

COMING OUT AS TRANSGENDER:  
THE CISGENDER HETEROSEXUAL SPOUSE'S  
PERSPECTIVE

By

MCKINZEY T. H. PORTER

Bachelor of Arts in Psychology  
Arizona State University  
Tempe, AZ  
2007

Master of Science in Educational Psychology  
Oklahoma State University  
Stillwater, OK  
2018

Submitted to the Faculty of the  
Graduate College of the  
Oklahoma State University  
in partial fulfillment of  
the requirements for  
the Degree of  
DOCTOR OF PHILOSOPHY  
July, 2022

COMING OUT AS TRANSGENDER:  
THE CISGENDER HETEROSEXUAL SPOUSE'S  
PERSPECTIVE

Dissertation Approved:

Dr. Julie Koch

---

Dissertation Adviser

Dr. Thomas Berry

---

Dr. Mary Malaska

---

Dr. Mike Yough

---

## ACKNOWLEDGEMENTS

Mom and Dad, the love and unwavering support you have given me throughout the years has been invaluable! I am so appreciative that you both were so open and encouraged me to follow my dreams and make my own path in life. I am eternally grateful for everything that you have done and sacrificed for me. I love you both so very much!

To my family, you know there's too many of you to name, but without all your love and craziness I would have never developed a passion for psychology, so thank you! I love you all and am so appreciative that you all have believed in me every step of the way! Aunty Roxanne, Elizabeth, and Dylan, thank you for all your love, support, and encouragement! I appreciate you always listening to me vent and for always responding to the Tik-Tok's I share!

To those who participated in this study, thank you so much for sharing your story with me. It was my great honor to talk with each of you and I hope I did justice to your experience!

Jules and Bek, I am so grateful for both of you and really appreciate all your hard work and dedication. I could not have asked for a better research team and I couldn't have done this without you! Thank you for sticking with me!

Thank you to my advisor, Dr. Julie Koch. I am forever grateful for you! Without your support, guidance, and commitment through the years, none of this would be possible! To my committee members, past and present, thank you for all your support and for helping me get to the finish line! Thank you to the Counseling Psychology faculty for your roles in my education! I also want to thank my cohort and peers from the program as well as my peers from internship. I learned so much from all of you and I am forever grateful for your roles in shaping who I am today, as a clinician and as a person!

Christine, Rosemary, Amanda, and Emi, having you all with me to commiserate our sorrows or celebrate our achievements has been my refuge from the craziness they call grad school. I appreciate you all for your words of wisdom and support over the years! I am so thankful to call you my friends and can't wait to see what the world has in store for you beautiful, strong, amazing women! A special note to Christine, I honestly don't know how I would have gotten through this whole PhD thing without you! I am so grateful to have met you in this program and to have had your friendship, love, and support throughout this journey! We've been through it together from day one. Just a reminder, you're stuck with me forever!

It would be impossible to name all the people that have influenced my journey to this point. However, I want to recognize and extend my gratitude to those individuals, who may or may not know who they are. Thank you!

Name: MCKINZEY T. H. PORTER

Date of Degree: JULY, 2022

Title of Study: COMING OUT AS TRANSGENDER: THE CISGENDER  
HETEROSEXUAL SPOUSE'S PERSPECTIVE

Major Field: COUNSELING PSYCHOLOGY

**Abstract:** A transgender identity disclosure is a relational matter. Having a partner come out or identify as transgender can shift a relationship into crisis. When a partner comes out as transgender within the context of an established heterosexual marriage, the impact to the cisgender-heterosexual spouse is often overlooked. This study utilized a Consensual Qualitative Research (CQR) approach to answer the following research questions: (1) What are the experiences of cisgender-heterosexual spouses who have had a partner disclose a transgender identity? (2) What do cisgender-heterosexual spouses of a partner disclosing a transgender identity describe as playing a role in maintaining their marriage or not? Twelve participants whose partners came out as transgender after marriage were interviewed for this study. CQR data analysis revealed ten thematic domains: (a) Marriage; (b) Learning about My Partner and Transition; (c) Learning about Myself; (d) Family; (e) Reactions; (f) Mental Health; (g) Support; (h) Social Influence; (i) Cultural Influence; and (j) Pandemic. Findings indicate that participants underwent a vast array of both positive and negative experiences and shared a variety of factors that contributed to their decisions to remain married or not. Implications for clinical practice, limitations, and directions for future research are discussed.

*Keywords:* spouses of transgender people, partners of transgender people, gender identity, transgender identity, transgender disclosure, coming out

## TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
Problem Statement.....	2
II. REVIEW OF LITERATURE.....	4
Partners of Transgender Individuals.....	4
Minority Stress Theory.....	15
Gaps in the Literature.....	16
Purpose of the Study.....	17
Research Questions.....	17
III. METHODOLOGY.....	18
Design.....	18
Participants.....	19
Data Collection.....	21
Research Team.....	23
Data Analysis.....	26
IV. RESULTS.....	29
Marriage.....	29
Learning about My Partner and Transition.....	32
Learning about Myself.....	33
Family.....	34
Reactions.....	36
Mental Health.....	37
Support.....	38
Social Influence.....	40
Cultural Influence.....	41
Pandemic.....	42

Chapter	Page
V. DISCUSSION .....	43
Experiences of Cis-Het Spouses .....	44
Deciding Factors for Marriage.....	50
Implications for Clinical Practice .....	53
Limitations .....	55
Directions for Future Research.....	57
Summary .....	58
REFERENCES .....	60
APPENDICES .....	69
APPENDIX A: Tables .....	69
APPENDIX B: Extended Literature Review .....	72
APPENDIX C: Online Demographic Survey .....	105
APPENDIX D: Interview Protocol.....	109
APPENDIX E: IRB Approval Letter.....	111

## LIST OF TABLES

Table	Page
1. Domain and Category Descriptions .....	69
2. Domains, Categories, and Frequencies.....	71

## CHAPTER I

### INTRODUCTION

As it may be seen as going against the more traditional gender binary by society, a transgender or trans identity disclosure is often a complex process filled with both challenges and triumphs (Bethea & McCollum, 2013; Katz-Wise & Budge, 2015). When an individual comes out as transgender, that disclosure not only affects the life of that individual but also affects the lives of those closest to them (Bethea & McCollum, 2013; Bischof et al., 2011; Brown, 2010; Buxton, 2006; Platt & Bolland, 2018). The disclosure of a transgender identity is a relational process and as such has an impact on family, friends, and other relationships (Bethea & McCollum, 2013).

*Gender* is a person's internal sense of being male or female (Israel, 2005), which is distinct from *sex* which refers to biological factors that determine internal sex organs and external genitalia (Bethea & McCollum, 2013). *Cisgender* or *cis* is the term used for individuals whose gender matches their sex assigned at birth (APA, 2015; Gamarel et al., 2014; Theron & Collier, 2013), while *transgender* is an umbrella term often abbreviated as *trans* that encompasses a wide spectrum of gender diversity for anyone whose gender does not align with their sex assigned at birth (Bethea & McCollum, 2013; Israel, 2005; Giammattei, 2015; Watts et al., 2017).



Like gender, sexual orientation is not based on biological sex differences but rather on a person's attraction toward certain bodies or gender presentations (Israel, 2005; Platt & Bolland, 2018). Individuals who are attracted to the opposite gender are considered heterosexual. Though there are myriad sexual orientation labels for individuals who do not identify as heterosexual, such as lesbian, gay, or bisexual, they are collectively labeled *sexual minorities* (Brown 2009, 2010; Dierckx et al., 2016; Gamarel et al., 2014; Platt & Bolland, 2017; Theron & Collier, 2013; Twist et al., 2017). Individuals may identify with any sexual orientation regardless of their gender identity (APA, 2015; Giammattei, 2015).

Current literature describes a wide range of experiences for partners of transgender individuals which have the potential to be life changing (Platt & Bolland, 2018). Additionally, having a partner disclose a transgender identity can impact the mental health and well-being of partners, particularly heterosexual, cisgender partners (Bischof et al., 2011; Buxton, 2006). Cisgender-heterosexual (cis-het) partners of individuals who come out as trans within a relationship would likely have started the relationship being attracted to their partner's previously expressed gender identity (Bischof et al., 2011; Samons, 2009; Twist et al., 2017; Watts et al., 2017). The experience of the cis-het partner of an individual disclosing a transgender identity is often overlooked in the literature (Buxton, 2006; Platt & Bolland, 2018), and this is more so for cisgender-heterosexual spouses who are married at the time their partner comes out as trans. Given the potential impact of a partner's transgender identity disclosure on the life and mental health of a cis-het spouse, these experiences should be explored.

### **Problem Statement**

The transgender population has seemingly grown and gained more visibility in recent years, as more individuals have come out as transgender (Chase, 2011; Platt & Bolland, 2018);

and with its continued growth, it is expected that more romantic partners could be affected by a transgender identity disclosure (Brown, 2010). A transgender identity and resulting gender transition of a partner can introduce numerous stressors into a relationship (Aramburu Alegria, 2010; Bischof et al., 2011; Brown, 2009, 2010; Buxton, 2006; Chase, 2011; Chester et al., 2017; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018; Twist et al., 2017). This disclosure is not only psychologically distressing for the trans partner but for the cisgender or cis partner as well (Bischof et al., 2011; Buxton, 2006; Gamarel et al., 2014; Watts et al., 2017). Studies show that partners can provide significant support for individuals who are transitioning, which is important for their well-being (Chester et al., 2017; Meier et al., 2013). Additionally, being in a positive healthy relationship is a known protective factor against depression and anxiety for both partners (Meier et al., 2013).

Extant literature describes a wide range of experiences of spouses whose partner has disclosed a transgender identity (Bethea & McCollum, 2013; Bischof et al., 2011; Brown, 2010; Buxton, 2006; Platt & Bolland, 2018). However, the majority of these experiences are of partners who identify as sexual minorities (Brown, 2009, 2010; Chase, 2011; Chester et al., 2017; Joslin & Wheeler, 2009; Platt & Bolland, 2018; Twist et al., 2017; Theron & Collier, 2013). Given that a partner's gender transition has the potential to lead to varying levels of psychological distress (Bischof et al., 2011; Buxton, 2006; Gamarel et al., 2014; Watts et al., 2017) and that partners may be a significant source of support for people in transition (Chester et al., 2017; Meier et al., 2013), it is imperative that mental health professionals have a fuller understanding of partner experiences from various types of romantic transgender partnerships (Buxton, 2006; Chester et al., 2017; Platt & Bolland, 2018).

## CHAPTER II

### REVIEW OF LITERATURE

#### **Partners of Transgender Individuals**

Some individuals may not be aware of or accept their transgender identity or may be hesitant to disclose their trans identity until later in life (Katz-Wise & Budge, 2015). This results in individuals recognizing and/or disclosing their transgender identities at different points in life resulting in a variety of possible relationships (Israel, 2005). Given that transgender individuals may identify anywhere on the spectrum of sexual orientation and the various ways that they may express their gender identity, partners of transgender people come from a myriad of social and cultural backgrounds.

#### ***Disclosure***

Transgender disclosures happen across all age groups, socioeconomic levels, races, ethnic groups, occupations, locations, and faiths (Buxton, 2006). Disclosure is described as a relational process that involves loved ones and friends (Bethea & McCollum, 2013; Dierckx et al., 2016), and is a non-linear process of mutual impact between the trans individual and their social systems (Bethea & McCollum, 2013). Many individuals choose to disclose their trans identity, while others sometimes do so accidentally (Samons, 2009), or are forced to based on their changing appearance (Bethea & McCollum, 2013). As different family and friends'

reactions may include shock, horror, betrayal, anger, disbelief, anxiety, and/or depression, coming out as transgender often elicits fear and anxiety in the trans individual (Bethea & McCollum, 2013; Meier et al., 2013).

When a partner comes out as transgender within an established romantic relationship, it alters relational patterns and norms of the relationship (Aramburu Alegria, 2010) and can place the couple in crisis whether or not the trans identity was known ahead of time (Giammattei, 2015; Samons, 2009). Initial reactions to a partner coming out as transgender may include shock, confusion, anger, sadness, betrayal, loneliness, anxiety, grief, concerns about the future, and fear that others will find out (Aramburu Alegria, 2010, 2013; Chester et al., 2017; Dierckx et al., 2016; Giammattei, 2015; Israel, 2005; Watts et al., 2017). Having a partner come out as trans was previously thought to be the end of a relationship; however, this is no longer always the case and it is recommended that each relationship be given careful consideration by helping professionals (Bischof et al., 2011; Dierckx et al., 2016; Meier et al., 2013).

Dierckx and associates reported that a gradual disclosure results in more understanding from the cis partner compared to an abrupt disclosure, which was found to be disturbing and lead to more distress (Dierckx, 2016). The timing of a disclosure also has implications for the outcome of a relationship where more positive results are indicated when a partner comes out earlier in the relationship (Bischof et al., 2011). The quality of the relationship itself, unrelated to the transgender identity, also has an impact on the partner's reaction (Dierckx et al., 2016). In addition, if a relationship adhered to traditional gender norms, partners often found a transgender identity more challenging to accept (Dierckx et al., 2016; Israel, 2005; Samons, 2009). Cisgender partners, mostly sexual minorities, reported the disclosure process was slow and paralleled their partner's gender transition, which spanned weeks to years (Chester et al., 2017). These partners

also reported helping their trans partner figure out or come to terms with their trans identity (Chester et al., 2017). Some reported prior knowledge of their partner's trans identity and allowed for some private cross gender behavior, but when their trans partners decided to socially transition it felt like a betrayal (Dierckx et al., 2016; Giammattei, 2015; Samons, 2009).

For many cis-het females from one study, the period after disclosure brought about self-exploration and self-awareness that reduced anxiety, allowed partners to come to terms with their partner's disclosure, eased their initial reactions and confusion, and helped them move toward support (Aramburu Alegria, 2013). Others continued to struggle to make sense of their partner's new identity and questioned what it would mean for their sexual orientation, identity, belief system, and their relationship (Aramburu Alegria, 2010; Buxton, 2006; Giammattei, 2015; Joslin-Roher & Wheeler, 2009). Some partners, including cis-female wives as well as sexual minority partners alike, believed that after their initial shock and anger the disclosure would strengthen their relationship (Aramburu Alegria, 2010; Joslin-Roher & Wheeler, 2009).

In a case study, one wife described how the disclosure moved the burden from her trans partner's shoulders to her own (Watts et al., 2017). This experience has been described by Theron and Collier as a *co-transition* (2013). Individuals in a relationship where a partner comes out as transgender essentially co-transition as they renegotiate their understanding of gender, reconcile their sexual orientation, reevaluate their identity, re-examine their beliefs (Aramburu Alegria, 2010; Brown, 2009; Buxton, 2006; Chase, 2011; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018; Theron & Collier, 2013), and sometimes evaluate their own gender identity (Dierckx et al., 2016). A few cis-het wives who stayed married to their trans female spouse reported feeling threatened by their partner's intense femininity and were unsure of how to model their relationships that no longer fit the mold of a

traditional heterosexual marriage (Bischof et al., 2011; Watts et al., 2017).

### ***The Co-Transition Process***

Partners reported adjusting to significant changes to their relationships including but not limited to the trans partner's behavior, physical appearance, name, use of pronouns, smell, and renaming of body parts (Brown, 2010; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018), as well as changes to the nature and quality of sexual intimacy, shared interests, and gender roles (Aramburu Alegria, 2013; Bischof et al., 2011; Chester et al., 2017; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Platt & Bolland, 2018). Cisgender partners stated that their relationships moved closer to binary gender stereotypes where the cis partner was expected to exaggerate their gendered behavior (Bischof et al., 2011; Brown, 2009, 2010; Chester et al., 2017; Dierckx et al., 2016; Israel, 2005; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013). For some sexual minority women, this also included more stereotypically gendered sexual activity which served to affirm their trans partner's new identity (Brown, 2010). Some partners described how their partner's libido changed because of hormones (Bischof et al., 2011; Brown, 2010), which were also linked to reports that trans partners go through a puberty phase (Chase, 2011; Chester et al., 2017).

Some partners worried that physical changes in their trans partner would affect their sexual desire for them (Brown, 2010); and for some, it meant no longer being attracted to their trans partner (Brown, 2010; Chester et al. 2017; Giammattei 2015). Alternatively, fears of their trans partner changing their sexual orientation were confirmed for some (Bischof et al., 2011), as they were rejected by their trans partner who was no longer attracted to them (Buxton, 2006). A few partners reported sexual intimacy ceased all together (Aramburu Alegria, 2013; Chester et al., 2017), and others pursued consensual non-monogamous relationships (Brown, 2010).

Bischof and colleagues reported that a few cis-het wives from their study were willing to be flexible and were hopeful for their sexual relationship with their trans partner (2011).

Partners described the importance of clear and honest communication through the transition process (Buxton, 2006; Platt & Bolland, 2018). In a study of cisgender, mostly sexual minority partners, Chester and associates reported how partners were central to their partner's transgender identity formation by actively questioning and learning about gender identities with their trans partner (2017). This was similar for many partners across studies as they reported being included in decisions at each stage of their partner's transition (Theron & Collier, 2013), setting boundaries on their trans partner's public presentation, as well as negotiating when, where, and to whom they would disclose (Bischof et al., 2011; Buxton, 2006; Chase, 2011; Watts et al., 2017). On the other hand, some partners felt left out and felt their partner's transition moved too quickly (Aramburu Alegria, 2010). Some scholars reported that partners need time to fully understand a gender transition and make sense of what is going on to ensure their needs are also validated (Aramburu Alegria, 2010; Samons, 2009; Theron & Collier, 2013)

**Sexual Minority Partners.** The co-transition experience has different implications for sexual minority partners (Chester et al., 2017; Theron & Collier, 2013). For many gay and lesbian partners who have already come to terms with and disclosed a sexual minority orientation, a partner in transition may cause them to lose that hard-won identity as well as their place within the lesbian, gay, and bisexual (LGB) community (Brown, 2010; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013; Platt & Bolland, 2018). On the other hand, the couple may gain privileges within the larger society for a more heteronormative relationship (Brown, 2009; Platt & Bolland, 2018). Wives who stayed married to their trans female spouse experienced positive reception from the lesbian community (Aramburu Alegria,

2010), while partners who initially identified as lesbian now resembled a heterosexual couple and were excluded (Chester et al., 2017; Theron & Collier, 2013). In addition, some scholars posited that sexual minority individuals may adjust to a partner's trans identity more easily as they already have experience navigating a minority identity (Brown, 2010; Theron & Collier, 2013).

### ***Safety Concerns***

As much of society adheres to traditional binary gender norms, safety issues for transgender individuals and their partners are a real concern (Bischof et al., 2011; Platt & Bolland, 2018; Theron & Collier, 2013). The majority of participants across several studies expressed concerns for the physical safety of their partner as they transitioned publicly (Aramburu Alegria, 2010; Bischof et al., 2011; Platt & Bolland, 2018; Theron & Collier, 2013). In a study of written narratives of cis-het wives, most reported being fearful of potential anti-trans violence toward themselves, their partner, or their family as well as fearful of the reactions of family and friends (Bischof et al., 2011). Theron and Collier describe how family, friends, and community members are not immune from strong negative reactions toward trans people or their partners and provide the example of a cis-female participant who received multiple threats of rape from a former cis-male friend of her trans partner to “‘teach her a lesson’ and ensure she knew what it is to sleep with a ‘real’ man” (2013, p. S69).

Being a partner of someone who identifies as transgender can bring about its own set of stressors that have to be navigated daily (Platt & Bolland, 2018). In Platt & Bolland's investigation into the experiences of partners of trans individuals, many partners disclosed feeling the need to defend their trans partner against anti-trans attitudes, determine what social experiences and settings would be safe, be mindful of how they interacted with their trans partner



in public, and worry about safe access to public restrooms for their trans partner; all of which the authors suggest can lead to minority stress (2018). Given the discrimination and victimization that trans individuals face, it is easy to see how they and their partners might fear for their safety.

