

The Transitioning Couple: Sexual Relationship and Sexual Orientation Experiences of
Transgender Men and their Cisgender Female Partners

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ABSTRACT

Sex is a biologically based classification, determining whether an individual is male or female. Comparatively, gender is a socially designed construct, which varies between cultures and prescribes what it means to be a man or a woman. Western culture suggests all individuals fall neatly into one of these two groups. Females are expected to display feminine characteristics such as being nurturers, while males are expected to display masculine characteristics such as being providers. There exists, however, a population of individuals who identify themselves as “transgender,” meaning, they feel inconsistency between their internal sense of gender identity and their birth-assigned biological sex and/or assigned gender role. These individuals wish to separate from their birth-assigned gender role and express through physical modification their true gender identity. In the context of romantic relationships, it was once thought that disclosure of one partner’s transgender identity meant inevitable demise of the relationship. Clinical guidelines offered advice to the transgender partner, suggesting they abandon their family, change their identity, and begin a new life elsewhere (Lev, 2004). More recently, however, clinical experiences suggest the possibility that many transgender people can maintain healthy and sustainable relationships. This study sought to understand the impact of gender transition on the sexual relationship and sexual orientation of female-to-male (FTM) transgender individuals and their cisgender female partners.

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Chapter 1: Introduction

The Problem and its Setting

One of the first labels placed upon an individual is one of biological sex and its assigned gender role. Sex is a biologically based classification, determining whether an individual is male or female. Comparatively, gender is a socially designed construct, which varies between cultures and prescribes what it means to be a man or a woman. Members of a given category are assumed to possess certain characteristics and roles assigned to that group (Wood, 2011). Unfortunately, this way of thinking is oppressive, especially for individuals who do not fit the set standards of their assigned group.

Although the terms “gender” and “sex” have different meanings, they are often used interchangeably (Wood, 2011). Sex is a term connoting hormonal components and physical characteristics, used to define a person’s biological femaleness or maleness. Sex is typically assigned at birth according to hormone prevalence and internal and external genitalia (American Psychological Association [APA], 2013). Comparatively, gender is socially constructed. Gender refers to the roles, behaviors, activities, and attributes that society considers appropriate for males and females. These labels are used to determine how an individual should behave and interact with the world.

According to Wood (2011), individuals learn gender from societal prescriptions of what it means to be a man or a woman. For example, an individual born with female genitalia is labeled a female and enters the world with set expectations of how she will look and act. In the United States, males are usually expected to be strong (mentally and physically), provide goods and support for their family, and portray a certain aura of confidence and *machismo*. Through a process of exploration, each individual makes

choices to either accept or reject how society suggests they look and act. Through this process, the individual develops their gender identity. Individuals who reject the restrictive categories of masculinity and femininity "...value the spaces in between, around, and beyond those two bipolar categories" (Wood, 2011, p. 24). Those who adopt the set gender roles reinforce what is already established, while those who reject the rigid gender dichotomy incite cultural changes and challenge cultural definitions.

May (2002) discusses the impact of cultural messages on the experience of gender ambiguity. The medical community projects a model of strict categorization referring to "fixed" and "unchanging" selves (p. 451), equating shifting identities to instability and deviance. This thought process also extends to society and the adoption of these beliefs may negatively impact an individual's experience. An individual living in a culture which abides by rigid gender categories and views gender as unchanging may experience difficulty coming to terms with their gender identity as well as comfortably expressing their true gender publically.

Due to threats of oppression and the likelihood of transgender people concealing their identity, the actual number of transgender people living in the United States is unknown. One report however suggests that two to three percent of the overall lesbian, gay, bisexual, and transgender (LGBT) community are self-identified transgender people (Rollins & Hirsch, 2003). According to the American Psychological Association, an accurate estimate of the number of transgender people is difficult to come by due to there being no population studies that accurately account for the full range of gender identities and gender expressions (2013).

“Transgender is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth” (APA, 2013, “What does transgender mean?” section, para. 1). In the broadest sense of the term, transgender encompasses a spectrum of individuals “...who experience and/or express their gender differently from what most people expect” (Human Rights Campaign [HRC], 2013, Transgender section, para. 4). This term is used to encompass a range of individuals who live partially or fully as their preferred gender. Some transgender individuals will alter their bodies hormonally or surgically while others will not (Gay & Lesbian Alliance Against Defamation [GLAAD], 2010).

Generally, transgender-identified people find their internal sense of self in conflict with their birth-assigned biological sex and/or assigned gender role. For the purpose of this study, transgender will be used to refer to people who identify, express, or present a gender identity that is not typically assigned to their biological sex and is incongruent with their assigned gender role. An additional term used for the purpose of this study is “cisgender.” Cisgender refers to men and women who feel their internal gender identity matches their assigned biological sex and assigned gender role. These individuals do not identify as transgender (Serano, 2007). The participants recruited for this study consisted of female-to-male (FTM) transgender individuals and their cisgender female partners.

The term transgender includes people who are transsexual, cross-dressers or otherwise gender non-conforming. Transgender people may also identify as female-to-male (FTM or transman) or male-to-female (MTF or transwoman), although to some this adheres to the culturally established binary gender system. Labels often have multiple

meanings and can be embraced by one person but seen as offensive to another (Joslin-Roher & Wheeler, 2009). The term “transsexual,” for example, is commonly associated with the medical community and is not preferred by some in the transgender community. Additionally “transvestite” is often considered a derogatory term. Sensitivity to the multiple meanings of labels is imperative when researching and speaking with this population (Joslin-Roher & Wheeler, 2009).

As noted above, transgender people feel their internal gender identity or sense of self is incongruent with the expectations of their assigned gender role. An internal gender identity is a person’s sense of being male, female, or other (APA, 2013). When individuals fail to conform to the gender binary, they receive messages of being wrong or bad and often think of themselves as sick or abnormal. When an individual finds that there are others who share similar experiences, “self-blame and an internalization of deviance are common” (Gagne, Tewksbury, & McGaughey, 1997, p 490). Transgender individuals may join a support group and find ways to connect with the transgender community (Ellis & Eriksen, 2002). Through the support of connecting with similar others, transgender individuals can more freely explore their identity and work toward disclosing to spouses and family members.

Accepting one’s transgender identity is one part of the transition but disclosing and going public about their identity is another process altogether and this can be a frightening experience. As a result, transgender individuals often live large portions of their lives in secrecy (Gagne et. al, 1997; Ellis & Eriksen, 2002). Disclosing transgender identity can lead to fear of rejection and risk of discrimination and mistreatment. Gagne et al., found in a sample of 65 MTF transgender individuals, in order to fully be

“themselves, whether on a temporary or permanent basis, [transgender persons] have a compelling need to present alternative expressions of gender” (p. 486). Thus, despite potential risks and fears, transgender individuals frequently disclose their gender identity (Ellis & Eriksen, 2002) in an effort to live fully as one’s real self.

Alegria (2010) found that after disclosure of one’s true gender identity, motivation to transition becomes paramount. “Transition” is defined as the process by which transgender persons work to alternatively express their gender. Individuals may feel a strong desire to alter their internal and external genitalia to match their preferred gender while others may not choose surgery but rather push the boundaries of gender through androgynous appearances. Gender transition is defined by the Human Rights Campaign [HRC] (2013) as “...the process through which a person modifies his or her physical characteristics and/or manner of gender expression to be consistent with his or her gender identity” (Gender Transition section, para. 6).

Transition typically begins by expressing one’s preferred gender in safe and accepting environments and is often a progression toward living full time as a member of their preferred gender. The process of transitioning may be seen as a continuous process with varying end goals. While there is no one way of transitioning, the process, may involve some or even all of the following: expressing and altering one’s appearance through clothing and hairstyles; changing one’s birth name; legally changing one’s biological sex; or undergoing surgery or hormone replacement therapy to alter one’s physical appearance. All of these activities aid transgender individuals in their desire to express their gender identity.

Transition is a unique process for each transgender person; consequently, this is a unique process for each family and couple relationship involved. In romantic relationships, it was once believed that when one partner disclosed transgender status it meant the relationship had no hope of survival. With the assumption that the spouse would not remain in a relationship with a partner who changes their gender, clinical advice consisted of telling the transgender individual to abandon their family, change their identity, and begin a new life elsewhere (Lev, 2004). To continue a relationship with emotional strength and stability, the process of transitioning to a new gender was seen as an impossible obstacle to overcome.

Couples who come to therapy after disclosure are often on the verge of divorce (Lev, 2004) or ending their relationship. The cisgender partner may express questions about their own sexual identity and concerns about what attracted them to someone who is transgender. Ellis and Erikson (2002) describe the process of adjustment for loved ones. Family members move through fluctuating experiences of shock and denial, to anger, guilt, betrayal, and fear. These loved ones may experience feeling grief and loss for the individual, as they knew them, as well as acceptance and pride for their loved one's courage.

The understanding of couples that experience gender transition is vastly understudied. There is growing awareness of transgender men and women among health care practitioners and researchers but a need for more "concrete, comprehensive information about transgender individuals" continues to persist (Lombardi, 2001, p. 869). Research has examined the experiences for one partner of the relationship as well as how couples maintain stability and resiliency in the wake of disclosure and transition. This

study aims to understand the impact for both partners of the relationship when one partner discloses transgender status and undergoes the transition process.

Significance

In 1999, due to a desire to improve the treatment available to transgender individuals, the American Public Health Association passed a policy (Lombardi, 2001), *The Need for Acknowledging Transgendered Individuals within Research and Clinical Practice*. Additionally, in a survey conducted in 2003, 53% of the respondents reported a need for counseling related to gender issues (Goldberg, Matte, MacMillian, & Hudspith, 2003). The awareness of transgender individuals has grown over the decades and a need for effective treatment has become more widely acknowledged (Lev, 2001).

With increased cultural visibility and growing support options, the possibility of disclosing, transitioning, and living a fulfilling and successful life is more readily achieved. This realization can motivate transgender persons to disclose to their partners (Alegría, 2010) and begin transitioning with a feeling that they are not alone and support is available. This then increases the possibility of more partners and families being affected by transgender disclosures and transitions. According to Samons (2009), although couples face a complicated scenario when one partner discloses their transgender identity, with help and necessary support, their relationship can survive. By broadening the awareness of this community and gaining an understanding of what these couples experience, clinicians and mental health practitioners can more accurately help couples sustain their relationships.

More extensively reviewed in the literature are couples where one member discloses a different sexual orientation than has been known to their partner. For these

couples, this unexpected news alters the established identity of the relationship and creates confusion for both partners. Review of this literature provides some insight regarding the potential impact and experiences couples face when disclosure of transgender status alters their relationship identity.

Before examining this current research it is important to acknowledge the difference between gender identity and sexual orientation. Sexual orientation refers to an individual's physical, romantic, and/or emotional attraction to another person while as stated above, gender identity refers to an individual's internal sense of being male, female, or something else (GLAAD, 2010). Transgender people can represent the wide variety of sexualities, such as identifying as straight, gay, lesbian, bisexual, and asexual (Lev, 2004). "While [gender transition] is an issue of sex and gender, it does entail aspects of sexual reorientation," (Gagne et al., 1997, p. 482) and a similar disclosure process exists, leading to recreation of new stories and meanings within a relationship. When one partner undergoes gender transition, the sexual orientation of the already established relationship may change. Both the impact of the individuals' perception of their identity and how Western culture classifies their relationship create difficulties for the couple (Lev, 2004).

Women's disclosure of lesbian or bisexual sexual orientation can provoke shock and cause trauma for their straight male partners. Buxton (2012) studied the self-reports of 183 straight men whose wives disclosed lesbian or bisexual sexual orientation during partnership. Some of the feelings expressed by the men were sadness, anger, devastation, shock, and loneliness. Additionally, issues often faced by these men were worrying about the future of their marriage and displaying self-negativity such as questioning their

own self and wondering what allowed them to be attracted to a lesbian. Coping strategies to help face and overcome these difficulties included self-care, counseling, and utilizing peer support.

In a recent qualitative study of 17 MTF transsexuals and their biological female partners, common challenges were identified for couples undergoing disclosure and the transition process (Alegría, 2010). Similar to the challenges found in Buxton's study, issues for these couples related to uncertainty about sexual identity, relationship views, and personal views. Research has also sought to understand the experience for queer¹-identified partners of transgender men. Joslin-Roher and Wheeler (2009) studied 9 lesbian, bisexual, and queer-identified partners of transgender men. These partners identified struggles with their identity, communication, caretaking, roles, and sexuality.

Of these three studies, the common experiences reported were personal confusion related to relationship identity and future of the relationship. Buxton (2012) and Alegría (2010) both found that growth within the relationship was possible through the use of positive communication, developing new social networks, and utilizing self-exploration.

