how to navigate conflict as a transgender woman, that's different. I can't act the way I did back then, I have to be 100 times more well behaved than I was back then to get the same result...or else I don't live...I didn't realize I would have to learn how to operate in a different way. I didn't realize that was a thing.

Sara also felt a sense of loss when Madelyn lost her male privilege. She felt more worried about what would happen to her after transition than before.

Sara: There was a certain security I had knowing she was a man that I no longer have now that she's a woman. Because I was secure that for the most part, she wouldn't be harassed, there was no fear of someone hurting her or trying to rape her or trying to take advantage of her. But now there's that and I had to mourn the loss of feeling safe and secure.

Cathasach shared he had not been in a public relationship with a man before and that impacted how his relationships with other people shifted. Evan agreed with these changes and noted how Cathasach changed to embrace this change.

Cathasach: This is the first time I've been in a long-term relationship with a man, or a public relationship. So it's been really weird having that suddenly identity here in New York because now basically everyone I know in New York knows me as being gay and that's really still is something I'm kind of getting used to....

Evan: Being visibly queer changes your relationship to all women, sort of-

Cathasach: Yeah.

Evan: So it makes sense.

Cathasach: And that's the other thing, I'm more visibly queer. It's not just being in a relationship, it's also how I act, dress, my hair.

While Cathasach felt this was somewhat a challenge to adjust to, Evan felt losing privilege was better for their relationship in the end since they both held queer identities but had been seen by others as heterosexual: "We've been out as a queer couple as opposed to like on the surface of it like a heterosexual and that is better, immediately better to be visibly queer."

Losing male privilege or straight privilege was a difficult adjustment for several couples interviewed. Yet, this could be reframed as an experience for couples to be seen more authentically, depending on their sense of identity, such as for Evan and Cathasach.

Fear and stigma. Many couples shared that due to their changing identities, they felt more fear than before coming out as well as concern about their identities being stigmatized. Audrey explained this fear: "I don't think there's very many things that are as dangerous as coming out." Within this context, Faye described that fear is a constant part of life for trans people: "I think a lot of people, including therapists, don't realize what it's like to be constantly in fear of being invalidated your very existence being questioned." KC described fear of being found out as trans in public spaces:

The fear for me of being outed using the restroom or even just being outed at like a large concert with lots of drunk people or even sometimes just walking through different places. That fear of, well, will I get treated super differently if someone thinks I'm a guy and then realizes I'm not?

Sara and Alan both described that because they had experienced discrimination for their feminine presentations, there was concern about how that would be exacerbated as transgender individuals. Alan could identify that while he experiences male privilege

now, he might be treated with more hate if he were found out to be trans than he experienced as a woman.

Sara: I want to make sure she has a positive female experience because I have had bad ones as a woman. I've been sexually assaulted as a woman. I've been treated as less than a human being. And I wanted to make sure that she came from a good place coming into her womanhood.

Alan: I remember being discriminated against being female and being with women, and how that was dangerous at times. I've been chased, I've been cussed at, all of these things and it's definitely way safer. But yet there's that underlying what if, would it be worse if someone found out that I was born female? Would that be a worse thing that happened? I'm able to hide in that but what happens if I'm not?

Several people discussed implications of fear and stigma within their work environments. Madelyn experienced sexual harassment at work after coming out.

Sara: I was appalled about the lack of some girls have for respecting Madelyn's body.

Madelyn: That's been interesting. I have dealt with sexual harassment from women at work, and they just seem to think it's okay to touch me whatever way!

Shane feared he would be fired for coming out as trans while Conor listened to his coworkers make derogatory comments about Caitlyn Jenner.

Shane: I had to navigate exactly how and when that change was going to happen...we lived in Texas at the time, which is a Right to Work state so they could've just let me go for whatever reason you know? So some of those, it's a little nervous, a little risky because yeah, I don't want to lose my job and it's very, had to be a little bit cautious about how and when certain things were approached.

Conor: I still worried about people finding out... Part of the reason why I came out at work was because I got tired of hearing about trans people like when Caitlyn Jenner came out, there was all these just random comments about her and just all this bad stuff that people were saying and then we had a trans patient that everybody was like, 'oh he she whatever it doesn't matter,' and I was like 'yeah it does.' And I was trying to like, defending all these trans people but like not also being able to say, 'that's me that you're talking about.' And so part of me wanted to come out because I was so tired of hearing them and I wanted to throw it back at them like, you guys have been saying all this crap and you're actually talking about me. And I've been here this whole time.

Two couples discussed fear of how their relationship would be received by others. Both Sara and Lyn worried about discrimination from others because of being in a same-gender relationship.

Sara: Well for me it was the stigma of being affectionate in public with a woman. I was terrified for the longest time we would be assaulted or people would confront us...I was in a heterosexual relationship and I never had to worry about people harassing us, people insulting us, people putting us down. And now I do.

Lyn: We were at a pizza place not long ago and Audrey reached down and kissed me on the head, and I didn't notice it but she did. There were people across the room that were just kind of gaping at us.

Due to changing identities, many couples struggled with fear about how other people would react to their trans status. Some discussed experiencing discriminatory experiences at work or the fear of losing their jobs. Other couples expressed it was challenging to move into the stigma associated with being affectionate with a partner of the same gender in public. These shifts were new challenges for transitioning couples.

Othering. The final emerging component related to changing identities was the experience of "othering." Suddenly because of transition, couples described more pressure on their sense of self in several capacities or feeling misunderstood by their families and communities. Conor felt othered and rejected by the rest of the LGB community, sharing why trans exclusion was a part of his experience in the LGBTQ community.

Conor: I definitely felt like from lesbians there was some kind of weird threat to their sexuality or whatever or they felt like a threat to the, and I don't know. It just felt like, like I don't think they necessarily thought about it, think of trans people the same as like their group sometimes. Like people say LGBT but then they don't really mean the T. It's just like there's a certain group of people that mean the T, but a lot of people like just regular gay and lesbian people don't really care about the B and the T and the Q. It's just kind of like, 'oh really I'm a lesbian or whatever but I have to add these other letters because that's what my group tells me to do.'

KC noted they felt othered within their family as loved ones had difficulty understanding what the concept of transgender even meant. This transferred to how Veronica was treated as well. Evan shared a similar sense of misunderstanding and minimizing from his mother.

KC: For a long time my dad would emphasize like, you and your ‘significant other’, like really putting that emphasis that like I don’t think he ever would have put if like I had brought a guy home. And just like, really othering is really what it comes down to, in lots of little ways.

Evan: My mom did not like it at first...here I am coming out to you and she was like well I think you’re, it’s some kind of blah blah blah self-hate, self-damage, why do you not love yourself?

Mia and Sandy felt othered in public spaces as a form of discriminatory treatment.

Mia: It was really hard to have people look at you and snicker and stare, and now I don’t even notice...because some of the expressions on their face was incredulous, spiteful-

Sandy: I made a lot of people uncomfortable because I challenged them on so many levels. It’s kind of like, how dare I be happy.

KC and Veronica discussed how tokenized they felt by public communities once KC had an agender, male-of-center presentation. They noted this was likely not intended with malice, as Mia and Sandy described, but rather from a lack of understanding of trans communities.

KC: It’s less that they’re discriminating and more curious, confused that kind of thing. And so to me that’s been the biggest difference since transition is like, before people got it. They’re like ‘oh! Your partner! That means a girl, got it, great!’ And now I say my partner and they’re like what? And they don’t verbalize it but you can see it on their face.

Veronica: And also becoming very tokenized.

KC: Now we’re kind of in a place where you have to put a face on...I haven’t officially been trotted out yet, but like kind of feeling that way.... It’s like lesbians were kind of becoming passé and now we get to be tokenized again.

Leah and Cole discussed this sense of being seen as “different” was very taxing. It seemed identifying as transgender came with a sense of responsibility and othering that would never go away.

Leah: I think that for him to have to admit that he was even more different wasn't easy because Cole identifies, he wants to be a basic straight man so bad but he also likes being unique and individual so I think it was just this really big internal struggle and I think once he started to realize it, it was like, oh yes this is everything I want to be! And, are you fucking kidding me? I just want to fucking be me, at the same time...Cole, while he will be a champion for transgender rights for the rest of his life and he will participate and be open, I don't think he wants to wear a transgender flag over his head every day.

Roberta articulated she intentionally wanted to reject the sense of being labeled as different and reacted to othering with frustration:

What's a label? I mean do you really have to put a label on everything? ...I keep wanting to say, well maybe I'm pan, maybe I'm this and I'm just like you know what? I'm Roberta. Maybe it's because of my age. These young'uns want to put a label on everything. You know, I'm pan, I'm this, I'm that. It's like, I'm Roberta.

As participants experienced a change in identity because of the gender transition, it appeared to be a stressful adjustment process. Participants discussed experiencing queer invisibility as they “passed straight” or a loss of privilege for being seen as no longer a member of a majority group in gender or sexual orientation. Couples felt fear and concern of stigma from other people; for some, stigma manifested as a sense of othering by family members as well as public communities at large.

Differences in experiences. A significant theme that emerged when discussing challenges related to transition was the difference in personal experiences. In this way, certain facets of transition or transition experiences were difficult for partners within each couple to relate to or understand for their partner.

Trans partner experiences. Many of the transgender partners discussed ways in which they felt their cisgender partners did not understand their full experiences. Cole shared how this came up with Leah: “She just didn’t understand, which is like, yeah if you’ve never felt like you don’t belong in your own body, how are you supposed to understand what that feels like?”

JB and Sandy shared similar sentiments with their partners, noting that witnessing changes and experiencing changes were not the same.

JB: Experiencing the changes internally and thinking about the way people are perceiving me is different than her being a witness to this process and then being beside me while people are witnessing us as a couple.

Sandy: I’m the one that transitioned. Of course, when we transition everybody around us transitions one way or another....you can’t unsee this, you can’t unhear it.

Audrey also felt she had to go through parts of her transition alone in order to continue pushing herself to not give up.

Audrey: Nothing can prepare you for what, the ways that your life is going to change and the way that your living and your body is going to change...so much of it felt like free fall. So much of it was just overriding anxiety...I felt like I had to be pushing myself to move where I needed to go every minute of every day of every month...I was terrified that if I slowed down I’d fail.

Paul noted that he experienced relationship challenges with Bill differently than Bill perceived them. Paul felt pushed into gender archetypal behaviors in a way that was frustrating for him. This came up in their couple interview initially and in Paul’s individual interview, he elaborated on the difference in their perceptions.

Bill: A lot of the relationship issues we have are, they’re relationship mechanics that are like, getting stuff done that isn’t related to gender presentation.

Paul: Well except that I’m basically a housewife.

Bill: Yes.

Paul: And you’re basically the 1950s dad who goes to work while I stay home.

Bill: Yes, and am I happy about either of those things? Are you happy about either of those things?

Paul: It's a gendered archetype that keeps cropping up and it's like oh great. We don't even realize how deep the rabbit hole on gender binarist bullshit goes until you start looking for it. And Bill hasn't had all of that.

Kash described feeling Jasmine had a different perception of his employment situation. While he noted his employment difficulties were almost entirely related to his trans identity, Jasmine expressed some doubt with this idea. This led to some discord within their relationship as Kash stated, "Employment...I feel like sometimes it's hard for her to understand how that impacts me."

JB and Madelyn both discussed how they had to communicate about sexuality differently with their partners as they changed from their partners in different ways.

JB: Something may change within me and she may not recognize it because she still sees me as the same person. But you know, after a particular surgery I have a different feeling about myself, maybe I'm more confident in myself and I have to express to her you know, now I want you to touch this part of me in a way that you didn't used to touch me and things like that.

Madelyn: When I'm taking estrogen I changed the way I experienced my sexuality...it became a little bit of an issue, she had to get to a point where she realized now just because I see a pretty guy on TV and get a little flustered doesn't mean I'm going to leave her for a man...she had to learn how to be secure in that.

In addition to experiencing a unique set of challenges from their cisgender partners, transgender partners also felt they received benefits from transition their partners did not. They witnessed their partners struggle to adjust in different ways. Sue noted this by recognizing that Anne had to make more changes in their relationship than she did: "I appreciate her, I love her for it, but I feel like if you looked at who is making the bigger sacrifice in this marriage I would say she is by far. I am deriving so much in benefit from this."

Paul described many times things that felt like successes for him were triggering for Bill and his past experiences. He also noted Bill did not have much social support, which he believed made Bill's experience more challenging.

Paul: Not being sure when something that is incredibly exciting for me ties into something that brings up really bad memories for him is a thing... I keep feeling that it must be lonely and weird to be going through this alone. Because it's weird enough for me and I have a bunch of people I can talk to about it.

Audrey felt her transition was "selfish" and carried feelings of guilt for any of Lyn's struggles in adjusting or how they were rejected by any members of their community. She considered herself solely responsible for Lyn's pain.

Audrey: I think [it] probably helped me better understand how to stop focusing on myself and keep focusing on us as a couple. Transition is the most selfish thing I have ever done. I did it for me. Not for anyone else, and I did it to some degree regardless of how it affected others. And I needed to be taken out of myself periodically and brought back to reality and back to us...I still think that what happened to Lyn was cruel. There's nothing crueler than walking into someone who loves you and destroying their image of you, and then staring at them while they figure out what to say next that's not going to destroy your life or your relationship...It was my transition that was going to cause people to reject us and she was innocent.

It appeared some of the challenges encountered in transition by transgender partners were related to situations that could not be shared with their cisgender partner. This included feeling that witnessing the struggle of transition was different than experiencing it firsthand. Trans partners also struggled with some feelings of guilt or responsibility for the way their cisgender partners had challenges related to their transition.

Cis partner experiences. Just as trans partners reported unique challenges their cis partners were not privy to, cisgender partners also reported having different challenges separate from their trans partners. Veronica and Amy experienced difficulty

adjusting to changes related to sexuality. Veronica had experienced some traumatic experiences with men in the past and initially was worried she would not be able to accept KC as a male-bodied individual.

KC: I think the only time the relationship internal identity may have come into question was that same sort of 24-hour period where I felt rejected. Where I, the big thing for Veronica was like, I like women, what does this mean?

Veronica: A lot of the things I was struggling with was my trauma around men...where I was like I don't know if I could be with a guy...you're a guy and I don't know if I can do that. But I think I've dealt with my own shit on my own.

Amy's biggest challenge in transition was in losing her visible status as queer.

She noted how this seemed significantly different than how Conor felt.

Amy: I feel like I think more about how I can be out than probably he thinks about how he can be out on like a daily basis. Not that I feel like I need to be out all the time? But for me I feel like I think more about connecting, being connected to the queer community than I think he feels a need to.

Cathasach described his difficulty adjusting to seeing Evan as a man. He noted this also made him feel guilty and he has a hard time talking about this with Evan.

Cathasach: I think the other thing was actually seeing him as a man, like there's still points in time where it's like a weird gender shift where all the sudden I'm looking...and catch myself thinking of him as a woman and not a man...it's like the old woman and the young woman kind of thing, those weird perception shifts. And it's very stark where I can tell, my brain is perceiving him as a man or perceiving him as a woman.

Some partners described while their friends did not ask invasive questions of the trans partner within the relationship, the cisgender partner ended up receiving a great amount of questioning by others with the expectation to share openly about their private lives. Evan commented on this as he sees Cathasach treated this way.

Evan: People like not do things with me, like they'll know, oh you shouldn't use a trans person as like your personal information center. But a partner of a trans person who isn't trans, people think that they can sort of treat Cathasach in some really weird ways.

Leah also described how questioning from others comes up in a way where she is often surprised. Many people go through her before giving Cole any feedback or asking him questions even when she is not in a space where she would expect questions.

Leah: They ask me a lot of, what happens is he comes out and then they ask me stuff when he's not around...like literally when I'm peeing comes into the bathroom and is like, hey Leah, hey Leah, can I ask you a question? Can I tell Cole that his voice sounds deeper? Uh, yeah totally. Can I finish peeing? You know what I mean?

In other situations for cis partners, they discussed feeling like bystanders to their trans partner's struggle. Faye and Amy both reported they have a difficult time understanding how their partners feel in public. Specifically, both mentioned feeling confident about bathroom safety but noting Alan and Conor experienced continued worry about this.

Faye: It was really surprising and came to discover that I made a lot of assumptions that we were okay now, when we weren't. That even still happens where I'm like, like what's the word, blindsided by his anxiety or terror in his transition. So I was, I think the difference is that as I saw him as completely male, and he was passing 100% of the time in public, I thought we were okay, he was okay? But he's not. I mean he is still really struggling because he can't go to the bathroom and feel safe at work because they remodeled the bathrooms...the things he used to count on to be comfortable and to feel safe and not out himself accidentally, he can't count on.... There's all these little complexities that I was completely unaware of. And I wasn't really, I was just unaware that they're still a problem.

Amy: I don't really think of him as trans? ...When he goes to the bathroom he still has worries in a public bathroom. Like every time he goes to a public bathroom he's worried about it. And I would say I only really think about that for him you know a small percentage of the time...so I think like those intimate sort of everyday bodily things that he still deals with I don't even really think about?

Other partners discussed that it was very challenging to be a bystander and to understand the emotional impact of everyday discrimination experiences trans partners go

through. Cathasach noted at first, he thought Evan was overreacting in certain situations as he could not relate to Evan's feelings.

Cathasach: One is sort of understanding some of his anger towards how people act towards him. That was a challenge for a while and I tried to be open and accepting and give him space to have that but at the same time like, it felt over the top at times, I think. And it took me a while to sort of get used to that and understand why all of that was happening and why it really was justified but like seeing people treat him some ways every so often and then realizing like that's just how people act towards him all the time at places like work or whatever.

Cis partners had emotional reactions to their partner's struggles. Roberta tried to do her best to reassure JB he still had support.

JB: I know she wants to be able to have that magic cure, that she can just touch me or say something and suddenly I'll be okay and I'm not that easy to pull out of my funks yet.

Roberta: I wanted to make sure I was there for him, make sure he was doing okay and that he was calm and reassured him and make sure his, that he would know, his mom and dad are ok with him and they loved him and that everything was going to be fine.

Sara felt helpless about Madelyn's losses, especially the rejection from Madelyn's close friends and family members.

Sara: ...to have the people she believed in the most just cut her down.

Barry: How has that been for you to watch?

Sara: Horrible. Because I can't fix that. I can't fix her losing that. I can be there, I can comfort her, and I'll be her support in every way possible, but I can't replace losing her dad like that. I can't replace losing her best friend forever. Like that, you know? It's been horrible.

Veronica and Jasmine reacted to those who hurt their partners with anger and a protective instinct. They discussed later on that sometimes their trans partners were upset that their emotions were so strong.

Veronica: Sometimes I'm too close to the situation to be supportive. Not that I don't want to be but that I don't have that objectivity.

Jasmine: I got protective. And I was angry when it happens...I get really, wanting social justice at some point and for him to be treated well.

Understandably, transgender partners and cisgender partners had their own emotional reactions to transition processes that might be different from one another. Challenges within the relationship were often shared experiences; yet sometime reactions could not be shared. Both sides of the relationship described feeling like a bystander to certain emotional struggles and helpless to intervene. Their desire to understand and keep trying to support one another appeared to reflect the compassion and commitment required to sustain a relationship through the transition process.

Finding affirming professional care. A major challenge discussed by several couples was difficulty in finding affirming professional care through the transition process across different sectors. Kash and Audrey specifically discussed having confusing therapy experiences.

Kash: We tried to find a therapist and at first we weren't too successful with it. Most of the people we talked to didn't seem to have an understanding of the process so I never was able to get an appointment.

Jasmine: It took us two months to find somebody, we were really actively looking for two months trying to figure it out, how to get started...We really did have to figure it out on our own.

Audrey: The first bout of counseling was a disaster...I got a very nice older lady who when I first met with her told me that she knew absolutely nothing about trans, but we would learn together. I don't think I learned much from her. I think she learned a lot from me. I'll never forget her almost falling out of her chair when she found out I used the women's restroom. That look of shock was really genuine.

Paul and Bill, along with Faye and Alan, experienced numerous challenges with their insurance providers and getting medical care coverage for transition-related procedures. Alan even experienced HIPAA violations and was outed at work because of his insurance coverage.

Paul: They were like, no I'm sorry, that's specifically banned on your plan. And this for obvious reasons sent me into about six months of not being able to deal

with doing phone calls for anything to do with anything medical. Period. Because I went euphoria to depression.

Alan: It's hard here in New Mexico. There's not a lot of resources or trans aware you know, medical-

Faye: Providers...

Alan: [Getting T] was very difficult, you know at one point I think I even may have missed getting my dose because of the red tape to get that prescription approved through the insurance and all this stuff. I mean it was, it was horrific...they violated my HIPAA.

Faye: They outed him at the office.

Amy and Conor also expressed frustration and difficulty in finding legal support and advice regarding changing names and gender markers to the point an "expert" in LGBT law recommended they get married twice under Conor's new name in another state. This advice was confusing to them.

Amy: I think people in the LGBTQ community who are not trans have a habit of including the T to round out the gay alphabet and thinking they know... We just got some very sort of clueless advice from her and kind of the run around and she sent us to a couple other lawyers who kind of gave us some what we determined to be just kind of crazy, nonsensical advice. So that was just very frustrating. I think that's not uncommon for people who think that they're very educated about, especially those who are, I mean she's older, she's kind of a first generation of gay women to have children?... But she really misled us I think about trans issues.

Conor: Like she really didn't know what we should do or how we should do it...you can't get married twice like I can't be married in Virginia as a straight couple and in DC as a lesbian couple. Like this just makes no sense, I can't be married twice to the same person.

Couples navigating the gender transition process appeared to encounter several different challenges through this process. First, many couples experienced loss of loved ones because of transitioning. There were difficulties with remaining patient with the pacing of transition processes including being misgendered, navigating the adolescent phase of transition, and deciding when to come out. Changing identities also appeared to be a challenge for many couples as some individuals lost privileged statuses and others

felt their queer identities were now invisible. Additional challenges arose as partners had different experiences and perceptions of difficult times. Finally, finding affirming professional care proved difficult in many different sectors. Ultimately, couples found ways to work through these challenges together and come through the process as a couple.

Relationship Strengths

Transitioning couples reported a vast array of personal strengths to their relationship as well as qualities they saw in themselves and their partners that facilitated the quality of their relationship (see Table 5). Before and after transitioning genders, couples noted these qualities remained consistent and helped them through challenging times.

Table 5

Relationship Strengths

| Participants | Sub-Theme | | | | | |
|------------------|--------------------|---------------------------|--------------------|-----------------------|---------|--------------|
| | Unconditional Love | Non-Judgmental Acceptance | Assertive Advocacy | Commitment & Security | Respect | Perseverance |
| JB & Roberta | X | X | X | X | | X |
| Conor & Amy | X | X | X | X | X | |
| Madelyn & Sara | X | X | X | X | | X |
| KC & Veronica | X | X | X | X | X | X |
| Kash & Jasmine | | X | X | X | | X |
| Cole & Leah | X | X | X | | X | X |
| Alan & Faye | X | X | X | X | X | X |
| Sandy & Mia | X | | X | X | X | X |
| Shane & Kim | X | X | X | X | | X |
| Audrey & Lyn | X | X | | X | X | |
| Sue & Anne | X | X | X | X | X | X |
| Evan & Cathasach | | X | | | X | X |
| Paul & Bill | | X | X | X | | X |

Table 5 Continued

| Participants | Sub-Theme | | | | |
|------------------|------------|-------------|------------------|-------|-----------------|
| | Friendship | Flexibility | Honest Listening | Humor | Sexual Fluidity |
| JB & Roberta | X | | X | | |
| Conor & Amy | | X | X | X | X |
| Madelyn & Sara | X | X | X | X | X |
| KC & Veronica | | | X | X | X |
| Kash & Jasmine | | | X | | X |
| Cole & Leah | X | X | X | | X |
| Alan & Faye | | X | X | X | X |
| Sandy & Mia | X | X | X | X | |
| Shane & Kim | | X | X | X | X |
| Audrey & Lyn | X | | X | X | |
| Sue & Anne | | | X | X | |
| Evan & Cathasach | X | X | X | | X |
| Paul & Bill | | X | X | X | X |

Note. X means the couple mentioned the emerged theme

Unconditional love. Nearly every couple discussed what had sustained their relationship was unconditional love for one another. Anne said, “Basically our strong love for each other is what kept us together. I mean, like I said, Sue has always made me feel like the most loved person in the world and that’s what I was not willing to give up.”

Mia and Sandy shared that despite all the changes in how they related to and connected with one another, their love has remained consistent.

Mia: We still love each other. We still care about each other.

Sandy: I’ll still hold your hair when you’re sick.

Mia: Yeah, that's true love. People think true love is candy and flowers, true love is somebody that's going to hold your hair out of your face while you're puking your guts up. That's true love.

Alan and Faye discussed how transition led to a more complete experience of love due to Alan's increased sense of being "complete."

Alan: I just love her so much, I can't, I mean I would just be devastated not to be with her. I just can't imagine life without her.

Faye: He's just a really kind, kind soul...My husband's more of who he is, and he gets to live more freely and that sort of thing...it benefits me because I love to see him whole and complete and happy.

JB and Roberta, along with Conor and Amy, articulated that sustaining a relationship through transition led to a deeper appreciation of their shared love.

JB: My belief that love is something that can conquer anything...Roberta's big strengths are that she loves unconditionally...those kinds of strengths help me recognize that I am loved because she's quick to tell people how proud she is to be the wife of a trans person. And how proud she is of me as a trans man and those qualities are beautiful...I've never been as close to anyone as I am to Roberta because of the trust that she engendered when she accepted me as a trans person.

Conor: I just really learned that she really did love me. Like no matter what. Her love was, it was like real and there was really no conditions. Even though she was afraid, there was still never any, I never felt any like, I never felt like she was disappointed or felt differently about me or anything like that. I felt like it was definitely just 100% we really do love each other for who we are.

Amy: I think in large part because I think I did love him so much and I was so very, very, like I knew that I really loved him and that it was worth it.

Overall, holding on to unconditional love seemed to be a major strength for couples in transition.

Non-judgmental acceptance. A significant strength for couples who stay together in gender transition is their ability to non-judgmentally accept each other. By remaining honest and authentic, couples discussed they were able to stay closer together.

Madelyn: As I let go of that, I felt like I was just becoming a lot more genuine in general. Not having to say I need to act this way or do this, be this person. Just let myself go and whatever I am, I am.

Sara: That definitely is what has got us through. This is me, this is who I am, and other structures don't matter.

JB: We're always looking for opportunities to tell each other more and more about ourselves and to trust each other more and to openly communicate and to ask each other, how are you doing? What can I do for you? What do you need right now? And to put each other first in all our thoughts and activities.

Cole: Being able to kind of have like, maybe say stuff to her like this is why I'm feeling this way and her like, not being like, oh by god what are you talking about or that's so gross or that's so weird. She was just like, oh okay, cool.

Conor: I think it helps that I know that I can say anything to her and she's not going to judge me and I feel like she probably knows the same, that she could say anything to me and not judge me and that, or me not judge her. So I feel like knowing that helps a lot because everything that I have come to her and said, sometimes she might get a little upset about something but it's always like a process that we talk about and we work through it.

Some partners discussed valuing the compassion and acceptance of their spouses on an individual level. They identified this acceptance as something endearing to them about their partners. Madelyn described this with Sara as she has observed her in her trans groups. Shane and Lyn noted this about their partners more globally.

Madelyn: She's compassionate, very, very compassionate. One thing that stuck out to me about her is that I can bring her to the support group meetings or she can hang around trans people and I think something that they like about her that ends up really endearing her to them is the fact that she really doesn't see their trans status, it's invisible to her. Then they're just, whoever they're presenting themselves as...she just kind of treats them how she would treat anybody else. And that's a very, very, very wonderful trait to have.... She's the only person in the world I trust 100%.

Shane: Kim is very accepting of pretty much everybody. There's nobody that she won't give a chance to.

Lyn: I think that was one thing that was so attractive was that she was kind and good and considerate and accepting of all people.

Finally, several cis partners discussed their ability to accept their trans partners genuinely.

Roberta: I know it sounds so simple, and I feel very privileged that he had the faith in me, that he trusted me to take me on this journey with him.

Sara: She needs me and then that's what I'm going to do. And I do it out of love, never out of obligation.

Leah: How could you not support someone when you see them discover, like he is so happy knowing that that's right!

Within trans cis relationships, having unconditional acceptance and positive regard for one another's true selves appeared to be a necessity to maintaining a successful romantic relationship.

Assertive advocacy. Many of the transitioning couples described the important role of assertive advocacy in their partners as a way to help them sustain their relationship through transition challenges. Leah, Roberta, Mia, and Kim shared how they saw themselves as able to use their cisgender privilege to support their transitioning partners and help facilitate their transition processes.

Leah: Cole didn't have to do this all on his own. Like he had a sidekick. And not only did he have a sidekick but he had a sidekick who was willing to go to the DMV with him and wait in line for two hours while he couldn't get out of work and make all the phone calls...I think the benefit was that I held no shame, 100% support and got stuff done that would've taken him longer.

Roberta: I made sure that I was always there for my kids and I'm always there for JB too. I'm going to make sure that I'm going to be there for the people that I love. And if I say I'm going to be there for somebody, no matter who it is, I'm going to be there.

Mia: It's never exhausting when you're trying to save people you love from people that hate them.

Kim: If I feel like I need to defend Shane, then I obviously don't care.

Madelyn and Alan shared their appreciation for their partner's advocacy:

Madelyn: She's protective, she's had my back through the process.

Alan: She's like the biggest advocator...she doesn't take no for an answer from anybody.

Cole and Leah shared they now want to use their roles and abilities to help other transitioning people navigate the process. Similarly, Mia reflected on the hard work Sandy had done in her community to advocate for transgender people.

Cole: Something that maybe we've grown and learned together is just that we, since I had such a great experience and like we've had such a great experience just to be able to kind of share that and maybe help some people that either haven't had that experience or are scared or like, you know, maybe just like getting more involved a little bit...

Leah: We definitely are, we both realized we, it's our job to be more present because of the experience we've gone through.

Mia: She wants to help other people going through what she's gone through...she never gave up, never.

Some couples in the study felt advocated for by their partners. Others discussed the way they wanted to protect their partners by standing up for them. Some couples still felt responsibility to be assertive in advocating for the transgender population as a whole. All of these forms of advocacy appeared to help couples feel closer and strengthened their relationships overall.

Commitment and security. Many couples discussed a strong commitment to their relationship as well as a sense of security with each other. Loyalty to one another allowed for stability through any changes that might result from transitioning gender. This theme was present for nearly all of the couples interviewed. First, trans partners felt reassured by their partner's commitment.