### ***Social Support***

Support of family and friends play a role in how partners navigate a disclosure (Giammattei, 2015) and is considered an important positive factor for partners (Dierckx et al., 2016). In Bischof and associates' study on cis-het wives who stay with their trans spouse, many reported that their family and friends were mostly supportive (2011). However, not all family and friends are supportive of a partner's trans identity or transition (Bischof et al., 2011; Theron & Collier, 2013). In a study of cis-female partners of trans men, one participant described different family members as having varying levels of support including, "distantly fine," "happily ignorant," or "a great source of support" (Theron & Collier, 2013, p. S69). In most cases, acceptance or support from family or friends was reported to grow gradually over time (Bischof et al., 2011). Some partners also reported receiving support and acceptance from affirming church communities, though this was usually within a broader lesbian, gay, bisexual, transgender, and queer (LGBTQ) group (Bischof et al., 2011).

Peer support was identified as an important issue for all partners in one study of sexual minority partners of trans men (Joslin-Roher & Wheeler, 2009). Many partners reported receiving considerable peer support from online and/or local support groups (Aramburu Alegria, 2010; Bischof et al., 2011; Samons, 2009; Theron & Collier, 2013; Watts et al., 2017). Some reported difficulty finding support (Bethea & McCollum, 2013), stating geographic location, lack of internet, or financial constraints as barriers (Theron & Collier, 2013). These partners reported reading or relying on their trans partner as their sole source of support (Bischof et al., 2011;

Theron & Collier, 2013). Buxton (2006) found that some cis-het spouses are unfortunately left to cope with the unique and complex challenges of a spouse's transgender disclosure alone.

Support, however, was commonly reported as inadequate as the people providing it often did not understand trans identities or the transition process (Chester et al., 2017). Some partners reported negative experiences with support groups where group members took away their hope for maintaining any relationship with their trans partner (Watts et al., 2017). Often with little support from family or friends and unable to access support groups, some partners felt very isolated (Bischof et al., 2011). Research suggests local or online support groups can be invaluable for partners, especially in the early stages after the disclosure (Bischof et al., 2011), as finding others in the same situation that can understand and relate or be a role model on how a relationship with their trans partner can look, can make a big difference in a partner's experience (Bischof et al., 2011; Buxton, 2006; Samons, 2009).

Having a partner come out as transgender created a need for partners to seek support (Theron & Collier, 2013). Some partners reported that participating in activism or raising awareness of anti-trans issues became a significant source of support (Watts et al., 2017). Research suggests that both professional and peer support are needed (Buxton, 2006; Dierckx et al., 2016; Joslin-Roher & Wheeler, 2009; Samons, 2009). Professional support such as therapy is indicated to help partners cope, gain information, get perspective on reality, and to help both partners determine the best path for their relationship (Buxton, 2006).

### ***Partners with Children***

When children are present, partners are often concerned about how the trans disclosure will impact the children (Buxton, 2006; Samons, 2009), and usually set boundaries on disclosing to them (Bischof et al., 2011). However, for most children, fear of their parents potentially

divorcing has a greater impact than a transgender disclosure does (Buxton, 2006; Samons, 2009). Children often cope well with a parent's gender transition, depending on how the cis partner reacts, whether the child has a close relationship with the trans parent, and how supportive the extended family is toward the trans parent (Giammattei, 2015). Transphobic attitudes in the partners of trans parents were found to negatively influence the well-being of their children (Dierckx et al., 2016). Many partners with children are also concerned that they will be subject to anti-trans or anti-gay attitudes in schools, neighborhoods, or church communities (Buxton, 2006). However, one study on narratives of cis-het wives found that classmates and school personnel were actually very supportive (Bischof et al., 2011), which is important when it comes to children being bullied or harassed by peers (Dierckx et al., 2016).

### ***Partners Mental Health***

**Emotional Experiences.** Partners experience a vast range of emotions from the moment their partner comes out as trans that continues throughout their transition (Bischof et al., 2011; Buxton, 2006; Chase, 2011; Chester et al., 2017; Dierckx et al., 2016; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Platt & Bolland, 2018). Initial responses include shock, denial, numbness, anger, guilt, sadness, fear, depression, and grief (Bischof et al., 2011; Buxton, 2006; Joslin-Roher & Wheeler, 2009). Many partners reported feeling tremendous loss as their partners transitioned: loss of their partner as they knew them, loss of their partner's pre-transition gender, loss of their relationship as it once was, loss of their partner's body parts, loss of sexual connection, loss of family or friends, loss of specific activities, loss of community, and for some a loss of a particular identity (Aramburu Alegria, 2010; Bischof et al., 2011; Brown, 2009, 2010; Buxton, 2006; Chase, 2011; Chester et al., 2017; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018; Twist et al., 2017).

Some partners described their loss as complicated as they were unable to effectively mourn the loss of their love object while trying to maintain the idea that their trans partner was the same person (Chase, 2011). Others described feeling a sense of grief as if their partner died but having to mourn alone since their partner was very much alive (Watts et al., 2017). Loss of community and identity were particularly salient to sexual minority partners who now grappled with more heteronormative relational presentations (Chase, 2011; Chester et al., 2017). One participant stated it felt like a multitude of small insidious losses that they did not notice until all at once it became obvious, they did not recognize their trans partner anymore (Chase, 2011). Partners also felt guilty for feeling sad about something that made their trans partner so happy (Chase, 2011), and reported they sometimes wanted their partner back as they were, pre-transition (Aramburu Alegria, 2010). Partners across multiple studies reported feeling as if they had to take a back seat in the relationship as everything revolved around the trans partner's needs (Bischof, et al., 2011; Chase, 2011; Chester et al., 2017; Dierckx et al., 2017; Platt & Bolland, 2018). They reported being immersed in the role of caregiver and advocate, which kept them from attending to their own needs till much later (Chase, 2011).

Gamarel and associates found a significant increase in the likelihood of depressive symptoms in partners of trans individuals due to anti-trans discrimination and posited that partners of marginalized individuals also experience minority stress (2014). A partner's trans disclosure can also result in feelings of inadequacy, low self-esteem, lack of self-confidence, and decreased sense of self-worth (Bischof et al., 2011; Buxton, 2006). Buxton (2006) reported most spouses take anywhere from three to six years to work through the issues that might arise from a partner's transgender disclosure, which can include a crisis of faith, feeling disoriented with their beliefs, and conflicted fidelity toward marriage vows. Partners may experience significant

challenges whether they stay in the relationship or not (Giammattei, 2015). The effects of being partnered with a person through a gender transition are vast and difficult to fully comprehend (Chase, 2011). As such, Gamarel and colleagues found that minority stress is correlated with depressive symptoms in both trans individuals and their partners (2014). It is important that partners take the time to sort out their own feelings about their partner's transgender identity and seek out appropriate support to do so (Giammattei, 2015; Samons, 2009).

Not all emotional experiences were negative. In an exploration of current and former cis partners, Chester and colleagues reported that in addition to shock and confusion, some partners were excited about their partner's transgender disclosure (2017). As their partner transitioned, these cis partners moved from acquiescence, to tolerance, to full acceptance, and for some, to pride (Bischof et al., 2011; Joslin-Roher & Wheeler, 2009). Overall, having a partner disclose a trans identity is life changing and requires cisgender partners to navigate a complexity of positive and negative emotional processes (Platt & Bolland, 2018).

**Professional Support.** Given the intricacies of co-transitioning, professional support such as counseling or therapy is often indicated for the partner's well-being (Buxton, 2006; Platt & Bolland, 2018; Samons, 2009; Theron & Collier, 2013). Cis partners need time and space to learn what it means for their partner to be transgender and what that means for their life (Giammattei, 2015; Samons, 2009). Partners need professional support to help them reevaluate and reconfigure their identities and belief systems as well as work on other concerns such as depression, low self-esteem, lack of self-confidence, and loss of a sense of self (Buxton, 2006). Counseling can be invaluable in assisting partners to manage emotional reactions, deal with questions about their sexuality, learn to trust again, and work with their trans partner toward an

amicable outcome whether they remain together or part ways (Buxton, 2006; Samons, 2009; Watts et al., 2017).

While it is important that mental health professionals provide unbiased support (Watts et al., 2017), not all therapy is created equal; and partners have experienced therapists who show bias toward one partner or the other, have biased attitudes about gender or sexual orientation, or who hold outdated beliefs that relationship dissolution is the best outcome (Buxton, 2006; Dierckx et al., 2016; Twist et al., 2017). There are many possible outcomes for couples who experience a gender transition within a relationship; and though therapists may be needed to help them get there, the decisions ultimately rest with the couple (Samons, 2009). Partners' decisions often involve cultural, familial, and societal influences in addition to the quality of the relationship (Buxton, 2006). It is important to note, the stressors that partners face are not due to the trans identity of the partner but rather to the overwhelmingly heteronormative and often transphobic society to which the couple belongs (Theron & Collier, 2013).

### **Minority Stress Theory**

Minority stress theory is the idea that sociocultural prejudice and discrimination, as a result of one's minority group membership or intersecting identities, add additional stressors in life that have significant implications for the mental health and well-being of individuals in minority populations (Hendricks & Testa, 2012; Tebbe & Moradi, 2016). Minority stress has been shown to account for significantly higher rates of mental health concerns in the transgender population which are related to anti-trans prejudice, discrimination, violence, and rejection (Hendricks & Testa, 2012; Tebbe & Moradi, 2016). Anti-trans attitudes are a result of the dominant heteronormative values within Western society (Aramburu Alegria, 2010; Chester et al., 2017). Minority stress theory allows us to consider how the dominant heteronormative values

in our society that stem from the gender binary likely have an impact on the lived experiences of both the transgender individual and their cisgender partner.

Given the heteronormative values that our society is steeped in, the sociocultural systems to which a couple belongs will likely have a significant impact on both partners' minority stress. Gamarel and associates found that minority stress is correlated with depressive symptoms in both trans individuals and their partners (Gamarel et al., 2014). On the other hand, Hendricks and Testa describe that minority stress may also lead to some positive outcomes where, as a result of anti-trans attitudes and minority stress, transgender individuals and their partners may seek out similar peers, join support groups, and develop their own communities which facilitate support, development of coping strategies, and increased resilience (2012). Minority stress theory can provide a framework for exploring the cis-het spouse's full range of experiences.

### **Gap in the Literature**

The majority of research on partners of trans individuals has focused on sexual minorities (Brown, 2009, 2010; Chase, 2011; Chester et al., 2017; Joslin & Wheeler, 2009; Platt & Bolland, 2018; Twist et al., 2017; Theron & Collier, 2013). Platt and Bolland state that more research is needed on partners of transgender individuals and future research should explore a wider range of romantic partnerships including heterosexual partners (2018). Similarly, some literature explores partners knowingly in a relationship with a transgender individual (Meier et al., 2013; Platt 2018/2020; Platt & Bolland, 2018) and these findings would likely vary from those who were unaware of their partner's transgender identity at the onset of their relationship. Brown suggests researchers focus on relationships of longer duration (2010), while Meier and colleagues add that a transgender disclosure would have a different impact on spouses when compared to a dating partner (2013).

## **Purpose of the Study**

As current literature does not fully address the married cisgender-heterosexual and transgender dyad, adding the specific experiences of cis-het spouses who have had a partner come out as trans will contribute to the knowledge of the lived experiences of partners of trans individuals. The purpose of this study is to describe and understand the full range of experiences of cisgender-heterosexual spouses married to individuals who disclose a transgender identity after marriage. This investigation seeks to highlight the experiences that a cis-het spouse may go through after their partner comes out and increase the knowledge base about family members of trans individuals. Knowing the possible feelings and reactions of the cis spouse, including challenges and triumphs, will aid mental health professionals who may work with these partners or couples. This study aims to benefit both trans individuals and their cis spouses who may present for therapy during a gender transition and may be vital in helping married couples in this situation maintain a positive healthy relationship or dissolve their relationship amicably.

## **Research Questions**

The objective of this study is to understand the full range of the cisgender-heterosexual spouse's experience after their partner discloses a transgender identity. This qualitative investigation seeks to explore the following questions:

- RQ1 What are the experiences of cisgender-heterosexual spouses who have had a partner disclose a transgender identity?
- RQ2 What do cisgender-heterosexual spouses of a partner disclosing a transgender identity describe as playing a role in maintaining their marriage or not?



## CHAPTER III

### METHODOLOGY

#### **Design**

In this investigation, the researcher utilized the consensual qualitative research (CQR) method (Hill, 2012; Hill et al., 2005; Hill et al., 1997). CQR is a qualitative method recommended when the goal of the study is to describe or understand a phenomenon, especially if the phenomenon is rare or infrequent (Hill, 2012). In the CQR method, researchers seek to explore and describe phenomena through an inductive approach where researchers generate conclusions from the patterns identified in the data. Doing so allows for a more in-depth investigation into the subjective inner experiences, attitudes, and beliefs of the participants (Hill, 2012; Hill et al., 1997). Within CQR, emphasis is placed on consensus among members of a research team to abstract meaning from data collected utilizing open-ended questions within a semi-structured interview (Hill, 2012; Hill et al., 2005; Hill et al., 1997). To provide an additional check and balance of the data, CQR utilizes an external auditor who provides feedback at all stages of data analysis (Hill, 2012; Hill et al., 2005; Hill et al., 1997). The aim of this study was to investigate the experiences of cisgender heterosexual spouses of individuals who have disclosed a transgender identity within a marriage.

## **Participants**

To gain rich descriptions of participants' experiences in CQR, it was important to recruit participants who have experienced the phenomenon under investigation and were able to clearly describe those experiences (Hill, 2012; Hill et al., 1997). Defining the population from which this sample was drawn also provides the population to which the study's findings may be transferable (Hill, 2012; Hill et al., 1997). The target population for this study was cisgender heterosexual spouses whose partner disclosed a transgender identity after marriage within the United States. While it is not the intention to make generalizations to the entire US population of spouses or partners of transgender individuals, this study's findings may be relatable to cisgender heterosexual spouses or partners of individuals who disclose a transgender identity after the relationship has already been established.

In CQR, as the goal is to take an in-depth exploration of a phenomenon, it relies on in-depth investigations of a small sample of participants rather than a superficial investigation of a larger sample (Hill, 2012). Therefore, Hill and associates recommend a sample of at least 8-15 participants where fewer cases are necessary when there is a very homogeneous sample (2005). In CQR, individual participants are sometimes referred to as a case (Hill, 2012). When there is a possibility that there may be subgroups within the sample, Hill and colleagues recommend a larger sample of at least 12 participants to effectively explore possible differences within subgroups (2005). For this sample of cisgender heterosexual spouses of a partner disclosing a transgender identity, there was a possibility of subgroups for those who remained in their marriage and those who did not. Accordingly, the sample for this study was 12 participants.

In CQR, the goal is to select a sample that is clearly defined based on the population and the research questions to decrease variability within the sample, which can lead to inconsistent

data (Hill, 2012). In addition, the recency and saliency of the event for the participant is important as memory and feelings about the event may change over time and therefore it is recommended the event be relatively recent (Hill, 2012). For this study, participants met criteria specific to the research questions and were as closely representative of the target population as possible. Therefore, participants were selected using the criterion sampling method. Participants met the following criteria: a) were at least 18 years of age, b) identified as cisgender, c) identified as heterosexual either currently or prior to their partner's transgender identity disclosure, d) were or are currently married to an individual who disclosed their transgender identity after the marriage, and e) had a current or former partner who disclosed a transgender identity within the last five years. As the target population was very specific, snowball sampling was also utilized where current participants were asked to refer to the researcher potential new participants who met criteria. For the purposes of data collection, participants were also required to have access to a video chat/conference application as well as access to the internet in a reasonably private setting.

Participants were recruited through the use of flyers and social media posts sent to local and national online organizations that serve spouses and families of transgender individuals. Seventy-five individuals completed the initial online demographic survey to determine eligibility for the study. Out of 75 individuals only 30 met requirements for participation and less than half of those 30 eligible individuals responded to requests to schedule an interview. There were a total of 12 participants who met criteria and completed the interview for this investigation. Recruitment concluded once 12 interviews were completed. The participants came from 11 different states in the Western, Midwestern, and Eastern regions of the United States. Participants ranged in age from 31 to 68, with the average age of 49 years old. All participants

identified as currently married at the time of the interview. Nine participants reported their partner came out to them within the last two years and three participants reported that their partner came out within the last three to five years. All 12 participants identified as cisgender women and each reported their partner was transitioning from male to female. Ten participants identified their race/ethnicity as White and non-Hispanic, one participant identified as White and Hispanic, and another participant identified as White and American Indian or Alaskan Native. Eight participants identified as straight or heterosexual, two participants identified as bisexual, one participant identified as queer, and another participant declined to report their sexual orientation. Eleven participants reported they had children or stepchildren with their partner and one participant reported she and her partner did not have any children.

### **Data Collection**

The researcher collected demographic information including race/ethnicity, gender, marital status, religion, and whether the participants have children through an online survey. Participants gave informed consent. The researcher used a semi-structured interview to collect the data. In CQR, researchers are encouraged to develop interview questions for the interview protocol based on the literature as well as personal experience (Hill, 2012). The interview protocol for this study utilized questions based on the literature as well as the researcher's own experiences. The final interview protocol incorporated feedback from a counseling psychology faculty member to ensure the questions appropriately addressed the research questions. Interview questions focused generally on the participants' experience of their partner coming out in regard to their relationship, family, and beliefs (Appendix C). Within CQR it is recommended that interview protocols have between eight to 10 scripted questions per interview hour to balance consistency across participants with opportunity for more depth (Hill, 2012; Hill et al., 2005).

For this study, the interview protocol included 11 questions with follow up prompts and took approximately one hour to complete. One interview was completed in two separate 45-50 minute sessions as the participant reported wanting to provide as much detail as possible. Online video-based interviews combine the benefits of face-to-face interviews with the benefits of phone interviews where the researcher still has access to nonverbal data but also has the ability to reach a wider range of participants without the added costs of travel (Hill, 2012). Each interview was conducted via Zoom and was audio recorded.

Hill describes pros and cons of utilizing single or multiple interviewers and concludes there is no right or wrong answer (2012). As this investigation fulfills the primary investigator's dissertation requirements, the primary investigator conducted all interviews. Though utilizing a single interviewer may be more consistent, the data collected likely reflects the biases of only one interviewer (Hill, 2012). However, as recommended in CQR, this was addressed by the researcher reporting any potential biases prior to data analysis and having an honest discussion with the research team of how these biases as well as any expectations may influence the data in the final paper (Hill et al., 2005). Additionally, as discussing a spouse's transgender identity may be considered a socially taboo topic, the interviewer made every effort to decrease participant self-censorship by developing rapport with each participant at the beginning of the interview. The researcher asked the participant if they had any questions about the informed consent or the interview process and let the participant know it was okay to go at their own pace. The interviewer also maintained a welcoming, empathic, and non-judgmental stance throughout each interview. Although two interviews per participant has been recommended (Hill, 2012; Hill et al., 1997), in a review of the use of CQR in 27 studies, Hill and colleagues reported that second interviews as initially recommended in the CQR method were not productive and did not provide

the additional data they were hoping for (2005). Therefore, each participant was interviewed only once.

### ***Transcription***

Before analysis began, interview data were transcribed to make the data usable for coding and cross analysis in CQR (Hill, 2012). Each case (participant) was assigned a code that was used throughout the transcription to maintain the participant's anonymity. Pseudonyms or common nouns were also used in place of key figures within each interview. Interviews were transcribed using a paid online transcription application service and reviewed for accuracy by the primary investigator against the audio recording as transcription errors can be problematic in data analysis (Hill et al., 1997). Interviews were transcribed verbatim except for stutters, minimal encouragers, verbal fillers, or utterances such as “um” and “ah;” and proper nouns were replaced with common nouns to maintain anonymity of participants (Hill, 2012; Hill et al., 1997). The transcripts also included, in brackets, non-verbals such as pauses, laughter, crying, or sighs (Hill, 2012) to aid the research team in data analysis.

### **Research Team**

The development of a research team is a key component in CQR that is vital to the consensus process of analyzing the data (Hill, 2012; Hill et al., 2005; Hill et al., 1997). For a set team, where the team members remain the same throughout the data analysis process, it is recommended that there be at least three primary team members and at least one auditor (Hill, 2012). For a dissertation study such as this, a set team is often used where the principal investigator, the student completing their dissertation, conducts all the interviews and brings in two or more additional researchers as well as an auditor (often the faculty advisor) to analyze the data (Hill, 2012). Hill and associates describe several benefits to using counselors or counselors

in training for the research team including good interpersonal skills and openness to feedback (1997). The research team for the present study consisted of a set team of three counseling psychology doctoral students; the primary investigator, who identifies as a 37 year old, multiracial, heterosexual, cisgender woman; a 24 year old, White, queer, cisgender woman; and a 26 year old, White, queer, disabled, non-binary/gender fluid individual.

