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Emily Joslin-Roher ^a & Darrell P. Wheeler ^b

^a Callen-Lorde Community Health Center, New York, New York

^b Hunter College, New York, New York

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Partners in Transition: The Transition Experience of Lesbian, Bisexual, and Queer Identified Partners of Transgender Men

EMILY JOSLIN-ROHER

Callen-Lorde Community Health Center, New York, New York

DARRELL P. WHEELER

Hunter College, New York, New York

While transgender individuals receive increasing attention in both academia and the social services, their partners remain a hidden population. This study was undertaken to examine the experiences of lesbian, bisexual, and queer identified partners of transgender men through the transition process. Nine subjects were interviewed. Major themes included the impact of transition on identity, community, caretaking, peer support, the relationship itself, and mental health. Isolation and lack of services were identified as significantly impacting the transition experiences of partners. Understanding the transition experience of partners has important implications for researchers and practitioners, and recommendations for further research and service improvement are provided.

KEYWORDS *partner, transgender, lesbian, bisexual, queer, transition, identity, caretaking, mental health*

INTRODUCTION

Despite a growing body of research on the needs and experiences of transgender individuals and their families, little is known of how lesbian, bisexual, and queer (LBQ) identified partners of transgender men (female-to-male transgender persons) experience the gender transition of their partners. Academic literature provides little information with regard to this population. In this nonexperimental, qualitative study three major questions were asked,

Address correspondence to Emily Joslin-Roher, LMSW, Callen-Lorde Community Health Center, 356 West 18th Street, New York, NY 10011. E-mail: ejoslinroher@gmail.com

How do LBQ partners of transmen experience their partners' gender transitions? Does the gender transition impact the sexual identity of LBQ partners? What mental health needs do LBQ partners identify as connected to transition experience? In answering these questions this study provides information on the experiences of LBQ identified partners of transgender men who are/were partnered with a transman during his transition. Such information is needed to design, implement, and evaluate services for this population.

BACKGROUND

Currently there is limited published work examining the experiences and needs of lesbian, bisexual, and queer identified partners of female-to-male transgender persons. There are a significant number of Web sites dedicated to peer support for LBQ partners of transmen, suggesting that this population does exist and requires support. However, questions of how this population experiences the transition of a transmale partner and the impact this has on the LBQ partner's sexual identity and mental health remain largely unanswered by academic and mental health communities.

In attempting to assemble a body of knowledge that might direct research on this population, three questions must be asked. First, what literature exists on families and spouses of transgender persons? Second, what has been written that explores the impact of a partner's transition on the romantic and sexual dynamics of that partnership? And third, what does the literature say with regard to sexual and gender identity formation and expression? Amassing literature addressing these three questions provides preliminary frameworks for understanding what this population's experiences and needs might be.

Trends and Current Terms

Identity labels loom large in research in lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. Labels such as "lesbian," "bisexual," "queer," "transgender," "transsexual," "femme," and "dyke" have multiple meanings. They can reference gender, sexual attraction, sexual behavior, romantic interest, partnership choice, one's body, one's community, or one's politics, as well as the interaction between any of these. Labels chosen by one person may be misunderstood or experienced as offensive by another, depending on age, culture, gender, and experience. "Queer," in particular, is embraced by some and eschewed by others. Although it has a pejorative history, the term "queer" is currently often used as a positive identifying label to signify fluidity of sexual expression and/or progressive/radical politics. It is also used to destabilize essentialized identity categories and identity politics (Meyer, 1994).

Identity terms are used here with a sensitivity to their multiple meanings as well as meanings intended by various speakers and writers cited herein.

Families and Spouses of Transgender Individuals

The experiences of families when a loved one comes out as gay, lesbian, bisexual, or transgender have been well documented. Ellis and Erikson (2002) suggest that when a transgender loved one comes out family members follow a process of adjustment similar to Kubler-Ross's (1969) stages of bereavement following the death of a loved one. In the process that Ellis and Erikson (2002) describe, family members move from shock and denial, through anger, guilt, betrayal, and fear, through grief for the loss of the loved one as family members knew him or her, through reevaluation, self-discovery, and personal change, to acceptance, and for some, beyond acceptance to pride.