Alan: I'm not alone.

Shane: It's nice to always have somebody there that you know is on your side, particularly when you are going through the coming out process because there are going to be people who can't handle it in your life...it's nice to have almost a rock, somebody you know is going to be there that does support you. And that I think has helped a lot. It's just nice to know that there's always somebody there.

Conor: I learned even more how supportive she was. Like I knew she was supportive, but I didn't know she would really be able to like stick through the whole process.

Madelyn: Having somebody at home who supports me, who is my safe space. I'm not entirely certain I could've done it without her.

KC: You know you've got someone in your corner has just been super empowering and super comforting and just really safe because I literally have the luxury of coming home at the end of the day and throwing off whatever mask I had on and like crying or screaming or venting or having someone there to hold me. Just that's a given...I definitely recognize that I'm super, super lucky to have gotten that through transitioning.

Cisgender partners also cited their commitment to their partner helped them sustain changes.

Faye: We could do anything. We can walk through any problem.

Mia: We're both kind of that way, when we call somebody our friend, we expect the loyalty both ways.

Kim: I don't think it ever crossed Shane's mind to want to leave...Shane's such a loyal person...we are stuck together.

Lyn: I don't think there was any way that I would've walked out on her. Even if we weren't going to stay together I knew I had to support her...my mother used to call me true blue. She said you're loyal, you're true blue and I guess that's true.

Remaining committed to one another and secure in that bond proved to be a major thematic strength for transitioning couples.

Respect. Couples shared their respect for each other as people and within the relationship also helped keep their bond strong. Conor described this as "a kind of

understanding or a mutual respect.” Sandy and Audrey disclosed their care and compassion for their partners served as a reflection of their mutual respect.

Sandy: I had to be willing...to let her be who she needed to be. I couldn't be who I am or needed to be and not let her be who she needed to be.

Audrey: I think we have both always had a very deep respect for each other. For our abilities and for our successes...so I think the fact that we were always each other's biggest fans probably has a lot to do with us saying together. Part of that respect was I think that we gave each other space to be ourselves. And I think part of it was that we both truly cared about each other's happiness.

Sue also shared her respect for herself has increased since her transition. She described how her increased sense of self-respect allowed her to bring more to her relationship with Anne: “I have gotten to a point where I really respect Sue and am proud of what I do, more than I was with (former name), more than the things I did as (former name). So, and I think the fact of you know, respecting yourself too adds strength.”

Leah tearfully summarized her awe and respect for Cole's strength going through transition.

Leah: How do you come out like that? It's like, literally makes me want to cry. Like, I don't, how do you do that? Like how do you identify that and then tell people? I didn't think I was going to cry. It blows my mind. I don't, he has no idea how strong of a human being he is. The world is cruel and to come out like that, blows my mind...I don't even know the word to describe the strength it would be to be transgender and come out. I really don't.

The presence of both mutual respect and self-respect appeared to strengthen relationships and facilitate couples staying together through gender transition.

Perseverance. Another relationship quality that helped couples stay together through their gender transition was their perseverance to make their relationship work. Two couples described themselves as “stubborn.” Mia and Sandy expressed a similar value, as did Roberta and Sara.

Mia: I'm not a quitter...everything takes work.

Sandy: I don't think either one of us was going to quit on the other one. We wanted what was best.

Roberta: We're determined to make it work and we're going to make it work.

Sara: I wasn't going to give up, I wasn't going to let her go...No matter what, I'm staying. I'm here, I'm here for this relationship, and being a rock and being steady I think helped her when a lot of other people ran away. That she never lost the support that she had had from the beginning...that perseverance and willingness to be honest with her.

Cole and Leah shared that not only did they have to persevere through relationship challenges but also to persist through the difficulty of the transition process and steps involved. Cole stated, "Just being determined...some of those instructions in order to get my name changed I was like, I have no idea. I'm like, no wonder people just quit this process because it's confusing and just kind of being like, not giving up." Couples in the study remained dedicated to making their relationships work and their persistence seemed to pay off.

Friendship. Many couples discussed their strong friendship as a value that kept them together. They felt maintaining their friendship kept their romantic relationship strong.

Cole: Like our openness, just honestly like we don't give a shit. We just want each other to be who we're supposed to be and be happy.... We'd already been friends and dating for a while.

Mia: We've always been friends.

Sandy: Yeah the friendship just, to me the friendship was always there, it's just-

Mia: That's what we always tell, that's what they always tell. Marry your best friend because sometimes in the end that's all you have left.

Audrey: I think our relationship was based on a very strong friendship to begin with.

Sara: One time Madelyn asked me what's the difference between my relationship with her and like my best friend besides the sex. And I said, but that is what it's

like, being with someone is that you are with your best friend...you're somebody I want to be around all the time...also just remembering why we fell in love with each other, the core of what we really cared about with each other.

Having a strong friendship as the foundation of one's romantic relationship seemed to be quite beneficial for couples in this study. Their care for one another allowed them to continue supporting each partner's needs during the transition.

Flexibility. Several couples discussed their flexibility as another relationship strength that enabled them to stay together. Some couples felt they already had flexible personality styles while others learned flexibility along the transition process.

Leah: We're both just like, very open to pretty much everything. And just both very curious.

Faye: I had to learn to be very flexible, very present.

Shane: I tend to be very relaxed...so being able to approach pretty much everything from that perspective I think does help a lot.

Kim: Adaptability and flexibility. I joke about that a lot for my work life, but it's true! It really is true that that helps you out no matter what it is you're trying to overcome in life.

As they reoriented their priorities, gender transition did not seem to be the most important thing. Mia indicated, "I let a lot of things go. You know, there's important things and there's not important things. And most things are not important." By remaining flexible to changes over time in the relationship, adjusting to new gender dynamics or changes related to gender within the relationship were possible.

Honest listening. Being able to honestly listen to one another seemed to be necessary to keeping a strong relationship through the transition process. For Veronica and KC's relationship, listening was "most important." Veronica said, "I would say

literally the most important thing is active listening...a cornerstone in this is just that communication and feeling heard and making sure that the other person feels heard.”

JB and Shane discussed that listening to their cisgender partners was pivotal to their communication. This helped them feel connected and allowed their partner space to process their emotions.

Shane: Being able to hear her perspective without getting emotional or upset, that kind of stuff I think does help a little bit because she’s able to vent too then or discuss her problems.

JB: I think listening is a strength. She is able to tell me when I’ve done something that hurts her or upsets her without getting angry or judging me for what I’ve done, so it’s sort of a positive criticism kind of thing that helps me learn from the experience and she is always willing to learn.

Alan and Cathasach wanted their partners to be absolutely honest about their communication.

Alan: If I’m doing something that’s not okay or we’re not connecting in a way that we need to be, we have to talk to each other about it because she’s my number one priority.

Cathasach: I think his brutal honesty was very helpful.

Conor and Cole especially valued being listened to by their partners.

Conor: She’s a great listener, she definitely pays attention to what I’m, and not only does she listen to what I say but it’s like she pays I think attention to the way I say things and what I’m doing and so she knows that like what I actually really mean when sometimes I don’t even know what I mean.

Cole: I don’t know how I could’ve done it if I didn’t have somebody to like talk, to kind of give my most vulnerable secrets to.

One’s ability to honestly listen to their partner enhanced communication overall and the couple’s sense of security. By being honest and open with each other, lines of communication could be maintained.

Humor. Most couples interviewed valued their sense of humor. Veronica noted how much she appreciated “being able to laugh with” KC. Lyn and Sandy shared their partner’s sense of humor was a major attraction at the start of their relationship. Audrey and Lyn recounted a story in which they were able to laugh about the difficulty in adjusting to their new relational identity.

Audrey: The sense of humor is definitely there...Lyn was in the passenger seat and all the sudden she just starts laughing...she finally caught her breath and Lyn is older than I am and she’d always been very proud of being a cougar. And she said, ‘you know how I always thought I was a cougar?’ I said ‘yes.’ And she said, ‘I just realized I have a trophy wife!’ (laughs)

Alan, Amy, and Conor also discussed finding humor in transition. Their ability to laugh through difficult times eased difficult moments of the transition process.

Alan: She makes me laugh and you know I’m kind of more of a serious person...I’m not a big giggly laugh-y guy but she definitely is someone who will make me laugh over anybody else.

Amy: I mean a sense of humor too. I think there’s not a day that goes by that we don’t laugh together you know, even on the hard days with the baby and trying to make the baby and through transition and all of that. There’s always laughter...laughter has been like one of the key glues for us.

Conor: I mean there’s humor in tragedy, but there’s also humor in you know all of those minor-ly or majorly frustrating reactions that people had, and I think we’re pretty much on the same page.

Humor was used to reframe difficult times in gender transition processes. Many couples interviewed found their sense of humor to not only be a healthy way to cope with challenging times but also served as a strength to their relationship.

Sexual fluidity. A final value that emerged as a relational strength for couples transitioning genders was sexual fluidity. Namely, most of the cisgender participants in this study identified as non-heterosexual. Both trans and cis individuals described this as

a helpful quality for their relationship. Cole and Shane observed that having sexually fluid cis partners was beneficial for them.

Cole: I don't think Leah would have dated me if she didn't understand that there was some kind of like androgyny slash gender combination going on, you know?

Shane: I think it probably helped that Kim always defined herself more as bisexual than she did a lesbian so it was a little bit less of a shock to her system I guess to transition than it would've been to somebody who maybe had only been with girls and is now having these definitions.

Kim and Cathasach described their sexual orientations as beneficial for their partners.

Kim: I joke about that my lack of sexual preference probably helped because I didn't have to care in that sense...Sexually it doesn't bother me at all, that certainly helped...I think it's much harder for the people who are in a heterosexual relationship and are used to that and then transition to the situation where they're not that, you know, norm anymore when they go out I think it's much harder for them.

Cathasach: I think that I'm bisexual helps a lot.

Leah was able to articulate that while her sexual orientation was helpful in her relationship, she could understand how other partners who did not identify similarly would struggle.

Leah: There's definitely been a lot of people who are like, wow what you're doing is so amazing, or you guys are so, you know, I don't know if I could do that! And I was like yeah maybe you couldn't. My friend said that the other day and I'm like, because you're a lesbian! Like you're straight up a lesbian. Like you are only attracted to women. So of course you couldn't do it, you know?

Overall, a strong theme that emerged within interviews was the numerous strengths the couples shared across relationships. Couples expressed strong experiences of unconditional love, nonjudgmental acceptance, commitment and security, and friendship within their romantic relationships. Within strong relationships, couples also facilitated values of respect, perseverance, flexibility, and humor. Finally, couples

described the role that assertive advocacy and sexual fluidity play as relationship strengths. Overall, the consistency of relationship strengths enabled couples to maintain positive relationships through changes and challenges from the gender transition experience.

The Political Is Personal

A final theme that emerged from the interviews with participants was the importance of the sociopolitical climate on daily functioning and emotional reactions (see Table 6). This was an interesting time period in which to conduct interviews as they took place immediately preceding and following the 2016 presidential election. Many participants discussed the importance of political and legal developments on their personal lives; namely, when it came to transgender individuals, political issues were personal issues. Political themes emerged in several contexts. First, specific election results were discussed. Next, physical safety concerns were brought up as they related to legal decisions and lack of protections. Gendered language was often brought up as sociopolitical labels tied up in gendered language impacted how people described their own identities. Finally, increased media attention to transgender issues was discussed.

Table 6

The Political Is Personal

| Participants | Sub-Theme | | | |
|------------------|------------------|--------------------------|-------------------|-----------------|
| | Election Results | Physical Safety Concerns | Gendered Language | Increased Media |
| JB & Roberta | X | | X | X |
| Conor & Amy | X | | X | X |
| Madelyn & Sara | | X | | |
| KC & Veronica | | X | X | |
| Kash & Jasmine | X | X | | X |
| Cole & Leah | | X | X | X |
| Alan & Faye | | X | | |
| Sandy & Mia | X | X | | |
| Shane & Kim | X | | X | |
| Audrey & Lyn | X | | | |
| Sue & Anne | X | X | | |
| Evan & Cathasach | | X | X | X |
| Paul & Bill | | | X | X |

Note. X means the couple mentioned the emerged theme

Election results. Participants reported concerns about election results and political leaders impacting their daily lives. These concerns were reflected on both the national and local political stages. When asked about her greatest challenge in transition, Audrey replied, “I think the hardest thing presently is the political climate.” Similarly, Kim noted, “Legal changes are probably the biggest pain in my tush.”

JB was interviewed before the election results and expressed great anxiety about how his rights might be affected if certain results came about:

What if the election turns out one way and I suddenly become someone who has to carry papers or has to live in an internment camp? You know all of that kind of anxiety that goes along with being trans. What if I get called out in the bathroom? All of that kind of anxiety is definitely the hardest thing about it.

Jasmine and Kash expressed fear about what would happen to their rights as a couple and for Kash as a transgender person. At the time of interview, they expressed intent to ensure all their legal documents were changed with Kash's appropriate gender marker in case they needed to move to Canada.

Jasmine: We both are really nervous about what will happen when Trump becomes president and all the stuff with the Republicans in charge of everything and the Supreme Court. And this year the Supreme Court's going to decide about whether transgender people can use the bathroom. So there's a lot of stuff in terms of transgender rights that are at stake...it is really scary and unfortunately for us it's just like our reality.

Anne and Sue also expressed fear about the election results impacting their lives.

Anne: With the Trump election, I've never been through a presidential election where after the results of the election I felt afraid for myself, for Sue, for other people in the community. It shouldn't be like that. For this, this is a big deal. And I think some of my conservative friends don't understand. It's like, ok I have a transgender spouse. I am afraid for myself, for her.

Mia explained that election results impacted not only her relationships with people but also increased her sense of worry and fear about Sandy's safety.

Mia: I unfriended people over the election not because who they voted, well maybe it was because who they voted for but how, it tells a lot about their character... I didn't worry so much until the election and there's so many hateful people coming out of the woodwork that I do worry. Especially with the bathroom laws and all the people they're putting in office. I worry more now than I ever have.

Audrey explained that one of the primary reasons she retired when she did was because she did not want her team to be “punished” because of her trans status as an employee for the government:

Ultimately, I was reporting to the legislature and you know what Texas is like and how they feel about us. The real problem I saw was they, it would’ve been hard for them to have punished me directly, but they would’ve punished me by cutting funding from my agency, by reducing my staff, by hurting a whole lot of other people who didn’t deserve it.

Finally, Anne expressed she and Sue have experienced consequences and frustration with local legislation that challenged Sue’s right to use the bathroom of her gender:

Another big challenge is the conservatives who are trying to set up bathroom laws and the politics behind it and the discrimination...from society...these people are just so ignorant of what’s going on. For both of us, I think a big frustration is the people who don’t know the community, they don’t accept it and so they want to try to legislate ways to block things and make life difficult.

Political changes related to local and national election results created a personal impact for participants interviewed. Couples expressed fear, anxiety, and general displeasure with the outcome of the election. Both trans and cisgender partners described being scared of the discrimination and lack of safety they would experience under a conservative administration.

Physical safety concerns. Some couples expressed concerns for their physical safety directly related to a lack of legal protections. Anne worried about violence from others in public and felt she and Sue would likely not be protected from violence. Anne said, “I was concerned about how other people would react. I was concerned about acceptance. I was concerned about violence. I didn’t really know what to expect.”

For Cathasach and Evan, this threat of violence became reality when they were harassed and attacked on a train for being together in public. Cathasach related, “We got attacked on the train at one point...that’s affected how I act in general I feel like.”

Alan and Faye also shared concern for their safety.

Alan: I think it’s hard not to have those feelings...there’s definitely situations where that could lead to something bad, you know? So it’s, that’s always there for me...I’ve been chased by someone with a baseball bat. I know that fear. And I just, I don’t want that risk for myself and I don’t, especially don’t want it for any of my family members. I don’t want to put them in any kind of danger because of my status.

Cathasach noted he has had to be much more cautious in how he acts in public and responds to others, and did not feel this was present when he and Evan appeared to be a heterosexual couple. Leah and Cole felt the fear of using the right bathrooms was “real.”

Leah: Being a trans couple, I mean there are certain things that are day to day that we’re aware of. Like people ask us, oh is the bathroom thing, and it’s like, it’s a real fucking thing. It’s for real. Like I’m aware that we have to go home at certain times or find bathrooms if the night is going to go along well.

Cole and Leah reported the week prior to their interview with me, a transgender person was targeted in a hate crime less than a block away from their home. Veronica and KC described fear of discrimination in airport security or being targeted for their agender identity.

Veronica: We were going through security and KC was like you know, keep an eye, make sure you’ve got my back and I was like, what? And just in that moment it was like oh, there’s the potential for KC to be really put into a box like, oh you, on the censor you don’t appear to have male genitalia but you also don’t have breasts so we’re going to treat you differently...I really felt on guard there.

Concerns about discrimination, violence, and abuse were very real concerns for transgender couples interviewed in this study. Without appropriate legal protections, these threats might only escalate.

Gendered language. Couples discussed how sexual orientation language is inherently gendered. The use of categories, such as binary genders, to describe a spectrum of experiences carried political connotations for participants. Paul illustrated that when defining one's sense of attraction, such as carrying a "heterosexual" or "lesbian" identity, both the gender of the person who carries the attraction and the person they are attracted to are assumed: "There's a whole bunch of terminology changes that assume the gender of the person speaking in English? It just is strange." Paul had to make changes in considering what terms defined him because of this political context. When describing changes to their own conceptualization of sexual orientation, it repeatedly emerged that gendered terminology and language used to describe people were inherently political as JB discussed.

JB: I think this is more of a political way that I think about sexual orientation. I have always considered myself bisexual but I kind of got rid of using the word bi once I came out as trans because I'm more aware of gender as a fluid spectrum and I don't like thinking of that binary that bisexual implies, and so I use the word pansexual or queer now instead to make sure that everybody who hears me identify my sexuality, especially as much public speaking as I do, think about the idea that there are lots of genders, not just two genders.

Amy shared a similar struggle with the "academic" definition of being queer and how to feel empowered in her definition of holding a queer identity.

Amy: I didn't really like the word queer for a while when I was identifying as a lesbian. It felt like queer, I knew queer as sort of either a negative thing or like a very academic thing. Like there was queer studies and college, but that wasn't, I didn't really identify with that beyond kind of like the really theoretical Judith Butler sort of area which wasn't really something that you know was like speaking to who I was. But I think it now is able to encompass sort of a broader

sexuality for me...queer is able to encompass all of that more than lesbian is. And more than bi is, for me which you know my own bias but bi always seemed to be sort of like, even if not 50/50, it felt very cisgender anyway.

Veronica and Leah shared the “dichotomous” boxes of labels have not been relevant to either of them although others tried to commit each to those boxes.

Veronica: I’ve learned that like gender and sexual orientation are really subjective and not dichotomous as I thought they were...it doesn’t really matter what box I check or what label I put on myself or other put on me.

Leah: When we first started dating and he identified as female people were like, oh so you’re a lesbian now! And I was always like, uh, I don’t, no? And then they were like, oh then you’re bisexual. And I was like, eugh, I don’t like that one either. Like I’m just me and that’s just him and that’s it.

KC and Shane discussed how they felt labels were approximations of their sense of self. While terms had changed for their sense of self, the description had not.

KC: I think I grabbed a hold of lesbian as an identity because I was like, no, it’s not a phase! And very like in a defiant way kind of? I don’t think I ever have actually identified as a lesbian but it’s like, that’s just how I knew the world saw me.

Shane: I’ve always been attracted to girls and I’m still attracted to girls...my orientation has, as far as that’s concerned hasn’t changed at all. It’s just how that is defined for me.

Evan felt by coming out as trans, he had more freedom to break out of political confines related to his perceptions of sexuality.

Evan: There’s certain stuff like being more on the sub end of the spectrum where if you’re like really political and trans but not out that’s like, that can be this weird thing where you’re like, well is this proof that like, you know I want to be treated like a woman? Or all this stuff and like now that I’m out, it’s fine. It’s like I like what I like and I’m like, you know a dirty queer boy who likes, you know, daddies. So it’s a lot easier emotionally to navigate than not being out and having certain kinks.

While gendered language for identity definitions carried strong political connotations for several participants interviewed, it seemed that couples were able to

modify definitions or language in a way that felt appropriate for them. Others might still attempt to squeeze transgender individuals and their partners into certain categories with expectations of behavior, yet these couples illustrated how that could be a personal process.

Increased media. As part of experiencing a personal connection to political ideas, participants described increased media attention and trans figures in the public eye had impacted awareness of transgender issues. Five of the six couples who talked about transgender media figures indicated it has been a positive shift in making transgender people visible and increasing positive attention.

Amy: We were a female couple before trans was as big as trans is now? So I think it's more sort of in culture and in the news now.

Conor: I feel like things have changed a lot in six years when it comes to trans people like Caitlyn Jenner and stuff like that and people are thinking about it more and becoming more educated too.

Paul: For every problem she has, Caitlyn Jenner has given a lot of people, there are a lot of people that watch the Kardashian show a lot and therefore were really invested in all those people. It's like those people felt like family friends. You spend hours a week with these people, well whatever they're putting on the screen. But anyway, and then suddenly someone in their extended emotional family is trans and is trying to talk about this shit and so suddenly millions of households finally had somebody to go, wait that's a thing? About it.

Leah: It's like the Caitlyn Jenner factor. Not that being a celebrity, but it became a lot more popular, a lot more easy to talk about. There's a lot more information, like we're not huge fans of Caitlyn Jenner, but what she did for the trans community was massive.

Kash and Conor noted that with the increased attention, there were opportunities to hear discriminatory conversations and viewpoints from others. Kash discussed he was coming out at work at the same time as Caitlyn Jenner's coming out story was in the news. The reactions he heard from others to her transition made him feel unsafe to come

out at work: “It was kind of the same time as when Caitlyn Jenner came out...sometimes people would say bad stuff.”

Other couples discussed using documentaries and books published recently to share trans stories as a positive way for them to explore coming out. Overall, increased media attention seemed to bring transgender issues into the spotlight in pop culture as well as political conversations. Increased attention can be positive and negative, depending on reactions from others.

Political issues are personal issues for transgender individuals in a way that is unique. Couples expressed fear and trepidation around their physical safety based on the recent presidential and local election results. Changes toward discriminatory legislation and cessation of protections of this vulnerable group proved frightening on a daily basis. Couples also discussed the impact of gendered language and labels as a difficult way to describe their experiences. Media attention also brings transgender issues into more public conversations than ever before.

Feedback for Therapists

Participants were asked to reflect on what they would like for therapists working with transgender couples to understand about work with this community. Through the course of interviews, many participants also discussed their personal experience with counselors, therapists, health providers, and psychologists. Although initially this section was grouped as an emerging data theme, the richness of the recommendations provided by the participants deserved deeper consideration related to clinical implications for this study. As a result, feedback for therapists to consider is granted a separate section and divided into four parts:

- Competency first
- Unconditional trans positivity
- Connection to resources
- Client to client: recommendations for trans couples in therapy

Competency First

Most couples discussed their frustration or difficulty finding competent therapists. Overwhelmingly, feedback was provided that suggested therapists working with transgender couples needed to ensure they had some basic multicultural competency with transgender issues before taking on trans clients and trans couples. The theme of competency first was broken down into several components: Clients are not teachers, okay to refer out, role of systemic advocacy on the therapist's part, individuality of couples, and healthy suspicion of therapists.

Clients are not teachers. Most participants discussed the importance of having informed therapists with basic knowledge of transgender issues, WPATH standards of care, and steps involved in transition. If therapists were not knowledgeable on these issues before seeing transgender individuals, participants warned the risk of harm felt elevated.

Sandy: I would want them to have some knowledge and understanding about couples counseling period. What it takes to be a successful couple and then also to be aware of what it is for a person who's trans and transitioning, what struggles and issues they're faced with...learn what they can about being someone who's transgender.

Alan: I think there are so many people out there that just aren't educated enough about just some of the basics about pronouns, especially when someone is first starting to transition and trying to make that person feel as comfortable as possible. It's like if you don't know anything about it, how can you help someone, you know? You can't...it's like anything else...you could damage the hell out of that person because of your opinion...you may use the wrong language

and that could be really detrimental to that individual. It's the same thing, it's not rocket science, it's about anything else. If you don't know it you've got to educate yourself so you know what to say and what not to.

A primary barrier discussed for finding affirming care was clients felt responsible for teaching their therapists about basic needs for transgender individuals. This felt frustrating and unsupportive for clients.

Paul: So far all the therapists I've been with have physically been willing to try to be supportive but I had to do the basic education.

Kim: I felt like I had to teach her and then wondered why I was spending the money.

Alan: You shouldn't be providing a service to someone if you can't take the time to understand it. So as a therapist if you can't take the time to like, sit down and read some information then why are you saying you can support them? You can't.

Cole and Leah felt so overwhelmed at the beginning of his transition that had they been expected to teach their therapist, they would not have known what to say. Instead, their therapist was able to provide them with information and helpful guidelines they recommended other therapists know about.

Cole: I think things to expect maybe? ...Like things might affect like your significant other more than you might expect them to and like that's okay, it's just part of the process. And expecting that like there might be mood swings or something when HRT happens and that it's not going to be forever... I know Leah said, she's like I have no idea what to expect, and I'm like well yeah I don't really either...I would've appreciated hearing that if I did a session...One thing I remember I got from my therapist is just like this sheet of what to expect like, what changes to expect at what time?... As simple as that seems to me now, it was such a relief to have that at the time when I was like, saw no changes at all and was expecting everything to happen overnight. That was helpful.

Ultimately, while all therapists can learn new information from their clients and each individual situation, it appeared that relying on clients to inform therapists about basic transgender rights, care, and issues was especially frustrating and unfair for clients.

Okay to refer out. Some participants described they would rather be referred out to trans-knowledgeable therapists. They noted not all therapists would be appropriate to “champion” transgender clients, yet awareness of what those personal boundaries are for therapists seemed very important to participants. Conor provided an apt metaphor for the difference in specialized therapists and generalists regarding transgender issues.

Conor: I think people in the profession and whatnot aren’t always 100% knowledgeable about trans people and I don’t necessarily think that’s a horrible thing, like I think people need to get more educated but it’s kind of one of those things like, you know when you go to the doctor? If you have a heart problem you go see the cardiologist because they know about your heart. And if you’re at the podiatrist you can’t expect him to know everything about your heart, right? So you know there’s going to be specialists that are going to specialize in certain things, but I guarantee that podiatrist is going to be able to save your life though if you’re, if you start having a heart attack in his office. So he’s going to know something, he’s going to at least be able to do something for you. So I think just being knowledgeable and being honest with your lack of knowledge, if necessary, but also being willing to either educate yourself or send that person to someone you know. Help that person find a resource if they need it.

Faye and Alan both shared they do not want to work with therapists biased against transgender individuals and the necessity of referral in those situations.

Faye: Don’t take on patients that you’re not ready to champion all the way through because that will just break them.

Alan: If they have any kind of judgment about it at all they should not even consider it because it’s just devastating to these guys.

Conor also described how helpful it would have been to be referred out appropriately. If therapists do wish to refer clients out, they should ensure they are referring to appropriate individuals who will be able to meet client needs more effectively.

Conor: I don’t expect all therapists to be comfortable with dealing with trans people or trans couples or anything like that and I think that okay, I don’t think there’s anything wrong with that...but I think just being able to say, I don’t know how to help you with this but I will help you find someone. Because I think you

know, it really would've meant a lot to me if that therapist would've actually helped me find someone to talk to as opposed to just ignoring the subject and then having to, you know, try to deal with it myself later on. Because then I kind of just felt like I was just left hanging and I didn't know what to do. And so then I just did nothing.

Participants seemed to understand not every therapist would be a transgender expert or be able to be fully supportive of transgender issues or clients. In these situations, they recommended therapists be willing to refer out rather than damage or ignore the trans person's needs.

Systemic advocacy. Participants noted therapists should be prepared to advocate for clients both inside the therapy office and outside of it. Within the scope of trans care, couples and trans individuals requested therapists be very familiar with procedures involved in assisting clients with accessing appropriate medical care. This might involve knowledge of legal issues that impact this clientele as well.

JB: All therapists need to know about trans people and how to talk through trans issues and know how to write the letters that get us into our hormone replacement therapy.

Alan: They need to know their resources in their area to help that person. Because that person's going to come in and they're going to be coming to a therapist because in some states they're wanting that letter so they can even get on testosterone or so, that they need to have a surgery and they can't get it without a letter from someone so that's really important.

Jasmine recognized how helpful it was to have providers advocate within the office for changes and respectful treatment of clients among staff and administrators.

Jasmine: Some of the small things can be done that make a huge difference, being able to recognize them by the name they go by, use the right gender pronouns. And one of the things the clinic does is the health care provider was willing to make this happen was change their name to the name that they go by in the system.

Kim noted therapists might also experience negative repercussions within their communities for associating with trans clients and working within the community:

“Therapists need to be prepared to address the fact that you’re going to start getting attention for things you’re not used to...and unfortunately it’s not always going to be positive attention.”

Ultimately, it seemed because therapists and psychologists are in a unique position of privilege and power within their communities, it would be extremely beneficial for clients and trans couples if they were prepared to use that power to advocate for client needs.

Couple individuality. Particularly in working with trans/cis couples, participants recommended therapists and psychologists honor the individuality of each couple. By increasing familiarity with general issues, psychologists would be more apt to adjust their approaches based on individual needs. Sue summarized this idea: “Each person’s journey is different. Each person’s experience is varied, yet there’s a common thread or several common threads that run through.” Amy noted it could be difficult to work with trans couples because of this individuality: “It’s hard because I know there’s all sort of levels of what relationships look like.”

Veronica and KC discussed that a shift in mindset could be more helpful as couples are treated and honored for their own needs and story.

Veronica: One thing that I never liked is that a lot of doctors expect to find what you’re dealing with in a textbook. And like, this is how I can help you. And not so much that that’s not possible...but I think that therapists should remember that each couple is unique and may not fit that formula exactly.

KC: Yeah what I would want is for therapists to stop thinking in boxes and think more about individual cases.

It appeared for participants in this study, a primary component of having trans knowledgeable therapists was the ability for those therapists to individualize their couples' treatment. By understanding broader trans issues that might arise, psychologists could assess each couple individually in order to conceptualize their singular needs for treatment.

Healthy suspicion. Several participants noted they sought out trans therapists with whom to work so their issues were more appropriately understood. There was some doubt that cisgender therapists could provide the same level of acceptance and support

Kash: My therapist is trans herself so that's helpful that she really understands issues and she's just really supportive.

