

**Gender Identity and the Family Story: A Critical Analysis**

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## ABSTRACT

This research explored how transgender people and their partners experience the process of disclosing their gender identity, experiences of mental health, and how couple and family therapists can be helpful to relationships involving transgender people. The purpose of this study was to better understand transgender relationships to prepare couple and family therapists to work with this population. Participants were seven self-identified transgender people and three of their partners. In-depth interviews were used to explore experiences of transgender people's relationships. Nine themes were identified: decision to disclose, the road to acceptance, perceptions of sexual orientation, change, delineating between purposes for seeking mental health services, belief that therapists are not well-informed about transgender issues, value of well-informed therapists, couple and family therapists should be well-informed, and loved ones understanding of gender identity. This study provides insight into transgender people's relational issues relevant to couple and family therapy. Phenomenological, narrative and feminist lenses provide frameworks to view these findings. Implications for future research and clinical practice are discussed.

## Dedications

To all those who have walked the path before me,  
Striving to create spaces where once silenced voices can be heard,  
And where those who stood in darkness can move into the light.

To Brenda Thomas, who touched lives, ruffled feathers, and taught me the meaning of this work.  
Your legacy inspires me.

To my grandmother, Irma Benson whose unconditional love is with me.

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## Chapter 1: Introduction

The American Psychological Association (2006) estimates that approximately 1 in 10,000 biological males and 1 in 30,000 biological females are transsexual, while the prevalence of other categories of transgender people in Western countries is unknown. An accurate number of transgender people is not known because there is no system that identifies or counts them, ([www.pflag.org](http://www.pflag.org)) and many never publicly acknowledge their gender identity because of social stigmas. Gender identity refers to a person's personal feelings of being a man or woman, regardless of how they look or what others may think about who they are (Kessler & McKenna, 1978). "The only way to determine a person's gender identity is to ask them" (p.9).

Transgender people are becoming more socially visible as advocacy groups educate the public about gender identity; there are growing opportunities to meet people and become educated about gender identity on the internet, the media shows more realistic portrayals of transgender people, and more transgender people are coming out. Some examples of advocacy groups include PFLAG (Parent and Friends of Lesbians and Gays), which hosts the T-NET (Transgender Network) that "focuses on support for transgender people and their parents, families, and friends; education on transgender facts and issues; and advocacy for equal rights for the transgender community at local and national levels" (<http://community.pflag.org/Page.aspx?pid=380>). The Gender Public Advocacy Coalition (GPAC) "promotes an understanding of the connection between discrimination based on gender stereotypes and sex, sexual orientation, age, race, and class" ([www.gpac.org](http://www.gpac.org)). Gender Education and Advocacy (GEA) is a national organization that focuses "on the needs, issues and concerns of gender variant people in human society" ([www.gender.org](http://www.gender.org)). The International Foundation for Gender Education (IFGE) advocates for freedom of gender expression ([www.ifge.org](http://www.ifge.org)). Newer films such as *Normal* and *Boys Don't Cry* and television shows including *Dirty Sexy Money* and



*All My Children* include transgender characters that depict fairly accurate and realistic representation in their stories about transgender people, which has shifted from mentally disordered depictions as shown on the *Jerry Spring Show*.

In 2005 the American Psychological Association appointed a Task Force on Gender Identity and Gender Variance (American Psychological Association Task Force on Gender Identity and Gender Variance, 2008). The goals of the task force were to review existing APA policies that addressed transgender issues and recommend changes, develop recommendations for training and research in this area, recommend how the APA can best meet the needs of transgender psychologists and students, and suggest collaborations with other professional organizations (2008). “The concerns of transgender and gender variant persons are inextricably tied to issues of social justice, which have historically been important to APA. The stigmatization and discrimination experienced by transgender people affect virtually all aspects of their lives, including physical safety, psychological well-being, access to services, and basic human rights” (p. 9). The Task Force states that the APA supports ethical practice by promoting research, education, and professional development concerning transgender people (2008).

As therapists recognize the needs of clients and create welcoming spaces when working with transgender people and their families, they become more affirming and that leads to an increase in transgender clients presenting for relational therapy. This study is timely due to the recent increase in transgender visibility and the call in the literature to address the needs of this population. Lev (2004) states, “As transgenderism becomes a part of the popular discourse, transgendered people—and their families—are becoming increasingly aware that they are living in a culture that has ignored, pathologized, and degraded them.” Therapy has become more

accessible and transgender people are seeking out affirmative therapists to address experiences and relationships.

### Statement of the Problem

Transgender people face misunderstanding, prejudice, and isolation as a result of not adhering to traditional models of a two-gender system; one is believed to be either naturally male or female. Many understand the dynamics of same-sex relationships yet do not grasp an accurate understanding regarding transgender people. The acronym LGBT is frequently used to refer to lesbian, gay, bisexual, and transgender people. While this population faces similar discrimination in terms of legal issues and social stigmas around appropriate gender behavior, same-sex relationships and gender identity are different in that gay relationships are determined by who a person is attracted to (i.e., a man who is attracted to another man), while gender identity is based on a person's belief about who they are (i.e., a biological male who identifies as a woman).

Transgender people, therefore, do not identify as the sex they were assigned at birth based on their physical anatomy. In a culture that determines boys and girls by biology and physiology, people who exist outside that norm are not fully understood or accepted. Generally, transgender people face increased rates of alcohol and drug use, depression (Lombardi & van Servellen, 2000), and suicide due to the stigmas associated with defying normative sexed categories. They also must bear misunderstanding and ultimately physical safety concerns due to lack of education about or support of their gender identity. Relationships can be supportive yet co-workers, friends, family members, and partners do not always comprehend what it means to be transgender or the issues related to gender identity.

Since there is limited information available for working with transgender people and their families (Lesser, 1999), families may struggle with understanding, internalized shame, and

“grieving the loss of the individual they knew and learning to accept and appreciate the person who remains” (Lesser, 1999) . Conversely, Lev (2004) states that “the marriage and family literature is essentially silent on this issue” (p. 15). So while there is a need for relational therapy to address distress in relationships, the field does not adequately acknowledge or concentrate on this need.

Post-surgical transgendered clients who are seeking therapy often are doing so to meet the guidelines set forth by the World Professional Association for Transgender Health's (WPATH) Standards of Care for Gender Identity Disorders ([www.wpath.org](http://www.wpath.org)). There is a specific set of therapeutic issues that these therapists face as sex-change operation “gate keepers,” the mental health workers who provide the letters transgender clients need to move forward with transition (Lev, 2000). Instead of addressing those particular issues for therapists, I choose to focus on the phenomenon of self-identified transgender people who may be non-operative and how they can indirectly teach family therapists to be helpful when working with this underrepresented population.

Mental health professions, including those from family therapy, counseling, social work, psychology, and psychiatry, do not fully embrace transgender clients. Most mental health professionals have not received training that addresses sexual and gender role development or gender identity, and those that do frequently focus on the diagnostic criteria for Gender Identity Disorder (Lev, 2004). There is a strong need for mental health training that takes an affirmative approach to working with transgender clients, or one that accepts the client as the sex they identify.

As multicultural competencies are becoming standard curriculum in counselor training programs, a “trans-positive” model that informs approaches to teaching, supervision, therapy,

and research is called for to counter “transphobia” (Carroll & Gilroy, 2002). Supportive family members can provide ease to the hardships faced in what can be a transphobic society (Israel, 2005), which I believe emphasizes the helpful role therapists can play in the lives of families with a transgendered member. The recent American Psychological Association Report of the Task Force on Gender Identity and Gender Variance (2008) discusses the needs of transgender psychologists and students. “These included: more education, training, and research devoted to transgender issues; greater protection from discrimination; more acceptance, mentoring, advocacy, and demonstration of ally status by colleagues; and greater recognition that transgender persons are experts regarding their own issues” (p. 69). Lack of training and insights about the needs and experiences of transgender people as well as personal bias may account for therapists’ discomfort in working with this population.

An example of this bias is the major theories of gender role development that assume that there are only two distinct genders, thus focusing on that dichotomy (Kessler and McKenna, 1978). Although culture deems gender identification as male or female acceptable, categories of transgenderism fit on a continuum of definitions and identities. Lev (2004 ) states “transgenderism, transsexuality, and intersexuality, as normative human variations, challenge fundamental assumptions about sex and gender and shift the basic paradigm of the world as a place occupied by two sexes that are opposite and different from each other to a conception of sex and gender identities as potentially fluid” (p.4). Sex and gender, then, do more than create two categories--they inform each other. For example, some people believe that gender identification is determined by their sexed body, such as a person who wants to undergo medical procedures for gender transition with a fixed idea that their sex should be in line with normative gender. Others do not embrace this belief by choosing to live outside the normative gender

binary by challenging their sexed category through their enactment of gender, but not through medical intervention.

Formal academic discussions about gender identity frequently center on ideology and political notions of what constitutes acceptable gender behavior and presentation. Casual conversations about gender identity less frequently stem from an intellectual understanding about these issues (Lev, 2004). There is a need to investigate the relationship between academic discourse and lived experience to develop theoretical implications that can influence existing couple and family therapy treatment models. In this study I will refer to the umbrella term transgender as those people who present themselves outside of the normative sex/gender cultural standards, as suggested by Namaste (2000). I also use the term family to refer to individuals that make up close relational systems, which may extend beyond blood kinship.

#### Purpose

The purpose of this study is to explore the experiences of transgender people in the context of their relationships. The intent of this study is to better understand significant issues that arise when a person discloses his or her gender identity to loved ones, in order to prepare couple and family therapists to work with this population. I specifically investigate transgender people's experiences and understanding of the mental health system in hopes of learning how to best improve clinical approaches to meeting the needs of this population.

#### Definition of Terms

The following operational definitions are used in this study:

*Sex*: a social classification of people as female or male that corresponds to perceptions of biological anatomy and physiology. Females have two X chromosomes in the cell nuclei and

usually have a vagina, uterus, and ovaries. Males have an X and a Y chromosome in the cell nuclei and usually have a penis, scrotum, and testicles.

*Gender*: refers more broadly to the experiences and socially-constructed understanding of people as feminine or masculine.

*Gender Identity*: a person's internal sense of their being as a sex.

*Coming out*: the process of discovery, acceptance, and disclosure to friends, family, and others of gay, lesbian, bisexual, or transgender.

*Female-to-male (FTM)*: a person who is biologically female, or assigned female at birth, and identifies as male.

*Male-to-female (MTF)*: a person who is born biologically male, or assigned male at birth, and identifies as female.

*Sexual Orientation*: is determined by who a person is emotionally and sexually attracted to.

Categories include lesbian, gay, bisexual, and heterosexual.

*Sexual Reassignment Surgery*: surgical procedure to change the appearance and functions of the genitals and chest to that of the desired sex.

*Transition*: the process of a transgender person undergoing physical and or legal changes to live as their desired sex category. This may include hormone therapy, sexual reassignment surgery, dressing full time in a manner typically associated with a particular gender, legal name change, etc.

*Transgender*: an umbrella term used to describe people who do not fit within the normative binary gender system. This can include categories such as cross dressers, Male-to-Female, Female-to-Male, drag kings and queens, transsexuals. Transgender people may be gay, lesbian, bisexual, or heterosexual.

*Affirmative therapy*: therapeutic approach that adopts a positive view of transgender clients by respecting their self-defined identities and addresses the impact of a normative gender society on their lives.

### Significance

There are many theoretical bodies of literature that address transgender people, some of which include gender theory, feminist theory, psychiatry, biology, sociology, and psychology. However, there are few studies that focus on the relational aspects of transgender people's lives. Self-help literature and support groups are available for families yet there is little information available to guide therapists working with transgender people's relationships.

The mental health community has historically focused on the pathology of transgender clients because there has been little clinical research or literature that addresses transgender people and their loved ones outside the realm of the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (American Psychiatric Association, 2000), which identifies Gender Identity Disorder as a psychological abnormality. Transgender people who seek to transition have long relied on a mental health diagnosis to access medical treatment so they present with pathology in order to receive a diagnosis, which allows access to therapy services. Once therapy services commence, a mental health professional may write a letter legitimizing their request to then gain access to medical interventions. Due to the social norms regarding what is considered appropriate gender presentation and behavior, pathologies related to transgender people seeking mental healthcare result in social stigmas, or social disapproval, against this population. These stigmas lead to a loss of social power, or marginalization in the larger culture, as well as mental health communities, which are influenced by cultural norms.

The results of this study will contribute to a developing body of literature regarding affirmative approaches for therapists working with transgender people that includes critical consideration of the ways in which transgender people are pathologized. An affirmative therapist accepts clients as people and opens doors to understanding other mental health pathologies that may result from distress. An affirmative therapy stance does not assume that clients have these problems, such as depression, and views problems as a consequence of living in a society that reinforces normative ideas about gender. This is different than the historical belief that mental health pathologies are a result of transgender identities. Data gathered in this study will provide mental health clinicians, specifically couple and family therapists, with insights into transgender relationships.

### Theoretical Framework

Feminist theory and queer theory, along with both theories' claim that gender is socially mediated, guide all aspects of this research. Feminist theory deconstructs the meanings people make of gender and gender relations (Laird, 2000). It calls attention to how power differences are rooted in sexism and gender differences by focusing on systems of inequality; however, feminist theory is critiqued for not prioritizing sexuality. Queer theory primarily looks at sexuality and identity politics and focuses on the structural difference of gender, though it is critiqued for not concentrating on the inequality of men and women based on those sexed categories. Both feminist and queer theories largely critique categories of gender and reliance on the socially constructed nature of how these categories define what it means to be a man or a woman; heterosexual or homosexual. We rely on these categories to understand sex and gender and determine what gender is and is not supposed to be, such as the case with Gender Identity



Disorder in the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (American Psychiatric Association, 2000).

While this is a clinically focused study, it is also theoretically informed. Understanding performativity (Butler, 1999; 2004) is important to this study because it enables an analysis of how transgender participants enact their gender identity. To fully explore Butler is beyond the scope of this study; however, comprehension of the concept of performativity is useful to understand the contradictory way people simultaneously reproduce and contest gender norms. Butler (2004) states that “through the practice of gender performativity, we not only see how the norms that govern reality are cited but grasp one of the mechanisms by which reality is reproduced and altered in the course of their reproduction” (p. 218). In other words, there is no inherent gender; gender is reiterated in everyday practices. Gender norms are guided by ideological frames that go on to reinforce behavioral patterns to shape the reenactment of those norms. While people hold the belief that gender norms are inherent, they are copying expectations of their perceptions of gender. These perceived realities of gender are continually reinforced through everyday activities such as the way a person walks or dresses. Butler goes on to state that “the point about drag is not simply to produce a pleasurable and subversive spectacle but to allegorize the spectacular and consequential ways in which reality is both reproduced and contested” (p. 218). Similar to Butler’s discussion of drag, transgender people defy gender norms in order to become a gender by reinforcing gender stereotypes. In accordance, participants’ experiences will address how gender norms are defied and reinforced throughout this study.

Both feminist and queer theorists critique binary categories of gender (Fausto-Sterling, 2000; Sedgwick, 1990) because understandings of sexuality are limited and simplistic when viewed as opposites or through a binary lens (Sedgwick, 1990). Fausto-Sterling’s (2000) work

on the intersexed is critical in uncovering the way gender norms are shaping these bodies even when the body does not comply with social definitions. When bodies do not conform to male/female sex categories, social standards of a two gender system dictate choices about the sex of these babies; normative sex categories and normative gender categories inform each other.

Haraway (1991) addresses how knowledge is produced, valued/not valued, and privileged. Since all people come from different perspectives, she challenges the concept of objectivity since no one has the “God’s eye view” (1991). Haraway draws attention to the history, origins, and politics of language and the meaning of words, particularly sex and gender. Feminist theory challenges the concept of biological determinism, or the belief that gender differences are rooted in natural biological differences, yet has separated the concept of gender from biological sex. Haraway (1991) states, “feminists have argued against ‘biological determinism’ and for ‘social constructionism’ and in the process have been less powerful in deconstructing how bodies, including sexualized and racialized bodies, appear as objects of knowledge and site of intervention in ‘biology’” (p. 134). This is important to the discussion because Haraway addresses how normative roles affect people and transgender people call the reality of binary constructs, such as man/woman, male/female, into question.

These feminist and queer theories are crucial to understanding how gender operates and functions socially, yet are debated and challenged by critics and supporters. One critique acknowledges the ways in which academic arguments can depersonalize the lived experiences and struggles faced by transgender people. To best capture the lived experiences of participants in this study that is practice oriented and theory-informed, I address topics identified by participants by reflecting their use of language. This process is indicative of my role as a clinician, which at times contradicts my own theoretical stance in an effort to interpret their

words. As a clinician, I invite clients to define themselves and create meaning through their use of language. Throughout the process of interviewing participants and gaining insight into their lives and experiences, I learned that they frequently held rigid views about gender. While I mirror participants' use of a language system that describes their views about gender and what it means to live as their gender throughout this dissertation, these views are not reflective of my belief that gender is socially constructed.

### *Feminist Influences in Family Therapy*

Feminist family therapists identify and challenge power and hierarchy in systems. Hare-Mustin (1987) claimed that “gender is the basic category on which the world is organized” (p. 15). Families are organized by gender roles that determine who does what in the system, how children are socialized, etc. The feminist critique of marriage and family therapy was initially concerned with gender equity and the roles of women in the family (Hare-Mustin, 1987). Hare-Mustin (1978) discussed an androgynous model that encouraged movement away from masculine and feminine personality types and encouraged women to gain self-definition through a newfound awareness. It appears that the premise for establishing this critique can now be taken a step further to incorporate how sex and gender inform one another and organizes relational systems, and how this has the potential to disrupt families whose members do not fit into these narrowly defined social categories.

Society mediates and places value on bodies so feminists see gender as a social issue because it is society that defines gender roles and norms and the difference between male and female (Hare-Mustin & Marecek, 1988; Lorber, 1994). These socially mandated values impact how people view and identify bodies. Culture also regulates appropriate modes of behavior rooted in gender, which tells us that we operate in a normative binary system where there are

only two genders with distinct appearances and behaviors. As one can imagine, families experience confusion when a member is transgendered.

Traditional models of family therapy also adhere to binary and fixed ideas concerning men and women in relationships (Hare-Mustin, 1978, 1987). More recently, research and literature began shedding light on same-sex relationships (Laird & Green, 1996; Long & Serovich, 2003). Although most therapists are familiar with the abbreviation LGBTQ, referring to lesbian, gay, bisexual, transgender, and queer people, many therapists have little or no understanding of transgender issues (Lev, 2004). Therapists have few resources available that explore both the differences and connections of sexual orientation and gender identity. A critical lens, however, allows room to challenge traditional concepts and ideas about the function of gender in both the family and in larger social structures that therapists often accept without question.

If society viewed and treated ideals regarding sex and gender differently, transgender issues would potentially look considerably different. It appears that some families experience a struggle accepting transgender members, while others do not. For therapists to competently work with these families we need research and literature that reflects the experiences and treatment models associated with gender variance (Lev, 2004). This study seeks to explore the experiences of transgender people and their families through the coming out process and how relationships fare in response to disclosures of transgender identities.

### Research Questions

I constructed the research questions by considering pre-existing literature, what is missing from the literature, circumstances that surfaced for transgender people I met at self-help groups and advocacy events, my research interests, and what I wished had been covered in my

training as a couple and family therapist. The three primary areas that guided questions included: (1) disclosure of gender identity; (2) family-of-origin and significant relationships; and (3) perspectives and experiences with mental health, particularly family therapy.

There were two questions that guided the inquiry and the first was: What is the lived experience of transgender people and those in relationships with them? Specifically, the research questions that explored this were:

- What is it like for transgender people to disclose their gender identity to family members, friends, and other people they know? How did this disclosure influence their relationships?
- What metaphors capture transgender people's experiences?

The second question that guided this inquiry was: How do transgender people experience the mental health field? The research questions that explored this were:

- What is your experience of mental health services?
- What do couple and family therapists need to know to best help relationships involving transgender people?

## Chapter 2: Literature Review

This chapter is divided into the following sections: (1) Literature review and (2) statement of reflexivity. The review of literature for this dissertation focuses on gender identity disorder, coming out, and transgender affirmative approaches. There are significant gaps in the literature regarding transgender experience in mental health. Critiques include the literature's focus on transition and the diagnosis of gender identity disorder, which centers on gender as a primary determinant of the body and requires pathology to attain that bodily representation . In order to better understand the process of disclosure for transgender people, which has been minimally studied, I draw from literature that addresses gays and lesbians coming out. While limited, I also review an increasing amount of literature on transgender affirmative mental health practice with an emphasis on more recent studies. Following the literature review, I discuss my personal experiences with transgender people and the research questions that guide this research.

### *Gender Identity Disorder*

Gender Identity Disorder (GID) made its way into the *Diagnostic and Statistical Manual of Mental Disorders* shortly after gay rights advocates successfully removed homosexuality, a proclamation that same-sex oriented people are not mentally disordered (Hausman, 1995). Mental health diagnosis of gender identity disorder is greatly debated and many challenge the purpose of labeling people who express sexual diversity (Lev, 2005). Diagnosis can be useful in helping professionals and consumers of mental health treatment to understand emotional and mental disturbances; however, these same criteria have been developed and used to stigmatize people who are socially considered to be deviant or live outside norms of acceptability (Lev, 2004).

Both sexual orientation and gender identity are based on a socially constructed two-gender system, reinforcing the binary ideas that only the categories male and female exist. People are considered either male or female and are attracted to either males or females. Perceptions of biological anatomy and physiology classify people as either female or male at birth. Transgender people do not always believe that their sexed category and gender identity are congruent, and at times seek transition to become what they perceive accurate for them as male or female. The complexity of gender identity and expression is absent from this outlook. These perspectives also innately maintain a heterosexist bias reinforcing gender normalcy (Hausman, 1995). They maintain an idea of what is normal versus what is considered natural. For example, intersex conditions occur naturally in some bodies, yet the *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR* (2000) diagnostic criteria for Gender Identity Disorder deem that “there must be evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex” (p. 533).

Lev (2005) questions the ethics of using psychiatric diagnosis to legitimize access to medical treatment for transgender people because to be transgender does not mean a person has a psychological disease requiring treatment. Diagnosing Gender Identity Disorder (GID) is problematic due to lack of clarification between gender dysphoria and gender role nonconformity (Bockting & Ehrbar, 2005). The current GID diagnostic criterion confuses gender dysphoria, or distress due to assigned sex, with gender role nonconformity, or the characteristics related to feminine or masculine behavior. The *Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (2000) states “In boys, cross gender identification is manifested by a marked preoccupation with traditionally feminine activities...Girls with Gender Identity Disorder display intense negative reactions to parental expectation or attempts to have them wear dresses or other

feminine attire” (p. 576). But feminine or masculine clothing and behavior are culturally determined and fluid. For example, a male-to-female may identify as female and still have “masculine” interests such as hunting or motorcycle riding. Bockting and Ehrbar (2005) reviewed critiques of the GID diagnosis and found that children could be diagnosed with GID and not exhibit gender dysphoria, or distress, due to their gender identity. This assumes that there are normal and abnormal ways to express gender, rather than recognize the “full range of behaviors and experiences engaged in by ‘normal’ males and females in contemporary society” (Lev, 2005, p. 51).

According to the American Psychiatric Association (2008), the *Diagnostic and Statistical Manual of Mental Disorders-V* is projected to be published in 2012. In addition to the task force developed to oversee the development of *Diagnostic and Statistical Manual of Mental Disorders-V*, there have been workgroups appointed to review the research, literature, strengths, and problems related to diagnostic categories of psychiatric disorders from the *Diagnostic and Statistical Manual of Mental Disorder -IV*. The APA (2008) states that “it is expected that those categories will evolve to better reflect new scientific understanding.”

Kenneth Zucker, the head of the Child, Youth and Family Program of the Gender Identity Clinic at the Centre for Addiction and Mental Health (CAMH) in Toronto, is a key player in the ongoing inclusion of gender identity disorder in the *Diagnostic and Statistical Manual of Mental Disorders*. He was recently appointed to chair the work group for Sexual and Gender Identity Disorders (2008), which has outraged transgender advocacy groups internationally (National Gay and Lesbian Task Force, 2008). Zucker’s approach to working with young children who present with GID includes directing them to gender appropriate behaviors and using reparative therapy to help children remain in their biological gender, which has left transgender advocates



leery of Zucker's ability to produce diagnostic criteria that adequately serves the needs of transgender people. Changes to GID diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders* has the potential to drastically impact transgender people's access to medical treatment and the way in which the Standards of Care are carried out. The ongoing revisions of GID in the *Diagnostic and Statistical Manual of Mental Disorders*, as well as who has agency to create those changes, exemplifies the socially constructed nature of how gender is defined and decided.

The Harry Benjamin Standards of Care is an ethically defined series of principles and standards for treating transgender and transsexual patients (Denny & Roberts, 1997), which is now called the World Professional Association for Transgender Health's (WPATH) Standards of Care for Gender Identity Disorders. This is now considered the primary guideline for working with transgender patients and according to WPATH, a person must be diagnosed with GID in order to take steps to undergo hormone treatments or sexual reassignment surgery (SRS).

The Harry Benjamin International Gender Dysphoria Association first issued standards of care for treating transsexualism in 1979. It included both ethical standards on the part of medical practitioners, mental health providers, as well as the patient who must live as the opposite sex for at least one year prior to surgery. It is revised to address the changing needs and growing body of relevant information (Bullough, Bullough, & Elias, 1997), with the most recent revisions available in February, 2004 ([www.wpath.org](http://www.wpath.org)).

This perspective encourages professionals working with transgender people to focus on the body; the standards of care determine a person's candidacy for undergoing bodily alterations based on their psychological well-being. The goal of such treatment is to determine if a person is ready for gender transition by use of the medical establishment based on both their psychological

well-being and also their psychiatric diagnosis. Essentially, professionals invested in bodily representation of gender determine patients' sex rather than acknowledging other myriad issues that transgender individuals might seek therapy to address. This approach can exclude non-operative people from mental health treatment altogether.

Critics of the Standards of Care claim they are outdated (Pfafflin, 1997) and groups such as the International Conference on Transgender Law and Employment Policy (International et al., 1993) have issued their own Health Law Standards of Care for Transsexualism that does not include a *Diagnostic and Statistical Manual of Mental Disorders* diagnosis of Gender Dysphoria or Gender Identity Disorder. Although tensions exist around the *Diagnostic and Statistical Manual of Mental Disorders* diagnosis and treatment standards, they tend to focus on the process of surgically transitioning gender for the individual.

Transgender people may approach mental health practitioners with the intent of gaining access to treatments such as sexual reassignment surgery (SRS), subcutaneous mastectomy (breast removal), breast augmentation, hormone therapy, electrolysis, and facial reconstruction. Since the goal of therapy is to obtain a letter from the therapist to approve moving forward for medical treatment, there exists a concern that clients may not be forthcoming about actual problems they face because they are focused on presenting a healthy sense of being to the therapist (Lev, 2004). The therapist serves in a capacity to protect the client from undergoing medical treatment unprepared and to protect surgeons from litigation should the client not be prepared for the results of surgery (Lev).