While disclosure presented disruptions to their romantic relationships, Alegría found that positive changes were possible and couples were able to identify specific activities which helped to maintain their relationships (2010). Moving away from the historical understanding of relationship destruction after gender transition, this study sought to contribute to the understanding of how couples experience this process and move forward together. Argued by Lev (2004), there is a need for literature presenting the possibility that having a transgender partner may be “fascinating, exciting, or

¹ According to the group Parents, Families, and Friends of Lesbians and Gays (PFLAG), “queer” can be understood as an umbrella term including anyone who feels their gender identity, sexuality, and/or political beliefs are outside of the societal norms (2013).

desirable” (p. 17). Clinical experience shows the possibility that many transgender people can sustain healthy and viable relationships.

Rationale

In order to understand couples’ experiences regarding the impact of gender transition on their relationship, this study obtained qualitative data by utilizing face-to-face interviews. Qualitative methodology is particularly useful when research aims for “generation of categories for understanding human phenomena and the investigation of the interpretation and meaning that people give to events they experience” (Polinkinghorne, 1991, p. 112). This researcher interviewed couples in person in order to establish rapport between the researcher and participants. Due to the discrimination this population faces, individuals often work to conceal their identities and remain private about lived experiences. Therefore, interviewing participants face-to-face also increased the ability to provide comfort for the participants to share more openly and genuinely.

The decision against implementing a focus group was due to the often sensitive and personal nature of transgender experiences. According to Polinkinghorne (1991), qualitative data employs the subject’s ordinary language to describe their everyday understanding of experiences. Couple participants were interviewed without the presence of other participants to allow them the opportunity to use their own language to define identities and express their personal experiences. Transgender participants were interviewed with their partners in an effort to obtain the richness of the couple experience.

Theoretical Framework

Systems theory is applied to therapy and research to examine the ways in which families function as units. According to this theory, all parts of a system are interconnected and influenced by one another. White and Klein (2008) define a system as, "...a unit that can be distinguished from and that affects its environment" (p. 158). Family units are understood to be systems; they are impacted by and impacted from changes that occur within their system as well as from environmental changes around their system.

Family systems seek to maintain stability however inevitably must recognize the need to adapt to new circumstances. The concept of *variety* measures a system according to the resources they have available to adapt to changes and meet new environmental demands (White & Klein, 2008). It is the ability to adapt to these changes that determines the strength of the system. Systems theory states that members in a family respond to one another and to their changing environment in a particular way, which maintains an element of stability. This framework is used to consider how couples respond to the changes that occur during gender transition. During this process the established mode of functioning within the system is likely to change; this study sought to understand how this then impacts the couple's sexuality and sexual relationship.

Systems theory emphasizes the sum as well as the individual parts. It is important to consider the interactions between family members while also considering each individual's personal experience. This study considered this concept by generating questions seeking to understand individual reactions to change. This study was interested

in understanding how each couple's system responded to and adapted to the changes they experienced as a result of gender transition.

Purpose of the Study

The transgender community is an often marginalized population, facing discrimination and rejection from society. This study adds to the growing awareness and improvements in acceptance by providing additional space for their stories to be told. This study also aims to provide clinicians and mental health practitioners a richer understanding of this population in order to better serve them clinically.

Existing literature on the transgender population is limited, particularly in the context of couple relationships. The purpose of this research was to understand the impact of disclosure of transgender status and the impact of gender transition for couples who remain together through transition. This study identifies how gender transition impacts the sexual orientation label and sexual relationship of transgender men and their cisgender female partners. By interviewing both partners and receiving perspectives from each, this study fills a gap in the research. Past research has focused solely on one partner of the relationship, either the transgender partner or the cisgender partner, and specifically explored their individual experiences. Comparatively, this study recruited both partners of the relationship and sought to understand what a couple's collective experience entails.

Past research has also explored couple experiences through examining identified challenges and maintenance activities. Such studies have helped to identify what challenges couples comprised of MTF transsexuals and their biological female partners face following gender disclosure and to understand what helped them to maintain their

relationship. This study focused solely on FTM transgender person and their cisgender female partners. The research question guiding this study was “what is the impact on a couples’ sexual orientation label and sexual relationship when one member discloses transgender status and begins the transition process toward their preferred gender?”

Chapter 2: Literature Review

The transgender community is an often over-looked and misunderstood population in Western culture. Although some literature exists examining male-to-female (MTF) experiences, and more recently, female-to-male experiences (FTM) (Brown, 2010), there remains limited focus on experiences for couples when one partner identifies as transgender. This literature review will briefly explore sex and gender in Western culture, specifically looking at the gender dichotomy and the challenges transgender individuals face within our binary system. Transgender individuals encompass a spectrum of gender expressions; this section will explore this continuum and the varying identities it represents. Lastly, the impact of gender transition from individual and couple perspectives will be reviewed.

Cultural Implications

Over the past decade, transgender persons have become more visible within our society through media, movies, and popular culture. As a result, “activists have been able to challenge public intolerance and grow in self-confidence and affirmation” (Carroll, Gilroy, & Ryan, 2002, p. 132). Transgender themes have made their way into mainstream movies such as the 1998 Disney film *Mulan*, where the main character presents a cross-gender theme of masculinity and femininity (Lev, 2004). More recently, in 2005 the independent film, *Transamerica*, portrayed the journey of a pre-operative MTF woman seeking self-discovery and strengthening her relationship with her son. Media coverage of the case of Brandon Teena in 1993, a FTM transgender person who was raped and murdered due to the discovery that he was biologically female also increased visibility of the struggles transgender people face (Carroll et al., 2002).

Additionally, in 2009, *Entertainment Tonight* featured a story uncovering Chaz Bono's FTM gender transition. His story was later made into a documentary film as well as published in his bibliography, *Transition: the story of how I became a man*.

With increased cultural visibility, support is more readily available to transgender persons. This support can be sought through Internet websites and chat rooms which offer the possibility to communicate while remaining safe and anonymous (Carroll et al. 2002). In addition, civil rights organizations such as the Human Rights Campaign offer support by educating the public and fighting for equal rights of lesbian, gay, bisexual and transgender (LGBT) Americans. Disclosing and successfully transitioning to one's true gender identity are now more commonly believed as positive examples of gender transition provide hope for a positive outcome. Thus, there is a greater possibility that more partners and families will experience transgender disclosure and gender transition.

Gender and Sex

Sex is often assigned in utero and is the first label placed upon an individual. Sex refers to one's biological status as either male or female, based on one's chromosomes, hormone prevalence, and internal and external genitalia (APA, 2013). What seems to be such a simple process, typically in the hands of a delivery room doctor, marks one of the most significant labels placed on an individual. Being labeled male or female determines the course of that child's entire life (Burdge, 2007), influencing how they will be perceived and treated within their society as well as how they are expected to look and act.

In contrast to the labeling of biological sex, gender is comprised of social meanings, defined by a given society. Western culture assigns gender roles according to

male or female classification. Gender roles define a set of norms considered appropriate for each sex and generally dictate how an individual should behave and interact within their culture.

Children learn the concept of gender roles at a very young age and thus must take it upon themselves to embody the characteristics and qualities assigned to their gender. As Burdge (2007) states, individuals in Western society “cannot not do gender” (p. 246). The binary system offers few alternatives, allowing no social space for an individual to demonstrate an alternative gender identity (Gagne et al., 1997). An uncontrollable and often unconscious need for gender order surrounds Western culture. Living by these rules and “doing gender” perpetuates the confining cultural standards by which we live and force others to abide by. However, some individuals feel a great deal of distress in conforming to their assigned gender identity. These members of our society experience incongruence between their assigned gender role and their internal gender identity as male, female, or something else. Living within a binary gender society can create confusion for individuals existing somewhere between or beyond the male and female gender classifications.

Critique of the Binary Gender System

A postmodern approach known as queer theory examines the dichotomous gender system and suggests eliminating the concept of gender all together (Burdge, 2007). Transgender-lesbian activist and writer Kate Bornstein states, “There’s a real simple way to look at gender: Once upon a time, someone drew a line in the sands of culture and proclaimed with great self-importance, ‘On this side, you are a man; on the other side, you are a woman.’ It’s time for the winds of change to blow that line away...”

(Bornstein, 1995, p. 21). “Queer theory is a critique of conventional categories of identity and cultural views of “normal” versus “abnormal,” particularly in relation to sexuality” (Wood, 2011, p. 62) and initially focused on the concept of “heteronormativity.” Heteronormativity refers to the assumption that heterosexuality and the binary gender system are the norms in our society and all other identities and sexualities are a deviation from this norm.

In the context of gender identity, queer theory provides a lens through which to examine the oppressive nature of gender dichotomy, which is dictated by societal definitions of what are normative or deviant gender categories. Western culture suggests that there should be congruence between one’s biological sex and their gender identity. Western culture also asserts that there are only two options available, to be male or female, and to project a gender apart from male or female is abnormal. Queer theory states that the use of categories and labels only perpetuate this “abnormal” versus “normal” attitude.

Another argument against a rigid, binary gender classification states that the meaning of gender is arbitrary arguing that definitions of male and female gender roles vary widely from one culture to the next (Wood, 2011). Wood and Eagly (2002) conducted a cross-cultural analysis looking at the different roles and characteristics applied to men and women in various cultures. As one example, Wood and Eagly describe the Agta people of the Luzon and Cagayan provinces of the Philippines. This society views females as hunters of large game, an activity typically assumed to be performed by men in other cultures. Defining what it means to be feminine or masculine depends wholly on the cultural context from which an individual is speaking.

By studying varying cultural definitions of gender and gender roles, we find that outside of cultural prescriptions, gender is a fluid concept where individuals have a choice regarding how they want to look and act. “Gender is neither innate nor necessarily stable” and often changes over time depending on how an individual learns to act and which elements of gender they adopt (Wood, 2011, p. 23). We are all relational beings, living fluid rather than fixed identities, in that we project our identities differently in different contexts and different relationships. By rejecting the set standards an individual contributes to reshaping cultural views and making room for gender variant identities (Gange & Tewksbury, 1998).

What does it mean to be transgender?

The term “transgender” serves as an umbrella term which includes the full spectrum of individuals who feel their assigned gender role does not match their internal sense of being male, female, or something else. These individuals wish instead to differentiate from their birth assigned gender role and express, full time or part time, their true gender identity. The term is an encompassing term and represents a variety of sexual and gender identities. Carroll et al. note that adaptation to the spectrum of non-traditional gender identities continue as new terminology emerges and past definitions are reconsidered. It is important to be aware that for each individual there is a preferred use of terminology.

The term transgender can be applied to, but not limited to those identifying as “cross-dressers” or “transvestites”, “drag kings and queens”, pre- and post-operative transsexuals, intersex persons, “genderqueers”, as well as many other gender-variant identities (APA, 2013; GLAAD, 2010; Carroll et al., 2002). Transgender is a term meant

to encompass a wide range of individuals. It is important to keep in mind that this term may vary from one person to the next and it is always important to ask an individual what their preferred terminology is.

Cross-dressers and transvestites are described as individuals who occasionally wear clothing traditionally associated with people of the other sex (GLAAD, 2010). Cross-dressers typically do not wish to change their assigned sex but rather cross-dress as a form of gender expression. Although the label “transvestite” may be used by some today, it is more commonly considered a derogatory term and the term cross-dresser is now preferred. Drag kings and queens are individuals who identify as gay and lesbian respectively and cross-dress for entertainment (Carroll et al., 2002).

Ellis and Eriksen (2002) define transsexuals as individuals who feel they are the alternative gender to which they were assigned and were born with the wrong genitalia, therefore they may alter their bodies through medical intervention in an effort to “align their biological sex with their true gender identity” (p. 289). Medical intervention is known as “sex reassignment surgery” but more recently the term “gender affirmation surgery” is preferred (APA, 2013). Use of this term more appropriately embodies the concept that transgender persons simply want to affirm their internal gender identity.

Pre-operative transsexuals are those who desire to, but have not yet had surgery and post-operative transsexuals have undergone surgery (Gagne & Tewksbury, 1998). Intersex is the preferred term for people who have biological characteristics of both male and female (Wood, 2011). Intersex persons are born with an ambiguous biological sex and are typically assigned a gender at birth and receive surgery and hormone therapies to match body characteristics with their assigned gender.

Transgender-identified individuals make many different choices regarding how to respond to feelings of incongruence between their birth-assigned biological sex and gender identity (Ellis & Eriksen, 2002). Some individuals will choose gender affirmation surgery to align gender identity and biological sex while others will not or cannot afford to do so (GLAAD, 2010). Individuals that do not undergo surgical or hormonal therapies may express their preferred gender in a variety of ways. Gender expression may be accomplished in a variety of ways including, but not limited to, altering clothing, hairstyle, name change, or undergoing medical treatments. It is important to note, though, that some individuals decide not to alter their genitalia emphasizing that genitalia do not define one's gender identity.