Although Ellis and Erikson (2002) do include spouses as participants in this process and highlight issues like fear of disclosure and rejection by others and the pain of witnessing the struggle of a loved one and questions about sexuality, they do not name struggles with identity and belonging that may be part of the partner experience, although this may be included under reevaluation and self-discovery. Using a model of the families of people with AIDS, developed in the 1980s and 1990s, Lesser's (1999) exploration of feelings of fear and social stigma experienced by families may lend greater understanding of this aspect of partner experience. Additionally, Ellis and Erikson's (2002) mention of diminished legal status suggests a focus on spouses who have moved from heterosexual privilege to a less legally privileged position. For LBQ spouses, this may be just the opposite, after transition their relationship may be eligible for legal recognition, depending on where they reside (National Center for Lesbian Rights).

In her work on transsexualism and the gender paradigm, Erin Calhoun Davis (2002) examines how partners of transmen and transwomen experience their partner's transition in the context of gender, bodies, and sexuality. She asserts that partners who are present for transition come across apparent contradictions between their partners' bodies and identities as those bodies change, but still possess some qualities of the individual's assigned gender. However, Davis does not question the impacts of this apparent disconnect on the sexual identity of the partner or how the partner fares in the relationship. Nyamora's (2004) work on femme identity development and partnership with transsexual men focuses specifically on femme-identified lesbian and bisexual partners and the connection between this partnership and femme identity. Nyamora asserts that femme identified partners deal with issues of identity, meeting the partner's needs while caring for the self, sexual issues, isolation from community, and grief and anger around the transition, all of which Nyamora explores through the lens of femme identity.

In their qualitative study of female partners of transsexual women and male transvestites, Hunt and Main (1997) found that wives of transsexual women found their spouses' disclosure of sexual identity confirming of their heterosexuality, while wives of male transvestites experienced some sexual orientation confusion related to their spouses' transvestitism. Although the authors did not attempt to posit a definitive explanation for these results, they did suggest that the ambiguity in transvestitism may have a role in this confusion, an ambiguity, which they stated, was absent from transsexual experience.

Very little literature has been published examining partners of transgender men, much less those partners who identified as lesbian, bisexual, and/or queer before, during, and/or after the partners' transition. Some of the published work has sought to understand the partner's belief in the gender identity of the transgender person (Huxley, Kenna, & Brandon, 1981). This work is oriented from a belief that the transperson's gender identity is a delusion, rather than an actual, healthy identity, and explores the partners' experiences only as part of a psychosocial history explaining the sharing of the "delusion."

Flemming, MacGowan, and Salt (1984) work from an assumption of positive adaptive functioning rather than pathology in their study of gender role expectations of transmen and their partners. Their study revealed that androgyny was more acceptable among transsexual males and their spouses than in the control groups of nontranssexual men and their spouses. In their study of dyadic adjustment, Flemming, MacGowan, and Costos (1985) revealed that although the dyadic and marital stability of transsexual men and their spouses was comparable to the control group of nontranssexual males and their spouses, 10 of 22 spouses of transsexual males did report some transsexualism-related issues in the relationship, including issues of secrecy around the transsexual man's identity, not being able to have their husband's children, and issues related to gender-confirming surgery. However, information on the impact of transsexualism on the partners' sexual and relational identity, caretaking, community, and mental health was not provided. This may suggest that these factors are not a concern for spouses of transmen, or that these variables were not addressed by the researchers.

In a needs assessment of female-to-male transgender people of color and their partners (Wilkinson & Gomez, 2004), partners reported that their identities as partners of transmen were not understood in LBQ communities that had previously provided them with support, leaving them feeling isolated. Partners in this study also reported that they felt that others did not recognize their need for support as partners and identified a need for mental health providers who were sensitive to the needs of transmen of color and their partners, as well as recognition from and inclusion in events for the transmale community. This needs assessment, in particular, lays the framework for understanding what experiences of partners of transmen

might be. However, no information is provided to the reader regarding what issues were covered in the interview. Additionally, the article does not examine the experience of transition. Rather, it posits the need for additional mental health, medical, and social support for partners of transmen of color, without providing a detailed explanation.

Change Within the Context of Romantic and Sexual Partnerships

Information on the impact of social role and status change for individuals in relationships may offer insight into experiences of LBQ partners of transmen. In their work on retirement transitions and couplehood, Moen, Kim, and Hofmeister (2001) suggest that marital satisfaction is lower when either spouse does not fit the other spouse's view of typical partner roles, laying the foundation for questions about the LBQ partner's pre-transition expectations of the relationship and partner roles within it. Further, the authors' assertion that "actual role transition is stressful" (p. 63) suggests that LBQ partners may experience stress regardless of expectation, due to a change in social status as they move from a visibly queer identity to one that appears heterosexual to the outside world.