Research has traditionally focused on physicians treating GID by considering options for patients undergoing sexual reassignment surgery, endocrinologists administering hormones, and psychologists, psychiatrists, and counselors treating individuals with gender dysphoria and other

gender identity diagnoses as outlined in the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR*. I conducted a literature search using PsycINFO and PsycARTICLES databases with the subjects “gender identity disorder” which yielded a result of 367 articles. The key word combination “gender identity disorder” and “children” yielded 141 articles, while “gender identity disorder” and “adult” yielded only 38 articles. When reviewing the article titles, it became evident that articles located using the term “gender identity disorder” used stigmatizing language to refer to subjects or patients, yet articles found using the keyword “transgender” used affirmative, non-stigmatizing language. Therefore, biased language that reinforces stigmatization of transgender people is evident in professional literature.

### *Coming out*

Professional literature that addresses transgender people and relationships from a non-pathological stance is limited; however, there is a relatively large body of literature that addresses the coming out process of lesbian and gay people, and to a lesser degree bisexual people though research on bisexuals is also missing from the literature (Dodge & Sandfoot, 2007). Bisexual people disrupt the binary categories of homosexual–heterosexual, which is similar in theory to transgender people and a two-gender system. While gender identity refers to a person’s personal identity and sexual orientation refers to whom one is attracted to, LGBT people are thought to experience similar processes as they are members of underrepresented populations that have both been historically marginalized and also diagnosed as disordered by Western mental health standards. There are various accounts and meanings attributed to the process by which gay and lesbian people come to terms with their sexual orientation, disclose it to others, and then live their lives.

National organizations offer advocacy and support for the coming out process including groups such as the Human Right Campaign (HRC) ([www.hrc.org](http://www.hrc.org)), Parents and Friends of Gays and Lesbians (PFLAG) ([www.pflag.org](http://www.pflag.org)), and the Straight Spouse Network (SNN) ([www.straightspouse.org](http://www.straightspouse.org)). The HRC is a civil rights organization whose main goal is to advocate for equal rights of LBGT people. PFLAG's primary focus is on supporting families when a family member comes out. SNN is an internationally utilized resource that specifically addresses couple issues when a partner comes out as lesbian, gay, bisexual, or transgender. As they sought out help for themselves and their loved ones, members of these groups have lead social movements in the creation of advocacy and support for people in relationship to LGBT people. And all of this was prior to the development of relevant affirmative and professional literature, research, and clinical training for working with this population.

Much of the clinical research centering on LGBT relationships is conducted from the perspective of the LGBT identified person and even when inquiry focuses on familial responses it is frequently not elicited from the standpoint of family members (Heatherington & Lavner, 2008). Participants are often sought from PFLAG, which inherently limits samples to families that are accepting or coming to terms with their LGBT family member. These studies generally focus on parent-child relationships and not adult relational dynamics although as many as two million heterosexual marriages in the US currently or formerly included a gay or lesbian spouse (Buxton, 2007). There is a lack of literature that includes straight spouses and couples where a partner has come out and there is no data on married transgender people (Buxton, 2006).

Unfortunately, families who have rejected or cut off their LGBT-identified family members rarely agree to participate in research studies. Parents may cut off their children when they disapprove in hopes of encouraging them to renounce their "gay lifestyle," although "hiding

one's sexual orientation prevents the family from having the opportunity to become truly intimate and supportive of one another" (La Sala, p. 71). The historical idea that parents are to blame for their children's homosexuality may account for negative parental reactions (La Sala, 2000). This also excludes families who might vary in degrees of acceptance and do not choose to participate in an organization such as PFLAG. For example, Baptist and Allen (2008) conducted in-depth interviews with a family of six that was faced with the coming out of a family member. After difficulty locating participants with at least four consenting family members, they contacted PFLAG. Beeler and DiProva (1999) also found families from PFLAG to participate in their study on families' initial responses to a member coming out as gay or lesbian.

LGBT people experience various stages of the coming out process, as do their families in coming to terms with a family member's same-sex orientation. Much of the literature refers to LGBT people, though few make the distinction between sexual orientation and gender identity. While at times similar, each encompasses unique issues for the LGBT individual as well as families and close relationships. The process and outcomes of a family member coming out varied across families (Heatherington & Lavner, 2008), but the majority of studies focus on the initial reaction of family members while few look at long term outcomes. Additionally, these studies are not conceptually integrated as they are published in journals of various disciplines such as psychology, family studies, LGBT studies, and sociology (Heatherington & Lavner).

Baptist and Allen (2008) found that a family experiences multiple realities when a family member comes out including embracing the gay identity that they may have no prior experience with, identifying as a family, and addressing strains and communication issues between family members. They may also build social networks with people outside the family they feel safe disclosing to or experience a social awakening where members realize the marginalization due to

social stigmas and anti-gay messages. Baptist and Allen conducted one of the few studies that included interviews of multiple people in the family system; therefore they collected data from multiple perspectives within the family.

Unlike the majority of studies that focus primarily on the LGBT person's experience and perception of relationships, Beeler and DiProva (1999) also sought to examine multiple family members' accounts of gay or lesbian identity. They identified the following events:

1. Establishing rules for discussing homosexuality
2. Seeking information about homosexuality and the gay community from gay-positive sources
3. Second-guessing the sexuality of others: the "who else" syndrome
4. Exposure to gays and lesbians living "gay and lesbian lives"
5. Making homosexuality less exotic
6. Including gay and lesbian friends in the family
7. Dealing with the heterosexual world's institutions and conventions
8. Working through feelings of sadness, loss, and blame
9. The family coming out
10. Developing alternative visions of the future
11. Stigma management
12. Developing narrative coherency (p. 447)

While they encourage an affirmative approach by addressing heterosexism and the *Diagnostic and Statistical Manual of Mental Disorders*, Beeler and DiProva (1999) use the term homosexuality to describe gay and lesbian people, a term that is considered pejorative based on the historical association with mental illness and pathology.

Couples who once identified as heterosexual face unique issues when a partner comes out. Partners may experience feelings of sexual rejection, concerns about the threat to their marriage, and concerns about how the children will be affected after the initial disclosure (Buxton, 2006), though “worries about the impact of the disclosure on their children are usually worse than reality” (p. 321). Buxton (2004) identified seven stages people experience when their partner comes out as LGBT which include: a) Disorientation, disbelief, denial, sometimes relief; b) Facing and acknowledging the reality of the situation; c) Acceptance; d) Letting go of past assumptions; e) Healing; f) reconfiguring and refocusing themselves to view their situation in perspective; and g) Transforming their lives based on their new perspective. Such disclosure can challenge the straight spouse’s views of gender, marriage, their future, and life (Buxton, 2007). Straight spouses usually come to acknowledge and understand that they cannot change the situation and become more proactive as they begin the healing process. They begin to consider the past, the present, and what they want for the future by reconfiguring their identity, integrity, and belief system (2006). Approximately one-third of these couples stay married, one-third break up within the first post-disclosure year, and one-third break up. Half of those couples who commit to staying married stay together for at least three more years or longer (2006).

#### *Transgender affirmative approaches*

Clinicians who understand experiences and issues transgender people face can provide clients with more effective treatment (Grossman, D’Augelli, Howell & Hubbard, 2005), although many in the helping professions are still uncomfortable providing services to this population. While still limited, there is an increasing body of literature addressing the experiences of transgender people from an affirmative position, or one that at least does not stigmatize or view transgender people through the pathological lens of disordered.

Rock, Carlson and McGeorge (2009) looked at beliefs, competency, and level of affirmative training couple and family therapy students received for working with gay and lesbian clients. They define affirmative therapy as "an approach to therapy that embraces a positive view of LGB identities and relationships and addresses the negative influences that homophobia and heterosexism have on the lives of LGB clients" (p. 10). These ideas are applied with transgender populations in clinical settings where therapists recognize the impact that transphobia has on clients. Affirmative therapists possess an understanding of the stigmas that transgender clients live with and accept the person as they define themselves in terms of their gender and sex. They grasp the knowledge and skills needed to work with these clients in a manner that does not legitimize bias against them and assist them in exploring complexities in their relationships. In the context of families and relationships, the affirmative therapist that works with loved ones affirms struggles but does not take the position to support self-destructive behaviors.

Much of the transgender affirmative research concentrates on parent-child interactions with children who appear to not conform to traditional gender roles (Grossman, D'Augelli, Howell & Hubbard, 2005; Grossman, D'Augelli, 2006) rather than on adult relationships involving transgender people. Much of the existing literature focuses on etiology and seeks to understand the causes of transgenderism, often by blaming parents (Emerson & Rosenfeld, 1996). Though frequently parents and partners of transgender people publish self-help literature in an effort to support and maintain relationships when a person comes out as transgender (Boenke, 2003).

The recent increase in literature that addresses the experiences of transgender people from a non-pathologizing and affirmative stance are frequently written from the perspective of



an experienced clinician or from a theoretical perspective (Emerson & Rosenfeld, 1996; Israel, 2005; Piper & Mannino, 2008, Saegar, 2006) and are not based on data from a research study. While clinical experiences and theoretical models are helpful to therapists working with transgender clients and their loved ones, there continues to be a gap with regard to transgender relational research in the professional literature.

Although there is a lack of literature on adult transgender relationships, research studies show that gender non-conforming children and youth face unique challenges. And while I will not include an extensive review of this literature, which dominates current transgender treatment literature, it is still crucial to include as a basis for understanding adults. Grossman, D'Augelli, & Salter (2006) found that “there is no empirically based study examining male-to-female transgender youth and how they see themselves along the continuum from extremely masculine to extremely feminine or why they describe themselves as transgender” (p. 74). Children who do not conform to traditional male or female gender roles experience internal pressures such as confusion and isolation as well as external pressures such as discrimination and violence by peers (Grossman, D'Augelli, Howell, and Hubbard, 2005).

Grossman, D'Augelli, Howell, and Hubbard's (2005) study on affirmative therapy with transgender youth offers several suggestions that may be indicative of helpful treatments for adults. They advocate for an affirmative environment that is open and exploratory, that addresses clients by their preferred name and pronoun (he or she), and that provides access to gender-neutral restrooms. Clinicians must also address discrimination with the social service agency (2005) and strive to achieve the goal of creating a therapeutic space where clients can develop a more positive self-image.

Continuing with the advocacy for more knowledgeable therapists, Piper and Mannino (2008) address Gender Identity Disorder within the context of the Standards of Care from an affirmative stance. While they encourage therapists to be affirmative to clients seeking gender transition they use language such as gender variant, which suggests that anything outside the two-gender system is a deviation. Piper and Mannino offer therapists a model informed by a family-therapy framework narrative with specific questions to ask transsexual clients, but they do not offer suggestions that include family members in the therapy process.

Emerson and Rosenfeld (1996) suggest that therapists accept families as they are, given their cultural belief system, and help them to adopt a more “flexible view of gender” (p. 6). They propose that once a family becomes aware of a member’s gender identity, they may experience a process of five stages of adjustment: denial, anger, bargaining, depression, and acceptance. Families may initially experience shock and denial then anger and blame directed at the transgender person. They may then try to bargain with the transgender person in an attempt to get them to change. Finally, when it is clear that their loved one is transgender, family members may experience grief and depression prior to moving into a place of acceptance where they no longer try to change the transgender person. Emerson and Rosenfeld (1996) state that these stages are experienced as individual and family system processes, which may vary.

In accordance with varying familial processes, Israel (2005) describes three types of families who have a transgender member: supportive families who can recognize the hardships their loved one has faced; families that cut-off and abandon their transgender member; and families of choice. She suggests that initial disclosures and explanations about gender identity should be described in basic terms to help others understand. Israel warns about the risks of dramatic disclosure, which can result in immediate cut-off without time to adjust. Couples may

face increased difficulty accepting their loved one's gender identity when they have adhered to rigid boundaries and norms regarding gender in the relationship.

The support transgender people receive from social relationships can also affect their well-being (Nuttbrock, Rosenblum & Blumenstein, 2002) while the family's ability to heal and recover from crisis can be impeded when a member of the family is neglected (Buxton, 2006). Therefore it is important to include in therapy all those in relationship with the transgender client.

Transgender people may experience four processes in the context of social relationships which include: identity awareness, identity performance, identity congruence, and identity support (2002). Therapists must balance these needs of the transgender individual with the response of the family system.

There is little available for working with transgender individuals and their families (Emerson & Rosenfeld, 1999; Lesser, 1999) and those who may or may not opt for surgery. Families may struggle with understanding, internalized shame, and “grieving the loss of the individual they knew and learning to accept and appreciate the person who remains” (Lesser, 1999). While this family systems approach is needed, it is not addressed in the family therapy literature (Lev, 2004). Post-surgical transgender clients who are seeking therapy often are doing so to meet the guidelines set forth by the Harry Benjamin Standards of Care (Harry Benjamin International Gender Dysphoria Association, 1990). There is a specific set of therapeutic issues that these therapists face as sex-change operation “gate keepers” (Lev, 2000), which I will not address in this study. Rather, I focus on the phenomenon of transgender issues within a family context and how they can inform family therapists to be helpful to this underrepresented population.

## Statement of Reflexivity

(The intersection of my own life experience with the research topic)

I approach this research as a member of the LGBT community. My own experiences as a lesbian have opened my eyes to the prejudice and relational/family hardships that exist for LGBT people, who has enhanced my desire to research and work clinically with this population. As a feminist researcher, I believe in being transparent as I approach this research. I initially became interested in researching transgender concerns while enrolled in a gender theory class during my doctoral studies. As I became more aware of the issues transgender people in particular face, I went back to literature in my own discipline of family therapy and found no research or theoretical articles in the primary journals. There was a clear gap in the literature about gender identity. I found approaches to working with LGBT people, which generally meant gay individuals and couples, yet nothing on gender identity. I had many questions: What is it like to tell a spouse that her husband identifies as a woman? What does it mean for a mother who had a daughter to discover she now has a son? I reflected back on my own training and realized that gender identity had never been a topic addressed outside the context of Gender Identity Disorder. I wanted to know more about the experiences of these relationships that was not rooted in a pathologizing model. I consulted with faculty and my chair and decided to focus my dissertation research on transgender people's relationships, an area with little clinical information available.

I moved to a large city for a pre-doctoral internship after I completed coursework. I became an ally and advocate for the transgender population by attending community events such as Transgender Day of Remembrance and weekly transgender support groups. I dug into materials written by people and families in the community, as well as gender theorists and psychiatric literature. I began presenting basic terminology and issues transgender people and

families face at local agencies and state conferences for family therapists. I talked about the importance of being informed as well as being open to hearing people's stories. I was surprised at the high number of therapists that attended my talks and reported that they worked with transgender clients, yet had no training (or known where to get training) on how to work with these issues. They reported that although they were seeing transgender clients and wanted to be affirmative, they did not know what was available or where to locate resources. The need for this work became more and more obvious.

My commitment to this work shifted significantly as I approached data collection for this study. A well-known person in the transgender community, whom I had come to know and respect, passed away from AIDS. She (her preferred pronoun) believed in this research and initially invited me to a transgender support group where she introduced me to many transgender people. I witnessed the complexity of grief as loved ones came to mourn what seemed like two different people, him and her, at her funeral. I was deeply moved. In the months following, I discovered that my female partner of three years identified as male yet had never shared this with me. The difficulties surrounding sense of self, identity, gender expression, families, support systems, relationships, etc. became more personal and meaningful than I had previously imagined. My research was no longer about other people, it was about me. It was also about the person I knew and loved.

I stepped back from the research to work through my relationship and attend therapy. I didn't believe it was ethical to interview people and talk with them about their experiences with either self-identifying or being in a relationship with a transgender person while I was trying to make sense of my own life and relationship. Through personal experience I learned more about why awareness and training about gender identity is crucial for therapists. I was acutely aware of

how my own therapist responded to my disclosure and I learned about social norms and stigmas and internalized transphobia. I learned that I no longer simply wanted to do this work—I had to do this work.

A few months later I began to interview participants. While I was cautious not to over-disclose, I did share that my former partner was transgender. This minimal amount of self-disclosure seemed to put participants immediately at ease. I believe they were able to trust me in a different way than when they originally contacted me to participate in the interviews. I wasn't just a researcher; I had faced similar circumstances as them. I shared this information about myself while discussing informed consent and other study-related information prior to beginning the taped interviews so, regrettably, these exchanges were not recorded.

## Chapter 3: Methodology

“Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the institutional constraints that shape the inquiry. Such researchers emphasize the value-laden nature of inquiry. They seek answers to questions that stress how social experience is created and given meaning” (Denzin & Lincoln, 1994).

In this chapter I present the plan for the research involved in this study. The first section includes the purpose and rationale for the study. I include an overview of qualitative research and the specific design for my study—feminist-informed phenomenology. I include a description of the participants as well as my role in the research process. I then explain the process of data collection, data analysis, trustworthiness of the data, and the researcher’s stance.

### Purpose

The purpose of this study is to explore the stories of transgender people and their significant relationships. I sought to learn about the process of transgender discovery, disclosure in close relationships, and thoughts and experiences regarding the mental health system. Current literature indicates that transgender people face personal and relational hardships in coming to terms with issues related to gender identity (Eyre, et al. 2004; Lev, 2004). Additionally, there is a call for more research focusing on family and interpersonal relationships of transgender people (Lev, 2004; 2005).

### Rationale

There is a great need for increased recognition of transgender people because they are frequently theorized yet rarely researched (Eyre et al. 2004). And more resources are needed to better address issues that come up for the people in relationships with transgender people. We live in a culture that embraces a normative binary view of gender; a person is either male or female. Transgender people challenge that idea, which can be confusing and difficult for non-

transgender people to understand. Lack of understanding, limited awareness, and prejudice can lead to acts as extreme as violence and death against transgender people. It is also common for family members and friends to cut off communication and relationships when they discover their loved one is transgender (Israel, 2005). Finally, there are few resources to help mental health clinicians understand relevant issues in transgender relationships (Emerson & Rosenfeld, 1996; Piper & Mannio, 2008) specifically couple and family therapists.

### Methodology

Qualitative research methodology challenges the idea of a fixed and natural reality and instead values competing realities (Denzin & Lincoln, 1994). It also allows for research participants to describe their experiences from their own perspectives (Denzin & Lincoln; Patton, 2002). Following such a methodology then, this study explores and seeks to understand a phenomenon that is rarely studied. Therefore, I selected qualitative inquiry as a methodology, specifically phenomenology, which is most likely to capture the rich experiences of transgender people and their partners.

The purpose of phenomenological research is to describe and understand the life and comprehensive experiences of the participants (Dahl and Boss, 2005) in the context of a particular situation (Moustakas, 1994). Phenomenological research seeks to describe how participants live through their experiences and then create meaning from those experiences (van Manen, 1990) including “how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others” (Patton, p. 104). It is “primarily an attempt to understand empirical matters from the perspective of those being studied” (Reimen, 1998, p. 275). So in this study I ask participants to use their own words to describe how they experience and understand transgenderism. Boss, Dahl and Kaplan (1996) describe phenomenological



methodology on two levels in family therapy research: one level is constructed by the participants or the family, the second is co-constructed by the researcher and the participants. Following such a methodology then, this study situates the participants as the experts and I as the researcher who serves to work with them to interpret and understand their words. The researcher acts as the measurement instrument in qualitative inquiry (Patton) so the relationally oriented phenomenological researcher's goal is to understand participants' individual and collective experiences, which (Daly, 2007) in this case is gender identity. Gender is an aspect of life that many do not consider, or take for granted, until the norms around it are challenged. Additionally, while the researcher takes his/her own role into account, the researcher and the participants influence each other and are not independent of one another.

Feminist researchers seek to understand systems of oppression and approach research from a perspective that is not value-free. Rather, the researcher owns her own bias and values the voice of the participant(s) (Avis & Turner, 1996). Feminist research methodologies challenge the idea of scientific objectivity and call for qualitative research that allows for a closer connection between the researched and the researcher (Avis & Turner; Fonlow & Cook, 1991; Jayaratne & Stewart, 1991; Olesen, 1994).

Reinharz (1992) developed 10 themes that make up an "inductive definition of feminist methodology":

1. Feminism is a perspective
2. Feminists use a multiplicity of research methods
3. Feminist research involves an ongoing criticism of non-feminist scholarship
4. Feminist research is guided by feminist theory
5. Feminist research is often transdisciplinary

6. Feminist research aims to create social change
7. Feminists strive to represent human diversity
8. Feminist research frequently includes the researcher as a person
9. Feminist research often results in strong connections between researcher and participants
10. Feminist research frequently attempts to create a special relationship with the reader

Phenomenology and feminist methodologies can inform each other when the researcher is intentional about assumptions and perspectives guiding the approach of the research. I use a feminist-informed approach to phenomenology in this study in an effort to affirm transgender people and understand their experiences from their own perspectives.

## Participants

### *Participant Recruitment*

Purposive sampling allows the researcher to develop a sample guided by contacting participants who have experiences that are related to the phenomenon of interest (Daly, 2007). The participants' stories in this study help to create a narrative about how people confront gender identity personally and in their relationships. I also used snowball sampling, an approach where the researcher asks well-situated people who else they might recommend the researcher speak with (2002). Snowball sampling and purposive sampling are often used together to gain access to people with unique experiences (Daly, 2007).

Prior to sample recruitment and data collection I attended transgender support groups and local events, as an affirming transgender ally, that support and advocate for the transgender community . As a result of this involvement, I was able to join listserves that are generally closed without group membership. I was also able to connect with key people I met through community

involvement who networked in the transgender community in both locations where I wanted to conduct interviews. Therefore, I recruited a sample of participants that could speak about such issues as transgender relational cut off and acceptance through posting on these listserves and snowball sampling (see Appendix A). I posted emails that included a brief call for participants and my contact information for interested participants and asked key contacts if they would pass the information along to people who they thought might be interested, which allowed participants to self-select their involvement in the study. I spoke with each participant on the phone to discuss the study in further detail, reviewed informed consent and confidentiality, and invited them to ask a person close to them—whom they considered family—to also be interviewed. If they had a loved one willing to participate they contacted that person and we scheduled another phone conversation prior to meeting in person for the interview.

### *Participant Selection*

Initial selection criteria for this study included: (a) self-identified as transgender; (b) over the age of 18; and (c) able to meet for a face-to-face interview. Because gender identity is what a person feels regardless of what others think (Kessler & McKenna, 1978), gender identity was self-defined by the participant.

Creswell (1998) suggests that phenomenological studies include up to ten participants, therefore I interviewed ten total participants, seven who self-identified as transgender and three of their female partners who do not identify as transgender. Three participants reported they are biologically female and identified Female-To-Male, three participants reported they are biologically male and identified Male-To-Female, and one participant reported they were biologically male and identified Male-To-Female cross dresser.

The sample included one Latino(a) and nine European-Americans. Participants ranged in age from 20 to 57 years old ( $M=37.80$ ,  $SD=15.12$ ). A chart providing a brief narrative for each participant can be found in Table 1. Real names are not used; participants were assigned pseudonyms to protect their privacy. See Demographic Questionnaire in Appendix B.

### Data Collection

Interviews took place in a large Southwest city and a small Midwest city. Participants chose a location that was convenient for them for the interview. Five participants, two couples, and one individual choose their home and the other five participants preferred their interviews to take place in an office. Two participants requested to meet in private locations so they could be discreet and dress comfortably as the gender to which they identify. All interviews were audio recorded and seven participants agreed to be video recorded.

I conducted interviews with self-identified transgender people and when willing and available, their partners. Interviews took place individually with the exception of one couple who wished to be present for each other's interviews which took place in their living room. Individual interviews were preferred because participants could have found it difficult to discuss hardships as they relate to the other person present in the interview. Painful experiences that would otherwise be discussed may be held back in conversation in order to protect the emotions of the other person.

I used an interview guide to create a basic guideline to follow during the interviews (Patton, 2002) to ensure that the primary areas of interest were explored. These included the participants' experience of self-discovering their gender identity or that of their partner's, disclosure, disclosure of gender identity to friends and family, reactions of friends and family, disclosure of a family member's gender identity by friends and family to others, and experiences

or thoughts about mental health treatment. I incorporated open ended questions that I developed as a basis of the study and included additional questions generated from the support group and training group participants (See Appendix C).

The interview format was informed by postmodern theory and collaborative language systems, which are based in conversations (Anderson, 1997), and which fit with the social constructionist nature of qualitative interviewing (Denzin & Lincoln, 1994; Kvale, 1996). I also utilized the semi-structured life interview to inform my approach to interviewing, which is “an interview whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena” (Kvale, 1996, p. 5). In this approach, Kvale (1996) acknowledges that while research conversations are based on conversations about daily life, they have a structure and purpose. The researcher is in control due to their role in defining and instructing the interview process, therefore interview conversations are not between equals. In Kvale's view, researchers identify and acknowledge their power, which fits with a feminist approach to conducting research.

Interviewees were granted opportunities to reveal how they experienced family events throughout the interview, which helped me develop a framework that accurately described their perceptions. Direct quotes contributed to the study as a source of raw data (Patton, 2002). While each interview conversation was guided by a number of questions, I followed up with additional questions to gain in-depth information. I recorded the interviews and transcribed them into text documents. Several interviews were video-recorded with the specific consent of the participant.

Research participants were invited to contribute to the study in a creative, participatory manner. I encouraged expressions of the family experience through an alternative means of data collection. For example, some participants submitted artifacts such as works of art, photos, or

journal entries that provide additional insight into their stories (Piercy & Benson, 2005). Some participants told stories through a presentation other than traditional spoken language. This allowed for an “aesthetic (versus scientific or propositional) form of knowing in human inquiry” (Schwandt, 1994, p. 129). Artistic expression provides aesthetically rich data and allows the researcher to present the study’s findings in a creative and captivating manner.

I did not assume that all participants identified as transsexual or had the desire to transition and live their desired gender publicly. They were not required to have considered medical procedures such as Sex Reassignment Surgery (SRS) or hormone therapy to participate in the study. Participants did not have to be public, or out, about their gender identity, nor were they required to have transitioned or to live full time as the gender with which they identified. I welcomed participants in various stages of gender transition who may or may not have been interested in hormones or sexual reassignment surgery. The idea that all transgendered people physically transition from one sex category to another reinforces the social norms of a binary two-gender system. Not all transgender people identify with one sex or the other, and might instead see themselves as encompassing aspects of male and female (Bornstein, 1994; Feinberg, 1996) Some simply do not have the financial means or ability to transition. Interview questions explored participants’ opinions and experiences regarding identity and procedural options. I was careful not to approach interviewees with the assumption that they had considered medical options to alter their bodies, thus avoiding the implication that these procedures are necessary to the experience of being a transgender individual.

### Data Analysis

Thematic analysis entails coding and identifying patterns, themes and sub themes as they emerge from the data (Braun & Clarke, 2006), which is the method I used to analyze this data.

Braun and Clarke outline six phases to conducting thematic analysis which include (1) familiarizing oneself with the data, (2) generating initial codes or ideas about what is interesting in the data, (3) searching for themes by sorting codes, (4) reviewing themes for coherent patterns and validity in relation to the entire data set, (5) defining and naming themes, and (6) producing the report by writing up sufficient evidence that tells the overall story of the data. For this study, themes reflect detailed experiences and meanings described by the participants.