Hill and colleagues (1997) suggest that the auditor is attentive to detail and experienced in CQR. Additionally, it has been noted that a faculty member supervising a student's dissertation would make a good auditor as they are already in place to teach the student the CQR method as well as provide quality control over the study (Hill et al., 1997). The advisor for this dissertation study, a counseling psychology faculty member who identifies as a White, queer, cisgender woman, served as the auditor for this study.

### ***Biases and Expectations***

Prior to data analysis, the research team met to disclose, discuss, and record each team member's biases and expectations of the data. This bracketing of the research team's biases and expectations prior to data analysis promotes objectivity and allows for methodological rigor of the coding process in a variety of ways (Hill, 2012; Hill et al., 1997; Hill et al., 2005). The research team was able to assess the potential impact of each member's biases and expectations throughout data analysis as well as compare the findings with their preexisting assumptions to ensure results were influenced as little as possible (Hill, 2012). Including the researchers' biases and expectations also allows the reader to understand the results from the researchers' perspective (Hill et al., 1997).

Hill and colleagues (1997) define biases in CQR as "personal issues that make it difficult for researchers to respond objectively to the data" (p.539). As a whole, the research team agreed

that they have biases related to having transgender or non-binary friends and working with the LGBTQ community and therefore feeling protective of the trans partner. All team members identified with being raised Catholic and in general, Catholicism holds negative views of LGBTQ identities and relationships. However, team members reported no longer identifying as Catholic but rather more closely identify as being spiritual but not religious. Team members, as a whole, also stated that they believed that gender is a social construct but still a very real construct that we live within. All team members also reported that they have never been married and believe that could lead to potential biases. Additionally, all team members reported potential biases related to liberal political beliefs. Two team members identified as belonging to the LGBTQ community. Two team members reported believing that a person is a person, and it shouldn't matter how they identify their gender if you love that person. Finally, two team members reported being concerned with their own beliefs potentially invalidating the spouses' experience.

Expectations, in contrast, are defined by Hill and colleagues (1997) as "beliefs that researchers have formed based on reading the literature and thinking about and developing the research questions." As a whole, the team expected that spouses would have negative responses including grief, confusion, and betrayal. Two team members expected that relationship quality, relationship length, and communication within the relationship would affect the spouses' experience. Two team members expected that the spouses would not be familiar with gender identity and how strongly they believe in themselves as cisgender heterosexual individuals would affect their experience. Two team members expected that political leanings of the spouses, as well as the overall beliefs of their families of origin and social circles, would impact their experience. It was expected by two team members that geographic location would play a role in



the spouses' experiences and that the spouses would likely question their own identities. One team member expected there to be more spouses of trans women and another team member expected that gender roles within the marriage would impact the spouses' experience. One team member expected that there may be two outcomes of spouses choosing to stay and spouses choosing to end their marriage. Finally, one team member expected that there may be some positive outcomes due to increased trans visibility and awareness of LGBTQ identities.

### **Data Analysis**

Data analysis within CQR is rigorous and consists of three crucial steps: domains, core ideas, and cross analysis (Hill, 2012; Hill et al., 1997; Hill et al., 2005). The first step is to develop a domain list, which is simply a list of unique topic areas found within the interview transcripts (Hill, 2012). The research team began with a list of domains derived from the interview questions and the literature review as recommended by CQR (Hill, 2012; Hill et al., 2005). Team members reviewed several transcripts and assigned domains from the initial domain list or proposed new domains as needed, discussing to consensus at each step to determine which domains best fit the data and the focus of the study (Hill, 2012). The team then tested the domain list against new transcripts to ensure the domains listed fit all the data and revised the domain list as needed until all interview data fit as well as possible within the current list of domains (Hill, 2012). The research team developed four versions of the domain list before settling on the final list. The initial domain list started with 10 domains and increased to 12 domains; the team made final revisions based on the auditor's feedback. The final version included 10 domains that were slightly different from the original list. All transcripts were coded against the final domain list where each portion of a transcript was assigned to a domain and finally the auditor assessed the domain list and domain coding completed by the research team.

Constructing core ideas is the second step in CQR data analysis which involves transforming each participant's narrative into clear language that is consistent across cases that can then be used to compare data across cases (Hill, 2012). The team worked together to complete core ideas for one transcript to establish a consistent approach to coding core ideas. Then each team member completed core ideas for several transcripts independently before the team came together and reviewed the core ideas for each transcript discussing to consensus any disagreements in coding. The research team remained close to the raw data while constructing core ideas and worked closely together till consensus amongst the team was reached for each portion of a participant's narrative across all 12 transcripts. The consensus version of core ideas was then sent to the auditor for review and the research team revised the core ideas as needed.

The next step in CQR data analysis is the cross-analysis where the research team identifies common themes across cases (Hill, 2012). Consensus versions of each case were compiled into one document sorted by domains. Working with one domain at a time, team members found similar core ideas and grouped them together into categories. The team worked together to develop categories for the first domain until the team had a consistent approach to coding categories. Then each team member independently worked on several domains before the team came together to discuss and reach consensus regarding the categories and a title for each category that was drawn from the data. Some domains were determined to have one or two categories while other domains had none. The team completed cross analysis for each case. Once the team reached consensus, the team turned the data over to the auditor for review and made final revisions based on the auditor's suggestions. The final step in cross-analysis is determining the frequencies of each category and domain, which the team classified according to the representativeness of the data to the study sample (Hill, 2012). Domains or categories present for

all or all but one participant were classified as *general* (11 to 12 cases). The term *typical* (six to 10 cases) was used to describe domains or categories present in more than half of the sample. Those domains or categories that occurred in less than half of the sample, but included more than two participants were labeled *variant* (three to five cases).

## CHAPTER IV

### RESULTS

The research team identified ten domains that were representative of the participants' experiences of having a spouse come out as transgender after marriage. The domains included *Marriage, Learning about My Partner and Transition, Learning about Myself, Family, Reactions, Mental Health, Support, Social Influence, Cultural Influence, and Pandemic*. Four of the ten domains were further broken down into more specific categories, described below, that emerged based on similarities across cases. Brief descriptions of the domains and categories are included in Table 1. The researcher used cross analysis to determine frequency information for the representativeness of each domain or category to the sample. Each domain or category was provided with a frequency label of general, typical, or variant. A list of the domains, categories, and frequencies is included in Table 2. The following descriptions of each domain/category include original quotes from the interview transcripts to provide a rich depiction of the results. The researcher edited some quotations (i.e., removed repeated words or phrases and filler words such as "like") for clarity and flow.

#### **Marriage**

*Marriage* was the first domain that emerged from the participants' discussion about their marital relationship and their views about marriage itself. This domain included three categories:

*Beliefs about Marriage and How those Changed, Dynamics of the Relationship and How they Shifted, and Should I Stay?.*

### ***Beliefs about Marriage and How those Changed***

In this category labeled as general, participants shared their beliefs about marriage based on what was modeled or taught to them in their family of origin, past experiences of marriage either directly or indirectly, their religious views or legal implications of marriage, and how their views/beliefs have remained the same or changed after their partner disclosed their transgender identity. One participant stated “I believe in marriage, and that's something that you do before God, and I believe that's kind of a lifelong commitment. However, thoughts about that are starting to change with the situation that we're in right now.” Another participant expressed “I made a vow, I made a commitment for better or for worse. But to me, the worst thing that could ever happen is if you become a paraplegic from a car accident or something.” Perhaps reflecting a more positive tone, another participant shared:

Marriage says I committed to a relationship and that you don't just throw it away at the first sign of some major change like this. You work it through, you try to see if/how you come out on the other side... I don't plan on divorce, yes, I suppose it could still be a possibility at the end of the journey, but because I've made the commitment, that means I'm going to fight and make sure I'm doing everything for the right reasons.

### ***Dynamics of the Relationship and How they Shifted***

Participants spoke of the quality and dynamics of their relationship including how long they have been together, the level of friendship they had with their partner, how connected to or reliant they were upon their partner, how well they communicated with their partner, what their parenting or gender roles looked like within their marriage, and how those qualities or dynamics

of their relationship shifted after their partner came out. This category was reflected in all 12 cases and defined as general. One participant summarized their experience: “It's unique to feel like no matter how stable we'll become we'll never be what we were.” Another participant conveyed:

If this had been very early on in our marriage, and we weren't as close and didn't quite understand each other as well and just kind of grown as much in ourselves, I think we may not have stayed together, but I think just knowing each other as long as we have and having kids together and being through all the ups and downs and really respecting and trusting one another, that's what has given us both strength, to work that as our foundation moving forward.

### ***Should I Stay?***

Many participants discussed factors that contributed to their decision to either stay married or end their marriage. This category was considered typical as it reflected a majority of participants' experiences. Some participants decided to stay with their partners; as one participant described, “I've chosen to stay and support them.” This same participant further stated their reason for staying was related to being married: “I do believe it is a contract, basically in all aspects of yourself, socially, legally, emotionally, with another person. And I think you're supposed to stand by them no matter what.” Another participant shared that it was difficult to leave:

I don't want to *not* be married to my spouse, because I do believe somewhere in there is an iteration of the same person I fell in love with. And I do hold out that eventually it will hurt less, and I'll find more joy than I find pain, but the logical aspects of how difficult it is to get divorced and how little I planned an exit strategy, because I genuinely believed

we would never get divorced, because we were so well functioning prior, of course, is a factor in those decisions.

Some participants decided to end their marriage for various reasons. One participant stated, “I have asked for a divorce. But we're still like best friends. So right now, we have, people call it a bedroom divorce.” Some participants described being heterosexual or not being attracted to their partner any more as reasons to end the marriage. One participant shared her reasons for wanting to end her marriage:

We're still very close, but he wants a romantic sexual relationship. And I just don't feel like I can be that for him. Not only this, but like some of the history that we have and just, I don't know, it's just that there's the attraction, but the feeling of a romantic connection is completely gone for me.

Other participants discussed unique factors to their marriage such as choosing to open up their marriage or explore polyamory. One participant said that their reason for wanting to end the marriage was to give their trans partner opportunities to fully explore themselves. One participant shared:

We've just recently had the discussion about taking a bow... we will be married 29 years this June. So we're talking about taking a bow at our 30 years and to be in the process of decoupling. Not because we're unhappy, not because of her transition. But because it's just time. It's just kind of giving each other those opportunities. I want her to have those opportunities.

### **Learning about My Partner and Transition**

The second domain was *Learning about My Partner and Transition* and was defined as general. In this domain participants described questioning their partner's identity, gaining an

understanding of gender identity and gender dysphoria, helping their partner with aspects of their transition, disclosing their partner's identity, and recognizing positive changes within their partner after they came out. In describing how she had to ask questions of her spouse, one participant shared, "She couldn't bring herself to tell me, that I kind of had to throw a bunch of guesses out there." One participant shared that understanding gender dysphoria made it difficult to blame her partner; "What makes this so very difficult is that there's not a right and a wrong, there was no infidelity... it's not like something that he did to cause it." Another participant described helping their partner with their transition because they wanted to figure out what the outcome was going to be, "It became this process of me driving it forward. Because he was so scared and so hesitant, and not competent in it, and so confused. And I just wanted to know where the fuck this was going." Another aspect of this domain was participants feeling the burden of needing to disclose their partner's gender identity in their social systems. One participant described, "There was hardly anyone they had to tell. So in our day to day life, I was the person who had to have this conversation with most people." Most participants also described noticing their partner being happier or "feeling lighter." As one participant stated: "Because she's so much happier, I think just the whole atmosphere in our home is happier. I mean, even my teenage son who spends most of his time playing video games noticed the difference."

### **Learning about Myself**

The domain of *Learning about Myself* was reflected in eight of the 12 cases and therefore labeled as typical. In this domain, participants described how their partner coming out as transgender caused them to engage in questioning their own sexuality and learning about themselves in general. One participant summarized: "You do learn a tremendous amount about



yourself, about your own gender identity, about your own sexuality, about relationships, and roles and all sorts of things.” Another participant described questioning her sexuality as a struggle:

My biggest struggle initially too was, oh my gosh, are people going to think I'm a lesbian? ... Then it was, well, but I know I'm not. But how do I identify myself? Do I still identify myself as straight do I identify myself as something else? ... Then it was kind of like, all these questions about, well, what am I? Still trying to figure that one out.

Sharing a more positive outlook, another participant described exploring her sexuality with her partner:

They have their needs, and you have yours, right? One does not necessarily force the label onto the other even though like there's always this assumption. So that was very freeing and knowing that was like, this is okay, this is good. No, I'm not having issues with this, and I'm not bothered or turned off by these changes, but rather enjoying them... for whatever the label would be, I'm still in love with you, I still find you attractive.

## **Family**

The *Family* domain encompasses the dynamics of both immediate and external family relationships. This domain includes two categories: *Consideration of Children* and *Family Reactions*.

### ***Consideration of Children***

This category, considered typical, emerged from participants expressing concern for their children, trying to explain their partner's transition to their children, or how the fact that they had children influenced their experience. One participant shared their concern for their children, “I was worried about, mostly about how other people would think and how it would affect our

kids.” Another participant stated “I don't want to break up our family.” For those with younger children, participants detailed their uncertainty with explaining their partner’s transition to their children:

He's five now, he'll say something like, remember when dad, or remember when mom was a boy, that kind of thing, and we just tried to really let him take the lead on that, because I'm not sure what he does understand or does not understand.

Describing how having children impacted her experience, another participant expressed “being married and having a child definitely helped me sit on this long enough for the shock of the change and the anger and all those emotions that come from the discovery to cool down.”

### ***Family Reactions***

All 12 participants were reflected in this general category. Participants shared how family members reacted to their partner’s transition and how their relationships with family members remained or changed after their partner came out. One participant exclaimed, “It's mostly been family that have been assholes.” Another participant described, “My family doesn't want any of this happening. They're not talking about it and when they do, I don't hear good things.” Having a more positive experience with their family, one participant shared:

My family's been great. In fact, my sisters and I do zoom chats and everything and we were going to play a game and they invited [my spouse] to come and play the game. You know, we need four people let [my spouse] come. So yeah, they've been good.

Speaking to how relationships within the family have been changed, one participant stated “not a heck of a lot of moral support [from] my family. And oh, and then Christmas cards started dropping off with other family members.” Another participant described a much more negative experience with her extended family:

They're continuing to post things that reflect opposite beliefs that are not accepting on social media, we have had arguments about what needs to happen in terms of like name change, or pronoun change, how my children need to be treated, I've had to be fiercely, fiercely, protective of my children. And so those relationships have been irrevocably changed.

## **Reactions**

The *Reactions* domain developed from participants describing how they felt about their partner coming out as transgender and different reactions they had throughout their partner's transition. Although a lot of the reactions were complex, the themes of participants' reactions fell into two categories; *Positive* and *Negative*.

### ***Positive***

Positive reactions were reflected in ten of the 12 cases, considered typical, and included participants accepting their partners' gender identity and transition, being happy, and supporting their partner. Although initial reactions were varied, some participants described how they were able to move toward a more positive outlook and come to terms with their partner's gender identity. One participant described "she's the same person. So, she just looks a little different now. That's all." Another participant stated "I take it day to day, 90% of the time, I'd say I'm good, it's better than good. I'm happy to see her happy.... I'm happy." Another participant shared "Even though I, internally have some struggles, I think I can have struggles and still be supportive, I can have questions and still be supportive. It's not mutually exclusive." Describing a little more nuance, one participant stated:

I'm not sure personally that such an experience can be positive, but I also know ...that conversation or that experience of having that spouse come out ... it can be negative in

that moment, but that doesn't mean that it has to be negative beyond that moment, if that makes sense. Humanity is messy, and feelings are messy.

### ***Negative***

Negative reactions were more general and reflective of all 12 cases. Participants described feeling blindsided, experiencing grief, likening the experience to a bad car accident or deadly disease, and recognizing a loss of privilege. Sharing how she felt blindsided, one participant stated “This has certainly tested and strained my marriage, and there’s certainly a part of me that like, you lied, because I took you as my husband and if you are not my husband, then this is all invalid.” Another participant shared “It's like somebody dying of cancer.... And it was like, seeing him change and become, in some ways, a very different person, this metamorphosis, and just that yearning and not wanting them to change.” Another participant described having awareness and being an ally didn’t make it easier for her:

Even though I was very prepared in having some type of knowledge, I guess, it still was very, it was very negative, and that I had to kind of hide, and then I was not prepared for maybe the emotional response that they were going to exhibit. And that made me feel like I had to kind of be really stoic and listening, and not reveal what I was feeling with the chaos internally.

### **Mental Health**

The *Mental Health* domain emerged based on participants’ discussion of how mental health played a role in their experiences. This domain, labeled as variant, was reflected in five participants’ accounts. Participants spoke about their personal mental health concerns as well as their partner’s concerns with mental health and how mental health overall impacted their experiences of their partner’s coming out. Participants shared how their personal mental health

diagnoses affected their reactions or how they relied on mental health medication to help cope. One participant stated “I was just having a panic attack. I was crying so hard.” Another participant described how her partner’s emotionally fragile state made her feel like she had to suppress her emotions:

Because not being okay with it spirals your emotionally fragile spouse into a whirlwind of emotions that wrecks your family for weeks... As they try to get out of their depressive hole, because they feel so responsible. And then, you know, it's just, someone has to be grounded emotionally.

Additionally, the researchers felt it important to note that two participants expressed suicidal ideation as a result of their overall distress related to their partner’s gender identity disclosure and the changes and uncertainty that came with it.

## **Support**

*Support* was another domain that all participants discussed. Participants described how utilizing support and access to support played a role in their experiences. From the themes in this domain, two categories emerged: *Accessing Support* and *Barriers to Accessing Support*.

### ***Accessing Support***

This general category developed from all 12 participants discussing how they utilized formal and informal support to help them manage their emotions and reactions to their partner’s disclosure as well as their partner’s transition process. Participants described using formal support such as individual or couples therapy. One participant stated, “I started seeing my own therapist two years ago. That helps.” Another participant described, “We are in couples therapy with a counselor who specializes in this. And that has helped a good deal because it is a third party.” Additionally, many participants discussed using specialized support groups through local

LGBTQ community centers or online. Described by one participant, “We both have a support group. I have the partners of trans folx, and from the pride community she has a trans group.” Another means of support mentioned was doing research or reading about gender dysphoria, transition, and other peoples’ experiences. One participant shared:

It has been very helpful to read about what other people have experienced and how they processed and, you know, kind of what their steps through it all are... I ended up feeling guilty... it was very helpful finding out that other people experienced that as well.

### ***Barriers to Accessing Support***

This category was defined as typical of most participants’ experiences. Participants spoke of having a hard time finding appropriate/supportive mental health professionals as well as having difficulty finding appropriate/supportive groups for themselves and/or their partners. One participant shared “It was a long road to find a queer therapist.” Another participant described having difficulty with her psychiatrist who she stated held conservative beliefs:

I have a very conservative, old man as a psychiatrist, he was the only person accepting people here. And he kind of knew the situation cause my therapist had been talking to him and... he kind of gave me a speech about leaving [my partner] and how society was going to reject us. And [how] I really needed to start planning and it was such a weird conversation. Then he didn't even up my medicine.

In regard to difficulty finding appropriate/supportive groups, many participants shared the sentiment stated by one participant, “There’s a lot of stuff for the spouses, how to support the person transitioning, not, well I feel like I'm going to die, what should I do?” Additionally, participants spoke about not feeling like the support groups available aligned with their personal experience. One participant shared “A lot of the things online were about leaving your trans

spouse, which doesn't apply here, because I want to, if at all possible, not do that.” Another participant who had a negative experience in a support group shared:

I appreciate some of those spaces, but if I'm going to be in a position with other people who are trying to make it a positive experience, or I'm going to be with people who are trans themselves, me being open about how negative this experience has been for me is only going to be hurtful to the other people who are in the room. Those are not actual safe spaces to explore all of the complexities that this experience brings you.