Evan: I think my favorite thing about my therapist and I mentioned that they are genderqueer and trans themselves, and you know what that enables us to do? Is to not fucking talk about it...I would say if you're not a transgender person like maybe you shouldn't even be, you're not the right therapist for someone going through a transition...they should talk to someone who has experienced that, period.

Given there seemed to be an underrepresentation of trans mental health practitioners, Evan noted when working with a cisgender therapist or researcher, suspicion could be a healthy process in assessing match of fit.

Evan: You expected my suspicion? Based on you being cis and you rolled with it and you answered my questions in a straightforward and open way. And I think that understanding and making space for trans people, like showing our suspicion. It's not out of malice, it's just you always have to be scanning for a threat. So if a cis therapist acts like that's a normal healthy thing to do, that's a really helpful thing, too.

Historically, trans individuals have been mistreated and devalued by mental health care systems. As shifts toward inclusivity, acceptance, and trans liberation evolve within the field of psychology, therapists can encourage open dialogue with clients about their suspicions. Conceptualizing these conversations or doubts as a form of assessing

safety could help both therapists and clients feel more comfortable with their evolving interpersonal therapeutic relationship.

Unconditional Trans Positivity

A second major theme that emerged as feedback for therapists was the ability to be unconditionally trans positive. No matter the issues arising, it was vital therapists continually reaffirmed that having a trans identity was not a negative aspect of one's life. JB and Jasmine both illustrated this trans positivity was necessary as the foundation of good therapeutic work.

JB: It's very important that therapists know how to work with couples where somebody is trans, whether the trans-ness is accepted or not, and where everything about the trans-ness is positive. Because trans-ness is not a pathology, and so often it gets turned into a pathology.

Jasmine: I think some of the key things is it's not a lifestyle, it's not a fad. It's somebody's, that's a person's gender identity and who they are and being sensitive to that. We did have one therapist that we felt was homophobic and kind of invalidated our relationship.

Participants shared several thematic ideas about ways for psychologists to remain unconditionally trans positive: increasing their visibility as allies for the trans communities, using affirmative communication strategies, destigmatizing gender nonconformity, identifying if gender is the real problem within couples, and avoid taking sides in couples work.

Ally visibility. Veronica and Evan described how many providers advertise themselves as being "trans friendly" without following through on that label. Thus, it is essential if one was to make themselves visible as an ally, therapists must be prepared and educated to follow through on what that might mean to clients.

Veronica: A lot of doctors list themselves as trans friendly even though they really aren't...if you're going to list yourself in a whatever way as trans friendly, you should mean it and respect your patients that way.

Evan: My experience was that everybody will put like on their Psychology Today profile or whatever that they help LGBT and transgender clients. And they shouldn't, when all they really mean by that is I don't hate trans people. And honestly that's not enough to qualify you to help someone going through transition.

Paul indicated how valuable it was for cisgender ally therapists working with trans clients and couples to increase their visibility so they could be distinguished and easily identified.

Paul: Being able to describe your skills in this area, being able to say, I may not know what you're going through but I can help you, I'm interested, you're not going to have to convince me that being trans isn't your mental illness. You might be depressed and trans, you might be this and trans, but the problem isn't that you're transitioning and there's a lot of clinicians who think that is the problem. So spreading the word that trans supportive clinicians exist and how to find them...is something that needs to be happening after the basic training. Become trained, make yourself available...it seems almost like a waste if there are trained clinicians who are hard to find.

By correctly identifying oneself as a trans ally in the community, both clients and psychologists could benefit. Visibility remains important for allies in the transgender community.

Affirming communication. Participants highlighted how essential it was for therapists to remain affirming in communication with clients. Conor, Faye, and Leah discussed the first step of affirming communication was the ability to acknowledge trans identities as real and making space for those conversations to occur.

Conor: I was seeing a therapist and I brought [being trans] up again? But then the therapist was totally not a gender therapist or had any clue what to do with that information so he basically was just like, okay well that's nice. And so we didn't really talk about it anymore. So I used that to give myself permission to not deal with it again.

Faye: I think it's vital that any mental health professional always refer to them, they talk to them as if they are a real and solid individual and couple because you make light of any part of the experience and most people won't, who are trans or who are supporting a transgender person in transition will probably fall apart...you're just wound so tight.

Leah: I think when you can say anything you want and feel safe, that's the key, that's always the best part.

Next, psychologists should be affirming in using client's appropriate names and gender pronouns when clients are ready for those changes. Moving from there, therapists could honor other aspects of descriptive language couples use such as with sexuality and relational identities.

JB: One thing counselors have done for us that has been good is the quick adjustment to my name and gender change. And that you know is just the use of my new name and gender even before I legally changed it...having that training and that ability to adjust to name and pronoun no matter what the presentation is a big step for counselors with a trans client.

Kim: Just starting off with them being comfortable with the verbiage is a huge help. And it really put me at ease.

Shane: Yeah, having the vocabulary to be able to talk to somebody about it really helps. Utilizing, finding out what kind of pronouns they're using at what point and being aware that might change.

JB: Something [my therapist friend] does is making sure that she's asking the trans person and the partner about the identification language. So when she talks to them about their sex life, about their relationship status, about the things that they need therapy on in that particular session. That she's using language reflective of language they're comfortable with.

KC and Amy discussed negative experiences where counselors engaged in microaggressions with them and talked about inappropriate things. Knowledge of questions that are appropriate and inappropriate to ask could help avoid relationship ruptures before they occur.

KC: I think just general like, trans 101 type education in that don't stay things, like don't misgender, don't ask what your previous name was, that kind of stuff.

Amy: Conor went and told her that he was transitioning and starting hormones and she said something horribly ignorant like, I'm trying to picture what you're going to look like with facial hair, and I don't know, I'm having trouble doing that! Which is just so highly inappropriate you can't touch it with a 10-foot pole.

By using a client's chosen language and facilitating inclusive conversations, therapists could avoid microaggressive behaviors and remain unconditionally trans positive in how they thought about and communicated with transgender clients and couples.

Destigmatization. Psychologists and therapists working with transgender clients or couples could make efforts to destigmatize transgender issues and identities. Faye and Alan shared that talking about trans identities could be a vulnerable experience for clients, necessitating affirmative encouragement.

Faye: I think it's really important that they don't expect either the partner or the trans person to chill about any part of their identity and be flexible. They're having to be so rigid just to frickin' survive.

Alan: It's hard to go to the grocery store let alone go and like open up and talk to a therapist about what you're experiencing and what you're going through and not to be validated just on the simple fact that you're trans and you need to transition and you need this from them and for them to crumble that person is horrific.

It is essential that part of remaining unconditionally trans positive means believing clients that having a transgender identity is not inherently a mental illness as Alan discussed.

Alan: There are so many therapists out there that just, again they say and do the wrong things. It's like, don't even put yourself out there as someone who is willing and able to support a trans person individually or a trans, someone that is in a relationship that has a trans partner if you don't really mean it because, constantly I hear things about well, my therapist doesn't really think that I'm trans or I, you know I have a mental illness.

Audrey noted that stigmatization of trans people is so prevalent that addressing internalized transphobia from both trans and cisgender partners is likely an important step of therapeutic work for successful couples.

Audrey: I think it is incredibly important that people address internalized transphobia. We sabotage ourselves in a lot of ways because we are fighting the

images that we were given of ourselves...and that was really hard. There was not, there weren't role models that I knew and they're not easily accessible. So yeah, I think it's very important that therapists really address with clients their internalized transphobia. I think transphobia in spouses is another issue that's really got to be addressed.

Serving as a trans ally within the therapeutic work with transgender couples includes destigmatizing trans identities. Psychologists could make efforts to intentionally explore these ideas with clients and remain unconditionally trans positive in affirming gender identity and expression within couples counseling.

Is gender the real problem? Couples recommended that when therapists are working with cis/trans couples, they work to understand what the true reasons are for their relational issues. Many couples shared their reasons for going to couples counseling would likely not be related to someone's trans identity but rather because of other issues.

Leah: I think you asked good questions as far as how is your relationship? End of story. Not because you're dating a transgender human being, you know? Because most of our life is just a regular couple. You know, it has nothing to do with us being transgender. Us, him, I'm not transgender.

Amy: If we went to couples therapy it wouldn't be because Conor was trans, it would be because of like underlying issues of my own identity, and things that were changing because of our communication skills, like not because Conor is trans so we have a problem...Just because something major is happening in my relationship, that didn't mean I had to talk about that particular thing all the time...and I think it would've been really hard and offensive if the therapist had pushed wanting to talk about what was happening in my relationship.

Evan: Certainly don't try to make transitioning into the source of most or all problems.

JB shared how this comes up in his own counseling. Generally, he noted his trans identity was not the source of challenge for him but rather the other components of his life, such as anxiety, remained more pressing in therapy.

JB: A lot of what I need in counseling is the same stuff that anybody needs in counseling. It's not all just because I've transitioned genders and it's not all just

because I am a trans man now. I love my current counselor because when I go in for my weekly session we talk about stuff that I can imagine her talking about with any man my age who would come in and we don't focus on the fact that I'm trans except for maybe the last two or three minutes of the hour-long session. And that's very reaffirming and validating for me, and is probably a big factor in the reason I'm doing so much better right now, is because she's been so good this last couple of months in drawing my attention away from my transness...if you're working with the trans person alone in a relationship setting, that it's not just the transness that could be the issue with the couple. It could be a human issue. And that's very much been the case with me. It's the other stuff that I need to work on, and then yes I'm trans.

KC and Paul also discussed ways in which one's trans identity could come up in the context of couples counseling and warrant exploration but should not necessarily be "blamed" as the source of relationship issues.

KC: The definite no's would be like, 'oh well clearly you're fighting because so and so is transitioning.' Because that's never going to be the case. Like, ever. It will always be something else that the transition will just be mirroring or magnifying. It's not that the transition needs to change, it's that the couple needs to see what is actually happening. The transition gets blamed or the person having transitioned gets blamed instead of like, wow you guys aren't communicating.

Paul: Knowing the way that the trans, the gender trans-ing hooks into the standard fights. Is there a way that the trans thing is also a money fight? For example, paying for healthcare, buying all new clothes, going places. All the shit that you might do, buying medication. Does that become a money fight in a way that you need to make sure that you separate the gender thing from to keep it from the gender being a problem, or at least the gender being the thing you know have fights about? The gender and the kid fights, is that a problem?

It seems psychologists might be able to remain unconditionally trans positive in the context of couples therapy by not blaming the transition as the primary source of contention in relationships. While transition might come up as a conflict or be connected to larger arguments, psychologists should attempt to consider other contributing factors rather than stigmatizing transition as a major problem.

Avoid taking sides. Three couples discussed that therapists should ensure to not take sides or make assumptions about the process of therapy. Kim and Shane noted many therapists expected relationships to fail for transitioning couples. This mindset would create obvious problems to unbiased therapy work.

Kim: Unfortunately there's so many people who have that kind of assumption that right away it's going to fall apart-

Shane: So even therapists will sometimes approach it from that angle.

JB discussed that while the therapist might not intend to be anti-trans, some of their communication might come across that way. Counselors should be explicit in remaining positive and accepting to both parties.

JB: One thing that has happened to us that I think is probably not so good is when the counselor sort of takes sides or shows preferential treatment to one person over the other...there becomes miscommunication and the trans person is often led to believe that the counselor is anti-trans when maybe they aren't.

Mia and Sandy felt couples would likely not sustain their relationship through transition processes. If this were to occur, counselors should still be prepared to work on separation without portraying trans identities as a pathology.

Mia: More than likely, they're not going to stay together. I would say most of them are not going to stay together.

Sandy: And they would have to be willing to work out the separation issues.

Psychologists could maintain their roles as advocates by remaining unconditionally trans positive in their work with cisgender transgender couple pairings. Making oneself visible as a trans ally could increase a client's comfort with seeking out services. Using affirming communication could help destigmatize gender diversity issues. Finally, as one addresses relationship issues in couples therapy, psychologists should avoid taking sides and help couples determine if gender dynamics are the source of difficulty or if the issues are related to other relational issues. In this way, couples can

avoid placing blame on normative gender expressions or placing blame on trans individuals.

Connection to Resources

Participants recommended therapists working with transgender couples be well-connected to resources applicable for the trans community.

Trans community. Participants noted it was extremely helpful for them to have support from the trans community in their local area. Anne felt not being connected to other partners or people within the trans community was a significant challenge for her as it increased her feelings of isolation: “One of the things I said I struggled the most with was not having somebody to talk to other than a counselor really.”

Cole and Leah found trans-focused agencies could be a great source of support. Faye and Alan also used such an agency in their area; Faye noted if psychologists knew of such centers in their area, it would likely be a helpful resource to provide to clients.

Cole: Especially when we first started going along this road, there’s a place here that like deals with specific gender identity disorders? And they have great counseling and everything and there’s like, support groups and stuff...I feel like that would be super helpful. People being informed to like help you out.

Leah: Right, like using the community more.

Faye: I think it was important for therapists to have resources on hand, ideas on hand for how to connect in the community with people who aren’t in your circle...because you’re coming out and you need to make new friends...a therapist dealing with a transitioning person and their partner is going to need to serve as a resource in the community you know, for how to practice self-care through to isolating.

Faye, Kim, and Audrey all spoke to the power of groups and speaking to other trans couples.

Faye: I think groups are powerful...if there’s anything in their resources or toolkit that would allow them to create or facilitate or help someone else facilitate groups for these people, I think that would be powerful.

Kim: That's one of the big things I always push right away when I hear about groups, or hear about a couple, is please try to find your local group! There's probably a group out there somewhere.

Audrey: From everybody I've talked to, a couple who can sit down and just interact with an intact couple who survived the process seems to help.

Finally, Evan noted that especially for cis therapists with a desire to work within the trans community, they should be well-connected to the trans community at large in order to facilitate a client's care.

Evan: Those therapists who want to help those trans people need to be talking to trans therapists themselves, you have to get a trans person involved in the process... I think cis people can get really caught up in worrying about saying the wrong thing to the point that they're not really listening, and again, that puts the burden of emotional labor back on the trans person and for a client relationship that doesn't work, that's broken from the jump.

By informing themselves and acknowledging their limitations, cisgender therapists would be able to better assist the trans community. Couples seemed to benefit from connection to others who have gone through similar experiences and therapists should be poised to inform clients about available options.

Faulty media. Evan and Cathasach felt quite strongly that while therapists should be connected to resources, they should be extremely cautious about recommending media representations of trans individuals and couples.

Evan: First of all, every single therapist, I cannot believe this needs to be told, stop telling trans people and their partners to watch whatever insert like media artifact here that you saw about trans people. Don't ask if they've seen it, don't then go on to recommend that they see it, just whatever you read or watched on television about, like it's so insane!

Cathasach: Doubly so if it ends with the trans person dying...media about trans people or queer people in general where it ends poorly either with death or like them stuck in some other relationship or whatever of like, be aware that that's a trope that queer people are not happy with, that sort of thing. Don't. I mean really, don't recommend you need to watch this movie.

It seems one should be cognizant of tropes and biases inherent in media representations by making sound choices about recommending media.

External barriers. Anne and Sue shared helpful information about conceptualizing external barriers as they might impact couples.

Anne: We did have barriers, I don't think we had very many barriers between ourselves. My barriers were all external.

Sue: Right, with how's this going to be perceived?

Anne: How are we going to be accepted? Are we going to be accepted? And I'm not sure how a counselor necessarily can help with that because it really depends on the situation of the couple. Who's in their world? What companies do they work for? Are there jobs, are they going to get acceptance there? What city do they live in, are they in a city that's accepting?

Although they noted it might be challenging for counselors to help in those situations, it is important for them to be aware of situational factors that could be affecting transition success and planning. With increased awareness of situational needs, psychologists might be able to use their knowledge of resources to assist their couple clients with this process.

Coming out conversations. Lyn and Audrey shared a need for space to discuss coming out in therapy. They particularly believed therapists could help plan how to come out in certain communities and to others in their lives as the process can be quite stressful to navigate.

Lyn: I think that's important especially if the couple hasn't come out and not everyone knows is to help them figure out a way to approach people and tell people...

Audrey: I would write drafts of a coming out letter...trying to find the balance for what we shared and how we communicated it that we felt like would give us our best shot at being accepted. Because we, we came out together in a very real way.

Lyn: If people you're dealing with couples and they haven't come out, again it's helping them face the reality of the different reactions and how to cope with them...getting through the emotions of telling people who you don't know, who you know care about you.

Counselors might be able to use their connections to resources for a number of effective purposes while working with transgender cisgender couples. First, counselors should be well connected to the transgender community, both for their own learning and to assist clients in meeting others who share their experiences. Next, counselors could be aware of resources to assist in navigating external barriers and coming out conversations. Finally, counselors should exercise caution when recommending media representations as a resource for couples.

Client to Client: Recommendations for Trans Couples in Therapy

Many of the participants shared tips and feedback specifically pointed toward couples who would be attending therapy services rather than feedback for how a therapist could respond supportively themselves. These recommendations, provided by clients to new clients, could be communicated via counselors and psychologists through the process of therapy.

Conceptualization. Several participants provided guidelines about how couples could conceptualize the transition process together. First, Anne shared how Sue helped her understand what it meant to her to be transgender. The shift in perspective allowed Anne to move toward acceptance.

Anne: I think the statement, and this is something that I think a counselor could say to the couple, or to the cisgender person, is the statement that Sue made to me about, I think you've been thinking about me as a man pretending to be a woman when how I really feel is a woman pretending to be a man. Because to me, that completely changed my frame of reference because it was so true, but yet I wasn't seeing it that way.

Faye discussed how when working with couples, the trans partner gets to decide the kind of person they wish to be. Decisions can happen in collaboration with the cis

spouse or on their own. In their relationship, Alan made those choices independently with Faye's encouragement. Faye reflected, "It's important that they encourage the trans person, male or female, to really consciously decide what kind of man do they want to be? What kind of woman do they want to be?...He's had to figure it out on his own."

Paul suggested that both therapists and clients attend to times when it is more challenging to communicate about the trans partner's gender differences. Seeking patterns can assist in recognizing when deeper issues are being pulled on by transition-related issues.

Paul: There's a lot of ways of being in a relationship with someone assumes their gender in the same way that words do... they might not even know why they're suddenly uncomfortable when a gendered thing has changed. What are the things they always used to do that are gendered? Like when this therapist is talking to them, when do they slip up? When do they say, oh but when you were a woman, you know about what activities is it, or what relationship things is it where the cis partner seems to be nostalgic or upset about the lack of or whatever a different gender in their partner. I think it would lead to really interesting ways to ask questions or places to stick about and try to get to a deeper problem.

Roberta provided a strengths-based view of conceptualizing coming out within one's relationship in times when partners might feel "conned" or "duped" by their partners.

Roberta: It's still a good person, it's still a wonderful person that you've always known, how honored you should be that they've finally let you in, the finally realized who they were. Don't think they hid it from you...they're not booting you out, they want to keep you, that's why they told you. So that's important.

Transition is selfish, but temporary. Trans partners shared transition can be a self-focused time in which partners get left behind. In this way, partners should be reminded this journey happens with both partners.

Shane: It's so easy I think when you're the person going through something I think it's so easy to, not become, selfish isn't the right word. But it's so self-

focused I guess that you don't take into consideration that the fact that the person sitting next to is going through some of that with you.

Madelyn: I think that as far as the transgender part goes, they need to be willing to give their partner room to catch up. If you go 90 miles a minute and charge out there, you're going to leave them behind and they're going to feel left behind...you have to slow down a little bit...you will change as a person. Your personality will undergo some changes and you're going to discover that you have interests you didn't realize you had...and you need to remain grounded because that's not the person that your partner thought they were in a relationship with.

Amy shared how she felt impacted when Conor was experiencing his "selfish time" and that it might have been beneficial to also address her own sense of identity as a separate person.

Amy: At the beginning of transition it very much is sort of a selfish time for the person transitioning...and it's like very selfish in terms of all these new things and it's so great and it can be very overwhelmingly all about that person. And so for figuring out like, trying to help the cisgender person like process their feelings around that and also process their feelings around like, just being as separate person in a relationship with that person going through this major sort of like, me time.

Audrey and Lyn discussed this "selfish" process could be taxing as many environments might still not be accepting of trans people. Shane shared his experience with this as well. In some ways, cisgender partners are taken on a journey of challenging responses they might not have understood at the beginning of the relationship.

Audrey: Something I think couples, therapists doing couples therapy need to get the trans partner to understand is that we don't transition alone. That when we transition, we change literally everyone who loves us.

Lyn: Yes.

Audrey: It is still a revolutionary act to sit with me at a table in a restaurant and eat lunch because people will make assumptions and form opinions about the people who allow themselves to be with me. And that's something everybody needs just to be very aware of.

Shane: Everything in your life can change once you start on that track, so there are going to be some times that are harder than others. And as far as being the one who is transitioning, needing to be accepting of the fact that those changes...

are also affecting the person you're with, you know. Like I said, how they're perceived in public, how their relationship is perceived, is all going to change.

Psychologists could intervene in this process by helping couples stay connected to one another in the face of these challenges and transitional period.

Differences in experiences. Several couples discussed parts of the transition experience their partner simply would not be able to understand. In these situations, patience, communication, and support were necessary to help bridge differences in experiences and understanding. Leah and Cole chatted about their difficulty relating to each other's emotional reactions and the potential benefit of being more transparent in discussing those differences.

Leah: I don't want to walk on eggshells with my partner because that's not fun, right? But I also would like, you know I think if I was asking for help it would be like, how do I have a real conversation without walking on eggshells and without offending him on a regular basis... I obviously don't understand exactly how he feels and just because he's patient you know and forgiving, I think I've learned it but I think that would've helped in the beginning. Like maybe some things that are off subject or things that are off limits, setting some hard no's, some soft no's, that kind of stuff....

Cole: Maybe just saying like sometimes you won't understand you know exactly how I feel or how horrible that feels. But just to be like, yep I get it...maybe an explanation of sometimes I will seem to have an unnecessary reaction to something like that...just an understanding of like, maybe if you don't understand something it's okay, you don't have to understand it you just have to like-

Leah: Support.

Lyn and Audrey shared how difficult it was to be moving in opposite directions of emotion as Audrey's transition progressed. While they could not relate to one another, they were still able to provide support for each other.

Lyn: I think it's important for the counselor to understand that one member of the couple is going through I think and I think this is true for everyone I've talked to, the stages of grief. And that the other individual who may be transitioning isn't, they're euphoric.

Audrey: It was, actually I went through some grief too. It was leading up to it. I, at one point it was like I was watching a part of myself die? Once I started the

hormones and once the brain sort of balanced, yes, I mean I celebrated every development, every step forward. But every step forward for me was another piece of (former name) that died, that Lyn had to mourn. So we were moving at that point in opposite directions on that cycle of grief.

Lyn: And I could not relate to, I mean I knew it was happening and I appreciated the fact that she was basically experiencing a rebirth or a new birth, a new person emerging in this, but to me that was, it created an incredible rift in terms of being able to identify.

Paul discussed that sometimes partners get pulled into their own gender

exploration process separately from their trans partner as a direct result of their trans partner's transition.

Paul: I think in some of these situations it may be well, because they have to look at their own gender because their partner is looking at gender and so suddenly they have to deal with a bunch of shit they never had any reason to be interested in and then think, are we doing this just because it's expected or are we doing this because it's what we want? Am I doing this because it feeds my soul or not? Gender and their gender homework with whatever gets brought up with the transitioning partner's gender, see what I mean? The cis partner's gender suddenly can't just be invisible and assumed anymore.

It is likely many other facets of transition impacted each partner in a couple differently and psychologists might be able to guide that exploration process through a collaborative, open, therapeutic process.

Comorbidity with gender dysphoria. It might be helpful for clients and couples to explore the idea that as Bill noted, "Gender dysphoria is comorbid with everything." Thus, other challenges related to social interactions, interpersonal relationships, and other mental health issues might begin to evolve as gender dysphoria concerns are explored. Cole discussed challenges with disordered eating and body image concerns, which he and Leah discussed in the context of his gender dysphoria.

Leah: You'd have to ask him about the food issues, but I think him coming out as trans really identified a lot of where it was coming from...when your body doesn't match what you want it to match, and food was the one thing he could control.

Paul noticed his gender dysphoria was more globally related than he anticipated.

Paul: Noticing things that there's a whole bunch of things that it turns out were all related to dysphoria which I had thought were all completely separate messed up things about me? But when you pull on the string, a lot of them line up. So working on that from that end has been really productive for me in terms of figuring out what I should keep in transition because it's important to me and what shit I was only doing because I hated myself or as protective coloration.

Thus, in the context of counseling, psychologists might want to help clients explore and anticipate shifts in other areas of mental health as gender dynamics are modified.

Consistent values and attributes. Four different couples discussed how reconnecting to consistent values and attributes about their partners helped keep their relationships strong. As couples experience significant changes related to the gender transition process, they could be gently reminded that much of what kept them together over the years has likely remained consistent. Bill and Lyn noted for them, gender as an attribute was far less important than any other personality characteristics.

Bill: If you take a person and break them down into a bunch of attributes, which attributes are more important to you?... I don't get how being in a relationship with somebody who is very effeminate is more important than attributes like intellect, political alignment, religious alignment, those sorts of things...what are your priorities in the relationship? And if gender is that important to you, why?

Lyn: Think about why you chose to be married to this person to being with. Because those qualities are probably still there. And so maybe just defining, write down everything or think about everything or discuss everything that attracted you to this person. Why did you want to spend your life with this person? What are those elements and what's changed in terms of those qualities? ...You have to establish what your values are. And if you don't have a firm grip on that, then a lot of things that might trigger that response to leave may not really be a good reason. I don't know that's just, so I think that's what's important is, what is it about that person that made you want to make a commitment, and do those things still exist, and what would it take to overcome it?

Paul and Madelyn discussed how important it was for their relationships to stay connected to common hobbies, interests, and shared fun activities.

Madelyn: Staying connected to the things that connected the two of you in the first place.

Paul: Things that you did when you realized that you needed to be a couple or this is something you need to do a lot more often. And there are sometimes when we've changed enough where that's no longer a thing but there are a lot of times when we need to just go do one of those things... We need to remember what even is fun anymore and then we need to go get some fun together... Going back to what made you fall in love with each other, when you were first dating what made you want to take the third date, the fifth date?

Finally, Faye shared she and Alan have created new traditions together that incorporate his transition progress as something to celebrate within their relationship: "I think it's great that couples need to find ways to celebrate and have little traditions and routines that are about celebrating the transition...I think it's really important to find those moments to celebrate and do it regularly."

Connections between trans and cis partners could be built through the process of identifying consistent values and personality attributes that remained consistent through transition. Additionally, new traditions could be created to continue feelings of closeness and transition as a joint venture.

Attention for cis partner. Many of the cisgender participants provided feedback about their experiences being different than their partners and needing a different kind of attention from therapists and their partners. First, because trans people might have had a different timeline of considering their identities privately before sharing with their partners, some cis partners had significantly less information entering the transition process than their trans partners. It might be helpful to provide more psychoeducation to these partners to help them feel prepared as Leah and Lyn described.

Leah: For therapy reasons it would be just like letting the person who is cisgender know a little bit more how to handle situations.

Lyn: I didn't know enough to know what to ask. I mean it was just like, I was a deer in the headlights...I didn't know what to expect and so I didn't know what to ask.

Several cis partners shared they had to make special efforts to attend to their own needs both in and out of therapy so they were not forgotten and could provide more support to their trans partners.

Veronica: You have to remember to take care of yourself and that you should, that it's important for you to learn anything that you're not familiar with. Don't just sort of close off that avenue for learning about yourself and your partner...Make sure you take care of yourself so that you both are taken care of in the end.

Amy: I know that's what I talked about in my own therapy a lot was not really like about our relationship in terms of like communication but our relationship in terms of like how can I continue to feel comfortable in my own identity outside of our relationship...figuring out what is comfortable for both of us so as not to get lost in just being with a trans person.

Faye: I think it's easy for partners to minimize the impact it has on them. I think it's really easy to sacrifice your sense of self and to sacrifice your own identity in the transitioning process...because I didn't know where I stood, I just didn't stand anywhere.

Anne's therapist suggested if she and Sue wanted to stay together, the transition should happen according to Anne's comfort timeline. While this might not be practical for all couples, it provided an interesting viewpoint into the importance of compromise.

Anne: One of the things our counselor said to me was that I need to do this on my timeline. And that was one of the things that you know she said to Sue was, you need to let her do this on her timeline. She needs to be able to have as much time as she needs to accept this.

Cathasach shared partners should not feel "obligated" to stay with their partners but should do so because they want to and it makes them happy.

Cathasach: Make sure that they are really sure that they want to continue to be a part of the relationship and not stay in it just because they feel like they have to or they're obligated to. Because I think that's a real danger? And I think doing that is a great way to be miserable and have a horrible and probably what would end

up like an abusive relationship because you stay in this relationship that you don't want and you're not going to be happy... It would be extremely bad for both of you.

Sara experienced a similar process, saying her choice to stay with Madelyn did not mean relationships that end with transition are lesser.

Sara: I hate being told that I'm amazing for staying with Madelyn. That means that those people who couldn't do it are bad people and they're not. I think that my sexuality was fluid and that I could accept her as a woman, but who you're attracted to is who you're attracted to. Those people who are no longer in those relationships are not bad people. Relationships end for any number of reasons. I'm not a superhero for staying with Madelyn. I'm just in a relationship with a transgender person. Our relationship was just different.

Cathasach had an experience with his therapist where more attention was paid to him as a "martyr" for staying with Evan through transition.

Catahsach: The therapist who did the same thing is treating me like, a trooper or like I was doing this great thing by staying in a relationship-

Evan: Oh yeah like you were a martyr to like-

Cathasach: Yeah, like it was this giant hardship I had to go through to be in a relationship...it wasn't like, oh you're a good person because you're supportive and you're helpful and you're kind in this relationship. It was literally like, you're going through this relationship, it's a thing that's happening, yeah, like that martyr. Like enduring this relationship.

While it seemed therapists could go too far in acknowledging a cis partner's individual experiences if they were treated as saints or martyrs for staying with their partners, Leah and Lyn noted it was still beneficial to be treated as part of the relationship and honored for their support. Lyn noted she needed help in maintaining her sense of self-esteem, which therapists could assist in reframing.

Leah: I think that sometimes it's nice to be acknowledged as a nice thing. Like I don't think I deserve any cookies or brownie points for hanging on while he's transgender or came out, but like I do think it is nice to be like, high five for being supportive or whatever...I think if I was in therapy it would be nice to get every once in a while like a, how are you doing? ...I think getting a little bit of acknowledgment and I think the same questions that you ask the transgender people.