The conversation interviews focused on the stories and experiences of the research participants. I used theory triangulation, which examines data from multiple perspectives (Janesick, 1994) to analyze the data from hermeneutic-phenomenological, narrative, and feminist perspectives. I chose these particular forms of analysis because they focus on life events as experienced by people and offer differing theoretical perspectives yet are connected to and inform one another. Phenomenological analysis looked at how the gender identity was constructed and experienced, narrative analysis examined stories the participants created from their lived experience, and feminist analysis critiqued the narrative through a critical lens informed by gendered social norms. (In order to avoid assigning gender to participants, I use plural neutral words such as “they” and “their” rather than gendered pronouns such as “his” and “her”. This is not proper grammar; however non-gendered pronouns do not exist in the singular.)

In order to make use of multiple forms of analysis, I used analytic bracketing, which “captures the interplay between discursive practice and discourses in practice” (Gubrium & Holstein, 2003, p. 234). In doing this, I used a specific lens to view the data while bracketing--or holding aside--other forms of analysis. Each of the three categories was used to examine the data by comparing and contrasting the theoretical implications of how the different analytical frames construct gender identity. For example, I considered a participant’s description of disclosing his

or her gender identity to a partner through the lens of feminist analysis, where I sought to identify how the participant defined ‘being’ their gender and how the loved one responded. While viewing this experience through a feminist lens, I held off considerations I would later make from a narrative analytical lens. By bracketing, I analyzed the data from each discourse.

### *Feminist Analysis*

Feminist perspectives look at how the gender shapes and affects understandings and actions (Olesen, 1994; Patton). Critical theory research is committed to creating social change by examining and critiquing society (Rediger, 1996). According to feminist family therapy researchers Avis and Turner (1996), gender is a fundamental aspect of social relations. A feminist research lens influenced my desire to examine gender in the context of relationships since perceived social norms about gender dictates ideals about what is considered proper gender behavior, which may be reinforced in relationships. I want to investigate how theories about gender can be applied to the lived experiences of transgender peoples’ relationships.

“Feminist researchers are concerned with issues of voicelessness, invisibility, and marginalization and with raising questions that challenge dominant constructions of gender” (Avis & Turner, p.151). They ask previously unexplored questions that place marginalized groups at the center of social inquiry (Hesse-Biber, 2007), which is particularly relevant in clinical research that focuses on transgender people, an underrepresented population in the clinical literature. By asking new questions and gaining insight about unknown circumstances, the findings from this study were analyzed to understand the function of sex and gender for transgender participants.

Feminist analysis draws normative binary gender structures into question. I use a feminist analysis to view how participants define and live their gender. By examining interview



transcripts and reviewing field notes and video tape, I documented how participants exist as transgender through life descriptions and circumstances, appearance, and mannerisms. I examined the concept of performativity in the participants' lives and looks for ways that gender norms were reinforced. Fine (1992) states that "social researchers can engage in facilitating and documenting social inequalities and enabling struggles of resistance without sacrificing the quality of our research" (p. 230), which I strive to do in this study.

### *Phenomenological Analysis*

Phenomenological analysis aims to understand and clarify the deep meanings, structure, and essence of lived experience of a person or group of people (Patton, 2002). This approach allows the research to seek the perceptions of participants who have experienced a phenomenon—in this case, transgenderism. Researchers strive to create structure for understanding the realities of research participants without imposing on the participants (Boss et al., 1996). Participants' responses to questions asked during the interview are interpreted by the researcher, which are then categorized into themes based on the distinctive insights of that participant. Themes are the descriptive aspect of getting to the meaning of what is being studied (VanManen, 1990), and I identified themes in the data by looking for significant words or phrases (Boss, Dahl, & Kaplan, 1996) to discover and make sense of transgender persons' experiences. Phenomenological researchers value connection with the participants' realities more than they value the goal of objectivity (Boss, et al.).

VanManen describes hermeneutic-phenomenology as the process of a "fundamentally writing activity"(p. 7) that uses text to communicate the research of persons and enables the abstract to be more concrete (VanManen, 1990). It draws on the concept of a conversational interview, which I used to guide the method of data collection. Hermeneutic-phenomenologic

analysis seeks to look for different thematic meanings to emerge through various experiential accounts (VanManen, 1990). I sought to understand participants' experiences regarding gender identities.

### *Narrative Analysis*

Narrative analysis is informed by phenomenology in that it focuses on understanding the perceptions and lived experiences of the participants (Patton, 2002); it is “the study of the ways human experience the world” (Connelly & Clandinin, 1990, p. 2). Narrative analysis looks at peoples' stories as representations of their life and analyzes how those stories are arranged. It “allows for the systemic study of personal experience and meaning: how events have been constructed by active subjects” (Riessman, 1993, p. 70). The narrative researcher seeks to discover what participants' told stories about their lives reveal about them and the life they live (Patton). Narrative analysis requires taping and transcribing in-depth interviews. Samples are small, and cases are often compared to other cases in order to show variation (Riessman). The researcher's primary task is to listen to the stories of peoples' lives, then describe and write narratives of those experiences (Connelly & Clandinin). It is important for the researcher to distinguish between lived experiences and how those experiences are later told or storied. Participants' voices are highly valued in narrative as they tell and retell their life story and make meaning of it. Participants' told stories are the crux of this research in that they provide insight into the stories of people who are transgender yet have remained unrepresented in family therapy literature and training.

### *Trustworthiness of the Data*

Trustworthiness reflects reliability and validity of the data. Validity in qualitative research asks if the explanation fits the description and is therefore credible (Janesick, 1994).

Trustworthiness ensures that research is rigorous in terms of credibility, transferability, dependability, and confirmability (Guba, 1985).

### *Credibility*

Credibility refers to the extent that the researcher accurately captures the participants' views. Triangulation calls for multiple methods and sources to contribute to the credibility of findings (Patton, 2002). In this study, data was cross checked by looking at demographic information, interview data, member checks, prolonged engagement with the transgender community, and the ongoing self-reflexivity of the researcher.

I established credibility throughout the interviews by asking follow up questions and probes to further clarify responses. Member checks were conducted by providing an interview transcript to the research participants for them to review. This ensured that the interviews were an accurate and correct representation of their words; it also provided participants an opportunity to offer feedback through the use of collaborative inquiry (Patton). Nine of the 10 participants requested transcripts be emailed to them and one mailed though the postal service. Follow-up correspondence took place in a few instances to allow the participants to reflect and develop the significant pieces based on the text of the previous interview, as suggested by VanManen (1990). After interviews and member checks were completed, I reviewed and revised earlier literature reviews based on the research findings to further understand emergent themes.

Researchers who engage in peer debriefing meet periodically with a noninvolved professional to discuss methodology and provide the researcher with feedback regarding data collection and analysis procedure in an effort to keep the researcher "honest" (Lincoln & Guba, 1985). I met with colleagues throughout the interview and coding process to establish credibility. I reviewed methodology and analysis with colleagues at North Dakota State University, one who

conducts qualitative research in sociology, and a professor in couple and family therapy who also conducts qualitative research. A master's graduate student who self-identifies as transgender read random sections of the transcripts to code themes, which I then compared with my themes.

I have been an active ally to the transgender community for over 3 years prior to data collection. I participated in local transgender support groups, attended and led workshops on transgender issues, and participated in transgender affirming events such as Transgender Day of Remembrance. I have remained in conversation about my experiences and debriefed with colleagues to stay aware of personal bias and perspectives. I took a graduate level gender theory course and read extensively about transgender theory and gender identity in therapy and counseling.

#### *Transferability*

Transferability refers to the degree that research findings can be used in a different project; it is similar to external validity (Lincoln & Guba, 1985). Purposeful sampling of transgender participants and thick description of the project also contributed to transferability. I include multiple direct quotations throughout my findings to confirm that they may be used in future studies.

#### *Dependability*

Dependability guarantees stability and consistency of the data; it is similar to reliability in quantitative research (Lincoln & Guba, 1985). I incorporated triangulation, member checks, and participants' direct quotations, which I have already described, to ensure dependability.

#### *Confirmability*

Confirmability addresses to the extent to which findings are grounded in the perceptions of the participants. While I do not believe in neutrality, which suggests a suspension of the

researcher's values, I remained transparent about my intention for conducting the study, by affirming my position as a therapist. I also journaled and engaged in peer debriefings to address bias I might introduce to the meanings of participants' words. Triangulation also contributes to the confirmability of the study. Stakeholder review allows for individuals who are invested in the research to review throughout and at the end of the study. This took place throughout the project through the participation of a transgender graduate student in a couple and family therapy program to offer feedback, and the participation of other colleagues.

### *The Researcher's Position*

I consider my role to be that of a theorist, researcher, and therapist. These positions allow me to consider the multiple implications of this project. I draw from theories that guide family therapy and qualitative research, as well as queer theory, gender theory and feminist theory. I consider theoretical implications effecting how therapeutic practice and research are approached and conceptualized.

The assumed linkage of bodies and gender can be experienced as problematic due to the constraints of the normative binary system to which many cultures around the world adhere. Feminist theorists address the relation of gender to the body, which can be understood as the relation of gender norms to bodily sex. For example, Rubin (1975) states that "a 'sex/gender' system is the set of arrangements by which a society transforms biological sex into products of human activity, and in which these transformed sexual needs are met" ( p.159), thus distinctly defining the differences between the concepts of sex and gender. Hausman (1995) states that in medical discourse the body represents sex, which is signified by the proper presentation of gender role behavior. Gender is linked to the body in the social understanding that biology dictates behaviors.

With respect to my theorist/researcher/practitioner role, I believe that question about theory, research and clinical practice can vary—it can be a combination of both social issues and personal identity for transgender clients. I do not believe I must make this distinction to work with transgender issues in a therapeutic context; however, I do see that how therapists understand the concept of gender—as a social and/or personal issue--impacts how we work with people. My values and beliefs impact my roles as a research-practitioner. Having an increased awareness of my conceptual frameworks will allow me to identify biases rooted in gender ideas.

I position myself theoretically as a collaborative therapist and a feminist. As I have explored gender theory, feminist theory, and family therapy theory, I have gained insight as to how each operates, how the theories can build on one another, and how they can contradict one another. I do not view these multiple discourses as oppressive, yet I believe they can be impediments when held as intrinsic beliefs in approaching this research as a practitioner. As a postmodern therapist, I embrace the tensions of opposite ideas coexisting at the same time as well as the notion of critical reflexivity (Anderson, 1997). For example, I see value in the feminist critiques of transgender theory (Hausman, 2001) which question the essence of woman and man. At the same time, I regard the experience of individuals who live within a culture that values the meanings associated with sexed bodies as important information to inform clinical work. In this study, I do choose to deal with the plurality of the positions rather than assert the primacy of my own theoretical views.

In order to maintain a more open and accepting approach to working with and researching transgender issues, I do not view the fixed notions of a normative binary gender system as absolute. I see transgenderism as a place somewhere on the complex continuum of gender identification.

In my role as the researcher and interviewer, I took measures to remain open, ethical, authentic, and curious in all communication and writing with study participants. I disclosed my affirming position regarding transgender people and their relationships when describing the project to potential participants to reassure them that I sought to learn from their experiences .

#### Human Subjects

I followed Institutional Review Board procedure as enforced by Virginia Polytechnic Institute and State University and North Dakota State University for Protection of Human Subjects (see Appendix D).

## Chapter 4: Results

In this study, I explored through in-depth interviews the relational experiences of transgender people when they disclose their gender identity to loved ones. I designed this study to hear the stories and gain an understanding about the disclosure of gender identity in relationships and experiences with mental health so that couple and family therapists can better be aware of and help these families.

As I engaged in face-to-face interview conversations with participants, read, coded, and discussed the data with colleagues, I formed a comprehensive relationship and understanding of it. Several themes emerged from the data, addressing each of the research questions. They are: (1) decision to disclose, (2) acceptance, (3) perceptions of sexual orientation, (4) change, (5) delineating between purposes for seeking mental health services, (6) belief that therapists are not well-informed about transgender issues, (7) value of well-informed therapists, (8) couple and family therapists should be well-informed, and (9) loved ones understanding of gender identity. See Appendix E for an overview of themes.

This chapter begins with an introduction to the participants, an outline of the themes that emerged from the coding process, and a discussion of themes. Themes are identified, discussed, and illustrated by quotes from the interview transcripts. I include (1) research question, and (2) a description of the themes illustrated by quotes from the transcripts.

### *Introduction to the participants*

Interviews took place at locations convenient to participants, in a large Southwest city and a small Midwest City. Five interviews took place in participants' homes and five took place in offices. All participants either self-identified as transgender or were in relationship with



another participant who does. All participants presented as the gender in which they identify for the interviews, although I did not request this. For a detailed description of the participants, see

Table 1.

Table 1.

<b>Participant</b>	<b>Description of the Participants</b>
Derek	Biologically female, identifies as male or female-to-male, 26 years old, lives with partner, been in partnered relationship for two years, no children, lives in small city, associate degree, currently a college student, reports an income between \$5,000-\$14,999, raised in a two biological parent family, no religious or spiritual affiliation
Amanda	Biologically female, identifies as female, 26 years old, lives with partner Derek (see above), been in partnered relationship for two years, no children, lives in small city, college certificate in massage therapy, full-time food industry server, reports an income between \$5,000-\$14,999, raised in a step-family/ blended family, Taoist
Kyle	Biologically female, identifies as female-to-male, 24 years old, engaged, lives with partner, no children, lives in large city, bachelor's degree, currently a full-time graduate student, reports an income between \$5,000-\$14,999, raised in a two biological parent family, Roman Catholic
Ashley	Biologically female, identifies as female, 20 years old, engaged, lives with partner Kyle (see above), no children, some college, currently a full-time college student, reports an income between \$5,000-\$14,999, raised in a two biological parent family, Roman Catholic
Sam	Biologically female, identifies as female-to-male, 25 years old, lives with partner, been in partnered relationship for seven years, no children, lives in small city, associate degree, currently a full-time college student, reports an income of \$5,000-\$14,999, raised in a two biological parent family, Catholic
Lily	Biologically male, identifies as male-to-female cross dresser, 57 years old, lives with partner and adult child, legally married for 30 years, two biological children, lives in large city, graduate or professional degree, full-time financial investigator, reports an income of \$50,000-\$74,999, raised in a two biological parent family, Episcopalian
Sarah	Biologically female, identifies as female, 54 years old, lives with partner Lily (see above) and adult child, legally married for 30 years, two biological children, lives in large city, graduate or professional degree, full-time teacher, reports an income of \$50,000-\$74,999, raised in a two biological parent family, Episcopalian
Kate	Biologically male, identifies as male-to-female, 45 years old, lives with partner and child, legally married for 24 years, two biological children, lives in large city, graduate or professional degree, full-time employed,

	reports an income of between \$50,000-\$74,999, raised in a two biological parent family, Christian
Tina	Biologically male, identifies as male-to-female, 46 years old, divorced, single, two children and primary caretaker for aging mother, lives with biological children and mother, lives in large city, graduate or professional degree, full-time financial consultant, reports an income between \$40,000-\$49,999, raised in a two biological parent family, Christian
Shawna	Biologically male, identifies as male-to-female, 56 years old, lives with partner, legally married for 34 years, 1 biological child, lives in large city, graduate or professional degree, full-time general contractor, reports an income between \$100,000-\$200,000, raised in two biological parent family, Protestant

*Derek and Amanda*

I met Derek and Amanda in an office setting. Derek and Amanda each interviewed individually while the other went to a nearby coffee shop. Derek had recently undergone a hysterectomy and was taking online college classes while physically healing at home. Derek identifies as a bisexual man, and Amanda identifies as a lesbian. Both live within a few hours drive from their parents and extended family. They met online two years ago and Amanda moved shortly thereafter to live with Derek, who was in the beginning stages of transitioning from female to male. Derek plans to undergo chest surgery and will consider sexual reassignment surgery if technology advances.

*Kyle and Ashley*

Kyle and Ashley's interview took place in the living room of their apartment. Kyle is a graduate student in clinical psychology and Ashley is an undergraduate student at a different institution. They both identified as lesbians when they met; Kyle was an undergraduate student at the same school Ashley attends. Kyle discovered he was transgender in October of 2006 and began exploring transition with Ashley's support. Kyle's mother is an obstetrician/gynecologist

and his father is a psychologist, and both have played an active part in Kyle's transition team. Kyle maintains an online video journal of his transition, which his father makes guest appearances on. He is well known in his local transgender community after winning a transgender scholarship and maintaining an active role in a local female-to-male group. Kyle plans to undergo chest surgery and does not desire to undergo sexual reassignment surgery.

### *Lily and Sarah*

I interviewed Lily and Sarah in the living room of their home. They preferred to be present for each other's interviews, and quietly listened as the other spoke. Their younger son, who is in his twenties, slept in a back bedroom while we spoke. He came out to meet me at the end of his parent's interview, but preferred not to be interviewed himself. Lily and Sarah have been married for 30 years. Lily lives part time female and part time male. She came to terms with being transgender at age 50 and immediately began exploring this part of herself, with the support of Sarah. Lily has undergone electrolysis and does not plan to undergo more physical transitions.

### *Sam*

Sam met me for the interview in an office location. While he is in a partnered relationship, his female fiancé was not available to interview. Sam reported she was supportive of him participating in the study. Sam met his fiancé online seven years ago. He initially presented online as male for a year, although he had not yet begun transitioning from female to male. He disclosed his female gender prior to their meeting in person, and shared with her his male gender identity. They remained in a long-distance relationship for four years prior to her moving cross country to live with Sam. Sam legally changed his name four or five month prior to

transitioning in July, 2007 with his fiancé's support. He plans to undergo chest surgery and a hysterectomy. He does not believe sexual reassignment surgery for female-to-males is advanced enough to consider at this time.

*Kate*

Kate requested that we meet in a private location to ensure her privacy and security. Kate was soft-spoken and gentle in her conversation. She shared with me that no one in her life is aware of her female gender identity and that she was taking a risk in meeting with me but believed in participating to help others understand. Kate described a recent illness that nearly killed her, which forced her to re-examine her life. Her career puts her and her family somewhat in the public eye, and she fears losing everything if discovered, yet does not feel she can continue to fully suppress her female identity. She has been married for 24 years to a partner who is not aware that she identifies as a woman. Due to her family and career, she does not plan to pursue full time transition at this time, and dresses as female when she is away on trips or in public away from home.

*Tina*

I had met Tina previously at a transgender support group and at LGBT community events. I was aware that she was a single parent with custody of two children, though I did not know details about her life experiences. She invited me to interview in her home office. Her children were not home at the time of the interview, however I did meet her elderly mother who was at home recouping from a recent hospital stay. Tina is well known in her local transgender community after having participated and won medals in the World Out Games, an international

athletic completion for LGBT people. Tina plans to undergo electrolysis, facial feminization procedures, and sexual reassignment surgery.

### *Shawna*

Shawna showed great enthusiasm for the study and shared recruitment information with others when she received it on a transgender list serve. She and I corresponded a few times via email prior to meeting in a office location. Shawna lives most of her time as a male at work and when caring for his ill wife, although she identifies more female. She has been married to her wife for 36 years who is not aware of her female gender identity, and had a relationship with another woman outside the marriage who knew her as both her female and male personas for several years. Shawna hoped this woman would agree to be interviewed, but we could not arrange it during the time I was in town. Shawna is well-known in her local transgender community and has won pageants. Shawna plans to pursue facial feminization surgical procedures in the near future. She might consider sexual reassignment surgery at some point if her life circumstances change, but does not believe it is necessary for her womanhood.

### *Disclosure of Gender Identity*

The first research question was: What is it like for transgender people to disclose their gender identity to family members, friends, and other people they know? How did this disclosure influence their relationships? Three themes were identified: (a) decision to disclose, (b) the road to acceptance, and (c) perceptions of sexual orientation. Each of these themes was found to have subthemes.

### *Decision to disclose*

All of the participants in the study discussed their decision making process around disclosure of their own gender identity, and learning of and disclosing their partner's gender

identity. Three subthemes were found: (a) honesty, (b) contingent on perceptions of acceptance, and (c) information about transgender issues.

### *Honesty*

The majority of the participants in this study addressed the first subtheme, the need for honesty in their relationships by disclosure to loved ones. Several participants discussed their feeling that not being forthcoming about their gender identity would be dishonest. Shawna and Kate, both of whom are not out to their spouses or family did not talk about honesty in relationship as part of coping with disclosure.

Honesty in disclosure to partners emerged as an important subtheme as a means of maintaining integrity in relationships. Participants also talked about needing to disclose to partners in order to be true to themselves and stay in their significant relationships. This subtheme came up with transgender participants several times throughout the course of interviews. Lily explained, “We don’t keep secrets. She [Sarah] had to know.” Sam described his story of “posing” as male online where he met his fiancé in a chat room, and then stated that one of the worst days of his life was when he told later disclosed that he was a woman who identified as a man.

Derek: Well, we [Amanda] met online, actually. And before we met in person, I guess we had sort of gotten to know each other. And right before we met in person, I thought, Oh, crap, I’ve got to tell her. So I did. And she said, I think you’re really brave to be doing that. I think it’s totally fine, whatever. So that was pretty cool, and then we met in person, and we’re dating now.

Kyle: I had been thinking about it...really hardcore for only a week before I told Ashley. And I was so worried about telling her because she’s my everything, my best friend, my partner, my number one everything and I was so afraid of what she would think. So we went to a David Crowder Band concert. They’re really awesome, Christian band ... during that I was praying; I’m very interested in what God has to think about this... God just let me know do, what, what am I supposed to be? Does it really matter? Lead me to discussions and... help me figure out who I am under you and I felt peaceful, just go with what you feel and those kind of messages so we went home after the concert, it was really

late and we were sitting on our couch and I started crying... and she said, what honey, are you happy are you sad, what's wrong? I told her, I think I have gender issues. I think I said something exactly like that. And she said I love you no matter what. And I said that's the most perfect thing you could have possibly said. You know, that's all people want to hear when they come out is I love you no matter what. You are you. I love you... And so that was perfect. So she told me, don't worry you don't have to figure this out tomorrow, I'm with you. We'll go through it together.

Amanda and Sarah discussed their experiences of honesty by their transgender partner.

They explained their appreciation for honesty in the relationship and their recognition that being honest about disclosure was necessary to maintain the relationship. Both learned about their partner's gender identity early on, Amanda in her relationship with Derek and Sarah with Lily she was discovering this part of herself. Amanda disclosed that she read a book Derek suggested, *Stone Butch Blues*, did online research, and was accepting based on Derek's willingness to be honest with her from the beginning.

Ashley: Um, it was really scary for him and kind of scary for me. But I think it really brought us closer also.

Sarah: I think it's extremely important that the cross-dresser tell their spouse. Preferably before they're married, but the sooner the better because the cross-dressing is one issue. Trust is an entirely other issue. And if you have not---if you do not trust your spouse enough to tell them, then you've got a bigger issue than that. And, if your spouse thinks you don't trust them enough to tell them---if you find out and then, you know why didn't you tell me years ago? It's just a huge thing to rebuild that trust because you've been keeping this enormous secret forever and what else haven't you told them? And that is just...that's incredibly hard to rebuild. It's much harder to rebuild that than it is to figure out how to live with somebody that's transgender. I, I don't think I could recover from that. So, I'm really really glad that Lily told me right away. And, we'd already established that that was a part of---you know, a huge part of our relationship was the trust anyway. So I don't think she even considered not telling me, but if she had not told me, that would have been really bad. So, I just---please don't ever keep it from your spouse.

Transgender participants discussed the need for honesty with parents, children, siblings, extended family members, friends and co-workers/classmates. All of the participants who disclosed to family members spoke about their need to be honest. They described their hope that

by being honest, they might gain acceptance and a chance to be true to themselves. Derek, Kyle, Tina, and Sam stated they felt they had to disclose to their parents if they were going to proceed with transition. Kyle wrote a Christmas letter to his extended family and invited them to contact him if they had questions. Sam conducted his own online research to learn more about transgenderism and to connect with other transgender people. He explained that after her learned enough, he built up the nerve to call his parents because he felt he had to let them know. Tina told her mother that she identified as transgender within days after she and her ex-wife separated.

Derek: Ah, well, my parents. Um, at first they didn't know. And I actually did start testosterone before they found out. Um, but I was—I just knew in the back of my mind, either they would figure it out or they would have to be told, and that was really nerve-racking. But they know now and they're supportive, for the most part. So I guess I never would have done anything—besides the testosterone, I guess—if they wouldn't have, you know—so...

Kristen: So if they hadn't known or had had a hard time with it, do you think you would be considering top surgery?

Derek: I would be considering it, but um, I—at least—I wouldn't have gotten a hysterectomy by now.

Participants were careful when attempting to be honest with children. Tina, Lily and Sarah, Kate, and Shawna, who have children, discussed the importance of children knowing and understanding. Tina, Lily and Sarah have disclosed to their children and described their hopes that their children would be accepting and understanding.

Tina: Oh...um...it took awhile. But since I've been in therapy and they are also are going to therapy and have been, for the last, oh gosh, four years pretty much, uh, they, uh, you know have grown to understand who I am. Not just from my perspective but from the perspective of others, from informational sources that are different from me um, and uh, they don't understand it fully but, you know, as much as a child and adolescent can understand. Um, 'cause they are a little bit older now than the child stage, um, you know, they have their own, you know, understanding of it. So I would say, you know, they have a pretty full understanding of it—maybe not from an adult perspective per say quite yet.

Lily: Uh- I started dressing as Lily when my youngest son had moved out of the house after high school and before he started college. And he was working and supporting himself, so he wasn't here. And he wanted to come back and go to college and live at



home. And that was fine with us, but said, You know, there's been some changes. And if we tell one of our sons, we have to tell them both. So, we sat them down and we talked to them. And the next day I was talking to one of them and they were wonderfully supportive. And I thanked him for the acceptance that he gave me. And he said, well, dad you taught us to be loving and accepting, what did you expect? Yes! It's one of those good parental moments. It's not what I expected; it's what I'd hoped.

Sam spoke about his experience of disclosing to his brother, who was in the military. He was concerned about views of gender and the potential shock his brother might experience after not seeing him for months when a majority of physical changes took place.

Sam: He's [brother] more of a guy that's all tough—I'll keep everything in, I'm not going to let anything out, you know, so him being very open about anything is really going to be tough, so especially something like this, it's a--I just wrote him a long letter and told him all about it, and I just let him sleep on it and when he—feels comfortable talking about it I'll let him... This was before he went to Iraq. I wanted to tell him because I didn't want him to come home and be like, boy, you look different, or your--man, voice is really changed so I told him about it before he had left...

Participants faced unique challenges when disclosing to people outside the family. A majority of participants stated that they disclosed to close friends because they wanted people to know them holistically. Derek and Tina highlight their need to be honest with friend. Kyle spoke about his need be honest in disclosing to his conservative Tae Kwan Do instructor that he had trained with for several years, fearing that it would not be well received.

