WHEN A TRANSSEXUAL FAMILY MEMBER TRANSITIONS: A QUALITATIVE EXPLORATION OF THE FAMILY'S EXPERIENCE

A DISSERTATION

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BY

LESLIE C. GUDITIS, B.B.A., M.S.

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To the Dean of the Graduate School

I am submitting herewith a dissertation written by Leslie C. Guditis entitled "When a Transsexual Family Member Transitions: A Qualitative Exploration of the Family's Experience." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.

Linda J. Brock
Linda J. Brock, Major Professor

We have read this dissertation and recommend its acceptance.

Department Chair

Accepted:

Jennifer Martin
Dean of the Graduate School

DEDICATION

Dedicated to my daughters, Courtney and Amanda Hall,

for their patience with me,

both while I was in graduate school and life in general.

Dedicated to my parents,

Margie and Dick Guditis,

who have always supported me, no matter what odd

and out of the ordinary endeavors I have pursued.

Dedicated to Anne for her support

and her patience during this process.

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children. There was something very rewarding about rocking a tiny baby when I had spent the day with my head in the books.

Daughters Courtney and Amanda have been extremely patient and understanding through my years in my master's and doctoral studies. We have been through many challenges together, and sometimes I am amazed that they love me the way they do. I am always in deep gratitude for the force of the mother/child connection. There is nothing more fulfilling to me than to see my children be successful, kind, caring, compassionate human beings. The rewards of a doctoral degree pale in comparison to the rewards of motherhood.

My friends have been extremely patient with me during my years in school. They have supported me by staying in touch and letting me know they were thinking of me. I appreciate their unconditional love. Karen Petty has been an amazing source of moral support for me. When I got frustrated and did not think I was going to be able to finish, she had the perfect words for me. She has lifted me up when I was down, and she has helped me believe in myself. My dear friend Alge Suliakaite has been simply amazing. She was someone with whom I could share my thoughts, who could relate to everything I said. We spent hours on the telephone and in face-to-face conversations supporting each other through comprehensive exams, oral exams, and the dissertation process.

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ABSTRACT

LESLIE C. GUDITIS

WHEN A TRANSSEXUAL FAMILY MEMBER TRANSITIONS: A QUALITATIVE EXPLORATION OF THE FAMILY'S EXPERIENCE

DECEMBER 2009

This qualitative research study explored the experience of family members and romantic partners of transsexual individuals who have completed gender transition. The conceptual framework of the study was family systems and ambiguous loss theories.

In order to find rich, deep meaning in what the participants shared, a phenomenological approach was employed. Participants came from parts of the continental United States and Canada. The recruitment process involved criterion sampling and snowball sampling. Twenty participants, including parents, siblings, adult children, and romantic partners of transsexual individuals came forward.

Four face-to-face interviews and 16 telephone interviews were conducted by the researcher, using a semi-structured interview guide. All interviews were audio taped for transcription. Verbatim transcripts were read and analyzed several times. The researcher discovered categories and themes, thereby finding the essence of what the participant shared.

Through the data analysis process, 11 themes emerged. Under the category of *The Transition Affects the Family Members,* themes included: *It's my transition too, I was*

shocked, I fear for his/her safety, I am angry, He/she is selfish/self-absorbed, and There is a sense of loss. Under a second category of *Finding Peace within Myself,* themes included: *I turn to my spirituality/religion, I see that he/she is happier now, We have open communication, I have sought education and support, and Things get easier with time.* The researcher gave a voice to the participants by including several direct quotes from the interviews, as they shared their lived experience.

A review of the literature was used as a source for comparison with the findings in the study. There is a discussion, written in the researcher's voice, along with conclusions, implications for families and romantic partners of transsexual individuals and for family therapists who may work with families with similar experiences. Limitations of this research, recommendations for professionals and for future research were also presented.

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CHAPTER I

INTRODUCTION

Gender transition involves individuals' desire to change their biological sex to the other sex, thereby allowing them to live in the body they believe matches their gender identity (Lev, 2004). When individuals are uncomfortable in their physical body, and they feel it does not match their gender identity, they experience what is called gender dysphoria. The clinical diagnosis for one who presents for medical, mental, and/or emotional help is gender identity disorder (GID; American Psychiatric Association, 2000).

Historically speaking, sex and gender have been considered binary concepts (male/female or masculine/feminine, and nothing in between). The concept that one should physically be one or the other, regardless of how one feels inside, may lead to gender dysphoria for some individuals. Advances in modern medicine allow surgical gender/sex reassignment, and have created the 20th century phenomenon of gender transition (Meyerowitz, 2002; Lev, 2004). At this time, American society uses the terms *sex* and *gender* interchangeably. The researcher will attempt to keep those terms clear in this study (Definition of Terms).