### **Social Influence**

In this domain labeled as general, *Social Influence*, participants described how their friends and social networks affected their experiences, how their friends provided emotional support, and how some of their friendships and networks changed after their partner came out. One participant described, “My friends have all been great. Our friends together have been super supportive. I mean, they're just wonderful and huge allies.” A different participant described what it was like to reach out to a friend who was unfamiliar with trans issues; “I had to do a whole lot of explaining to her. Yeah, something that she just really doesn't understand. So a lot of it is about, you know, education.” Another participant shared how she was able to be honest about her experience and get support from a friend: “My best friend came up [to visit] ... And you know, all the dark shit can come out with your best friend....your best friend isn't going to get super angry and want you to get a divorce.”

Discussing how her friendships have changed after her partner's disclosure, one participant described:

Some friends didn't understand, you know, like old friends. Most of my friends were really great. Maybe one or two just like decided that [it] wasn't for them. And you know,

we don't have that same relationship anymore. They're not doing anything malicious, but just, you know, just don't want to deal with that. So that that's hard.

Another participant described how some friend structures based on being a cisgender-heterosexual couple changed: “We did lose some friends, some friends structures changed, because we had so many couples friends, and they are not, you know, if you're the couples friend, how do you fit in with the other cis-het couples?”

### **Cultural Influence**

The *Cultural Influence* domain emerged from participants sharing how different aspects of culture, including such areas as politics, work environment, religion, and safety, affected their experience of their partner coming out as transgender. Considered general, this domain was reflective of all participants' experiences. One participant described: “Maybe 10 years ago, [we] would have made fun of somebody that was in his situation. I mean, you know, we all grew up kind of in very conservative families and didn't grow up knowing about this at all.” Another participant described how her professional life has been impacted: “I'm looking now at having significantly diminished professional opportunities, because of the families that live in our community that would not support a leader who has what is considered today to be a liberal background.” Though some participants had positive experiences with their religious communities, others did not. One participant shared:

I was personally, strongly tied to a faith community, and then had to go through the experience of telling our friends and they were all outwardly supportive. But you can be outwardly supportive and harbor, a negative, you know, understandings or if you truly believe that if I stay with my spouse, I am now destined for an eternal damnation, then I can't really be your friend, because you don't really accept me.



Another participant discussed the fear of now being considered part of a marginalized group: “That's scary, you know? We can't move places, we have to be careful where we go in the world, like [with] any marginalized group.”

### **Pandemic**

The domain *Pandemic* reflected how the 2019 novel coronavirus outbreak (COVID-19) played a role in participants' experiences. This domain was defined as typical as most participants described some impact from the pandemic. Participants spoke of the pandemic allowing them and their partners a chance to keep their partner's gender identity and transition private, being grateful for masks concealing their partner's gender in public, quarantine providing partners time and space to have deep conversations, and how it made accessing support difficult. One participant stated, “I'm honestly a little thankful for COVID, because we haven't had to go into the broader world.” Describing how face masks affected their experience, one participant stated “The pandemic has been a silver lining because of the face masks. They cover up a lot in terms of what people would mostly try and clock him as.” Another participant described how the pandemic provided time for her and her partner to talk: “We were home all the time with COVID... because everything closed, and we talked constantly but I have no idea how we found the time. It was just constant intense emotional conversations all the time! It was so exhausting.” Sharing how the pandemic made it difficult to access support services, one participant shared “We're just trying to work through [it], you know. They used to have support groups... and because of COVID we're not doing really much of anything other than via zoom.”

## CHAPTER V

### DISCUSSION

This study aimed to explore the full range of experiences of cisgender-heterosexual spouses married to a partner who disclosed a transgender identity after marriage. The researcher used a consensual qualitative approach to help describe and understand participant experiences. The researcher anticipated that the findings of this investigation would highlight both challenges and triumphs of cis-het spouses in this unique situation and provide new insight for psychologists working with spouses or partners of trans folk/folx as well as couples including a trans partner or trans individuals themselves. Utilizing a national sample of cis-het spouses whose partners came out as transgender within the last five years, the researcher sought to answer the following questions:

- (1) What are the experiences of cisgender-heterosexual spouses who have had a partner disclose a transgender identity?
- (2) What do cisgender-heterosexual spouses of a partner disclosing a transgender identity describe as playing a role in maintaining their marriage or not?

CQR analysis revealed 10 domains; (a) Marriage; (b) Learning about My Partner and Transition; (c) Learning about Myself; (d) Family; (e) Reactions; (f) Mental Health; (g) Support; (h) Social Influence; (i) Cultural Influence; and (j) Pandemic.

## Experiences of Cis-Het Spouses

The 10 domains as a whole address the first research question and highlight the lived experiences of cis-het spouses whose partners came out as transgender. The *Marriage* domain addresses the second research question and is discussed below. Cis-het spouses in this study described a variety of different experiences, both positive and negative. Some findings from this study reinforce existing literature about the experiences of individuals in relationships with transgender partners. However, as discussed in the literature review, most of the existing research looked at the experiences of cisgender partners but did not consider the sexual orientation of the non-trans partner nor the marital status of the relationship (Aramburu Alegria, 2010, 2013; Brown, 2009; Buxton, 2006; Chase, 2011; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Twist et al., 2017).

Similar to existing literature on cisgender partners with various sexual orientations describing a co-transition process when their significant other comes out as transgender (Aramburu Alegria, 2010; Brown, 2009; Chase, 2011; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Platt & Bolland, 2018; Theron & Collier, 2013), participants described learning about their partner and transition, renegotiating their understanding of gender, learning about themselves, re-examining their beliefs, and reconciling their sexual orientation and identities after their partner's disclosure. Participants' learning about transition is likely because transgender issues and the notion of a transgender identity are relatively new concepts for most spouses. For those with some awareness of transgender identities, as every trans person's journey is unique, they would still need to educate themselves and learn what the transition process would look like for their partner. Additionally, as spouses in heterosexual marriages have believed their spouse to be cisgender and heterosexual for as many years as they had known each

other, it would make sense that a partner's gender identity change would result in a lot of questions about their partner, their relationship, and themselves. Most cisgender people do not think about their gender which is the same for heterosexual folks who usually do not think about their sexual orientation (Aramburu Alegria, 2010; Platt & Bolland, 2018). Spouses experiencing a partner's transgender identity disclosure may think about their own gender identity for the first time. They are often forced by societal norms to consider and label their own sexual orientation, especially if they decide to remain in the relationship.

For participants with children, analogous to previous studies, participants described being worried about how their partner's transgender identity would affect their children (Buxton, 2006; Samons, 2009). As anti-trans stigma as well as bullying are so prevalent in this country (Arayasirikul et al., 2022; Li et al., 2020), any parent would be worried about how their partner's transgender identity would impact their children's social circles as well as their safety. Echoing Theron and Collier (2013), participants described that not all family members were supportive and those family members who were supportive offered varying levels of support. Again, this is likely related to anti-trans attitudes where family members' levels of anti-trans beliefs may affect how supportive they are of spouses in this situation. Just as with the spouse's experiences, family members' social and cultural systems probably play a role in how much they are willing to support spouses and their partners through a gender transition.

Participants described a range of negative reactions after their spouse's transgender identity disclosure. This was expected based on findings from previous literature on cis-het spouses and other cisgender sexual minority partners (Aramburu Alegria, 2010, 2013; Bischof et al., 2011; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Watts et al., 2017). Overall, negative reactions reported in this study included shock or feeling blindsided as well as a sense

of grief and loss. This is not surprising as gender is such a salient part of a person's identity (Halim, 2016; Halim et al., 2011). To learn that someone you have known and loved for years, been intimate with, maybe had children with, and do life with has a different gender identity than what you were aware of, would be a shock for anyone. Being aware of this difference brings up a lot of questions and leads partners to wonder how well they really knew their partner, to question the validity of their relationship, and to worry that everything in their lives will change. Having a partner come out as transgender creates a need for the non-trans partner to seek support (Theron & Collier, 2013), and both professional and peer support are needed (Buxton, 2006; Dierckx et al., 2016; Joslin-Roher & Wheeler, 2009; Samons, 2009). This was supported in the findings of this study with participants describing how beneficial it was to utilize both formal and informal sources of support to help them manage their emotions and reactions to their partner's transgender disclosure. Participants discussed how they went to individual or couples counseling, assisted with finding therapy for their partners or children, and relied on peer support groups.

Analogous to previous studies on partners of trans folx, this investigation found that participants' experiences were influenced by social and cultural systems (Aramburu Alegria, 2010; Bischof et al., 2011; Brown, 2009; Chase, 2011; Giammattei, 2015; Platt & Bolland, 2018; Twist et al., 2017). Participants described some social networks being an integral source of support while other social networks were lost. Some of these social systems were lost due to rejection of the trans partner while some participants described no longer fitting into their previous social groups that were based on being a cis-het couple. Given the political and civil unrest in the country at the time of this study (2020-2021), with Black Lives Matter protests (Buchanan, Bui, & Patel, 2020), a polarizing election (Garzia, D., & Ferreira da Silva, 2022), record numbers of anti-trans bills being introduced (O'Connor, 2021), terrorism at the Capitol

(Rapoport, 2021), and more, it would have been impossible for participants not to be affected by sociocultural context. Research on a transgender identity disclosure amongst significant others and their families indicates that social and cultural systems play a significant role in how individuals navigate their partner's transgender disclosure (Giammattei, 2015). This is likely the result of societal adherence to the gender binary and traditional gender roles which permeates the majority of social relationships and cultural systems (Platt & Bolland, 2018). Also reflected in the literature, this investigation found that participants described gaining new social networks from joining support groups or participating in activities and events with their trans partner (Bischof et al., 2011).

Given that this study focused specifically on cisgender heterosexual spouses whose partners came out as trans after marriage, it follows that some of the results in this study diverge from previous findings. Contrary to existing literature on non-married or non-heterosexual partners, this study found the majority of cis-het spouse participants reported positive reactions in addition to some of their negative experiences. Though overall reactions were complex and layered, many participants described getting to a place of acceptance with their partner's gender identity and transition, being happy to see their partner happy, and desiring to support their partner. Another positive experience reported by participants was how they grew in their understanding of themselves. These positive reactions are suspected to be related to an increase in general awareness of LGBTQ identities as well as a better understanding and acceptance of mental health. It may also be related to more representation including more positive portrayals of trans identities in popular media in recent years (Gillig, 2018) and spouses having more compassion for marginalized identities.

Another finding not typically represented in previous literature was how participants'

overall mental health, prior diagnoses, and mental health medication played a role in their experiences. Some participants described how prior diagnoses impacted their reactions and others described relying on mental health medication to alleviate significant distress. This is also a reflection of the changing values and beliefs about mental health (Bradbury, 2020).

Additionally, although it was reflective of only two participants, it is important to note that two spouses shared that the stress of their partner's transgender identity disclosure elicited significant suicidal ideation. Only one previous study briefly mentioned suicidal ideation of a spouse (Watts et al., 2017). Though this experience may not be typical, considering the fact that suicide is a life and death situation, this is a critical addition to extant literature.

Although previous literature exploring the narratives of cis-het wives identified that spouses of individuals coming out as trans found it difficult to find support (Bischof et al., 2011), participants in this study elaborated on different barriers to support and the spouses' specific concerns. Participants described a number of different barriers to support including personal values or political beliefs of mental health professionals, professionals' lack of knowledge about transgender identities and the transition process, and groups that did not align with the spouses' goals or experience. A few participants described feeling they could not share their feelings honestly, whether positive or negative, in certain support groups out of fear of being judged if the sentiment did not align with the overall group's feelings. As many of the available support groups were online, some group members may have felt emboldened by the virtual format to engage in online bullying when comments or opinions did not match their own. Additionally, many participants mentioned having a difficult time finding support groups tailored to their particular situation as spouses of trans folks. They reported difficulty finding groups that addressed the needs of the spouse and not merely on how the spouse should support their trans

partner. Many partners described having a hard time finding a support group with positive models of couples staying together after their partner's disclosure. It is likely that once partners of trans folx decide to stay with their partner, they do not want to be told it will not work or reminded of all the negative experiences associated with their partner coming out. Alternatively, some participants felt harassed by some online support group members if they said something about their experience that may have come across as negative or discriminatory toward trans folx. There appears to be another side to support groups where partners of trans folx have a more positive view of their partner and their relationship and may become defensive toward any perceived negativity as well as place the focus of the group on how to support their trans partner.

As stated above, this study aligns with previous literature that suggested cultural factors impact the experiences of the non-trans partner (Aramburu Alegria, 2010; Bischof et al., 2011; Brown, 2009; Chase, 2011; Giammattei, 2015; Platt & Bolland, 2018; Twist et al., 2017). However, this investigation expanded on specific cultural factors that affect the non-trans partner. Describing their experiences of cultural influence, participants discussed how others' political and religious beliefs, workplace environments, and concerns for safety impacted their experience of their partner coming out as transgender. Extant literature alluded to cultural influence reflecting the level of societal acceptance toward transgender individuals (Platt & Bolland, 2018). There has been a high incidence of violence and murder of trans women of color in recent years (Arayasirikul, 2022; Dinno, 2017). It is evident there is still a significant amount of anti-trans prejudice across the United States (Arayasirikul, 2022; Dinno, 2017). However, given the amount of people showing up for Black Trans Lives protests and marches all over the nation (Gabbatt, 2020), there appear to be pockets of acceptance growing across the country. This was evident in this study with participants describing more positive cultural influence in



geographically liberal communities and negative cultural influence including concerns for safety while living in or traveling to more politically or religiously conservative areas.

A new phenomenon found in this study was the impact the 2019 novel coronavirus (COVID-19) pandemic had on the spouses' experiences of their partners coming out as transgender. As the study recruited participants from October 2020 through May 2021 and required participants to have experienced their partner's disclosure within the last five years, a majority of participants reported that the pandemic and resulting quarantines and isolation impacted their overall experience of their partner coming out as trans. Participants described being grateful for the pandemic allowing them to keep their partner's gender identity and transition private. Some participants expressed that when allowed back in public, the masks helped to conceal their partner's gender identity which helped the participants be more comfortable going out in public with them. Other participants described how quarantine provided them lots of time with their partners to have deep conversations about their partners' transition. Perhaps most common among participants' experiences regarding the pandemic was difficulty accessing support, whether through formal or informal services or just supportive social networks. The fact that the participants were affected by the pandemic is not surprising as COVID-19 impacted so many people around the world.

### **Deciding Factors for Marriage**

Historically, research has shown that a transgender disclosure urgently necessitated the termination of the relationship, however, newer studies are indicating each relationship should be considered on a case-by-case basis (Bischof et al., 2011; Dierckx et al., 2016; Meier et al., 2013). This study highlighted that indeed the continuation or dissolution of a marriage should be based on the context of each independent relationship and that spouses within these relationships

considered a number of different factors in their decisions. Addressing the second research question, the first domain of *Marriage* included three categories that describe how the participants' beliefs about and dynamics within the marriage changed as well as factors that contributed to their decisions to stay married or not.

Participants described how the quality and dynamics within their marriage changed after their partner came out. This aligns with current literature on families of trans folx which found that the quality of the relationship prior to the transgender disclosure impacts the non-transitioning partner's reaction to the disclosure (Dierckx et al., 2016). Some participants reported feeling more like friends than lovers after their partners came out, while others described how their communication changed in their relationship, some for better and some for worse. It is likely that spouses who believed they had a strong relationship prior to their partner's disclosure felt their relationship was worth saving in one form or another. Some spouses may also be struggling with internalized anti-trans attitudes which may have caused them to pull away from their partner. It is also possible that relationship dynamics changed as a result of the trans partner settling into their true selves. Many participants shared that their partners disclosure opened the door for a deeper level of communication and some spouses even expressed feeling like they were finally getting to know their partner fully. Participants in this study also described remaining with their partners through their transition due to the amount of time already invested in their relationship and the level of closeness that had been established. This is contrary to previous literature which found better outcomes for the relationship the earlier the transgender disclosure occurred (Bischof et al., 2011).

Adding to existing literature, participants discussed their beliefs about the sanctity and value of marriage. Some participants described fidelity to their marriage vows and commitment

to their partner was a reason to fight for their marriage. It may be that these participants, took their vows “for better or worse” very seriously. Others described that when they took their vows, the worst thing they could imagine was a debilitating accident or serious disease. Some participants shared being conflicted about their marriage vows and feeling that fidelity to their marriage vows had changed after their partner’s disclosure. This renegotiation of beliefs occurred for some partners whether they chose to leave their marriage or remain married. Some spouses with religious convictions about the sanctity of marriage grappled with whether getting a divorce would be more religiously acceptable than remaining married to a transwoman and essentially being in a non-heterosexual marriage. Some participants shared how their initial beliefs about marriage included a heterosexual couple and how those beliefs expanded to include any two people who love and commit to one another.

Other novel findings from this investigation are the factors spouses considered in their decisions to remain married or not. A transgender identity disclosure within the context of an established relationship can place the couple in crisis (Giammatei, 2015) and alter established relationship norms and patterns of interaction (Aramburu Alegria, 2010). It is no wonder that this study found a variety of factors that spouses described as impacting their decisions to stay or leave the relationship. As described previously, some spouses felt that marriage was a lifelong commitment and a “contract before God” and this contributed to their deciding to stay in their marriage. Others discussed a deep connection with their partner, having children with their partner, or their lives being entangled with their partner’s life and not wanting that to change as reasons to stay. One participant who initially struggled with their partner’s disclosure reported having a revelation that her partner was “her person,” regardless of their gender. It appears that for some participants, their love for their partner, level of communication, and/or commitment to

their relationship outweighed any concerns they initially had. Some participants shared that they are staying in their marriage because getting a divorce is difficult and they did not plan for it, as two participants described feeling stuck in their marriage as they rely on their partners financially. This is an unfortunate situation for both partners and perhaps an area for further investigation.

Reasons to leave their marriage were just as varied. For some participants, their heterosexual orientation and desiring a heterosexual relationship was a consideration. Some spouses may have never considered a different type of relationship. Some participants described no longer feeling romantically attracted to their partner or not feeling that they can satisfy their partner's relationship needs after their transition. Having been in a heterosexual marriage for many years, some spouses may be uncertain of what intimacy with a transwoman would entail or may be uncomfortable with the idea of being intimate with a woman due to internalized homophobic beliefs they may not even be aware of. One participant agreed with their partner to open up their relationship to see if that could help them maintain their marriage while another participant is planning to end their marriage in agreement with their partner so that their partner can be free to experience living as a woman more fully.

### **Implications for Clinical Practice**

This study's findings highlighted the need spouses have to obtain a variety of support services when they experience a partner's transgender identity disclosure after marriage. As spouses in this situation experience a number of different stressors that impact their overall mental health, it is vital that mental health practitioners are aware of the nuances of this experience. Spouses who experience their partner come out as trans go through a wide range of positive and negative reactions that may cycle and shift throughout their partner's disclosure and

resulting transition. It should also be noted that a partner's transgender identity disclosure could place some spouses in crisis, including suicidal ideation, requiring more immediate care.

Individuals going through a partner's disclosure and transition may feel as if their lives have been upended, for better or worse, and go through a period of questioning their own beliefs and identities. While they may learn a lot about themselves throughout the process, it can be a lengthy and difficult journey and many participants reported relying on the support of mental health professionals to get through it.

Practitioners should also understand that the spouse's social and cultural context play a role in how they experience their partner's gender identity and transition. This could be related to their personal values and beliefs or to the values and beliefs within their social and cultural systems and larger communities. As minority stress theory explains how the mental health and well-being of individuals are affected by being a member of a minority group (Hendricks & Testa, 2012; Tebbe & Moradi, 2016), it is important to recognize how a partner's transgender identity may impact a spouse's sense of minority group membership. Spouses may also experience a loss of power and privilege based on their partner's identity which would be important for mental health professionals to explore and process.

Participants reported that mental health practitioners were unfamiliar with transgender identities and the transition process. Practitioners should educate themselves on various gender identities and provide a welcoming and affirming space for trans folx and their spouses to discuss the full range of their experiences. The American Psychological Association's "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People" could be very informative (2015). Also, Samons' article "Can this marriage be saved? Addressing male-to-female transgender issues in couples therapy" provides a wealth of

information for practitioners working with a couple where the husband comes out as transgender and may be generalized to working with any married couple where a partner discloses a trans identity (2009). Practitioners should also be mindful of the different experiences spouses have with social support groups and how those may not always feel safe and supportive depending on where the spouse is at in their co-transition process. In this study, we found that some spouses choose to stay with their trans partner, and some spouses choose to end their marriage. It is crucial that mental health practitioners allow spouses to decide for themselves what is best for them and their family. Overall, clinicians must understand it is possible for a marriage to survive and even thrive after a transgender identity disclosure (Samons, 2009).