Lyn: The euphoria for the other person is, it's hard to share it... There needs to be some kind of assistance I guess would be the best way, or understanding that the spouse who is not transitioning needs to feel some kind of validation I guess is the way to put it... The ego of the non-transitioning spouse takes a beating. And I think all of us kind of questioned initially or somehow, is there something we should have, could have done that would've made a difference? And the truth is no. That's who the person is. Somehow the ego of the non-transitioning spouse needs to know that they're worthy, they're worthy of love and I think they need to understand that someone who has been struggling with that transgender, the dysphoria, that they're living in a society where they can't be real and that it is not a reflection on them as a person. Audrey's transition is not a reflection on me. I did not fail Audrey. I didn't cause it, I didn't make it happen, and she didn't use me as, she didn't con me. She's still the same person. That compassion, that inclusiveness, all of that still is there.

Participants in this study provided a plethora of helpful feedback for therapists and psychologists working with transgender couples to consider. First, it was extremely important to participants that therapists become competent in basic trans issues before taking on trans clients. Second, therapists must remain unconditionally trans positive in their interactions, communication, and couples work. It might be especially important within this population for therapists to remain connected to trans resources and area opportunities. Finally, participants provided some feedback they would have wanted to hear as clients that would be helpful for future clients to hear.

Reflections

Following the conclusion of the interviews, some participants chose to share their thoughts about participating in the interview process. Additionally, as a researcher I spent considerable time reflecting on my role in research through journaling.

During the process of screening participants before they volunteered, many participants asked me either via email or during our phone conversation about my interest in the transgender community, my gender identification, or if I had transgender individuals involved in the research process. Leah shared after her interview, "While we

are chatty, we were hesitant.” Some participants noted they were “just curious” to hear from me about how I became involved in this research. Others expressed specific doubts about working with a cisgender researcher so they were not misrepresented or taken advantage of given the complicated history transgender individuals have experienced with mental health providers. I shared with those who asked information consistent with the story I provided in the researcher stance section of this dissertation, explaining my history and involvement with the LGBT community at large. It felt important to me to not only establish my trustworthiness within the community but respond as openly and non-defensively as possible when receiving dubious questions as this is a common concern among this often research abused population (Singh & dickey, 2016; Tebbe & Budge, 2016). Ultimately, many participants expressed relief when I informed them I wanted to help alleviate the burden of responsibility for education from trans clients and couples onto therapists.

Ten of the participants separately thanked me for being involved with the transgender community and for using this research as a platform to help inform future therapists. They often felt ignored or underrepresented and expressed hope for a world in which trans people and couples are treated more inclusively and where more positive, successful stories are shared.

Alan: Thank you for doing what you’re doing. I think that it’s just important, the more people that put information out there that can educate is way better than some of the stuff that doesn’t get said or talked about openly, so I appreciate it.

Sandy: I’m glad you’ve taken such an interest in the trans community because it is something that’s needed. Counselors are going to need to know something about this.

Audrey: I’m hoping the work that you’re doing will make a big difference. I hope more couples get a chance...thank you for the work that you’re doing.

Amy: I think it's really important like outside of our own relationship to kind of help others, both the scholarship around being trans or not being trans but also real people and real lives.

Sara: I'm so glad that Madelyn and I got a chance to share our story. That's something I've wanted to do for a while is put some kind of positive look on this, since like I said we don't have a lot of people we know who are like us so I'm really glad we got to do this.

KC: I'm excited. I think if anything, when I read your blurb before we contacted you I thought yeah that is true, like no one really has resources.

Sue: Hopefully we can make this a better world because the next four years scare me...it's nice to have the opportunity to talk to someone who is willing to listen...you wouldn't be doing any of this if you weren't interested in caring about people as well, but to move the process forward is, I think for trans people. So I very much appreciate that.

Evan: It's really nice to see cis people who do have a sincere interest in helping us and showing up and being like you know, not like you're going to do, this is your peace corps trip where you're going to hold like some poor trans person's little hand for your Facebook photo albums, you're just going to show up for us and like be with us and that's cool. Like that's always a positive thing.

Cathasach: Thank you for putting this together. I was very happy. It was funny because I remember reading what you sent to Evan and I think I made it like three lines in and you said something about that therapists not using it as a chance to work through their own issues around trans stuff and get up to speed and I was like, I like this, we should definitely help her.

Paul: I think it's great that potentially more therapists are going to be interested in having trans inclusive care. Because that's been a thing...if basic education that you help to create ends up in the system so that new baby clinicians come out knowing this shit already, that would be amazing. I mean the difference between this, now I'm emotional...the world would be so different I don't even know how I could describe it. But I hope someday to live in that world.

The most prominent idea that stood out about participants following interviews was their overwhelming positivity and sense of hope. Although the couples interviewed had experienced some tragic life challenges related to their transitions and search for living authentically together, the sense of connection and strength each partner derived from their partner was the penultimate lived experience. For trans couples who face

increasing legal, social, and political barriers to living genuine lives publicly and openly, stories of hope and voices of courageous togetherness must be projected to honor the true lives of couples like those in this study.

As a mental health provider, researcher, and cisgender woman, this project has significantly changed my mindset and worldview toward trans issues and human rights. Therapy processes tend to become “problem focused” where intentional efforts must be made to shift conversations toward ideas and processes that work as well as those that can be modified for success. As these couples have shown me, most of what happens within these cis/trans relationships is already working. We have the opportunity to step out of our lab coats and into the trenches of worldviews and lived experiences to listen to unique stories, needs, and experiences. While there were common threads in the experiences of the 13 couples interviewed, no two stories were identical. No families shared the same history, same demographics, or even the same timeline for their relationship. As researchers, we attempt to find the commonality in order to teach others. Yet, maintaining the respect of individual differences appears just as important as what is consistent as these stories have shared.

Conclusion

Within this chapter, I presented a dyadic analysis and description of each participant dyad. I described their stories of beginning relationships as well as how they each approached the transition process as a unit. Additionally, emerging themes were thoroughly discussed using a plethora of quotes directly from the participants to maximize the projection of their stories and minimize the role my bias played in interpretation and communication of results. I described reflections gathered from

participants and myself about the research process as a whole. Three broad research questions guided the research process and analysis.

- Q1 How do transgender couples who navigate one partner's gender transition within the context of their relationship experience the transition?
- Q2 How do transgender couples who stay together as they navigate the gender transition of one partner experience strengths?
- Q3 How do transgender couples who stay together as they navigate the gender transition of one partner experience challenges?

Through the data analysis, six broad themes emerged with prominent subthemes:

- Love is Gender Blind (Partners in life, partners in transition; Relationship consistency, Life is gender blind)
- Relationship Changes (Language and communication; Affirming sex; Rediscovering sexuality, Redistribution of power)
- Benefits of Transition (Better relationships; Passing privilege; Emergence of support; Social and self-awareness)
- Relationship Challenges (Loss; Patience; Changing identities; Differences in experiences; Finding affirming professional care)
- Relationship Strengths (Unconditional love; Respect; Perseverance; Friendship; Flexibility; Non-judgmental acceptance; Honest listening; Humor; Commitment and security; Assertive advocacy; Sexual fluidity)
- The Political Is Personal (Election results; Physical safety concerns; Gendered language; Increased media)

Participants also provided feedback for therapists that was broken into four categories.

- Competency first
- Unconditional trans positivity
- Connection to resources
- Client to client feedback

In conclusion, the couples interviewed described many common experiences related to navigating a gender transition of one partner while maintaining a strong romantic relationship. While every couple and story were unique and diverse in identity, it is hoped these descriptions and summary of the data can provide a starting point for therapists and psychologists working with similar couples.

CHAPTER V

SUMMARY AND DISCUSSION

For this final chapter, I present a summary of the study and provide a discussion of the results. Chapter IV presented the results of data collection through both dyadic analysis and emerging themes found across cases. Results were obtained through intensive scrutiny of interviews with 13 couples. Transcripts were read and analyzed for emerging themes, demographic information was collected and examined, and researcher journal field notes and reflections were reviewed. To increase the trustworthiness of this study, I used triangulation of the data through multiple interviews with each couple system. To increase credibility, member checks were used throughout the interview process to clarify my understanding of participant responses. Following thematic analysis, participants were contacted for clarification and supplementary feedback about the found themes; seven couples replied with confirmation and feedback regarding the themes. Well-established methods for data collection and interpretation were used to strengthen trustworthiness of the study and researcher reflexivity and bracketing were used to check researcher biases. Finally, reactions and reflections to the research process were shared from participants and me. Six primary themes emerged from data analysis:

- Love is Gender Blind
- Relationship Changes Connected to Transition
- Benefits of Transition

- Relationship Challenges
- Relationship Strengths
- The Political Is Personal

Within this summary chapter, a thorough overview of the complete study is presented as well as its purpose. I then provide a summary of the research findings and their relation to the current state of literature. Implications are discussed for methodological and theoretical purposes. Relevant practical applications for counseling psychologists are considered as well as limitations of the current study. Finally, future directions for research in this area are provided for counseling psychologists.

Overview and Purpose of the Study

Transgender issues are gaining increased visibility in today's society (Tebbe et al., 2016) although gender diverse individuals have thrived across cultures as a normative form of human diversity (APA, 2015). Recent estimates note that up to 1% of the U.S. population identifies as transgender (Veldorale-Griffin & Darling, 2016). Awareness of transgender issues is considered to be a rising civil rights frontier (Steinmetz, 2014). Mental health professionals have historically pathologized gender diversity (Dentice & Dietert, 2015; dickey et al., 2014; Lev, 2004, 2013; Scarpella, 2010), yet current reconceptualizations of gender diversity observe it as a natural lifestyle stage of normative human expression (Bockting, 2009). While transgender individuals experience significant distress related to discrimination experiences (James et al., 2016), embarking on a social or medical transition to present as one's affirmed gender identity externally is associated with significant increases in overall well-being (Budge et al., 2015; Weyers et al., 2009).

Within the field of counseling psychology, researchers and practitioners have been tasked to increase their ethical understanding of multicultural counseling needs (Wendt et al., 2015a) despite the lack of this work currently taking place (Davidson & Hauser, 2015; Wendt et al., 2015b). Given the prevalence of misunderstanding gender diverse issues within mental health, normalizing experiences of gender diversity is necessary to advance the liberation of this community and reduce experiences of marginalization (Davidson & Hauser, 2015; Wendt et al., 2015b). As new guidelines have been provided by the APA (2015) for conducting supportive therapy and research with trans clients, it is necessary to continue challenging harmful, prevalent messages that stigmatize gender diversity and assume negative consequences for this group (Fowers et al., 2015; Sue, 2015). A way psychologists can contribute to furthering greater equity is by producing strengths-based scholarship that empowers participants to share their stories directly (Singh, 2016a, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016; Tebbe et al., 2016). In this way, prominent health care disparities for this vulnerable population can potentially be reduced (James et al., 2016).

Social support and relationship satisfaction are both key in improving mental health outcomes for transitioning individuals (Bockting et al., 2014; Collazo et al., 2013; Dargie et al., 2014). As resources for transgender individuals increase, transgender couples might stay together with increased frequency (Erhardt, 2007). Transition processes are generally conceptualized as a family and social process (Dierckx et al., 2016; Jackson, 2013) and up to 25% of transitioning individuals stay with their romantic partners through the gender transition (Meier et al., 2013). To date, research has preeminently focused on the transgender person's experience of the gender transition

process (Chapman & Caldwell, 2012; Chase, 2011; Lev, 2005). One recent study found only .0008% of marriage and couple therapy scholarship focused on transgender issues (Blumer et al., 2012) although scholarship is generally increasing (Singh, 2016a).

Despite small population numbers, transgender couples experience outstanding amounts of distress connected to societal reactions to their relationship status (Barr et al., 2016; Chapman & Caldwell, 2012; Giammattei, 2015). Researchers have specifically recommended that future studies need to examine the process of gender transition for preexisting relationships of cis trans partners (Meier et al., 2013).

The current purpose of this study was to fill these identified gaps in the present state of literature with transgender couples and families. Specifically, I hoped to further assist in counseling psychologists' competence in working with transgender couples as well as improving their allyship to the trans community. To do this, I aimed to systemically explore the lived experience of transition by interviewing couple dyads together as well as give voice to both cisgender and transgender partners by examining similarities and differences in their narratives. A qualitative, phenomenological methodology--creating meaning in context of participants' lived experiences (Ponterotto, 2005)--was best suited for engaging in these purposes given its applicability for social justice issues and move toward activism (Wendt et al., 2015a, 2015b; Yeh & Inman, 2007), particularly among transgender participants (Gleason et al., 2016; Singh, 2016b; Singh & dickey, 2016; Tebbe et al., 2016). The following research questions were examined throughout this study:

- Q1 How do transgender couples who navigate one partner's gender transition within the context of their relationship experience the transition?

- Q2 How do transgender couples who stay together as they navigate the gender transition of one partner experience strengths?
- Q3 How do transgender couples who stay together as they navigate the gender transition of one partner experience challenges?

Summary of Findings and Relationship to Current Literature

This section includes a list of emergent themes from the data analysis process, their connection to the identified research questions, as well as their relevance to current literature. It seemed themes found in this study generally and closely mirrored results found in qualitative and quantitative studies although discrepant information is presented.

Dyadic Analysis

Thirteen couples were interviewed who were in self-identified committed relationships. Ten of the couples lived in metropolitan areas while three lived in more rural communities. Participant ages ranged from 25 to 66 ($M = 41.7$ years old). Of the cisgender participants, two identified as men and 11 identified as women. Of the transgender participants, one identified as agender, four identified as transgender women, and eight identified as transgender men. This sample, with higher representation of trans men in sustained relationships, appeared consistent with current information noting trans women might experience more difficulty in sustaining relationships than trans men (Dierckx et al., 2016).

Eleven couples were legally married and two were in dating cohabitating relationships. Many couples, particularly transmen and cis women couples, referenced the legal changes from the Supreme Court ruling of *Obergefell v. Hodges* (2015) as impacting their decision and timeline to marry, which was consistent with research on the impact of legal protections or lack thereof on trans populations (White Hughto et al.,

2017). Relationship lengths ranged from two years, five months together to 28 years, 9 months together ($M = 12.4$ years). There was also a range in the amount of time couples were together before the trans partner came out to the cis partner--from one year to 23 years, 8 months ($M = 7.5$ years). Finally, trans partners had been out to most people as transgender for between six months, and eight years, six months ($M = 3.4$ years).

Twenty-five of the 26 participants identified as White or Caucasian, with one White Hispanic-identified individual. Twenty-four of the 26 participants had completed at least some college as their highest level of education while eight participants had post-secondary degrees. Household income ranged from \$30,000 to \$170,000 ($M = \$79,230$). Reported income in this population appeared to be generally higher than often reported with trans populations (Barr et al., 2016; James et al., 2016). Income differences could be connected to the overall privilege associated with a predominantly White sample and the high education levels associated with this group of participants. Additionally, income data were collected per household rather than comparing trans partner earnings to cis partner earnings, which might have revealed more pertinent information.

Each trans person interviewed had socially transitioned and also engaged in at least some medical intervention; all participants were utilizing HRT. Transition steps looked different for each couple and different interventions were selected. This was consistent with the literature emphasizing the variation of options for affirmation within the trans community of social and medical transition steps (Bockting et al., 2006; Collazo et al., 2013; Dentice & Dietert, 2015; Van de Grift et al., 2016; Wesp & Deutsch, 2017). All couples discussed this as a positive move for the trans individual and increased their

sense of personal well-being, which was also consistent with descriptions of transition benefits (Katz-Wise et al., 2016).

Love is Gender Blind

All couples in this study shared common beliefs that the love they had for one another was not related to their partner's gender. Participants discussed they conceptualized their commitment to each other as partners, which carried into their approach to the gender transition and was consistent with literature conceptualizing transition as a relational experience (Bethea & McCollum, 2013). Couples described their commitment to their partner's whole identity and personhood. They valued each other's happiness and sense of well-being and for most cisgender partners, that included supporting their trans partner's transition experience. Because of their commitment to one another as people, partners generally approached the transition collaboratively, made decisions together, and explored options that left both partners feeling good about their choices. Two previous studies noted couples who negotiated transition timelines together were more likely to sustain their relationship through transition (Cook-Daniels, 2015; Giammattei, 2015), which was similar to the process participants described. Participants generally reported their relationships did not change much overall as a direct result of the gender transition process in terms of their roles or in their attraction to one another--a positive trend not seen in other studies (Korell & Lorah, 2007). Most couples described being at least as satisfied with their relationship before and after their partner's transition if not more satisfied and secure with one another. Couples also discussed many of the challenges they had encountered related to their relationship had little to do with transition and were related to other life circumstances such as co-parenting, financial

difficulties, or career challenges. Several couples noted these challenges should not be attributed to the transition or their trans identity.

Relationship Changes Connected to Transition

Each couple discussed strengths they held in their relationship that directly resulted from the transition process. First, language and communication skills improved. Couples reported increased perceptions of honesty and openness in the relationship and how they were able to talk about things that occurred within their relationship. Communication skills were used to discuss both transition choices and their relationships overall. Some couples discussed that related to parenting, many identifying terms and labels also changed, such as changing from “Mom” to “Dad,” which Hines (2006) documented while discussing linguistic changes for trans parents. Couples discussed transition also led them to learn more about compromising with one another.

Another significant change that resulted from gender transition processes within the interviewed couples was changes to their sexual intimacy, which was consistent with previous research indicating shifts in this area (Edelman & Zimman, 2014).

Predominantly, couples indicated their sexual experiences were now more affirming and led to increased satisfaction with their physical intimacy, which coincided with Brown’s (2010) report. Both cisgender and transgender partners had to rediscover their sexuality as transition processes occurred and physical changes took place. Some couples shared their specific sexual behaviors were different because of transition while others noted their routines remained consistent. Three couples, all with trans women and cisgender women partners, no longer engaged in sexual acts since transition. Lev and Sennott

(2012) noted testosterone blockers and HRT potentially decreased the sex drive of trans women.

Some couples also discussed that a change in their relationship connected to the trans partner's transition was a redistribution of power. Previously, cisgender partners who had been more submissive became more assertive while many trans partners who had taken an authority role within the relationship became more deferential to their partners' wishes. Generally, this seemed to be a positive change as recounted by the participants. Although no research discussed changes in power dynamics within relationships, several studies noted gender roles might shift within couples, leading to changes in responsibility or contributions within relationships (Katz-Wise & Budge, 2015; Levitt & Ippolito, 2014a; Raj, 2008; Whitley, 2013).

Benefits of Transition

Participants recounted considerable benefits they experienced because of the gender transition process. Couples generally felt closer to one another and their relationships improved overall. They recounted increased experiences of support, honesty, and vulnerability with one another that helped strengthen their relationships. Family support has been attributed as a strong protective factor for trans individuals and strengthening relationships is an empirically supported positive coping mechanism for trans individuals (Budge et al., 2015; Collazo et al., 2013; Dierckx et al., 2016; Klein & Golub, 2016).

Several couples discussed they gained passing privilege as a result of the gender transition. Specifically, while in public many people assumed them to be a heterosexual relationship, visually presenting as man and woman. This was considered a benefit, albeit

a complicated benefit, due to reduced discrimination experiences previously same-gender couples experienced.

Many couples felt they received increased support from their communities. Connecting with other trans people and trans couples was instrumental for many couples to feel successful in their transition process; community belongingness among trans individuals and couples has been demonstrated to be a positive influence on overall well-being (Austin, 2016; Barr et al., 2016). Three couples explicitly discussed the significance of support from their employers and safety in being out at work. Fortunately, research showed structures are moving toward greater acceptance of trans individuals and couples (White Hughto et al., 2017), which might contribute to increased acceptance in professional and community spaces.

Finally, couples discussed they had an increased sense of awareness to greater LBGT issues and the community as a whole. Increased sensitivity and self-awareness of gender and diversity issues were also described as specific benefits resulting from transition.

Relationship Challenges

Gender transition processes also led to challenges within relationships, which was consistent with literature demonstrating romantic relationships were often more difficult for socially disadvantaged groups (Maisel & Karney, 2012). Many couples described the loss of some close relationships including family members and friends. Some couples recounted experiences of workplace discrimination that was hurtful. Yet, some couples found by losing others in their lives, they learned to rely more closely on one another. Three cisgender women who were partnered with trans women described feeling grief

and loss related to their partner's gender expression, which was consistent with Chase's (2011) study. Other couples felt loss related to their lack of connection to the LGB community, which has been shown to occur for both transgender (Dentice & Dietert, 2015; Katz-Wise & Budge, 2015) and cisgender partners in trans relationships.

Patience was a challenge for many transitioning couples as was documented by Bethea and McCollum (2013) among transgender individuals. While patience was necessary, some trans partners wanted transition processes to move quicker; cis partners often struggled to adjust to the desired pace of their partners and to tolerate the ambiguity of their impatient partners. One challenge to being patient was the experience of being misgendered both in public and by loved ones. An additional challenge for patience was the second adolescent period trans partners experienced while adjusting to their new sense of identity, which is a documented component of transition experiences (Chase, 2011; Lev, 2004). Some cisgender partners discussed feeling "left behind" while their trans partners engaged on their identity exploration journey. Because partners had to experience some identity differentiation from their partners in redefining their gender expression and roles, some of those explorations had to happen outside of the context of the relationship. Given that transition is both an internal, introspective process as well as an interpersonal one (Austin, 2016; Katz-Wise & Budge, 2015), it stands to reason cis partners cannot always be privy to those internal processes of trans partners. Being left behind was described as a painful, but necessary part of the experience. Coming out presented additional tests of patience for couples. Since coming out is a relational issue, partners had to each be considerate of one another's timelines and comfort level with being out in different spaces, which necessitated consistent communication.

Both trans and cisgender partners described the experience of changing their identity as a challenge directly caused by gender transition. A few trans participants discussed noticing their sexual attractions changed because of hormone therapy but this appeared to be the minority experience in this pool of participants--an interesting variation from research that found a majority of trans adults changed their sexual attraction post-transition (Israel, 2004; Katz-Wise et al., 2016). Many couples felt changes in their visibility statuses; some felt more publicly out as queer and the loss of their straight privilege while others felt their queer or LGB identities were now invisible. Queer invisibility has been well-documented as an experience for cisgender partners in trans couples (Cook-Daniels, 2015; Levitt & Ippolito, 2014a; Moran, 2013; Whitley, 2013). Couples discussed an increase in fear of negative consequences, discrimination, and stigma about their trans identity or relationship status. With a stigmatized minority identity, some couples reported feeling “othered” by their communities and family members. Research supported relational stress among transgender individuals, particularly because of discrimination rates and stigma, as a prominent concern in this population (Chapman & Caldwell, 2012; Chase, 2011; Dierckx et al., 2016; Miller & Grollman, 2015) that significantly affects both partners (Gamarel et al., 2014; Whitley, 2013). Some researchers noted stigma is a greater challenge for trans couples than the transition itself (Lev & Sennott, 2012), which felt consistent with the experiences discussed by the interviewed couples.

Couples experienced challenges relating to each other’s experiences. Some trans partners felt their cis partners could never fully relate to their emotional journey and gender “homework.” Some trans people discussed victories for them were losses for

their partners, which was difficult in the moment. Similarly, cisgender partners felt there were aspects of the trans partner's experience they could not understand and they felt misunderstood as well. One cis partner had experienced trauma in the past that was triggered by her partner's transition into a more masculine body. Other partners had a difficult time in shifting their conceptualization of their partners in their new gender identity presentation. Cis partners reported feeling protective of their partners when they were rejected as trans, which aligned with Goldenberg's (2011) description of cisgender partners as caretakers for their trans mates.

Finally, couples experienced significant challenges in accessing affirming professional care. Legal challenges proved taxing and difficult to decipher and knowledgeable medical and mental health providers were scarce across the country. Consistently, research pointed out education and training for trans care are lacking, which might contribute to trans clients feeling unsupported by professionals (Dentice & Dietert, 2015; Mizock & Lundquist, 2016).

Relationship Strengths

Couples who stayed together through gender transition recounted a considerable list of relationship strengths that assisted in their relationship maintenance, which appeared consistent with relationship qualities outlined by Kins et al. (2008). Partners shared a sense of unconditional love for one another. They non-judgmentally accepted each other fully for their truest selves with honesty and authenticity. Both partners engaged in assertive advocacy for one another and were willing to stand up for each other as well as for their trans community as a whole. Couples expressed a strong sense of commitment to one another and security with one another. Mutual respect was prevalent

as they valued each other's unique strengths. Couples were persistent and persevered through difficult times because of their commitment. Strong friendship was a prominent value--enjoying each other as people as well as their support system. Flexibility also assisted couples in adjusting to changes in their identity, sense of self, and their relationship as a whole. By communicating openly, couples honestly listened to the experiences of one another in an attempt to understand each other's experience. Most couples discussed their shared sense of humor and ability to laugh through difficult periods as a strength. Couples also noted that for those who identified as bisexual, pansexual, or non-heterosexual, their sexual fluidity was a strong component of their ability to remain physically intimate and connected to one another, which was previously noted in the literature (Brown, 2010).

The Political Is Personal

A final emerging theme from the interviews related to the personal impact of political issues and the current sociopolitical climate on transgender couples. Several couples expressed direct fear about negative consequences related to the election of Donald Trump as U.S. President and his new appointees to the Supreme Court. Participants described the impact of political decisions around bathroom bills on their daily lives, and fear of penalization and further discrimination as targeted populations. Many participants described fear of the threat of violence and for their physical safety in public given current attitudes regarding trans individuals. Some couples perceived that language was inherently gendered as a way of politically categorizing people; for example, some participants chose to identify as "pansexual" versus "bisexual" in order to respectfully include the spectrum of diverse gender presentations. Moran (2013) noted

some trans people and partners reported confusion of how to choose their identity labels but no other research described this as a political choice. Increased media attention also had mixed feedback from participants; some felt prominent media figures such as Caitlyn Jenner represented the trans community in a way they did not agree with, yet they appreciated the increased awareness and recognition of trans as a valid identity resulting from publicity and attention on trans figures.

The theme of political issues being personal for trans couples remained consistent with the literature wherein trans individuals experienced ostracization and feeling like outsiders to society (Barr et al., 2016). Coverage and political protection regarding bathroom rights as well as legal gender protections for trans individuals varies considerably from state to state (ACLU, 2015). Research has shown a connection between Republican-affiliated voting and trans care access (White Hughto et al., 2016) as well as increased experiences of stigma and discrimination in states without protection for transgender rights (Gleason et al., 2016). It is reasonable to understand how trans individuals might experience sensitivity to a majority Republican leadership. It is hoped protections will continue to increase rather than decrease for trans individuals as systemic and political changes could decrease negative consequences of victimization and discrimination (White Hughto et al., 2017).

Implications

Research Implications

This study employed a transcendental, phenomenological methodology. This methodology was employed to explore the internal experiences of participants without presupposing a set truth. Rather, each couple's reality was conceptualized as validly as

another. In this way, meanings could be compared and gathered for participants who shared a common phenomenon in question (Creswell et al., 2007). Use of the epoche process allowed me to best project the voices of participants loosened from my biased interpretation (Hein & Austin, 2001). While this methodology appeared appropriate at this time for the research design, it might be beneficial to replicate a similar study using a differing philosophy or methodology for research to potentially find different results and further enhance the critical nature of qualitative research in a social context. Tebbe and Budge (2016) proposed a new application of community participatory action research utilizing a process-oriented and social-justice influenced lens. Using such an alternative framework would likely allow researchers to delve further into themes such as The Political is Personal and applications within specific communities.

Existing research on the experiences of couples in transition has been scarce and primarily focused on the experiences of one partner or the other. By directly comparing both cis and trans partner experiences in this design as well as their joint narrative, a deeper version of these couples' narratives across their relationships has been demonstrated. The process of conjoint identification and meaning making within relationship systems was illustrated related to gender transition choices and changes. While this research project illustrated a wide breadth of topic material related to the transition experience within couples, further implications for examination might be gathered.

First, this couple included a sample of trans men, trans women, an agender individual, cis men, and cis women. Each relational grouping shared unique experiences and challenges that could be considered within their own sample by design. In this way,

the present study would be beneficial to replicate within narrow population groups. For example, the sample of cis women/trans women partners shared significantly different stories from cis women/trans men partners in areas of sexuality, grief experiences, and connection to the greater queer community. Further examination within these groups might further hone the understanding of the unique needs and challenges within each coupling demographic. Additionally, couples in which both partners were trans, non-binary, or gender-questioning were excluded from this design. Couples exploring gender dynamics in relation to one another might share experiences in a different way than cis-trans couples do; thus, couples comprised of two trans-identified partners might yield different results.

Several couples participating in this study discussed changes to their parenting and experiences navigating transition with children in the home. While this study utilized a systemic approach and interviewed both partners together, it would be quite interesting to illustrate further systemic changes experienced in the family unit by interviewing an entire family together. In this way, young or adult children could also share their perspectives on changes in their parents' styles of interaction, observations from within the family unit, as well as their felt differences to family dynamics based on gender presentation.

While all the couples interviewed for this study had sustained their romantic relationships thus far into transition, every couple interviewed had been out to most people as a trans couple for less than nine years in total. A longitudinal design might be helpful in examining changes over time related to couples' success or the impact of transition on later stages of life development. In this way, researchers could also explore

what facets of relationship history might impact trans couples over time. A longitudinal study would also be helpful in assessing if potential relationship dissolution or other relationship adjustments are connected to transition procedures. Additionally, relationship lengths varied significantly; understanding the transition's impact on specific stages of the family development cycle might also be helpful to consider.

Couples in this sample were captured across the country from Washington State to New York and various locations in between. Couples such as Anne and Sue noted they were particularly fortunate to live in an accepting community with positive reputations for trans issues while Sandy and Mia felt the paucity of trans-supportive communities within their Texas city. To further sharpen the applicability of legal, community, and personal challenges trans couples might encounter in their local areas, it might be beneficial in a replicated study to target differing regions of the country and locations to maximize the understanding of a community's particular needs.

Future researchers conducting research with trans couples might also wish to consider some suggestions regarding participant recruitment. Given the amount of time necessitated by this project, it might be reasonable for researchers to offer a small financial incentive to participants to compensate for their time and effort. This might also help researchers recruit participants from more diverse socioeconomic strata. Being visible within communities in person might also be helpful in building trust and entrance, particularly for cisgender researchers. As researchers make efforts to be visible and join trans communities, they might find it easier to build trust and garner honesty from participants. Use of social media also proved helpful for recruitment in this study as many participants were not closely connected to organizations within their area. It also

might help protect confidentiality as participants could digitally connect to the researcher. Lastly, I believe it is extremely important for researchers to remain transparent with participants regarding their connections to the community, goals for research, and motivations for taking part in this study. This appeared appreciated by participants and helped increase trust and mutual openness regarding the overall research experience.