How families and romantic partners cope with the news of a loved one's intended gender transition is a topic that warrants discussion. Current research indicates that strong family support is one key element to the successful transition of an individual and to

satisfaction with life after transition, for the person who transitioned. Very little research has been done on the families of transsexual individuals; therefore, at this time, it is hard to determine the long-term effects on loved ones. Some medical and mental health practitioners recommend family issues be addressed before sex/gender reassignment surgery takes place, in order to ease the transition for all concerned (Meyer et al., 2001; Rachlin, 2002).

Statement of the Problem

The number of people diagnosed with GID who wish to take steps toward transition from one physical gender to another is growing. At the time this study was conducted, there were no available statistics for the numbers of individuals diagnosed with GID. Any numbers available are estimates. A report published in the United Kingdom indicated in 1998, the estimated number of individuals who presented with gender dysphoria was 8 in 100,000 (Reed, Rhodes, Schofield, & Wylie, 2009). Currently, the estimate was 1 in 10,000 for biological males and 1 in 30,000 for biological females (American Psychological Association, 2009). The growth rate of individuals with gender dysphoria is thought to be 15 percent per year, and the numbers of individuals seeking treatment are expected to double every five years (Reed et al.)

As the numbers of individuals presenting with gender dysphoria and GID increase, more families will be faced with the challenge of either choosing to embrace their transitioning loved one or choosing to deny the transition, thereby risking their relationship with their loved one. The experiences of families of transitioning individuals vary from individual to individual and from family to family. What does not vary is the

fact that families are affected by the transition, as suggested in the document by Bockting, Knudson, & Goldberg, 2006; Erich, Tittsworth, Dykes, and Cabuses (2008), in which they address mental health practices for professionals who work with transsexual individuals and their loved ones.

Strong, solid and supportive relationships are important to the satisfaction a transsexual individual experiences after transition. When an individual has a solid professional life, a strong family, a supportive network of friends, and is emotionally stable, transition and long-term adjustment are easier than when those elements are not present (Rachlin, 2002; Erich et al., 2008).

The intent of a phenomenological exploration of the experiences of the family through the lenses of ambiguous loss and family systems was to enhance the knowledge and understanding of the issues that may arise. Since an increasing number of people are transitioning, and more family systems are being affected, the researcher felt the need to explore these issues was increasing as well.

This study consisted of interviews with 20 family members and/or romantic partners of transsexual individuals who have already transitioned. They were asked to tell their story about their relationship with their transsexual loved one before, during, and after transition. The intended benefits of the study were increased knowledge about the relationships of transsexual individuals with their loved ones, as well as insight for family therapists and other mental health professionals who work with transsexual individuals and/or their loved ones.

Purpose of the Study

The purpose of this study was to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition.

Research Questions

1. What is the experience of a family member or romantic partner of a transsexual individual who transitions from one gender to another, before, during and after transition?
2. How can the theory of ambiguous loss be used to explain some of the experiences of family members and/or romantic partners of transsexual individuals who transition?

Conceptual Framework

Family systems and ambiguous loss theories were used as the conceptual framework for the study. They are explained in the following sections:

Family Systems Theory

Interacting variables, and how one explains organizations and relationships and the significance of the variables, are at the root of systems theory. Circular, rather than linear, relationships are viewed, in order to discover the nuances that occur in a system. Systems theory does not look at direct cause and effect. It looks at the relationships between the parts of the whole (Mikesell, Lusterman, & McDaniel, 1995).

The behavioral and social sciences adopted the concept of systems, not as a theory as much as a conceptual framework. However, the word theory is almost always used when behavioral and social scientists refer to family systems (Mikesell et al., 1995).

In terms of familial relationships, when one part of the family is affected by an event, the whole system is affected in a bi-directional way. Family members are assigned roles within the family system. Adaptation to change in the family, either difficult or easy, is often influenced by the nature of the system and how well the system operates as a whole (Becvar & Becvar, 2008).

Ambiguous Loss Theory

Boss's (1999) ambiguous loss theory is a descriptive theory that originates from a symbolic-interaction perspective. There are two types of ambiguous loss, as viewed by Boss. One occurs when a family member is physically present but psychologically absent (e.g., an Alzheimer's patient). The other occurs when a family member is physically absent but psychologically present (e.g., a soldier missing in action or one of the presumed dead after the World Trade Center disaster in New York City, September 11, 2001). The ambiguity comes from the uncertainty of knowing whether the loved one is absent, present, dead or alive. Because of the unresolved grief, stress-related symptoms may result (i.e., depression, anxiety, physical illness, and/or family dysfunction; Boss, 1999).