Derek: New friends I would tell, I suppose, mostly, so that—I wouldn't want them to have false impressions of me.

Tina: If the person is close to me, I want to be genuine with them.

Ashley and Amanda described their own need to be honest with their families as the partners of transgender people. They have both disclosed to their parents and select family members. Ashley doesn't have a large extended family and felt it was safe to tell her aunts, uncles, and cousins. She said that while she has a close relationship with her parents, they don't

talk about “things like that” and was relieved that because Kyle is so outgoing, he disclosed his gender identity to them himself.

Amanda: Well, it depends on...like if it's a family member, you know, I'm going to be open with them. I don't want to lie to my family 'cause, you know, they're my family... if a family member point blank asks me, I'm not gonna hide anything from them because, why?

*Contingent on perceptions of acceptance*

The next subtheme showed that the decision to disclose was contingent on how accepting they perceived the person they were disclosing to be. Participants described more ease in disclosing to people who they thought might be accepting, if not immediately than eventually. They also discussed not disclosing to people they believed did not need to know or they might reject them, or take issue with their being transgender. Relationships are deeply meaningful; therefore people seek acceptance or approval from friends, family members and peers. The participants in this study discussed acceptance in regards to loved ones approving who they are as people, not necessarily approving their being transgender. They sought validation of safety and love in their relationships more so than expectations that loved ones understand their gender identity.

Kate and Shawna discuss their beliefs that they will not be accepted or understood, therefore they have not disclosed to family or spouses. Kate attributes her family's conservative beliefs and offhanded comments about gay and transgender people to her perception that they would leave her if they found out. Shawna has been married for 30 and has not told her wife about her gender identity. Amanda described her perception of who Derek's mother has told in the family, and the explicit rule that his grandparents not be told.

Kate: I know that transgender people are not generally accepted...in society. And even though... I can say this, I also know that um there are, there are people who would not accept me. Um...and I know that um...were I discovered, or when I come out, whichever

that may happen to be at this point—it will mean probably the loss of my job and the loss of my family immediately. And those are two things I hold very dear.

Shawna: I've never told anybody close to me that I was transgendered. My wife doesn't know, my son doesn't know, daughter-in-law, none of my other family members. My mother and daddy didn't know. It was something that telling them...at that point it really wasn't necessary. I'm not living my life full-time as a woman. I could present as a male just fine. I didn't see any reason to add that burden onto their lives by letting them know what's going on in mine. I keep it to myself. There's a song by Matt Davis ... called In the Eyes of My People and the last line of the song is: the only thing I ever asked of life is just to die knowing my people were proud of me. And that is one of the other reasons, I think, that I've not made a move towards transitioning because I don't want to hurt those around me. I like the fact that my son sees me as a father figure.

Participants reached out to others in the transgender community with an understanding that they too would be accepted by others like them. They frequently made initial disclosures to people in online support groups, by online contact information to local transgender advocates, people who work with or support the transgender community, and other people who self-identify as transgender. Tina explained how she found a website owned by a local transgender person who also ran a transgender support group. After corresponding online, Tina eventually attended a support group meeting. Shawna revealed that she had a love affair with a woman who worked with the transgender community as a hairdresser and knew about her female gender identity before they got together.

Derek: I was still just unhappy and just never really seemed to fit anywhere. And that is actually when I met Alex—she was the first trans-person I'd ever met. And I just ended up telling her, like just all of the blue one day, like I always wished that I had facial hair—kind of random. And we started talking about that sort of thing.

Many made the decision to disclose on a case-by-case basis by determining who needs to know and who will be accepting. Factors such as how close the relationship was, geographical closeness, and where the person they were considering disclosing to lived; in bigger cities with more diverse populations versus rural communities that were perceived as not being open to people who do not fit the definition of normal. For example, Amanda thinks that Derek's parents

want to tell his grandparents he is transgender, but are fearful of causing a family rift as well as the judgment they might face living in a small town. They stated that having a sense that a person was open-minded led them to believe they might be a safe person to disclose to. Amanda went on to say that she first told her younger sister and brother because she saw them as open-minded. Sarah, who is a school teacher, stated that she wished she could tell someone at work but wasn't sure if anyone "would be understanding" so she chooses not to disclose Lily's gender identity. She went on to explain that some family members know, and others do not based on how accepting and close she and Lily perceive them to be. Lily shared that she is planning to come out at work eventually because she has already disclosed to her supervisor who has been accepting for years.

Derek: Yeah, and then it depends on how close friends [are], I guess. If they just like wanted to go get a drink or something, I'd be like, Okay. I don't know—I guess it's a case-by-case basis.

Kyle: Well, at first I was very much in this like...okay, people are going to know on a need-to-know basis. You know, it's like...I was like, are people really going to care?

Amanda spoke about her experience of balancing her need to make sure that Derek is safe while considering her own needs to recognize how people in her life might experience her based on the changes happening with her partner.

Amanda: It's hard sometimes, especially with people that I know are going to see Derek a lot, I'm really hesitant to talk about certain things because I don't want to make Derek uncomfortable. I know that he doesn't care if people know that he's trans. But, I don't know how they're going to react to him being trans...so, should I just say that he's just a guy and just leave it at that? It's really hard and you gotta feel the person out first. Before he really came out to his parents, it was really hard for me... who do I tell? Who do I not tell?

#### *Information about transgender issues*

Information about gender identity and what it means to be transgender was helpful to participants helping loved ones to understand. They listed factual information, television shows

such as 20/20 and Oprah, the *Diagnostic and Statistical Manual of Mental Disorders*, and other credible sources of information as tools to facilitate education. Both transgender participants and their partners described instances when information helped explain and normalize transgenderism.

Ashley: They're [my parents] generally open to the idea they just...they're getting educated like anyone else. But, they're both scientists so they're very like, just give me, just give me the facts and, you know, let me process it. So, it will be ok.

Kyle: I came out to my dad first by saying look at Gender Identity Disorder because he has a DSM in his office and I was like, look at this. I really feel that I meet some of these criteria...It was just easier to talk to him using that like, it just, I didn't have to go into this deep thing I just had to be like I really, I feel like I meet these criteria, Dad, and what do you think? And he's like, really? You know, like, wow, okay! Well, I'll be looking into this. And then later I told Mom and she was kind of like, well, I guess you really never were a little girl...and then they had both been talking to each other about it, but they were pretty cool. I wasn't as afraid to come out as trans as I was to come out as being a lesbian because trans has so many more like medical and psychological things which they are both experts in—Each field there. So, it was easier to talk about that.

Derek and Amanda described the value of television specials that featured transgender people. They viewed Barbra Walters on 20/20 and Oprah Winfrey as reputable shows that shared the stories of transgender people in a realistic and compassionate way. These representation of transgender people offered information to family members who might not have access or initiative to the information otherwise.

Derek: My mom, at least, had I guess seen a couple of programs about transgender people, and had sort of been thinking, I wonder if this is what [female name] is going through. And then there was a program—there was a Barbara Walters special about transgender children. And I knew it was going to be on, and she called me like—I'd say like 30 minutes at the most—before it was going to be on. And said, Did you know that this program was going to be on? And I said, yeah. And then I'm wondering, what's going on here? And she said, Well maybe we could both watch it and then talk about it afterwards. I said, Okay. So we both hung up the phone and both watched it, and then she called maybe—I don't know, maybe hour and a half, two hours afterwards and said, Is that the way you feel sometimes? And I said, Well, yeah, that's how I feel all the time.

Tina was careful to enlist the help of professionals and ensure that her children were provided age appropriate information about transgenderism. She is their primary caretaker and in the process of transition. She expressed a strong commitment to supporting her children and helping them to understand as they grow and are able to process appropriate information given their developmental stage, as well as face the misinformation they may receive from their biological mother. She went on to say that she faces similar challenges with her aging mother, who has difficulty understanding transgenderism.

Tina: When I proceeded to tell them [children] about it, after I gained custody of them, or, primary custody um they said, “oh yeah dad, mom’s already told us about that”. Oh really? I said ok, what did she tell you and how did she tell you about it? “Well, she told us this and this and that and that. . .” And I said, Ok, let me tell you what’s true and what’s false about what you just said. And so I proceeded to tell them about now this new word, transgender, as opposed to cross dresser. Trying to make it in very basic elementary at their understanding level, because of course we’re talking about five years ago and there was a lot of maturity difference between you know where they are at now at 13 and 11 versus 8 and 6.

Amanda and Ashley describe their dedication to educating themselves about transgenderism so they can understand and support their partner. They also expressed their desire to help others to understand what their partner’s experience. They both went online to look for resources and were willing to attend therapy and other places of support with their transgender partners. Sarah described her experience of going with Lily to see her dress as a woman for the first time, and then going to dinner with a group of transgender people where she was able to learn more and begin to gain an increased understanding.

Ashley: I view being a partner of a transgender person to be basically like an advocate and to educate myself as much as possible and to educate everyone around me as much as possible. And just to do whatever I can to support . . .which is really the same as whoever you’re with. . .you just want to support them and learn more that you can about them.

*The Road to Acceptance*

The majority of the participants discussed the theme: the road to acceptance and its importance as it relates to disclosure. Three subthemes were found: (a) initial struggles, (b) gaining support, and (c) use of pronouns/ preferred names. Participants addressed acceptance by those they disclosed to, they spoke about initial struggles that took place after disclosure, how they experienced and viewed support, and how the use of preferred pronouns and name reinforced a sense of acceptance.

### *Initial Struggles*

Participants explained instances where they encountered the first subtheme of initial struggles to accept a transgender family member after disclosure. Partners who participated in this study ultimately state they are supporters and advocates of their partners, yet experienced some degree of difficulty. They explained balancing their commitment to their partners, with their own confusion or need to learn more to better understand both their partner and what to expect for themselves.

Amanda: I mean it's a huge, It's like another person that's living with us in the apartment and going with us everywhere. Because it's always present and it's always there and you can't really escape it. And I realize that it's really probably even harder for Derek, but it's hard for me to think that he thinks that this is just his issue and this is only about what's happening to him 'cause it's happening to me, too.

Lily: When I really started dressing fully, we had a hard time for a bit... And it was a process to work through. It wasn't the first difficulty we'd worked through. So, we got through it. And we are handling the issues that come up. And they're not all dealt with, but they're being dealt with.

Shawna described the contrasting experiences with her spouse and her former lover. In both of her experiences, her significant other had a sense of her gender identity and seemed to be accepting, and later demonstrated they were not accepting. She explained the shift from the acceptability of cross-dressing in her marriage to it being an unspoken and dangerous topic to talk about. Her relationship with her lover began with the guise of being accepting, but as time

went on and Shawna did not leave her wife, strains on the relationship which included spending too much time in female persona, took a toll on the relationship.

Shawna: [lover's name] When we first met, my God you talk about transgendered girl paradise. Here it is my girlfriend who makes her living doing makeovers for cross dressers... is an incredible hairdresser , wonderful cook ...oh my lord. And she loves me. And seems accepting of, of my cross-dressing. Well...later on find out she wasn't accepting. That she loved me, but she told me later that the cross-dressing nauseated her to a degree. Because pretty much when we made love, she'd have to get pretty screwed up, drunk or stoned to be able to uh make love with me. I guess at the very first of the relationship it was all about Shawna... And she had needs for a man in her life too. And it was cross dresser utopia. I could get my hair done two, three different ways over the weekend and change clothes four or five times, have my make up changed. And ended up making love with a beautiful woman and...pretty good luck. Then she set me straight and said, you need to spend more time as [man] too. So, I said okay. I realized I was being selfish. So, then...then actually spent more time being [man] than Shawna around her. Then it came about...little over two years ago that we had such a falling out and she made me feel so bad about being a cross dresser that I have not dressed in front of her since. And it was just a place where she could hurt me. She wanted to hurt me because I had hurt her in our relationship by not being able to be with her full-time. And so now sometimes she wants to get together and she says, well really I accept Shawna. And I said, I don't know what to believe anymore.

A majority of the participants who disclosed to parents described struggles after the disclosure. Sam and Derek illustrate this by discussing their parents' initial lack of understanding and difficulty accepting that their child plans to transition gender. They talk about struggles even when their parents made efforts to accept them. Sam described the hurt he felt when his mother told him "you're killing our daughter", which led to his parents eventually cutting off communication for about 4-6 months. Sam stated that he didn't want to wait for family acceptance to begin the transition process because he realized he might not ever get and would "always be miserable". After talking about the tough times, Sam shared that he and his parents currently "get along". Derek describes his experience of his parents' initial struggles in the following statement.

Derek: Their [parents'] response to the whole thing has been kind of up and down. At the time she had just seen that program [Barbara Walters], they make it look acceptable in



the program and stuff, and it's just a normal thing, and people are born like this and whatever. I'm sure it's harder to accept when it's your own kid. So, I don't know, at first she was okay with it. When I started wanting to make changes; I legally changed my name, and there's some other stuff I've done—I don't know, I think every time she can see a change in me from the testosterone or I take another step with it, it's a little difficult for them. Because the person—the kid that they had and have known is kind of changing...

Tina faced difficulty in disclosing her gender identity while going through a divorce and pursuing custody of her children. Her ex-spouse told their young children that she was “disgusting” and “perverted” and that they should not spend time with her. She continues to experience struggle with her ex-spouse as she does not accept Tina's female gender identity while they must negotiate parenting and custody arrangements.

Tina: It's still strained, even after five years of separation. She [ex-wife] still does not accept me being transgender, perhaps never will accept me being transgender. And so obviously from that, wall or misunderstanding arises a lot of other problems because, that is one of the most basic issues, to who I am, how I see myself and she refuses to see me in that sense so there is a source of conflict... I do know my kids have explained to her what I am as a transgender ... I am not a “neuter”, I'm not an “it”.

Kyle was somewhat emotional when talking about his experience of disclosing to his Tae Kwan Do instructor. He explained his years of involvement with the Tae Kwan Do organization and his commitment to training. He spoke about his love for it, high ranking within the organization, and willingness to conform to a degree so that he could remain active. He eventually had to distance in order to pursue transition, yet believes he understands his instructor's response.

Kyle: I came out to him and he told me ‘this summer you're definitely going to go as Miss because you've always been Miss and everybody already knows you and if anybody has a problem with you I'm just going to have to let you go and we're not going to talk about it. That's how it's going to be.’ I was like, okay. [I thought], wow, this is really hard. I love kids. I love teaching Tae Kwan Do... I had short hair, but he's said it better not get any shorter. And I was like, yes sir. He's said, we have an appearance to maintain because this is a business and you need to look a certain way and clean and blah blah, so I [said], alright if that's what it takes to have to work here, I'll still be Miss ... So...(sigh) after the summer was over and I cut my hair all off and I told him, ‘Mr. Long, I'm

probably not going to be able to train as much anyway because I'm going to grad school, so...I'll probably not train for a while...' Because when you're part of the class protocol, instructors give you commands and you say, yes sir, or yes ma'am. And everybody is used to saying yes ma'am to me, so that change might...freak people out.

Struggle with relational systems outside immediate relationship were evidenced by Tina and Sam's experiences. Tina discussed her sense of rejection by her 11-year-old son's best friend's parents. Sam described his distance from his fiancé's grandparents, who raised her. He described feeling guilty; as though he was the reason that his fiancé was unable to maintain the close relationship with her grandparents that she once had, and her reassurance that it was not his fault.

Tina: [My older son's] best friend—his parents really don't call me or talk to me or do anything with me. There's no overt hostile rejection of me but I would say maybe a passive rejection in that, [my child's friend] is never allowed to spend the night here at the house and it seems that [my son's] relationship with [his friend] is kind of like a friendship to a point and there seems to kind of be an invisible boundary that prevents [them] from becoming better friends, shall we say? And I am feeling that is perhaps [because my son's friend's] parents, explaining what they maybe perceive a transgender to be, as maybe a threat to him.

Sam: Her [fiancé's] grandma was always been kind of distant towards me, but now has found out what I'm going through and now really wants to be distant because they're all about their reputation they don't want me coming down there and seeing them with [fiancé]. They know my history, but the people around them don't, but they still don't want that to slip and somebody to find out...

### *Gaining Support*

The second subtheme of the road to acceptance was gaining support. While many participants experienced the first subtheme: initial struggles after disclosure, participants also spoke about loved ones either moving from a place of initial struggle into a place of support or immediately showing support. Gaining support was experienced by all of the participants in some capacity, be it online or in-person. Sources of support ranged from family members to participants' children's friends.

Couples spoke about their experiences of support after disclosure. Transgender participants shared their appreciation for their supportive partners after fearing how the disclosure might be received by the person closest to them as evidenced by Derek and Shawna's quotes. Partners spoke about their unconditional love and commitment to their partners, regardless of their gender. Shawna explained how she felt when her former lover took pride in the way her [Shawna] clothing, hair, and make-up looked when they went out; they coordinated outfits. Kyle stated that he felt as though Ashley's "response was just perfect" as she expressed her continued love for him and commitment to their relationship.

Ashley: We were in our apartment. We just got back from a concert and we had a futon mattress on the floor and we were like snuggling on the futon mattress and talking and I think there were even like candles or something. He said 'I think I might have some gender issues.' I was like oh honey, it's ok... I mean it wasn't like get out... I remember he was really scared to tell me and I thought that was silly. I [told him] it's ok don't worry about it, I still love you...figure it out.

Sarah: Lily is my spouse. Lily is the one I gave my heart and soul to and committed myself to before God. Nothing changes that. If, in the unlikely event that Lily transitioned and became a woman [full time], that wouldn't change. I would still love, honor and cherish her.

Participants shared descriptions of family support they sensed after disclosure. They shared experiences with parents, children, grandparents, and extended family. They expressed concerns about being rejected by family members and the relief they experienced when they were supported. Tina described her two children as being her 'main two allies.' Sam's grandparents told him 'as long as you're happy, I'm happy' even when they said they didn't quite understand.

Lily: The neighbor children who were out-ah-my children's, my boy's friend, who is an adult, and he's occasionally at their house across the street...asked one of my sons, "Who's that strange woman over at your house?" He goes, "Oh, that's my dad." "That's your dad?!" So, they came over when I was dressed and said hi. And I said hi and he went back to, uh, [son's] room and they listened to some music or something. He was ok with it. The kids were ok with it.

Derek: Gosh...I'm so fortunate. I don't know what I'd do if people had reacted any differently...to me. If I didn't have my parents' support, gosh...I don't [know] if I'd be able to like start my transition. They mean so much to me, they're my family, I'm a family person. I've always loved them so much and they've always been so great to me. That would be really, really hard. I have no idea what I'd do.

Participants who disclosed to friends outside the family system reported instances they experienced support. Derek can tell when he is 'truly respected' and feels supported by people he cared about in those moments. Many participants talked about concerns that they may not receive the support they sought, and were pleased as exemplified by Lily.

Lily: Universally it's been concern for me, am I ok? And, is Sarah ok? How's she dealing with this? ...these are friends for both of us. And when I tell them especially, and when she tells them too, yeah this is ok. Universal well-wishing.

Shawna spoke about initially disclosing to people she sought services with, including her and. After her initial disclosure to her manicurist went well, she described feeling as though she could tell her massage therapist. While she has not disclosed to family members, she explained her relief and experiences of support from people outside her family when disclosing.

Shawna: The first people I told about being transgendered that were not new about it, did not know about it, or were...was a place I get my nails done... And I'd been going to these girls... for a couple of years... it came time for [transgender community event] and I wanted my nails done a certain way... And I couldn't figure out any way to tell her I wanted them very feminine without just telling her about who I was and I sat down with her and I, I came by... I said do you know what a crossdresser is? And she goes, no. And then I went on and explained to her and when I got through she came over to hug me and she said, thank you so much for trusting me enough to tell me. And she pulled out this magazine, 'I think you'd look good in this' and... that was the first person I ever told... here was a lady I went to regularly for massage... when I go see her, I would always have to take my nail polish off my toes nails and my body was shaved... But, I just went and sat down and told her because I got tired of taking my nail polish off, if I had nail polish on my toes to go for a massage. She was wonderfully accepting, just couldn't have been sweeter or kinder.

All of the transgender participants reported that they sought information and support online. Tina and Kyle discussed their locating in-person support groups for transgender people

via the internet. Tina went on to talk about her involvement in PFLAG, which has allowed her to participate within a network of other LGBT families, both as a source of support for herself and for her children.

Kate: Well, I first [told someone I was transgender] online... I remember in a forum that I remember I, I just remember um my hands shaking as I typed... And then I remember people writing in and just being so supportive. And I never knew people could be supportive like that, but they just were... And that's been my lifeline... I've been amazed to hear the amount of support that people have found on the internet. And education. Oh yeah. If it hadn't been for that, I don't know where I'd be.

Tina: [At] first I wanted my mom to get involved [in PFLAG] and since she didn't want to... I just love the people within PFLAG at least the local chapter here and they have just been super, super supportive. Ironically I've found so many other parents of transgenders that I connected with in ways in which I cannot even connect with my mom because she still has a misunderstanding of so many things concerning transgendered people.

Participants with children discussed disclosure with their children's friends and those with younger children, their parents. Tina shared stories about her older son's friend parents passive displays of discomfort with her, and how she experienced a significant contrast with her younger son's friend's parents who 'totally accepts me.' Lily learned that her supportive children also had supportive friends.

Lily: Ah- they both know and accept and they're open to however I'm dressed whenever they walk in the door and give me a hug. My younger son brought home a group of his friends at two in the morning one night because one of the women---one of the young women---was having problems and he brought her home to talk to me. I had been out. I was still up. And I'm standing here in the living room with the feminine accoutrements in a bathrobe. Big, fluffy bathrobe. And he tells her that he brought her home because I give the best hugs. And we hugged and sat down and talked and cried and hugged. And talked some more and cried some more... And, that's how I relate to my sons and their friends. And many of my adult friends from before I found out about Lily now know.

#### *Use of preferred pronouns/ names*

The third subtheme under the road to acceptance was the use of pronouns and names. This came up with all of the transgender participants and their partners who had disclosed. They

stated that when another person called them their preferred name or referenced them by the gender in which they identify, they felt affirmed and accepted.

Amanda and Ashley stated that they call their partners by their preferred names and use male pronouns. Sarah said she calls Lily by whatever name and pronoun she is dressed as. Sam stated that his fiancé refers to him as Sam and by male pronouns.

Participants who disclosed to loved ones talked about the difficulty their parents had accepting changes by acknowledging a name that they did not choose for their child and a pronoun that did not reflect the sex they knew their child to be. They remembered moments when their parents referred to them by their preferred name and pronoun. Partners expressed their own parent's hesitation and efforts to refer to new names and pronouns. For example, Ashley described her father as a 'stubborn guy' who insisted on using female pronouns when referring to Kyle until he started noticing physical changes.

Sam: ... my mom's making it easier and saying my new name, but my dad still, he kind of struggles with it but he's slowly but surely wants to learn more about it and stuff...

Amanda: My mom's getting it. She's calling Derek, Derek now. Um...every once in a while, she slips up and calls him [female name], but you know, that's, that's expected. But, they're getting it.

Derek and Amanda describe their experiences with Derek's parents' use of his name and pronouns. Derek spoke about his awareness of how pronouns are eliminated from conversation to avoid gender markers. He has told his parents they can take their time getting used to his new name in hope that they will call him Derek eventually; however finds it more important to be referred to by male pronouns. Amanda reflects on her experiences of wanting to affirm her partner by calling him his preferred name and pronoun, yet is aware of how difficult it is for his family. She acknowledged Derek's parents usage of names and pronouns as a work in progress.

Derek: My mom will do anything to keep a pronoun out of a sentence if she's referring to me. And if all else fails, she'll just go with 'she.' And I've tried to tell them that—I don't care what name you use, but [using a male pronoun] is more important... She's told me, 'Well, it's hard, you know, we don't understand'. And [I say], Well, I'm sure it would be hard, but—I've worked really hard to sort of not be a 'she' anymore... I just don't like being called 'she,' I mean, I've worked to not be called 'she,' so, let's get rid of it! I guess being called 'he' just by anyone is sort of affirming for me...

Amanda: They had a bed and breakfast in the cities when we were all down there for Easter last year...and, the woman at the counter was talking to Derek's mom and said, "Oh, is this your son?" and she got flustered for a second, but then she kind of recovered and was like, "Yeah, yeah. This is, this is my son, this is my son Derek." And... um..her dad's kind of funny, his dad's kind of funny 'cause...er, it's just it's-it's hard going back and forth with him because it's hard for me to know what they want me to call him because they still call him [female name]. And then I'm calling him Derek...and like I get confused as to who we're talking about...and like, sometimes I go back and forth when I'm just with them about the he/she thing because I don't know what they're comfortable with and I don't want to make them uncomfortable. And then it makes me uncomfortable, so then we're all uncomfortable. And, like, we'll be out to a restaurant where it's just me, Derek and his dad one night and, uh, he said something...one of the guys at the Perkins said something about, "you gentlemen" and um, just to Derek and his dad, and his dad kind of smiled & winked at him. And it was really, it was really cute, little fun moment.

Tina discussed her mother's age and confusion about her gender identity. We reflected on my experience coming to her house and hearing her mother address her as Tina at the door.

Kristen: I noticed when she came to the door earlier to let me in she [mother] called you Tina. Does she normally call you Tina?

Tina: No, she generally calls me [my male name]. The name she and my dad selected for me at birth.

Kristen: What was that like, were you surprised when she called you Tina at the door? Did you notice that?

Tina: A little bit, yeah because it is out of character for her. But, very nice, obviously very pleasant.

Sam's brother's wife and child refer to him as Sam and with male pronouns. His brother was overseas in Iraq when Sam transitioned. Sam describes his experience with his brother avoiding his name in online chat conversations, yet the sense of moving towards acceptance by calling him Sam in the presence of his nephew.

Sam: We'll [brother] talk every once in a while, and nephew will call me Sam all the time, and I'll tell my brother that [online], and it doesn't faze him, and of course my MySpace and Facebook, and all that stuff says Sam and that's how I talk to my brother. He sees that my name's on there and it says male for my gender. I don't think he's called me Sam yet... He used to say [my female name], but now he [tries] not to even say any name at all, and he said 'if I don't think about it, I can call you Sam, but when I start thinking about it, I'm like, that wasn't your name, it's kind of hard to say it. I don't think about it I can say it'. When I was home not too long ago he actually did call me Sam a couple times... but he said it because my nephew knows me as Sam... But it was nice, it was a good feeling, and I [think], slowly but surely, hopefully they'll come around...

Kyle disclosed his gender identity during his graduate school interview to ensure that he would be affirmed and accepted by professors and peers in the clinical psychology training program. He continues to inform his classmates how he prefers to be addressed and referred to. Kyle explains a recent experience with another student who wasn't sure how to refer to him, and subsequently referred to him by male pronouns.

Kyle: everybody in my year knows, but I've experienced some people in the upper years... don't really like know what gender pronouns to use with me. Even yesterday one of the second years... kept switching when talking about me to somebody else... I like to wait it out to see if they use the wrong pronoun then I do the email: I noticed you called me "she" today, I just wanted to let you know that I identify as transgender and I do go by the masculine he and him pronouns. Send. But the girl who was using both pronouns after the professor had left was like, I really don't want to be rude but I didn't know what pronoun do you go by? And I said... I'm glad you asked rather than just made an assumption... She said, oh, okay, no problem.