Not all transgender persons identify within the binary system as either male or female. According to Wood (2011), "genderqueer-identified" individuals "reject the binary categories of male and female, masculine and feminine" (p. 24). "Genderqueer" is a term that refers to those who identify their gender as falling somewhere on the continuum, existing between the male and female domains, or as a completely different and separate identity. In some cases, genderqueer individuals will reject the use of female and male pronouns and adopt neither masculine nor feminine identification but rather use pronouns such as "zie" as in "he" or "she," or "hir" instead of "his" or "her" (APA, 2013). Some who identify as genderqueer think of themselves as both man and woman; neither man nor woman; moving between the two genders; having adopted a third-gender; or placing no name on their gender. In Monro's (2007) cross-cultural exploration of gender diversity, an example was presented of an individual from the UK,

this individual identified himself as a FTM person but views himself as a potential third sex, possibly neither or possibly both female and male.

Androgyny is occasionally used as a descriptive term for genderqueer individuals. Androgynous identities also push the barriers of gender boundaries and are an example of the ways in which society remakes gender (Wood, 2011). Androgyny is the concept of embodying qualities that represent both feminine and masculine characteristics. Androgynous people may identify as such due to feeling the traditional gender binary is restrictive (APA, 2013). Androgynous and genderqueer individuals may express their gender with neutral behaviors, clothing, and hairstyles, and not all genderqueer or androgynous individuals consider themselves transgender.

Monro (2007) explores this new wave of ideas within the transgender community, drawing data from three qualitative studies conducted in the UK and India. This study aimed to explore the territory where gender binaries are disrupted or displaced, such as in the *Hijra* communities in India. According to Monro, *Hijras* are born as either intersex or as male but identify with a female gender identity and therefore form a unique third sex/gender community in India. In an effort to live as that gender identity, *Hijras* alter their external genitalia and wear clothing typically associated with the female gender role.

Understanding the spectrum on which individuals identify and view gender is invaluable as both a layperson and mental health professional. In order to meet the needs of this population it is important for mental health practitioners to be aware of individuals who embrace an alternative gender identity than what is culturally assigned to their biological sex. Moreover, to be aware that there are individuals that fall between the

gender binary categories as well as those who may reject the notions of male and female genders all together.

Coming Out

While not always the case, transgender individuals typically know from a very young age that they feel different than others of their assigned gender (Ellis & Eriksen, 2002). At school age the expectations of how girls and boys play and interact are pronounced and transgender children commonly feel a collision between their assigned gender role and their internal gender identity early on in their social and physical development. In a qualitative study of 65 MTF individuals, Gagne et al., (1997) found that 63 out of 65 of their sample reported cross-dressing behaviors beginning in adolescence, although done discreetly and in private due to societal messages that those behaviors were deviant and wrong. At this age, individuals may also seek contact with similar others, particularly through the use of the Internet in order to find relief knowing they are not alone in their feelings and thoughts. According to Gagne et al., the realization that there is a name for their experiences is a precursor to coming out to one's self and then eventually to family and loved ones. Contact with individuals experiencing similar feelings can help to provide options regarding disclosing and transitioning. Gagne et al. state, "As the [transgender persons] in our sample became aware that there were others in the world like them, they experienced a sense of self-recognition, and most quickly aligned themselves with new potential identities." (p. 490).

"Coming out" is a term generally associated with the process of disclosing one's sexual orientation as gay, lesbian or bisexual. Comparatively, Bockting, Knudson, and Goldberg (2006) describe the similar process of disclosing one's transgender identity. For

transgender individuals, coming out is a complex process and involves disclosing one's identity as well as navigating gender transition through gender expression and public presentation. This process is considered both a personal and public experience because transgender individuals often have no choice but to come out in order to live fully as their true gender identity.

In a qualitative study conducted by Smith (2009), 7 MTF transgender individuals were interviewed regarding their experiences with disclosing their gender identity to others. Many of the participants discussed an "obligation to disclose" due to both internal pressure as well as external circumstances. Participants described an obligation to disclose their identity due to a having a desire to be honest and genuine with others. Five of the participants also discussed wanting to come out due to their desires to publically wear clothing of their true gender identity and proceed into the transition process. One participant described feelings of paranoia about being in public and presenting as their preferred gender and unexpectedly bumping into a friend who may be unaware. In an effort to avoid that potential experience, the participant then decided to disclose.

The process of coming out is a lifelong process; new disclosure processes arise with newly established relationships (Bockting et al., 2006). Transgender individuals have to continuously consider if and when to disclose their identity. Smith (2009) sought to understand the systems in which different disclosures occurred. In addition to discussing disclosure within intimate relationships with family members and loved ones, the participants in Smith's study also discussed their experiences of disclosing within the context of their work environment. Although often considered less emotionally difficult

than disclosing to loved ones, disclosing one's transgender identity in the work environment led to experiences of anxiety and risk. Due to a fear of no longer being respected as well as not being protected by laws within the state that they lived, one participant chose not to disclose at work and therefore had to deal with managing life as feeling like two different people.

Transitioning to one's preferred gender typically follows the coming out phase although the exact ordering of experiences is unique for each individual. For some, coming out is considered part of the transition process. Generally gender transition is defined as altering one's gender expression in order to live as their preferred gender identity. This process of gender affirmation may include some or all of the following: disclosing to family, friends, loved ones, and/or co-workers, expressing gender identity through clothing and hairstyles, changing birth name and legally changing sex, undergoing hormone therapy or undergoing surgery to alter biological characteristics (APA, 2013; GLAAD, 2010).

Hormone replacement therapy (HRT) consists of hormone injections associated with one's gender identity, either testosterone for FTMs or estrogen for MTFs. HRT often generates the development of secondary sex characteristics (such as muscle mass and body hair) associated with a different sex, this often allows the individual to be seen as the gender they identify with.

Surgical procedures include, but are not limited to, vaginal reconstructive surgery, known as vaginoplasty and breast augmentation (the surgical placement of breast implants) for MTF individuals. For FTM individuals, surgical procedures include chest

surgery (the removal of breast tissue) and construction of a penis known as phalloplasty or metoidioplasty.

Impact on the Couple Relationship

Transgender individuals do typically come out and transition in an effort to resolve their emotional pain and agony. In Brown's (2010) qualitative study of 20 sexual-minority women in relationships with FTM transsexuals she states, "Because few partnerships survive the transition, less is known about the ways in which transsexual transition affects continuing partners and partnerships." (p. 562). While literature investigating the couple experience is scarce, a recent qualitative study of 17 MTF transsexuals and their female partners investigated relational dynamics that help sustain relationships (Alegría, 2010). The couples recruited for this study were asked to complete individual questionnaires as well as to undergo individual semi-structured interviews. These couple relationships were initially established as man-woman but after transition became relationships consisting of a MTF individual and their female partner. Alegría identifies common challenges related to sexual identity and relationship uncertainty, MTF transition decision-making, and challenges related to public presentation. Additionally, Alegría was able to identify key relationship maintenance activities which couples reported as helpful when navigating the transition process: communication, self-talk, social networks, positive interactions, impression management (e.g. managing displays of affection in public), and social activism.

Alegría (2010) sought information regarding relational challenges and activities by investigating the feelings toward initial disclosure; how the response to disclosure had changed; and how the relationship had ultimately changed. Alegría's findings were

consistent with a qualitative study conducted by Joslin-Roher and Wheeler (2009) examining the transition experience for female partners of FTM transgender men. Feelings of shock and confusion upon disclosure were reported in both studies. Alegria reports the female partners of MTF transsexuals described the concept of their partner being transsexual as foreign. As a result of their partner's gender disclosure they began questioning what it meant for their own sexual identity, relationship, and personal and world-views. Participants wondered whether what they were experiencing was normal and as a result whether they themselves were normal or not for being involved in the relationship. They also wondered whether remaining in the relationship meant they were lesbian. One participant reported not knowing anyone else like them and that therefore made her question her relationship (2010).

An additional challenge was related to the transition decision-making process. Alegria found that after disclosure of the MTFs true gender identity, "their motivation to transition quickly and fully from MTF took main stage, and was difficult to reign in." (p. 912). The female partners reported this as a difficult experience since the focus was all-encompassing and as if they were missing out on other aspects of their lives. The third challenge reported by the participants related to decisions regarding public presentation and wanting to find a community in which to feel comfortable and accepted. Participants expressed fears regarding the potential for harm and discrimination due to transsexuals often facing disrespect and judgment and therefore feeling uncertain about going public with their partner's gender transition.

Alegria (2010) also identified activities which benefited the female partners in adjusting to the MTF partner's disclosure and transition. Communication was identified

as critical for understanding one another; working toward mutual goals; making joint decisions; discussing what the process signified for both partners; and ultimately proceeding through transition. The female partners discussed the importance in having some control over the situation such as making a list of what behaviors she felt comfortable with. The second activity reported by the couples was framing their relational views positively through self-talk and the creation of new language to identify their sexuality. The participants discussed taking the transition one step at a time and recognizing that they were a normal couple, just experiencing a major change.

Social networking was reported as the third supportive activity and consisted of accessing support from friends, family, similar others, and support groups. The couples reported receiving positive acceptance from the lesbian community, as evidenced by *Alegría*, due to being viewed as a same-sex couple. Positivity was the fourth supportive activity. Participants used humor as a way to lighten intense conversations. One of the female partners described her MTF partner as smiling more often as a result of being able to live as her true gender identity. The fifth activity, impression management, related to public presentation and public displays of affection. This activity was seen as helpful in that, “embarking on small outings and getting comfortable with them before progressing to more prolonged outings helped enable the couples to make the transition from private to public.” (p. 914). The final activity found by *Alegría* was social activism and educating the public about transsexual identity, which resulted in individual and couple growth.

More commonly found in the literature is research examining the perspective from just one partner in the relationship. For example, Joslin-Roher and Wheeler (2009)

studied nine lesbian, bisexual, and queer-identified females currently in or previously in relationship with a FTM transgender person. The participants were interviewed over an 8-week period. The participants were interviewed face-to-face with a 39-question interview covering demographics; history of relationship with their transgender partner; timeline of partner's gender transition; participant's experience of partner's transition and transgender identity; and impact of transition on the participant's identity and mental health. The major themes identified in the research related to identity, caretaking, impact on relationship, impact on mental health, LGBTQ communities, peer support, and culture and race.

Couples who undergo transition often experience a shift in the presentation of their relationship and how, according to societal views, the couple may be classified. Joslin-Roher and Wheeler (2009) found their participants struggled with a sense of identity and community connection. Eight out of nine subjects reported that their partner's gender transition sparked a personal exploration of their own sexual identities. The participants stated that, among other things, being identified as lesbian, queer, and/or dyke "...had afforded them a sense of community, a shorthand for signifying sexual/romantic availability or nonavailability to others, a way to be understood by others (whether this was an accurate understanding or not), a political grounding and orientation, and a way to understand themselves..." (p. 39). As a result of their FTM partner's transition, the female participants experienced feelings of frustration and confusion related to their identities, "One subject, a lesbian, described her experience of coming out as a lesbian and then questioning that identity in her current relationship with a newly out transman" (Joslin-Roher & Wheeler, 2009, p. 29). This experience may also

be confusing as a couple may go from being understood as a same-sex couple to an opposite-sex couple and as a result experience the societal impact of that label in comparison to being in a gay or lesbian relationship.

Another major theme reported by Joslin-Roher and Wheeler (2009) was female participants “needing to choose between a match with their partners’ identities and an accurate articulation of their own identities...” (p. 29). In general the female participants struggled to reinterpret their own sexuality in response to their partner’s transition. Participants, who were more comfortable with a fluid sexuality, or not necessarily having a match between their sexuality and their partners’ identity, appeared to manage the confusion and questioning more effectively.

The participants also reported feeling that as their partner’s gender transition progressed, their own identities became “invisible,” meaning others were now questioning how the participant’s own sexuality would change (Joslin-Roher & Wheeler, 2009, p. 40). Some of the female participants said that through the transition process they were able to adopt a more inclusive identity that was ultimately a better fit for them. Initially the participants experienced feeling a loss of identity, Joslin-Roher and Wheeler (2009) point out however, that some eventually adopted a more “fluid” and “accurate understanding” of their own sexuality and sexual orientation (p. 40).

The female partners reported both the negative and positive impacts that gender transition had on their sexual relationship with their transgender partner. Subjects reported negative impacts due to changes related to what each partner sexually preferred; what the sex roles were; sexual receptivity; and/or communication around sex. The

female partners reported that it was difficult to tackle the above challenges if and when their partners were unwilling to discuss sexual issues.