### **Limitations**

As with all research, this study is not immune to limitations. Though CQR is a rigorous qualitative research method, like all qualitative research, it is subject to potential biases and preexisting assumptions by the researchers. In an attempt to reduce the impact of researcher bias, the researchers explicitly stated their biases and expectations prior to data analysis and included their stated biases and expectations in this paper so that readers may make their own judgments. Given the specificity of the research questions and the target population, it would have been difficult to obtain a sufficient sample without utilizing criterion and snowball sampling methods which introduce limitations related to potential biases being introduced when prior participants share their interview experience and talk openly about the study and interview questions with potential new participants. To balance this, again, this limitation is explicitly stated in this paper to allow readers to draw their own conclusions about the limits of the selection process. Also, as all participants are volunteers, there may also be a self-selection bias introduced into the study by the mere fact that participants may have a desire to have their story told. Another limitation is

that all participants in this study identified as cisgender females married to transgender women which inherently creates a sampling bias based on gender. Though generalizability is not the purpose of this study nor is it the purpose of CQR, having a non-random sample limits how transferable the findings of this study may be.

As qualitative research relies on participants' self-reports, given the sociocultural implications of the heteronormative gender binary, participants may have self-censored some aspects of their experiences that they perhaps deemed undesirable. Another potential limitation of the study is utilizing retrospective recall for a specific event as memories and feelings about the event are likely to change over time. To reduce this limitation, there was a five-year limit for when the participant experienced their partner's transgender disclosure. Based on previous literature, the disclosure of a transgender identity by a partner has a significant impact on the non-trans partner (Aramburu Alegria, 2010, 2013; Bischof et al., 2011; Brown, 2009; Chase, 2011; Chester et al., 2017; Joslin & Wheeler, 2009; Theron & Collier, 2013; Twist et al., 2017; Watts et al., 2017) and is likely to be a salient event that is remembered clearly over the course of some time. Hill (2012) states that in qualitative research the goal is not necessarily to get accurate objective reporting of events but to get the subjective impressions and experiences of events.

Another concern for this study is the lack of experience of the research team and principal investigator in utilizing CQR. To counter this potential limitation, all members of the research team were trained in CQR prior to their participation in the study according to Hill (2012). This included reading Hill's *Consensual Qualitative Research: A Practical Resource for Investigating Social Science Phenomenon* (2012) as well as several CQR articles, meeting several times prior to beginning any work on the study to discuss the CQR process in detail, and

having an experienced CQR researcher assist with training the team and providing oversight of data analysis as the auditor. Interestingly, having a faculty member serve as the auditor in this study may have added another layer of bias to this study. Hill et al. (1997) discuss the inherent power differences that exist between students and faculty members and the importance of openly discussing and attempting to reduce this concern. However, it is possible that research team members may have been influenced during data analysis by the power differential inherent with the auditor being a faculty member.

### **Directions for Future Research**

Although this study provided a relevant look into the overall experiences of cisgender-heterosexual spouses whose partners came out as transgender within their marriage, findings from this study are just one collection of their voices. As described in the findings of this study, cis-het spouses of partners who disclose a transgender identity can often be overlooked in informal support groups. This erasure of cis-het spouses' voices is also evident in extant literature focusing heavily on the experiences of sexual minorities in relationships with partners who disclose a trans identity (Brown, 2009, 2010; Chase, 2011; Chester et al., 2017; Joslin & Wheeler, 2009; Platt & Bolland, 2018; Twist et al., 2017; Theron & Collier, 2013). Therefore, more research on the experiences of cis-het spouses whose partners come out as transgender are needed. Additionally, current literature on individuals in relationships with trans folx tends to focus on individuals knowingly in a relationship with transgender partners (Meier et al., 2013; Platt 2018/2020; Platt & Bolland, 2018). This study focused on spouses who were unaware of their partner's gender identity and found that participants felt blindsided by their partner's disclosure. It could be valuable for future research to add to this study and investigate individuals who were initially unaware of their partner's gender identity. In addition, future research



exploring any differences in relationship outcomes comparing those who knew of their partner's transgender identity at the outset of their relationship and those who did not could be invaluable.

As a finding in this study indicated that relationships of longer duration gave participants a reason to stay, which was contrary to previous research indicating that a transgender identity disclosure earlier in a relationship has better outcomes, it would be important to investigate any potential differences in relationship outcomes based on relationship duration. Prior research has also suggested that a transgender disclosure would have a different impact on a spouse as compared to a dating partner (Bischof et al., 2011; Meier et al., 2013). As participants in this study described how being married played a role in their experiences and some even went so far as to state if the disclosure happened while they were dating the outcome would have been different, a study exploring the differences of a transgender disclosure on married couples compared to dating couples could prove fruitful. As more individuals come out as transgender due to increased visibility and acceptance (Brown, 2010; Chester et al., 2017), and some of these individuals may be in pre-existing relationships (Aramburu Alegria, 2010; Giammattei, 2015; Israel, 2005), it is crucial that researchers continue to explore the varied and nuanced experiences of individuals whose partners come out as transgender within a variety of relational contexts.

### **Summary**

Navigating a partner's transgender identity disclosure is a complex and nuanced process. Current research on the experiences of partners of transgender individuals is still limited. It is important to understand the lived experiences of spouses of individuals disclosing a transgender identity as a transgender disclosure is a relational process that not only affects the transgender person but also those closest to them. This study adds to psychologists' understanding of the specific experiences of cisgender-heterosexual spouses whose partner disclosed a transgender

identity after marriage. The research team identified a variety of cis-het spouses' experiences included in 10 domains: *Marriage, Learning about My Partner and Transition, Learning about Myself, Family, Reactions, Mental Health, Support, Social Influence, Cultural Influence, and Pandemic*. The researchers identified unique experiences of spouses regarding changing beliefs about marriage, factors that spouses consider when deciding whether or not to remain in their marriage, positive reactions toward their partner's transgender identity, and how the pandemic affected their experience. The research team highlighted spouses' needs for formal and informal support that allows for the full range of spouses' reactions. Clinicians must understand that relationships can survive a transgender disclosure and it is important that each partner decide what is best for themselves. Overall, mental health practitioners should educate themselves on transgender identities and transgender partnerships and provide a welcoming and affirming space for trans folx and their partners to explore their myriad experiences.

## REFERENCES

- Aguayo-Romero, R., Reisen, C., Zea, M., Bianchi, F., & Poppen, P. (2015). Gender affirmation and body modification among transgender persons in Bogotá, Colombia. *International Journal of Transgenderism, 16*(2), 103-115.  
<https://doi.org/10.1080/15532739.2015.1075930>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 79*(9), 832-864.  
<https://doi.org/10.1037/a0039906>
- Aramburu Alegria, C. (2010). Relationship challenges and relationship maintenance activities following disclosure of transsexualism. *Journal of Psychiatric and Mental Health Nursing, 17*, 909-916. <https://doi.org/10.1111/j.1365-2850.2010.01624.x>
- Aramburu Alegría, C. (2013). Relational and sexual fluidity in females partnered with male-to-female transsexual persons. *Journal of Psychiatric and Mental Health Nursing, 20*(2), 142-149. <https://doi.org/10.1111/j.1365-2850.2011.01863.x>

- Arayasirikul, S., Turner, C., Trujillo, D., Sicro, S. L., Scheer, S., McFarland, W., & Wilson, E. C. (2022). A global cautionary tale: Discrimination and violence against trans women worsen despite investments in public resources and improvements in health insurance access and utilization of health care. *International Journal for Equity in Health*, 21(1), 32–32. <https://doi.org/10.1186/s12939-022-01632-5>
- Bethea, M. S. & McCollum, E. E. (2013). The disclosure experiences of male-to-female transgender individuals: A systems theory perspective. *Journal of Couple & Relationship Therapy*, 12(2), 89-112. <https://doi.org/10.1080/15332691.2013.779094>
- Bischof, G., Warnaar, B., Barajas, M., & Ghaliwal, H. (2011). Thematic analysis of the experiences of wives who stay with husbands who transition male-to-female. *Michigan Family Review*, 15(1), 16-34. <https://doi.org/10.3998/mfr.4919087.0015.102>
- Boskey, E. (2014). Understanding transgender identity development in childhood and adolescence. *American Journal of Sexuality Education*, 9(4), 445-463. <https://doi.org/10.1080/15546128.2014.973131>
- Bradbury, A. (2020) Mental health stigma: The impact of age and gender on attitudes. *Community Mental Health Journal* 56, 933–938. <https://doi.org/10.1007/s10597-020-00559-x>
- Brown, N. R. (2009). “I’m in transition too”: Sexual identity renegotiation in sexual-minority women's relationships with transsexual men. *International Journal of Sexual Health*, 21(1), 61-77. <https://doi.org/10.1080/19317610902720766>
- Brown, N. (2010). The sexual relationships of sexual-minority women partnered with trans men: A qualitative study. *Archives of Sexual Behavior*, 39(2), 561-572. <https://doi.org/10.1007/s10508-009-9511-9>

- Buchanan, L., Bui, Q., Patel, J. K. (2020, July 3). *Black Lives Matter may be the largest movement in US history*. The New York Times.  
<https://www.nytimes.com/interactive/2020/07/03/us/george-floyd-protests-crowd-size.html>
- Buxton, A. (2006). When a spouse comes out: Impact on the heterosexual partner. *Sexual Addiction & Compulsivity*, 13(2-3), 317-332.  
<https://doi.org/10.1080/10720160600897599>
- Chase, L. M. (2011). Wives' tales: The experience of trans partners. *Journal of Gay & Lesbian Social Services*, 23(4), 429-451. <https://doi.org/10.1080/10538720.2011.611109>
- Chester, K., Lyons, A., & Hopner, V. (2017). 'Part of me already knew': The experiences of partners of people going through a gender transition process. *Culture, Health & Sexuality*, 19(12), 1404-1417. <https://doi.org/10.1080/13691058.2017.1317109>
- Dierckx, M., Motmans, J., Mortelmans, D., & T'sjoen, G. (2016). Families in transition: A literature review. *International Review of Psychiatry*, 28(1), 36-43.  
<https://doi.org/10.3109/09540261.2015.1102716>
- Dinno, A. (2017). Homicide rates of transgender individuals in the United States: 2010-2014. *American Journal of Public Health*, 107(9), 1441-1447.  
<https://doi.org/10.2105/AJPH.2017.303878>
- Gabbatt, A. (2020, June 15). *Tens of thousands across US march in support of black trans people*. The Guardian. <https://www.theguardian.com/us-news/2020/jun/15/black-trans-protests-rally-america>

- Gamarel, K. E., Reisner, S. L., Laurenceau, J.-P., Nemoto, T., & Operario, D. (2014). Gender minority stress, mental health, and relationship quality: A dyadic investigation of transgender women and their cisgender male partners. *Journal of Family Psychology*, 28(4), 437-447. <http://doi.org/10.1037/a0037171>
- Garzia, D., & Ferreira da Silva, F. (2022). The electoral consequences of affective polarization? Negative voting in the 2020 US presidential election. *American Politics Research*, 50(3), 303–311. <https://doi.org/10.1177/1532673X221074633>
- Giammattei, S. (2015). Beyond the binary: Trans-negotiations in couple and family therapy. *Family Process*, 54(3), 418-434. <https://doi.org/10.1111/famp.12167>
- Gillig, T. K., Rosenthal, E. L., Murphy, S. T., & Folb, K. L. (2018). More than a media moment: The influence of televised storylines on viewers' attitudes toward transgender people and policies. *Sex Roles*, 78, 515–527. <https://doi.org/10.1007/s11199-017-0816-1>
- Glynn, T., Gamarel, K., Kahler, C., Iwamoto, M., Operario, D., & Nemoto, T. (2016). The role of gender affirmation in psychological well-being among transgender women. *Psychology of Sexual Orientation and Gender Diversity*, 3(3), 336-344. <https://doi.org/10.1037/sgd0000171>
- Halim, M. L. (2016). Princesses and superheroes: Social-cognitive influences on early gender rigidity. *Child Development Perspectives*, 10(3), 155-160. <https://doi.org/10.1111/cdep.12176>
- Halim, M. L., Ruble, D. N., & Amodio, D. M. (2011). From pink frilly dresses to 'one of the boys': A social-cognitive analysis of gender identity development and gender bias. *Social and Personality Psychology Compass*, 5(11), 933-949. <https://doi.org/10.1111/j.1751-9004.2011.00399.x>

- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460-467.  
<https://doi.org/10.1037/a0029597>
- Hill, C. E. (Ed.). (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena*. American Psychological Association.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52(2), 196-205. <https://doi.org/10.1037/0022-0167.52.2.196>
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25(4), 517-572.  
<https://doi.org/10.1177/0011000097254001>
- Israel, G. E. (2005). Translove: Transgender persons and their families. *Journal of GLBT Family Studies*, 1, 53-67. [https://doi.org/10.1300/J461v01n01\\_05](https://doi.org/10.1300/J461v01n01_05)
- Joslin-Roher, E., & Wheeler, D. P. (2009). Partners in transition: The transition experience of lesbian, bisexual, and queer identified partners of transgender men. *Journal of Gay & Lesbian Social Services*, 21(1), 30-48. <https://doi.org/10.1080/10538720802494743>
- Katz-Wise, S., & Budge, S. (2015). Cognitive and interpersonal identity processes related to mid-life gender transitioning in transgender women. *Counselling Psychology Quarterly*, 28(2), 150-174. <https://doi.org/10.1080/09515070.2014.993305>

- Keo-Meier, C., & Ehrensaft, D. (2018). Introduction to the gender affirmative model. In C. Keo-Meier & D. Ehrensaft (Eds.), *The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children* (pp. 3-19). American Psychological Association. <http://doi.org/10.1037/0000095-001>
- Kozee, H., Tylka, T., & Bauerband, L. (2012). Measuring transgender individuals' comfort with gender identity and appearance: Development and validation of the Transgender Congruence Scale. *Psychology of Women Quarterly*, *36*(2), 179-196. <https://doi.org/10.1177/0361684312442161>
- Li, R., Lian, Q., Su, Q., Li, L., Xie, M., & Hu, J. (2020). Trends and sex disparities in school bullying victimization among U.S. youth, 2011-2019. *BMC public health*, *20*(1), 1583. <https://doi.org/10.1186/s12889-020-09677-3>
- Meerwijk, E., & Sevelius, J. (2017). Transgender population size in the United States: A meta-regression of population-based probability samples. *American Journal of Public Health*, *107*(2), E1-E8. <https://doi.org/10.2105/AJPH.2016.303578>
- Meier, S. C., Sharp, C., Michonski, J., Babcock, J. C., & Fitzgerald, K. (2013). Romantic relationships of female-to-male trans men: A descriptive study. *International Journal of Transgenderism*, *14*, 75-85. <https://doi.org/10.1080/15532739.2013.791651>
- Moen, V., & Aune, I. (2018). Identity and self-understanding among transgender women in Norway. *Nordic Journal of Social Research*, *9*, 68-88. <https://doi.org/10.7577/njsr.2151>
- O'Connor, K. (2021, May 18). *Record number of anti-trans bills filed in states this year*. Psychiatric News. <https://doi-org.argo.library.okstate.edu/10.1176/appi.pn.2021.6.10>



- Olson, K., & Gülgöz, S. (2018). Early findings from the Trans Youth Project: Gender development in transgender children. *Child Development Perspectives*, 12(2), 93-97. <https://doi.org/10.1111/cdep.12268>
- Olson, K., Key, A., & Eaton, N. (2015). Gender cognition in transgender children. *Psychological Science*, 26(4), 467-474. <https://doi.org/10.1177/0956797614568156>
- Platt, L. F. (2020). An exploratory study of predictors of relationship commitment for cisgender female partners of transgender individuals. *Family Process*. Original work published in 2018. <https://doi.org/10.1111/famp.12400>
- Platt, L. F., & Bolland, K. S. (2017). Trans partner relationships: A qualitative exploration. *Journal of GLBT Family Studies*, 13(2), 163-185. <https://doi.org/10.1080/1550428X.2016.1195713>
- Platt, L. F., & Bolland, K. S. (2018). Relationship partners of transgender individuals: A qualitative exploration. *Journal of Social and Personal Relationships*, 35(9), 1251-1272. <https://doi.org/10.1177/0265407517709360>
- Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., Newcomb, M. E. (2018). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy*, 15(1), 48-59. <https://doi.org/10.1007/s13178-017-0295-8>
- Rapoport. (2021). The capitol attack and the 5th terrorism wave. *Terrorism and Political Violence*, 33(5), 912–916. <https://doi.org/10.1080/09546553.2021.1932338>
- Riggle, E., Rostosky, S., Mccants, L., & Pascale-Hague, D. (2011). The positive aspects of a transgender self-identification. *Psychology & Sexuality*, 2(2), 147-158. <https://doi.org/10.1080/19419899.2010.534490>

- Rotondi, N.K., Bauer, G.R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries: "Do-it-yourself" transitions in transgender communities in Ontario, Canada. *American Journal of Public Health, 103*(10), 1830-1836. <https://doi.org/10.2105/AJPH.2013.301348>
- Samons, S. L. (2009). Can this marriage be saved? Addressing male-to-female transgender issues in couples therapy. *Sexual and Relationship Therapy, 24*(2), 152-162. <https://doi.org/10.1080/14681990903002748>
- Sevelius, J. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles, 68*(11-12), 675-689. <https://doi.org/10.1007/s11199-012-0216-5>
- Stotzer, R. L. (2017). Data sources hinder our understanding of transgender murders. *American Journal of Public Health, 107*(9), 1362-1363. <https://doi.org/10.2105/AJPH.2017.303973>
- Tebbe, E. A., & Moradi, B. (2016). Suicide risk in trans populations: An application of minority stress theory. *Journal of Counseling Psychology, 63*(5), 520-533. <https://doi.org/10.1037/cou0000152>
- Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice, 43*(5), 452-459. <https://doi.org/10.1037/a0029604>
- Theron, L., & Collier, K. L. (2013). Experiences of female partners of masculine-identifying trans persons. *Culture, Health & Sexuality, 15*(Suppl 1), S62-S75. <https://doi.org/10.1080/13691058.2013.788214>

- Twist, J., Barker, M. J., Nel, P. W., & Horley, N. (2017). Transitioning together: A narrative analysis of the support accessed by partners of trans people. *Sexual and Relationship Therapy, 32*(2), 227-243. <https://doi.org/10.1080/14681994.2017.1296568>
- Van de Grift, T.C, Cohen-Kettenis, P.T., Elaut, E., De Cuypere, G., Richter-Appelt, H., Haraldsen, I.R., & Kreukels, B.P.C. (2016). A network analysis of body satisfaction of people with gender dysphoria. *Body Image, 17*, 184-190. <https://doi.org/10.1016/j.bodyim.2016.04.002>
- Watts, C., Watts, P., Collier, E., & Ashmore, R. (2017). The impact on relationships following disclosure of transgenderism: A wife's tale. *Journal of Psychiatric and Mental Health Nursing, 24*(5), 302-310. <https://doi.org/10.1111/jpm.12371>
- White Hughto, J. M., Rose, A. J., Pachankis, J. E., & Reisner, S. L. (2017). Barriers to gender transition-related healthcare: Identifying underserved transgender adults in Massachusetts. *Transgender Health, 2*(1), 107-118. <https://doi.org/10.1089/trgh.2017.0014>.
- Wirtz, A. L., Poteat, T. C., Malik, M., & Glass, N. (2018). Gender-based violence against transgender people in the United States: A call for research and programming. *Trauma, Violence, and Abuse, 21*(2), 227-241. <https://doi.org/10.1177/1524838018757749>

## APPENDICES

### APPENDIX A: TABLES

**Table 1**

*Domain and Category Descriptions*

<b>Domain</b>	<b>Category</b>	<b>Description</b>
Marriage		Participants described their marital relationship or views/beliefs about marriage itself
	Beliefs about marriage and how those changed	Participants' beliefs about marriage based on past experiences, legal, or religious views and how those beliefs shifted after the partner came out
	Dynamics of the relationship and how they Shifted	Participants' relationship history and how the partner's gender identity/transition affected the marriage regarding relationship dynamics and quality (communication, gender roles, parenting, and friendship within the marriage)
	Should I Stay?	Participants' described factors contributing to their decision to stay with or leave their partner
Learning about my partner and transition		Participants' questioning partners sexuality/gender, gaining an understanding of gender identity and dysphoria, helping partner with aspects of transition, and recognizing positive changes in partner
Learning about myself		Participants described learning about their own sexuality and other aspects of themselves
Family		Participants described the dynamic related to immediate and external family members

	Consideration of Children	Participants described how having children impacted the participants' experience
	Family reactions	Participants' perceptions of their family members views/reactions and how family relationships changed
Reactions		Participants' reactions and how they felt about their partners' gender identity/transition
	Positive	Participants' reactions that were positive
	Negative	Participants' reactions that were negative
Mental Health		Participants described how their partner's or their own mental health impacted their experience
Support		Participants described how access to support and utilizing support played a role in the their experience
	Accessing Support	Participants described accessing formal or informal support
	Barriers to accessing support	Participants described having difficulty finding appropriate/supportive groups or therapists
Social Influence		Participants described how friends and social networks impacted their experience, provided emotional support, and how those social networks remained or changed after their partner came out
Cultural Influence		Participants described how different aspects of culture including areas such as politics, work environment, religion, and safety affected their experience
Pandemic		Participants described how the pandemic played a role in their experience

---

**Table 2***Domains, Categories, and Frequencies*

<b>Domain</b>	<b>Category</b>	<b>Frequency</b>
Marriage	Beliefs about marriage and how those changed	General
	How the relationship shifted	General
	Should I Stay?	Typical
Learning about my partner and transition		General
Learning about myself		Typical
Family	Consideration of Children	Typical
	Family Reactions	General
Reactions	Positive	Typical
	Negative	General
Mental Health		Variant
Support	Accessing Support	General
	Barriers to Accessing Support	Typical
Social Influence		General
Cultural Influence		General
Pandemic		Typical

*Note.* Frequency legend: General includes 11 to 12 cases, Typical includes seven to 10 cases, and Variant includes two to six cases.