Finally, I must note the inherent need for greater representation of transgender psychologists and researchers. Participants voiced their doubts toward me as a cisgender researcher and concern for my potential to exploit their community as no trans individuals participated in the implementation of this study. This concern is relevant and realistic given the psychological community's mistreatment and pathologization of trans communities at large (Tebbe & Budge, 2016). It is recommended future research with this population and specifically related to transitioning couples include greater representation on the side of research development from the transgender community. While I was able to consult with experts in the field of trans research, it was painfully apparent that privilege begets further privilege and trans people continue to be burdened with educating cis audiences.

Theoretical Implications

Systems theory. Systems theory was used as a primary theoretical foundation for this project, particularly considering additional researchers also conceptualized the gender transition process as a systemic change (Bethea & McCollum, 2013; Chase, 2011; Lev, 2005). Due to systems theory's postulates that changes are navigated and negotiated within couple or family units (Gehart, 2010), this study found support for that principle related to gender transition processes. Interviewed couples discussed openly how they

made adjustments and compromises with one another throughout the transition of the trans partner. Additionally, changes made by trans partners directly impacted the identities and presentation of cis partners such as those who shifted their identities from lesbian to queer, which was consistent with Bateson's (1972) discussions on cybernetics and circular causality. Examples of first-order cybernetic principles were demonstrated. Couples such as Madelyn and Sara discussed shifting the balance of power as Sara shifted into the "alpha" role to provide balance to Madelyn's desire for a "feminine" submissive presentation within their relationship. Couples managed to effectively self-regulate the evolving interpersonal and community changes they felt directly resulted from gender transition by changing in tandem with their partners.

Second-order cybernetics (Watzlawick, 1984) were also demonstrated throughout the interviews. Although couples encountered and lived through the same phenomenon in question of gender transition, ultimately each couple's stories held many differences. They communicated to me their created family reality, which unfolded in the dyadic interview. Cisgender and transgender partners also individually communicated their subjective reality experiences that might or might not have been fully shared by their partners. For example, Sandy and Mia held significantly different personal values and meanings of what their present relationship now meant to them and how it impacted them emotionally; yet, they still converged on an agreed-upon narrative that was communicated to me easily. Documenting and analyzing subjective experiences as well as the dyadic experience was key for this research design, and appeared to significantly support systemic principles.

Feminist theory. Feminist theory also played a critical role in the design and implementation of the present study. Within a qualitative context, this study was congruent with feminist principles regarding the subjective and personal nature of truth (Lather, 1988; Pfeffer, 2010; Singh, 2016a). For the couples interviewed, their experiences represented their truth through the process of answering broad, open-ended questions of how they made choices, experienced strengths, shared stories, and navigated any challenges within their relationship through the gender transition experience. Despite any differences they conveyed when compared to similar couples, each couple's truth was honored as real and valid for their system. Postmodern ideals of a lack of universal truth remained consistent with the stories shared.

Couples noted their presentation of gender impacted their experiences of power and privilege, both within their relationships and within their greater public interactions. This was explained in themes around passing privilege as a social benefit experienced by couples as well as the felt loss of privilege for others. Ultimately, it seemed patriarchal impositions and systems inherently favoring cismen still appeared to fit with the experiences of trans couples. Even non-binary expressions might still play into patriarchal ideas as they are experienced by society at large (Harding, 1986). Additionally, within a third-wave feminist context, the current study worked to pull the narratives of marginalized groups that were non-binary in their experiences into the "center of social inquiry" (Hesse-Biber, 2014, p.3). A primary goal of this study was to enable the experiences and voices of traditionally silenced trans couples to shine by challenging assumptions about trans couple stories and assumptions manifested in social systems (Allen & Piercy, 2005; Reinharz, 1992). A major component of feminist

research theory's manifestation in my study was the use of participants' own language. Quotes and mirroring participant language allowed me to remain as respectful as possible and provide the most empowerment in meaning from our dialogues (Giammattei, 2015; Singh, 2016a).

Queer theory. Finally, the study and participant narratives upheld principles consistent with queer theory. Couples who maintained relationships through gender transition encountered great amounts of bias and assumptions from others and sometimes struggled either internally or externally with being seen as wrong or socially deviant. Queer theory instead supports no "normal" presentation of an identity, gender, or family. Rather, labels and assumptions are made based on social power structures (Warner, 2008). The couples interviewed relayed how their experiences with public figures and family members had challenged those assumptions and narratives simply by asserting their existence as valid. Yet, this study supported the idea that each couple and person can create their own truth, their own spectrum of sexual and gender fluidity or identity presentation as it feels healthy and appropriate for each couple. A role I held as a researcher was to make space for this truth in order to challenge stereotyped views of what couples should look like and to validate the existence of trans couples both privately and publicly (Nagoshi & Brzuzy, 2010; Singh, 2016a, 2016b; Tebbe & Budge, 2016). As a researcher, I was responsible for remaining reflexive and open to what my participants had to share as well as consistently reflecting on my own intentions and background with the trans community (Browne & Nash, 2010; Ferguson, 2013).

Practical Implications

In this section, I include a summary of the feedback for therapists directly voiced by participants and outlined in depth within the results. I also discuss more specifically implications for both counseling and systemic advocacy for counseling psychologists.

At the conclusion of each participant interview, couples were asked their thoughts regarding what they wished therapists and psychologists knew about working with trans couples. First, couples noted they wanted their psychologists to have competency in trans issues and couples-related issues before taking them on as clients. Participants noted many therapists were not informed on basic knowledge and competencies required to work with transgender individuals. As Alan noted, “If you don’t know anything about it, how can you help someone?” Instead, couples felt they were responsible for instructing their therapists on “basic education” related to trans issues, which was frustrating and overwhelming. Couples described their sense of understanding that if a counselor referred them out because of a lack of knowledge, it would be for good reason. Participants noted they would rather be connected to knowledgeable resources than stay with someone uninformed. Yet, even among psychologists who are not “experts” in trans issues, it is necessary to have some basic familiarity to recognize when your limitations in competency arise as a therapist. Conor discussed this as analogous to medical practice when he stated, “There’s going to be specialists that are going to specialize in certain thing’s, but I guarantee that podiatrist is going to be able to save your life though if you’re, if you start having a heart attack in his office.” Competency also includes knowledge of systemic resources for legal name changes, gender markers, and letters for HRT or surgical procedures as required by WPATH. Therapists might also wish to hold

a familiarity with affirming medical providers in the area who might use the “informed consent” model for HRT, respond with affirmation and without discrimination for other medical care, or for legal services. Understanding the uniqueness of each couple is also necessary for competency and not presupposing each trans couple experiences transition in the same way. Finally, some participants noted they remain wary of cisgender psychologists and appreciate when their “healthy suspicion” is both acknowledged as protective and responded to authentically rather than penalized.

Participants requested that psychologists who work with trans couples be unconditionally trans positive. Gender diversity should never be pathologized as wrong or unhealthy; instead, it needs to be validated as a positive and de-stigmatized diverse identity. Within one’s trans-positive approach, psychologists who serve as trans allies must make known their status as allies visibly within the community. Participants noted this not only helped them identify beneficial resources but protected them from harmful discrimination experiences with non-allied therapists. Psychologists should intentionally consider ways to represent themselves as trans allies, such as by posting signs or statements on their websites and in their offices and advertising with language that denotes they are not only LGBT-affirming but knowledgeable about transgender-specific issues and couples’ concerns. They might also wish to “advertise” or connect with other agencies that are trans-affirming such as local PFLAG or trans-specific agencies. In this way, therapists can adopt an “in-the-trenches” approach to being connected and visible as recognizable allies, using privilege to break down barriers that might keep them from being seen as accessible.

Communication with both partners in the transition process should be affirming. This relates not only to the destigmatization of gender diversity but therapists should easily adapt to using client's preferred identification labels including sexual orientation labels, pronouns, and names while avoiding microaggressive, inappropriate contexts and questions. Destigmatization also includes addressing internalized transphobia from trans and cis partners. Psychologists can engage in these conversations with clients openly. Practitioners might also benefit from working with other individuals in their agency on this. For example, one participant noted how much it meant to him that his dentist made sure the administrative staff did not misgender him or use his dead name when he checked in. Clients should be asked the pronouns and name they would like to be used both in the office and outside the office. Perhaps therapy is the only space someone can currently use their affirmed name and pronouns; it would not be safe to leave voicemails with that name or to file insurance claims in that language. Alan described how horrifying it was for him to have documents faxed to his place of employment by an insurance provider discussing his trans identity as he was not out at work. Intentionality in documentation, filing, and greetings could make a significant impact on clients feeling accepted and heard by their therapists.

Psychologists should avoid taking sides within couples and remain empathic and affirming to both cis partner experiences and trans partner experiences. This might be complicated, particularly as some couples have very different internal reactions to transition as Sue and Anne shared early in their process and Mia and Sandy expressed. Psychologists should be prepared to sit with strong emotions in the room as reactions are processed of grief, loss, or pain associated with transition. Yet, by remaining validating

to both parties, therapists are better able to distinguish what the true issue is that arises for these couples. For some couples, such as Sandy and Mia, the gender transition and trans identity itself was the major issue for their relationship. Other couples noted that for them the trans-ness was seldom the true issue, and instead was a scapegoated topic, as it was readily apparent as something “different” within their relationship. Therapists are uniquely able to help couples understand those differences and identify when gender diversity “hooks into” other relationship concerns such as parenting or communication differences. They can then work with couples to untangle and address those components independently. Piper and Mannino (2008) recommended certain narrative techniques be utilized to externalize “stigma” related to trans identity as the problem of the relationship, which might also help clients identify societal influences versus personal beliefs.

Participants discussed how important it was for psychologists serving as allies to trans couples to maintain connections both within the trans community and to professionals or agencies applicable for the trans community. This might include transgender-specific agencies utilized by Cole and Leah as well as Alan and Faye, or other support groups in the area for trans communities such as groups sponsored by PFLAG or held by other therapists. Therapists might wish to lead trans support or therapy groups themselves or donate office space for peer-led support groups within their areas. Cisgender psychologists who remain connected to trans people could continue their education and alleviate the emotional burden couples noted about having to educate their therapists about trans-specific issues through familiarity with WPATH’s *Standards of Care* (Coleman et al., 2012) and APA’s (2015) *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*. Psychologists might also wish to

pursue continuing education and training opportunities related to transgender couple issues as research is exploding in this area given new support from the APA.

Couples also requested help from therapists in navigating external barriers, such as employment rights and legal challenges that could arise, as well as guidance for holding coming out conversations with loved ones. Counseling psychologists could then be involved in understanding and keeping up with changing legal issues relevant to their clients and potentially advocating within their scope of competency for increased legal protections and easier access to care for transgender individuals. Evan and Cathasach specifically noted therapists should be wary of media representations of trans people and proceed with extreme caution in recommending popular culture depictions of transness as a psychoeducation tool.

Trans couples noted several recommendations regarding things they wished they had been able to hear while in therapy. They noted psychologists might be able to fill in the gaps in providing client-to-client feedback from one trans couple to another. Therapists could help frame trans identities in such a way that makes it easier to hear and understand for cis partners such as the language Sue shared with Anne: “I think you’ve been thinking about me as a man pretending to be a woman, when how I really feel is a woman pretending to be a man.” Additionally, re-conceptualization of the self occurs as trans and cis individuals redefine their personal identities in the context of the relationship and decide “what kind of man do they want to be?”

Couples noted transition time could be taxing as it is “selfish” and “self-focused” on the trans person with regard to time, attention, and potentially financial resources. Yet, this “selfish” time is temporary and very possible to navigate collaboratively so both

partners feel heard and validated in their different experiences. Some emotions might require partners to move in opposite directions emotionally such as when Audrey recalled, “Every step forward for me was another piece of (former name) that died, that Lyn had to mourn.” Psychologists could encourage clients to talk about this openly so they can fully experience and validate each other’s experiences; nonviolent communication is credited by Erhardt (2007) as the single most important quality in lasting transgender couple relationships. Additionally, gender dysphoria appeared connected to many other relational and personal issues. Couples noted it was likely that as gender congruence increased, other dynamics or other mental health symptoms would change. Psychologists could also help couples identify the components of their relationship that did not change as a result of the gender transition including certain personality traits, values, attributes, or even shared hobbies and interests through which partners could remain connected. Both cis and trans partners noted while gender transition processes are understandably focused on the trans partner, it is essential cis partners also receive some attention and check-in about their own adjustments. By keeping both partners visible in the couple relationship, therapists can help facilitate the transition process as a systemic, rather than wholly individualized, process.

It was staggering to notice how many participants had experienced discriminatory, uninformed, and incompetent clinical care at the hands of their mental health professionals, yet not surprising given this was also consistent with reported literature (Buck, 2016; Dispenza & O’Hara, 2016; Korell & Lorah, 2007; Singh & dickey, 2016). It appeared that while APA (2015) had made efforts to create new standards of competency for treating gender nonconforming clients and their family

members, there was a significant distance to travel before clients no longer felt it imperative to educate their therapists in order to receive basic care. Given the intensity of the discrimination and risk within this population (Fowers et al., 2015; James et al., 2016), it is essential that psychologists continue to pursue clinical understanding of this population through continuing education as the need for trans-affirming providers only continues to grow (dickey et al., 2016; Israel, 2004; Rutter et al., 2010). Additionally, as supervisors and teachers of new generations of psychologist advocates, seasoned counseling psychologists can integrate trans needs into clinical coursework, training, and supervision by increasing the visibility and de-stigmatization of gender diversity as an issue. Psychologists could also instruct their students and supervisees regarding the need for social justice advocacy within this population.

Psychological research and practice must throw away the outdated notion that transition and gender diversity is a life-ending, relationship-shattering process. This is simply no longer accurate and to continue perpetuating this idea directly counters the mission of counseling psychology as a strengths-based, multiculturally sensitive field. With the increased stressors associated with sociopolitical tension toward minority groups and transgender individuals and their families (White Hughto et al., 2016), counseling psychologists could lead the charge in advocating for their transgender clients and communities by making themselves visible as willing to stand alongside transgender couples in liberation and strength (Singh, 2016a, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016; Tebbe et al., 2016).

Limitations

Qualitative research by design is limited in its ability to be generalized as a universal experience applicable to all identified populations (Merriam, 2009; Patton, 2002). Although 13 transgender couples with differing backgrounds, stories, and locations were interviewed in an attempt to create a diverse representation of transgender couple experiences, these results must be very cautiously interpreted by readers for applicability to trans couples they might be working with or seeing in future, particularly in a clinical context. The stories and themes expressed within this study might or might not be similar to those of other transgender couples. This is especially true for non-binary trans individuals as only one participant who identified in a non-binary category participated. Therefore, researchers and psychologists must make critical decisions about hypothetically posing to their participants and clients if these shared themes or dyadic narratives approximate their trans couples' experiences.

My own identities might have impacted the study in question. The questions developed were based on my own experiences and understanding as the researcher; again, the nature of qualitative research is the researcher is a human instrument complete with biases and human interpretations. Therefore, it is extremely likely that when working with transgender couples, my privileged identities as a cisgender, heterosexual, White individual played some role in how my participants might have responded to me or how the tone of my writing and interpretation might have evolved (Dispenza & O'Hara, 2016; Mizock & Lundquist, 2016; Singh, 2016a, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016). To work with this, I provided a clear researcher stance and communicated openly with participants throughout the research questions about any questions they had

of my intentions in this research and if they felt I was accurately hearing them. I also attempted to use bracketing and kept a research journal to help keep my biases in check, which were evaluated by a peer reviewer. Additionally, the use of member checks allowed participants an additional opportunity to challenge my voice as the researcher.

In addition to the facet of my privileged identities somehow impacting the research process, it was possible social desirability impacted how participants elected to share their couple stories with me (Crowne & Marlowe, 1960). Couples might have self-censored some aspects of their transition experience to elicit a positive response from me as a researcher. It was also possible the couples were attempting to garner a positive response from their partners as well within the dyadic interview and focused on the more positive aspects of transition and changes in their relationship than individual interviews. It was hoped the additional individual interviews helped to balance social desirability between partners; yet other methods of research such as a quantitative, anonymous study might enable researchers to gather different types of data without the effect of social desirability. Because participants self-selected to be interviewed for this study, it is possible that couples who had more positive stories to share and may have been more outspoken than other couples were those who volunteered. There might be some difference in how these outspoken couples experienced their relationship and the mental health community. Future researchers might wish to consider recruitment methods to reach couples who are less publicly visible as advocates in the community and potentially more reserved or who have felt more specifically targeted by mental health providers.

One major limitation of this study was the homogeneity of the sample's racial and ethnic identity. Twenty-five of the 26 participants identified as White or Caucasian.

Additionally, I am mono-lingual; thus, only participants fluent in English were considered for participation in this study. Because of the importance of intersecting identities on minority stresses and other experiences, it is crucial future research in this area include a more diverse sample in order to create a better picture of challenges faced by differing communities and ethnic groups.

Conclusion

In this chapter, the resulting themes from this study were discussed regarding their connection to the identified goals of the study and the research questions. I discussed implications for future research based on the findings as well as the theoretical implications of the study for systems theory, feminist theory, and queer theory. Finally, I incorporated feedback from the participants for therapists and discussed ways counseling psychologists could contribute to practicing affirming care for trans couples as well as advocate systemically for trans couples' needs. It is my sincere hope that those reading this study will feel as moved by the positive, loving stories of these couples as I have been. I wish for a space in which my voice as a cisgender researcher of privilege is no longer needed to provide the megaphone for trans clients. I am truly optimistic that within my professional lifespan, we will see the celebration of trans diversity in psychology. As the interviewed couples showed and voiced, "Love is something that can conquer anything."

REFERENCES

- Allen, K. R., & Piercy, F. P. (2005). Feminist autoethnography. In D. H Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy* (2nd ed., pp. 155-169). New York, NY: Guildford.
- American Civil Liberties Union. (2015). *Transgender people and the law*. Retrieved from <https://www.aclu.org/know-your-rights/transgender-people-and-law>
- American Psychiatric Association (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Arlington, VA: American Psychiatric Publishing.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Psychological Association, Task Force on Gender Identity and Gender Variance. (2009). *Report of the Task Force on Gender Identity and Gender Variance*. Washington, DC: Author.
- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/principles.pdf>
- American Psychological Association. (2015). *Guidelines for psychological practice with transgender and gender nonconforming people*. Retrieved from <http://www.apa.org/practice/guidelines/transgender.pdf>

- Austin, A. (2016). "There I am": A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles*, 75, 215-230. doi:10.1007/s11199-016-0600-7
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63, 87-97. doi:10.1037/cou0000127
- Bateson, G. (1972). *Steps to an ecology of mind*. San Francisco: Chandler.
- Bethea, M. S., & McCollum, E. E. (2013). The disclosure experiences of male-to-female transgender individuals: A systems theory perspective. *Journal of Couple and Relationship Therapy: Innovations in Clinical and Educational Interventions*, 12, 89-112. doi:10.1080/15332691.2013.779094.
- Biblarz, T. J., & Savci, E. (2010). Lesbian, gay, bisexual and transgender families. *Journal of Marriage and Family*, 72, 480- 497. doi:10.1111/j.1741-3737.2010.00714.x
- Bissinger, B. (2015, July). Caitlyn Jenner: The full story. *Vanity Fair Magazine*. Retrieved from <http://www.vanityfair.com/hollywood/2015/06/caitlyn-jenner-bruce-cover-annie-leibovitz>
- Blumer, M. L. C., Green, M. S., Knowles, S. J., & Williams, A. (2012). Shedding light on thirteen years of darkness: Content analysis of articles pertaining to transgender issues in marriage/couple and family therapy journals. *Journal of Marital and Family Therapy*, 38, 244-256. doi:10.1111/j.1752-0606.2012.00317.x
- Blumstein, P., & Schwartz, P. (1983). *American couples*. New York, NY: William Morrow and Company.

- Bockting, W. O. (2009). Transforming the paradigm of transgender health: A field in transition. *Sexual and Relationship Therapy, 24*, 103-107.
doi:10.1080/14681990903037660
- Bockting, W., Knudson, G., & Goldberg, J. M. (2006). *Counselling and mental health care of transgender adults and loved ones*. Vancouver, BC: Vancouver Coastal Health Authority.
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2014). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*, 943-951.
- Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theories and methods*. Boston, MA: Pearson.
- Brill, S. & Pepper, R. (2008) *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleiss Press, Inc.
- Brown, G. R., & Jones, K. T. (2016). Mental health and medical health disparities in 5135 transgender veterans receiving healthcare in the Veterans Health Administration: A case-control study. *LGBT Health, 3*(2), 122-131.
doi:10.1089/lgbt.2015.0058
- Brown, N. R. (2010). The sexual relationships of sexual-minority women partnered with trans men: A qualitative study. *Archives of Sexual Behavior, 39*, 561-572.
doi:10.1007/s10508-009-9511-9
- Browne, K., & Nash, C. J. (2010). Queer methods and methodology: An introduction. In *Queer methods and methodologies: Intersecting queer theories and social science research* (pp. 1-23). Burlington, VT: Ashgate.

- Buck, D. M. (2016). Defining transgender: What do lay definitions say about prejudice? *Psychology of Sexual Orientation and Gender Diversity, 3*(4), 465-472.
doi:10.1037/sgd0000191
- Budge, S. L. (2015). Psychotherapists as gatekeepers: An evidence-based case study highlighting the role and process of letter writing for transgender clients. *Psychotherapy, 52*, 287-297.
- Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology, 81*, 545-557.
doi:10.1037/a0031774
- Budge, S. L., Chin, M. Y., & Minero, L. P. (2017). Trans individuals facilitative coping: An analysis of internal and external processes. *Journal of Counseling Psychology, 64*, 12-25. doi:10.1037/cou0000178
- Budge, S. L., Katz-Wise, S. L., Tebbe, E. N., Howard, K. A. S., Schneider, C. L., & Rodriguez, A. (2013). Transgender emotional and coping processes: Facilitative and avoidant coping through gender transitioning. *The Counseling Psychologist, 41*, 601-647. doi:10.1177/0011000011432753
- Budge, S. L., Orovecz, J. J., & Thai, J. L. (2015). Trans men's positive emotions: The interaction of gender identity and emotion labels. *The Counseling Psychologist, 43*, 404-434. doi:10.1177/0011000014565715
- Budge, S. L., Tebbe, E. N., & Howard, K. A. (2010). The work experiences of transgender individuals: Negotiation the transition and career decision-making processes. *Journal of Counseling Psychology, 57*, 377-393.

- Burdge, B. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work, 52*, 243–250.
- Burnes, T. R., Singh, A.A., Harper, A.J., Harper, B., Maxon-Kann, W., Pickering, D.L., ...Hosea, J. (2010). American Counseling Association: Competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling, 4*, 135-159.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- Bystydzienski, J. M. (2011). *Intercultural couples: Crossing boundaries, negotiating difference*. New York, NY: New York University Press.
- Chapman, D. M., & Caldwell, B. E. (2012). Attachment injury resolution in couples when one partner is trans-identified. *Journal of Systemic Therapies, 31*(2), 36-53.
- Chase, L. M. (2011). Wives' tales: The experience of trans partners. *Journal of Gay and Lesbian Social Services, 23*, 429-451. doi:10.1080/10538720.2011.611109
- Clements, K., Katz, M., & Marx, R. (1999). *The transgender community health project: Descriptive results*. California: San Francisco Department of Public Health.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality, 51*, 53-69. doi:10.1300/J082v51n03_04
- Clemmenssen, L. H. (1990). The “real life” test for surgical candidates. In R. Blanchard & B. W. Steiner (Eds.), *Clinical management of gender identity disorders in children and adults* (pp. 121-135). Washington, DC: American Psychological Association.

- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ...Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people--version 7. *International Journal of Transgenderism*, 13, 165-232.
- Collazo, A., Austin, A., & Craig, S. L. (2013). Facilitating transition among transgender clients: Components of effective clinical practice. *Clinical Social Work Journal*, 41, 228-237. doi:10.1007/s10615-013-0436-3
- Collin, L., Goodman, M., & Tangpricha, V. (2016). Worldwide prevalence of transgender and gender-nonconformity. In R. Ettner, S. Monstrey, & E. Coleman (Eds.), *Principles of transgender medicine and surgery* (2nd ed., pp. 16-35). New York, NY: Routledge.
- Cook-Daniels, L. (2015). Intimate partner violence in transgender couples: "Power and control" in a specific cultural context. *Partner Abuse*, 6, 126-139.
- Couperthwaite, L. M. Z. (2014) *Relationship satisfaction among individuals of diverse sexual orientations and gender identities: The role of love and attachment styles* (Doctoral dissertation). Available from ProQuest Dissertations and Theses (UMI Number 3631168)
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Creswell, J. W., Hanson, W. E., Plano Clark, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35, 236-264. doi:10.1177/0011000006287390

- Crotty, M. (2010). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage Publications.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology*, 24, 349-354.
doi:10.1037/h0047358
- Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research. In D. H. Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy* (2nd ed., pp. 63-84). New York, NY: Guilford Press.
- Dargie, E., Blair, K. L., Pukall, C. F., & Coyle, S. M. (2014). Somewhere under the rainbow: Exploring the identities and experiences of trans persons. *The Canadian Journal of Human Sexuality*, 23, 60-74. doi:10.3138/cjhs.2378
- Davidson, M. M., & Hauser, C. T. (2015). Multicultural counseling meets potentially harmful therapy: The complexity of bridging two discourses. *The Counseling Psychologist*, 43, 370-379. doi:10.1177/0011000014565714
- Dentice, D., & Dietert, M. (2015). Liminal spaces and the transgender experience. *Theory in Action*, 8, 69-96. doi:10.3798/tia.1937-0237.15010
- Denzin, N. K. (1989). *Interpretive interactionism*. Newbury Park, CA: Sage.
- Devor, H. (1993). Sexual orientation identities, attractions, and practices of female-to-male transsexuals. *Journal of Sex Research*, 30, 303-315.
- Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. *Journal of Gay and Lesbian Psychotherapy*, 8, 41-67.
doi:10.1300/J236v08n01_05

- dickey, l. m., Budge, S. L., Katz-Wise, S. L., & Garza, M.V. (2016). Health disparities in the transgender community: Exploring differences in insurance coverage. *Psychology of Sexual Orientation and Gender Diversity*, 3(3), 275-282.
- dickey, l. m., Ducheny, K. M., & Ehrbar, R. D. (2016). Family creation options for transgender and gender nonconforming people. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 173-179.
- dickey, l. m., Fedewa, A., & Hirsch, A. (2014). Diagnostic changes: Gender dysphoria. *Communique*, 42(7), 1-16.
- dickey, l. m., Hendricks, M. L., & Bockting, W. O. (2016). Innovations in research with transgender and gender nonconforming people and their communities. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 187-194.
- dickey, l. m., Reisner, S. L., & Juntunen, C. L. (2015). Non-suicidal self-injury in a large online sample of transgender adults. *Professional Psychology: Research and Practice*, 46, 3-11.
- dickey, l. m., & Singh, A. A. (2016). Training tomorrow's affirmative psychologists: Serving transgender and gender nonconforming people. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 137-139. doi:10.1037/sgd0000175
- Dierckx, M., Motmans, J., Mortelmans, D., & T'sjoen, G. (2016). Families in transition: A literature review. *International Review of Psychiatry*, 28, 36-43.
doi: 10.3109/ 09540261.2015.1102716
- Dispenza, F., & O'Hara, C. (2016). Correlates of transgender and gender nonconforming counseling competencies among psychologists and mental health practitioners. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 156-164.

- Drydakis, N. (2017). Trans employees, transitioning, and job satisfaction. *Journal of Vocational Behavior*, 98, 1-16. doi:10.1016/j.jvb.2016.09.003
- Edelman, E. A., & Zimman, L. (2014). Boycunts and bonus holes: Trans men's bodies, neoliberalism, and the sexual productivity of genitals. *Journal of Homosexuality*, 61, 673-690. doi:10.1080/00918369.2014.870438
- Egan, S. K., & Perry, D. G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology*, 37, 451-463. doi:10.1037//0012-1649.37.4.451
- Eisikovits, Z., & Koren, C. (2010). Approaches to and outcomes of dyadic interview analysis. *Qualitative Health Research*, 20, 1642-1655. doi:10.1177/1049732310376520
- Elder, A. B. (2016). Experiences of older transgender and gender nonconforming adults in psychotherapy: A qualitative study. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 180-186.
- Erhardt, V. (2007). *Head over heels: Wives who stay with cross-dressers and transsexuals*. Binghamton, NY: Haworth Press.
- Factor, R., & Rothblum, E. (2008). Exploring gender identity and community among three groups of transgender individuals in the United States: MTFs, FTMs, and genderqueers. *Health Sociology Review*, 17, 235-253.

- Fassinger, R. E., & Arseneau, J. R. (2007). "I'd rather get wet than be under that umbrella": Differentiating the experiences and identities of lesbian, gay, bisexual, and transgender people. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 19-49). Washington, DC: American Psychological Association.
- Ferguson, J. M. (2013). Queering methodologies: Challenging scientific constraint in the appreciation of queer and trans subjects. *The Qualitative Report*, 18(25), 1-13.
- Flores, A. R., Haider-Markel, D. P., Lewis, D. C., Miller, P. R., Tadlock, B. L., & Taylor, J. K. (2017). Challenged expectations: Mere exposure effects on attitudes about transgender people and rights. *Political Psychology*. doi: 10.1111/pops.12402
- Fowers, B. J., Anderson, A. R., Lefevor, G. T., & Lang, S. (2015). Beyond harms: Exploring the individual and shared goods of psychotherapy. *The Counseling Psychologist*, 43, 380-392, doi:10.1177/0011000014568202
- Gamarel, K. E., Reisner, S. L., Laurenceau, J. P., Nemoto, T., & Operario, D. (2014). Gender minority stress, mental health, and relationship quality: A dyadic investigation of transgender women and their cisgender male partners. *Journal of Family Psychology*, 28, 437-447.
- Gatson, M. D. (2015). Lesbian, gay, bisexual, transgender, questioning (LGBTQ) military family: The examination of service members' sexuality and "don't ask, don't tell." *The Military Psychologist*, 30(2), 16-17.
- Gehart, D. (2010). *Mastering competencies in family therapy: A practical approach to theories and clinical case documentation*. Belmont, CA: Brooks/Cole.