Despite these challenges, Joslin-Roher and Wheeler report that participants identified a heightened sense of satisfaction in the relationship due to witnessing their partners' joy related to transition. The participants stated that increased satisfaction was related to learning about mutually supporting one another and working together to successfully navigate the transition process. An additional factor, which contributed to greater satisfaction in the relationship, was having more openness in terms of communicating with one another.

Brown (2010) sought to understand the specific experiences related to sexual desire and practice from the perspective of 20 sexual-minority women currently in or previously in relationship with a FTM transgender person. Brown states that "Few researchers have examined how specifically transition affects the couples sexual relationship when the relationship is established pre-disclosure and the couple remains partnered" (p. 562). The participants in Brown's study had to be currently or once partnered with a female-bodied individual who disclosed transsexual identity during partnership. The participants also had to have been previously identified as non-heterosexual, for example, lesbian, bisexual, queer, gay, dyke, etc. Recruitment screening ensured that the relationships, prior to gender transition, were understood to be same-sex relationships. Three major concepts were covered in the interview process: disclosure, experiences related to transition, and community support and affiliation.

Brown (2010) reported on factors that had negative effects on the couple's sexual relationship, as well as factors that enhanced sexual desire. The factors that negatively

affected sexual drive and practice were reported to be a fear that the participants would no longer be able to sexually relate and/or have a sexual attraction to their transgender partner. This was due to fundamentally identifying as lesbian and now being partnered with a man. Participants reported issues in reference to possibly not being attracted to their partner due to them now looking more like a man. Another participant described her uncertainty around relating sexually to her partner. Because she identified as lesbian, she felt apprehension towards the possibility that her partner undergo gender affirmation surgery to alter his genitalia. A few participants in Brown's study reported that their partner's disclosure created some initial discomfort with their own sense of self during sex. For example, participants stated uncertainties about what body parts to avoid on their partner in an effort to avoid reminding them of being biologically female.

One participant in Brown's study provides a thoughtful description of her interpretation of being in a partnership with a FTM individual. She interprets transgender partners to have a deeper understanding of the need for open communication about sex, "When I am with someone who is trans, we have to talk about sex. A trans man might need to tell me what is or isn't okay with touch and sex. He might not want to be touched at all. Or he might want to stop or change what is happening in the middle of things. I get this. That seems right and normal to me. I too have a need to discuss and negotiate..." (p. 566).

Similar to the findings of Joslin-Roher and Wheeler (2009), Brown (2010) found that more often than not, participants reported "greater sexual access to their partners' bodies and greater satisfaction with their sex life as transition progressed" (p. 567). The participants in Brown's study reported that prior to transition, sex was limited and their

partners had a lot of shame and discomfort with their bodies. As partners underwent medical transition and felt more comfortable with their bodies, the female participants reported increased wish for frequency and quality of sex. Participants also reported relying on good communication and negotiating sexual roles as well as using sex as a cathartic or therapeutic experience to manage the stress they were both experiencing due to the transition.

Brown reports changes in the nature of sexual activity, specifically the renaming of body parts and “the emphasis on particular activities shifting” (p. 568). Sex reportedly became organized around sexual activities that would reinforce the transgender partner’s masculinity and a decrease in activities that may weaken it. As a result the female participants reported that their transgender partners expressed a loss of interest in previously enjoyed sexual activities.

There was a sense also that what was sexually preferred appeared to alter continuously throughout transition. For instance, initially the transgender partner might enjoy penetrating his partner using a dildo (a process which was seen as gender affirming); however, at times, this might later become disaffirming as a reminder of his lack of male genitalia. It is important to note that Brown (2010) also acknowledged that despite the changes that many of the participants experienced, some also reported that their sex life had little change post-disclosure and during medical transition.

Overall, Brown (2010) reports that “sex seemed to be more limited in the early stages of transition, and became more varied and satisfying as transition progressed” (p. 569). Similar to the findings of Joslin-Roher and Wheeler (2009), Brown also found an association between the participant’s lesbian identification and greater difficulties with

arousal and doubts about the continuation of her relationship. In comparison, the female participants who identified with a bisexual, queer, or a more fluid lesbian identification appeared more compatible with a transitioning partner and having more positive experiences of transition.

What we know from this literature is that both the transgender individual and their partners experience personal exploration throughout the gender transition process. The non-transitioning participants reported feeling uncertain about what the transition and disclosure meant for their own sexual identity and the classification of their relationship. Multiple studies found that individuals more comfortable with fluidity are able to manage these issues more effectively.

The transition process also results in feeling confusion in regard to community connection. As individuals explore their identities they also explore where they belong within society. Couples may transition from a same-sex to opposite-sex classification, or vice versa, and therefore may reconsider the community to which they identify. Individuals undergoing this experience report trepidation about coming out due to uncertainty about how others will respond and whether their relationship will be acknowledged and accepted.

The literature also suggests that couples experiencing transgender disclosure and gender transition report changes in their sexual relationship. Uncertainties and fears exist about sexual attraction and continued sexual desire, particularly for the non-transitioning partner. In most such couples, there appears to be an ongoing process of reestablishing the sexual relationship – based on preferred activities, sex roles, and positions – throughout the transition process.

Finally, the above literature suggests that although disclosure of transgender identity presents disruptions, positive changes and outcomes are possible. Couples' keys to success involve open communication and mutual support through acknowledging that each partner is undergoing a transition.

To expand upon the established literature, this study aims to gain greater understanding of a subgroup of this community, couples of FTM transgender persons and their cisgender female partners. Past studies provide insight into the challenges MTF individuals and their female partners face. Additionally, some research has shed light on the sexual relationships of transgender individuals by interviewing the female partners currently or previously in relationship with a FTM person, leaving behind the perspective of the FTM individual himself. In order to fill an obvious gap in the current literature, this study interviewed both FTM persons and their female cisgender partners and specifically aimed to understand the impacts gender transition have on a couple's sexuality and sexual relationship.

Chapter 3: Methods

Design of the Study

This qualitative study explored the impact of gender transition on the sexual relationship and sexual orientation of transgender men and their female cisgender partners. Gender transition is defined by the Human Rights Campaign [HRC] (2013) as “...the process through which a person modifies his or her physical characteristics and/or manner of gender expression to be consistent with his or her gender identity” (Gender Transition section, para. 6). Gender transition is typically understood as the process when a transgender person begins to express and live as their preferred gender. Expressing one’s gender is accomplished in a variety of ways including, but not limited to, altering clothing, hairstyle, name change, or undergoing medical treatments such as gender affirmation surgery and hormone replacement therapy (HRT). The interview questions sought to understand the impact of gender transition on both partners in a relationship. Specifically, the interview focused on the impact of gender transition on the couple’s sexual relationship and sexual orientation.

Study Participants

This researcher recruited couple participants where at least one member identified as transgender. Previous studies have sought recruitment from specific couple formations, such as female partners of MTF transgender individuals. This study was open to all transgender participants and their partners; however, only FTM individuals and their partners contacted this researcher. What resulted was a unique study that focused specifically on the transition process that transgender men and their cisgender female partners undergo as a couple.

Previous research has also focused solely on one partner of the relationship. This study specifically recruited both partners in order to obtain a more holistic understanding of how gender transition impacts couple relationships. This researcher recruited couple's where one member of the relationship disclosed transgender status and began expressing their true gender identity mid-partnership.

A total of four couples, consisting of eight individuals, were recruited from transgender support groups in the Washington DC metropolitan area. All four couples consisted of a FTM transgender individual and their cisgender female partner. Seven participants were Caucasian and one was Caucasian and American Indian. The participants were between the ages 24 and 39. All of the participants had some form of higher education, including four with master's degrees and two with bachelor's degrees. Two of the couples were married, one engaged, and one reported having been partnered for two years. Disclosure of gender identity occurred mid-partnership for three couples and was reportedly hinted at prior to dating for the fourth couple. All four couples reported that gender transition began mid-partnership.

Procedures

Prior to recruitment and data collection, the study was approved by the Virginia Tech Institutional Review Board (Appendix C). Participants were contacted through email listservs and flyers that were distributed to transgender support groups in the Washington DC metropolitan area. Inclusion criteria ensured that couples had been partnered prior to disclosure of transgender identity and gender transition and were still partnered at the time of the interview. The participants had to be at least 18 years of age or older to participate. Each participant was screened prior to meeting for an interview to

ensure they met the necessary inclusion criteria. Additional demographic information was obtained including education and religious affiliation.

All of the interviews were conducted in person at the Virginia Tech Northern Virginia Center. At each interview, the participants were provided a brief summary of the study as well as thorough review of the informed consent. Participants were given the opportunity to ask any questions and were reminded that they could withdraw at any time. The intention was for this researcher to establish rapport with the participants by reassuring them that there were no right answers and to feel free to share openly. Participants were then asked to sign the informed consent. With permission, the interviews were all audiotaped. Each audio taped recording was erased after transcriptions were complete. After the interviews, confidentiality was assured by not connecting any identifiable information with either the audiotape or the transcript. Pseudonyms were used with every transcript and used throughout this paper.

Instruments

Each participant was provided a brief demographic questionnaire via email (Appendix B). Questions gathered information such as relationship history, length of partnership, and timeline of the disclosure and transition process. Questions included:

1. What is your age?
2. What is your race?
3. What is your religious preference?
4. What is your ethnic background?
5. What is your highest level of education?
6. What is your annual household income?

7. What is your preferred gender identity?
8. How long have you and your partner been together?
9. How long into the relationship did disclosure of transgender identity occur?
10. Were you expressing your preferred gender identity prior to dating or did transition begin during partnership?
11. Was your partner expressing their preferred gender identity prior to dating or did transition begin during partnership?

When both partners met the requirements for participation, an interview was scheduled. The interviews were all semi-structured and both partners were interviewed together. The interview questions acted as a guide to structure the interview while allowing room to ask additional questions for clarification. The interview questions sought to understand the impact and experience of going through transgender disclosure and gender transition within a partnership. The overall purpose of the interview was to explore how gender transition impacted the couple's sexual relationship and sexual orientation. Interview questions included:

1. Tell me a little about the experience of disclosing your gender identity.
 - a. When did disclosure occur?
2. How do you define transitioning in your relationship?
 - a. What marked the beginning of the transition process?
3. In terms of sexual orientation, how do you each identify? (e.g. gay, lesbian, bisexual, straight, other, unlabeled)
 - a. Has your sexual orientation changed as a result of your or your partner's transition?

4. Some couples define their relationship as same-gender, opposite-gender, somewhere in between, or unlabeled, what fits for your relationship?
 - a. Has this changed as a result of transition?
5. Prior to disclosure, how would you describe your sexual relationship?
 - a. Did this change over the course of transition?
6. How would you describe your sexual relationship now?
7. If at all, what obstacles have you faced in terms of sexually connecting and being sexually intimate?
8. Have you/How did you as a couple deal with changes in your sexual relationship associated with transition?
9. What advice about sexuality and sexual intimacy would you give to other couples experiencing transition?
10. What advice about sexuality and sexual intimacy would you give to therapists working with couples who are transitioning?

Analysis

After completion of the interview, each audio tape recording was transcribed verbatim and the data were analyzed using thematic analysis. Thematic analysis is a method of analyzing and identifying themes within data in an effort to organize and then describe the data in detail (Braun & Clarke, 2006).

Thematic analysis, as described by Braun and Clarke (2006), consists of a six-step guide for extracting themes from the data. The initial phase is designed to make the researcher familiar with the data by transcribing; reading and re-reading the data until an initial set of patterns emerge. The second phase involves taking the initial set of patterns

and organizing them into meaningful groups and potential themes. Through the process of reviewing the themes, new themes and ideas emerge: these themes are then refined and considered in relation to the entire data set. The themes are finally brought together to create a comprehensive report of the data in an effort to capture the lived experiences in regard to the research questions.

Credibility was obtained by formulating interview questions supported by the existing literature. Each participant was provided an informed consent and the option to withdraw at any time in order to ensure all participants were genuinely willing and freely offering their experiences. Consideration of the past research and guiding theory was consistently used in order to ensure accurate theme development with the present study. The researcher made an effort to gain the trust of the participants through an open and non-judgmental stance during data collection. During the interview process, selective probing was considered in order to avoid swaying participant answers. To ensure reliability, each interview was recorded and transcribed verbatim. Regular consultations with the research committee chair throughout the process of both collecting and analyzing data helped to avoid any biases.