## APPENDIX B: EXTENDED LITERATURE REVIEW

### **Gender, Sex, and Sexuality**

Gender is one of the most influential identities learned in life (Halim et al., 2011), and it fundamentally influences how society categorizes and organizes things such as bathrooms, career paths, sports, toys, colors, and people (Boskey, 2014). People's lives are heavily influenced by societal gender norms whether they realize it or not (Halim, 2016). According to Bethea and McCollum, gender is a social and psychological construct learned through social interactions that teach us what it means to be male/masculine or female/feminine and is mostly based on biological sex characteristics (2013). Gender identity is a complex interaction of how male or female a person feels inside, how that maleness or femaleness is expressed on the outside, and how others receive and interpret an individual's maleness or femaleness back to the individual (Israel, 2005). Although the terms "sex" and "gender" are often used interchangeably, they are two separate and distinct concepts (Bethea & McCollum, 2013). Sex refers to biological factors including hormones and chromosomes which determine internal sex organs and external genitalia (Bethea & McCollum, 2013). While sex is considered more stable over time, gender is fluid and may change over time depending on a variety of factors (Bethea & McCollum, 2013).

A person's gender identity may or may not align with their biological sex. When someone's gender identity matches the sex they were assigned at birth, they are considered

cisgender (APA, 2015; Gamarel et al., 2014; Theron & Collier, 2013). Coined in the mid-90s, Theron and Collier state that this term comes from the Latin prefix “cis,” “literally meaning ‘on the side of’ or ‘not across’” (2013, p. S62). For anyone whose gender does cross traditional binary gender norms, and does not neatly align with their sex assigned at birth, the term transgender may be used (Aguayo-Romero et al., 2015; Aramburu Alegria, 2010; Chester et al., 2017; Dierckx et al., 2016; Glynn et al., 2016; Van de Grift et al., 2016; Watts et al., 2017). Transgender or trans is an umbrella term that includes a wide spectrum of gender diversity (Betha & McCollum, 2013; Israel, 2005; Giammattei, 2015; Watts et al., 2017). Some gender identities under the transgender umbrella include but are not limited to, trans man or female to male (FTM), trans woman or male to female (MTF), genderqueer and more (Giammattei, 2015). Based on biological sex, Western societies have adopted the gender binary which implies that there are two distinct genders, male or female (APA, 2015). This gender binary is at the root of heteronormativity, which is the idea that there are two opposite genders and the expectation that relationships should only consist of a male-female dyad (Dierckx et al., 2016; Watts et al., 2017). When discussing relationship dyads, what is being referred to is sexual orientation.

A person’s sexual orientation is often assumed based on external perceptions of their gender identity (APA, 2015). However, like gender, sexuality is not based on biological sex nor is it based on the gender binary. Sexuality or sexual orientation involves an individual’s attraction toward certain bodies or gender presentations and can be toward the same, opposite, both, or neither gender (Israel, 2005; Platt & Bolland, 2018). In addition, sexual orientation may refer to a person’s romantic and/or affectional attraction toward another person (APA, 2015). In other words, a person’s sexual orientation may be more emotionally driven and have nothing to do with physical or sexual attraction. As with gender, there is a diverse range of sexual



orientations. Individuals who follow the gender binary and are attracted to the opposite gender from which they identify are considered heterosexual. There are various terms for different sexual orientations that do not follow traditional heteronormative standards such as lesbian, gay, bisexual, asexual, pansexual, queer, and more. In recent literature, individuals identifying with a sexual orientation other than heterosexual are collectively labeled sexual minorities (Brown 2009, 2010; Dierckx et al., 2016; Gamarel et al., 2014; Platt & Bolland, 2017; Theron & Collier, 2013; Twist et al., 2017). Individuals may identify with any sexual orientation regardless of their gender identity (APA, 2015; Giammattei, 2015).

## **Transgender Identity**

### ***Transgender Identity Development***

Traditional binary gender norms suggest that there are only two gender categories that all individuals fall within (APA, 2015). However, this is not the case. Estimates on the prevalence of transgender individuals in the US is about one out of every 250 individuals (Meerwijk & Sevelius, 2017). Studies suggest that there are individuals who identify as transgender from all races, ages, socioeconomic levels, locations, and faiths (Bethea & McCollum, 2013; Buxton, 2006). The term transgender encompasses a complex and shifting range of identities, expressions, and labels (Giammattei, 2015). According to Katz-Wise and Budge, the process of gender development involves the “formation of a stable sense of self and understanding the self in relation to others,” and is also applicable to transgender identity development (2015, p. 153). Boskey (2014) reports that transgender individuals become aware of their gender at a relatively early age and begin to express themselves according to their transgender identity and make statements about their gender and sex assigned at birth not matching.

Research shows that for transgender children who are allowed to socially transition in

childhood, their gender development is no different from cisgender peers (Olson & Gulgoz, 2018), and they think of themselves and express themselves in terms of their identified gender the same as cisgender children do (Olson et al., 2014). For some individuals and for various reasons, their transgender identity is not recognized until later in life (Katz-Wise & Budge, 2015). Reasons may include barriers such as family and culture, societal norms, or finances (Katz-Wise & Budge, 2015). Transgender identity development typically includes a progression through stages ranging from awareness, exploration, and expression to integration and acceptance (APA, 2015; Katz-Wise & Budge, 2015).

### ***Gender Dysphoria and Gender Congruence***

Transgender individuals often experience varying levels of gender dysphoria related to their physical appearance. Gender dysphoria is the diagnosis from the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5, American Psychiatric Association, 2013) that is given to individuals who experience intense distress or discomfort related to their persistent internal identification with a gender that is incongruent with their biological natal sex (APA, 2015; Glynn et al., 2016; Van de Grift et al., 2016). Not all individuals who fall under the transgender umbrella meet the DSM-5 criteria for gender dysphoria (Giammattei, 2015). These individuals who still do not conform to society's binary expectations of gender are referred to as gender nonconforming (Giammattei, 2015), or the more current and affirming term, gender expansive (Keo-Meier & Ehrenschaft, 2018).

Gender congruency is how congruent the individual feels between their internal sense of gender and their outward appearance and is related to the extent of dysphoria experienced (Kozee et al., 2012; Glynn et al., 2016). Kozee and colleagues describe gender congruence as the degree to which transgender individuals feel genuine, authentic, comfortable,

and accepting of their outward appearance and should not depend on external recognition (2012). Studies suggest gender congruency is an important aspect of transgender individuals feeling positive about themselves (Riggle et al., 2011), and it is also associated with reduced feelings of anxiety and depression leading to increased life satisfaction (Glynn et al., 2016; Kozee et al., 2012). Many, but not all, transgender individuals will go through some sort of gender transition to decrease their dysphoria and increase gender congruency.

### ***Gender Transition and Gender Affirmation***

A gender transition is described as taking a particular set of actions to align one's physical and outward appearance with their internal sense of gender to achieve gender congruency (Chester et al., 2017). Gender transitions may involve both social and medical transitions. Social transitions include name changes, pronoun changes, changing gender markers on legal documents, and changes in dress, hair, and overall appearance while medical interventions generally include hormone treatments and gender affirming surgeries (Chester et al., 2017; Platt 2018/2020; Platt & Bolland, 2018). Transgender individuals do not all have the same goal of moving from one end of the gender binary to the other as the term transgender implies. Again, transgender is the umbrella term encompassing a diverse range of gender fluidity and diversity (Giammattei, 2015). A gender transition is a deeply personal and individual experience, and there is no external specification that constitutes when a gender transition is completed (Platt 2018/2020). Some transgender individuals will want surgical procedures to change their sexual organs and some will reach gender congruency by only taking hormones; either way, any medical interventions for transition must be assessed and monitored by medical and/or mental health professionals, which can be inaccessible for some for various reasons (Chester et al., 2017).

Some of the most common barriers to transition-related healthcare are the high cost and inability to pay for gender affirming services related to being uninsured, not specifically having transition-related coverage, being denied coverage for transition-related services, and having a lower income or lack of employment (White Hughto et al., 2017; Puckett et al., 2018). Another barrier is the lack of availability of transition related healthcare, which is related to a lack of competent providers as well as a lack of providers willing to provide transition-related care (Knutson et al., 2016; White Hughto et al., 2017; Puckett et al., 2018). The lack of available trans affirming providers results in barriers related to transportation to these providers which may be located hours away, especially for those in rural areas (Knutson et al., 2016; Puckett et al., 2018). There is also a general fear of and mistrust of healthcare providers as a result of past discrimination by healthcare providers or within healthcare settings (Puckett et al., 2018; White Hughto et al., 2017). Knutson and associates described how trans people are blatantly turned away from medical providers, being told “we can’t help you” (2016, p. 37). Additionally, some transgender individuals report interpersonal barriers to transition-related services such as concerns of social acceptance or lack of familial support (Puckett et al., 2018).

Although Kozee and associates (2012) posit that gender congruency should not be determined by other people’s opinions, research shows that the opinions of others matter a great deal to transgender individuals and being affirmed by family, friends, social systems, and organizations promotes well-being (Glynn et al., 2016; Moen & Aune, 2018; Riggle et al., 2018). Gender affirmation is a confirmation of the transgender individual’s internal sense of self by the way others interpret and reflect their gender back to them (Sevelius, 2013). It is experienced by transgender individuals when their social supports and the systems they belong to affirm their gender identity (Aguayo-Romero et al., 2015; Glynn et al., 2016; Sevelius, 2013).

Research shows that transgender individuals find it easier to achieve gender affirmation following hormonal and surgical transition-related interventions (Moen & Aune, 2018). Gender affirming procedures have been found to not only reduce distress related to dysphoria and body dissatisfaction in transgender individuals, but also to reduce stigma associated with being transgender by allowing them to “pass” (a sometimes controversial concept in the trans community of being recognized socially as one’s experienced gender) (Aguayo-Romero et al., 2015; Rotondi et al., 2013; Sevelius, 2013; Van de Grift et al., 2016).

### ***Discrimination and Victimization***

As most of society still adheres to traditional binary gender norms, safety concerns for transgender individuals are a real issue (Platt & Bolland, 2018). Transgender individuals experience marginalization, discrimination, stigmatization, and victimization related to the dominant heteronormative values within Western society (Aramburu Alegria, 2010; Chester et al., 2017). There are many different forms of discrimination and victimization that transgender individuals face, including but not limited to verbal abuse, stalking, sexual harassment, policing of public restrooms, employment and housing discrimination, intimate partner violence, physical and/or sexual assault, and homicide (Bethea & McCollum, 2013; Dinno, 2017; Stotzer, 2017; Testa et al., 2012; Wirtz et al., 2018). Risk of anti-trans discrimination and victimization may be different depending on geographic location and cultural differences (Aramburu Alegria, 2010). Transgender individuals are at risk for gender related violence and discrimination throughout their lives (Giammattei, 2015). Research suggests that risks for discrimination and violence are especially high for transgender individuals during a gender transition when their outward presentation of gender does not clearly conform to society’s binary expectations (Platt & Bolland, 2018). Transgender individuals often face rejection from society as a whole and

anticipating violent or discriminatory reactions adds to their difficulties in expressing their authentic gender identities and living a healthy life (Bethea & McCollum, 2013).

Wirtz and colleagues estimate the prevalence of violence and discrimination toward transgender people in the US at between 7% and 89% (2018). In a different study, Testa and colleagues found 43 – 60% of transgender participants reported experiencing physical violence as a result of their transgender identity, and 43 – 46% reported past experiences of sexual assault related to their transgender identity (2012). Within an eight-year span from 2008 to 2016, Wirtz et al. found that 165 transgender people were murdered in the US (2018). This number is likely an underestimate as studies have indicated accurate reporting is especially difficult in homicide cases when the victim is not able to tell authorities they are transgender (Dinno, 2017; Stotzer, 2017, Wirtz et al., 2018). Research shows that rates of sexual and physical assaults including murder are disproportionately higher for transgender individuals when compared to the general population (Dinno, 2017; Stotzer, 2017; Testa et al., 2012), and these forms of hate crimes toward transgender individuals are especially violent and have lasting and devastating effects (Giammattei, 2015; Testa et al., 2012; Wirtz et al., 2018). Unfortunately, transgender people find little support from authorities and are sometimes met with additional violence or discrimination (Giammattei, 2015).

### ***Minority Stress Theory***

Minority stress theory is the idea that sociocultural prejudice and discrimination, as a result of one's intersecting identities including race, ethnicity, sexual orientation or any other minority group membership, add additional stressors in life that have serious implications for the mental health of individuals in minority populations (Hendricks & Testa, 2012; Tebbe & Moradi, 2016). Minority stress theory was put forth by Meyer (2003) to explain the higher rates of mental

health concerns of sexual minority individuals (as cited in Hendricks & Testa, 2012; Tebbe & Moradi, 2016). It has recently been applied to account for the significantly higher rates of mental health concerns in the transgender population related to anti-trans prejudice, discrimination, violence, and rejection (Hendricks & Testa, 2012; Tebbe & Moradi, 2016).

Minority stress theory posits three processes, distal, proximal, and internal, in which minority groups are subjected to minority stress (Meyer, 1995 as cited in Hendricks & Testa, 2012). The distal processes include environmental and external sources of stress that are objective and observable that result from society's anti-trans attitudes (Hendricks & Testa, 2012). Examples of distal minority stressors include verbal and physical threats as well as instances of discrimination. Proximal processes of minority stress include the individual's anticipation and expectation of anti-trans prejudice, discrimination, violence, or rejection and their resulting vigilance or attempts at concealing their minority identity (Hendricks & Testa, 2012). Internal processes of minority stress occur when society's anti-trans attitudes and prejudice are internalized within the individual, resulting in internalized transphobia, which may be the most damaging of all as it interferes with the individual's ability to cope with minority stress and reduces their resiliency (Hendricks & Testa, 2012).

In a study of 335 transgender individuals, Tebbe and Moradi found that the three processes of minority stress – experiencing prejudice and discrimination, fear of anti-trans stigma, and internalized anti-trans attitudes – were related to significantly higher rates of depression when compared to the general population (2016). Additionally, depression was found to mediate the relationship of the three types of minority stress with suicide risk (Tebbe & Moradi, 2016), which numerous studies have shown to be significantly higher in trans populations (Hendricks & Testa, 2012; Tebbe & Moradi, 2016 ; Testa et al., 2012; Wirtz et al.,

2018). Hendricks and Testa also describe that minority stress may also lead to some positive outcomes (2012). As a result of anti-trans attitudes and minority stress, transgender individuals may seek out other transgender or gender nonconforming individuals, join support groups, and develop their own transgender communities (Hendricks & Testa, 2012). These positive social networks form the basis for transgender individuals to develop an in-group identification within the trans community that facilitates support, development of coping strategies, and increased resilience (Hendricks & Testa, 2012). Research indicates that minority stress is relevant for both the transgender individual and their partner as it is correlated with depressive symptoms for both (Gamarel et al., 2014).

### ***Sexual Orientation***

Transgender individuals identify on the full spectrum of sexual orientations, including heterosexual, gay, lesbian, bisexual, pansexual, asexual, etc. (Giammattei, 2015). Most often, trans people use sexual orientation labels based on their gender identity (Theron & Collier, 2013). In addition, for some transgender individuals, their sexual orientation may shift during the process of their transition (Giammattei, 2015). For female to male trans men, research suggests this number is approximately one third of the population (Meier et al., 2013). Israel reports that this change in sexual orientation is often a surprise to the transgender individual (2005).

### **Partners of Transgender Individuals**

Some transgender individuals are not fully aware of their transgender identity until later in life (Katz-Wise & Budge, 2015). In efforts not to risk social ostracism and other violent or discriminatory outcomes, some transgender individuals attempt to live their lives conforming to the gender binary (Aramburu Alegria, 2010). Following cultural expectations, these individuals may establish romantic relationships prior to coming out as transgender (Aramburu Alegria,



2010). Some transgender people believe that entering a cisgender heterosexual relationship may reduce their desire to engage in cross-gender behavior or stop their gender dysphoria all together (Giammattei, 2015). Giammattei posits that this may be done consciously or unconsciously with many individuals coming into the knowledge of their transgender identity only after a relationship has already started (2015). Due to the fluid nature of gender, individuals may recognize or learn to accept their transgender identity at any time in life, which often results in a variety of possible relationship situations (Israel, 2005).

### ***Types of Partnerships***

Given that transgender individuals may identify anywhere on the spectrum of sexual orientation and the various ways that they may express their gender identity, partners of transgender people come from all walks of life. The majority of current literature on partners of transgender people focuses on sexual minority individuals where partners identified as being in same sex/gender relationships prior to their partner's transgender identity disclosure (Brown 2009, 2010; Chase, 2011; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt 2018/2020; Platt & Bolland, 2018; Theron & Collier, 2013). In a study by Platt and Bolland (2018), though most of the sexual minority participants experienced a sense of loss of their sexual minority identity and felt marginalized by the LGB community as their partner transitioned, many changed their sexual orientation labels to include their trans partner and recognize their evolved sexuality more accurately. For some sexual minority partners, being part of the LGBTQ community and being aware of transgender identities led them to initiate the conversation of the possibility of their partner having a transgender identity (Chester et al., 2017). In another study, Meier and colleagues looked at both partners in sexual minority relationships where one partner came out as a male identified trans person; they found that the

trans partner reported fewer symptoms of depression when compared to single trans persons (2013). Platt (2018/2020) found that the longer the relationship was at the time of a partner's gender transition, the less satisfied and committed the cis partner felt with the relationship. In addition, Platt found that how much a person knows about their partner's transgender identity at the start of a relationship has no correlation to the partner's level of commitment to the relationship (2018/2020).

Some of the literature was specific to lesbian couples where a partner disclosed a trans masculine identity (Brown 2009, 2010; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013). Just as with other sexual minority partners, many lesbian partners struggled with the deterioration of their sexual minority identity (Brown, 2009). Brown found that for some lesbian partners, changes in the couple's sex life was negatively affected by their partner's more masculine identity as a result of a personal trauma history (2010). Theron and Collier (2013) found that sexual orientation labels did not change after partners assumed a trans masculine identity. Similar to other research with sexual minority partners, Joslin-Roher and Wheeler reported that a lack of services for partners and a sense of isolation significantly impacted the transition experience not only for the cis partner but also for the partner in transition (2009).