Sexual and Gender Identity Formation and Experience

In examining the experience of LBQ partners of transmen as distinct from that of straight identified partners of transpeople, it is necessary to explore how the transman's movement in gender identity impacts the sexual identity of the LBQ partner and how far-reaching this issue is. In this area little research exists. However, research and theory around bisexuality, language, and identity may provide a lens through which the previous three questions (families and spouses, partners of transmen, and role change in partnership) may be viewed to help us gain a more accurate picture of this population.

In her work on transgender identities and metamorphosis, Kathryn May (2002) looks at the instability of gender as it is made visible by transgender bodies and identities, which is challenging to medical communities in which "essential selves" are required to be fixed and stable, and which surely extends to lay communities as well. Her statement that "shifting identities tend to be seen as denoting instability and disclosing a lack of authenticity" (p. 451) suggests a struggle that LBQ partners may share depending on the fluidity with which they and their communities see gender and sexuality, a notion supported by Ellis and Erikson (2002). Further, this article's explanations of the suspicions that often arise around shifting identities provide a possible explanation for the pathological lens through which Huxley, Kenna, and Brandon (1981) view partners of transpeople.

LBQ partners may struggle with naming their identities and experiences, as suggested by Valentine's (2003) work on language, desire, and identity. The failure of language to adequately describe nonheteronormative desires and expressions may create challenges for lesbian and bisexual (and perhaps queer) identified partners of transmen in conceptualizing and verbalizing their identities and desires during and after transition. At the same time, May's writing on transition and metamorphosis suggests that this experience of transition may unearth the best approximation of identity for some partners. Indeed, Rust (1993) writes of identity formation as "an ongoing dynamic process of describing one's social location within a changing social context," which may inform how we make sense of Moen, Kim, and Hofmeister's work on change and stress in relationships, as well as Hunt and Main's statement of a lack of ambiguity in transsexual identity.

Abrahams (1999) describes a history of transphobia within some lesbian-feminist communities. Surely, if some LBQ partners experience transphobia from their communities as their partners come out, this will impact their sense of community, connection, and support.

Despite limited information on how lesbian, bisexual, and queer identified partners of transmen experience transition, literature referencing different aspects of the experience provides insight into what those experiences might be and demonstrates the need for further study as well as the direction research should take.

Issues of grief and fear, combined with questions of language and visibility when moving from a marginalized to a less visibly marginalized identity may inform the experience of partners. At the same time, transition may unearth a closer approximation of identity for a partner, or may consolidate a queer one. How these identity shifts occur and the stress of transition in relationship, highlighted by Moen, Kim, and Hofmesiter (2001), will surely impact the mental health of partners and speaks to the importance of research on this population.

METHODOLOGY

Design

This was a nonexperimental, qualitative study using face-to-face interviews and a phenomenological approach to the subject. Polinkinghorne (1991) writes that this methodology is indicated when research is meant to "generate categories for understanding human phenomena" (p. 112) and is useful in research in emergent fields. The aim of the study was to explore and describe information about the transition experiences of LBQ identified partners of transmen, due to the research gap in this area. Babie (2005) writes that in exploratory qualitative research, information begins to be repeated when more than five subjects are used. By interviewing 10 subjects, the investigators

sought to illicit some repetition of information, thereby highlighting the trends within this population.

Criteria and Recruitment

Subjects were recruited via advertisements posted at social service agencies, bars, coffee shops, stores, and Web sites and through referrals by other subjects. Interested parties contacted the interviewer and participated in a brief screening to determine if they met inclusion criteria, consisting of the following: being over the age of 18, English-speaking, having partnered with a transman at some point during a gender transition, having identified as female or gender queer, and having identified as lesbian, bisexual, or queer.

Definition of Terms

For the purpose of this study, several terms were operationalized for consistency of use. "Lesbian," "bisexual," and "queer" were defined as categories of sexual and cultural identity that may or may not be dependant on sexual behavior. Participants did not need to claim one of these identities at the time of the interview, but had to report having identified using one of these labels at some point in their lives. "Lesbian," "bisexual," and "queer" were measured by the subject's self-identification, regardless of sexual behavior.

"Transgender man" was defined as an individual assigned the sex of female at birth and who identifies with the male gender, regardless of biology or medical intervention. In this study "transgender man" was used interchangeably with "transman" and "female-to-male transgender person," and was measured by the subject's report of the partner's self-identification, regardless of medical or legal intervention, pronoun usage, or name change.