Chapter 4: Findings and Discussion

The Transitioning Couple: Sexual Relationship and Sexual Orientation Experiences of Transgender Men and their Cisgender Female Partners

Meghan E. Pugliese

ABSTRACT

Sex is a biologically based classification, determining whether an individual is male or female. Comparatively, gender is a socially designed construct, which varies between cultures and prescribes what it means to be a man or a woman. Western culture suggests all individuals fall neatly into one of these two groups. Females are expected to display feminine characteristics such as being nurturers, while males are expected to display masculine characteristics such as being providers. There exists, however, a population of individuals who identify themselves as “transgender,” meaning, they feel inconsistency between their internal sense of gender identity and their birth-assigned biological sex and/or assigned gender role. These individuals wish to separate from their birth-assigned gender role and express through physical modification their true gender identity. In the context of romantic relationships, it was once thought that disclosure of one partner’s transgender identity meant inevitable demise of the relationship. Clinical guidelines offered advice to the transgender partner, suggesting they abandon their family, change their identity, and begin a new life elsewhere (Lev, 2004). More recently, however, clinical experiences suggest the possibility that many transgender people can maintain healthy and sustainable relationships. This study sought to understand the impact of gender transition on the sexual relationship and sexual orientation of female-to-male (FTM) transgender individuals and their cisgender female partners.

“We’re having a boy! Let’s paint his bedroom blue!”

One of the first labels placed upon an individual is one of biological sex and its assigned gender role. Sex is a biologically based classification, determining whether an individual is male or female. Comparatively, gender is a socially designed construct, varying between cultures and prescribing what it means to be a man or a woman. Members of a given category are assumed to possess certain characteristics and qualities assigned to that group (Wood, 2011). For example, an individual born with female genitalia is labeled a female and enters the world with set expectations of how she will look and act. In the United States, males are usually expected to be strong (mentally and physically) and provide goods and support for their family.

There exists, however, a population of individuals who identify themselves as “transgender.” In the broadest sense of the term, transgender encompasses a spectrum of individuals “...who experience and/or express their gender differently from what most people expect” (HRC, 2013, Transgender section, para. 4). These individuals feel that the gender category assigned to them does not encompass the way they truly feel about who they are, both externally (in terms of genitalia and body figure) and internally (their gender identity or how they see themselves socially). The process of affirming externally what one feels is their gender identity internally is known as gender transition.

This study aimed to understand the impact of gender transition on a couple’s sexuality and sexual relationship, specifically in couple’s comprised of one transgender male and one cisgender female. For the purpose of this study, the term “cisgender” is used in reference to the female participants. The term “cisgender” refers to both men and women who feel their internal gender identity matches their biological sex and assigned

gender role. These individuals do not identify as transgender (Serano, 2007). The term “transgender man” is used interchangeably with “transman” and “female-to-male (FTM).” These terms are used to define an individual assigned the female sex at birth but who have a male gender identity. Lastly, the identity “queer” was referenced by many of the participants in this study. According to the group Parents, Families, and Friends of Lesbians and Gays (PFLAG), “queer” can be understood as an umbrella term including anyone who feels their gender identity, sexuality, and/or political beliefs are outside of the societal norms (2013).

Transgender is a term meant to encompass a wide range of individuals. This term can be applied to, but not limited to those identifying as “cross-dressers” or “transvestites”, “drag kings and queens”, “genderqueers”, pre- and post-operative transsexuals, intersex persons, as well as many other gender-variant identities (APA, 2013; Gay & Lesbian Alliance Against Defamation [GLAAD], 2010; Carroll et al., 2002). It is important to keep in mind that this term may vary from one person to the next and it is always important to ask an individual what their preferred terminology is.

Transsexual is a term which originated in the medical community; some still prefer this term while others do not (GLAAD, 2010). Ellis and Eriksen (2002) view transsexuals as individuals who feel they are the alternative gender to which they were assigned and were born with the wrong genitalia and therefore they may alter their bodies through sex reassignment surgery (more recently preferred is the term gender affirmation surgery²), in an effort to “align their biological sex with their true gender identity” (p. 289). An array of identities and categories exist, however, people generally fall within the

² The American Psychological Association (APA) recently issued guidance to use the term “gender affirmation surgery” in reference to sex reassignment surgery.

broad term of transgender when their gender identity and/or gender expression differs from the sex they were assigned at birth.

Also important in examining this research is acknowledging the difference between one's "gender identity" and "sexual orientation." Sexual orientation refers to an individual's physical, romantic, and/or emotional attraction to another person while as stated above, gender identity refers to an individual's internal sense of being male, female, or something else (GLAAD, 2010). Transgender people can represent a myriad of sexualities and sexual orientations, such as identifying as straight, gay, lesbian, bisexual, and asexual (Lev, 2004) and may involve themselves in a variety of close relationships.

Cultural awareness of transgender individuals has grown over the decades and with that increased awareness comes a widely acknowledged need for effective treatment (Lev, 2004). Increased societal visibility and growing support options allow transgender individuals the possibility of successfully disclosing, transitioning, and living a fulfilling life as their preferred gender. This realization can motivate transgender persons to disclose to their partners (Alegría, 2010) and begin transitioning with a feeling that they are not alone and support is available.

Although some literature exists examining male-to-female (MTF) experiences and, more recently, increasing attention has been paid to female-to-male experiences (FTM) (Brown, 2010), few studies have examined the experiences of couples when one partner identifies as transgender. In the context of romantic relationships, it was once thought that disclosure of one partner's transgender identity meant the inevitable demise of the relationship. Clinical guidelines offered to the transgender partner often suggested they

abandon their family, change their identity, and begin a new life elsewhere (Lev, 2004). More recently, though, clinical experience shows the possibility that many transgender people can maintain healthy and sustainable relationships. This study sought to understand this experience by examining the impact of transgender disclosure and gender transition on romantic relationships that remained intact. Specifically, this study sought to explore the impact of gender transition on a couple's sexual orientation and sexual relationship experiences.

According to Samons (2009), although couples face a complicated scenario when one partner discloses transgender identity, with appropriate support, couples can survive. By broadening the awareness of this community and gaining an understanding of what these couples experience, clinicians and mental health practitioners can more effectively help couples sustain their relationships, if they wish to do so.

More commonly found in existing literature is research examining the perspective of one partner in a romantic relationship. Joslin-Roher and Wheeler (2009) studied nine lesbian, bisexual, and queer identified females currently in or previously in relationship with a FTM transgender person. In this study, researchers found that their participants struggled to attain a sense of identity and community connection. The female participants in their study reported feeling that as their transgender partner's gender transition progressed their own identities became "invisible," meaning others were now questioning how the participant's own sexuality would change (Joslin-Roher & Wheeler, 2009, p. 40). Initially the participants experienced feeling a loss of identity. Joslin-Roher and Wheeler point out however that some eventually adopted a more "fluid" and "accurate understanding" of their own sexuality and sexual orientation (p. 40).

Couples who experience gender transition often feel a shift in the presentation of their relationship and how, according to societal views, their relationship may be classified. For example, a couple may go from being understood as a same-sex couple to an opposite-sex couple and as a result, experience the societal impact of that title in comparison to being in a gay or lesbian relationship.

The female partners of FTMs in Joslin-Roher and Wheeler's (2009) study reported both positive and negative impacts on sex and sexuality in their relationship. Female participants reported that their transgender partners' "...increased confidence and satisfaction with their bodies as they transitioned positively impacted sex and sexuality" (p. 41). Comparatively, subjects reported negative impacts due to changes related to what each partner sexually preferred; what the sex roles were; sexual receptivity; and/or communication about sex. The participants also acknowledged having to develop new ways of communicating in order to manage the changes that were occurring, particularly related to their partners' moods from hormone replacement therapy (HRT)³ and the impact hormonal changes had on their relationship.

Brown (2010) sought to understand sexual desire and practice from the perspective of sexual-minority females who are currently or previously in relationships with transgender men. Participants reported issues in reference to being attracted to their partner due to them now looking more like a man. A few participants in Brown's study reported that their partner's transgender disclosure created some initial discomfort for their own sense of self during sex, such as uncertainties about which of their partner's body parts to avoid in an effort to avoid reminding them of being biologically female.

³ HRT consists of hormone injections associated with one's gender identity, either testosterone for FTMs or estrogen for MTFs.

The female participants in Brown's study reported that prior to transition, sex was limited and their transgender partners had a lot of shame and discomfort with their own bodies. As the transgender partners underwent medical transition and felt more comfortable with their bodies, the female participants reported increased wish for frequency and quality of sex. The female participants also reported reliance on good communication and negotiating sexual roles. Brown also found an association between lesbian identification and greater difficulties with arousal and doubts about the continuation of the relationship. In comparison, the female participants who identified with a bisexual, queer, or a more fluid lesbian identification appeared more compatible with a transitioning partner and having more positive experiences of transition.

What we know from this literature is that both the transgender individual and their partners experience personal exploration throughout the gender transition process. However, to expand upon the established literature, this study gained greater understanding of a specific subgroup of this community, couples comprised of FTM transgender persons and their cisgender female partners. This subgroup's experiences have been minimally captured, especially from the perspective of both partners.

Past studies provide insight into the challenges that MTF individuals and their female partners face and the consequent activities they utilize to help overcome those challenges. The literature also provides insight, from specifically the perspective of the female partner currently or previously in relationship with a FTM individual. This current study however, more closely examined, from the perspective of both partners, how gender transition impacts the couples sexual relationship and sexual orientation. In an attempt to move away from the historical image of relationship destruction following

transgender disclosure and gender transition, this present study sought to contribute to the understanding of how couples experience this process and move forward together.

The Present Study

The present study sought to understand the impact of transgender disclosure and gender transition on a couple's sexuality and sexual relationship. According to systems theory, all parts of a system are interconnected and influenced by one another. White and Klein (2008) define a system as, "...a unit that can be distinguished from and that affects its environment" (p. 158). Systems theory provided a lens in which to consider each couple as a system; impacted by and impacted from changes that occur within their family unit. Specifically, this study sought to examine the impact of gender transition on the sexual orientation labels and sexual relationship of a couple that was partnered pre-disclosure and remained together. In order to understand couples' experiences regarding the impact of transgender disclosure and gender transition, qualitative data were obtained through face-to-face interviews. Qualitative methodology is particularly useful when research aims for "generation of categories for understanding human phenomena and the investigation of the interpretation and meaning that people give to events they experience" (Polkinghorne, 1991, p. 112).

Methods

Procedures

Prior to recruitment and data collection, the study was approved by the Virginia Tech Institutional Review Board. Through the use of purposive sampling, four couple participants were recruited. Participants were contacted through email listservs and flyers that were distributed to transgender social and support groups in the Washington DC

metropolitan area. Inclusion criteria ensured that couples had been partnered prior to disclosure of transgender identity and gender transition and that they were still partnered at the time of the interview. The participants had to be at least 18 years of age or older to participate. Each couple was screened prior to meeting for an interview to ensure they met the necessary inclusion criteria. Additional demographic information was obtained including education and religious affiliation. Each interview was conducted in person after reviewing and signing an informed consent.

Measures

The interviews were semi-structured and both partners were interviewed together in order to understand the couple experience. The interview questions acted as a guide to structure the interview while also allowing room to ask additional questions for clarification (Appendix A). The interview questions were also formulated in order to understand each participant's experience of gender transition within the partnership. Participants were first asked to discuss the experience of transgender identity disclosure within their relationship. The participants were also asked to discuss the process of transitioning and what gender transition meant to them.

After obtaining information about transgender disclosure and gender transition, each couple was asked about their sexual orientation. Did their sexual orientation change during transition? Participants were asked to describe both their individual sexual orientations as well as discuss the impact of transition on the label they ascribe to their relationship identity (i.e. same-gender, opposite-gender, somewhere in between, or unlabeled). Furthermore, participants were asked to describe their sexual relationship pre- and post-gender transition. Participants were asked to recount any obstacles they may

have faced in terms of sexual intimacy and as a result, how they dealt with those obstacles. Following the interviews, the data were transcribed verbatim and then coded for emerging themes.

Analysis

The researcher transcribed the interviews verbatim and thematic analysis was used as a method of identifying themes and patterns. Thematic analysis, as described by Braun and Clarke (2006), consists of a six-step guide for extracting themes from the data.

The initial phase is designed to make the researcher familiar with the data by transcribing, reading, and re-reading the data until an initial set of patterns emerge. The second phase involves taking the initial set of patterns and organizing them into meaningful groups and potential themes. Through the process of reviewing the themes, new themes and ideas emerge: these themes are then refined and considered in relation to the entire data set. The themes are finally brought together to create a comprehensive report of the data in an effort to capture the lived experiences in regard to the research questions.

Credibility was obtained by formulating interview questions supported by the existing literature. Consideration of the past research and guiding theory was consistently used in order to ensure accurate theme development. The researcher made an effort to gain the trust of the participants through an open and non-judgmental stance during data collection. During the interview process, selective probing was considered in order to generate reliable data. To ensure reliability, each interview was recorded and transcribed verbatim. Regular consultations with the research committee chair throughout the process of both collecting and analyzing data helped to avoid any biases.