### *Perceptions of sexual orientation*

The third theme that emerged related to disclosure was perceptions by others of sexual orientation. Participants identified times when other people expressed confusion or asked questions about their sexual orientation based on gender identity. Two subthemes were found: (1) transgender participant and (2) partner.

#### *Transgender Participant*

The subtheme, transgender participant, involved participants' experiences of being perceived as either straight or lesbian, based on the gender they present as and their partners



gender appearance. Participants shared comments and concerns about how they are perceived by others, which does not always match the way they identify in terms of their sexual orientation. Lily described her efforts not to be too affectionate with Sarah because they think other people who see them together either view them as friends or as a lesbian couple, which does not match their identity as a couple. Kyle thought many people were interested in ‘what was going on with my sexual orientation’.

Shawna: Everybody sees me as gay except gay people ...there’s queer and ain’t queer. And I guess I fall into the queer category...

Sam: Around here, I claim myself more of straight; maybe if we were in a bigger city it might be just open to just say I’m trans... But around here I usually just tell everybody I’m straight cause that’s what it looks like in public when I’m with my fiancé. We look like a straight couple.... My family—I held them, well I still do—hold them the closest and that’s what made it really harder for thinking about even transitioning or telling them because not only did I have to first I came out with being with a black girl which is some people in my family—racist... then I had to come out with ‘oh and it’s a girl’ and then [they thought] so you’re lesbian and I’ve never liked the word because I felt like I was the guy in the relationship and I’m the guy, so I didn’t like being called [lesbian]. I never felt like that in the first place...

### *Partner*

The subtheme of partners involved participants’ experiences of being perceived as either straight or lesbian based on the gender their transgender partners present as. Amanda and Ashley, who self-identify as lesbian, talked about their experiences of being perceived as straight after having faced the coming out process with friends and family and then partnering with a female-to-male. Their partners, Derek and Kyle respectively, also reflected on how they viewed these outside perceptions.

Derek: Amanda really is—part of her identity is that she is...you know, important to her is that she is gay, or she’s lesbian or whatever. And we’re both still active in the GLBT community. But now that people won’t necessarily see her as a lesbian, I don’t know if that’s hard for her. You know, that’s something that we talked about before I transitioned. When I was with her in the very beginning, she knew I was on testosterone, but I wasn’t passing as male. So, it’s something that’s sort of come up that we’ve talked about. And

she's said she's fine with it. But, I don't know, I think it's probably weird for her that people see her as possibly straight now.

Kyle: it definitely influenced Ashley's friends looking at us as like, Ashley, you've never had a boyfriend before, are you okay with people perceiving you as straight, you've always been hardcore dyke, dyke, dyke forever. And, so it definitely influenced other people ...they saw me as a person who brought her... to be a Christian and that bothered them because Christians in their eyes are the oppressor. And then I brought her to be a straight girl and obviously just...I turned their great, fun loving, crazy lesbian best friend into a straight, Christian girl...it took a few months to have dialogues with them to say...no, Ashley's not straight, number one, she is Christian...but...we're not doing this to fit the ideals of our church. We're doing this to be who we are. So, that's really hard because from the outside it look...it can look one way, but we've tried to have conversations with the people who would listen.

Amanda and Ashley both stated that they are regularly asked if they are still lesbians by family and friends. They discussed how they do not believe that their sexual orientation has changed because their partner identifies as male, and this can be uncomfortable for those around them. They both expressed frustration with lesbian friends who challenge their lesbian identity now that they are with male-identified partners, and the straight assumption that people who do not know make about them. Sarah described her obvious connection with Lily, which leads others to think they are a lesbian couple.

Ashley: [My friends] will be like 'oh this is Ashley' and then it will come up in conversations, 'this is her boyfriend Kyle or whatever but, oh, it's ok...it's she still a lesbian, in the club, it doesn't really count because he's trans.' Which I have mixed feelings about. It's kind of weird that it has to be validated. I don't feel like I need to prove myself in that way, but some of my friends do.

Sarah: There's times when I'm sure that they see us... either see us as girlfriends or lesbian lovers, depending on how we're interacting with each other. Cause I know there's times when the chemistry that we have is evident.

## *Metaphors*

### *Change*

The second research question was: What metaphors capture transgender people's experiences? One theme within the metaphors mentioned related to change. That is, transgender participants depicted their experiences to metaphors that entail some degree of change by means of movement, transition, opening, and unraveling. Those who did not describe their experiences as metaphors used analogies to illustrate what it is like to live as a transgender person. Only Amanda used a metaphor to describe her experiences, while Sarah and Ashley talked about their roles as supporters and advocates.

Derek and Sam described their experience of being transgender as a roller coaster, with ups and downs and unexpected turns ahead. Derek also portrayed being transgender as being in a moving vehicle where he always has to "be on the lookout". Shawna depicted her metaphor as transitioning into something precious and indestructible, a diamond. Lily spoke of her discovery and exploration of her gender identity as being like flowers, a ball of yard, and a rabbit hole.

Shawna: I'm a lump of coal and maybe under enough pressure, given enough time, I'll turn into a diamond. I feel like... that which does not kill us only serves to make us strong... I got to be getting pretty close to invincible at this point 'cause I have been through some hell last couple of years.

Kate: A few months ago when I visited my grandparents' grave, they had always been my biggest supporters and had always shown unconditional love. And they were buried way out in the country. I was on the way back on a business trip and I stopped by there. And maybe it sounds really strange, but I looked as the very best I could because I wanted to go see them. And I stopped and I told them that they might not recognize me, but I was still me. And if they were still watching that I hope they could accept me as the granddaughter that they always wanted, but never had. And we just, I poured out my heart to them. I always had felt their presence even after they died. And it was a rainy, miserable, overcast day. And I left finally. My car was covered with mud and I pulled in to a little service station there to wipe off the mirrors and the windshield and I turned to get back out on the traffic and this huge rainbow just appeared out of the clouds... And I sat there staring at it. And it was one of those experiences I can't explain, maybe it was coincidence. But, for me it wasn't. For me it had great significance as my metaphor...of

just coming out of that miserable, rainy muck and having a rainbow flashed in my face. That's my hope and that's what I cling to.

Lily: It's almost like a flower opening. Just little, can't quite get a sense of it. And, one by one, things unravel. Or a ball of yarn unraveling until you get to what's inside. Ah...at work when I find something that might lead to a problem and you have to research it...sort of like going down a rabbit hole. Well, this is sort of like going down a rabbit hole because you don't know what you're going to find when you get there, but it's something that you think you need to do.

Kate: um I would describe it as a telephone ringing in the background. It's always ringing, always ringing and you knew sooner or later you're going to answer it, but by golly you're gonna just try and ignore it... And um as many times as you try and ignore it that ring finally catches up with you. And maybe it takes something um...something almost traumatic to make you answer the phone. Um...at least that's what happened with me. And when I started being honest with myself I mean I, you know, I, I think the first step is to come out to yourself. I just, I, I just, I, I no, I, I can't do this, but I can't not do this, but I can't do this, and I can't not do this.

Lily: I was very privileged as a young man to get to hear Buckminster Fuller speak. When he described himself, he said, I seem to be a verb. I like that. That seems to fit me. I'm not a state of being. I'm an action. I'm something happening in the world. I'm certainly not a stationary target. I'm very much a moving target. And, I'm at peace with that. I like that. I like being able to put a foot in both worlds.

When asked if there is a metaphor to describe her experiences as a transgender person, Tina used a descriptive analogy to illustrate her perspective. She spoke about how even though she went through times when she questioned who she was and how she impacts those around her, she ultimately knew that she has a good life with opportunities to meet people like her and parent her children in an open and accepting manner.

Tina: Have you ever seen the Christmas story that's shown every Christmas? It's a Wonderful Life? That is my all time favorite movie. Because I can identify so much with Jimmy Stuart ... There was a point in the movie to where he got at his wits end ... And one night he goes out on a bridge over an icy river and, and he prays and he asks God, he says: You know God, he says, I'm not a praying man but I'm at my wits end God and I really pray that, that you would show me some sign that, that I'm of any benefit to anybody. I really feel like you, you never should have made me, like I never should never have lived because I've caused—I'm causing misery for my wife, for my kids, for my family um for the building and loan, for our customers....I think it would have been better had you never created me God. And, it was just then that he meets his

guardian angel... It is a guardian angel who actually jumps into the icy waters, and he jumps in to save him. When he was considering himself committing suicide by jumping into the icy waters and dying himself. And then of course the rest of the movie shows how many people's lives he's impacted along the way. And how really, history changed because those people's whose lives he'd impacted had gone on to do so many wonderful things. You know, and had it not been for him, those people would have not been able to do all those marvelous things. And um, so I really consider my life to be uh, you know, very privileged even though I have had very, very, very difficult moments uh within my life, you know, on this road, on this journey that I'm in.

Amanda is the only participating partner who shared a metaphor about her own experience. She initially described a metaphor about her partner, Derek that reflected change by describing their transgender experience with testosterone as being on a roller coaster, similar to what he described. She later described her own experience as being a support when needed though lonely at times:

Amanda: I almost feel like ...the teddy bear... when personal touch is needed and when comfort is needed, I'm there for that. But, when it comes to making certain decisions or big decisions that involve um, the trans-status and trans-issues, and even other things, you know, just kind of left on the bed for when hugs are needed and when tears need to be wiped off. Just kind of...waiting for them to come back to that. Yeah.

### *Mental Health Services*

The third research question was: What is your experience of mental health services? A majority of participants in the study addressed their experiences with mental health. Three themes emerged: (1) delineating between purposes for seeking mental health services, (2) belief that therapists are not well-informed about transgender issues, and (3) value of well-informed therapists. One of the themes (delineating between purposes for seeking mental health services) was found to have subthemes.

#### *Delineating between purposes for seeking mental health services*

Participants discussed delineating between purposes for seeking mental health services by talking about when they sought mental health treatment and why. Two subthemes emerged

within this theme; (1) therapy for transgender related circumstances, and (2) therapy for other life circumstances.

*Therapy for transgender related circumstances*

The first subtheme of mental health services was therapy for transgender related circumstances. This subtheme included participants' telling about going to see mental health providers for life circumstance related to gender identity. They shared stories about seeking transition and needing to get a therapist letter to follow the Standards of Care, as well as going to work on family and relationships. Many looked to others in the transgender community for referrals to transgender-friendly therapists.

Three of the participants talked about the influence of the Standards of Care for Gender Identity Disorders ([www.wpath.org](http://www.wpath.org)) on their decision to seek mental health services as it related to their gender identity. Derek talked about his therapist writing a letter so he could pursue name changes and surgery. Kyle and Sam experiences are highlighted in the following quotes.

Kyle: I asked people from [transgender support group] who they were going to see— Money was definitely an issue. I can't afford to pay a hundred dollars a session, people. And so my friend told me, yeah this guy sees me for twenty five bucks for an hour every week and I [thought], I can do that. And he has experience with F-to-Ms so I was like, cool.... I think it's annoying that I have to go and convince somebody that I'm trans and have them write a letter. (Sigh) But I do like going to see him. Now, I just go to see him about once a month because I'm not depressed, I'm not suicidal, I'm not anxious... I just go just kinda to touch base to make sure things are cool.

Sam: I just recently went to a psychiatrist and stuff to inform them about my hysterectomy, and they wanted to make sure that was right for me, and we both agreed that it was right for me to get it done, and that I'm ready to get it done. My counselor I've been seeing for a year, and both of them were great, my counselor is really, really good and the psychiatrist was really well too.

Four participants stated that they had been to relational counseling in some capacity.

Derek and Amanda, and Kyle and Ashley attended some couples therapy as part of their going to

therapy to obtain documentation for transition as discussed above. Tina reported she began therapy to address her gender identity when she separated from her wife.

Derek: And then my mom has seen [my therapist] two separate times... Well, once my parents both came and I was there as well. And we all had a session together. And after that, they were pretty cool with it, and they wanted to talk about it and whatever. And then what happens with them is time will go by and they'll just not talk about it, as if it's not there. It's not an issue or it's not even happening. And then my mom wanted to see [my therapist] by herself, so she did. And then, for maybe a week or at least that weekend, she was all cool with it, and she even called me Derek a couple of times, which never happens.

Tina: I [went to therapy] from the beginning of our separation five years ago, because the reason for our separation was, was me being transgender... my attorney recommended from the point of view that it would bolster our case in court to be able to understand and explain [transgenderism] to a judge, rationally, in that sense, but he also thought it would personally do me a lot of good so that I can understand and explain this for myself.

Kate and Lily talked about their experience previously attending therapy. Both expressed an interest in going to therapy for personal reasons related to their gender identity yet unrelated to transition and the steps outlined by the Standards of Care for Gender Identity Disorders ([www.wpath.org](http://www.wpath.org)). Many participants explained that they sought mental health treatment for a variety of problems, and frequently came to realize that these problems were related to their gender identity.

Kate: I don't have an ongoing counselor or a therapy group. I have been to one counselor before... And so that makes it hard... Because in what I do I refer a lot of people to counselors... And decided that this was not the time for disclosure, so I have one aborted attempt I guess I would call it. I also work in a profession where I know a lot of the counselors around town and it makes it difficult for confidentiality.

Lily: I've never been to a counselor for gender issues. Ah...probably going to do that pretty soon. Sarah and I had some issues that we want to work through. But nothing huge. But, we need to do it. I went to a psychologist for my anger issues. And Sarah and I together for our marriage because of the anger issues.

### *Therapy for other life circumstances*

The second subtheme of mental health services was therapy for other life circumstances. Participants discussed life events that brought them to therapy that they did not believe centered on gender identity at the time. Both transgender participants and participating partners faced depression, anxiety, relationship issues, and other life events that led them to seek mental health treatment.

Derek: my second year of college is really when I started getting treatment for depression. I had a lot of really bad social anxiety in high school, and probably before that, I never got any treatment for it. I say that almost any anxiety has gone down a lot since I'm passing as male and just feel more comfortable with myself—the social anxiety, I guess. I feel like most of my depression is because of the anxiety, so, and just not knowing [my gender], in the past, I've just been unhappy for a long time and not really known why—and being trans is—I'm sure it's not all of that reason, but...

Participants discussed attending therapy for other life circumstances, yet they disclosed their gender identity to their therapist. They stated that while they did not hide their gender identity, they sought professional help to work on issues related to depression, anger, couples/premarital work, and family relationships. Tina described therapy as being helpful to her family; she has been taking her children for play therapy since her divorce and attends as a family on occasion.

Shawna: I was very lucky because the person I went to knows about transgendered issues...I didn't go to her because of transgender issues I went to her because of depression...and I knew that I couldn't talk to a counselor about my depression and so forth if they weren't aware about Shawna being a major part of my life.

Kyle: We're doing the pre-marital counseling with Father Ralph. It's just basically talking about our relationship and talking about expectations for marriage and how it's going to be different when we're married ... Making sure we know each other and know what we want in the future...the very first session...I was like, okay so I identify as transgender or transsexual male and I'm on hormones and...this is Ashley... He said 'that is so wonderful that you can be who you are.'



*Belief that therapists are not well-informed about transgender issues*

The second theme that emerged regarding experiences with mental health was the belief that therapists are not well-informed about transgender issues. Participants discussed the need for transgender-informed therapists, and their beliefs that most therapists are not accurately educated or rely on clients to teach them about transgender issues. Amanda shared a few stories of transgender friends who went to therapists and had negative experiences due to prejudice or lack of understanding. Amanda also described the experience of her transgender friend's mother who went to a therapist who told her that being transgender is a mental illness that is curable.

Kyle, who is in training to be a clinical psychologist, was particularly critical of the lack of empirically validated research for and about transgender people in mental health as he has gotten further into his studies. Shawna and Kate expressed skepticism about the majority of therapists truly understanding transgender people. Tina stated that she does not think most therapists understand transgender issues and believes that “the majority of them feel like they need to educate themselves on dealing with transgender” clients. Derek and Kyle highlight concerns expressed by most of the participants.

Derek: I just had therapists who have, you know, crazy, off-the-wall ideas and just not really understood who I was or really taken the time to understand they just want to like apply a bunch of stuff to me... I've just had experiences where people just don't seem to really care what's—they just seem like preoccupied and they're not even trying to understand me... I mean, I would only really go to a therapist if I knew they were GLBT-friendly or specializing in it now. So I could only imagine that a regular therapist would know nothing about it.

Kyle: Most people probably are familiar with the term transgender, but maybe that's it. I don't think I've had any formal training just going through [clinical] programs... I don't think most [therapists] know. Most therapists- Master's degree, PhD level, they've had...one diversity class on GLBT issues. One class out of the huge diversity training. One class. And it was probably mostly about gay lifestyle.

### *Value of well-informed therapists*

The majority of participants discussed the third theme within the category of mental health experiences, which was the value of well-informed therapists. They talked about the ability to “jump into” the issues they wanted to talk about in therapy, rather than having to explain or educate therapists about transgenderism. Several participants sought out referrals from other people in the transgender community for therapists who were well informed and had developed a reputation for working with transgender clients. Amanda noticed a difference with Derek’s because he would tell her how he didn’t have to educate his therapist. Lily went to a therapist who “knew enough to know she didn’t know” and offered referrals to therapists who were better informed. Shawna described being able to “hit the ground running” with her therapist who “knew about what makes transgender people tick”.

Sam: The ones that I worked with knew what they were talking about, and they’ve had other clients that were transgendered before ... the ones that I went to were really good—they were well-informed. I also hear from other friends that it’s kind of word of mouth—go to this person, they’re good, or I’ve been to them, so it’s more of finding out and doing research of other transgendered people of who they went to and finding out who they recommend and stuff is how I found mine.

Derek: Well, I have to give [my current therapist] a lot of credit. When I came in to work with her, obviously she was specializing in GLBT therapy. But she said that she didn’t want to waste a lot of time having me describe to her what being transgender is all about. She said that she was willing to like go and research it herself. And just talk about your experiences and what’s going on in your life, and if you’re talking about something that’s related to transgender that you think that I should just know, or you wish that somebody would just know, just let me know, and I’ll go research it...So I didn’t have to put all my issues on hold, and have four days of explaining transgender and get into everything. I thought that was really cool, right off the bat.

### *Couple and Family Therapists*

The fourth research question asked: What do couple and family therapists need to know to best help relationships involving transgender people? Two themes were found: (1) couple and family therapists should be well-informed, and (2) loved ones understanding of gender identity.

One of the themes (couple and family therapists should be well-informed) was found to have subthemes.

*Couple and family therapists should be well-informed*

All of the participants held the belief that couple and family therapists should be well-informed about transgender issues. Four subthemes emerged within this theme: (1) knowledge, (2) experience, (3) assumptions, and (4) inclusive and supportive practice.

*Knowledge*

The majority of participants in this study addressed the importance of the first subtheme, knowledge about transgender issues. They discussed the significance of couple and family therapists who are knowledgeable about what it means to be transgender, as well as how to work with people in relationships with transgender people. Kate expressed the importance of therapists' ability to talk with children about transgender issues as well as taking a role as professionals in debunking the myths that surround the transgender community. Several participants talked about their sense that most therapists do not have much knowledge and end up learning about transgender issues from their clients.

Sarah expressed a need for therapists to know what "transgender is and what it isn't." she stated that therapists should have knowledge prior to seeing clients, "because if you spend your time trying to explain who you are, then you can't get down to what your issues are." Shawna stated that she believes most therapists "don't know beans about what makes a transgendered person tick" and learn primarily from clients.

Tina spoke about her experience attending a Love Won Out conference sponsored by Focus on the Family. She expressed concerns about "a lot of misinformation presented at that conference" that she believed was grounded in negative stereotypes and inaccurate information

about transgender people in an effort to advance reparative or conversion therapy. She stated that if the conference was her “sole source of information and therapy, I could do myself a lot of damage and my kids too.” She went on to say that she questioned the qualifications of the people who spoke, and didn’t believe that people claiming to be therapists held licenses or credentials. While the field of family therapy is made up of diverse clinicians, many who do not ascribe to the beliefs of Focus on the Family, Tina’s response demonstrates that clients do not always know the difference and may hold the belief that when therapists address LGBT issues it is to conduct reparative therapy. Tina’s quote is not a response directly about family therapy, but a reflection on the perception of knowledge that informs therapy practices.

Kate: (Sigh) Most of them don’t have any idea what to do... most of them scurry to do their homework after they hear the first session... And then they get out the Harry Benjamin Standards and they try and fit everybody into those standards which I don’t think are very appropriate sometimes... And I know those are guidelines and they have, you have to start somewhere so they’re helpful, a starting place... But most counselors that I am familiar with end up trying to fit a person into a profile rather than develop the profile around who the unique person is. That’s why I’m a little leery of being put in somebody else’s box. I’ve talked to a lot of other girls in that situation and there are no two stories that are the same. There are no motivations... some just like to cross-dress and feel feminine for a while and I don’t have a problem with that, if that’s what they like to do, that’s not where I am. But most [therapists] don’t recognize the difference.

Ashley: I know from experience that a lot of therapists are uncomfortable with issues of sexuality and transgenderism in general. And unless you’re going to see a specialist there’s no guarantee that they will even know what you are talking about. And I’ve heard of a lot of cases where people have to actually educate their therapists. Um, you know, which is really not their job...you can’t get, you’re sitting there paying a hundred dollars an hour to someone to educate them... it’s not part of the education...which is kind of a shame because, you don’t want to make anyone feel alienated when they come in ... So you just have to answer...they [therapists] ask the questions that everyone asks that sometimes make transgender people feel uncomfortable.

### *Experience*

The second subtheme within the category of couple and family therapists was experience. Participants in the study stressed the value of therapists who have worked with transgender

clients or had some kind of first hand exposure to transgender people. They believed that therapists who had first hand experiences were more empathetic and understanding to their needs and the needs of their loved ones. Participants also stressed the need for professional training on gender identity. Many participants stated they would only go to therapists that other transgender people had referred them to because they held the belief that the therapists had experience that would be helpful to them.

Lily: Therapists are pretty much like everybody else. If they don't have any direct experience with it, they don't know. A wise person and a wise therapist, knows what they don't know. Not everyone's wise. There needs to be enough understanding [about transgenderism] that you don't get on the job training. You need to have enough of an idea of what's going on with this person in front of you, this person very likely that's in pain, that you can begin to help them. And if you can't, you can find somebody else that can.

#### *Assumptions*

The third subtheme of couple and family therapists, assumptions, were talked about by six of the participants. They discussed the needs for therapists to be free of assumptions about who they are based on their own gender identity or that of their partner. They shared thoughts about therapists who held preconceived notions about what clients need in therapy because they or a loved one is transgender, which they believe distracts from the actual issue the clients came to therapy for. Participants stated that couple and family therapists should not assume they know transgender person's experiences, as they are each unique. They shared concerns that therapists think that the primary issue is transgenderism, when they most likely would see a couple and family therapist for other reasons, specifically to work on relationships.

Kyle warned that therapists shouldn't "assume anything" until they have gotten to know their client. Ashley expressed concerns about therapists assuming stereotypical gender roles for transgender people and their partners, which may not fit because "everyone's situation is

different.” Sarah stated that she would find it frustrating if she and Lily went to a therapist for marital therapy and the therapist was “trying to delve back into how we felt about [my husband] being transgendered” because that is not why they are planning to go to therapy, but it might be assumed. Lily’s thoughts about therapists’ assumptions were especially salient:

Lily: transgendered individuals are going to come to a therapist and most of their issues have nothing to do, specifically, with being trans-gendered. It has to do because they’ve had to hide, they’ve had to lie, and they’ve felt all of this guilt and shame, unfortunately usually for years!

#### *Inclusive and supportive practice*

The final subtheme within the category, couple and family therapists, was inclusive and supportive practice. All the participants emphasized the need for couple and family therapists to maintain practices that are inclusive and supportive to transgender people and their loved ones. Sam highlighted the thought that many of the participants shared, that transgender people “just need the same help that everybody does”. They discussed intake paperwork, the therapist’s use of clients’ preferred name and pronouns, and a sense that the therapist’s practice was intentionally inclusive of transgender clients. An example included Kyle’s suggestion of keeping gender neutral toys on hand for children and just be affirming no matter... what.” Participants spoke about discrimination and limited access to therapy services because of their gender identity, when they most need help dealing with relational issues because they are transgender.

Kyle: Starting with the intake. Don’t have just M and F on your intake... we can tell, okay, I’m going to be okay here. There’s no explaining that I’m going to need to do if I choose one of them [male or female]. Start with intakes, and on the phone, [ask] what pronoun do you use? What name do you prefer? Make sure you have the legal name written down, but you use the preferred name on everything else... use the right pronoun from the beginning. You have to do the work to figure out which one it is. ... some of us look kind of silly when we’re working on transitioning and we admit that because we’re trying new things... try to not stare or look...you know the face. Don’t make a face... that hurts!

Ashley: You, you know, you meet someone who's transgender and their partner...and you come in and, and if you like, for instance just say...talk to the transgender person in their given name or use their chosen pronouns, like that will go a long way to establishing trust and stuff because so many professionals just see the little, you know, M or F on the driver's license and go by that for the entirety of the relationship and that's like it's totally unacceptable (Laughs). Like, if I'm introducing myself as this, you know, it's...go for that.

### *Loved ones understanding of gender identity*

The second theme that addressed what couple and family therapists need to know to best help transgender relationships was loved ones understanding of gender identity. Participants spoke about the role couple and family therapists have in helping loved ones to understand gender identity and transgender issues. They focused on helping partners as well as family members and children to understand in hopes of maintaining significant and family relationships.

Participants discussed how couple and family therapists can work with family members to address gender identity. They focused on the need to be understanding and encouraging. Kyle suggested meeting family members "where they are", by helping family members to not feel as though they have to understand the person, but do try to be understanding to their loved one, and encourage the families to stay together. Ashley compared being transgender to another life change such as marriage or divorce. She stated that therapists can encourage families to work together so family members are "speaking the same language and understand each other" by giving them space to process what is happening. They focused on the importance of identifying and processing the experiences of those in relationships with transgender people. Amanda and Sam offered their reflections that mirrored many other participants' thoughts on therapists helping loved ones to understand gender identity.

Amanda: ... It's not just something that's happening and it's not just a transition for that person who's trans. But, it's also something that's happening to the moms and dads and the aunts and uncles and the brothers. Derek's brother's been really cool about it, and my

siblings have been really cool about it but, it's, it's happening to them, too, because now they have to explain to other people why all the sudden they have a brother instead of a sister. Or why their sister is dating somebody who's now a guy and used to be a girl. It's not just happening to this trans-person. Maybe finding ways of making it more comfortable for those family members or those partners to talk to other people and giving them platforms as to how to go about talking to other people [in their lives] about what's going on, to educate other people.

Sam: I think it's a good thing, especially when somebody's transitioning like me, that the family does get together, and you hear what everybody in your family has to say. My parents --they don't really know it all that well, and they've done research, but I don't think they've done enough, and they have both agreed to sometime come down here and meet up with my counselor and talk about it, so that's a big step for them too. They want to learn more about it, which I respect that a lot, so I think that family therapy is a good thing, cause I think it's worse when you don't expose it or even talk about. I think it just distances the whole family.