"Gender transition" was defined as the movement of an individual from one gender identity to another. This may or may not have included a change in name, body, legal sex, or pronoun. The "gender transition" of the partner of each subject was measured using the subject's report, including self-identity, medical, legal, pronoun, and name change factors.

"Partner" was defined as spouse, girlfriend, or significant other and was measured by the self-report of the subject.

Institutional Review Board (IRB) approval was granted from Hunter College in February 2005 and recruitment was initiated immediately.

Demographics

Nine subjects, selected from eleven legitimate respondents¹ were interviewed over a period of 8 weeks. Two legitimate respondents were not interviewed due to their failure to respond to repeated attempts made by the investigator to schedule a meeting time. All included respondents met inclusion criteria.

TABLE 1 Sociodemographic Characteristics of the Study Population

	n		n
Gender identity		Highest level of education attained	
Female	5	Some college	1
Female/Femme	1	Bachelor's Degree	7
Femme Dyke	1	Master's Degree	1
Transgender Woman/Female	1		
Female/Woman/Gender Queer	1	Length of time in relationship with transman	
Sexual identity		<1 year	1
Queer	4	1 year	2
Lesbian/Queer	2	2 years	3
Lesbian	1	3 years	1
Bisexual	1	4 years	2
None/Queer	1		
		In relationship with transman at time of interview	
Race/Ethnicity		Yes	7
White	6	No	2
White/Jewish	1		
Korean American	1		
Iranian American	1		
Age			
22	1		
24	1		
25	1		
27	1		
29	1		
34	1		
35	1		
36	2		

Table 1 presents sociodemographic information about the participants. All subjects identified as female, although within the group there were variations in self-identity, with some subjects claiming more than one gender identity. This fluidity and multiplicity of identity was evident around subjects' sexual identities as well. Subjects ranged in age from 22 to 36, with a mean age of 29.8. Eight subjects lived in New York City and one lived in Baltimore, MD. The mean length of time in a relationship with a transman was 26 months.

Data Collection

Interested parties who met the selection criteria for the study met with the interviewer for a tape-recorded, face-to-face interview, which took between 45 minutes and 1.5 hours. Interviews were conducted at public locations determined by both subject and researcher, such as a park, bars, coffee shops, and university facilities. Interviews consisted of a 39-question interview schedule covering the following domains: demographic information of subject, history of relationship with transgender partner, timeline of transgender partner's transition, subject's experience of partner's transition and

transgender identity, impact of transition on partner's identity and mental health. The interviewer followed the interview schedule, and used probes when a subject's response needed further clarification or expansion. All subjects were assigned a unique identifier, which was used on all tapes, transcripts, and interview notes.

Subjects were provided with \$4 to cover the cost of transportation via public transportation within New York City, as well as a resource list, which included organizations they could contact if they needed additional support. Subjects who expressed interest in referring others to the study were provided with the researcher's contact information.

Analysis of Data

All interviews were tape-recorded. Tapes were cleaned and transcribed by the interviewer and read for emergent themes and subthemes and coded by theme and subtheme. No preexisting coding system was used. Rather, as transcripts were read and reread coding strategies shifted to reflect the trends that emerged. Coded segments were extracted and compiled by theme and subtheme. Thematic compilations were then read for pertinent information within the context of each interview and across interviews. This method of data analysis allowed for a more nuanced understanding of the data, as the interview texts themselves directed how themes were identified and expanded on during the initial and subsequent analysis. For example, a theme that was highlighted in the seventh transcript to be analyzed was used as a focus in subsequent rereadings of all transcripts, which revealed a strong correlation of experience across interviews, despite the fact that the trend did not emerge as a major focus in other interviews.

Multiple readings of all transcripts, using varying thematic foci revealed both multiple and overlapping themes and issues in the experience of the subjects, as described below.

RESULTS

Major themes identified were identity, caretaking, impact on relationship, impact on mental health, LGBTQ communities, peer support, and culture and race.

Identity

Eight out of nine subjects reported that the transition of their partners initiated a personal exploration of their sexual identities. These subjects identified

that their prior lesbian, queer, and/or dyke identities 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.