- Gergen, K. J. (2001). Psychological science in a postmodern context. *American Psychologist*, 56, 801-813.
- Giammattei, S. V. (2015). Beyond the binary: Trans-negotiations in couple and family therapy. *Family Process*, 54(3), 418-434. doi:10.1111/famp.12167
- Gleason, H. A., Livingston, N. A., Peters, M. M., Oost, K. M., Reely, E., & Chochran, B. N. (2016). Effects of state nondiscrimination laws on transgender and gender-nonconforming individuals' perceived community stigma and mental health. *Journal of Gay & Lesbian Mental Health*, 20(4), 350-362. doi:10.1080/19359705.2016.1207582
- Goldenberg, M. (2011). *Femme perspectives of relational body image: An interpretative phenomenological analysis of experiences in couple-hood with transgender men* (Doctoral dissertation). Available on ProQuest Dissertations and Theses (UMI No. 3471597).
- Goldenberg, H., & Goldenberg, I. (2008). *Family therapy: An overview* (7th ed.). Belmont, CA: Thomson Higher Education.
- Gonzalez, C. A., Bockting, W. O., Beckman, L. J., & Durán, R. E. (2012). Agenic and communal personality traits: Their associations with depression and resilience among Transgender women. *Sex Roles*, 67, 528-543. doi:10.1007/s11199-012-0202-y
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.

- Hale, J. (1997). *Suggested rules for non-transsexuals writing about transsexuals, transsexuality, transsexualism, or trans_____*. Retrieved from <http://sandystone.com/hale.rules.html>
- Harding, S. (1986). *The science question in feminism*. Ithaca, NY: Cornell Press.
- Haverkamp, B. E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counseling Psychology, 52*, 146-155.
doi:10.1037/0022-0167.52.2.146
- Haverkamp, B. E., & Young, R. A. (2007). Paradigms, purpose, and the role of the literature: Formulating a rationale for qualitative investigations. *The Counseling Psychologist, 35*, 265-294. doi:10.1177/0011000006292597
- Hays, D. G. & Erford, B. T. (2014). *Developing multicultural counseling competence: A systems approach* (2nd ed.). Columbus, OH: Pearson Merrill.
- Hein, S. F., & Austin, W. J. (2001). Empirical and hermeneutic approaches to phenomenological research in psychology: A comparison. *Psychological Methods, 6*, 3-17. doi:10.1037//1082-989X.6.1.3
- Hesse-Biber, S. N. (2014). A re-invitation to feminist research. In *Feminist research practice: A primer* (2nd ed., pp. 1-13). Thousand Oaks, CA: Sage Publications.
- Hines, S. (2006). Intimate transitions: Transgender practices of partnering and parenting. *Sociology, 40*(2), 353-371. doi:10.1177/0038038506062037
- Israel, G. E. (2004). Supporting transgender and sex reassignment issues: Couple and family dynamics. In J. J. Bigner & J. L. Wetchler (Eds.), *Relationship therapy with same-sex couples* (pp. 53-63). Binghamton, NY: Haworth Press.

- Israel, G. E., & Tarver, D. E. (1997). *Transgender care: Recommended guidelines, practical information & personal accounts*. Philadelphia, PA: Temple University Press.
- Jackson, N. (2013). *Transgender couples of color navigating the gender change of one partner* (Doctoral dissertation). Available from ProQuest Dissertations & Theses. (UMI No. 3567567).
- Jaffee, K. D., Shires, D. A., & Stroumsa, D. (2016). Discrimination and delayed health care among transgender women and men: Implications for improving medical education and health care delivery. *Medical Care*, 54(11), 1010-1016.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 National Transgender Discrimination Survey*. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>
- Johnson, A. H. (2016). Transnormativity: A new concept and its validation through documentary film about transgender men. *Social Inquiry*, 86(4), 465-491. doi:10.1111/soin.12127
- Kailey, M. (2005) *Just add hormones: An insider's guide to the transsexual experience*. Boston, MA: Beacon.
- Katz-Wise, S. L., & Budge, S. L. (2015). Cognitive and interpersonal identity processes related to mid-life gender transitioning in transgender women. *Counselling Psychology Quarterly*, 28, 150-147. doi:10.1080/09515070.2014.993305

- Katz-Wise, S. L., Reisner, S. L., White Hughto, J. M., & Budge, S. L. (2016, August). Self-reported changes in attractions and social determinants of mental health in transgender adults. *Archives of Sexual Behavior*, 1-15.
doi:10.1007/s10508-016-0812-5
- Killermann, S. (2014). *Comprehensive list of LGBTQ+ term definitions*. Retrieved from <http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/>
- Kins, E., Hoebeke, P., Heylens, G., Rubens, R., & De Cuypere, G. (2008). The female-to-male transsexual and his female partner versus the traditional couple: A comparison. *Journal of Sex and Marital Therapy*, 34, 429-438.
doi:10.1080/00926230802156236
- Klein, A., & Golub, S. A. (2016). Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender nonconforming adults. *LGBT Health*, 3(3), 193-199. doi:10.1089/lgbt.2015.0111
- Korell, S. C., & Lorah, P. (2007). An overview of affirmative psychotherapy and counseling with transgender clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 271-288). Washington, DC: American Psychological Association.
- Lather, P. (1988). Feminist perspectives of empowering research methodologies. *Women's Studies International Forum*, 11, 569-581.
doi:10.1016/0277-5395(88)90110-0

- Lehavot, K., Simpson, T. L., & Shipherd, J. C. (2016). Factors associated with suicidality among a national sample of transgender veterans. *Suicide and Life-Threatening Behavior, 46*(5), 507-524. doi: 10.1111/sltb.12233
- Lenning, E., & Buist, C. L. (2013). Social, psychological, and economic challenges faced by transgender individuals and their significant others: Gaining insight through personal narratives. *Culture, Health, & Sexuality, 15*, 44-57.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: Haworth Clinical Practice Press.
- Lev, A. I. (2005). Transgender emergence: A family affair. *Division 44 Newsletter, 21*, 11-12.
- Lev, A. I. (2007). Transgender communities: Developing identity through connection. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 146-175). Washington, DC: American Psychological Association.
- Lev, A. I. (2009). The ten tasks of the mental health provider: Recommendation for revision of the World Professional Association for Transgender Health's Standards of Care. *International Journal of Transgenderism, 11*, 74-99.
- Lev, A. I. (2010). How queer! The development of gender identity and sexual orientation in LGBTQ-headed families. *Family Process, 49*(3), 268-290.
- Lev, A. I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Forum, 41*, 288-296. doi:10.1007/s10615-013-0447-0

- Lev, A. I., & Sennott, S. (2012). Transsexual desire in differently gendered bodies. In J. J. Bigner & J. L. Wetchler (Eds.), *Handbook of LGBT-affirmative couple and family therapy* (pp. 113-128). New York, NY: Routledge.
- Levitt, H. M., & Ippolito, M. R. (2014a). Being transgender: Navigating minority stressors and developing authentic self-presentation. *Psychology of Women Quarterly*, 38, 46-64. doi:10.1177/0361684313501644
- Levitt, H. M., & Ippolito, M. R. (2014b). Being transgender: The experience of transgender identity development. *Journal of Homosexuality*, 61, 1727-1758. doi: 0.1080/00918369.2014.951262
- Lewins, F. (2002). Explaining stable partnerships among FTMs and MTFs: A significant difference? *Journal of Sociology*, 38, 76-88.
- Lindroth, M. (2016). 'Competent persons who can treat you with competence, as simple as that' - An interview study with transgender people on their experiences of meeting health care professionals. *Journal of Clinical Nursing*, 35, 3511-3521. doi:10.1111/jocn.13384
- MacDonnell, J. A., & Grigorovich, A. (2012). Gender, work, and health for trans health providers: A focus on transmen. *International Scholarly Research Network, Nursing*, 2012, 1-11. doi:10.5402/2012/161097
- Maisel, N. C., & Karney, B. R. (2012). Socioeconomic status moderates associations among stressful events, mental health, and relationship satisfaction. *Journal of Family Psychology*, 26, 654-660. doi:10.1037/a0028901.

- Malpas, J. (2012). Can couples change gender? Couple therapy with transgender people and their partners. In J. J. Bigner & J. L. Wetchler (Eds.), *Handbook of LGBT-affirmative couple and family therapy* (pp. 69-85). New York, NY: Routledge.
- Markman, E. R. (2011). Gender identity disorder, the gender binary, and transgender oppression: Implications for ethical social work. *Smith College Studies in Social Work, 81*, 314-327.
- Martinez, L. R., Sawyer, K. B., Thoroughgood, C. N, Ruggs, E. N., & Smith, N. A. (2017). The importance of being “me”: The relation between authentic identity expression and transgender employees’ work-related attitudes and experiences. *Journal of Applied Psychology, 102*(2), 215-226.
- McLemore, K. A. (2016). A minority stress perspective on transgender individuals’ experiences with misgendering. *Stigma and Health, 1*(4), n.p.
doi:10.1037/sah0000070
- Meier, S. C., & Labuski, C. M. (2013). The demographics of the transgender population. In A. K. Baumle (Ed.), *International handbook of the demography of sexuality* (pp. 289-327). New York, NY: Springer.
- Meier, S. C., Sharp, C. C., Michonski, J., Babcock, J. C., Fitzgerald, K. (2013). Romantic relationships of female-to-male trans men: A descriptive study. *International Journal of Transgenderism, 14*, 75-85. doi:10.1080/15532739.2013.791651
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

- Miller, L. R., & Grollman, E. A. (2015). The social costs of gender nonconformity for transgender adults: Implications for discrimination and health. *Sociological Forum, 30*, 809-831. doi:10.1111/socf.12193
- Mizock, L., & Hopwood, R. (2016). Conflation and interdependence in the intersection of gender and sexuality among transgender individuals. *Psychology of Sexual Orientation and Gender Diversity, 3*, 93-103.
doi:http://dx.doi.org/10.1037/sgd0000157
- Mizock, L., & Lundquist, C. (2016). Missteps in psychotherapy with transgender clients: Promoting gender sensitivity in counseling and psychological practice. *Psychology of Sexual Orientation and Gender Diversity, 3*(2), 148-155.
doi:10.1037/sgd0000177
- Monstrey, S. J., Ceulemans, P., & Hoebeke, P. (2011). Sex reassignment surgery in the female-to-male transsexual. *Seminars in Plastic Surgery, 25*, 229-244.
- Moradi, B., Tebbe, E. A., Brewster, M. E., Budge, S. L., Lenzen, A., Ege, E., ...Flores, M. J. (2016). A content analysis of literature on trans people and issues: 2002-2012. *The Counseling Psychologist, 44*(7), 960-995.
doi:10.1177/0011000015609044
- Morales, E., & Norcross, J. C. (2010). Evidence-based practices with ethnic minorities: Strange bedfellows no more. *Journal of Clinical Psychology, 66*, 821-829.
doi:10.1002/jclp.20712

- Moran, C. N. (2013). *Whatever it is, it's not lesbian sex! Transmen and their partners: A conversation about labels, transitioning, sex, and sexuality* (Doctoral dissertation). Available from ProQuest Dissertations and Theses (UMI No. 3536314).
- Morales, E., & Norcross, J. C. (2010). Evidence-based practices with ethnic minorities: Strange bedfellows no more. *Journal of Clinical Psychology*, 66, 821-829.
doi:10.1002/jclp.20712
- Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist*, 35, 209-235.
doi:10.1177/0011000006286990
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE Publications.
- Munson, M., & Cook-Daniels, L. (2015). *Transgender sexual violence survivors: A self help guide to healing and understanding*. Retrieved from <http://forge-forward.org/wp-content/docs/self-help-guide-to-healing-2015-FINAL.pdf>
- Nagoshi, J. L., & Brzuzy, S. (2010). Transgender theory: Embodying research and practice. *Journal of Women and Social Work*, 25, 431-443.
doi:10.1177/0886109910384068
- National Center for Transgender Equality. (2015). *Issues: Military and veterans*. Retrieved from <http://transequality.org/issues/military-veterans>
- Nemoto, T., Operario, D., & Keatley, J. (2005). Health and social services for male-to-female transgender persons of color in San Francisco. *International Journal of Transgenderism*, 3, 5-19.

- Nuttbrock, L., Bockting, W., Rosenblum, A., Hwahng, S., Mason, M., Macri, M., & Becker, J. (2015). Gender abuse and incident HIV/STI among transgender women in New York City: Buffering effect of involvement in a transgender community. *AIDS and Behavior, 19*, 1446-1453. doi:10.1007/s10461-014-0977-7
- Obergefell v. Hodges, No. 14-556, United States Supreme Court (2015). Retrieved from http://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf
- Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Thousand Oaks, CA: Sage Publications
- Peitzmeier, S., Gardner, I., Weinand, J., Corbet, A., & Acevedo, K. (2017). Health impact of chest binding among transgender adults: A community-engaged, cross-sectional study. *Culture, Health, & Sexuality, 19*(1), 64-75. doi:10.1080/13691058.2016.1191675
- Pfäfflin, F. (1992). Regrets after sex reassignment surgery. *Journal of Psychology and Human Sexuality, 5*, 69-85.
- Pfäfflin, F., & Junge, A. (1998). *Sex reassignment--Thirty years of international follow-up studies after sex reassignment surgery: A comprehensive review, 1961-1991* (R. B. Jacobson & A. B. Meier, Trans.). Retrieved from <http://www.symposion.com/ijt/pfaefflin/1000.htm>
- Pfeffer, C. A. (2010). Women's work? Women partners of transgender men doing housework and emotion work. *Journal of Marriage and Family, 72*, 165-183. doi:10.1111/j.1741-3737.2009.00690.x
- Piper, J., & Mannino, M. (2008). Identity formation for transsexual individuals in transition. *Journal of GLBT Family Studies, 4*, 75-93.

- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52, 137-145.
doi:10.1037/0022-0167.52.2.137
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52, 126-136. doi:10.1037/0022-0167.52.2.126
- Ponterotto, J. G., & Grieger, I. (2007). Effectively communicating qualitative research. *The Counseling Psychologist*, 35, 404-430. doi:10.1177/0011000006287443
- Quinn, G. P., Schabath, M. B., Sanchez, J. A., Sutton, S. K., & Green, B. L. (2015). The importance of disclosure: Lesbian, gay, bisexual, transgender/transsexual, queer/questioning, and intersex individuals and the cancer continuum. *Cancer*, 121, 1160-1163. doi:10.1002/cncr.29203
- Rachlin, K., & Lev, A. I. (2011). Challenging cases for experienced therapists. *Journal of Gay & Lesbian Mental Health*, 15, 180-199. doi: 10.1080/19359705.2011.553783
- Raj, R. (2008). Transforming couples and families: A trans-formative therapeutic model for working with the loved-ones of gender-divergent youth and trans-identified adults. *Journal of GLBT Family Studies*, 4(2), 133-163.
doi:10.10080/15504280802096765
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.

- Reisner, S. L., Gamarel, K. E., Nemoto, T., & Operario, D. (2014). Dyadic effects of gender minority stressors in substance use behaviors among transgender women and their non-transgender male partners. *Psychology of Sexual Orientation and Gender Diversity, 1*, 63-71. doi:10.1037/0000013.
- Reisner, S. L., White Hughto, J. M., Gamarel, K. E., Keuroghlian, A. S. Mizock, L., & Pachankis, J. E. (2016). Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. *Journal of Counseling Psychology, 63*(5), 509-519. doi:10.1037/cou0000143
- Riggs, D. W., & Sion, R. (2016). Gender differences in cisgender psychologists' and trainees' attitudes toward transgender people. *Psychology of Men & Masculinity, 18*(2), 187-190. doi:10.1037/men0000047
- Rostosky, S. S., Black, W. W., Riggle, E. D. B., & Rosenkrantz, D. (2015). Positive aspects of being a heterosexual ally to lesbian, gay, bisexual, and transgender (LGBT) people. *American Journal of Orthopsychiatry, 85*, 331-338.
- Rubin, S. O. (1993). Sex reassignment surgery male to female: Review, own results, and report of a new technique using the glans penis as a pseudoclitoris. *Scandinavian Journal of Urology and Nephrology, 154*, 1-28.
- Rutter, P. A., Leech, N. N., Anderson, M., & Saunders, D. (2010). Couples counseling for a transgender-lesbian couple: Student counselors' comfort and discomfort with sexuality counseling topics. *Journal of GLBT Family Studies, 6*, 68-79. doi:10.1080/15504280903472816

- Scarpella, K. (2010). *Male-to-female transsexual individuals' experience of clinical relationships: A phenomenological study* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3426063)
- Scarpella, K. M., & Motter, B. L. (2014). *Sharing the good news: A positive model for coming out as transgender*. San Bernadino, CA: CreateSpace Independent Publishing.
- Singh, A. A. (2016a). Major contribution reaction: Yes! And let's move further toward trans liberation. *The Counseling Psychologist*, 44(7), 1050-1061.
doi:10.1177/0011000016669435
- Singh, A. A. (2016b). Moving from affirmation to liberation in psychological practice with transgender and gender nonconforming clients. *American Psychologist*, 71(8), 755-762. doi:10.1037/amp0000106
- Singh, A. A., & Burns, T. R. (2010). Shifting the counselor role from gatekeeping to advocacy: Ten strategies for using the Competencies for Counseling with Transgender Clients for individual and social change. *Journal of LGBT Issues in Counseling*, 4(4), 241–255. doi:10.1080/15538605.2010.525455
- Singh, A. A., & dickey, l. m. (2016). Implementing the APA guidelines on psychological practice with transgender and gender nonconforming people: A call to action to the field of psychology. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 195-200. doi:10.1037/sgd0000179

- Singh, A. A., Richmond, K., & Burnes, T. R. (2013). Feminist participatory action research with transgender communities: Fostering the practice of ethical and empowering research designs. *International Journal of Transgenderism*, 14, 93-104. doi:10.1080/15532739.2013.818516
- Snyder, R. C. (2008). What is third-wave feminism? A new directions essay. *Signs*, 34, 175-196.
- Steinmetz, K. (2014, May). The transgender tipping point. *TIME Magazine*. Retrieved from <http://time.com/135480/transgender-tipping-point/>
- Stewart, D., & Mickunas, A. (1990). *Exploring phenomenology: A guide to the field and its literature* (2nd ed.). Athens: Ohio University Press.
- Stryker, S. (1994). My words to Victor Frankenstein above the village of Chamounix: Performing transgender rage. *GLQ: A Journal of Lesbian and Gay Studies*, 1, 237-254.
- Sue, D.W. (2015). Therapeutic harm and cultural oppression. *The Counseling Psychologist*, 43, 359-369. doi:10.1177/0011000014565713
- Tauchert, A. (2002). Fuzzy gender: Between female-embodiment and intersex. *Journal of Gender Studies*, 11, 29-38. doi:10.1080/09589230120115149
- Tebbe, E. A., & Budge, S. L. (2016). Research with trans communities: Applying a process-oriented approach to methodological considerations and research recommendations. *The Counseling Psychologist*, 44(7), 996-1024. doi:10.1177/0011000015609045

- Tebbe, E. A., & Moradi, B. (2016). Suicide risk in trans populations: An application of minority stress theory. *Journal of Counseling Psychology*, 63 (5), 520-533.
doi:10.1037/cou0000152
- Tebbe, E. A., Moradi, B., & Budge, S. L. (2016). Enhancing scholarship focused on trans people and issues. *The Counseling Psychologist*, 44 (7), 950-959.
doi:10.1177/0011000015608950
- The White House, Office of the Press Secretary. (2011). *Statement by the President on the Repeal of Don't Ask, Don't Tell* [Press release]. Retrieved from <https://www.whitehouse.gov/the-press-office/2011/09/20/statement-president-repeal-dont-ask-dont-tell>
- Tien, N. C. (2013). *Communication and relationships of intercultural/multilingual couples: Cultural and language differences* (Doctoral dissertation). Available through ProQuest Dissertations and Theses (UMI No. 3606017).
- Transgender Law Center. (2012). *Transgender family law facts: A fact sheet for transgender spouses, partners, parents, and youth*. Retrieved from <http://translaw.wpengine.com/wp-content/uploads/2013/11/Family-Law-Facts-301013-web-version.pdf>
- U.S. Department of Housing and Urban Development. (2015). *Ending housing discrimination against lesbian, gay, bisexual and transgender individuals and their families: Enriching and strengthening our nation*. Retrieved from http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_op/LGBT_Housing_Discrimination

- Van de Grift, T. C., Kreukels, B. P. C., Elfering, L., Özer, J., Bouman, M., Buncamper, M.E., ...Mullender, M. G. (2016). Body image in transmen: Multidimensional measurement and the effects of mastectomy. *Journal of Sexual Medicine*, 13, 1778-1786. doi:10.1016/j.jsxm.2016.09.003
- Veldorale-Griffin, A., & Darling, C. A. (2016). Adaptation to parental gender transition: Stress and resilience among transgender parents. *Archives of Sexual Behavior*, 45, 607-617.
- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist*, 31, 253-272. doi:10.1177/0011000002250634
- von Bertalanffy, L. (1968). *General systems theory: Foundations development application*. New York, NY: George Braziller.
- Von Vogelsang, A., Milton, C., Ericsson, I., & Strömberg, L. (2016). "Wouldn't it be easier if you continued to be a guy?"- A qualitative interview study of transsexual persons' experiences of encounters with healthcare professionals. *Journal of Clinical Nursing*, 25, 3577-3588. doi:10.1111/jocn.13271
- Warner, D. N. (2008). Towards a queer research methodology. *Qualitative Research in Psychology*, 1(4), 321-337. doi:10.1191/1478088704qp021oa
- Watzlawick, P. (1984). *The invented reality: How do we know what we believe we know? Contributions to constructivism*. New York, NY: Norton.
- Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015a). Potentially harmful therapy and multicultural counseling: Bridging two disciplinary discourses. *The Counseling Psychologist*, 43, 334-358. doi:10.1177/0011000014548280

- Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015b). Potentially harmful therapy and multicultural counseling: Extending the conversation. *The Counseling Psychologist, 43*, 393-403. doi:10.1177/0011000015576801
- Wesp, L. M., & Deutsch, M. B. (2017). Hormonal and surgical treatment options for transgender women and transfeminine spectrum persons. *Psychiatric Clinics of North America, 40*, 99-111. doi:10.1016/j.psc.2016.10.006
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender and Society, 1*, 125-151.
- Weyers, S., Elaut, E., De Sutter, P., Gerris, J., T'Sjoen, G., Heylens, G., ... Verstraelen, H. (2009). Long term assessment of the physical, mental, and sexual health among transsexual women. *Journal of Sexual Medicine, 8*, 3379-3388.
<http://dx.doi.org/10.1111/j.1743-6109.2011.02348.x> Medline:21699661
- White Hughto, J. M., Pachankis, J. E., Willie, T. C., & Reisner, S. L. (2017). Victimization and depressive symptomology in transgender adults: The mediating role of avoidant coping. *Journal of Counseling Psychology, 64*(1), 41-51.
 doi:10.1037/cou0000184
- White Hughto, J. M., Murchison, G. R., Clark, K., Pachankis, J. E., & Reisner, S. L. (2016). Geographic and individual differences in healthcare access for U.S. transgender adults: A multilevel analysis. *LGBT Health, 3*(6), 424- 433.
 doi:10.1089/lgbt.2016.0044
- Whitley, C. T. (2013), Trans-kin undoing and redoing gender: Negotiating relational identity among friends and family of transgender persons. *Sociological Perspectives, 56*, 597-621. doi:10.1525/sop.2013.56.4.597

- Wolf, M. (1992). *A thrice told tale: Feminism, postmodernism, and ethnographic responsibility*. Stanford, CA: Stanford University Press.
- Wood, J. T. (2005). *Gendered lives: Communication, gender, and culture*. Belmont, CA: Wadsworth.
- Xavier, J. M., Bobbin, M., Singer, B., & Budd, E. (2005). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 3, 31-48.
- Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices. *The Counseling Psychologist*, 35, 369-403. doi:10.1177/0011000006292596
- Zimman, L. (2009). 'The other kind of coming out': Transgender people and the coming out narrative genre. *Gender and Language*, 3, 53-80. doi:10.1558/gen1.v3i1.53

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



Institutional Review Board

DATE: March 2, 2016

TO: Barry Motter, MA
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [836745-2] The Lived Experiences of Transgender Couples who Navigate One Partner's Gender Transition
SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED
APPROVAL DATE: March 2, 2016
EXPIRATION DATE: March 2, 2017
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of March 2, 2017.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

APPENDIX B
PARTICIPANT RECRUITMENT LETTER



Dear Interested Participant,

My name is Barry Motter, and I am a doctoral candidate at the University of Northern Colorado (UNC). I am working on my dissertation, where I am studying the experiences of couples who sustained their romantic relationship through their partner's gender transition. In order to do this, I'm looking for committed couples made up of one cisgender person and one transgender person, who were in a relationship for **at least six months before the trans* partner came out**, and the transgender partner needs to be currently **out to most people** as their affirmed gender. In order to participate in this study, you must have been **in the relationship for at least two years in total**.

Couples of any sexual orientation and/or gender expression are invited to participate, as long as you have been partnered for two years or longer, and meet the above criteria. Your participation includes a total of three interviews: one with the couple together and one with each partner separately. The couple's interview should take approximately 90 minutes, while the individual interviews will last approximately 50 to 60 minutes. Interviews will be conducted in a location of your choice, including your home, or via Skype.

Your confidentiality will be maintained at all points of the research process. Identifiable information will be changed with each participant to protect their identity, including name and occupation.

If you are interested in participating in this study or would like to learn more, please contact me by phone at 970.351.1645, or preferably by email at barry.motter@unco.edu. Please pass this letter along to friends who fit the criteria and may also be interested in participating. Thank you for your time and consideration!

Sincerely,

Barry Motter, MA
Doctoral Candidate, Counseling Psychology
Department of Applied Psychology and Counselor Education
University of Northern Colorado
970.351.1645
barry.motter@unco.edu

APPENDIX C
RECRUITMENT DISTRIBUTION EMAIL

Dear (Program Director/Research Coordinator Name),

My name is Barry Motter, and I am a doctoral candidate at the University of Northern Colorado (UNC). I am working on my IRB approved (IRB # XXXXXX) dissertation, where I am researching the experiences of couples who sustained their romantic relationship through their partner's gender transition. In order to do this, I'm looking for committed couples made up of one cisgender person and one transgender person, who were in a relationship for **at least six months before the trans* partner came out**, and the transgender partner needs to be currently **out to most people** as their affirmed gender. In order to participate in this study, participants must have been **in the relationship for at least two years in total**.

Couples of any sexual orientation and/or gender expression are invited to participate, as long as they have been partnered for two years or longer and meet the above criteria. I am looking for couples to participate in an interview together, and an interview separately, for 3 interviews in total. The couple's interview should take approximately 90 minutes, while the individual interviews will last approximately 50 to 60 minutes. Interviews will be conducted in a location of the participant's choice, including their home, or via Skype.

I would greatly appreciate if you could pass this email along with the attached recruitment letter to your constituents, or any participants you think may meet the criteria. If you have any questions, contact me by phone at 970.351.1645, or email at barry.motter@unco.edu. Thank you for your time and consideration!

Sincerely,

Barry Motter, MA
Doctoral Candidate, Counseling Psychology
Department of Applied Psychology and Counselor Education
University of Northern Colorado

APPENDIX D
PARTICIPANT SELECTION CRITERIA

The Lived Experience of Transgender Couples who Navigate One Partner's Gender Transition

Participant Selection Criteria

In order to take part in this study, both participants must meet the following criteria:

- ☐ Participants are currently in a coupled committed relationship together
 - ☐ One partner identifies as transgender
 - ☐ One partner identifies as cisgender, meaning their gender identity matches the sex they were assigned at birth
- ☐ Transgender partner is currently out to most people
- ☐ Participants have been in a relationship for at least 2 years total
- ☐ Participants were in a subjectively committed relationship for at least 6 months before transgender partner came out
- ☐ Both participants are over 18
- ☐ Participants are fluent in English
- ☐ Both partners consent to be interviewed and participate

APPENDIX E

**CONSENT FORM FOR HUMAN PARTICIPANTS
IN RESEARCH**



**Consent Form for Human Participants in Research
University of Northern Colorado**

**The Lived Experiences of Transgender Couples Who Navigate One Partner's
Gender Transition**

Researcher: Barry Motter, MA
 Doctoral Candidate, Counseling Psychology
 970.351.1645
 barry.motter@unco.edu

Research advisor: Dr. Basilia Softas-Nall, Ph.D., LP
 Department of Applied Psychology and Counselor Education
 970.351.1631
 basilia.softas-nall@unco.edu

You are being asked to participate in a research study. The purpose of this study is to explore the lived experience of couples who sustain their committed relationship through their partner's gender transition.

If you agree to take part in this research study, you and your partner will participate in interviews. One interview will take place with both you and your partner together, and the second interview you participate in will be with just you and me. The couple's interview should take approximately 90 minutes, while the individual interviews will last approximately 50 to 60 minutes. During this time, Barry Motter will ask you open questions in order to engage you in a discussion regarding the purpose of this study. This is an informal interview. If there are any questions you do not wish to answer, you may elect to skip them at no penalty to you. The researcher may contact you after the interview is complete to ask follow-up or clarifying questions.

Interviews will be audio recorded and subsequently transcribed verbatim. Upon completing the transcription of the audio, recordings will be erased. Your confidentiality will be maintained at all points of the research process. Identifiable information will be changed with each participant to protect their identity, including name and occupation. These changes will be upheld throughout transcription, data collection, data analysis, and formal presentation, including write up and publication of results. Signed informed

consent documents will be securely stored within the research advisor's office or on a password-protected flash drive. Only the research advisor and myself will have access to the consent forms with your name. No other data will have your identifying information. The researcher will consult with other researchers to make sure that she is accurately describing your experiences.

Risks to you are minimal and include potentially experiencing feelings of discomfort or anxiety during the interview process. In the event that any part of the interview brings you distress, or if topics come up in our discussion you wish to continue exploring with a counselor, I can provide you with a list of counseling referrals.