Demographics

A total of four couples, consisting of eight individuals, were interviewed. All four couples consisted of a female-to-male (FTM) transgender partner and a cisgender female partner. Seven participants were Caucasian and one identified as Caucasian and American Indian. The participants were between the ages of 24 and 39. All of the participants had some form of higher education, including four with master's degrees and two with bachelor's degrees. The couples reported the duration of their partnerships between one and a half and six years. Two of the couples were married, one engaged, and one reported having been partnered for two years. Disclosure of gender identity occurred mid-partnership for three couples and was reportedly hinted at prior to dating for the fourth couple. All four couples reported that gender transition began mid-partnership. All four FTM partners had begun medical transition and begun hormone replacement therapy (HRT). Three of the four transgender participants had undergone chest surgery⁴ while one was working toward the surgery. The following are brief descriptions of each couple.

Whitney⁵ and Andrew reported that they have been together for five years and that disclosure occurred approximately two and a half years into their relationship. They shared that they are married and stated that they experience "straight privilege" as a result of getting married as an opposite-sex couple and being granted the same legal and social rights as straight couples. Andrew reported that he began HRT two years ago and had chest surgery a year ago. Whitney identified as lesbian prior to transition and now identifies as queer. Andrew identified as lesbian prior to transition and now identifies as

⁴ The removal of breast tissue. Also known as "top surgery."

⁵ All proper names have been replaced by pseudonyms. The male proper names and pronouns refer to the transgender male partners, while the female proper names and pronouns refer to the female partners: all of these also reflect the preferred gender identity as indicated by the participants.

queer but is comfortable being read publically as straight. They stated that they define their relationship as an “opposite-gender” relationship.

Josh and Jessica stated that they have been together for six years and that disclosure occurred approximately one and a half to two years into their relationship. They have been married for one year. Josh began HRT four years ago and had chest surgery two years ago. Jessica said that she identified as lesbian prior to transition but now identifies as bisexual. Josh also identified as lesbian prior to transition and now identifies as bisexual. Josh and Jessica stated they consider their relationship to be a “not quite straight” relationship or “queer.”

Sarah and Matthew have been together for one and a half years and are currently engaged. This couple reported that prior to dating, Matthew hinted to Sarah that he was transgender in an attempt to get a feel for how she would react if he decided to transition. Sarah stated that she identified as straight and always saw Matthew “as a guy” and therefore was not concerned when he began transition. Matthew began HRT two months ago and plans to have chest surgery soon. Sarah stated that she identified her sexuality as straight both prior to- and post-transition. Matthew stated that prior to transition he always felt that he was a straight male, but was viewed by society as a lesbian due to being a female that dates females. Matthew now identifies himself as a straight male. The couple stated that they consider themselves to be in a straight relationship.

The final couple, Patrick and Melissa, stated that they have been together for two years. Disclosure of transgender identity occurred approximately four to five months into their relationship. Patrick recently had chest surgery and has begun HRT. Melissa reported that she identified as lesbian prior to Patrick’s transition. She noted that she is

now exploring what sexuality fits her best: lesbian, bisexual, or queer. Patrick stated that he always felt he was “a straight male” but was assumed to be a lesbian, prior to transition. However, Patrick now outwardly identifies as straight. Patrick and Melissa consider their relationship to be either “straight” or “queer.”

None of the FTM participants reported having the gender affirmation surgery known as phalloplasty, which entails the construction of a penis. A few stated considering it as a long-term goal but not having any current plans to pursue that option. All of the FTM participants began using male pronouns, started medical transition, and came out as transgender to their friends and family while in their current partnership.

Researcher Characteristics

In interacting with this community on a personal level, I quickly realized the lack of understanding within the greater medical community of the unique obstacles transgender individuals face. I have had first-hand experience witnessing the role gender plays in Western culture. I observed personal acquaintances struggle with our culture’s dichotomous gender system and the prescribed gender roles to which they felt confined. This struggle extended into their familial and romantic relationships as their loved ones felt unsure how to make sense of their experiences and where to access resources to help. It became evident that there remains an immense need for more research in this community. I approached this study with compassion for the discrimination and misrepresentation transgender people endure. I had a strong desire to help spread awareness by talking with members of this community and providing additional space for their stories to be told.

Findings

Sexual Orientation

Sexual orientation refers to an individual's physical, romantic, and/or emotional attraction to another person (GLAAD, 2010). When one partner undergoes gender transition, how the couple then understands their sexual orientation may evolve throughout this process. The participants were asked about the impact of gender transition on their individual sexual orientation labels as well as their relationship identity label. The findings reflect an interaction between one's internal exploration and societal perception of their external presentation. Two themes emerged which describe the participants' search for community and identification of sexual orientation labels: (1) "where do we belong?" and (2) understanding sexual orientation. Two subthemes which emerged within understanding sexual orientation are: (1) the impact of social perception: "Their label changed, not mine." and (2) internal evaluation of sexual orientation.

"Where do we belong?" Many of the participants noted encountering both an internal and external pressure to select a label or group to which they best belonged. Participants often struggled to understand their own internal sexual orientation while also making sense of how others perceived it in the context of their relationship. For example, partners in an opposite-sex relationship are often perceived to identify with a straight sexual orientation.

Three of the cisgender participants labeled themselves as lesbian and in a same-sex relationship prior to transition. This identification was consistent with how they were seen by others. Post-transition, however, they were often perceived to be in a straight relationship. This then affected how they began to see themselves and their relationship.

One transgender participant described his experience of feeling a loss of the relationship identity that he and his partner previously associated with. He reported an uncertainty around which label and which community he and his partner fit into:

And we were pretty active in the LGBT community and that has probably been the hardest part. Because now we appear very straight and now we feel much more strongly like we have to justify our presence in any LGBTQ meeting or gathering...that has been the hardest part...that we had been very active in college and in the community and now feeling like we were not quite sure...where we fit.

Selecting a label, especially during transition, was a difficult process for many of the participants. Many of the participants were actively involved in the LGBT community prior to transition. Post-gender transition, this physical presentation of the relationship put them into a new category and possibly a new community due to being viewed as straight. Some of the transgender participants identified a desire to “pass” – or to be perceived as being male. At the same time, they also wanted to in some way remain part of the LGBT community to which they still felt connected. Couples did not feel that being labeled as a straight couple encompassed their identities fully. Although they were now part of the “T” in LGBT they were perceived as straight by society and therefore had to verbally state their sexuality and gender identity in order to justify their presence in the community.

Understanding Sexual Orientation. Through the process of undergoing gender transition the sexual orientation of the already established relationship was reported to change by many of the participants. Both the impact of the individual’s perception of their identity and how one’s culture classified their relationship led to a process of

exploration and questioning. The participants reported an interaction between their internal desire to select a label and outside pressure from societal perceptions. Reported by many of the participants was the experience of questioning their sexualities in an attempt to understand what gender transition meant for their relationship and their sexual orientation label. Within this broader theme, there emerged two subthemes.

The impact of social perception: “Their label changed, not mine.” Many of the participants discussed a process of adjusting to no longer externally appearing to fit into the community with which they continue to identify. One transgender participant shared the feeling of not receiving social acknowledgement from the LGBT community post-transition:

Like you don't get that lesbian acknowledgment. Like that's one thing I definitely miss the most is that when I see a queer person they do not see me. They don't acknowledge me like I try to acknowledge them. Like who is this guy and why does he want to talk to me so much?

Societal perception of the individual's sexual orientation or identity caused the participants to reconsider their sexuality.

One cisgender participant shared her experience of not wanting to worry what others thought about her. However, she acknowledged that she often felt pressure from society's perception of her sexuality. She stated that although she appeared to be in a straight relationship it was important to her that others know it did not start off that way. She referred back to her experience several years ago coming out as lesbian. She stated experiencing anxiety, now being faced with a new coming out process: this time, however, as a bisexual or queer-identified woman in a relationship with a transman. This

participant stated several times that although it was confusing to others she truly felt like a lesbian on the inside. She stated that although her appearance has changed, her orientation had not changed and she still felt identified as a lesbian. At the same time, she continued to question and explore her orientation throughout her partner's gender transition process.

...And with our relationship, you know, I think there are labels...I think people are comfortable with labels. Society, they want to define you. Okay, you're a lesbian. You're straight. You're a man. You're a woman. And it's uncomfortable, and it was uncomfortable for me as that label changed because...we were lesbians and now we're looked at as a straight couple. And I've never, I had like boyfriends in high school, but from 19 on, I came out at 19, I've always been with women, with a woman... I call it, and I've read this, to have a 'straight privilege.' Like we are appearing as a straight couple now...I don't know, it's like I had to come out again...I came out to my family with Patrick transitioning and friends...but in the long run, really, nothing's really changed. Someone's appearance has changed and that's about it. But it's definitely, it is a transformation, but for me, a lot of people, I almost feel like it's their thing.

Discussed by many of the participants was an overall sense of feeling misunderstood by both the LGBT community and the rest of society. The participants acknowledged feeling queer but looking straight which created a sense of disconnect between their internal identity and how they were perceived.

Internal evaluation of sexual orientation. The participants noted that in addition to experiencing external pressure from society, they felt internal pressure to reconsider their sexual orientation labels. One of the cisgender participants identified herself as straight both prior to- and post- transition. As a couple, their external presentation matched their internal identification and therefore this process appeared to be less difficult for them. Three of the cisgender participants, who had previously identified as lesbian, were now considering a queer, lesbian, or bisexual label. Two of these cisgender participants stated that they still felt that lesbian was their appropriate identity, however, now that they were partnered with a man they felt a need to adjust this label.

These women appeared to question what it meant to identify as lesbian but be in love with a man. One cisgender participant described the confusion she experienced because although she felt comfortable calling herself a lesbian, that particular orientation label did not fully encompass her experiences and her relationship presentation. She stated that, although appearing to continue to question this label, she felt comfortable calling herself bisexual.

It's complicated. I want to say I feel very comfortable saying I'm a lesbian, but again, somebody looking at me would be like 'you're not a lesbian.' But I'm very attracted to women. But I'm very attracted to him, and I'm in love with him. I'm a lesbian that's in love with one guy? I mean I don't know. I kind of...well, I said this today, I'm a Patrickitarian. So I mean...the whole label thing, I guess even if I was to say I'm bisexual, I could say that. I was never comfortable saying that before, but I could say that. You know?

Another cisgender participant shared her experience of determining the label she felt comfortable with. This participant previously labeled herself lesbian. She noted that due to the changes she and her partner underwent she no longer labeled herself as lesbian but instead now identified as “queer.” Although she acknowledged personal fluidity through exploration of her label, she reported discomfort associated with being “read as straight” for too long and not feeling that her identity was fully understood. She stated that she looks straight but feels queer on the inside and often experienced anxiety when she spends a lot of time with people that do not know their relationship history and her sexual orientation. This couple noted that the transgender partner was not out to his colleagues at his job. When they spent a lot of time with individuals that did not know about his transition the cisgender female partner was assumed to be straight. In these instances, she often chose to not call herself lesbian or queer in order to avoid questions around her partner’s gender identity or transition. This process generated a feeling of not being fully understood in public.

Sure, now I identify as queer, before I identified as a lesbian. I still identify with...lesbian culture, I still read some of the same blogs that I used to and stuff but yeah, I mean I identify as queer. I look straight in most situations now and it bugs me if I'm only read as straight all the time or too much. If we are never around people who know, I start bristling a bit. But yeah, I identify as queer.

The transgender participants identified a similar process of reorienting their sexual orientations as a result of the transition process. One transgender participant stated that he identifies himself as queer, similar to his partner’s identity. He expressed having a fluid sexual orientation, meaning he was comfortable identifying himself as queer but being

perceived and assumed to be straight. He reported that he does prefer a queer identity when interacting with queer people in an effort to continue to be accepted and acknowledged by the LGBT community.

I definitely share a similar queer identity, to me that's more personal...it's not as outward. I don't think I have as much desire to be as outward about that and I think I definitely, I like that identity when people know about me, but when people don't know, I tell people. I mean people assume that I am straight...and I'm okay with that, but I do like when people know...I kind of feel like I'm queer when I'm around queer people.

Another transgender participant stated that he identified as lesbian prior to gender transition due to that label being the social category that fit him best at that time because he was perceived as a female who was dating females. However, he stated that internally he always felt like a straight male.

...I had always said that I felt like a straight man because I like straight females over lesbians and...that was just my sexual preference. I was identified as more masculine anyways, I always knew...if something like this was going to happen to me I would consider myself a straight man.

An individual's perception of their identity, their desire to match their experiences with a label, and pressure from society to reclassify themselves, led participants to question their sexual orientations. Gagne et al. state that, "While [gender transition] is an issue of sex and gender, it does entail aspects of sexual *reorientation*" (1997, p. 482). These findings show that transition not only impacted the transitioning individual's gender, but also affected the sexuality and sexual orientation of his partner.