Many subjects described feelings of frustration and confusion surrounding their identities or others' perceptions of their identities, particularly early on in the transition experience. 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:

It's like, you finally settle into something that you feel is yourself, you know? And you look for clues, like your whole life about . . . what has led me up to this and when it finally settles out you feel like, ahhh. So, to have that be shaken up again is weird. (Subject PIT02, personal interview, April 6, 2005)

Another subject, currently identified as femme and queer and who had identified as a lesbian prior to and then in part during her relationship with a transman, spoke about the challenge of coming to a nonlesbian identity, largely because as a femme, she had often felt excluded from lesbian communities:

So that was the other reason that I fought probably, within myself to keep that lesbian identity because I didn't want, like these people that . . . I had felt sort of slighted from to be right, like all along I wasn't really a lesbian or something. (Subject PIT07, personal interview, May 15, 2005)

This subject also highlighted that, although the most accurate identifier for her was queer, she would alternately use lesbian or bisexual, so as to signify that she was not available to straight nontransgender men (lesbian) or to signify her availability to transmen (bisexual).

Questions around needing to choose between a match with their partners' identities and an accurate articulation of their own identities was a major theme among subjects. However, those subjects most comfortable with fluidity and/or contradiction were able to manage these issues most effectively. For example, one subject remained comfortable with both a lesbian/queer identity and her partner's male identity, largely because she had identified her partner's masculine gender before he had articulated his transmale identity. Her understanding of him had not changed when he decided to transition. The length of the relationship seemed to impact these issues as well, as subjects who had struggled with this issue were ultimately able to find some peace with it as the relationship and transition progressed.

Subjects reported that as their partners came out, their identities as lesbian, queer, bisexual, or dyke became invisible and that they were often questioned by others about what this transition “made them.” One subject spoke about not knowing what to tell people because of the need to protect her partner’s privacy as a transman. Another subject who worked in a queer context stated that she was not concerned with the assumptions that people might have that she was straight, because she made a point to be very visibly and verbally queer in most aspects of her life.

For some subjects, this identity exploration allowed them to find more encompassing, inclusive identities that were a better match for them and their desires. One subject explained that her process of identity exploration as a result of her partner’s coming out made her “able to . . . put . . . a broader name on something that I had a really hard time identifying” (Subject PIT09, personal interview, May 18, 2005). Another subject described that although she experienced a loss of identity in the first year of her relationship with a transman, she ultimately came to a more fluid and accurate understanding of her own sexuality. One queer identified subject reported that in her partner’s coming out she found what Kathryn May described as “the closest approximation to an identity” (2002). Additionally, she described how coming out as bisexual, lesbian, or as “having a girlfriend” in a mainstream context such as work had not felt right to her in the past, because her female-bodied partners had been neither feminine nor strongly connected to a female identity, and as such, she rarely felt that her identity was understood in those contexts. When her partner transitioned, she found an appreciation for the flexibility to come out about her and her partner’s identities as it felt comfortable and accurate for her.

One major theme related to identity was the lack of language that accurately described the subjects’ identity. While some felt that queer was an accurate identifier, three subjects spoke specifically of the need for a term specific to those oriented toward transpeople, in order to unify the community and provide connection. It was noted by some subjects that the “partner of a transperson” label did not work for those who were not in relationships and was not as succinct as other identity labels, such as lesbian, bisexual, transgender, gay, or queer. Two subjects reported that they had at some point identified as transamorous or transsensual, although they did not believe that these terms were understood or used widely enough to be useful.

Caretaking and Role in Transition

Subjects described a number of roles and responsibilities that they assumed or anticipated during the transition process, including physical caretaking after surgery, doing research and assisting the partner in accessing necessary services, and a sense of responsibility for affirming the identity of the partner and supporting his emotional needs.

Of the nine subjects, three were present during their partners' recoveries after surgery. Two described their partners' near complete dependence on them immediately following surgery, which for one subject, brought up some concerns about boundaries and roles, which were resolved when her partner recovered. Another subject reported that her caretaking of her partner postsurgery was gratifying for her.

Four subjects reported assisting their partners in researching transition-related issues such as legal and medical interventions and/or in connecting their partners with therapists.

Subjects also described a sense of responsibility for their partner's emotional well-being during this process, which often needed to be balanced with their own needs. One subject spoke about balancing her desire to come out about her partner's identity with her partner's sense of emotional safety regarding who knew of his identity. Three subjects spoke of the their roles in affirming their partners' masculine identities, which was both gratifying and challenging at times, particularly when they felt that their partners' needs for affirmation trumped their own needs. For example, one subject spoke of her partner's inability to find work, which required her to take on all financial responsibility for the couple, which in turn frustrated her partner's sense of his role as a man and provider. Another subject described the challenges of being her partner's major emotional support: "The times that I need breathing room the most are sometimes the times that he needs support the most. . . . Sometimes . . . I just need to go do something with my friends and he's kind of like, stay with me, I need you" (Subject PIT02, personal interview, April 6, 2005). How these issues of emotional caretaking and balancing needs were managed by the couple seemed to vary among couples.