Potential benefits include having the opportunity to talk as a couple about personal and multicultural issues with one another. Other benefits include contributing to the knowledgebase of therapy and psychology programs by helping to inform the research literature on what sorts of unique needs couples like you may have. This could potentially contribute to multicultural awareness and education within training programs.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX F

PARTICIPANT DEMOGRAPHIC INFORMATION
SHEET

**The Lived Experiences of Transgender Couples Who
Navigate One Partner's Gender Transition**

1. Please choose a pseudonym:

2. Age:

3. Sex assigned at birth:

4. Gender you identify with now:

5. What pronouns do you use?

6. Ethnicity:

7. Sexual orientation:

8. Occupation:

9. Estimated annual household income:

10. Highest level of education completed:

11. Approximately what date did you start your current relationship?

12. Approximately what date did you/your partner disclose as transgender to you/your partner?

13. Since approximately what date have you/your partner been out as transgender to most people?

APPENDIX G
INTERVIEW GUIDE

Interview Guide

For the couple together:

1. The couple story
 - Tell me the story of how you became a couple. What attracted you to one another?
 - Tell me your story of navigating the gender transition as a couple.
2. Changes in the relationship related to transition
 - Overall, what changed in your relationship as a result of your gender role transition? What changed in your relational identity?
 - How have you made decisions about transitioning (participant)'s gender role as a couple?
 - i. Finances, pacing and timing of transition, medical care
 - Have roles and responsibilities changed in your relationship? If so, how?
 - Tell me about how you have navigated changes to your sexual relationship as a result of gender role transition or transition procedures, if any.
 - *(If applicable: How have you made decisions about parenting or what to tell your children about this transition?)*
3. Strengths of the relationship related to transition
 - What strengths exist in your relationship that helped you maintain your relationship as a couple through this process?
 - What has kept you together as a couple during this transition?
 - What strengths, or benefits, do you think you have as a couple for going through this process?
4. Challenges of the relationship related to transition
 - What would you say were/are the biggest challenges you faced in transitioning as a couple? What helped you overcome/face these challenges?
 - Tell me about any times you have felt discriminated against because of your relationship, either subtly or blatantly.
5. Responses from others related to the transition
 - Tell me about the times you have felt supported in the transition as a couple. What made it supportive?
 - Tell me about your support systems and communities during transition and after.
 - School, work, neighborhood, friends, family, community organizations, religious institutions, LGB community?
 - As a couple, what models did/do you have of people who have gone through this same relational experience?
 - What would you want therapists to know about working with transgender couples? What should they say/not say?
6. Is there anything else that would be important to share that I haven't asked about?

For the cisgender partner:

1. Cisgender partner's experience of the couple story
 - Tell me the story of when your partner came out to you?
 - Besides your partner, have you ever been in a committed romantic relationship with a trans person? If so, how did that relationship compare to your current one?
 - How much knowledge did you have of transgender people and trans-related issues before your partner came out?
 - In what ways has your experience of this process been different from that of your partner's?
2. Changes in the relationship related to transition
 - How has your relationship with your partner changed since they came out? Since they transitioned?
 - How would you describe your overall satisfaction with your relationship prior to your partner's transition? After their transition?
 - Tell me about what changes you noticed or made in your sexual relationship as a result of your partner's transition. Any change in your thinking about your own sexual orientation?
 - How have you noticed your roles and responsibilities at home and in your relationship changed since your partner's transition?
3. Strengths of the relationship related to transition
 - What strengths, or benefits, do you think you have as a person for going through this process with your partner?
 - What strengths do you have as a person that helped you maintain your relationship through this process? What kept you in the relationship with your partner through these changes?
 - What strengths do you see in your partner?
4. Challenges of the relationship related to transition
 - What would you say were/are the biggest challenges you personally faced in the transition process? What helped you overcome/face these challenges?
 - What do you think was the biggest challenge your partner faced?
5. Responses from others related to transition
 - What would you want therapists who work with transgender couples to know about being the cisgender partner of someone who is transgender?
6. Is there anything else that you think would be important to share that I haven't asked about?

For the transgender partner:

1. Transgender partner's experience of the couple story
 - Tell me the story of coming out to your partner. How long after you were together did you come out?
 - In what ways has your experience of this process been different from that of your partner's?
2. Changes in the relationship related to transition
 - How has your relationship with your partner changed since you came out? Since you transitioned?
 - How would you describe your overall satisfaction with your relationship prior to your transition? After your transition?
 - Tell me about what changes you noticed or made in your sexual relationship as a result of your gender transition. Any change in your thinking about your own sexual orientation?
 - How have you noticed your roles and responsibilities at home and in your relationship changed since your gender role transition?
3. Strengths of the relationship related to transition
 - What strengths, or benefits, do you think you have as a person for going through this process with your partner?
 - What strengths do you have as a person that helped you maintain your relationship through this process? What kept you in the relationship with your partner through these changes?
 - What strengths do you see in your partner?
4. Challenges of the relationship related to transition
 - What would you say were/are the biggest challenges you personally faced in the transition process? What helped you overcome/face these challenges?
 - What do you think was the biggest challenge your partner faced?
5. Responses from others related to transition
 - What would you want therapists who work with transgender couples to know about being the partner who transitions gender roles?
6. Is there anything else that you think would be important to share that I haven't asked about?

Follow up questions:

- *What was that like for your relationship?*
- *What was that like for you personally?*
- *How did/does that feel?*
- *What meaning do you make of that?*
- *How did you understand that?*
- *What helped? What didn't help?*

APPENDIX H
PARTICIPANT DEMOGRAPHICS

| Name | State | Age | Sex assigned at birth | Gender | Sexual orientation | Ethnicity | Education Level | Household Income | Length of relationship | Relationship length before coming out to partner | Length of time out to most people |
|------------------|-------|-----|-----------------------|-----------|-----------------------|--------------------------|-------------------|------------------|------------------------|--|-----------------------------------|
| JB & Roberta | TX | 38 | Female | Male | Pan | White | PhD | \$45,000 | 5 years 9 months | 1 year 2 months | 4 years 6 months |
| | | 53 | Female | Female | Pan | White Hispanic | High school | | | | |
| Conor & Amy | DC | 40 | Female | Male | Heterosexual | White | B.S. | \$170,000 | 9 years 7 months | 1 year 9 months | 6 years 3 months |
| | | 31 | Female | Female | Queer | White | Masters | | | | |
| Madelyn & Sara | TX | 26 | Male | Woman | Pansexual | Caucasian | Associates | \$45,000 | 5 years 4 months | 3 years 8 months | 1 year |
| | | 29 | Female | Female | Heterosexual | White | High school | | | | |
| KC & Veronica | CA | 27 | Female | Agender | Lesbian/ Queer | Western European Descent | Graduate | \$60,000 | 9 years 3 months | 3 years 8 months | 2 years |
| | | 27 | Female | Female | Bisexual | Caucasian | Bachelor's | | | | |
| Kash & Jasmine | WA | 39 | Female | Male | Queer | White | Some college | \$30,000 | 3 years 3 months | 1 year 5 months | 1 year 5 months |
| | | 42 | Female | Female | Queer | White | Bachelor's | | | | |
| Cole & Leah | CO | 25 | Female | Male | Straight | White | Masters | \$160,000 | 2 years 5 months | 1 year | 10 months |
| | | 37 | Female | Female | Straight | White | Associates | | | | |
| Alan & Faye | NM | 47 | Female | Male | Straight | White | Technical College | \$55,000 | 5 years 3 months | 1 year 11 months | 3 years 4 months |
| | | 43 | Female | Female | Pansexual | White | Some college | | | | |
| Sandy & Mia | TX | 57 | Male | Female | Questioning | Caucasian | Masters | \$65,000 | 24 years | 17 years | 6 years |
| | | 57 | Female | Female | Straight | Caucasian | High School | | | | |
| Shane & Kim | WI | 32 | Female | Male | Heterosexual | Caucasian | Bachelor's | \$60,000 | 12 years 11 months | 5 years 1 month | 7 years 8 months |
| | | 35 | Female | Female | Pansexual | Caucasian | B.A. | | | | |
| Audrey & Lyn | TX | 58 | Male | Female | Pansexual/ Demisexual | White | JD | \$100,000 | 28 years 9 months | 23 years 8 months | 2 years 8 months |
| | | 66 | Female | Female | Heterosexual | Caucasian | JD | | | | |
| Sue & Anne | OH | 62 | Male | Female | Lesbian | Caucasian | JD | \$140,000 | 23 years 11 months | 21 years 1 month | 2 years 2 months |
| | | 58 | Female | Female | Heterosexual | White | B.S. | | | | |
| Evan & Cathasach | NY | 38 | AFAB | Man | Homoflexible | White | Some college | \$50,000 | 5 years 9 months | 3 years 11 months | 6 months |
| | | 38 | Male | Male | Bi | White | Bachelor's | | | | |
| Paul & Bill | IL | 39 | Female | Male | Androphilic | White | Associate's | \$50,000 | 22 years 10 months | 13 years 10 months | 8 years 6 months |
| | | 41 | Male | Masculine | Hetero | White | Some college | | | | |

APPENDIX I
MANUSCRIPT FOR PUBLICATION

“Love is Gender Blind”: The Lived Experiences of Transgender Couples

Who Navigate One Partner’s Gender Transition

Barry Lynn Motter and Basilia Softas-Nall

University of Northern Colorado

Abstract

This study investigated the experiences of romantic couples who maintained their relationship when one partner transitioned gender. For this phenomenology, 13 couples were interviewed as a dyad and individually utilizing systemic, feminist, and queer research theories. Couples discussed how much they loved each other and cared about their relationship above and beyond a partner's gender identity. Several common relationship changes were associated with gender transition including improved communication skills and language changes, affirming sexual relationships, and redistribution of power within the couple dyad. Benefits of the gender transition included improved relationships overall, emergence of support from communities and loved ones, passing privilege, and improved awareness to social issues. Couples also described challenges to navigating a gender transition within a relationship including losing close relationships, difficulty with remaining patient in transition, and adjusting to new identities such as feeling queer invisibility or a loss of heterosexual privilege. Common relationship strengths included love, acceptance, advocacy, commitment, respect, perseverance, friendship, flexibility, listening, humor, and sexual fluidity. Finally, couples shared political issues in the current sociopolitical climate had a personal impact on their felt safety and daily lives. Clinical and empirical implications were discussed.

“LOVE IS GENDER BLIND”: THE LIVED EXPERIENCES OF TRANSGENDER COUPLES WHO NAVIGATE ONE PARTNER’S GENDER TRANSITION

Introduction

The gender transition process is a systemic and familial experience as individuals close to trans people are also impacted by gender changes including romantic partners (Dierckx, Motmans, Mortelmans, & T’sjoen, 2016; Jackson, 2013). It is essential that counseling psychologists who work with transgender individuals and their partners understand the unique challenges and strengths couples might experience through transition in order to provide competent care and potentially reduce harm experienced by this vulnerable population often subject to disparate and discriminatory health care (Fowers, Anderson, Lefevor, & Lang, 2015; James et al., 2016). Without empirical support contributing to psychologists’ understanding of diverse groups that challenge oppressive majority values of what is “normality,” multicultural sensitive practice “risks becoming an empty political value” (Morales & Norcross, 2010, p. 823).

Transgender/Cisgender Relationships

Gender diversity exists across cultures as a normal facet of human diversity (American Psychological Association [APA], 2015) and increased attention has been directed toward transgender individuals through popular media and empirical consideration in counseling psychology (Tebbe, Moradi, & Budge, 2016). Up to 1% of the U.S. population is estimated to identify as transgender or gender nonconforming (Veldorale-Griffin & Darling, 2016). Although transgender identities are considered normative in the spectrum of human expression (Bockting, 2009), the field of psychology

and mental health care has been historically discriminatory and pathologizing of transgender individuals (Dentice & Dietert, 2015; dickey, Fedewa, & Hirsch, 2014; Lev, 2013).

Generally, experiencing affirmation in one's gender identity leads to significant increases in mental health and well-being (Budge, Orovecz, & Thai, 2015; Weyers et al., 2009). Mental health outcomes for trans individuals are also positively associated with relationship satisfaction and the presence of social support (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2014; Collazo, Austin, & Craig, 2013; Dargie, Blair, Pukall, & Coyle, 2014). Couples with partners who come out as transgender might maintain their relationships with increased frequency as their resources increase (Erhardt, 2007). Up to half of individuals who were in a romantic relationship at the start of their gender transition were reported to stay with the same partner throughout the process (Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013).

Research and Therapy with Transitioning Couples

While empirical attention is increasing on transgender issues (Singh, 2016a), a recent meta-analysis found that only .0008% of empirical literature related to couples and family therapy topics concentrated on transgender populations (Blumer, Green, Knowles, & Williams, 2012). This was consistent with research that suggested training programs did not adequately address concerns related to understanding transgender issues for psychotherapy and treatment (Korell & Lorah, 2007; Singh & dickey, 2016).

Psychologists and counselors reported feeling a lack of competency to meet the needs of trans clients and their loved ones (Jaffee, Shires, & Stroumsa, 2016). Research has generally focused on trans individuals in relationships and minimized the experiences of

cisgender partners (Chapman & Caldwell, 2012; Chase, 2011) who were also impacted by their partner's transition (Chase, 2011; Dierckx et al., 2016; Levitt & Ippolito, 2014). Discrimination by healthcare professionals as well as greater society has led to significant distress among trans individuals and their loved ones (James et al., 2016). This distress is often focused on relationship status and perceived stigma of being in a transgender relationship (Barr, Budge, & Adelson, 2016; Chapman & Caldwell, 2012; Giammattei, 2015). Without a clear understanding of the issues impacting transgender couples, psychologists are more likely to use microaggressive behaviors (Austin, 2016; McLemore, 2016) or display discrimination and prejudice (Lindroth, 2016) toward trans clients. Therefore, it is necessary for additional research to examine issues relevant to transgender couples in order to directly inform treatment needs with this population and ensure effective, ethically aware, and multiculturally sensitive care guidelines for counseling psychologists (Wendt, Gone, & Nagata, 2015a).

The purpose of this study was to fill identified literature gaps in understanding experiences of transgender couples. Specifically, I aimed to assist in increasing the competency of psychologists working with transgender couples and expand opportunities for applied allyship among counseling psychologists toward the trans community given the benefit of utilizing professional support on positive coping for transgender individuals (Budge, Chin, & Minero, 2017).

Method

For this phenomenological study, a constructivist theory was used. Consistent with constructivist theories, I aimed to explore how each partner in a transgender couple individually experienced the transition process as well as to systemically understand the

shared experience of transition within a relationship as all versions of this reality are equally valid (Haverkamp & Young, 2007). I anticipated that the meaning each partner created of the gender transition would have commonalities and differences (Morrow, 2007) and also believed the couple system would impact the creation of meaning for the couple as a unit (Bateson, 1972). Use of a phenomenological design as outlined by Moustakas (1994) enabled me to explore the lived experience of gender transition within couple units and continue to honor each couples' experience as equally valid (Dahl & Boss, 2005). By capturing the essence of participants' lived experiences and emphasizing their stories in data analysis, a greater attribution of empowerment and liberatory research focus could be granted for the participants directly (Singh, 2016a, 2016b; Singh & dickey, 2016; Tebbe & Budge, 2016; Tebbe et al., 2016). Qualitative research studies are also well-suited for topics related to social justice with applications in social justice areas (Wendt et al., 2015a, 2015b; Yeh & Inman, 2007) and have been particularly recommended for use with trans populations (Gleason et al., 2016; Singh, 2016b; Singh & dickey, 2016; Tebbe et al., 2016).

Participants

Participants were recruited using several methods to diversify the representation of couples' makeup (Tebbe & Budge, 2016). First, community organizations specializing in transgender support and care were contacted via a common recruitment letter. Second, professional contacts providing clinical support to trans clients were sent the same letter. This letter was also made available in Jpeg version for distribution via social media per the request of some community agencies and contacted individuals. Finally, snowball sampling was used as participants shared recruitment information with friends in the

community (Merriam, 2009). The use of diverse sampling methods also helped protect confidentiality of participants given their relatively small numbers. All participants were screened utilizing the following participatory criteria: (a) participants were currently in a coupled committed relationship where (i) one partner identified as transgender and (ii) one partner identified as cisgender; (b) the transgender partner was currently out to most people as their affirmed gender living “full time” (Coleman et al., 2012); (c) participants were in a relationship at least two years total to ensure significantly shared history (Bystydzienski, 2011); (d) participants were in a subjectively committed relationship for at least six months before the trans partner came out; (e) both participants were over age 18; and (f) both participants were fluent in English.

Saturation was reached after interviewing nine couples but four additional couples were interviewed for redundancy of themes and diversity of sample representation, leading to a total of 13 couples (26 individuals) as participants. Saturation is the place in data collection when responses feel redundant and when additional interviews do not lead to the collection of new information (Ponterotto & Grieger, 2007). Additional couples beyond saturation were selected to ensure the redundancy of themes with new participants, particularly with different demographic variables. For example, the last two couples interviewed were the only couples represented with cismen. Thus, I decided it would be beneficial to increase the rigor of the study to ensure the themes were supported among an additional demographic group.

Participant ages ranged from 25 to 66 years old ($M = 41.7$ years). Among the 13 cisgender participants, two identified as men and 11 identified as women. Among the 13 transgender participants, one identified as agender, four identified as transgender women,

and eight identified as transgender men, which was consistent with information that some trans women might have greater difficulty in maintaining their romantic relationships in transition than trans men (Dierckx et al., 2016). Relationship durations were from two years five months to 28 years nine months ($M = 12.4$ years). Couples were together an average 7.5 years before the trans partner came out to the cis partner and ranged from one year to 23 years 8 months. Trans partners had been living full time on average 3.4 years and ranged from six months and eight years six months.

Data Collection Procedures

Data were collected through semi-structured interviews conducted either in person or over Skype to increase accessibility and sample diversity (Tebbe & Budge, 2016). Field notes recorded in a research journal were also used for data. First, participants completed a brief demographics questionnaire. Dyadic interviews took place next (Blumstein & Schwarz, 1983); lasting between 80-120 minutes in length, couples were asked to tell the story of their relationship, how they navigated the gender transition, and additional questions relating to the research questions. Couple members were then interviewed individually regarding their individual interpretation of the transition experience and emotional reactions. This facilitated a greater depth to the researcher's understanding of the phenomenon in question (Eisikovits & Koren, 2010). All interviews were audio recorded on a digital handheld recorder.

Data Analysis

Upon conclusion of the interviews, the researcher transcribed them verbatim based on audio recordings to gain "intimate familiarity" (Merriam, 2009, p. 110) with the data. Dyadic interview analysis (Eisikovits & Koren, 2010) was done to create a rich

description of each couple's experience based on their interviews as well as to identify similarities between each participant and their couple system. In presenting the dyadic narrative for each couple, I compared the stories presented in the dyad and from each partner. Narratives were primarily gathered from the first interview questions on the story of their relationship and in recalling the coming out experience. Because of my repeated exposure to the narratives through interviews, transcribing, and proofreading, I became intimately familiar with the stories each couple presented. I pulled out significant statements within the narratives for each couple through horizontalization and compared the three versions of the narratives against one another. Common elements were considered to be consistent with one another and areas in which their stories differed were considered discrepancies or alternatives. The significant statements were laid out to tell a complete story that appeared to capture the narrative each couple shared.

For each of the 39 interviews, I highlighted significant statements in each transcript and listed out core words and emotions. These were all granted equal weight through the process of horizontalization. Statements were then clustered together into groups based on similar meanings or emotions. Then, clusters were grouped together into larger groups until they appeared to capture the larger "theme." This process was documented and discussed with a qualitatively trained peer reviewer who was a doctoral candidate in counseling psychology. She reviewed all transcripts as well as the researcher journal. We verbally discussed the groupings of themes and names and discussed how to cluster the significant statements into subthemes or tertiary themes to most succinctly capture the essence of the narratives. Structural and textural descriptions were provided to deepen the meanings participants communicated as well as understand

the discrepant experiences and rich emotional content communicated (Denzin, 1989; Ponterotto & Grieger, 2007).

Trustworthiness and Credibility

Numerous steps were taken to strengthen the rigor of this study (Merriam, 2009). Credibility was increased by triangulating multiple sources of data including the researcher journal, interviewing the couple together and both partners individually (Eisikovits & Koren, 2010), member checks, peer review, documenting the researcher stance, and using a well-recognized research method. Dependability (Guba & Lincoln, 1989) was kept with an audit trail, the reflexivity of researcher, and examination of data and themes by a qualified peer reviewer (Merriam, 2009). Member checks and multiple interviews within couple systems also helped increase confirmability (Eisikovitz & Koren, 2010; Guba & Lincoln, 1989). Finally, transferability was fortified with a thick, rich description of the participants and interviews (Creswell, Hanson, Plano Clark, & Morales, 2007) as well as by eliciting a maximum variation within the sample of participants (Guba & Lincoln, 1989).

Research Questions

This study was developed based on the recommendation of Meier et al. (2013) who directly suggested that future studies were needed to examine the gender transition process for preexisting coupleships between trans and cisgender partners. Additionally, there is greater need for strengths-based research with trans communities that illustrate factors of resiliency, not just challenges (Budge et al., 2017; dickey, Hendricks, & Bockting, 2016; Singh, 2016b; Tebbe et al., 2016). Three primary research questions guided this study.

- Q1 How do transgender couples who navigate one partner's gender transition within the context of their relationship experience the transition?
- Q2 How do transgender couples who stay together as they navigate the gender transition of one partner experience strengths?
- Q3 How do transgender couples who stay together as they navigate the gender transition of one partner experience challenges?

Results

Research Question 1

Love is gender blind. Couples felt that overall, the way they loved each other was not connected to their partner's gender identification. Couples discussed that because they were partners in life, they were also partners in the transition. Participants described their commitment to one another as people. Bill exemplified this when he stated, "I'm much more invested in my relationship with this person, this intellectual person than this biological person." JB shared something similar, noting that for he and Roberta, "Love wasn't about what gender I presented as but it was about who I am as a person." Kim and Shane discussed how they anticipated relationship changes over the duration of their relationship "because she planned to be with me for the rest of our lives. This is just a slightly different change than she was anticipating originally." Because of commitment to each other and their overall partnership, couples in this study also discussed that making decisions about transition processes was something to do together. For Sara and Madelyn, "Both of us being in agreement on that has made a huge difference." Jasmine and Kash also stated they were "into it together." KC and Veronica

wanted to make decisions together because KC believed, “I definitely don’t think anyone has ever transitioned in a vacuum, that’s just not how it works.”

Generally, participants felt that their relationships remained consistent before and after transition. As Leah shared, “Life didn’t change that much, I just called him him instead of her.” Evan agreed, stating, “The experience of being intimate with someone physically, emotionally, mentally, geographically...that isn’t really that different in so many ways.” Participants also reported the qualities that attracted them to their partners originally remained consistent across gender presentations. Kim said, “I love Shane, and the wrapping is just details.” Leah also pithily reported, “I didn’t date his genitalia, you know what I mean? It’s his personality.” JB described feeling seen as his whole person with Roberta. He recalled, “I found somebody who’s so open and understanding and understands that love is more than the gender and genitalia that you have, that my transition didn’t change who I am.” Most couples felt they were as satisfied as before or more satisfied having transitioned genders. Madelyn disclosed,

Prior to transitioning I always had one foot out the door, I was never comfortable because I couldn’t be satisfied with anything...sometimes I just have to stop and really appreciate that I no longer have that sense of something missing, that I feel pulled, not a hole whenever I’m doing something, whatever I’m pursuing.

One couple, Mia and Sandy, shared that they were now less satisfied as a direct result of transition. Mia struggled in particular, expressing, “I didn’t want to see the person I love turn into someone else...the more she became Sandy, the less happy I was.”

Couples discussed other facets of their lives that occurred either in conjunction with transition or separately were more difficult to cope with than the transition alone.

One couple lost a child and other couples created new blended families. Other couples struggled with financial difficulties or career changes. Jasmine stated, “In general I don’t think it has anything to do with the transition.” Evan discussed that while transitioning genders was difficult for him, many other facets were related.

I don’t know how much that has to do with gender. See, that’s the other confusing thing, it’s like which parts have to do with gender? Which parts have to do with being visible versus not being visible? Which parts have to do with just the craziness that any kind of massive change brings to heart? And which is like, a concoction of all these little different things and it’s, I don’t know, it’s hard to know what is related to what sometimes.

Overall, the relationships of transgender couples in this study appeared to be much stronger than any difficulty gender transition might have presented.

Relationship changes connected to transition. Couples noted that while their connection to one another remained consistent, other facets of their relationship changed with transition. Changes arose related to *language and communication*. Couples felt there was increased honesty and openness with one another as a direct result of transition. Madelyn shared that transition helped her be “really extremely open” with Sara for the first time. Sue and Anne discussed that honesty was a mutual process.

Sue: I suppose after my own mind, she’s probably the next closest process with feedback and information that I have for contemplating things and figuring things out. So I always feel that she is there for me, and hope she feels I’m there for her, as we start to talk about things. So that process is just, I don’t have a lot of, or

maybe any hesitation in sharing things with her life that. And I want to be open and honest with her as she is open and honest with me with it.

Couples also had to learn to communicate about their relationship differently. Cathasach and Evan knew that “communication was a key thing and I think that kind of kept us going.” KC and Veronica learned to do very intentional check-ins about transition-related processes as KC discussed:

I think that really helps because even the simple like, what’s something that sucked? What’s something that’s great? What’s something you’re looking forward to? How’s T affecting you? Like Veronica said, what does it look like it’s doing to me? That’s just enough to be on the same page.

Couples learned to *compromise* through communicating with one another. Audrey felt part of how she and Lyn made it through their differences in opinions was making “lots and lots of compromises.” By having open conversations, partners could learn to understand where each person was coming from and empathize with their needs and goals for transition. Leah and Cole discussed this related to Cole’s timeline for top surgery.

Cole: So like top surgery for example...most of them said you have to wait a year. And me, I’m like no, fuck that I’m not doing that...I’m not waiting a year. And then Leah is like, no you need to. And then she was like, and this is why and then explained it and I was like, oh ok that makes sense and the doctor that I want to go to does require the one year. So I was like, okay fine...it was more like a discussion, yeah I don’t agree with that but let me explain why.

Several couples were also parents together and changed their *parenting language*. Mostly, parents reported that children adjusted quickly to their parents' new gender presentation. Shane and Kim noted they talked about gender as a construct more concretely with their children than they likely would have had Shane not transitioned. Couples found new labels to define their identities as parents, either in helping their children choose new names to refer to them or in reconceptualizing their internal sense of themselves as parents. Conor discussed:

It took me a while for my brain when we actually had our own kid to not think in my head that I was Mama again. Like it was really bizarre for me and it was actually kind of really messed with my head...like I didn't have this Papa image and this Papa name that I'd ever heard myself be called before so I had to retrain myself...I had a hard time resetting. It didn't take a long time, but it took a couple months to desensitize myself and kind of get myself in this mode where I'm not Mama.

Another significant change for transgender couples was exploring shifts toward *affirming sex*. Most couples shared that their sex lives improved with transition. Madelyn shared, "For the first time in my life I'm actually comfortable with my role in sex and I'm comfortable with my body." Conor and Amy shared that while their sexual behaviors remained consistent, they mostly changed their language for describing body parts or sexual activities to feel more congruent with Conor's gender. Both cisgender and transgender partners appeared to benefit from this change toward affirming sex. Some couples specifically discussed their processes for rediscovering sexuality in their relationships. Faye shared that "every single thing" about sex changed for them and she

and Alan had to “relearn how to be together.” Madelyn and Sara also shared that they learned to be “a little creative” in their sex to make both parties feel comfortable. Three couples, all cis women with trans women partners, shared they had not had sex with each other since transition. Audrey and Lyn shared that because Lyn does not see herself as interested in lesbian sex and Audrey is uncomfortable with “male dominant penetrative sex,” they have not figured out what “the answer” of affirming sex looks like for them.

A third change within relationships of transitioning couples was a *redistribution of power*. Sara and Madelyn felt Sara was now “alpha” within their relationship, which made her feel “happier in that role.” Madelyn reported that Sara’s change in role also helped her feel “more genuine.” Audrey and Lyn also felt a shift in power as Audrey recalled that Lyn would sometimes “just defer because I was the man of the house,” which no longer happened. Two couples described that they became more aware of how they engaged in stereotypical behaviors and were working to increase the egalitarianism in their relationship. Evan felt this with Cathasach, sharing, “Oh shit, I’m just another manipulated schmuck just like everybody else.” Cathasach also shared how his biases had influenced their relationship when he said, “I thought I was this, a great feminist and had bucked all these trends and I’m like, wow, no, not hardly at all!”

Benefits of transition. Couples endorsed a number of specific benefits as a direct result of the gender transition process. Participants reported that transitioning led them to have *better relationships*. As Alan summarized, “I think it enhanced our relationship, just because she finally got all of me. And I was able to give her all of me.” Conor felt “every step of the process brought” he and Amy closer together. By surviving the

transition experience, couples reported increased confidence that they “were going to be able to get through anything,” as Kim stated.

Some couples reported they now experienced benefits related to *passing privilege* or the safety they felt because they were “assumed to be” heterosexual in public. Leah shared that she and Cole were now “boring white straight people” who were no longer “cool” but granted them some safety in public. Conor also shared he “can just be like this regular straight guy and you know, in some ways I like that because I don’t have to explain myself or do anything like that when I don’t want to.” Kash and Jasmine noted this impacted his ability to work effectively as he had “the privilege of going stealth” and did not feel safe being out as trans at work.

Participants expressed the benefit they received from the *emergence of support* from others in their lives, expected or unexpected. Leah felt “people came out of the woodwork” to support Cole publicly. Couples felt it was essential to have a strong community and support network such as transgender support groups or “Wives’ clubs” for partners. For couples who received explicit support at work, that also seemed to make a difference in the success of their overall transition.

A final benefit participants described was improved *social and self-awareness*, particularly to the transgender community as a whole. Anne felt going through transition with her partner allowed her to “gain acceptance...on many levels.” Leah agreed that she had learned a great deal about the transgender and LGB communities as a whole, noting, “A lot of this has really just opened my eyes.” Alan shared that now having “male privilege” made him feel more sensitive to social dynamics related to privilege and power related to gender as a whole. Kim shared her appreciation for getting to “experience so

many different sides of life” accompanying Shane in his transition that made her feel “sympathetic to other people” more so than she was previously.

The political is personal. Due to the interviews being conducted around the time of the 2016 presidential election, many participants shared how political decisions directly impacted their daily lives. Couples directly discussed that *election results* were a significant challenge in their lives. Audrey noted that for her “the hardest thing presently is the political climate.” JB expressed fear that if the election “turns out one way,” he would “suddenly become someone who has to carry papers or has to live in an internment camp.” Anne and Sue shared that after the election, they felt “afraid” of what would happen to their community and their physical safety. As Jasmine stated, “It is really scary and unfortunately for us it’s just our reality.”

Because of a lack of legal protection for the trans community, couples reported *physical safety concerns*. Anne described being “concerned about violence” from others in public. Cathasach and Evan reported a situation where they were “attacked on the train” for being out as trans. Alan also expressed fear for his family members being associated with him, noting, “I don’t want to put them in any kind of danger because of my status.” Couples have adjusted how they act in public with each other and often cis partners described being responsible for being on lookout or advocating for their partners if needed.