Participants emphasized the need for couple and family therapists to help partner relationships understand their gender identity. All participants stated that they do not believe that they choose to be transgender, though partners may have difficulty coming to terms with their loved ones being transgender. Shawna stated that "when one member of the family is transgendered, it affects both of them". She spoke about the importance of establishing boundaries and rules so partners can have an idea of what is acceptable in the relationship and when couples might need to try to amicably separate due to differences in life directions. She also emphasized addressing the needs of the partner who is learning of their loved one's gender identity.

They discussed the importance of being in honest in therapy and working through feelings of betrayal.

Kate: Well, first of all ... it is not the intent of a person to deceive their partner. Usually deception happens because they love their partner and don't want to hurt them. I think that's the number one thing. There will always be a sense of betrayal ...but it's only because you don't want to bring another person into your problems if you can help it.

Lily: the idea is to work on the dynamic in the relationship. And...because some things are very hard to talk about. If you're not being really honest with your partner, or in



whatever kind of relationship it is, or in your family, then you can't deal with the issues.... the biggest help was just getting everything out on the table in a way that's not going to get you bashed over the head. And that's what a good family therapist can do. Make it possible for people to talk to each other-honestly.

## Chapter 5: Discussion and Conclusion

This chapter is divided into the following sections: (1) a discussion of the main findings of the study, (2) statement of self-reflexivity, (3) strengths of the study, (4) limitations of the study, (5) suggestions for future research, (6) suggestions and implications for clinical work, and (7) conclusion. Within the discussion of the main findings, I apply three lenses from which to view the finding: (a) phenomenological, (b) narrative, and (c) feminist.

### Discussion of the Main Findings

*Research question 1: What is it like for transgender people to disclose their gender identity to family members, friends, and other people they know? How did this disclosure influence their relationships?*

On the basis of these findings, it appears that as transgender people want to disclose their gender identity to loved ones. They identified loved ones experiences of struggling and showing support about disclosure as they attempted to make sense of what it means to be transgender within the context of their relationships. The findings of this study are similar to previous research on perceptions of family support for same-sex couples (Rostosky, et al., 2004), where disclosure was viewed as a complex process with a variety responses from family members. Participants discussed the notion of acceptance in terms of validating their still being loved and valued in relationships. They expected that family members may not understand and reject their gender identity, yet hoped that they would still be accepted as people and able to maintain those relationships. They invited loved ones to respect their wishes, for example in using preferred pronouns, yet demonstrated patience when loved ones struggled. Moreover, they believe that couple and family therapy can be helpful in addressing relational issues that develop.

Participants shared how they personally faced subsequent issues, as well as reflections of how those outside the relationship perceived them. This was particularly evident in the theme: perceptions of sexual orientation. This finding supports the claim that there are many assumptions and misconceptions about transgender sexuality (Denny, 2007).

*Research question 2: What metaphors capture transgender people's experiences?*

The findings reflect that coming to self-accept being transgender is a process of change, which is also evident in relational experiences. Participants felt as though they were constantly changing, and the metaphors that best described them reflected change. Change was vividly reflected in metaphors such as such as the roller coaster ride. The storm turning into a rainbow gave Kate hope for a better future once the difficulties she faces in her current life circumstances are dealt with. The rainbow after the storm is metaphor of how the earth and nature are always changing, and eventually the storm clears and there is beauty to come.

Shawna's metaphor of being a piece of coal that is turning into a diamond revealed her strength and patience leading to precious and beautiful being. She will face pressure and tension, but with enough time, her sparkling self will continue to form. It take time, temperature and pressure to form a diamond, which is reflective of Shawna's experiences living with her ill spouse, pressure to maintain a male persona in her male-dominated work as a contractor, and her own evolving self acceptance. Shawna's circumstances were complex as she was active in a transgender community yet remained in the closet to her family. She described her lifelong awareness of being transgender, as well as the ways in which her family has not understood when there were situations that might have revealed her gender identity. Shawna spoke clearly about her love for her family, particularly her son and his family. She appeared to exist with the tension of living in a way that she feels represents who she is as a woman, and maintaining the

role of father to her child. She also explained her role as caregiver to her wife who suffered a stroke and is no longer able to care for herself. Shawna demonstrated her masculine role as a breadwinner and father while at the same time embracing a highly feminine existence as a beauty pageant winner. It was evident that Shawna would eventually be forced to acknowledge or disclose her gender identity to her son, as she talked about her plans to undergo facial feminization surgeries that would physically alter her appearance.

Verbs are actions, and the metaphor of being in perpetual movement, never still as a person, dramatically expressed Lily being a self-described moving target. The moving car that Derek portrayed showed his willingness and desire to move and change, and his need to stay safe with the window up to protect himself from the unexpected.

Transgender people may realize that they do not fit socialized gender norms and choose to perform their gender (Butler, 1999) as they see fit to express themselves. These transformations highlight changes in the perception of self, the outward performance of gender, the perceptions others may have, and the experience of existing in a society that does not promote deviation from a normative binary system of gender.

Amanda's metaphor of the teddy bear left on the bed illustrated her experience of being there to comfort and support her partner when needed, but felt left out of the decision-making process. Teddy bears are soft and comforting, and easy to cuddle up with. Children (and some adults) sleep with them. They are a soothing symbol of coziness. Yet Amanda's description of the teddy bear being left on the bed elicits a sense of loneliness when that symbol of comfort is left alone.

*Research Question 3: What is your experience of mental health services?*

The findings support claims in the literature that mental health workers have a limited way of viewing transgender people; primarily through a pathologizing lens (Lev, 2004; Raj, 2002) and emphasizing the Standards of Care for Gender Identity Disorders ([www.wpath.org](http://www.wpath.org)) or no standard at all. Participants believed that therapists are not well informed about transgender issues, yet the participants value those therapists who are informed is consistent with the literature which indicates a shift away from pathology (Carroll et al., 2002; Raj, 2002, 2008). Participants' beliefs that therapists have little knowledge or training about transgender issues is supported in the literature (Emerson & Rosenfield, 1996; Lev, 2004; Raj, 2002).

I expected to find that transgender people and their partners did not think that couple and family therapists are well prepared to work with them due to the lack of literature available and limited inclusion of how to work with transgender clients at professional family therapy and family studies conferences. The findings also showed that transgender people and their partners have little faith that the majority of mental health practitioners have adequate ability to work with transgender clients. Rostosky, et al (2004) emphasizes the responsibility of clinicians to be educated "about the realities of institutional discrimination" (p. 54) and view problems in the context of societal prejudice and ignorance rather than pathology.

The findings of this study are similar to Rachlin's (2002) survey research that examined transgender and transsexual experiences in psychotherapy. Rachlin found that transgender and transsexual clients commonly sought out therapy for personal growth issues and later sought out a therapist who had experience with transgender issues. This finding parallels the experiences of many of the participants in this study. The perceived value of mental health providers who are informed about the constructs of gender identity and transgender issues was an expected finding.

*Research Question 4: What do couple and family therapists need to know to best help relationships involving transgender people?*

The participants' reflections on their experience as transgender people and those in relationships with them, as well as how they experience mental health, offer ideas that may be helpful to couple and family therapists. These concepts can help to guide couple and family therapists' work with transgender clients and their partners and families.

While there is limited literature published on affirmative transgender relational therapies, a majority of authors state that therapists must be self aware and educated on these issues (Carroll et al., 2002; Emerson & Rosenfield, 1996; Lev, 2004; Piper & Mannino, 2008; Raj, 2002, 2008; Saegar, 2006). The findings of the present study suggest specific areas that contribute to a well-informed therapist, which include knowledge, experience, assumptions, and maintaining an inclusive and supportive practice. These findings are also consistent with Raj's (2002, 2008) Transpositive Therapeutic Model (TfTM). TfTM is a thirteen step model that joins the therapy process with the family's developmental process through supportive treatment interventions.

Another implied finding identifies ways in which gender identity is closely related to the ways in which gender roles organize relationships. Though the foremothers of feminist family therapy were not directly addressing transgender people in family therapy, their highlighting the role of gender in the organization of families (Hare-Mustin, 1978; Silverstein, 2003) supports these findings. They identified how gender stereotypes are reinforced in the family through the lens of a larger social construct that constructed gender roles. Early feminist family therapists challenged notions of natural divisions of labor and unequal distribution of labor for men and

women (Silverstein, 2003). Feminist family therapists challenge gender bias in families, which is essentially at the root of transphobia and heterosexism.

### *Phenomenological Lens*

When I apply a phenomenological lens to participants' experiences disclosing gender identity, I see more clearly how meaning is created by gendered social norms. I use a phenomenology as interpretive inquiry (Dahl & Boss, 2005) in which the interpretation of meaning is influenced by a broad cultural and political context. Phenomenology is understood differently by different writers; in this study I sought to describe and understand participants' experiences as suggested by Dahl and Boss (2005). Transgender participants live in a culture that is organized around gender. They are aware of the differences between what is acceptable for men versus women such as dress, talk, walk, and express emotion. They have an acute awareness that rigid gender norms make it difficult for family members and loved ones to understand that they do not identify as the gender they were assigned at birth. They perceived that not disclosing meant that they were dishonest, since their identity did not match the understanding that others had of them. Loved ones struggled with comprehending that their previous knowing of this person is no longer once gender identity is disclosed. Family members came to know the transgender person as either male or female, and created expectations and meaning around who that person is based on their perceived gender.

Disclosure of gender identity to a loved one who does not have information or understanding about gender identity throws their understanding, thus their relationship with the transgender person, into question. Participants feared that disclosure would lead to judgment and remembered the fear, shame and secrecy that was often present as they were coming to discover their own gender identity. As they reflected on their own questioning, they expected that loved

ones would be even less accepting. When loved ones were receptive or willing to learn, transgender participants remembered feeling a sense of relief and described a strong sense of gratitude.

Participants perceived loved ones use of preferred names and pronouns to refer to transgender people as demonstrating a great deal of acceptance. Transgender participants choose new first and middle names that reflected their gender identity, unless they thought their name was gender neutral, which was the case for two participants. Society prescribed names to have gender, and there is a social understanding of what names are appropriate for girls and what names are appropriate for boys. For example, the name John is recognized as a male name and Katrina is a female name. People make assumptions about the gender of a person based on their name without having to physically see them. Names are known to be gender makers, therefore when a transgender person changes his or her name to represent the gender that person identifies as, and others use that name, they experience that person as being reinforcing. By using a preferred name, and similarly a preferred pronoun, participants experienced these occurrences as being accepted.

Categorical thinking about sexual orientation created confusion to those outside the didactic relationships involving transgender people and their partners. Social definitions and understand of sexual orientation included same-sex partnerships. The internal meaning of sexual orientation differed from outsider perspectives. This uncertainty appeared to be closely connected to how outsiders make sense of who the participants are in terms of who they partnered with. Participating partners reflected on their belief that their sexual orientation was a part of their identity which did not shift; outsiders perceived their sexual orientation to change



when their partners transitioned. Transgender participants views on sexual orientation were often different from their partners.

For example, Amanda and Ashley continued to identify as lesbian despite their partners' male identity and physical representation. Derek and Kyle, their partners respectively, no longer identified as lesbians, although they had prior to transitioning. Both claimed that they didn't feel as though they are straight either. Derek identifies as bisexual and queer because he doesn't believe he identifies with the heterosexual community. There is an interesting phenomenon that emerged regarding identity categories in relation to gender. These categories were more meaningful to transgender participants than to their partners. Their stories alluded to the significance of validation of their gender identity as reflected by their sexual orientation. To be seen as a lesbian would mean they are women when they strived to be recognized as men.

Sarah spoke about her experiences that she is viewed as being a lesbian when Lily presents as female because she too is female, even though she self-identifies as straight. She stated that her experiences of being seen as a lesbian didn't fit for her, but did not reflect meaning about her gender identity; validation about her gender identity was not connected to her perceived sexual orientation. Although his family believed he was lesbian, Sam never identified as a lesbian although he is attracted to women because he never felt like he was also a woman.

FTM participants described some ongoing connection with the lesbian community, where the MTF participants did not. Tina shared that she has struggled with dating because she is not yet publically passing as female, self-identifies as lesbian, but is not viewed as female within the lesbian community.

All of the transgender participants stated they are attracted primarily to women; FTM participants who once identified as lesbians are still attracted to women, and MFT participants

who once identified as heterosexual are still attracted to women. None of the FTM participants in this study ever identified as heterosexual women prior to transition, which is reflected in the literature.

Metaphors are a representation of an idea, and participants created meaning by using rich representations of their experiences. They used symbolic representation of movement and change to describe themselves and what they have been through or are currently facing. What does it mean to experience being transgender? They connected most meaning to changing how they are perceived to how they want to be perceived. For example, a roller coaster moves fast, twists, turns, and often times the rider does not know what turns are ahead. The rollercoaster rider has to believe that the ride will eventually come to an end and they will be ok, no matter how scary the ride.

Participants experiences of mental health services I discovered that participants did not ascribe to some of the negative social stigmas that frequently exist around getting help for mental health. All of the participants expressed a belief that mental health services can be and are helpful given the provider is informed about transgender issues. There was a clear difference in what it meant to seek mental health services for issues related to gender identity as compared to other life circumstances such as depression, anxiety, and relationship work.

For those who were seeking transition or know others who were, the approval of mental health providers meant access to medical care that they saw necessary to change their bodies to lead the kind of life they wanted to live. Participants discussed varying degrees of undergoing physical procedures to feel as though they were accurately and believably performing their sex, and mental health care helped normalize this experience and provide access to it.

Mental health services were believed to be beneficial to participants who wanted to make changes in their lives or work through problems. They remembered moments they felt accepted by providers who validated their gender identity. When mental health professionals responded in ways that felt accepting, participants felt reaffirmed. Culture places a great deal of importance on being normal, and to be normal meant to be validated by others that they were not sick.

Couple and family therapists' knowledge about transgenderism, experience knowing and working with transgender people, lack of assumptions, and maintaining an inclusive and supportive practice create a significant belief that they are well-informed and able to work with relationships involving a transgender person. The sense that couple and family therapists are well informed encouraged participants to consider attending relational therapy. They have an understanding that therapy can be helpful when facing issues and problems, and as clients they should not be in the role of educating therapists. In a culture that values family and relationship, working to maintain cohesion is a priority. Informed, educated, affirming therapists are thought to provide a space to do that work.

### *Collaborative Therapy*

Collaborative therapy directs clients to become the experts of their own lives, and instructs therapists to maintain a non-assuming role. The themes derived in this study fit a collaborative therapy approach as participants stated that they were concerned about assumptions by therapists about what they need in therapy. Collaborative therapy is a philosophical stance, or a way of being that encourages therapists and clients to become conversational partners (Anderson & Gehart, 2007). Therapists maintain a stance of “not-knowing” as they consult with clients who are considered the authority on their own unique lives. From this perspective, clients are valued as distinct human beings, not categories of people. As indicated in the findings of this

study, transgender clients and their loved ones want therapists who would accept and appreciate transgender clients for who they are.

Therapists and clients enter into collaborative relationships by becoming conversational partners. Collaborative therapists invite clients into these relationships by communicating that clients are welcomed and respected, by showing interest in engaging and learning about the client in the manner they choose to present themselves, and trying to understand the client from their perspective by listening and responding as a learner. The therapist seeks to understand the meanings and understandings of the client's lives from the client's perspective. Solutions and outcomes to problems are mutually created in therapy and unique to the people involved (Anderson, 2007).

Collaborative approaches to therapy (e.g. Anderson & Gehart, 2007; Anderson, 1997) consider the world in which we live to be socially constructed, through experiences and co-created through conversation with others. These approaches can be helpful with transgender clients because they allow clients to engage in conversations that break from social norms and define themselves in terms of their possibilities. It is particularly important for couple and family therapists to pay attention to how clients see gender in their own lives. Anderson (2007) states "it is not about finding truths, scientific or otherwise, nor is it about objects or things: it is about people" (p. 44).

### *Narrative Lens*

When I applied a narrative lens to participants' experiences related to disclosure of gender identity, I discovered that participants talked about life before disclosure, during disclosure, and after in their stories of disclosure. There was a shift in how participants storied their lives prior to disclosure and after disclosure. They also experienced their lives as confusing

prior to learning about gender identity, and once they connected with others and learned that they were not alone in their experiences, they storied their lives in healthier ways.

Decisions about disclosure were based on participants anticipated outcome stories. Participants made sense of their life experiences through the stories they shared about disclosure to loved ones. They told their story within the context of what was considered normal in their families. For example, prior to disclosure Kyle experienced fear that his partner, Ashley, would leave him and that his parents would be disappointed and not accept him. He countered these fears with his knowing of their love and support, particularly when he came out to his parents as a lesbian. He also commented on his growing up in a close and open relationship with his parents, which he believe gave him enough safety to disclose his gender identity early in his own discovery process because he trusted that they would support him. Kyle described what he experienced disclosing his gender identity to each of his parents and his partner; Ashley was immediately accepting, and both his mother and father looked to professional literature, as they both have graduate degrees that allow them opportunities to learn about gender identity in their professional fields as an obstetrician/gynecologist and a clinical psychologist. With the support he found from those closest to him, Kyle then spoke of future plans and where he sees his life direction as a male-to-female with hopes as passing as male, maintaining both his parents on his transition team, earning a graduate degree and starting a career, and marrying his partner. Had Kyle's past narratives been different, the stories he created about his close relationships would have been different, which would have led to different stories for the future, possibly influencing his current life story.

When I applied a narrative lens I discovered the present, in-the-moment stories that participants constructed about who they are and how they live. They saw themselves moving; in

a vehicle, on a roller coaster going up and down, opening flower petals, unraveling yarn, a clearing sky with an emerging rainbow, answering the ringing phone, as metamorphosing coal. Participants made sense of the changes and transformations of themselves both emotionally and physically in their metaphorical narratives.

The narrative lens in which participants viewed the world greatly influenced the ways in which they storied their experience with mental health services. Only one participant was involved with mental health professionally, yet all held the belief that most therapists are not well informed about transgender issues. Participants reflected on their own experiences and those of others they knew working with counselors, therapists, psychologist, and psychiatrists. These memories and stories created a sense of skepticism about uninformed mental health providers, and a great degree of faith in transgender friendly and informed providers.

Roles people play in life are defined by gender such as wife, husband, mother, father, sister, brother, daughter and son. Participants were aware and fearful of how loved one might not be able to understand based on the defined role family members play. Language is powerful in how stories are constructed, and participants sought support from mental health providers in creating new narratives that fit their gender identity.

In a world that is frequently intolerant of people who exist outside the normative gender binary, participants storied mental health providers offices' to be safe havens when they were able to trust that they were not viewed as "disordered". Many opted to attend therapy so they could change their life stories, though they found gender identity to be secondary to others concerns they face in their lives. Participants storied their coming to terms and maintaining relationships as family transitions. They saw their lives connected to those they care about and look to couple and family therapists to help their loved ones create new narratives about the

relationship. The narratives involving loved ones included how participants and their families were storied based on their knowing of the transgender person's sex assigned at birth. Current stories and the creation of new narrative included the hopes of professional help from couple and family therapists who are open to hearing unique and individual stories, and work with them to create new narratives with acceptance of their own gender identity and acceptance as people by loved ones.

### *Narrative Therapy*

The ways in which people story their lives shapes how they experience them. Narrative therapy views problems as something external that affect people rather than an organic part of who they are. Issues prevalent for transgender people are considered to be socially constructed due to an intolerant society. Narrative therapy considers realities to be socially constructed, constituted through language, organized and maintained through narratives, and incorporates the belief that there are no essential truths (Freedman & Combs, 1996). A narrative therapy approach is particularly salient for transgender clients, as the therapist sees gender as socially constructed, which allows the client to self-define their gender. They can view gender as represented in everyday language that organizes and maintains norms.

In narrative therapy, through the development of new narratives, new directions and stories are created. White (2007) stated that many people believe that their problems are a reflection of their identity, other's identity, or relationship identity, points that support the findings of this study. Essentially, clients believe they are the problem and narrative therapists help people to understand that they are not their problems. Narrative therapists also help clients to "re-story" their lives by giving more emphasis to life-giving stories ("I am a competent person who is true to herself") that may presently overshadowed by negative self talk ("I am a freak).

Transgender clients and their loved ones can become separate from the problem through the process of externalizing conversations. For example, the narrative therapists might explain that the problem is not gender identity; but concerns about rejection. Rejection would then be the problem and the therapist might ask about the effects of rejection on the client's life. Has the client been successful addressing rejection in the past? Therapy might focus on family and friends coming together to fight rejection.

Piper and Mannino (2008) offer an example of how narrative therapy can be used with transgender clients. They begin by deconstructing what it means to be a man or a woman by asking deconstructing questions such as "Where did you learn about being a man or a woman? And "has society tried to convince you about your gender?" Piper and Mannino address identity foreclosure and externalization by asking questions such as "who benefits from the pressure to align your natal sex having influence on your life?" They state that identity moratorium happens throughout therapy as transgender clients reflect on their ideological positions that their identity is formed. An example of a unique outcome is when the transgender client feels congruent with their gender identity.

### *Feminist Lens*

When I applied a feminist lens I discovered that society's rigid definitions of gender within a normative binary system makes it difficult for transgender participants to disclose their gender identity, even to close loved ones who might support them through other difficult experiences. Gender is reiterated in everyday life (Butler, 1999), and people must ascribe to the roles and rules of what it means to be woman or man. Living outside that norm breaks rules that people who do not think about gender do not question; therefore disclosure of a discordant gender identity can lead to strain on or the loss of relationships.



Many people do not question their gender identity and have trouble conceptualizing another person's experience that might break those gendered social rules. People whose gender identity matches the gender they were assigned at birth do not face the scrutiny of being considered a liar for not disclosing their gender identity because it fits the norm; they do not feel a need to be honest about their gender because they perform as expected. The need to be honest about one's gender identity stems from a rigid system that does not allow for fluidity and forces people to be one or the other. Acceptance is rooted in an understanding of gender fluidity and a willingness to challenge social norms. Learning about gender identity can help both those who identify as transgender as well as loved ones understand this binary and realize that normative ideas of what constitutes sexed categories do not fit all.

Participants felt fairly constrained by the cultural rules of the gender they were assigned at birth, and the metaphor of change symbolically illustrated their breaking free from those rules. Shawna described herself as a lump of coal as she is living outwardly as male on most days and presents as female on occasion based on her life circumstances. If she continues under this pressure, she will eventually turn into a diamond that is beautiful yet strong as a woman. Kate described her confinement living as a man, which she does not identify as, as being like a ringing phone. She answers the phone when she realizes that she must nurture the woman in her. Lily used the metaphors of a flower and a ball of yarn that is unraveling to talk about her experience of looking one way, and then being much different once the petals open or the yard unwinds to reveal what is actually on the inside, her female identity.

Participants who were working with mental health providers who followed the Standards of Care for Gender Identity Disorders did not believe they had a mental disorder; however, they were willing to be diagnosed in order to receive permission to physically alter their bodies so

they could more accurately perform their chosen sex. In order to meet the criteria, they had to prove they fit into a particular sexed category by looking, talking, and acting as such. A feminist lens deconstructs the role that some mental health providers play in defining gender by supporting a system that requires hyper femininity or masculinity to then changing the body in order to fit a norm.

Participants told stories of how important it was to pass, or be recognized by strangers as the sex with which they identify. They explained their efforts to adapt mannerisms, voice tone, secondary sexual characteristics, and clothing to best present their identity. Participants felt self-validated as the sex they identify as when they were able to perceive that their body looks or felt what they perceived to be female or male. Their experiences reflected the perception that physical bodies should conform to specific gendered norms. They took measures such as undergoing electrolysis, a double mastectomy, sexual reassignment surgery, hormone therapy, a hysterectomy, and other surgical procedures to change the appearance and function of their bodies. Participants reported feeling validated when they experienced more ease when they passed in public after undergoing bodily transitions.

Several transgender participants spoke about the alterations they wanted to make to their bodies in an effort to fit into what they believe is their correct sexed category. Shawna plans to undergo extensive feminization surgeries to shift the structure of her face and body to appear what she thought would make her more womanly. Derek underwent a full hysterectomy to stop the production of estrogen in his body and stop menstruation. Lily expressed her distress with her body hair which led her to undergo electrolysis hair removal even though it caused some financial stress. Kyle discussed satisfaction with his vagina, but was planning to undergo top

surgery, or a double mastectomy. Derek, Kyle, Sam, Shawna and Tina are all on hormone therapy.

Participants' personal sense of gender was frequently based on how they believed they were able to act as the sex with which they identify. This included changing the pitch of their voice, wearing dresses and make up or pants and baggy shirts. It included their hair styles, painted long finger nails or short finger nails, and mannerisms. Participants stated they experienced validation from others when they were able to pass in public based on their behaviors and aesthetic appearance (i.e. clothing, hair). It also includes requesting that family and friends call them by preferred pronouns. Being referred to as their preferred pronoun also reinforces what they view as a reflection of who they are through the use of language.

All of the transgender participants presented as the sex they identify during our interviews by wearing what would socially be considered gender appropriate clothing, hair styles, and mannerisms. Throughout the interview Shawna spoke in a high voice, however at one point her employee called her cell phone about a work matter and she answered in a deep, booming voice. The manner in which she spoke was gruff, which changed to a more polite and soft tone once she hung up. She spoke about a significant person in her life who taught her to be a lady, in both the way she looked and acted. She participated in and won beauty pageants by wearing glamorous evening gowns and looking like a feminine woman. Shawna is able to adapt and present in gendered ways as man or woman depending on what is expected and acceptable by her peers. Other transgender participants reinforce gender in a variety of ways. Derek, Sam, and Kyle dressed in only male clothes and wear short hair cuts. They expressed interested in what is socially considered "guy stuff". For example, Sam is very involved in cars and trucks and spends a lot of time and money on his custom vehicle. Lily shared a story about a time when she

was home late at night in her fluffy robe, which reflects language that is more representative of a woman; due to masculine constructs, men do not typically describe their loungewear as fluffy.

I am aware that sex refers to a category that corresponds to perceptions of a person's biological anatomy and physiology and that gender refers to a social understanding and experience of femininity and masculinity. However, I found that I began to confuse sex and gender throughout the writing process. These terms are frequently used interchangeably, though they have difference and distinct meanings. The relationship between sex and gender became confusing, and at times I could not tell if it was the sex or the gender piece that the participants feel adequately legitimizes who they are. Participants demonstrated an ongoing interplay between sex and gender cues. At times they misuse some of the cues that indicate distinctions between sex and gender which contributed to my own confusion. As a therapist, it seems important to strive to understand the interplay a transgender person experiences in regards to sex and gender. Feminist theory led me to want to separate the biological from the cultural, and I found my theoretical understanding of that distinction being undone in my role as an empathetic researcher.