Impact on the Relationship

Subjects reported that transition impacted various aspects of the relationship. Sex and sexuality were described as both positively and negatively impacted. On the positive side, subjects reported that their partners' increased confidence and satisfaction with their bodies as they transitioned positively impacted sex and sexuality. As one subject described,

Postsurgery we've found that we're both . . . really satisfied with the results and really happy about his body . . . and some of the other side effects of the hormones as far as some more assertiveness and aggressiveness on his part, which maybe could be the hormones or maybe could just be his . . . heightened sense of self-confidence and self-worth . . . has been a contributing factor in our sex life. (Subject PIT04, personal interview, April 10, 2005)

One subject who identified as a transgender woman reported that sexuality was positively impacted in the relationship as her partner transitioned

and as their approach to sexuality as two people inhabiting transgender bodies allowed them greater sexual connection.

At the same time, sex and sexuality were challenging for some subjects. Five subjects reported that their partners' transitions created changes in their sexual relationship related to what sexual acts were favored, sex roles, sexual receptivity, and/or communication around sex. One subject whose partner was currently initiating his transition reported that it could be hard to be sexual with someone who was unhappy with his body. Two subjects spoke about the challenge of encountering changes in the sexual relationship coupled with their partner's unwillingness to discuss those issues. Additional issues related to sexuality included dealing with the partner not being able to engage sexually while he recuperated from surgery and an increase in sex drive associated with testosterone treatment.

Three subjects also identified that as the transition became more present in the life of the couple, other issues began to recede into the background or were seen only in the context of the transition. Related to issues of emotional caretaking discussed above, balancing the emotional needs of their partners with their own needs became increasingly important, and was a positive or negative impact, depending on communication and other dynamics present in the relationship. Four subjects identified the impact of testosterone on their partner's moods as negatively impacting the relationship and requiring new ways of communicating and managing conflict.

Despite these challenges, eight subjects reported a heightened sense of satisfaction in the relationship. Subjects identified that witnessing their partners' joy at transition increased satisfaction. Additionally, some subjects described increased satisfaction in the relationship as they were able to get through difficult times and work through various issues related to the transition. One subject reported that learning that she and her partner could mutually support each other greatly increased her sense of satisfaction in the relationship. Another spoke of greater openness in communication as a factor that contributed to her sense of satisfaction in the relationship.

Lesbian, Gay, Bisexual, Transgender, and Queer Communities

Subjects reported that the LGBTQ individuals and communities in their lives had varying responses to their partnership with transmen. Eight subjects reported that at least one LGBTQ person in their lives was not completely understanding of how transmen and their partners fit into their political and social LGBTQ framework. For example, four subjects described encountering some hostility from lesbians who did not support transmale identities for political reasons and/or who felt that the subject was compromising her lesbian/bi/queer identity in partnering with a transman:

I feel like lesbians really resent you if you're gonna cross to the other side ... especially since suddenly you get to acquire male privilege ...

and the rest of us have to deal with this kind of prejudice all the time. Especially if you're like a butch woman . . . and suddenly, you just get, like a free ticket to escape that? You know, so they feel like you're sort of giving up the fight. I think there's some hostility in that way. . . . I've gotten a lot of hostility. (Subject PIT02, personal interview, April 6, 2005)

All nine subjects reported finding at least some support, acceptance, and inclusion from LGBTQ people in their lives, including some cases in which the subjects' friends took it upon themselves to understand transgender experience and inclusion in LGBTQ communities. Subjects tended to find that friends who were more supportive and inclusive of trans identities were also more understanding and supportive of their complex experiences as partners.

Responses were mixed regarding community-level support for partners of transmen. All subjects felt that some LGBTQ communities gave at least some lip service to inclusion of partners of transmen and some felt engaged and supported by established communities, such as New York's LGBTQ Community Center and the Michael Callen-Audre Lorde Community Health Center. At the same time, all subjects felt that LGBTQ communities needed to increase their efforts to support and include this population and a number reported that they felt that, even when transmen were included, partners remained invisible. One subject described her experience of trying to negotiate various LGBTQ communities and individuals: "I think that's been . . . the biggest thing . . . not knowing who's rejecting and just trying not to assume that just because you're gay or you're bi that you're gonna be okay with it" (Subject PIT05, personal interview, May 1, 2005).