The participants that appeared to have a more fluid sexuality seemed to have less difficulty identifying with an ambiguous or changing label. The couples often felt that they were perceived to be straight, however internally they still identified with the LGBT community. They therefore desired the acceptance and acknowledgement from that community. Through the reorientation and exploration of sexual orientation labels the participants attempted to match their relationship identity with their experiences related to gender transition.

Sexual Intimacy

Undergoing gender transition in the context of a romantic and intimate relationship can be understood as a transition and transformation for both the transgender and cisgender partner. The exploration of sexual orientation and relationship identity are aspects that are often affected during this transition process. Another element of transformation is the couple's sexual relationship. One transgender participant described his experience of realizing that his gender transition was creating a transition for his partner as well:

...I didn't realize that my transition, as a trigger point, would set off a firestorm of transitions around me. Does that make sense? Like I didn't think it would create a transition in our relationship and a transition for her and in my workspace and in my social life. Like it didn't click, you know?

This group of findings describe the impact of transition on the participants' sexual relationship. Participants were asked to describe their sexual relationship prior to transition and to provide a current description of their sexual intimacy. Participants consistently reported that sexual comfort increased as transition progressed. One of the

transgender participants recounted his understanding of the impact gender transition had on the couple's relationship and their subsequent comfort levels:

...I feel like if I looked back a year and a half ago, you know, it's just like I'm way more comfortable where I'm at and where our relationship is at. I think that transition piece also helped transition our relationship into something more positive and more beneficial than we had before.

A cisgender participant said her transgender partner's comfort in his own body increased the level of comfort they felt within their sexual relationship. She stated, "I think that's a big thing, is you being more comfortable with yourself makes us more comfortable together..."

Several key factors were associated with the process of increasing levels of comfort. The key factors, or subthemes, that emerged were: (1) developing a new relationship with body parts; (2) approaching sex in a different role; and (3) growing in relationship to one's own body.

Developing a new relationship with body parts. Many of the participants identified the need to develop a new relationship with the transgender partner's body parts. This theme is associated with the creation of a new vocabulary to refer to specific body parts as well as navigating and avoiding certain body parts during sex. For example, the transgender partners preferred to use the word "chest" over "breast." Cisgender partners also found themselves physically avoiding certain body parts during sex because of the transgender partner's discomfort with those parts. The transgender participants described discomfort associated with attention focused on their body parts that were generally associated with female identity. One of the cisgender female participants noted

the development and the changes she and her partner experienced as a result of developing a new relationship with body parts:

And also like developing that new language and new ways of touching each other and what works and what doesn't and what's uncomfortable and what's comfortable and what he likes and what he doesn't and what he likes certain things to be called or not called...like that's exciting because I'm the only one that knows that. Yeah, I think that made things more exciting.

When cisgender partners were willing to develop and explore new language both partners benefited.

Another cisgender participant also described the process of changing language with her partner. She did not realize that using certain terminology made her transgender partner uncomfortable and he was hesitant to share this information in the beginning of their relationship because he had not yet disclosed his gender identity to her. However, after he disclosed, they noticed the benefits of using a new language,

...I wasn't comfortable being in bed because the terms you used and the sexual relationship was uncomfortable. I didn't feel like it was okay to say 'No, that's not okay' to some things because it was just...I didn't want to put myself more out there than I already was, if that makes any sense.

The experience and process of avoiding certain body parts was reported to be especially difficult because what was comfortable or uncomfortable for the transgender partner varied throughout the stages of transition. Another transgender participant described the variation in his comfort levels prior to transition, during transition, and after chest surgery.

Yeah, things fluctuated a lot. When we first started, particularly around my breasts prior to surgery and prior to transitioning and after transition. Prior to transition...it didn't really bother me, I didn't always want Jessica to mess with my breasts but it didn't really bother me and then after transition I sort of became very closed and I didn't want her to touch my chest at all. And then I became more comfortable with that progressively...I think you felt sort of like you had to ask if I was comfortable or not and then since surgery I don't have a whole lot of feeling in my chest so it doesn't bother me! It's coming back, I mean it's been two years, but I still only have some tactile sensation.

All transgender participants reported a sense of becoming more comfortable with themselves and with their bodies as they progressed in their transition. As a result of having greater comfort, they were more willing to be vulnerable and share their sexual needs; and as comfort increased, emotional intimacy improved and sex was more satisfying for both partners. Learning new ways of naming body parts and navigating body parts during sex resulted in greater comfort and satisfaction for both partners.

Approaching sex in a different role. The participants reported developing new sexual roles, both their attitudes and the physical positions they performed while having sex. The transgender participants noticed a difference in how they approached sex as their gender transition progressed and they expressed a more masculine gender presentation. As one transgender participant's gender presentation became more closely aligned with his internal masculine identity he recognized experiencing greater confidence in his desired role during sex:

I think every time it sparked some kind of new excitement...on both of our parts...for one thing I felt a little more comfortable because I was closer and closer to being as close to what I should have been to begin with. Therefore I was always excited and then I think I felt at those moments more manly or just more masculine...so like the way I may have approached her...I don't want to say aggressive because I don't want to sound like I did anything that she didn't want but that kind of more secure and more confident kind of role during those times.

This participant's cisgender partner found this change exciting: the couple were able to explore one another's bodies anew and therefore approach sex in a new way. Because the couple had been together for some time prior to transition, they had already established a sense of sexual comfort with one another, but exploring new roles was exciting and enjoyable.

Another transgender participant described how he and his partner navigated the roles they each felt most comfortable playing during sex. This couple each preferred a similar physical position while having sex and experienced difficulty shifting their roles initially. However, as he experienced greater comfort with himself and with his partner, he was able to adjust his role to accommodate his partner's preferences.

I think the hard part that we faced is...I don't know if this is too graphic, but Melissa's very much kind of like a top and I was always a top before I met Melissa. In that sense, I was always in command of it, of the relationship in that sense. I think we went through kind of a power struggle for a while, and now it's okay where it's at. And we're understanding and I think we're both very flexible. Whereas I was never flexible in letting someone else have charge of that. But

because I'm more okay with myself and more comfortable with Melissa than I've been with anyone else in my life, I'm okay with that.

Gender transition impacts how an individual interacts with their world and gender roles prescribe certain qualities, characteristics, and roles typically assigned to each gender presentation. Learning to integrate a new gender role into an existing sexual relationship required flexibility and open communication by both partners.

Growing in relationship to one's own body. While gender transition reportedly sparked a new development of how the couple interacted with one another sexually, individual and personal exploration apart from the couple relationship also occurred. The transgender participants indicated a process of relating to themselves differently and growing in relationship to their own bodies. One transgender participant described this process as he related to his changing body and how he responded to sex:

Yeah the main thing in terms of the transition was just that as I transitioned and as my body started to feel different to myself and as I started to relate different to my body, I started to relate differently to sex and what I wanted...I think it was probably post-top surgery that I am at a very good place with my body and with myself...I feel that we have sort of gotten, we know what we can do and what I like and that is fine and it hasn't really been an issue since then.

This participant stated that while his body underwent physical changes, he also recognized a change in the way he viewed and related to his own body. Specifically in the context of his sexual relationship, he discovered what he found sexually enjoyable and pleasurable and what he did not. He stated that post-chest surgery, he felt greater

confidence with his body which also contributed to his ability to form a new and more positive relationship to his body.

Some of the transgender participants acknowledged that certain sexual acts, which are sometimes pleasurable, also generated feelings of shame or guilt for them. Similar to discomfort with using certain terminology for body parts that connote those parts as female, sexual acts can also suggest and trigger a reminder of the transgender individual's birth-assigned biological sex. Sexual acts that involved penetration were associated with female anatomy and therefore may have resulted in feelings of shame or discomfort.

The cisgender partners too, must form a relationship with their partner's changing bodies. Two of these participants who previously identified as lesbian expressed some hesitation about the ways that their partner's bodies would change. They worried that a more masculine appearance may not be attractive to them and worried about the loss of their partner's breasts. One cisgender partner described her experience with watching her transgender partner's body change. Prior to the beginning of her partner's transition, she reported feeling nervous. She had previously dated women and found the female body and female breasts attractive. Through the transition process, she eventually realized that it did not matter to her, rather she found herself more attracted to her partner. As he underwent transition she found herself excited to see how his body changed and consequently how his happiness with himself increased.

Yeah there were definitely things that made me nervous, like when I was a lesbian I was always like, 'I love boobs!' and then here's my partner getting his boobs taken off...I think there is like your sexual ideal, I don't really have one but in theory the things that you like or turn you on and then there is like your partner

who has those things but not...he always had really small boobs so whenever I was like oh but he's getting his boobs chopped off and they've been making me happy for like two and a half years or like the little ones have been making me happy but it's not really like this is really going to change.

When one couple was asked what they felt contributed to what they described as improvements in their sexual relationship, the transgender partner attributed this to his ability to relate to himself in a more positive way rather than be ashamed of his body and what he saw. He said that for the first time in his life he felt sexually satisfied in his relationship:

...One part was her respectfulness towards me, and also the changes that were happening for me. I was being able to relate to myself in a more positive way and not be like shut down because of what I saw. I mean, before it was just like 'ugh!' Just like I wanted to run and hide and never come out in the daylight. Yeah, that's what I feel like changed.

As transition progressed the transgender partners reported feeling heightened security about their bodies, which then led to increased comfort with being more sexually intimate with their partners.

Sex Drive

Amongst other things, a commonly understood side effect of hormone replacement therapy (HRT), also known as "T," is increased sex drive. A prominent theme discussed by the participants was the impact of increased sex drive on their sexual relationship. Prior to gender transition and beginning T the majority of the participants reported having a similar sex drive to their partner. However, after the transitioning

partner began T, the status quo to which the couples were accustomed quickly transformed, driving a need to incorporate and adapt to the changes they experienced. In the interviews, couples discussed how they navigated heightened sex drive. One transgender participant shared how increased sex drive impacted his relationship:

Logically, I knew that I was going to have an increased sex drive. I did not realize to the extent and now having finally gotten to a point where that's not an issue within the last year, year and a half, my sex drive has sort of become normal again...we go through periods of time depending on what I'm dealing with and how I am feeling emotionally and mentally. But I've sort of just gotten more normal in terms of my sex drive and looking back on the first year to two years, I am amazed...I just don't know how someone's sex drive gets that high, I see how abnormal it was, I feel very bad for teenage boys.

Participants reported developing tools and coping mechanisms to deal with heightened sex drive and three of these were prominent among the couple's: (1) masturbation; (2) accommodating by having more sex; and (3) understanding sex in a different way.

Masturbation. Masturbation was indicated as a tool introduced to help couples adapt to the increase in sex drive. The following transgender participant stated that because of his need to adjust to his increased sex drive, masturbation was seen as a useful and necessary technique, regardless of previous hesitancy about masturbation.

Well, before meeting Melissa, I was not okay with masturbation...But we're actually...we talked about it, I think, soon after I started T and you said you're okay with whatever...She in fact encouraged it. Pretty much. And you know, I think I came home one time from counseling and said you know, someone shared

how they dealt with it... They said... well, someone basically said ‘me and my wife, she just tells me to go in the other room. If she says no then we have an agreement. I just go in the other room, take care of business, then I come to bed.’ And I was like oh, ‘that's a great suggestion.’ And that's kind of how I think how we treat that.

This couple reported a discrepancy between each partners desire to have sex during the beginning portion of gender transition. The cisgender partner stated that she was having difficulty coping with the changes and did not want to be sexually intimate at that time. She stated, “He was kind of going crazy, and I was like in a whole other direction” to which she encouraged her partner to masturbate. Both participants discussed masturbation as a tool that was necessary.

The participants referenced above indicated talking to one another about masturbation and choosing to adopt it into their relationship. This tool reportedly helped this couple manage both of their needs during the beginning phases of HRT. Due to the cisgender partner having difficulty being sexually intimate, she needed her partner to have another form of sexual release until they were able to communicate and begin being intimate again.

Accommodating by having more sex. A second tool that emerged in the data was increasing the frequency of sex a couple had in response to the transgender partner’s heightened sex drive. Many of the couples noted that the process of accommodating the needs of the transgender partner was eased by having sex more often. One transgender participant appreciated his partner and her willingness to accommodate his sexual needs:

I mean I would say, definitely there is more sex. Your sex drive definitely does go up. And she has just been very accommodating. I mean we both, she is in grad school and we both work and she interns and I work 60 hours a week. So we are also both really understanding that there are nights that we might want to have sex but we are both so exhausted and I am up at 5:30 every morning so there might be a night where unfortunately we will just have to go to bed. But then there are nights where we are both accepting...if she wants it more than me or I want it more than her we will just suck it up and be tired the next day but she has definitely been more accommodating, the fact that I have a higher sex drive.