Additional research on partners of transgender people has focused on cisgender heterosexual individuals where partners identified with being in an opposite sex/gender relationship prior to their partner's transgender identity disclosure (Aramburu Alegria, 2010, 2013; Bischof et al., 2011; Gamarel et al., 2014; Samons, 2009; Twist et al., 2017; Watts et al., 2017). Some cisgender heterosexual partners maintained their heterosexual identity even though they remained in the relationship with their trans partner while others modified their identity to reflect their new relationship (Aramburu Alegria, 2013). Gamarel and colleagues reported that

financial constraints, discrimination, and minority stress were associated with a higher likelihood of depressive distress for both partners (2014). This could be related to the reason why participants in the study by Twist and associates reported that positive experiences of support were important for their goals of remaining in their relationship (2017). Some scholars have explored the effects of a partner disclosing a transgender identity within a marriage (Aramburu Alegria, 2010, Bischof et al., 2011; Watts et al., 2017).

Aramburu Alegria (2010) found that certain relationship activities such as communication, positivity, and impression management help spouses maintain their relationship after a transgender identity disclosure. Watts and associates identified issues related to healthcare and the mental health needs of partners and spouses of transgender people and also questioned the adequacy of mental health services for this population (2017). Bischof and associates reported that the topic of gender variance is more serious and more formal for married couples when compared to a possibly more casual disclosure among couples who are just dating (2011). Not all literature exploring the effects of a transgender identity within a marriage was specific to cisgender heterosexual couples. Chase (2011) found that sexual minority spouses retroactively modified their narratives by using their spouse's current pronouns when talking about their shared history. It was posited that this retroactive narrative modification helped the spouses connect their shared past with their present (Chase, 2011).

A few researchers have focused on the whole family after a partner discloses a transgender identity (Dierckx et al., 2016; Giammattei, 2015). The partners in these studies not only identified as being in an opposite-sex/gender relationship, but there were also children involved in the relationship. Similar to other studies, Giammattei found that a crisis may occur in the family when a partner or parent undergoes a gender transition even if the cisgender partner

was aware of their partner's gender concerns prior to the start of the relationship (2015).

Giammattei (2015) also reported that changes in parenting often become one of the central issues in a relationship after a partner comes out as transgender. Dierckx and associates reported that although therapy was indicated as an important source of support for both partners and children of someone who comes out as transgender, there is a lack of trans affirming and competent therapists (2016). Israel (2005) offered a discussion focused on the partner and children of an individual who comes out as transgender, stating that the partner and children can be a great source of support for the partner in transition.

### ***Disclosure Process***

**Transgender Disclosure.** According to some scholars, transgender individuals have two major milestones to complete that are both very difficult, exploring and accepting their gender identity in private and then acknowledging and disclosing that identity to others (Bethea & McCollum, 2013; Meier et al, 2013). As transgender individuals exist in all areas of life, disclosure happens everywhere in all age groups, socioeconomic levels, occupations, races, ethnic groups, locations, and faith communities (Buxton, 2006). The disclosure process is described as a relational process that involves loved ones and friends in all social relationships (Bethea & McCollum, 2013; Dierckx et al., 2016), and is not just about the transgender individual (Dierckx et al., 2016). Unlike the coming out process for lesbian, gay, and bisexual individuals, transgender individuals that need to transition socially and/or medically for gender congruence and gender affirmation are not able to come out and still have the ability to live discreetly (Bethea & McCollum, 2013). They must navigate a disclosure process that takes place over the length of their transition and sometimes daily over the course of many years (Bethea & McCollum, 2013). In one study of wives of transgender partners, a commonality among all

narratives was that their trans partner's self-disclosure was a gradual progression that included initial identification as a "cross-dresser" (Bischof et al., 2011).

Many transgender individuals choose to disclose their transgender identity, but others sometimes disclose their transgender identity accidentally (Samons, 2009), or are forced to disclose based on their changing appearance (Bethea & McCollum, 2013). Either way, transgender individuals must prepare themselves for a range of possible reactions when they disclose their identity (Bethea & McCollum, 2013). Additionally, the disclosure process is described as a non-linear process of mutual impact between the transgender individual and their social systems which occurs throughout their transition process (Bethea & McCollum, 2013). Various family and friend reactions have been reported for the initial disclosure including shock, horror, betrayal, anger, disbelief, anxiety, and depression (Bethea & McCollum, 2013). In addition to what we know about the discrimination and victimization of transgender people, it is no wonder the disclosure process can elicit fear and anxiety for so many transgender individuals (Bethea & McCollum, 2013; Meier et al., 2013).

**The Partner's Perspective.** Aramburu Alegria found that disclosure of a transgender identity in an established romantic relationship alters relationship norms and proven patterns of interaction (2010). When a partner comes out as transgender in an established relationship, especially if they plan to transition socially and/or medically, this can place the couple in crisis (Giammattei, 2015). Studies suggest that initial reactions to the disclosure of a transgender identity by a partner may include shock, confusion, anger, sadness, betrayal, loneliness, anxiety, grief, concerns about the future, and fear that others will find out (Aramburu Alegria, 2010, 2013; Chester et al., 2017; Dierckx et al., 2016; Giammattei, 2015; Israel, 2005; Watts et al., 2017). Many cisgender individuals have rarely, if at all, thought about gender until their partner

disclosed a transgender identity (Platt & Bolland, 2018). In previous literature, it was reported that a transgender disclosure was cause for immediate relationship dissolution; however, this is no longer always the case and each relationship deserves careful individualized consideration (Bischof et al., 2011; Dierckx et al., 2016; Meier et al., 2013).

According to Dierckx and colleagues, a gradual disclosure resulted in more understanding from the partner whereas an abrupt disclosure was considered disturbing and led to more distress in the partner (2016). Studies have shown that the timing of a disclosure for cisgender female heterosexual spouses have implications on the outcome of the relationship, indicating better outcomes when a transgender identity is disclosed in the early stages of the relationship (Bischof et al., 2011). Additionally, the quality of the relationship and absence or presence of conflict in the relationship, unrelated to the transgender identity, were found to impact the partner's reaction to the transgender disclosure (Dierckx et al., 2016). If relationships previously adhered to traditional gender norms, partners often found it more challenging to accept their partner's transgender disclosure (Dierckx et al., 2016; Israel, 2005; Samons, 2009).

In a study conducted by Chester and colleagues on the experience of cisgender, mostly sexual minority partners of individuals disclosing a transgender identity, some participants reported the disclosure process was a slow one that paralleled their partner's gender transition, sometimes spanning weeks to years (2017). Some partners helped their transgender partner figure out or come to terms with their transgender identity (Chester et al., 2017). Other partners reported previously knowing about the transgender identity and allowing their transgender partner to engage in cross gender behavior privately; however, the transgender partner's decision to transition socially felt to them as if the trans partner was changing the rules (Dierckx et al., 2016; Giammattei, 2015; Samons, 2009). Whether or not a partner knew about the trans partner's

gender identity prior to the start of the relationship, they often still experienced some level of crisis (Giammattei, 2015; Samons, 2009).

For many of the cisgender heterosexual females in one study, the post-disclosure period brought about self-exploration and self-awareness, allowing for a reduction in anxiety and coming to terms with their trans partner's disclosure (Aramburu Alegria, 2013). After a period of time, these cisgender female partners reported their initial reactions and confusion eased, enabling them to be supportive of their transitioning partner (Aramburu Alegria, 2013). On the other hand, for many partners, it was reported that they continued struggling to make sense of their partner's newly disclosed identity and questioned what it would mean for their own sexual orientation, identity, relationship, and belief system (Aramburu Alegria, 2010; Buxton, 2006; Giammattei, 2015; Joslin-Roher & Wheeler, 2009). Theron and Collier explained that for cisgender female partners of trans men, mostly sexual minorities, the disclosure of their trans partner's gender identity and goals for transition directly impacted their lives and relationships in various ways, such as changing their understanding or labeling of their own sexual orientation or the perceived loss of their sexual minority identity and having to come out to family and friends for a second time as being in a trans relationship, or coping with the changing dynamics of their relationship (2013). Aramburu Alegria described some cisgender female wives reported a belief that their marital relationship could strengthen after the initial shock and anger of their partner's transgender identity disclosure (2010). Similarly, Joslin-Roher and Wheeler found that some sexual minority partners of transmen also believed the transgender disclosure would strengthen their relationship (2009).

### *Partners' Experiences*

**Co-Transition.** Theron and Collier (2013) described the experiences of cisgender, mostly sexual

minority, female partners of masculine identifying trans persons who transitioned during their relationship as a *co-transition*. In another study, one wife described how the disclosure moved the heavy burden from her trans partner's shoulders to her own (Watts et al., 2017). Partners in existing relationships with individuals who disclose a transgender identity essentially co-transition as they renegotiate their understanding of gender, reconcile their sexual orientation, reevaluate their identities, and re-examine their belief system (Aramburu Alegria, 2010; Brown, 2009; Buxton, 2006; Chase, 2011; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018; Theron & Collier, 2013). Throughout the literature, most partners identified a process of reevaluating and reconciling their sexuality and sexual orientation labels (Aramburu Alegria, 2010, 2013; Bischof et al., 2011; Brown, 2010; Buxton, 2006; Dierckx et al., 2016; Giammattei, 2015; Meier et al., 2013; Platt & Bolland, 2018; Theron & Collier, 2013), and sometimes even their own gender identity (Dierckx et al., 2016). For a few cisgender heterosexual wives who remained in relationships with their trans spouse who now identified as female, they reported feeling threatened by their trans partner's intense femininity and were unsure of how to model their new relationship which no longer fit the mold of a traditional heterosexual marriage (Bischof et al., 2011; Watts et al., 2017).

As spouses learned about their partner's transgender identity, they reported both small and more significant changes to themselves and their relationship including but not limited to adjusting to changes in their trans partner's behavior, physical appearance, name, pronouns, smell, and renaming of body parts (Brown, 2010; Chester et al., 2017; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018), as well as changes to the nature and quality of sexual intimacy, shared interests, and gender roles (Aramburu Alegria, 2013; Bischof et al., 2011; Chester et al., 2017; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Platt & Bolland,



2018). Often as their partners transitioned, the cis partners described their relationship as moving toward a strict adherence to binary gender stereotypes where the cisgender partner was expected to exaggerate their cisgender behavior, such as how they dressed or in household activities (Bischof et al., 2011; Brown, 2009, 2010; Chester et al., 2017; Dierckx et al., 2016; Israel, 2005; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013). Along with changes to physical appearance and limits placed on the touching of certain body parts, partners described adjusting to their trans partner's new libido because of hormonal changes (Bischof et al., 2011; Brown, 2010). Hormonal changes were also linked to partners' reports that their trans partner seemingly goes through an adolescent type puberty phase during their transition where they focus only on themselves, their appearance and their bodily changes, have fluctuations in mood, and tend to be overly concerned with socializing and others' opinions of themselves (Chase, 2011; Chester et al., 2017). For some sexual minority women, adjustments to their sex lives included more stereotypically gendered sexual activity that served to affirm their trans partner's new masculine identity (Brown, 2010).

Concerns about their trans partners becoming attracted to the opposite sex was a fear that was confirmed for some partners (Bischof et al., 2011). Others were worried about how physical changes in their partner would affect their sexual desire for them (Brown, 2010), and for some, it meant no longer being attracted to their trans partner (Brown, 2010; Chester et al. 2017; Giammattei 2015). Alternatively, some partners were rejected by their trans partner as their trans partner was no longer attracted to them (Buxton, 2006). A few partners reported that sexual intimacy with their trans partner ceased all together (Aramburu Alegria, 2013; Chester et al., 2017), while others pursued a consensual non-monogamous relationship (Brown, 2010). While sexual intimacy was described as an important part of maintaining the relationship, others

reported sexual intimacy went beyond the physical and felt that sex was less important (Aramburu Alegria, 2013). Bischof and colleagues reported that a couple of the wives in their study were willing to be flexible and were hopeful for their sexual relationships (2011).

Partners described the importance of clear and honest communication about their trans partner's transition as they go through their own parallel transition process (Buxton, 2006; Platt & Bolland, 2018). In a study of cisgender partners where the participants were mostly sexual minorities, Chester and colleagues reported partners were central to their trans partner's gender identity formation by actively questioning and learning about gender identities with their trans partners (2017). Though not the case for all partners, this was also true for multiple participants across studies as partners reported discussing and being included in the decisions of each stage of the gender transitions (Theron & Collier, 2013). Many partners set boundaries on their trans partner's public transgender presentation as well as negotiated when, where, and to whom they would disclose their transgender identity (Bischof et al., 2011; Buxton, 2006; Chase, 2011; Watts et al., 2017). Additionally, partners made decisions together on finances allotted toward the transition, sharing of clothing and physical space within the home, and negotiated duties tied to more traditional gender roles within the home (Bischof et al., 2011; Platt & Bolland, 2018). Some felt left out of the transition decisions and felt that their partner's transition moved too quickly and left them feeling out of control (Aramburu Alegria, 2010). Some scholars report that partners need time to fully understand a gender transition and make sense of what is going on to ensure their needs are also validated (Aramburu Alegria, 2010; Samons, 2009; Theron & Collier, 2013)

***Sexual Minority Partners.*** The co-transitioning experience has different implications for sexual minority partners than it does for heterosexual partners (Chester et al., 2017; Theron &

Collier, 2013). For many gay and lesbian partners who have already come to terms with and disclosed a sexual minority orientation, being in a relationship with someone transitioning may cause them to possibly lose that hard-won identity as well as their place within LGB community (Brown, 2010; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013; Platt & Bolland, 2018). However, after a partner's transition, the couple may gain privileges within the larger society for their more heteronormative relationship (Brown, 2009; Platt & Bolland, 2018). Aramburu Alegria reported that wives remaining married to their MTF spouses experienced positive reception from the lesbian community (2010), while partners who initially identified as lesbian too closely resembled a heterosexual relationship when their partner transitioned and were excluded from the lesbian community and labeled "has-bians" (Chester et al., 2017, p. 1413; Theron & Collier, 2013). These partners reported feeling invisible within the LGBTQ community while their trans partner was still accepted (Theron & Collier, 2013). Researchers have posited that sexual minorities may have an easier time adjusting to the disclosure of a transgender identity by a partner as they have already had to navigate a minority identity (Brown, 2010; Theron & Collier, 2013)

**Safety Concerns.** As much of society still adheres to traditional binary gender norms, safety issues for transgender individuals and their partners are a real and lasting concern (Bischof et al., 2011; Platt & Bolland, 2018; Theron & Collier, 2013). While looking at relationship partners of transgender individuals, a majority of the participants across several studies expressed the physical safety of their partner, as they transition publicly, to be a major safety concern (Aramburu Alegria, 2010; Bischof et al., 2011; Platt & Bolland, 2018; Theron & Collier, 2013). In a different study that explored the written narratives of cisgender heterosexual wives whose spouse disclosed a transgender identity, most wives were fearful of potential violence

against themselves, their partner, and their family as a result of their spouse's new gender identity (Bischof et al., 2011). They were also fearful of how family and friends would react (Bischof et al., 2011). Family, friends, and community members are not immune from having strong negative reactions that could threaten the physical safety of both the transgender individual and their partner (Theron & Collier, 2013). In a study of cisgender female partners of trans men, Theron and Collier described one participant who received multiple threats of rape from a former cis-male friend of her partner to “‘teach her a lesson’ and ensure she knew what it is to sleep with a ‘real’ man (2013, p. S69).”

Being a partner of someone who identifies as transgender can bring about its own set of stressors that have to be navigated daily (Platt & Bolland, 2018). In Platt and Bolland's investigation into the experiences of relationship partners of transgender individuals, many partners disclosed feeling the need to defend their trans partner against anti-trans attitudes, determine what social experiences and settings would be safe to attend, being mindful of how they interacted with their trans partner in public, and concerns about safe access to public restrooms (2018). The authors suggest this could be a form of minority stress (Platt & Bolland, 2018). Given the extreme amounts of discrimination and victimization that transgender individuals face, it is not hard to imagine how this can generate fear for one's safety in partners of individuals who disclose a transgender identity.

**Social Support.** The support of family and friends for partners of individuals who disclose a transgender identity can play a role in how partners navigate the disclosure (Giammattei, 2015). In Bischof and associates' study on cisgender heterosexual wives who stay with their spouses after disclosing a transgender identity, many of the wives reported family and friends being mostly supportive (2011). Unfortunately, not all family and friends will be

supportive of a partner's new gender identity and resulting transition (Bischof et al., 2011; Theron & Collier, 2013). Showing the range of possible familial support, in a study of cisgender female partners of individuals who disclosed a trans male identity after they started dating, one participant described different family members as showing varying levels of support including, "distantly fine," "happily ignorant," or "a great source of support" (Theron & Collier, 2013, p. S69). In most cases, any acceptance or support that was received from family or friends was reported to grow gradually over time (Bischof et al., 2011). Having any level of support from family or friends is an important positive factor for partners (Dierckx et al., 2016). Some partners even reported receiving support and acceptance from affirmative church communities, though it was usually within the context of a broader LGBTQ group (Bischof et al., 2011).

Peer support was identified as an important issue for all partners in a study by Joslin-Roher and Wheeler on sexual minority partners of trans men (2009). Many partners of transgender individuals report receiving considerable peer support from online and local support groups within the transgender community (Aramburu Alegria, 2010; Bischof et al., 2011; Samons, 2009; Theron & Collier, 2013; Watts et al., 2017). Significant others, friends, family, and allies, or SOFFAs, a well-known and established support group, is one of the groups that partners utilized (Theron & Collier, 2013; Watts et al., 2017). For some, it was difficult to find social support (Bethea & McCollum, 2013); geographic location, lack of access to the internet, or financial constraints made online and/or local support groups inaccessible (Theron & Collier, 2013). These partners reported reading about transgender identities or having to rely on their trans partner as their sole source of information and support (Bischof et al., 2011; Theron & Collier, 2013). Buxton (2006) stated that some heterosexual spouses are left to cope alone with the unique and complex challenges of a spouse's transgender disclosure.

While some partners struggled to find support, others reported that the support they found was inadequate, as the people willing to provide support did not understand transgender identities or the transition process (Chester et al., 2017). Some partners reported negative experiences with online or local support groups where individuals within those groups took away their hope for maintaining some form of relationship with their trans partner (Watts et al., 2017). With little support from family or friends and unable to access support groups, some partners felt very isolated and alone (Bischof et al., 2011). Research suggests local or online support groups can be invaluable for partners, especially in the early stages after a disclosure (Bischof et al., 2011). Finding others in the same situation that can understand and relate to the partner or be a role model on how a relationship with their trans partner can look, can make all the difference in how a partner responds to a trans disclosure (Bischof et al., 2011; Buxton, 2006; Samons, 2009).

Some partners reported that participating in activism or raising awareness of the discrimination and stigma trans people and their partners experience was a significant source of support (Watts et al., 2017). A common theme throughout the literature was having a partner come out as transgender created a need for partners to find information and emotional support (Theron & Collier, 2013). Research suggests that both peer and professional support are needed for partners after a transgender identity disclosure (Buxton, 2006; Dierckx et al., 2016; Joslin-Roher & Wheeler, 2009; Samons, 2009). Therapy is indicated as a source of support for partners to help them cope, gain information, get perspective on reality, as well as to help both individuals in the couple determine what path might be best for their relationship going forward (Buxton, 2006).

### ***Partners with Children***

Dierckx and colleagues report that about 25-49% of the trans population have children,

which is more prevalent for trans women (2016). When children are present, partners of an individual disclosing a transgender identity are often concerned about how the disclosure will impact their children (Buxton, 2006; Samons, 2009) and usually place boundaries around disclosing the trans parent's gender identity (Bischof et al., 2011). However, for most children, fears about potential divorce or separation of their parents have a much greater impact on them than a transgender disclosure (Buxton, 2006; Samons, 2009). Children often cope well with the gender transition of a parent (Giammattei, 2015). However, this is often contingent on several factors including how the cis partner of the trans individual reacts to the disclosure, whether or not the child has a close emotional relationship with the trans parent, and how supportive the extended family is toward the trans parent (Giammattei, 2015). Transphobic attitudes in the cisgender parent were found to negatively influence the well-being of their children (Dierckx et al., 2016). Additionally, research has shown that younger children are more accepting than older or adult children who may be more concerned with the social stigma of having a trans parent (Buxton, 2006; Dierckx et al., 2016).