Two subjects, one femme and queer identified, and the other transwoman and queer identified, explained that their feeling excluded by some LGBTQ individuals and communities confirmed their understanding of those communities as not wholly embracing of femmes and transwomen, respectively. One of these subjects described the impact of her partner's transition on her sense of connectedness to LGBTQ communities: "I would . . . say that discourse is more what I found than community" (Subject PIT09, personal interview, May 18, 2005). She went on to explain that this discourse was incredibly rewarding, as was the increased level of activism and education that she engaged in around trans issues during this period in her life.

Peer Support

Peer support was identified by every subject as an important factor in the experiences of LBQ partners of transmen. Those who had connected with other partners of transmen described this as integral to their coping process

during the challenging aspects of transition, as well as a place to share the joys of the transition experience. Those subjects who had not found other partners of transmen at the time of the interview identified this as a goal.

One subject spoke about the challenges in seeking support from others around the difficult aspects of the relationship. She explained that her fears that others, both in the LGBTQ community and in the straight world, would not be understanding of transgender issues created concerns for her about being honest with people about issues that arose in the relationship, particularly those not specific to trans experience, such as intimate partner violence, as she feared that others would blame her partner's trans identity for the issues in the relationship, rather than understand that all relationships have problems. However, connecting with peers provided her with a safe place to share her experiences with those whom she felt would understand the complexities of her relationship. She stated, "I just . . . cried when I was . . . face-to-face with another person who I was like, 'You know, you know,' It was . . . really good" (Subject PIT07, personal interview, May 15, 2005).

Mental Health

Subjects were asked to describe any change in anxiety, stress, sadness, and well-being related to the transition of their partners. Of the nine subjects, eight identified an increase in stress, sadness, and/or anxiety as connected to the transition experience. These subjects noted the following sources: concerns around subject's identity; concerns around partner's safety as a transperson; needing to be closeted around partner's identity; concerns about the future and how it might differ from what the subject had expected; change in sexuality; concerns about effects of hormones; issues related to surgery, including physical caretaking and, in one case, a partner's hospitalization after he developed an infection; feeling responsible for the partner's emotional well-being and the strength of his masculine identity; personal issues stirred by partner's transition and gender (e.g., one subject reported that her partner's family's acceptance and support of her partner highlighted her own difficult coming out experience with her family); and the subject's experience of her partner's stress, sadness, and/or anxiety (e.g., rejection of partner by partner's family was noted by a number of subjects as a significant source of stress and sadness for subject).

Five subjects reported an increase in a sense of well-being related to transition experience. Contributing factors include validation/consolidation of subject's identity; increased self-exploration and self-knowledge; increased strength of the relationship; and subject's experience of partner's increased well-being (e.g., one subject reported that her partner's increased self-confidence after male chest reconstruction surgery positively impacted her well-being).

It should be noted that four subjects reported that the transition experience contributed to feelings of stress, sadness, and/or anxiety and to feelings of increased well-being. Additionally, of the four subjects who did not identify an increase in well-being, three identified positive aspects of the experience, such as increased closeness in the relationship and the pleasure of witnessing a loved one's joy and excitement at transition.

Five subjects reported engaging in therapy at some point during their partners' transitions and stated that transition was part of the material discussed in therapy. Two participants whose partners were currently transitioning stated that they planned to engage in therapy in the near future and that they anticipated that transition would be a presenting issue.

Subjects were asked to identify particular needs that they or other partners of transmen might have in regard to support or services. Subjects strongly encouraged support groups for partners of transmen, support networks that would not use a support group format, and socialization and community building events for couples and individuals. Greater knowledge of and commitment to trans and trans partnership issues on the part of mental health service providers were identified by participants as important factors in creating a safe space for partners to access support and improve their coping skills. Subjects also identified the need for LGBTQ communities and service providers to have a more comprehensive understanding of trans issues as they relate to race and class, such as coming out to family and community, accessing services, and the different levels of racism and classism that transmen and their partners experience as they negotiate various racialized and classed identities (e.g., one subject described her partner's experience as he moved from being perceived as a Black lesbian to being perceived as a Black man and how he found himself subjected to a different type of racism and surveillance in this new position). An increase in services that would address distinct needs of a diverse population of trans people of color, people of color who partner with transpeople, and White people who partner with trans people of color was recommended.