Dominant ideas about gender reinforce the belief that there are two categories of sex; a person is either male or female. The existence of intersexed bodies challenge this belief, yet rather than move away from male/female dichotomies, medical intervention has allowed bodies to be changed to fit the male/female norm rather than change dominant belief systems. These types of practices demonstrate the socially mediated values people place on bodies to represent their sex. Related beliefs organize people into two gender categories; one is either man or woman. Butler (1999) states that gender has no essence, yet it appears to be real and inherent in the lives of transgender people as they live according to dominant social beliefs. Transgender

participants in this study maintain the belief that their gender identity is central to who they are as people, yet their existence as transgender people challenge social norms that classify them by their fixed sexed category. Participants' ability to either change their gender or exist as two genders exemplify the concept of performativity; or as Butler (2004) states, "the reality of gender is itself produced as an effect of the performance" (p. 218). Participants hold ideas about what it means to be either man or woman and strive to make changes in their appearance and behaviors to reflect their gender identity. Those appearances and behaviors change over the course of time yet are reiterated in everyday life as people continuously look and act as they believe they are supposed to as a woman or a man. There is no origin for these patterns of behavior based on gender norms, though they are repeated and reinforced over and over.

The binary gender system continues to reinforce and reiterate how participants live as their perceived gender. In transgender participants' efforts to live as the gender they identify, they reinforce binary gender norms, which is required for survival socially. This phenomenon which is evident in the participants' lives is best explained by Butler (2004), "Sometimes the very conditions for conforming to the norm are the same as the conditions for resisting it. When the norm appears at once to guarantee and threaten social survival (it is what you need to live; it is that which, if you live it, will threaten to efface you), then conforming and resisting become a compounded and paradoxical relation to the norm, a form of suffering and a potential site for politicization... I think we should not underestimate what the thought of the possible does for those who experience survival itself as a burning issue" (p. 217). Transgender participants challenge what is socially considered natural or unquestionable by seeking to change what is thought of as unchangeable; their gender. They believe that they are challenging gender because they identify as transgender, yet attempt to live in ways that they believe are expected of either

men or women. These people must live within the bounds of social norms in order to survive and therefore adhere to what they believe is expected of the gender they identify as.

I want to remain respectful of the participants, yet explore the differences in how I see gender operate in their lives versus how participants see gender operate. There is variation in the ways participants view sex and gender; it is interesting to consider Kate and Tina. Kate lives outwardly as a man and feels she is a woman although she can rarely present herself as a woman in public. She discussed her personal feelings about being a woman regardless if she was able to live openly as a woman. Kate's personal sense of being a woman seems to be more significant than her bodily representation of her sex. Her experiences are different from Tina who is actively pursuing surgery, hormone therapy and regularly dresses in women's clothes and wears a long hair wig. Kate is able to pass as a woman due to her small frame and Tina is tall and athletic and has a more difficult time passing. I assume that Kate may be seen and therefore validated as a woman by others and Tina may be suspected of not being a "real" woman by strangers' standards. Both expressed that they feel as though they have always known they are women. I continue to wonder how external validation potentially plays a role in how each views the need for surgical procedures. Or how other peoples' perceptions about their gender influence the way they view their sexed bodies.

At times, it seems that the partners of transgender participants had a more fluid belief about gender. They shared stories of how they at times are perceived within a category of sexual orientation that they do not identify as. They described their own sense of being with a transgender partner, which did not impact the way they viewed themselves in terms of their own gender. They had to transform their own sense of sexual and intimate relationships in order to remain with their partner.

Participants sought mental health treatment for issues related to transgenderism and other life circumstances. Some attended therapy to work through stressors individually and in relationships that arose as result of not fitting into a society that is restricted to two genders. Participants believed in many socially defined ideals for relationships such as marriage, monogamy, approaches to parenting (both young children and adults), and emotional health. They look to mental health providers to understand, yet hold the belief that most do not. Mental health training and certification, which usually requires a graduate degree and license, were not believed to include information about gender identity. Participants' belief that clinicians are not informed about transgender issues speaks to the lack of care available to this population. Further, by passively omitting or intentionally not including transgenderism in training, it reflects the gender bias and trans/homophobia that exists.

I discovered participants' held perceptions that couple and family therapists often reinforced assumptions about clients based on their gender presentation. Participants realize the influence that gendered expectations and norms had on their relationships, and seek couple and family therapists to help deconstruct these norms with family members and loved ones so that they can maintain relationships.

Transgender people exist as an oppressed population as they challenge rigid gender constructs by existing in ways that are not socially condoned. While they frequently reinforce gender norms, they also challenge social ideas about sex and gender. They are not free to dress, act, and love how they see fit without the harsh criticism of outsiders. Aspects of a well informed couple and family therapist include basic rules of good practice; however these seemed unique to participants who have had to seek referrals from other who know. Participants looked for couple and family therapists who deconstruct gender norms, and have an understanding about how

families are organized by gender. They want to attend therapy to work on presenting issues, not spend time educating therapists about gender identity. Mental health has maintained fairly rigid norms about gender when pathologizing behavior, and couple and family therapists were not seen to be an exception.

### *Feminist Family Therapy*

The findings of this study support the views of feminist-informed practices. Therapists should be aware of gender-bias in therapy theory and models, and work to ensure that clinical approaches empower clients. Therapy should focus on the oppressive system in which transgender people exist. Therapists can explore elements of gender performance (Butler, 1999) with transgender clients both individually and in relational therapy to learn where clients learned what it means for them to be a man or a woman and how they live these gender based expectations. Feminist-informed couple and family therapy can create a space for transgender clients and their loved ones to explore their assumptions rooted in ideas about gender. Therapists also examine how transphobia, heterosexism, and gender privilege may intersect with other life circumstances of clients, such as race and class.

### Statement of Self-Reflexivity

My experience of collecting data in this study was exciting, powerful and at times, emotional. Interviewing people about their experiences disclosing gender identity reminded me how internalized shame and confusion can lead people to story themselves as broken. By way of reaching out, taking risks in seeking support and holding true to who they are as healthy people, I was reminded how real the threat of rejection is for transgender people.

In my training as a couple and family therapist I have learned about self-care and self-of-the-therapist work. I was prepared to face the emergence of personal emotions through the



interview and coding process as I conceptualized the difficulty I faced with my former partner. As stated earlier, prior to collecting data for this study I had discovered that my former partner identified as male. At the time of data collection I attempted to be understanding, yet held harsh criticisms that she had not been honest with me. As I listened to participants stories I began to have an increased understanding of why even I, a transgender ally, advocate, therapist and researcher, might not be considered safe within the context of a close interpersonal relationship. I will never forget the impact Kate's interview had on me as she told me that it is never the intent of a transgender person to deceive their partner. Rather, they want to protect them from being hurt by not telling their loved ones; to avoid forcing another person to deal with their problems. Kate's inner turmoil of loving her family and fearing rejection was powerful for her and I as her words reconnected me to my experience of being in a relationship with a partner who I felt deceived me. Kate helped me to be more compassionate in understanding the hurt in my own relationship.

I found myself challenged throughout the data analysis and writing process. I was clear that theory informed this study, which needed to remain practice oriented, and I found myself struggling to find the right language at times. I realized that I would have to sacrifice proper grammar if I wanted to write in a way that was gender neutral. More importantly, I was challenged when I felt like my theoretical ideas and empathy as a clinician were clashing. I am aware of the critiques that academic theorists depersonalize the experiences of transgender people, as well as my desire to be supportive and understanding in my role as a therapist-researcher. I wanted to be both compassionate and critical, which created an uncomfortable juxtaposition. I found that I abandoned my critiques about gender if they had the potential to offend participants in order to be fully present in the interviews, which I believe was appropriate

and helpful. Being present and witnessing people share their stories is a valuable clinical skill. However, this became troublesome when writing. I wanted to maintain my primary stance as a therapist, which is guided by collaborative practices and kept me from applying the necessary critical lens that I initially sought out to do in this study. I didn't want to disagree with participants for fear of minimizing their voices. I felt that as a white woman who has never questioned her sex, I had no right to impose my views on the stories of the participants.

Through the process of reviewing theory, re-reading my dissertation proposal, connecting back to what I hoped to contribute by conducting this study and feedback from my committee, I was able to work through my hesitations. I permitted myself to examine the differences in how the participants saw gender operate and how I saw gender operate, and face those tensions. I was able to exist in the tension of being both a collaborative therapist and a critical researcher. This tension facilitated my application of theoretical frames to the participants' stories so that I was better able to understand how gender constructs function and develop useful research and clinical implications from the data.

This study has provided an unparalleled opportunity to learn, reflect and grow as a person, researcher, clinician, and educator. While some lessons were to be expected, those more personal in nature were not expected. Yet they allowed me the most opportunity to grow and develop. I was reminded of the power of dialog and reflection as my participants entrusted their stories with me, and expected me to re-tell them with integrity and hope for change. This experience reinforced the feminist notion that the personal is political; conducting this research has forced me to contemplate the connections between my own experiences of being in a relationship with a partner exploring and hiding her gender identity and those of the research participants. My personal and professional interests push me to organize change in clinical work

and training. Similarly, this research allowed me to use my voice to include transgender voices and affirmation in my professional organizations, my university community, and the mainstream journals in my discipline, all of which have typically remained silent on the issues of transgender people.

### Strengths of the Study

A strength of this study is that it is timely. Transgender people are gaining more social recognition and are more frequently being portrayed in healthier ways, in contrast to the less-than-positive talk-show depictions from the 1980s and 1990s. In addition to the call for more research and clinical guidance for working with transgender people and those in relationship with them, I have presented gender identity and transgender issues to national, state, and local organizations geared towards family practitioners and have personally seen the needs for training in this area. Audience members stated that they have seen transgender people in their practice yet had little or no training with this population, and did not know where to get resources. In an effort to address this deficit, I am routinely asked questions, and have been invited to present at mental health agencies because of my work in this area. My personal experiences combined with the call for transgender research in the literature and themes found in this study demonstrate the timeliness of conducting this research. Additionally, universities and public agencies are adopting more inclusive and diversity-friendly stances which include gender identity and expression, which allows for this work to be done now.

Another strength of this study is that it is the first of its kind. Currently there is no research that exists that uses in-depth interviews to explore transgender disclosure in close relationship and how couple and family therapy could be helpful to this population. Participants were allowed to share the complexity of their stories in a way they felt comfortable based on

location of the interviews and the self-moderated depth in which they explained their responses to interview questions. This study was multifaceted in that it looked at transgender relational experiences as well as experiences and reflections with mental health providers.

A third strength was the focus on transgender people in a non-pathologizing manner; specifically looking at relationships. There is limited literature on transgender people from a non-pathologizing position, and fewer looking at relational aspects. This research contributes to a needed body of research with an underrepresented population from a perspective that views them as being or working on the potential to be healthy and functional.

The study includes participants with varying gender identities and expression. Participants were invited to participate if they self-identified as transgender, which allowed for a range of respondents. Participants who were transgender self-selected for the study. I did not define what transgender meant or impose categories on gender identity, thus allowing candidates to define transgender for themselves. Female-to-male participants were well represented in the study, which is lacking in the current literature, since transgender research has traditionally focused on male-to-female subjects.

#### Limitations of the Study

The data were collected from a small sample size (10 participants). The study replicates a limitation in previous studies in that data on LGBT relationships are primarily collected from the LGBT person's point of view and do not include the perspectives of other people in the relationships. While this study made an effort to address this, only three of the participants were partners of transgender participants and no other relationships were represented.

By virtue of recruiting participants through snowball sampling and online listserves, all of the participants are connected to a transgender community in some way. One can assume that

participants were resourceful in locating support systems; therefore transgender people who might identify struggles related to isolation are not represented in this study. There was also no representation of relationships where cut off occurred after disclosure. The population in this sample was self-selected; therefore may not be fully representative of the transgender population, although qualitative research is not intended to locate generalizable populations.

There was not an opportunity to interview non-accepting family members and loved ones to learn of their experiences, which is likely to be an even further underrepresented group in the couple and family therapy literature. I interviewed partners who appeared to be well-functioning and accepting. I did not interview anyone whose family cut them off a result of disclosure, which could have yielded different findings.

Most of the participants were Caucasian (n= 9) and all attended some college. There was limited representation of people from differing racial, educational and socio-economic backgrounds. All of the male-to-female participants (n= 4) were within the age range of 45-57 and all of the female-to-male participants (n= 3) were age 24-26. Participating partners were also within these age ranges respectively. The perspectives of younger male-to-females and older female-to-males were not represented in this study. It is interesting to note the class and age phenomenon in the demographic difference in the participant sample. While it was not the intention of the researcher as participants self selected to take part in the study, the female-to-male participants were younger, college students with lower socio-economic status. The male-to-female participants were older and maintained a higher socio-economic status and recognized their gender identity later in life. While data were collected in two different geographic locations (a large southwest city and a small Midwest city), participants' responses did not appear to vary

based on location. Still, differing ethnicities, ages, and locations could have yielded different findings.

### Suggestions for Future Research

I conducted a qualitative study looking at transgender people in relationship and how to best support those relationships through mental health services from their own perspective and those of partners. Based on the findings of this study, there are multiple suggestions for future research that could help couple and family therapists gain understanding about the needs of transgender people in relationships. There also are suggestions for increasing couple and family therapists' awareness regarding transgender affirming practices. These suggestions for future research include: (a) studies focusing on diverse samples, (b) more studies derived from the themes from this study (e.g. decision to disclose, acceptance by loved ones, perceptions of sexual orientation, change, purposes for seeking mental health services, and transgender-informed couple and family therapists), (c) studies focusing on power in transgender relationships, and (d) studies exploring transgender inclusion in couple and family therapy training.

*Studies focusing on diverse samples.* A suggestion for future research is to include a sample of diverse ages, ethnicities (African Americans, Latinos, Native American), and gender identities. Future research also could include look at specific relational dynamics such as adult children and parents, siblings, lesbian partners where one person transitions to male, heterosexual partners where one person transitions, relationships involving two transgender people, extended families, etc. Research that focuses on location, such as large cities and rural communities could also provide insight to inform therapy practice in diverse community settings.

*Studies focused on the themes from this study.* Several themes emerged from the data in this study related to the decision to disclose, acceptance by loved ones, perceptions of sexual

orientation, change, purposes for seeking mental health services, and transgender-informed couple and family therapists. Future studies could focus on a specific aspect derived from this study for further examination. The road to acceptance could be examined to elicit more data on struggles people face during and after disclosure of gender identity. Further investigation of how loved ones support their transgender family member would also provided detailed information that could be helpful in better understanding transgender relationships. Themes and subthemes could be further investigated by conducting case studies to look closely at participants' experiences of couple and family therapy, specifically what makes a practice feel inclusive and supportive. Larger studies could entail statistical methods to examine data from representative samples of practicing clinicians and trainers to explore couple and family therapists' knowledge, firsthand experience, and assumptions about transgender clients and relationships.

To better understand transgender people and loved ones who reject them, studies of non-accepting family members would provide rich data that have not been collected for the purposes of better supporting transgender people from an affirmative position. Data exist in the realm of reparative therapy organized by religious organizations; however there is none that identifies unsupportive responses to transgender disclosure from the perspective of the family member.

*Studies focusing on power in transgender relationships.* Feminist family therapists look at ways in which power dynamics exist and regulate relationships. People are socialized to understand there are differences in roles and expectations based on gender. As a result, men possess unearned privilege and women struggle to be viewed as equals in relationships. A suggestion for future research would be to look at the ways in which power dynamics exist in relationships with transgender people in transition. For example, how might the existence of power change when a person who lived as a male transitions to be female? Similarly, how might

the lesbian partner of a person who lived as a female experience power dynamics within the relationship as her partner transitions to male?

Aesthetic forms of data representation engage readers intellectually and emotionally connect to research; we well as captures research participants experiences (Piercy & Benson, 2005). Metaphors offer a powerful approach to elicit descriptions and provided rich data in the present study. Using metaphor to inquire about power in transgender relationships may bring forth evocative responses that may help people who do not self-identify as transgender and people who have not been in relationship with a transgender person personally connect with the research.

*Studies exploring transgender inclusion in couple and family therapy training.* Future research should include studying transgender inclusion in couple and family therapy training programs and in continuing education. Moreover, I suggest studies that examine lack of understanding, bias and transphobia in clinical faculty as well as trainees. Content analysis of course syllabi, surveys, and interviews of trainers and students would provide useful data to determine the frequency and extent of education about transgender clients. A review of workshops and research presentations at national professional conferences such as The National Council on Family Relations, The American Association for Marriage and Family Therapy, and The Psychotherapy Networker, would offer data on transgender inclusion in continuing education for therapists.

#### Suggestions and Implications for Couple and Family Therapy

There are a number of suggestions and clinical implications based on the findings of this study. These include (a) couple and family therapist education and training, (b) therapists' awareness of transphobia and heterosexism, and (c) clinical approaches.



*Education and training.* According to the current COAMFTE accreditation standards, a key element of a training program is an educational outcome that reflects understanding and respect for cultural diversity (2005). The Preamble states:

“The standards apply to the training of marriage and family therapists and are based on a relational view of life in which an understanding and respect for diversity and non-discrimination are fundamentally addressed, practiced, and valued. Based on this view, marriage and family therapy is a professional orientation toward life and is applicable to a wide variety of circumstances, including individual, couple, family, group, and community problems. It applies to all living systems; not only to persons who are married or who have a conventional family” (American Association for Marriage and Family Therapy, 2005, p. 3).

The inclusion of gender identity in couple and family therapy training is critical in preparing therapists to work with a diverse clientele. Further, information about transgender people as a population is not enough. Training needs to address larger systems of oppression and be direct by using language that clearly demonstrates transgender inclusion. A clear-cut example can be found in the Council on Social Work Education (CSWE): Educational Policy and Accreditation Standards, which states that diversity considers the intersections of “age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation” (p. 5). The CSWE further exemplifies inclusive practice by stating that that social workers:

“recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power; gain sufficient self-awareness to eliminate the influence of personal biases and values in working with

diverse groups; recognize and communicate their understanding of the importance of difference in shaping life experiences; and view themselves as learners and engage those with whom they work as informants” (p.5).

Since diversity is a core element of couple and family therapy training, including gender identity in training programs will contribute to better informed and aware therapists. Murphy, Park and Lonsdale (2006) found that a course on diversity issues significantly increased students’ multicultural knowledge, skills, and awareness. Godfrey et al. (2006) recommended that in order to prepare trainees to work with GLB clients, therapist trainers should focus on self-of-therapist issues, classroom learning, and supervision. I believe this also applies to training therapists to work with transgender clients. Integrating diversity throughout the training curriculum by utilizing a feminist-informed social justice training model (McGeorge et al., 2007) will further increase couple and family therapist trainees’ ability to be self aware of bias and recognize the experiences of transgender people.

While therapists need to learn and reflect on their own privilege and systems of oppression that affect them and the lives of the clients they work with, there are unique skills for working with transgender clients. These findings show that transgender people have access mental health services when seeking gender transition, but do not have faith that couple and family therapists have the knowledge about their circumstances to be helpful to them. Gender operates differently for people, and therapists must not make assumptions that they know how it functions for each client and relational system.

It is crucial to engage student with the material in a way that addresses aspects of their own lives. Professors and supervisors should ask students to reflect on the operation of gender in their own lives. Questions such as where did you learn how to live as your sex may help students

explore previously unacknowledged constraints that they experience based on normative gender roles. Non-transgender students should be asked to reflect on their own thoughts and discomforts regarding transgender people. What biases do they hold? How does transphobia influence them?

Therapy training should explore the heterosexist and normative gender assumptions of traditional theories. There are transgender symbols to represent people in a genogram when conducting family-of-origin focused therapy, though they are not widely taught. Clinical paperwork in training clinics can offer the option to fill in gender rather than check either the box for male or female. Intake paperwork can inquire about preferred names to be used during therapy.

To some extent, students may experience a greater sense of competency working with transgender clients in an affirmative manner as they become more familiar with issues that transgender people face. As students learn more about circumstances in transgender relationships in classroom learning, personally reflective and practical settings, they increase their knowledge and ability to be empathetic. Personal interactions also help students to grasp the ability to be affirmative. Understanding and connection can be the result of opportunities to meet transgender people and interact through guest speakers in the classroom, social events that cater to the LGBT communities, and clinical work.

*Therapists' awareness of transphobia and heterosexism.* The participants' experiences of being transgender varied, indicating the complexity in understanding each person's unique perspective. Couple and family therapists must reflect on the ways in which gender organizes their lives. Therapists must be willing to increase their awareness of gender bias and prejudices they hold that may impede work with transgender clients and their loved ones. Transphobia can manifest in obvious discrimination, disgust, hatred or fear towards transgender people leading

therapists to refuse to work with transgender clients or engage in conversation that reinforces the belief that transgender people are sick. It can also lead to subtle ways in which transgender people are treated, such as the assumption that transgender people should not work with children (this is a comment a former student made in a class I taught). Therapists can self-reflect on how they themselves perform their gender, and be intentional in considering how others around them perform their gender as well. Therapists must remember that every person has a gender identity. Engaging in outreach activities that involve transgender people, attending transgender-related community events, and getting involved in transgender advocacy efforts are substantial opportunities to confront personal bias and work through misconceptions and transphobia.

Self-of-therapist work and acknowledgement of bias is important for all therapists to explore when working with marginalized populations. These practices are also important when working with member of the dominant culture to identify ways in which the structures that maintain the marginalization of others have positive and negative impact on their lives. For example, a white client who holds racist views may face ongoing frustrations due to his unwillingness to take direction from a Latino supervisor at work. This client could benefit from addressing racism in therapy, although he is a member of dominant culture and would not be considered to be oppressed. Examples are also found when male clients are not emotionally expressive for fear of appearing gay. Heterosexual couples therapy often focuses on relational problems related to gender inequity or expectations that the couple consciously does not realize contributes to the problems. These scenarios extend beyond what is typically covered in a diversity course. Therapists need to have a firm understanding that larger systems of oppression create constraints for both marginalized populations and people who hold social privilege.

Heterosexism is the bias against non-heterosexual identities and permeates social understandings of people. In our society, all people are considered heterosexual by default, until confirmed otherwise. Therapists can demonstrate sensitivity and inclusion by taking measure to ensure that clients know they are welcome regardless of gender identity, gender expression, or sexual orientation. For example, therapists can include “transgender” along with the choices of “female” or “male” on intake paperwork, or simply ask client’s gender on an intake form by allowing the client to fill in a blank space. Options that include partnership should be included when asking about relational status, rather than marital status. Therapists should use gender-inclusive language that does not make assumptions about how a clients identifies or who the client is in relationship with.

Couple and family therapists should be able to determine when relational concerns are primary for transgender clients who experience situational depression, anxiety, and social discrimination (Israel, 2004). Therapists should ask themselves the following question: How can I be curious and open to learning about clients’ unique experiences related to their gender identity without placing them in a position to educate me about the phenomenon of transgenderism? How do I create and promote clinical practice that is inclusive, affirming and supportive for clients with varying gender identities and expressions?

*Clinical approaches.* According to these findings, transgender people experience hardship when disclosing to loved ones. They face relational concerns and problems that couple and family therapists are best qualified to work with based on theoretical approaches to practicing relationship therapy. There is a great need for couple and family therapists to be affirming and able to work with transgender relationships. This can be done in formal training,

and by taking the initiative to stay current on research and clinical literature that focuses on transgender relationships.

Transgender people may have experienced negative interactions with health care professionals. They may be living with a belief that something is wrong with them when they do not fit what is socially recognized as normal. They may be comfortable being transgender but want to focus therapy on relational issues. A transgender client could present in therapy with what might be considered a non-gendered pathology, such as a depression, where it would be crucial to explore their existence in the larger social system in addition to symptoms of depression. Therapists must be able to distinguish such nuances.

Couple and family therapists value and adhere to high ethical standards in clinical practice. The American Association for Marriage and Family Therapy (AAMFT) Code of Ethics (2001) embraces therapists' responsibility to work with diverse populations by stating: "Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation." As the discipline sees increased visibility of transgender people in research and practice, it is my hope that AAMFT will include gender identity in its ethical codes. Therapists should follow this first principle of the code of ethics by advancing the welfare of families and individuals to include transgender clients.

### Conclusion

Transgender people and those they are involved in relationship with can benefit from couple and family therapy. The descriptive stories told by the ten participants in this study offer a glimpse of how people experience gender identity in relationships, and what they want from couple and family therapists. This study emphasized the concerns that came up in relationships

as transgender people disclose to loved ones, sought help from mental health providers, and considered what would be most helpful to their loved ones to maintain their relationships. The transgender participants and their partners believe that couple and family therapy can be helpful to them. However they have little faith that couple and family therapists are able to work with them in an affirming and informed manner.

I hope that this study will encourage clinicians to reflect on their clinical practices so they might establish therapeutic space where people of all gender identities can feel welcome and affirmed. Several places to start include gender-neutral intake forms, engaging in self-reflection and considering self-of-therapist work around gender privilege and heterosexism. It is also my hope that future researchers will continue to explore the relational dynamics of transgender people so that we can continue to learn how these relationships function. Most importunately, I hope that couple and family therapists, as well as the larger mental health community, will work for social change so that transgender people will feel more accepted and free from judgment by their therapists, partners, family members, friends, co-workers, religious communities, and strangers they encounter on a daily basis.

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# Gender Identity & Relationships



Do you identify as transgender?

Do you think family therapists  
know enough about what affects  
you and your family?

If you identify as transgender and are over the age of 18, you are invited to participate in a study focusing on gender identity and relationships.

Your participation in this research project will help family therapists understand gender identity and transgender family relationships. Interviews are private and will involve conversations about your relationships with friends, partners, and family members.

Interviews will take place at a location convenient to you.

For more information, please contact  
[TGrelationships@gmail.com](mailto:TGrelationships@gmail.com)  
or call 701-231-5879



There are no fees or compensation for your participation in this research.

APPENDIX B

**Demographic Questionnaire**

1. What is your biological sex? \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Intersex
2. What is your gender? \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ FTM \_\_\_\_\_ MTF \_\_\_\_\_  
Other (please explain)  
\_\_\_\_\_

3. What is your age? \_\_\_\_\_

4. What is your current relationship status?

- a. Single
- b. Legally married
- c. Partnered
- d. Living together
- e. Engaged
- f. Separated
- g. Other:  
\_\_\_\_\_

If partnered or married, how long have you been in this relationship?  
\_\_\_\_\_

5. Are you currently, or have you been previously

- a. Widowed                      yes / no
- b. Divorced                      yes / no
- c. Previously partnered      yes / no

6. What ethnicity best describes you?

- a. Latino(a)/ Chicano/ Hispanic
- b. African American/ Black
- c. Asian American/ Asian
- d. Pacific Islander
- e. Middle Eastern

- f. European American/ Caucasian/ White
- g. Biracial/ Multi-racial (please explain):

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- h. Other (please explain):

---

7. What is the highest level of education you have completed?

- a. Grade School
- b. High School/ GED
- c. Some College
- d. Associates Degree
- e. Trade School
- f. Bachelor's Degree
- g. Graduate or Professional Degree
- h. Other (please specify):

---

8. What is your primary occupation?

---

9. What is your current work status?

- a. Full-time
- b. Part-time
- c. Seasonal/ Temporary
- d. Homemaker
- e. Retired
- f. Unemployed/ not working
- g. Disability

10. Where do you live?

- a. Metropolitan/ Large City
- b. Small City
- c. Rural/ Country

d. Other (please specify):

---

11. Please circle the range for your yearly gross income before taxes and deductions:

- a. None
- b. Under \$5,000
- c. \$5,000- \$14, 999
- d. \$15,000- \$24,999
- e. \$25,000- \$29,999
- f. \$30,000- \$39,999
- g. \$40,000- \$49,999
- h. \$50,000- \$74,999
- i. \$75,000- \$99,999
- j. \$100,000- \$200,000
- k. Over \$200,000

12. What type of family were you raised with for the majority of your childhood?

- a. Step-family/ blended family
  - b. Single-mother family
  - c. Single- father family
  - d. Two biological parent family
  - e. Same-gender parents
  - f. Adoptive family
  - g. Foster family
  - h. Grandparents
  - i. Relative(s)
  - j. Other (please explain):
- 

13. Do you have children?

- a. Yes, biological
- b. Yes, adopted

- c. Yes, stepchildren
- d. No

If yes, how many children do you have?