The transgender participant cited above indicated the commitment he and his partner made to follow through with actually engaging in sexual intimacy more regularly. This participant and his partner both said that they had to adapt their schedules in order to accommodate the increased amount of sex now in their relationship. His cisgender partner agreed with this concept, in reference to having sex she said, "...But yeah that's the biggest thing that I have noticed, it's definitely more. Not that we didn't do that before, it's just definitely just heightened now."

Another transgender participant identifies the impact of T on his sex drive and consequently on his relationship:

Well actually let's go back to the obstacles. This isn't actually an obstacle but I think the only "obstacle" we've had is that since being on testosterone I want it a lot more than what I used to. And I think I want it a lot more than she does so sometimes there is that. I am kind of bugging her and she is like 'do you really want it?' So I mean if I'm really like 'oh my God, I'm going to die' then she will

be like 'okay.' But I mean I don't really usually feel that way but every once in a while I'm like 'oh my God, I'm going to die' and...she will help me out with that...

In addition to the activity of masturbation, couples identified increasing the amount of sex as another way to accommodate the transgender partner's heightened sex drive. This particular tool not only aided couples in dealing with and overcoming the immediate problem of increased sex drive, but also strengthened their intimacy and ultimately their relationship.

Understanding sex in a different way. One transgender participant reported that, in his body's response to T, sex became less of an emotional fulfillment and more of a physical need. This participant discussed caring less about the emotional intimacy of sex and rather seeing it as a biological need due to his heightened sex drive.

Yeah I think that during the period of time where I just had a very high sex drive I was much less concerned about what sex was or what it meant or whatever or how connected we were during it. I was just more interested in having sex. So that I think changed. And I think that Jessica is right in terms of the ways in which, physically the ways we have sex now are just different than they ever have been before...which has changed.

In general, couples expected T to impact the transgender partner's sex drive, however, they were not prepared for how much it increased and ultimately altered the frequency of sex to which they had previously established. These participants discussed the ways they worked together as a couple to develop coping skills and tools which they utilized to help them adapt to the changes they experienced.

Discussion

In this study, female to male (FTM) transgender individuals and their cisgender female partners discussed their experiences with navigating gender transition. Few studies have examined the impact of gender transition and even fewer studies have captured the perspective of both partners. This study adds to the growing knowledge by offering insight into the experiences from both partners of a relationship that remain together post- transgender disclosure and gender transition.

Through the lens of system's theory, it can be understood that as one partner undergoes gender transition, the sexual orientation and expectations of the already established relationship are likely to change. As a result, the couple is impacted. These couples described entering an ambiguous territory; they felt uncertain where they fit within society and how to make sense of their own experiences. Both the individual's perception of their own sexual orientation and how their culture labeled their relationship generated a need to question their previously established labels, thus forcing an attempt to reorient themselves within society.

Through the process of exploring their community involvement and community connection, the participants reported a desire to continue to be part of the LGBT community. However, their involvement was often questioned due to externally appearing to be a straight couple and therefore having to justify their presence in the community. This process generated a discussion as to how often it was appropriate and comfortable to "out" themselves as a transgender couple. Both transgender and cisgender partners felt a need to make sense of the discrepancy between their internal sexual orientation label and the label they were prescribed based on their outward presentation.

Communication was utilized as a tool to better understand and support one another by discussing what gender transition meant for each partner and how to successfully navigate transition. Participants stressed the importance of communicating within their relationship, as well as communicating with therapists and other outside providers. By acknowledging and talking about the fact that each partner was undergoing a transition, the participants felt they were able to better support one another.

This study suggests that going through gender transition as a couple can generate excitement, greater emotional comfort, and sexual fulfillment. Ultimately, the couple's discussed an experience of becoming closer and more comfortable with their partner and experiencing greater satisfaction. Brown reports a similar finding: "...partners reported greater sexual access to their partners' bodies and greater satisfaction with their sex life as transition progressed" (p. 567).

While gender transition generated concerns and fears surrounding how to successfully navigate the transition for the participants, each couple reported greater satisfaction, comfort, and enjoyment from their relationship post-transition. By going through the process together, the participants reported developing their own tools and coping mechanisms in order to better work through the changes that occurred in their sexual relationship. These tools included, but are not limited to, navigating body parts in a sensitive way; developing a new sexual language; addressing sex drive needs with different activities such as masturbation; and communicating more openly with one another about the transition process. Having the awareness that gender transition generates a mutual transition and that there are effective ways to navigate this process

broadens our understanding and ability to effectively assist FTM transgender individuals and their cisgender female partners.

Limitations

While this study was open to all transgender participants and their partners, only FTM individuals and their cisgender female partners contacted this researcher. What resulted was a unique study that focused specifically on the transition process within this specific subgroup of the transgender community.

All of the participants in this study were recruited from support groups, in the Washington DC metropolitan area, for transgender individuals. Consequently, all participants had a connection to the transgender community and access to a supportive environment. Therefore, the participants may have more understanding and more commitment to successfully navigate the transition together than couples who are less involved in the community and have less access to support. The participants may also have greater access to support and acceptance due to living within such a culturally diverse area.

All of the transitioning participants were FTM with a cisgender female partner, which may offer different experiences than relationships with a different composition, such as MTF individuals with cisgender male partners. Moving forward, it is critical that researchers continue to study the different subcultures within this population in order to more fully understand the entirety of the transgender community in all its diversity.

Clinical Implications

There is still a void in the amount of research around this community and as Lev (2004, p. 17) states, "...there is not even a glimpse in the psychological literature that

having a partner who is [transgender] might be fascinating, exciting, or desirable.”

However, clinical evidence and this study suggests that these relationships can in fact be fascinating, exciting, and desirable, as well as lasting and fulfilling. Clinicians should strive to approach couples where one partner is transgender with the perspective that it is very possible to sustain healthy and viable relationships. This present study also suggests this perspective due to the participants often reporting a positive impact on their sexual and emotional relationship.

While attempting to categorize, label, and ascribe themes to the data, this researcher was able to catch a small glimpse of the struggles these participants face. This researcher struggled to avoid classifying participants according to our society's all too common, dichotomous classification of gender and sexuality. Many of the participants identified discomfort when exploring their sexual orientations due to feeling societal pressure to label themselves. As clinicians, it is critical to be aware of our own cultural understandings and pre-conceived notions of gender and sexuality. With this in mind, we must remain non-judgmental and open-minded to the myriad of experiences each couple may face.

As clinicians, we must also be open to the possibility that some couples will not struggle with their sexual orientations and sexual relationships when going through this process. For example, data from this research indicates that individuals who identified as straight prior to gender transition had different experiences than those who previously identified as lesbian. In the study, one cisgender female participant identified herself as straight both prior to- and post-transition. She and her partner reported less difficulty exploring their sexual orientations during the transition process. They also identified less

impact on their sexual relationship. Both partners reported that their sex life remained relatively the same: their roles and the sexual acts they preferred did not change although they did describe an increase in satisfaction. This couple, and all other participants, recommended communication as a key strategy to other couples also working to successfully transition together. The participants felt that communicating, within the romantic relationship and with counselors, was a critical tool in their process.

Through communicating one another's needs and desires, the participants in this study identified a process of mutual transition during which each partner underwent a form of personal transformation. Whether physical and/or emotional, effective communication allowed for each partner to support one another during the transition. Clinicians may find this realization valuable when working with such couples, recognizing that each partner should be approached with sensitivity and awareness of their own struggle during the transition process.

It is also important to consider the impact of one's surrounding environment and culture. All of the participants in this study were living in the Washington DC metropolitan area. Many of the participants stated that they had access to supportive environments; medical information; and felt they would not have had the same opportunities living elsewhere (feeling safe to come out and transition to their preferred gender).

One final recommendation offered to clinicians by the participants was that therapists have adequate knowledge of the social impact and discrimination these couples face. Having awareness of and resources available was encouraged as a way the therapist can better assist the couple as they navigate this ambiguous process. In order to provide

clients with adequate and effective services, the therapy community must also commit to further research on transgender couples.

Future Research

Considering gender transition within the context of a dyadic partnership provides clinicians a new framework in which to consider the impact of transition on a couple's sexual orientation formation and on their sexual relationship in general. This study interviewed partners from relationships in which the couple had remained together throughout the transition process. In order for therapists to better understand how to help couples work through the transition process together, we must find out what tools and activities are affective in successfully navigating the transition process (as the current study addresses) and what ultimately leads to couples splitting up. Researchers should therefore work to identify these obstacles by studying couples that did not remain together.

This research was unable to capture the experiences of MTF partners or male partners of FTM individuals. Previous research has captured the perspective of MTF individuals and their female partners uncovering the challenges and maintenance activities following disclosure. Although disclosure was found to impact the participant's sexuality, this previous study did not specifically focus on the couple's sexual relationship. Literature specifically focusing on a MTF couple's process of exploring sexual orientation and navigating their sexual relationship would provide clinicians with further insight into the impact of gender transition.

Perspectives from MTF individuals and their partners, specifically discussing their sexual relationship, may vary from FTM individuals and their cisgender female

partners (on which this study primarily focused). Additional information capturing the perspective from couples where both partners identify as transgender would also provide further knowledge of the experiences these couples face.

The amount of cultural acceptance and a couple's access to resources may differ between geographic locations, thus potentially impacting the transitioning couples experience as well. Further research exploring transgender individuals located throughout the United States and around the world will better provide clinicians with a more holistic understanding of culture and environment as factors in a couple's transition. Greater investment in and attention to this community is needed in order to provide clinicians adequate resources to assist clients through a successful transition and promote healthy relationships.

Conclusion

Our culture's dichotomous view of gender identities and sexual orientations can impact a transgender couple's own understanding of their sexuality and sexual relationship. While this binary system seems to work well for those who fit the categories, it can pose serious challenges for those who do not. Until society's understanding of the transgender community, and the romantic relationships within it, evolves into a more accepting and inclusive definition, clinicians will continue to be called upon to aid individuals and couples in the process of gender transition and sexual exploration.

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Appendix A: Interview Questions

1. Tell me a little about the experience of disclosing your gender identity.
 - a. When did disclosure occur?
2. How do you define transitioning in your relationship?
 - a. What marked the beginning of the transition process?
3. In terms of sexual orientation, how do you each identify? (e.g. gay, lesbian, bisexual, straight, other, unlabeled)
 - a. Has your sexual orientation changed as a result of your or your partner's transition?
4. Some couples define their relationship as same-gender, opposite-gender, somewhere in between, or unlabeled, what fits for your relationship?
 - a. Has this changed as a result of transition?
5. Prior to disclosure, how would you describe your sexual relationship?
 - a. Did this change over the course of transition?
6. How would you describe your sexual relationship now?
7. If at all, what obstacles have you faced in terms of sexually connecting and being sexually intimate?
8. Have you/How did you as a couple deal with changes in your sexual relationship associated with transition?
9. What advice about sexuality and sexual intimacy would you give to other couples experiencing transition?
10. What advice about sexuality and sexual intimacy would you give to therapists working with couples who are transitioning?

Appendix B: Demographic Questionnaire

What is your age? _____

What is your race? _____

What is your religious preference?

- A) Catholic
- B) Protestant
- C) Baptist
- D) Episcopal
- E) Methodist
- F) Morman
- G) Evangelical
- H) Jewish
- I) Muslin
- J) Buddhism
- K) Hindu
- L) Atheist
- M) Agnostic
- N) No religious preference
- O) Other, please specify _____

What is your ethnic background?

- A) White
- B) Black (African American)
- C) American Indian or Alaska Native
- D) Asian
- E) Hispanic, Latino, or Spanish origin
- F) Other, please specify _____

What is your highest level of education?

- A) High school incomplete
- B) High school
- C) Some college/university
- D) Community College
- E) Tertiary, non-university degree
- F) Bachelor's Degree
- G) Master's Degree
- H) JD/MD/Doctoral Degree

What is your annual household income?

- A) Less than \$20,000
- B) Between \$25,000 an \$40,000
- C) Between \$40,000 and \$70,000
- D) Between \$70,000 and \$100,000

E) Over \$100,000

What is your preferred gender identity?

How long have you and your partner been together?

How long into the relationship did disclosure of transgender identity occur?

Were you expressing your preferred gender identity prior to dating or did transition begin during partnership?

Was your partner expressing their preferred gender identity prior to dating or did transition begin during partnership?

MEMORANDUM

DATE: January 11, 2013
TO: Eric E McCollum, Meghan E Pugliese
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)
PROTOCOL TITLE: Couple sexual experiences following gender transition: A qualitative study
IRB NUMBER: 12-592

Effective January 10, 2013, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the Amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Expedited, under 45 CFR 46.110 category(ies) 6,7**
Protocol Approval Date: **July 2, 2012**
Protocol Expiration Date: **July 1, 2013**
Continuing Review Due Date*: **June 17, 2013**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.