Couples reported feeling *gendered language* had changed their identities in a political context. For example, JB described that he has changed the way he defines his sexual orientation in a “political way” by using the term pansexual rather than bisexual “to make sure that everybody who hears me...think about the idea that there are lots of

genders, not just two genders.” Similarly, Amy struggled with the “academic” context of the word “queer” and adopted it for her personal identity. Couples also described that *increased media* attention to transgender figures has impacted the greater social awareness of trans issues. Leah described this as the “Caitlyn Jenner factor,” which has increased the ease with which the greater public can discuss transgender issues.

Research Question 2

Couples who stay together through gender transition exhibited a number of strengths, both personally and within their relationship. Participants reported that these strengths directly contributed to the success of their relationship maintenance.

Unconditional love. Nearly every couple reported their love for one another was responsible for what kept them together in transition. Anne noted, “Sue has always made me feel like the most loved person in the world, and that’s what I was not willing to give up.” Conor felt Amy’s love in her commitment to his transition, stating, “I felt like it was definitely just 100% we really do love each other for who we are.” JB and Roberta discussed knowing that “love is something that can conquer anything” including any challenges gender transition might introduce.

Non-judgmental acceptance. Couples discussed that as the transition occurred, they still felt honest and authentic in their ability to accept each other as people. Sara stated that genuine acceptance “definitely is what has got us through. This is me, this is who I am, and other structures don’t matter.” Conor agreed with this idea in his relationship with Amy, saying, “I know that I can say anything to her and she’s not going to judge me and I feel like she probably knows the same.” Some partners noted how attractive acceptance was in their significant others, which partners appreciated. Shane

felt “Kim is very accepting of pretty much everybody. There’s nobody that she won’t give a chance to.” This helped him feel safe to explore within their relationship.

Assertive advocacy. Some cisgender partners described their ability to use privilege to support their partners through the transition processes and stand up for them to others. Although this was challenging sometimes, Mia shared, “It’s never exhausting when you’re trying to save people you love from people that hate them.” Trans partners expressed sincere gratitude for advocacy efforts from their partners. Alan shared of Faye, “She’s like the biggest advocator...she doesn’t take no for an answer from anybody.” Three couples also discussed that because they had been successful in staying together through transition, they now wanted to help advocate for the trans community at large. Leah shared she and Cole “realized we, it’s our job to be more present because of the experience we’ve gone through.” Advocating for partners and being advocated for by partners appeared to bring couples closer together.

Commitment and security. Couples discussed that they felt a strong sense of commitment to their relationship and to their partner as well as sense of security in their partner’s unwavering support. Trans partners felt secure that their partners would continue to love them in their different gender presentation. Shane shared, “It’s nice to have almost a rock, somebody you know is going to be there that does support you.” KC agreed, sharing, “You know you’ve got someone in your corner has just been super empowering and super comforting and just really safe.” Cis partners also experienced this sense of loyalty. Faye felt this support was mutual, stating, “We could do anything. We can walk through any problem.”

Respect. Sharing respect for one another and the relationship as a whole served as another strength for transitioning couples. Conor noted that he and Amy share “a kind of understanding or a mutual respect” that helps them address any challenges that might arise. Audrey felt this has been consistent throughout their relationship and pivotal for their overall success as a couple:

I think we have both always had a very deep respect for each other. For our abilities and for our successes...so I think the fact that we were always each other’s biggest fans probably has a lot to do with us saying together. Part of that respect was I think that we gave each other space to be ourselves. And I think part of it was that we both truly cared about each other’s happiness.

Perseverance. Couples displayed perseverance in order to persist through challenges and make their relationship work. While two couples described themselves as “stubborn,” others felt they were “determined to make it work,” like Roberta and JB. Sara also shared she “wasn’t going to give up, I wasn’t going to let her go...no matter what, I’m staying. I’m here, I’m here for this relationship.” Intentional efforts and dedication to making relationships work proved successful for the interviewed couples.

Friendship. Some couples directly credited their strong friendship with one another as a relationship strength that kept them together. Mia recalled advice she had been given to “marry your best friend, because sometimes in the end that’s all you have left.” Audrey also felt she and Lyn had based their romantic relationship “on a very strong friendship to begin with.” Sara shared how her relationship with Madelyn had evolved to an even closer friendship:

One time Madelyn asked me what's the difference between my relationship with her and like my best friend besides the sex. And I said, but that is what it's like, being with someone is that you are with your best friend...you're somebody I want to be around all the time.

By maintaining investment in their relationship as friends, couples could continue to support each other's needs and wishes through the gender transition process.

Flexibility. Couples described that having an ability to be flexible and adjust to changes over time helped facilitate their relationship in transition. Kim felt “adaptability and flexibility” were two of her greatest personal strengths, joking “it really is true that that helps you out no matter what it is you're trying to overcome in life.” Mia described that for her, flexibility meant learning to “let things go.” She shared, “There's important things and there's not important things. And most things are not important.” Remaining open to potential changes helped couples adjust to transition overall.

Honest listening. Couples shared that listening openly was also instrumental to successful relationships. Veronica felt it was “literally the most important thing” for her and KC. Shane recalled that it was important to remain objective as a listener. He shared, “Being able to hear her perspective without getting emotional or upset, that kind of stuff I think does help a little bit because she's able to vent too then or discuss her problems.” Cole experienced the other side of this and noted that would not have been possible to get through transition without Leah as someone to “give my most vulnerable secrets to.” Both listening to partners and being listened to was shared to be important.

Humor. Nearly every couple noted that sharing a sense of humor was vital to their relationship's success. Amy went so far as to describe laughter as “one of the key

glues for us” in addressing challenges in transition and the rest of life circumstances.

Audrey and Lyn used humor to work through difficult relational adjustments and shared a story of Lyn moving from being a “cougar” to having “a trophy wife” in Audrey, which they found hilarious. Couples used humor as a healthy coping mechanism as well as a way to strengthen connections to one another.

Sexual fluidity. Most of the cisgender participants in this study identified as non-heterosexual and both cis and trans partners felt this was helpful for their relationship overall. Cathasach noted he was comfortable with Evan as a man in part because he identified as bisexual. Kim summarized her sexual fluidity as a strength for her and potentially a difficulty for heterosexual individuals:

I joke about that my lack of sexual preference probably helped because I didn’t have to care in that sense...Sexually it doesn’t bother me at all, that certainly helped...I think it’s much harder for the people who are in a heterosexual relationship and are used to that and then transition to the situation where they’re not that, you know, norm anymore when they go out, I think it’s much harder for them.

Research Question 3

This research question sought to understand the specific challenges couples experienced related to transitioning while in a relationship.

Loss. Many participants reported they lost relationships with people who were close to them because of the transition experience. JB and Roberta experienced discrimination from Roberta’s mother to the extent they had not told her they were married. Madelyn disclosed that with her family, she’s “not accepted that way...I may be

tolerated but I'm not accepted." Sara's grandmother has told Sara "when she passes Madelyn is not invited to her memorial." Shane summarized how painful rejection could be, noting, "My personality hasn't changed that much, which means that you're just looking at the outside and deciding you no longer want anything to do with that and that's hard to take."

Three cisgender partners of trans women felt loss and grief related to their partner's masculine identity. Audrey recalled Lyn telling her, "I feel like someone's died. She says, I can see you, but I feel like you've died." Sara discussed this difference in her perception and Madelyn's, noting, "I'm losing somebody that I loved even if it was somebody that she hated." Audrey also felt grief and "mourning for myself, that the part of me that had always been the outward façade, the part of me that had hidden me and protected me was going away."

Some couples described that losing loved ones made them feel closer to one another. Veronica and KC reported that experiencing rejection "brings us together." Similarly, Madelyn also felt "we both have that in the back of our heads now that this is what we've got." Others felt their experiences of being transgender were minimized and misunderstood. Conor and Kim both discussed that their families were more supportive of them now because they were "passing straight...not because you really necessarily accept me for who I am." Additionally, couples discussed feeling loss of their queer communities. Amy and Conor felt that "lesbians were not as welcoming" to them now that Conor was out as trans.

Patience. Couples discussed difficulty with remaining patient with the various timelines associated with transition. Alan described that once he had decided to come out, he struggled when he was not accepted by others:

It's like once you open that up, it makes it so much harder to live in the world...wanting people to identify me as how I was feeling but yet not looking that way on the outside. And it's just really hard. That piece of it I think is in the beginning is really scary.

Within partnerships, coping with impatience was difficult. Sue shared her “patience with waiting became a little bit hard for her to deal with” as she and Anne had different ideas about the timeline for moving forward with transition steps. Leah and Cole expressed frustration with timelines being “out of my control” due to medical regulations set by identified doctors. Others shared that “not knowing” how community members and family members would react was also a struggle. These timelines were navigated together; both partners often described the difficulty of remaining in limbo before moving forward with transition steps such as taking hormones or having surgery.

Misgendering was also a struggle for couples to cope with, particularly while in the midst of transition steps or beginning hormones. Misgendering was reported in public, with family members, with friends, and in employment. Cole shared his perception of how misgendering was hurtful for him and how it was sometimes hard for Leah to understand:

I know some people are like, oh they're stupid and that would make them feel better, or maybe not, I don't know. But for me it's like, that's not the point. Like the point is that it's not because they're stupid, it's not because they don't

understand, it's just that like to them I looked female and that's what still hurts.

Because I hate that.

Even participants who felt they were sufficiently "passing" expressed persistent anxiety and uncertainty. While Alan shared that he was confused about why he "still struggle[s] with that fear of people thinking that I'm female or having someone misgender me," Faye shared it was difficult for her to relate to his anxiety as she thought they had passed that point in time.

Couples reported that being patient while "betwixt and between" during the adolescent phase of transition was also challenging. Cole noted it was "awkward" to be "in-between where I feel like I haven't transitioned fully by any means." Sandy and Alan experienced the adolescent period as anxiety-provoking. The "teenage phase" of transition was also reported to be highly taxing for partners as exemplified by Audrey and Lyn's exchange:

Audrey: I think anyone who comes out goes through a juvenile phase. I was the teenage daughter that Lyn never wanted.

Lyn: Oh definitely...it is like having a teenage daughter in the house. The clothes are around, the makeup's everywhere, this exaggerated mannerisms, the drama, never having been a parent, but I've been around kids with friends with kids this age and I remember when I was that age and it just ain't pretty and it just was the most exasperating experience I think I have ever been through.

Ultimately, couples discussed how important it was for relationship success to be able to move through this time rather than “get stuck at sort of the teenage years” and to allow for refocusing on the relationship rather than the transition itself.

Within some couples, cisgender partners felt “left behind” as their trans partners directed their attention to transition. Lyn shared, “In many respects I had to be left behind on part of this. I wasn’t trans. I could be a part of that community as a spouse...I knew it could be a part of my life but not all of my life.” Sara shared that while Madelyn was changing, she was not “going through that” in the same way and felt her identity remained consistent while her partner changed. This presented strong challenges as couples attempted to stay connected with different interpretations and reactions to transition changes. Audrey noted, “I was celebrating these little victories and [Lyn] was watching the man that she loved die. Things that made me happy made her grief stricken.” Couples had to be open with one another about their reactions in order to work through them.

Challenges were encountered being patient with coming out. Individually, partners could not come out as trans or as a partner to a trans person without implicating and outing their partners as well so many transparent conversations had to be held to get on the same page. JB noted that sometimes he and Roberta held different opinions about when and to whom to come out. Amy described how she and Conor held those conversations to reach agreement:

When it is okay, when he feels comfortable, when I feel like I need to come out and is it okay if I out him while I come out? Like what are sort of the, what are the different like comfort levels for all of us so that when life happens and it is

important for us to come out or reveal something like what are the situations that both of us would be comfortable?

Within all of these examples, fostering patience and working through this challenge seemed to facilitate couples remaining together despite taxing situations.

Changing identities. A third challenge arose for couples transitioning gender related to shifts in personal identities. Some couples felt their labels for defining the relationship changed because of transitioning. JB shared, “What is our label? What is our relationship? We’re spouses. But people always want to know, well do you identify as a heterosexual couple now? Did you used to identify as a lesbian couple? And I don’t know.” This shift can be scary for couples; KC and Veronica shared that this “confusion” was “actually kind of rough” to conceptualize and work through.

Some couples who identified as queer or members of the LGB community felt they were now “invisible,” which was difficult. Kim and Shane felt their invisibility meant they “had lost that community for a while” until they discovered new ways to be connected. Conor described that he “missed feeling like I could be myself” as an out queer person once he “looked like a straight guy with my wife.” Cis partners experienced more difficulty with this than did trans partners. Amy and Jasmine felt that “going from being very visible, like this butch person and this couple that was clearly gay to suddenly feeling invisible” was a drastic shift. Amy adjusted her presentation to help cope with this. Jasmine noted that asserting her own identity as queer sometimes led to challenges with respecting “who Kash is as a man.”

Some couples lost a sense of social privilege once they were out as trans. Madelyn described, “I no longer have white male privilege...I didn’t realize I would have

to learn how to operate in a different way. I didn't realize that was a thing." Sara also felt more fear and worry about Madelyn's safety with that loss of privilege and "security." Yet, for some couples such as Evan and Cathasach, they felt that losing privilege helped them to be "visibly queer," leading to more authenticity.

Changing identities also led to couples feeling more fear of discrimination and stigma than before coming out as trans. Sara felt this fear has impacted how she and Madelyn interacted in public:

Well for me it was the stigma of being affectionate in public with a woman. I was terrified for the longest time we would be assaulted or people would confront us...I was in a heterosexual relationship and I never had to worry about people harassing us, people insulting us, people putting us down. And now I do.

Faye described that fear is a constant in their lives now, stating, "I think a lot of people, including therapists, don't realize what it's like to be constantly in fear of being invalidated, your very existence being questioned." Coping with discrimination and fear is unfortunately a daily part of the lives of trans couples.

Some couples felt "othered" by their communities and family members because of their trans status. KC noted that othering felt different for them than when they identified as a lesbian, recalling, "It's like lesbians were kind of becoming passé and now we get to be tokenized again." Cole and Leah shared he did not want "to wear a transgender flag over his head every day," which is an important sentiment for trans couples who want to feel belonging as themselves rather than for their gender identity status.

Differences in experiences. An additional challenge present for transgender couples was the uniqueness of their personal experiences. Some circumstances were difficult to relate to when a partner experienced it. For trans partners, it was challenging to have their cis partners fully comprehend the experience of being transgender and the need for transition. Cole empathized with this, stating, “If you’ve never felt like you don’t belong in your own body, how are you supposed to understand what that feels like?” This also came up around sexual changes and sexuality; Madelyn noted Sara had to “learn how to be secure” in their relationship despite her changes in sexual attraction. Trans partners also shared that they received more benefit from transitioning overall than their partners. Sue stated, “I feel like if you looked at who is making the bigger sacrifice in this marriage, I would say she is by far.” Audrey described feeling “selfish” for how she has benefitted from transition despite Lyn’s challenges in adjusting. She stated, “Transition is the most selfish thing I have ever done. I did it for me, not for anyone else, and I did it to some degree regardless of how it affected others.”

Cis partners also experienced challenges their trans partners did not. Veronica struggled to adjust to seeing her partner as a male-bodied person due to her past traumatic experiences with men. Cathasach discussed how difficult it has been for him to adjust the way he sees his partner, Evan, because he will “catch myself thinking of him as a woman and not a man.” Similar to trans partners describing feeling their partners could not understand them, some cis partners felt like they had to stand back and watch their partners struggle with transition without being able to help. Faye noted, “I was just unaware that they’re still a problem.” Cathasach also struggled to empathize with Evan’s emotional reactions and understand “why it really was justified.” Sara stated that

especially with loss and discrimination, she felt “horrible” for not being able to “fix her losing” close relationships.

Finding affirming professional care. Couples were challenged to find compassionate care among therapists and other providers. Audrey stated her first experience in counseling related to being trans “was a disaster.” Couples felt therapists were not knowledgeable about how to help them or held competencies to be able to support them in transition. Some couples described difficulty getting prescriptions and dealing with insurance providers and encountering trans services were “specifically banned” within their level of care. Amy and Conor sought out specific legal guidance from an “expert” in LGBT law and found this person “really misled us about trans issues.”

Discussion and Implications for Counseling Psychology

As transgender issues gain increasing attention, psychologists are more likely to encounter transitioning couples in therapy. The purpose of this qualitative study was to explore the experiences of transgender couples who stay together through a gender transition experience as well as their perceived relational strengths and challenges in transitioning. This study provided direct implications for counseling psychologists working with transgender couples. Some of these implications were shared directly by participants during the course of their interviews.

Psychologists working with transgender couples need to ensure they have competency in trans issues before taking on clients. Many participants expressed their frustration at having to teach their therapists a “basic education” about being transgender. This might be easier to do with APA’s (2015) *Guidelines for Psychological Practice with*

Transgender and Gender Nonconforming People. Counselors could also familiarize themselves with Coleman et al.'s (2010) *Standards of Care*. Psychologists should also remain unconditionally trans positive in their work with couples including using affirming names, pronouns, and sexual orientation labels. In addition, psychologists should be cautious regarding clients' out status as that could lead to potentially dangerous situations. For example, Alan was outed at work when insurance papers were faxed to his office without the appropriate cover sheets. Making intentional choices in documentation, filing, and even greeting clients could lead to trans couples feeling more accepted and heard by their therapist.

Some couples felt their therapist was "taking sides" in the process of their counseling due to some transphobic beliefs. Instead, counseling psychologists who are educated in trans issues could help clients address their own internalized transphobia, from both cis and trans partners, and assist in destigmatizing the spectrum of gender diversity. They should be prepared to help clients deal with strong emotions as reactions to transition are processed including grief, loss, or pain. By remaining validating, psychologists could help distinguish if the issue for counseling was related to gender or other facets of identity. Some couples reported their "transness" was rarely the actual issue but was the easily identifiable topic that served as a scapegoat. Piper and Mannino (2008) suggested externalizing the stigma of transness as the problem, which could also be helpful in identifying social influences rather than personal beliefs.

Counseling psychologists might need to serve as allies and advocates for transgender couples. They should maintain connections to trans communities or agencies in order to not only continue education but also provide additional support for clients.

Legal issues and employment rights may also arise for these couples, particularly for those with children. Psychologists could maintain their understanding and be willing to advocate within their scope of competency in this area.

Ultimately, if counseling psychologists are willing to consider transition as “just another life change,” they might be able to normalize the process of transition for couples and assist them in processing emotions, reactions, and identities. Erhardt (2007) reported nonviolent communication was the most important quality for surviving transgender relationships, which any psychologist would be well-equipped to guide. By tossing the outdated notion that transition leads to certain relationship dissolution, counseling psychologists could continue to assist couples with this presenting concern as many couples are able to navigate this successfully and grow stronger together in the process.

Implications for Future Research

While this study provided a thorough examination of the experiences of a select group of couples using a qualitative methodology, further research could expand counseling psychologists’ understanding of trans issues. Using alternative theoretical frameworks, such as the community participatory action research process outlined by Tebbe and Budge (2016), would likely allow researchers to explore better ways to apply research directly to communities. A longitudinal design might be helpful in examining changes over time related to couples’ success, the impact of transition on later stages of life development, and in assessing if potential relationship dissolution is connected to transition procedures.

This study used a sample of trans men, trans women, an agender individual, cis men, and cis women. Relational groupings sometimes share different experiences or

challenges that might warrant closer examination or division by couple demographics. For example, cis women/trans women couples experienced changes in sexuality, grief, and connection to the queer community differently than did couples of cis women/trans men. Additionally, couples in which both partners identified as trans or non-binary were excluded, although some contacted the researcher for participation. It might be helpful to explore how couples with two trans individuals experienced their gender changes together. Demographically, nearly all participants in this study were White. More exposure to intersectionality related to race and ethnicity would be important to explore in fully understanding the needs of the trans community.

Several couples in this family also identified as parents and shared children. In the future, it might be helpful to explore how families are impacted by transition by including children in the data collection process. Relationship lengths varied significantly across participants, which was helpful in capturing a diverse sample. Further examination would be helpful when understanding the impact of transition on specific stages of a relationship cycle or family development process. Additionally, couples were represented across the country, in urban and rural areas, and places with varying levels of legal protection and transgender community support. It might be beneficial to target differing regions of the country for a replicated study to maximize the understanding of needs for trans couples in a particular area.

Future researchers conducting research with trans couples might also wish to consider some suggestions regarding participant recruitment. Given the amount of time necessitated by this project, it might be reasonable for researchers to offer a small financial incentive to compensate for time and effort to participants. This might also help

researchers recruit participants from more diverse socioeconomic strata. Being visible within communities in person might also be helpful in building trust and entrance, particularly for cisgender researchers. Use of social media also proved helpful for recruitment in this study as many participants were not closely connected to organizations within their area. It might also help protect confidentiality as participants could digitally connect to the researcher. It is extremely important for researchers to remain transparent with participants regarding their connections to the community, goals for research, and motivations for taking part in this study. This appeared appreciated by participants and helped increased trust and mutual openness regarding the overall research experience. Finally, it is recommended that future research in this population include greater representation from researchers who identify as trans. While the researcher consulted with experts in conducting transgender research, the researcher's cisgender identity might have impacted the results.

Conclusion

This study's results provided implications for the consideration of counseling psychologists working within the transgender community and with transitioning couples to assist in improving one's ability to advocate for clients as well as practice in a way that is multiculturally sensitive. There were also numerous directions for related future research to expand on this information. Couples who maintain romantic relationships through gender transition demonstrated that joining together in such an experience could ultimately strengthen and improve their relationships and satisfaction overall.

References

- American Psychological Association. (2015). *Guidelines for psychological practice with transgender and gender nonconforming people*. Retrieved from <http://www.apa.org/practice/guidelines/transgender.pdf>
- Austin, A. (2016). "There I am": A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles*, 75, 215-230. doi:10.1007/s11199-016-0600-7
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63, 87-97. doi:10.1037/cou0000127
- Bateson, G. (1972). *Steps to an ecology of mind*. San Francisco: Chandler.
- Blumer, M. L. C., Green, M. S., Knowles, S. J., & Williams, A. (2012). Shedding light on thirteen years of darkness: Content analysis of articles pertaining to transgender issues in marriage/couple and family therapy journals. *Journal of Marital and Family Therapy*, 38, 244-256. doi:10.1111/j.1752-0606.2012.00317.x
- Blumstein, P., & Schwartz, P. (1983). *American couples*. New York, NY: William Morrow and Company.
- Bockting, W. O. (2009). Transforming the paradigm of transgender health: A field in transition. *Sexual and Relationship Therapy*, 24, 103-107.
doi:10.1080/14681990903037660
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2014). Stigma, mental health, and resilience in an online sample of the U.S. transgender population. *American Journal of Public Health*, 103, 943-951.

- Budge, S. L., Chin, M. Y., & Minero, L. P. (2017). Trans individuals facilitative coping: An analysis of internal and external processes. *Journal of Counseling Psychology*, 64, 12-25. doi:10.1037/cou0000178
- Budge, S. L., Orovecz, J. J., & Thai, J. L. (2015). Trans men's positive emotions: The interaction of gender identity and emotion labels. *The Counseling Psychologist*, 43, 404-434. doi:10.1177/0011000014565715
- Bystydzienski, J. M. (2011). *Intercultural couples: Crossing boundaries, negotiating difference*. New York, NY: New York University Press.
- Chapman, D. M., & Caldwell, B. E. (2012). Attachment injury resolution in couples when one partner is trans-identified. *Journal of Systemic Therapies*, 31(2), 36-53.
- Chase, L. M. (2011). Wives' tales: The experience of trans partners. *Journal of Gay and Lesbian Social Services*, 23, 429-451. doi:10.1080/10538720.2011.611109
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ...Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, 13, 165-232.
- Collazo, A., Austin, A., & Craig, S. L. (2013). Facilitating transition among transgender clients: Components of effective clinical practice. *Clinical Social Work Journal*, 41, 228-237. doi:10.1007/s10615-013-0436-3
- Creswell, J. W., Hanson, W. E., Plano Clark, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35, 236-264. doi:10.1177/0011000006287390

- Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research. In D. H. Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy* (2nd ed., pp. 63-84). New York, NY: Guildford Press.
- Dargie, E., Blair, K. L., Pukall, C. F., & Coyle, S. M. (2014). Somewhere under the rainbow: Exploring the identities and experiences of trans persons. *The Canadian Journal of Human Sexuality*, 23, 60-74. doi:10.3138/cjhs.2378
- Dentice, D., & Dietert, M. (2015). Liminal spaces and the transgender experience. *Theory in Action*, 8, 69-96. doi:10.3798/tia.1937-0237.15010
- Denzin, N. K. (1989). *Interpretive interactionism*. Newbury Park, CA: Sage.
- dickey, l. m., Fedewa, A., & Hirsch, A. (2014). Diagnostic changes: Gender dysphoria. *Communique*, 42(7), 1-16.
- dickey, l. m., Hendricks, M. L., & Bockting, W. O. (2016). Innovations in research with transgender and gender nonconforming people and their communities. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 187-194.
- Dierckx, M., Motmans, J., Mortelmans, D., & T'sjoen, G. (2016). Families in transition: A literature review. *International Review of Psychiatry*, 28, 36-43.
doi: 10.3109/ 09540261.2015.1102716
- Eisikovits, Z., & Koren, C. (2010). Approaches to and outcomes of dyadic interview analysis. *Qualitative Health Research*, 20, 1642-1655.
doi:10.1177/1049732310376520
- Erhardt, V. (2007). *Head over heels: Wives who stay with cross-dressers and transsexuals*. Binghamton, NY: Haworth Press.

- Fowers, B. J., Anderson, A. R., Lefevor, G. T., & Lang, S. (2015). Beyond harms: Exploring the individual and shared goods of psychotherapy. *The Counseling Psychologist, 43*, 380-392. doi:10.1177/0011000014568202
- Giammattei, S. V. (2015). Beyond the binary: Trans-negotiations in couple and family therapy. *Family Process, 54*(3), 418-434. doi:10.1111/famp.12167
- Gleason, H. A., Livingston, N. A., Peters, M. M., Oost, K. M., Reely, E., & Chochran, B. N. (2016). Effects of state nondiscrimination laws on transgender and gender-nonconforming individuals' perceived community stigma and mental health. *Journal of Gay & Lesbian Mental Health, 20*(4), 350-362. doi:10.1080/19359705.2016.1207582
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Haverkamp, B. E., & Young, R. A. (2007). Paradigms, purpose, and the role of the literature: Formulating a rationale for qualitative investigations. *The Counseling Psychologist, 35*, 265-294. doi:10.1177/0011000006292597
- Jackson, N. (2013). *Transgender couples of color navigating the gender change of one partner* (Doctoral dissertation). Available from ProQuest Dissertations & Theses. (UMI No. 3567567).
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 National Transgender Discrimination Survey*. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>

- Jaffee, K. D., Shires, D. A., & Stroumsa, D. (2016). Discrimination and delayed health care among transgender women and men: Implications for improving medical education and health care delivery. *Medical Care*, 54(11), 1010-1016.
- Korell, S. C., & Lorah, P. (2007). An overview of affirmative psychotherapy and counseling with transgender clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 271-288). Washington, DC: American Psychological Association.
- Lev, A. I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Forum*, 41, 288-296. doi:10.1007/s10615-013-0447-0
- Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: Navigating minority stressors and developing authentic self-presentation. *Psychology of Women Quarterly*, 38, 46-64. doi:10.1177/0361684313501644
- Lindroth, M. (2016). 'Competent persons who can treat you with competence, as simple as that'- An interview study with transgender people on their experiences of meeting health care professionals. *Journal of Clinical Nursing*, 35, 3511-3521. doi:10.1111/jocn.13384
- McLemore, K. A. (2016). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma and Health*, 1(4), n.p. doi:10.1037/sah0000070
- Meier, S. C., Sharp, C. C., Michonski, J., Babcock, J. C., & Fitzgerald, K. (2013). Romantic relationships of female-to-male trans men: A descriptive study. *International Journal of Transgenderism*, 14, 75-85.

- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Morales, E., & Norcross, J. C. (2010). Evidence-based practices with ethnic minorities: Strange bedfellows no more. *Journal of Clinical Psychology*, 66, 821-829.
doi:10.1002/jclp.20712
- Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist*, 35, 209-235.
doi:10.1177/0011000006286990
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Piper, J., & Mannino, M. (2008). Identity formation for transsexual individuals in transition. *Journal of GLBT Family Studies*, 4, 75-93.
doi:10.1080/15504280802084472
- Ponterotto, J. G., & Grieger, I. (2007). Effectively communicating qualitative research. *The Counseling Psychologist*, 35, 404-430. doi:10.1177/0011000006287443
- Singh, A. A. (2016a). Major contribution reaction: Yes! And let's move further toward trans liberation. *The Counseling Psychologist*, 44(7), 1050-1061.
doi:10.1177/0011000016669435
- Singh, A. A. (2016b). Moving from affirmation to liberation in psychological practice with transgender and gender nonconforming clients. *American Psychologist*, 71(8), 755-762. doi:10.1037/amp0000106

- Singh, A. A., & dickey, l. m. (2016). Implementing the APA guidelines on psychological practice with transgender and gender nonconforming people: A call to action to the field of psychology. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 195-200. doi:10.1037/sgd0000179
- Tebbe, E. A., & Budge, S. L. (2016). Research with trans communities: Applying a process-oriented approach to methodological considerations and research recommendations. *The Counseling Psychologist*, 44(7), 996-1024. doi:10.1177/0011000015609045
- Tebbe, E. A., Moradi, B., & Budge, S. L. (2016). Enhancing scholarship focused on trans people and issues. *The Counseling Psychologist*, 44 (7), 950-959. doi:10.1177/0011000015608950
- Veldorale-Griffin, A., & Darling, C. A. (2016). Adaptation to parental gender transition: Stress and resilience among transgender parents. *Archives of Sexual Behavior*, 45, 607-617.
- Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015a). Potentially harmful therapy and multicultural counseling: Bridging two disciplinary discourses. *The Counseling Psychologist*, 43, 334-358. doi: 10.1177/0011000014548280
- Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015b). Potentially harmful therapy and multicultural counseling: Extending the conversation. *The Counseling Psychologist*, 43, 393-403. doi:10.1177/0011000015576801
- Weyers, S., Elaut, E., De Sutter, P., Gerris, J., T'sjoen, G., Heylens, G., ... Verstraelen, H. (2009). Long term assessment of the physical, mental, and sexual health among transsexual women. *Journal of Sexual Medicine*, 8, 3379-3388.

Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices. *The Counseling Psychologist*, 35, 369-403. doi:10.1177/0011000006292596