\_\_\_\_\_

14. Who lives in your household?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What is your religious/ spiritual affiliation?

\_\_\_\_\_

## APPENDIX C

### *Interview Guide: Self-Identified Transgender Individual*

Title of Project: Gender Identity and the Family Story: A Critical Analysis

Principal Investigator: Fred P. Piercy, PhD

Co-Investigator: Kristen Benson, MA

#### **Introduction**

#### **Purpose of Interview**

#### **Consent terms**

#### **Demographic form**

#### **Interview begins**

Tell me a little bit about your life now.

#### Identity

How do you identify yourself in terms of gender?

When did you first realize this? How old were you?

When you think back to the time in your life that you realized you were transgender, what memories come to mind? What did you think about yourself at that time? What do you think about yourself now?

Have you or do you plan to physically transition? By what means? What issues influence your decisions about transition?

Do your spiritual or religious beliefs relate to your gender identity? How does this relate to how you see yourself and how others see you?

How do you define your sexual orientation? How does this relate to how you see yourself and how others see you?

#### Family-of-Origin/ Significant Relationships

Please describe your family and significant relationships.

When you think back to when you first told someone close to you that you are transgender, do you have any memories that stand out that you would like to share with me? Who in your life was most supportive? Who struggled the most?

Do your family members know you are transgender? How did they find out? How did they respond? If you are/were in a relationship, what was the response of your partner? Your friends? How did you experience these events?

Do you have family members or people who were once close to you that do not know you are transgender? How do you make the decision to disclose?

Please describe your experience in your family.

Do you tell new friends and coworkers that you are transgender? How do you come to make this decision?

Who in your family do you think would be willing to be interviewed by me?

What is your relationship like with that person?

Why do you see them as a good candidate for an interview?

### Mental Health Treatment/ Family Therapy

Have you ever been to see a counselor, therapist, psychologist, or psychiatrist? If so, what was this experience like? If not, have you ever been referred or thought about going but decided not to? What prevented you from going?

Please tell me your understanding of how therapists/mental health providers work with transgender clients.

What is your understanding of family therapy?

Would you or any family members/friends go to relationship/family counseling? What might be helpful to you and your family? What might not be helpful?

What do you think family therapists need to know about gender identity and being transgender that would be helpful to families and relationships?

If you had the opportunity to go to family therapy, who would you invite to attend? What do you wish would happen as a result?

### Artistic expression

Do you maintain a personal journal? Are there entries you think would describe what we have been discussing? Would you be willing to share excerpts with me for this study?

Do you have any photos that would help me to see the real you?

Do you have any drawings or paintings that would help me to understand you?

Have you written or read any poetry that you believe describes your experience as a transgender person? Is there any that describes your relationships?

Is there a metaphor that captures your experience as a transgender person? Do you have a picture in your mind that shows what it is like to be in your family?



## *Interview Guide: Family Member*

Title of Project: Gender Identity and the Family Story: A Critical Analysis

Principal Investigator: Fred P. Piercy, PhD

Co-Investigator: Kristen Benson, MA

### **Introduction:**

### **Purpose of Interview:**

### **Consent terms:**

### **Demographic form:**

### **Interview begins:**

#### Gender Identity Disclosure & Response

How do you identify (name of TG person) in terms of gender?

What is your understanding of gender?

When did you first realize this? How old was (name of TG person)? How old were you?

When you think back to the time in your life that you realized (name of TG person) was transgender, what memories come to mind? Can you please name your feelings? What was that experience like?

Before learning about (name of TG person), what was your understanding of transgender people?

Has this perspective shifted for you?

Do your spiritual or religious beliefs relate to your beliefs about gender identity? How does this relate to how you see (name of TG person) and how you perceive others to see (name of TG person)?

How do you view (name of TG person)? How do you view yourself as a family member of (name of TG person)? How do you think others see you?

#### Family-of-Origin/ Significant Relationships

Please describe your family and any significant relationships.

Who in your family knows about (name of TG person)? How did they find out? What was their response? What was the reaction of your friends?

Who do you think was most supportive of (name of TG person)? Who struggled the most? At this point who do you think is most supportive? Who struggles?

Are there people who don't know about (name of TG person)? What is that like for you?

Are there people you prefer not know? Please describe your thoughts.

What is it like when someone who does not know about (name of TG person) asks about (name of TG person) and/or your family? How do you respond?

How do you talk about (name of TG person) to other family members? Other people? What issues influence your decisions to talk about (name of TG person)?

Please describe the experience of having a transgender person in your family.

### Mental Health Treatment/ Family Therapy

Have you ever been to see a counselor, therapist, psychologist, or psychiatrist? If so, what was this experience like? If not, have you ever been referred or thought about going but decided not to? What prevented you from going?

Please tell me your understanding of how therapists/mental health providers work with transgender clients.

What is your understanding of family therapy?

Would you or consider going to relationship/family counseling with (name of TG person)? What might be helpful to you and your family? What might not be helpful?

What do you think family therapists need to know about families with a transgender family member that would be helpful to families and relationships, such as yours?

If you had the opportunity to go to family therapy, who would you invite to attend? What do you wish would happen as a result?

### Artistic expression

Do you maintain a personal journal? Are there entries you think would describe what we have been discussing? Would you be willing to share excerpts with me for this study?

Do you have any drawings or paintings that would help me to understand your experience with (name of TG person)? Any that would help me to understand your family experience?

Have you written or read any poetry that you believe describes your experience as a family member of a transgender person?

Is there a metaphor that captures your experience as a transgender person's family member? Do you have a picture in your mind that shows what it is like to be in your family?

## APPENDIX D

### VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

## Synopsis of Research Project

Title of Project: Gender Identity and the Family Story: A Critical Analysis

Principal Investigator: Fred P. Piercy, PhD

Co-Investigator: Kristen Benson, MA

### 1. Justification / Purpose of the Project

In a culture that celebrates a binary definition of gender, there is not a significant representation of the variation of gender expression present in society. Transgender voices are often difficult to hear. Additionally, society leaves little room for the representation of family members and loved ones in relationships with transgender individuals. Much of the existing literature is from a male or female bi-gender theory, psychiatric, or medical framework that pathologizes the transgender individual (Lev, 2004) and does not address a healthy model of relational functioning. Families frequently do not understand gender identity issues, which results in relationship struggles (Israel, 2005; Ellis & Eriksen, 2002). There is limited scholarly research on how to work with transgender relationship issues in therapy, thus family therapists have limited frameworks to clinically address the unique issues transgender people and their families/significant relationships experience (Carroll & Gilroy, 2002; Lev, 2004; Malpas, 2006). This study seeks to explore the experiences of transgender peoples' family relationships and their experiences addressing relational issues with mental health professionals. This study also seeks to explore the experiences of transgender persons' family members' realization of their loved one's gender identity and ongoing relationships. This data will potentially help mental health professionals better deliver therapy services to families where gender identity plays a role.

### 2. Procedures

Interviews are the basic method to gather research data, and one of the most familiar and powerful ways we attempt to understand people (Fontana & Frey, 2003); therefore I will conduct in-depth one-on-one interviews with transgender individuals and family members. I will recruit through snowball sampling, which encompasses asking well-situated people in the community who they recommend I should talk to (Patton, 2002, p. 237), posting public flyers, announcements at transgender support groups and on email listservs. I will use qualitative critical case sampling, which allows for data to produce logical generalizations from analyzing single, critical cases (Patton, p.237 ) to recruit a sample of research participants that can speak about transgender family issues. Initially, participants will be selected if they are over the age of 18, and self-identify as transgender. Semi-structured interviews will allow participants to address prepared questions as well as "formulate in a dialog their own conceptions of their lived world" (Kvale, 1996, p.11). Interview guides that include open ended questions about identity, relationships, and mental health will be used to ensure that the "same basic lines of inquiry are pursued with each person interviewed" (Patton, p. 343). Participants will be asked to engage in

interviews at a location of their choice, or at a professional office in Houston, Texas, or Fargo, ND, where most of the study will be conducted. Interviews will last 1-2 hours. I will then ask the participant permission to interview a person who they consider family. Once permission is granted, the investigator will contact family member(s) and invite them to participate in an interview. A minimum of 8-10 total participants, at least 4 of whom self-identify as transgender, is anticipated. Phone conversations or subsequent brief follow-up interviews may take place to clarify data with participants. If a family member declines to participate, any personal identifying information will be omitted from public documents including the final dissertation and publications.

Interviews will involve conversations about discovering transgender identities, their experiences disclosing their transgender status to friends and family, and with permission, will be audio/visually recorded. Audio-recording will capture a detailed record of verbal interactions throughout the interview (Rapley, 2004) to be transcribed and coded for analysis at a later date. Visual research materials capture non-verbal behaviors (Gottdiener, 1979) and serves as data, representation of research experience, and material artifacts (Pink, 2004). This study focuses on identities, and video recording allows for a visual representation of identity while participants simultaneously engage in interviews and speak about identities. “The use of video in research activity enables spontaneous and transitory information to be captured” (Penn-Edwards, 2004, p.267). This approach to data collection allows for a powerful illustration of gender representation that affects family relationships.

Data reflects experience and meaning, hence it can “be obtained from family stories, family secrets, family rituals, ordinary dinner conversations, behavior letters, diaries, photographs, and patterns in family behaviors or conversations” (Dahl & Boss, 2005, pp.72). Interviewees may submit works of art, photos that do not identify non-participants or non-consenting participants, poetry, or journal entries that express their experiences as part of the interview and the research. Participants may also be asked to write or share poetry, letters, songs, photos, or other works of art to describe and make meaning out of familial experiences related to gender identity. Combining visual and traditional written mediums may best represent the ideas and experiences being studied (Pink, 2004). These aesthetic forms of data reflect the experiences of research participants in an intellectual, evocative, and emotional way (Piercy & Benson, 2005), therefore materials may be used at scientific meetings and/or published and reproduced in professional journals and books to train family therapists and other mental health professionals about transgender relationships and therapy. Interviewees are not required to do this, must consent, and there is no consequence if they choose not to.

The investigator and trained research assistants will transcribe data. Participants will be provided a copy of the interview transcripts and will have the opportunity to provide the researcher with feedback. Transcripts may be altered based on participant’s feedback. Participants will also have the opportunity to review video recordings.

### **3. Risks and Benefits**

There are minimal foreseeable risks or discomforts involved in participating in this study. Questions may remind participants of memories and past situations that could cause discomfort.

The types of questions have been designed to minimize the potential for emotional distress as much as possible. In the event a participant experiences emotional distress by their participation, an appropriate referral for psychotherapy therapy or support services will be made, however, any treatment or services will be at your own expense.

Participant's identity may be revealed if they choose to provide written permission to do so. Participants may submit identifying photos or consent to video recording for the purpose of presenting at scientific meetings or for other purpose that Virginia Tech's Department of Human Development considers proper in the interest of education, dissemination of knowledge, or research.

Given the potential benefits resulting from this study for enhancing mental health care services and family relationships of transgender people, the potential benefits outweigh the potential risks involved in this study.

#### **4. Confidentiality/Anonymity**

Participant data in this study will be kept from inappropriate disclosure to extent allowable by law. The data will have participant's name removed and a number will be used for identification purposes. All tapes, transcripts, summaries, works of art, photos, poetry, and/or journal entries will be given codes and stored separately from any names or other direct identification of participants. We will omit, black out or crop photos to conceal the identity of non-participants. Research information will be stored in locked files at all times. Only research personnel will have access to the files and recordings. Only Kristen Benson will have access to participant names. All data will be kept in a locked file cabinet in the researcher's office, with access only by the researcher. All data will be kept a minimum of 5 years before being destroyed unless participants consent to further future use extending beyond 5 years.

The information obtained in this project may be used for scientific or educational purposes. It may be presented at scientific meetings and/or published and reproduced in professional journals, books, or used for any other purpose that Virginia Tech's Department of Human Development considers proper in the interest of education, dissemination of knowledge, or research. Recordings, photos, writings, and art may be used in professional conference presentations or workshops with the written and full consent of participants. However, information collected will not be presented in any manner that will unknowingly identify subjects or anyone else by name. Subjects who choose to participate in audio and/or video recording, or allow the use of photos, writings, or art will indicate this agreement on informed consent and the researcher will provide detailed explanation of academic research presentation. In some situations, it may be necessary for the investigator to break confidentiality. If child abuse is known or strongly suspected, investigators are required to notify the appropriate authorities. If a subject is believed to be a threat to themselves or others, the investigator will notify the appropriate authorities.

#### **5. Compensation**

Subjects will not be compensated for their participation in this study.

## **6. Informed Consent**

See attached Inform Consent Form

## **7. Copies of Applicable Study Documents**

See attached

## References

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# VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

## **Informed Consent for Participants in Research Projects Involving Human Subjects**

Title of Project: Gender Identity and the Family Story: A Critical Analysis

Principal Investigator: Fred P. Piercy, PhD

Co-Investigator: Kristen Benson, MA

### **I. Purpose of this Research/Project**

The purpose of this study is to better understand transgender issues in families. There is little information about gender identity available to family therapists. Therefore, the researcher would like to learn about the experiences of transgender people's family relationships and their experiences addressing relational issues with mental health professionals.

Under the supervision of Dr. Fred Piercy, Professor of Human Development at Virginia Polytechnic Institute and State University, Kristen Benson, MA, a doctoral student in Marriage and Family Therapy is conducting research on transgender family relationships. She will interview individuals who self-identify as transgender. You will be asked about your experiences in relationships as a transgender person. If you grant permission, she will ask your permission to contact a person you consider family, to whom you have disclosed your gender identity and is over the age of 18, to interview them about their experiences.

### **II. Procedures**

Interviews will involve conversations about your identity, your relationships, and your experience and thoughts about relational therapy. You will be audio-recorded and may choose to be video-recorded. You may submit works of art, photos, poetry, or journal entries that help tell your story as part of the interview and research process. Interviews will last between 1-2 hours and will take place in a setting that you choose.

Interviews will include questions that Kristen Benson has written, along with topics you feel are relevant to the conversation. Kristen Benson will also ask you to write or share poetry, letters, photos, or other works of art that help you tell your story. You are not required to do this, and there is no consequence if you choose not to do this. Kristen Benson may contact you at a later date to clarify any questions that develop. Interviews will be transcribed and you will be provided with a copy to review. You are invited to read the transcript of your interview to make sure that Kristen Benson accurately captured what you said. Kristen Benson asks that you return the interview transcript within 3 weeks. After 3 weeks, Kristen Benson will assume that you do not have any additional comments or feedback about the interview.

You may request a brief written summary of the results of the study that will be provided to you once the study is completed.



### **III. Risks**

There are minimal foreseeable risks or discomforts involved in participating in this study. The questions that you will be asked may remind you of memories and past situations that could make you feel uncomfortable. There is a small chance that you will become upset describing your experiences as you respond to questions. The questions have been designed to minimize the potential for emotional distress as much as possible. If you experience emotional distress, a referral for therapy or support services will be made, however, any treatment or services will be at your own expense.

### **IV. Benefits**

No personal benefits are promised to you. Your participation in the study may help us to understand transgender issues as they relate to families and relationships. This information may help mental health professionals better deliver therapy services to transgender-identified people and their families.

### **V. Extent of Anonymity and Confidentiality**

The results of this study will be kept strictly confidential. The information you provide will have your name removed and a number will be used to identify you. The information obtained in this project may be used for scientific or educational purposes. With your permission, it may be presented at scientific meetings and/or published and reproduced in professional journals, books, or used for any other purpose that Virginia Tech's Department of Human Development considers proper in the interest of education, dissemination of knowledge, or research. However, information collected will not be presented in any manner that will identify you or anyone else by name, unless you give us permission to identify you.

The records from this study will be kept strictly confidential and from inappropriate disclosure to the extent allowable by law. No individual identities will be used in any reports or publications resulting from the study. All recordings, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all times. Electronic files will be stored on USB flash drives and will be password protected. Only research personnel will have access to the files and the audio or video files. Only Kristen Benson will have access to participant's names.

It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

In some situations, it may be necessary for the investigator to break confidentiality. If child abuse is known or strongly suspected, investigators are required to notify the appropriate authorities. If a subject is believed to be a threat to themselves or others, the investigator will notify the appropriate authorities.

### **VII. Freedom to Withdraw**

You are free to withdraw from this study at any time without penalty. You do not have to

answer any questions that make you feel uncomfortable. You may stop answering questions at any time you choose.

### VIII. Subject's Responsibilities

I voluntarily agree to participate in this study by being interviewed.

### X. Subject's Permission

Please check below if you are willing to have this interview recorded. You may still participate in this study if you are not willing to have the interview recorded. You may withdraw permission to use video recording by contacting Kristen Benson with a written request at any time.

\_\_\_\_ **Initial**  I agree to be video recorded      \_\_\_\_ **Initial**  I do NOT agree to be video recorded  
\_\_\_\_ **Initial**  I agree to audio recorded      \_\_\_\_ **Initial**  I do NOT agree to be audio recorded

Please check below if you are willing to allow data from your interview to be stored and used in the future. You may still participate in this study if you are not willing to allow data to be kept beyond 5 years.

\_\_\_\_ **Initial**  I agree to allow research data to be stored and used in the future.  
\_\_\_\_ **Initial**  I prefer research data to be destroyed in 5 years.

Please check if you would like to receive a brief written summary of the results of the study once the study is completed:

\_\_\_\_ **Initial**  I would like a brief written summary of the study.  
\_\_\_\_ **Initial**  I do NOT want a brief written summary of the study.

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

\_\_\_\_\_ Date \_\_\_\_\_  
Participant signature

\_\_\_\_\_ Date \_\_\_\_\_  
Witness

Should I have any pertinent questions about this research or its conduct, and research subjects' rights, and whom to contact in the event of a research-related injury to the subject, I may contact:

Kristen Benson, MA

(701) 231-5879/krbenson@vt.edu

Fred Piercy, Ph.D., Faculty Advisor

(540) 231-4794/piercy@vt.edu

Joyce Arditti, Ph.D. Departmental Reviewer (540) 231-5758/ jarditti@vt.edu

David M. Moore, Ph.D. (540) 231-4991/moored@vt.edu  
IRB Chair, Virginia Tech Office of Research Compliance  
2000 Kraft Drive, Suite 2000 (0497), Blacksburg, VA 24060

This Informed Consent is valid from 12/15/2007 to 12/15/2008.

# VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

## **Informed Consent for Family Member Participants in Research Projects Involving Human Subjects**

Title of Project: Gender Identity and the Family Story: A Critical Analysis

Principal Investigator: Fred P. Piercy, PhD

Co-Investigator: Kristen Benson, MA

### **I. Purpose of this Research/Project**

The purpose of this study is to better understand transgender issues in families. There is little information about gender identity available to family therapists. Therefore, the researcher would like to learn about the experiences of transgender people's family relationships and experiences addressing relational issues with mental health professionals.

Under the supervision of Dr. Fred Piercy, Professor of Human Development at Virginia Polytechnic Institute and State University, Kristen Benson, MA, LMFT, a doctoral student in Marriage and Family Therapy is conducting research on transgender family relationships.

Kristen Benson has interviewed your family member about their experiences in relationships as a transgender-identified person. Your family member has granted their permission to contact you. If you agree to participate in an interview, you will be asked about your experiences as family of a transgender-identified person.

### **II. Procedures**

Interviews will involve conversations about your experience of being in a relationship with a transgender-identified person. If you consent, you will be audio recorded. You may also be video recorded, and/or submit works of art, photos, poetry, or journal entries that help tell your story as part of the interview and research process. Interviews will last between 1-2 hours and will take place in a setting selected by you.

Interviews will include questions that Kristen Benson has written, along with topics you feel are relevant to the conversation. Kristen Benson will also ask you to write or share poetry, letters, photos, or other works of art that help you tell your story. You are not required to do this, and there is no consequence if you choose not to do this. Kristen Benson may contact you at a later date to clarify any questions that develop. Interviews will be transcribed and you will be provided with a copy to review. You are invited to read the transcript of your interview to make sure that Kristen Benson accurately captured what you said. Kristen Benson asks that you return the interview transcript within 3 weeks. After 3 weeks, Kristen Benson will assume that you do not have any additional comments or feedback about the interview.

You may request a brief written summary of the results of the study that will be provided to you once the study is completed.

### **III. Risks**

There are minimal foreseeable risks or discomforts involved in participating in this study. The questions that you will be asked may remind you of memories and past situations that could make you feel uncomfortable. There is a small chance that you will become upset describing your experiences as you answer questions. The types of questions have been designed to minimize the potential for emotional distress as much as possible. If you experience emotional distress, a referral for therapy or support services will be made, however, any treatment or services will be at your own expense.

### **IV. Benefits**

No personal benefits are promised to you. Your participation in the study may help us to understand issues regarding gender identity as they relate to families. This information may help mental health professionals better deliver therapy services to transgender-identified people and their families.

### **V. Extent of Anonymity and Confidentiality**

The results of this study will be kept strictly confidential. The information you provide will have your name removed and a number will be used to identify you. The information obtained in this project may be used for scientific or educational purposes. With your permission, it may be presented at scientific meetings and/or published and reproduced in professional journals, books, or used for any other purpose that Virginia Tech's Department of Human Development considers proper in the interest of education, dissemination of knowledge, or research. However, information collected will not be presented in any manner that will identify you or anyone else by name, unless you give us permission to identify you.

The records from this study will be kept strictly confidential and from inappropriate disclosure to the extent allowable by law. No individual identities will be used in any reports or publications resulting from the study. All recordings, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all times. Electronic files will be stored on USB flash drives and will be password protected. Only research personnel will have access to the files and the audio or video files. Only Kristen Benson will have access to participant's names.

It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

In some situations, it may be necessary for the investigator to break confidentiality. If child abuse is known or strongly suspected, investigators are required to notify the appropriate authorities. If a subject is believed to be a threat to themselves or others, the investigator will notify the appropriate authorities.

### **VII. Freedom to Withdraw**

You are free to withdraw from this study at any time without penalty. You do not have to

answer any questions that make you feel uncomfortable. You may stop answering questions at any time you choose.

### VIII. Subject's Responsibilities

I voluntarily agree to participate in this study by being interviewed.

### X. Subject's Permission

Please check below if you are willing to have this interview recorded. You may still participate in this study if you are not willing to have the interview recorded. You may withdraw permission to use video recording by contacting Kristen Benson with a written request at any time.

\_\_\_\_ **Initial**  I agree to be video recorded      \_\_\_\_ **Initial**  I do NOT agree to be video recorded  
\_\_\_\_ **Initial**  I agree to audio recorded      \_\_\_\_ **Initial**  I do NOT agree to be audio recorded

Please check below if you are willing to allow data from your interview to be stored and used in the future. You may still participate in this study if you are not willing to allow data to be kept beyond 5 years.

\_\_\_\_ **Initial**  I agree to allow research data to be stored and used in the future.  
\_\_\_\_ **Initial**  I prefer research data to be destroyed in 5 years.

Please check if you would like to receive a brief written summary of the results of the study once the study is completed:

\_\_\_\_ **Initial**  I would like a brief written summary of the study.  
\_\_\_\_ **Initial**  I do NOT want a brief written summary of the study.

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

\_\_\_\_\_ Date \_\_\_\_\_  
Participant signature

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**VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY**

**Informed Consent for Participants  
in Research Projects Involving Human Subjects**

Title of Project: Gender Identity and the Family Story: A Critical Analysis

Principal Investigator: Fred P. Piercy, PhD

Co-Investigator: Kristen Benson, MA

**Subject's Permission to present audio or video recordings, works of art, photos, poetry, or journal entries**

Kristen Benson would like to ask permission to use the information you provide in this project for scientific or educational purposes. Specifically she would like the ability to share them at scientific meetings and/or publish and reproduce them in professional journals, books, or use them for other purpose that Virginia Tech's Department of Human Development considers proper in the interest of education, dissemination of knowledge, or research. For example, these materials may be used to train family therapists and other mental health professionals about transgender relationships and therapy. Your identity may be revealed if you choose to submit identifying photos or consent to video recording.

Please check below if you are willing to have your recorded interview, art, photos, poetry, or journal entries used for professional purposes. You may choose to revoke this consent to use audio recordings, video recordings, or works of art, poetry, or journal entries at any time by contacting Kristen Benson with a written request.

\_\_\_\_ **Initial**  My audio-recorded interview may be used for scientific or educational purposes.

\_\_\_\_ **Initial**  My audio-recorded interview may NOT be used for scientific or educational purposes.

\_\_\_\_ **Initial**  My video recorded interview may be used for scientific or educational purposes.

\_\_\_\_ **Initial**  My video recorded interview may NOT be used for scientific or educational purposes.

\_\_\_\_ **Initial**  My works of art, photos, poetry, or journal entries may be used for scientific or educational purposes.

\_\_\_\_ **Initial**  My works of art, photos, poetry, or journal entries may NOT be used for scientific or educational purposes.

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

\_\_\_\_\_ Date \_\_\_\_\_



Participant signature

Date \_\_\_\_\_

Witness

Should I have any pertinent questions about this research or its conduct, and research subjects' rights, and whom to contact in the event of a research-related injury to the subject, I may contact:

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APPENDIX E

Table 2. Overview of Themes

Category 1	Disclosure of gender identity		
Theme	Decision to disclose	The Road to Acceptance	Perceptions of sexual orientation
Subthemes	Honesty	Initial Struggles	Transgender person
	Contingent on perceptions of acceptance	Gaining Support	Partner
	Information about transgender issues	Use of pronouns/ preferred names	
Category 2	Metaphors		
Theme	Change		
Category 3	Experience of mental health services		
Theme	Delineating between purposes for seeking mental health services	Belief that therapists are not well-informed about transgender issues	Value of well-informed therapists
Subthemes	Therapy for transgender related circumstances		
	Therapy for other life circumstances		
Category 4	Couple and family therapists		
Theme	couple and family therapists should be well-informed	Loved ones understanding of gender identity	
Subthemes	Knowledge		
	Experience		
	Assumptions		
	Inclusive and supportive practice		