A number of subjects also strongly urged other partners to take care of themselves emotionally and physically during this experience. As one subject stated,

Your own identity should never be overshadowed by [your] partner. . . . I feel like that's one of the dangerous areas of a lot of this. Even when . . . I go to . . . a conference for trans issues and there's a whole workshop for partners, still there's this whole . . . hour and a half where we're talking about our partners. . . . I really feel that that tends to be the focus, rather than . . . keeping the focus on . . . the self. . . . You've got a whole self . . . to work on . . . just because your partner's going through a transition doesn't mean you're not either. (Subject PIT09, personal interview, May 18, 2005)

Limitations

Due to the exploratory nature of this study, some limitations must be noted. Due to the small sample size and relative homogeneity of subjects with regard to age, level of education, gender identity, race, language, and location the results of this study cannot be generalized to the larger population of LBQ partners of transmen or to all partners of transpeople. Questions around demographic information of the subjects' partners, which might have provided greater context for partner experience, were not included in the interview (although some subjects provided this information). Specific information to gauge the level and type of communication and general functioning within the relationship, which might have impacted the transition experience, was not requested.

DISCUSSION

The results of this study suggest the complexity of the LBQ partner experience of gender transition. As described by the subjects, the experience of partnering with a transman during his gender transition is full of both challenges and rewards for the individual and in the relationship. Issues of identity, emotional and physical caretaking, community, peer support, sexuality, coming out, romantic and sexual partnership, family, and race all impact transition experiences of LBQ partners and are, in turn, impacted by that very experience. The way in which these issues are approached by individuals and couples appears to impact the emotional well-being of partners as well.

Identity, in particular, stirred many feelings and conflicts for individual subjects and in their relationships. When these conflicts arose they intersected with issues around emotional caretaking and the primacy of partners' needs over the subjects' needs. As discussed earlier, lesbian communities have long struggled with fixed versus fluid sexual and gender identities, particularly because "lesbian," "bisexual," and "queer" labels are used to signify sexual behavior, sexual attraction, relationship choices, connection to community, and political identity. The multiple dimensions of these seemingly single-layered labels create contradiction when one dimension changes while others stay the same. Notably, those subjects whose identities were experienced as more fluid and those who were comfortable with contradiction were able to manage these issues more effectively.

We can see from the data the need for further research in this new arena, as this population remains strongly misunderstood. (The fact that the interviewer received a number of obscene phone calls from people posing as potential subjects further indicates the level of sexualization and marginalization experienced by this community.) Future research should

include a larger and more diverse sample, as well as more accurate measures of mental health in order to flesh out the preliminary understanding provided here. Additionally, research on the experiences of all partners of transpeople would further our understanding of partner experience.

This study also points to the need for mental health and other support services for this population. Peer support was identified by all participants as an important issue, and suggests the need for both formal and informal peer networks, such as support groups and recreational activities. Additionally, the difficulties that the subjects reported, such as struggles with identity, communication, caretaking, roles, and sexuality point to the need for mental health workers in the LGBTQ community to be attuned to the complexity of this experience, as well as the impact of more traditional medical and mental health understandings of transgender bodies and identities, as discussed by May (2002). At the same time, issues around identity (of the partner as well as the transperson) may make accessing services in the LGBTQ community difficult, if not dangerous, for some individuals and couples. For this reason, education in the larger mental health community is imperative.

CONCLUSION

As we see increasing numbers of people undergoing a gender-confirming transition, we can expect that the ranks of partners of those individuals will increase as well, and it is imperative that communities and providers who serve both LGBTQ and straight communities recognize the need for research on and service provision to this population. As described by the subjects of this study, partnering with a transman who is undergoing a gender transition need not be a traumatic event, but it must be recognized that partners too experience their own transition and as such, deserve caring, competent, and comprehensive support as they experience the difficulties and delights of their partners' and their own transitions.

NOTE

1. In addition to the eleven legitimate contacts, five potential subjects were excluded from participation. One was excluded due to his reported partnership with a transgender woman, as opposed to a transman. One was excluded due to failure to meet gender identity criteria. Three contacts were excluded as obscene callers. It is important to note that due to the marginalization and sexualization of queer and transgender communities, researchers in this field may be subject to increased safety issues and should take pains to ensure their own and their subjects' safety by conducting phone and/or e-mail screening, by meeting with subjects in public places, and by ensuring that meeting places can provide reasonable audio privacy.

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