Although children generally fare well when a parent comes out as trans, they often need a lot of support to process their feelings around such a big change in their lives, whether from family and friends or from more formal avenues such as therapy (Buxton, 2006; Dierckx et al., 2016). Many partners with children are concerned that their children will be subject to anti-trans or anti-gay attitudes in their schools, neighborhoods, or church communities (Buxton, 2006). In their study on the narratives of cisgender heterosexual wives whose spouse disclosed a transgender identity, Bischof and colleagues found that classmates and school personnel aware of the family dynamics were very supportive of their children (2011). This support is extremely important when it comes to children experiencing bullying or harassment by peers (Dierckx et

al., 2016). Based in heteronormative transphobic perspectives, there is also the assumption that children will be influenced in their gender identity or sexual orientation by the presence of a transgender parent (Dierckx et al., 2016). In a study with 37 children of sexual minority and transgender parents, sexual orientation or gender identity of the parent was not clinically proven to have any effect on their children's gender behavior or sexual orientation (Green, 1978, 1998, as cited in Dierckx et al., 2016). A parent's transgender identity is not in itself sufficient to cause significant negative outcomes in their children's well-being; however, therapy is often indicated for children to work through their various emotions and concerns (Dierckx et al., 2016).

## **Partners' Mental Health**

### ***Emotional Experiences***

Partners of individuals who have disclosed a transgender identity experience a vast range of emotions from the moment of disclosure that continues throughout their partner's gender transition (Bischof et al., 2011; Buxton, 2006; Chase, 2011; Chester et al., 2017; Dierckx et al., 2016; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Platt & Bolland, 2018). Initial responses include shock and denial, numbness, anger, guilt, sadness, fear, depression, and grief (Bischof et al., 2011; Buxton, 2006; Joslin-Roher & Wheeler, 2009). Responses to the disclosure have been likened to Kubler-Ross's (1969) stages of grief (as cited in Joslin-Roher & Wheeler, 2009; Twist et al., 2017). Many partners reported feeling tremendous loss as their partner went through their gender transition (Aramburu Alegria, 2010; Bischof et al., 2011; Brown, 2009, 2010; Buxton, 2006; Chase, 2011; Chester et al., 2017; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018; Twist et al., 2017). Partners reported feeling loss for their partner as they knew them, loss of their partner's pre-transition gender, loss of their relationship as they knew it, loss of their partner's body parts, loss of sexual connection,



loss of family or friends, loss of specific activities, loss of community, and for some, loss of particular identities (Aramburu Alegria, 2010; Bischof et al., 2011; Brown, 2009, 2010; Buxton, 2006; Chase, 2011; Chester et al., 2017; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt & Bolland, 2018; Twist et al., 2017). Loss of community and/or identity were particularly salient to sexual minority partners who were now grappling with more heteronormative relational presentations (Chase, 2011; Chester et al., 2017). Additionally, in a study done with mostly sexual minority spouses, many partners reported feeling unprepared for the losses that came about after their partner's disclosure (Chase, 2011). One participant stated that it felt like a multitude of small insidious losses that they did not notice until all at once it became obvious, they did not recognize their partner anymore (Chase, 2011).

Some partners described their experience of loss as complicated since they were unable to effectively mourn the loss of the love object they once knew while trying to maintain the idea that the person they were with was the same person they always knew (Chase, 2011). Other partners described feeling a sense of grief as if their partner had died but having to mourn alone because their partner was still very much alive (Watts et al., 2017). In addition, partners felt guilt for feeling sad about something that their trans partner was so happy about (Chase, 2011), and reported that they wanted their partners back as they were pre-transition at least part of the time (Aramburu Alegria, 2010). Partners across multiple studies reported feeling as if they had to take a back seat in the relationship where everything revolved around the trans partner's needs and emotional well-being (Bischof, et al., 2011; Chase, 2011; Chester et al., 2017; Dierckx et al., 2017; Platt & Bolland, 2018). They reported being immersed in the role of caregiver and advocate which kept them from attending to their needs till much later (Chase, 2011). Some partners felt as if they were out of control (Chase, 2011), or that they lost their sense of self

during the earlier stages of their partner's transition (Buxton, 2006). Gamarel and associates found a significant increase in the odds of depressive symptoms of partners of transgender individuals resulting from transgender-related discrimination and posited that minority stress is also experienced by partners of marginalized individuals (2014). A partner's transgender disclosure may result in feelings of inadequacy, low self-esteem, a lack of self-confidence, and a decreased sense of self-worth (Bischof et al., 2011; Buxton, 2006). There are myriad reasons why couples part ways (Meier et al., 2013; Samons, 2009). Having a partner disclose a transgender identity does not have to be one of them (Aramburu Alegria, 2010, 2013; Brown, 2009, 2010; Buxton, 2006; Chester et al., 2017; Giammattei, 2015; Meier et al., 2013; Platt 2018/2020; Samons, 2009).

Buxton (2006) reported that most spouses take anywhere from three to six years to work through all the issues that may arise from a partner's transgender identity disclosure. In addition to the losses already discussed, Buxton described partners experienced crises of faith, feeling disoriented with their belief system, and conflicted fidelity toward marriage vows (2006). However, not all emotional experiences described were negative. In an exploration of current and former cisgender partners of transgender individuals, Chester and colleagues reported that in addition to the shock and confusion, some partners were also excited about the gender identity disclosure of their trans partner (2017). As their partner's gender transitions progressed, and they co-transitioned, these cisgender partners moved through other emotional responses from acquiescence, to tolerance, to full acceptance, and for some, pride (Bischof et al., 2011; Joslin-Roher & Wheeler, 2009). Partners may experience significant losses as their partner transitions, whether they stay with their trans partner or not (Giammattei, 2015). Overall, the disclosure of a partner's transgender identity is life changing and requires cisgender partners to navigate a

complexity of positive and negative emotional processes (Platt & Bolland, 2018). The effects of being partnered with a person going through a gender transition are vast, and it is difficult to fully comprehend the partner's experience (Chase, 2011). Minority stress has been correlated with depressive symptoms in both trans individuals and their partners (Gamarel et al., 2014). Therefore, it is important that partners take the time necessary to sort out their own feelings about their partners' new gender identities and seek out appropriate support to do so (Giammattei, 2015; Samons, 2009).

### ***Professional Support***

As more individuals come out as transgender for varying reasons, more partners will be affected by their disclosures (Brown, 2010). Given the range of emotional experiences and the complexities of co-transitioning, professional support in the way of counseling or therapy is often indicated for the partner's well-being (Buxton, 2006; Platt & Bolland, 2018; Samons, 2009; Theron & Collier, 2013). Research with other minority groups have shown that relationships are especially challenging within marginalized groups (Platt & Bolland, 2017). Cisgender partners need time and space to learn what it means for their partner to be transgender and what it means for their life and co-transition process (Giammattei, 2015; Samons, 2009). Studies suggest that partners need professional support to help them reevaluate and reconfigure their identity and belief system as well as work on concerns with depression, low self-esteem, lack of self-confidence, and loss of a sense of self (Buxton, 2006). Professional counseling may be invaluable in assisting partners to manage their emotional reactions, deal with questions about their own sexualities, learn to trust again, and work with their trans partners toward a positive outcome whether or not that means remaining together or parting ways (Buxton, 2006; Samons,

2009; Watts et al., 2017). Partners' decisions will often involve cultural, familial, and societal influences in addition to the quality of the relationship itself (Buxton, 2006).

Both individual and couples therapy are indicated for partners to work out their own needs and goals as well as determine the goals for their relationship (Brown, 2010; Buxton, 2006). While it is important that mental health and other healthcare professions provide unbiased support (Watts et al., 2017), not all therapy is created equal and partners have experienced therapists who show bias toward one partner or the other, have biased attitudes about gender or sexual orientation, or who hold outdated beliefs that relationship dissolution is the best outcome (Buxton, 2006; Dierckx et al., 2016; Twist et al., 2017). There are many possible outcomes for couples who experience a gender transition of a partner, and though therapists may be needed to help them get there, the decision ultimately rests with the couple (Samons, 2009). Helping professionals should increase their knowledge of working with this unique style of couple and create a safe space for and validate the full range of emotions that both partners may be experiencing, both individually and as a couple (Bischof et al., 2011). It is important to note that the stressors that partners of transgender individuals experience are not a result of the trans partner but rather a result of the overwhelmingly heteronormative and often transphobic society to which the couple belongs (Theron & Collier, 2013).

## **Summary**

Knowledge of the differences between gender, sex, and sexuality are important underpinnings for understanding a transgender identity. The transgender community is becoming more visible in Western society, appearing in popular US television series and on the cover of strongly admired magazines (Chester et al., 2017). With this visibility there will likely be an increase in individuals realizing their transgender identity (Brown, 2010), and some of these

individuals may already be in existing relationships (Aramburu Alegria, 2010; Giammattei, 2015; Israel, 2005). To understand what it may mean to be in a relationship with someone who discloses a transgender identity, this literature review provided a brief background on the experience of being transgender. Many people whose partners disclose a transgender identity go through what has been coined a co-transitioning process (Theron & Collier, 2013). There are numerous complexities for these partners to navigate including a range of emotional reactions, questioning of sexual orientation, changing gender roles, community marginalization, impact on children, and minority stress (Aramburu Alegria, 2010, 2013; Bischof et al., 2011; Brown, 2009; Buxton, 2006; Chase, 2011; Chester et al., 2017; Dierckx et al., 2016; Gamarel et al., 2014; Giammattei, 2015; Joslin-Roher & Wheeler, 2009; Meier et al., 2013; Platt, 2018/2020; Platt & Bolland, 2018; Theron & Collier, 2013). Research suggests that counseling is integral for partners to work through a co-transitioning process whether or not the couple chooses to remain in the relationship (Buxton, 2006; Platt & Bolland, 2018; Samons, 2009; Theron & Collier, 2013; Watts et al., 2017), develop a new, possibly non-romantic relationship, or choose to part ways (Israel, 2005). There is growing interest and conversation on the lives of transgender individuals (Chester et al., 2017; Dierckx et al., 2016); however, there is a lack of literature surrounding the romantic relationships of transgender individuals and more specifically on the partners of individuals who disclose a transgender identity within an existing relationship (Brown, 2010; Meier et al., 2013).

### ***Gaps in the Literature***

Current literature on partners of transgender individuals was reviewed. Studies included cisgender wives who remained in relationships with their spouses after they disclosed a transgender identity (Aramburu Alegria, 2010, 2013; Watts et al., 2017), cisgender sexual

minority partners of individuals who disclosed a transgender identity after the start of the relationship (Brown, 2009, 2010; Chase, 2011; Joslin & Wheeler, 2009; Twist et al., 2017), a mix of heterosexual and sexual minority partners whose trans partner disclosed their trans identity after the start of the relationship (Chester et al., 2017; Theron & Collier, 2013), and partners, both sexual minorities and heterosexual, where some were aware of their partner's transgender identity prior to the start of the relationship and others were not (Meier et al., 2013; Platt 2018/2020; Platt & Bolland, 2018). Bischof and colleagues examined the experiences of cisgender wives who remain married after their spouse's transgender disclosure, using narratives from a book (2011). Additional literature looked at the impact of a transgender disclosure on families, children, and parenting (Dierckx et al., 2016; Giammattei, 2015; Israel, 2005). One study included partners of transgender persons as part of a greater study on heterosexual partners of an individual who came out as LGBT (Buxton, 2006).

The literature calls for more research on the experiences of trans people and their partners (Joslin-Roher & Wheeler, 2009; Platt & Bolland, 2018). Bethea & McCollum posit that it is vital that researchers gather data on the impact of a transgender disclosure on non-trans family members (2013). The majority of research on partners of transgender individuals has focused on sexual minorities (Brown, 2009, 2010; Chase, 2011; Chester et al., 2017; Joslin & Wheeler, 2009; Platt & Bolland, 2018; Twist et al., 2017; Theron & Collier, 2013). Platt and Bolland state that more research is needed on partners of transgender individuals, and future research should explore a wider range of romantic partnerships including heterosexual partners (2018). Similarly, some literature explores partners knowingly in a relationships with a transgender individual (Meier et al., 2013; Platt 2018/2020; Platt & Bolland, 2018) and these findings would likely be different from partners who were unaware of their partner's transgender identity at the beginning

of their relationship. Brown suggests researchers focus on relationships of longer duration (2010), while Meier and colleagues posit that the transgender disclosure would have a different impact on spouses when compared to dating partners (2013).

Though there is extant literature on cisgender heterosexual spouses of transgender individuals, it is mostly outdated and current literature is limited (Aramburu Alegria, 2010, 2013; Bischof et al., 2011; Watts et al., 2017). Additionally, current literature on cisgender heterosexual spouses of an individual who comes out as transgender explores the nuances of remaining in a relationship with a trans partner and going through a partner's gender transition with them (Aramburu Alegria, 2010, 2013; Watts et al., 2017), includes only one spouse's narrative account (Watts et al., 2017), or has been gathered indirectly through the use of existing narratives (Bischof et al., 2011). What is missing from the extant literature is a current exploration of the experiences of cisgender heterosexual spouses of an individual who comes out as transgender after marriage that includes both perspectives of those partners who remain in the marriage and those who do not.

## APPENDIX C: ONLINE DEMOGRAPHIC SURVEY

Please complete the online demographic survey. This information will provide basic demographic information as well as determine your eligibility to continue in this research study. If it is determined that you are eligible, the contact information you provide will be used by the researcher to contact you to set up a date and time for a virtual interview.

### Demographic Questions

1. Age: Fill in the blank (You may leave blank if you prefer not to answer)
2. Race: (Please select all that apply)
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - White
  - Native Hawaiian or Other Pacific Islander
  - If not listed, please list: Fill in the blank
  - I prefer not to answer
3. Ethnicity:
  - Hispanic or Latino origin
  - Not of Hispanic or Latino origin
  - If not listed, please list: Fill in the blank
  - I prefer not to answer



4. Gender identity: (Please select all that apply)

- Cisgender Woman
- Cisgender Man
- Transgender Woman
- Transgender Man
- Genderqueer
- Non-binary
- If not listed, please list: Fill in the blank
- I prefer not to answer

5. Sexual orientation: (Please select all that apply)

- Straight/Heterosexual
- Lesbian
- Gay
- Bisexual
- Queer
- If not listed, please list: Fill in the blank
- I prefer not to answer

6. Relationship status:

- Single/Never Married
- Married
- Separated
- Divorced
- Widowed
- If not listed, please list: Fill in the blank
- I prefer not to answer

7. Do you have children?

- Yes
- No
- I prefer not to answer

7a. If yes, how many? Fill in the blank (You may leave blank if you prefer not to answer)

- 7b. If yes, what are their ages? Fill in the blank (You may leave blank if you prefer not to answer)
8. Religion: Fill in the blank (You may leave blank if you prefer not to answer)
9. Zip code of primary residence: Fill in the blank (You may leave blank if you prefer not to answer)
10. Marriage status:
- I am **currently** married to a person who identifies as transgender. They disclosed their transgender identity to me while we were married.
  - I was **previously** married to a person who identifies as transgender. They disclosed their transgender identity to me while we were married.
  - Other (please explain): Fill in the blank text box
  - I prefer not to answer
11. Sexual Orientation status:
- I identified as heterosexual/straight when I got married **and** currently identify as heterosexual/straight.
  - I identified as heterosexual/straight when I got married **but** now identify with a different sexual orientation.
  - Other (please explain): Fill in the blank text box
  - I prefer not to answer
12. How long ago did your spouse disclose to you that they identify as transgender?
- Within the last 0-2 years
  - Within the last 3-5 years
  - Other (please explain): Fill in the blank text box
  - I prefer not to answer

### Contact Information for Interview

13. Name: Fill in the blank
14. Phone number: Fill in the blank
- 14a. Please verify phone number: Fill in the blank
15. Email address: Fill in the blank
- 15a. Please confirm your email address: Fill in the blank

16. Preferred contact method:

- Phone call
- Text Message
- Email

16a. If phone call or text is preferred, what is the best time to contact you? (Please be mindful of time zone differences)

- Mornings (8a to 12p Central Time)
- Afternoons (12p to 4p Central Time)
- Evenings (4p to 8p Central Time)
- Late Evening (8p to 11p Central Time)

## APPENDIX D: INTERVIEW PROTOCOL

1. Do you have any questions about the informed consent or this project before we begin?
2. Please tell me a little about yourself and your family.
  - a. (Based on demographic survey) If they indicate they have children: I saw in the online survey that you have \_\_\_ children. Please tell me more about them.
  - b. Tell me a little about you and your spouse/former partner.
3. Please describe for me your views on marriage.
4. Please tell me about your marriage prior to when your spouse came out as transgender.
  - a. When did you get married?
  - b. What was your relationship communication like?
  - c. How would you have characterized your relationship?
5. Please tell me about your partner coming out to you.
  - a. When did it happen?
  - b. Where were you?
  - c. What were your thoughts?
  - d. What did you feel?
6. What were your experiences related to your spouse coming out?
  - a. What was it like for you personally?
  - b. What was it like in relation to extended family?
  - c. What was it like with friends?
  - d. What was it like within larger sociocultural systems (neighbors, at church, etc.)?
7. What does your relationship with your spouse/former partner look like today?
  - a. How would you characterize your current relationship?

8. What does your relationship with your spouse/former partner look like today?
  - a. How would you characterize your current relationship?
9. What role did being married play in your experiences (legally or religiously)?
10. (If yes to 2a) What role did having children play in your experiences?
11. Following your spouse's disclosure, what support services, if any, did you use?
  - a. What services were available?
  - b. What services do you wish were available?
12. What else would you like to share that we have not already discussed?

## APPENDIX E: IRB APPROVAL LETTER



### Oklahoma State University Institutional Review Board

Date: 10/30/2020  
Application Number: IRB-20-465  
Proposal Title: Coming out as transgender: The cisgender heterosexual spouse's perspective

Principal Investigator: Mckinzey Porter, MS Educational Psychology  
Co-Investigator(s):  
Faculty Adviser: Julie Koch  
Project Coordinator:  
Research Assistant(s):

Processed as: Exempt  
Exempt Category:

#### Status Recommended by Reviewer(s): Approved

---

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in 45CFR46.

**This study meets criteria in the Revised Common Rule, as well as, one or more of the circumstances for which continuing review is not required. As Principal Investigator of this research, you will be required to submit a status report to the IRB triennially.**

The final versions of any recruitment, consent and assent documents bearing the IRB approval stamp are available for download from IRBManager. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be approved by the IRB. Protocol modifications requiring approval may include changes to the title, PI, adviser, other research personnel, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any unanticipated and/or adverse events to the IRB Office promptly.
4. Notify the IRB office when your research project is complete or when you are no longer affiliated with Oklahoma State University.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact the IRB Office at 405-744-3377 or [irb@okstate.edu](mailto:irb@okstate.edu).

Sincerely,  
Oklahoma State University IRB

## VITA

Mckinzey T. H. Porter

Candidate for the Degree of

Doctor of Philosophy

Dissertation: COMING OUT AS TRANSGENDER: THE CISGENDER HETEROSEXUAL SPOUSE'S PERSPECTIVE

Major Field: Counseling Psychology

Biographical:

### **Education:**

Completed the requirements for the Doctor of Philosophy in Counseling Psychology at Oklahoma State University, Stillwater, Oklahoma in July, 2022.

Completed the requirements for the Master of Science in Educational Psychology at Oklahoma State University, Stillwater, Oklahoma in 2018.

Completed the requirements for the Bachelor of Arts in Psychology at Arizona State University, Tempe, Arizona in 2007.

### **Experience:**

2021-2022 Texas Tech University Student Counseling Center – *Counseling Psychology Intern (APA Accredited)*

2020-2021 Oklahoma State University Counseling Services – *Practicum Counselor*  
2019 Wings of Hope Family Crisis Services – *Practicum Counselor*

2019-2020 Al Carlozzi Center for Counseling at OSU Tulsa – *Practicum Counselor*

2018-2019 OSU Counseling and Counseling Psychology Clinic – *Practicum Counselor*

### **Professional Memberships:**

American Psychological Association

Division 17: Society of Counseling Psychology

Division 44: Society for the Psychology of Sexual Orientation and Gender Diversity