This researcher believes some family members of transsexual individuals may experience ambiguous loss at some point in the gender transition of their loved one. Perhaps they have the thought that their loved one is still with them emotionally, but they see someone completely different physically. Perhaps they believe their loved one has died, in a sense, in terms of who they perceived that person to be prior to the transition.

someone is there, but it is not the person they used to know. There may be a feeling of loss that is difficult to understand, since, in reality, their loved one has not died.

The family stress theory is the foundation for the theory of ambiguous loss, which then leads to the concept of boundary ambiguity (Boss & Greenberg, 1984). Family boundaries change. Someone may be added to the family, perhaps through marriage or the birth of a child. A family member may be taken away, either by death, illness, divorce, or injury. When boundaries change, ambiguity often occurs as the result of the lack of definition of roles. One may question who is in or who is out of the family. Some families are able to cope well with such changes and ambiguity, but others experience an increase in anxiety and dysfunction (Boss, 1977, 1980; Boss & Greenberg, 1984).

The quality of a family relationship, whether a marriage, a domestic partnership, a parent/child or sibling relationship, is determined to be a factor in the way the family copes with change and strain. Spouses or other family members who perceive the relationship negatively will likely suffer more adverse affects of change (e.g., depression; Bockting et al., 2006).

Ambiguous loss, boundary ambiguity and marital/family relationship quality can impact family members' levels of stress and depression. This study will enhance the ability of family therapists to better understand the dynamics of families of transsexual individuals and will enable them to work more effectively with the families.

Definition of Terms

Since there is relatively little empirical research on transsexual individuals and their families, many of the terms used in this study related to the transsexual phenomenon

are nonscientific, socially constructed terms. The researcher attempted to find scientific definitions for all the terms, but some of them are simply social constructs.

Transgender: The umbrella term for individuals who cross binary gender lines (masculine/feminine), either through cross-dressing, assuming the identity of the gender other than one's birth, going through medical procedures to alter the physical body (hormones or surgery), or being a "gender-bender" who does not assume a definitive gender identity. A person who is transgender thinks and feels in a way that is not congruent with his/her biological sex. In other words, her/his internal concept of self is different from his/her external presentation (American Psychological Association, 2009; Stryker & Whittle, 2006). A transgender individual is someone who does not adhere to society's expectations of masculine/feminine.

Transsexual: Individuals who wish to medically alter the genitalia with which they were born, in order to transition from one physical presentation to another (Stryker & Whittle, 2006). They believe their physical body and their gender identity do not match. Hormone therapy and sex/gender reassignment surgery are included in the medical treatment that aids in the physical transition of a transsexual individual. Transsexual individuals fit under the umbrella of the term transgender, and many transsexual individuals prefer to use the term transgender when they speak of their identity. Part of the diagnostic criteria for gender identity disorder in the DSM (American Psychiatric Association, 2000) is the "preoccupation with getting rid of primary or secondary sex characteristics (e.g., requests for hormones, surgery, or other procedures to physically alter sexual characteristic to simulate the other sex; p. 581). This is what is considered a true transsexual.

Transition: The process through which transsexual individuals go, as they begin to live, experience, and become the physical sex they believe they are meant to be, or "from living as a woman to living as a man" (Cooke-Daniels, 1998, p. 9). It is "the physical, legal, and psychological experience of moving from one gender identity to another or allowing others to see their authentic identity" (Lev, 2004, p. 399). Medical treatment is, but not always, a part of this process.

Sex: Male/female biology (sex chromosomes, gonads, ovaries, external genitalia) with which one is born and with which one is presumed to identify (American Psychological Association, 2009)

Gender: A product of society's definition of what it means to be a man or a woman and the societal rules by which one is expected to live, in terms of how people act and feel about themselves (American Psychological Association, 2009). Gender is a social construct (masculine/feminine), while sex is biological (male/female).

Gender dysphoria: When individuals are dissatisfied, often disgusted, with their physical gender manifestation to the point that it affects their normal life functioning. They feel a sense of incongruity with their gender role and their biological sex (American Psychological Association, 2009)

Gender Identity Disorder (GID): An emotional disorder in which patients/clients experience discomfort with their biological sex, and they identify as the other sex with some level of frequency (American Psychiatric Association, 2000)

Sex Reassignment Surgery (SRS): Sometimes called sex change operation or referred to a gender reassignment surgery (GRS); the surgery involved in changing one's sex, which

includes removal of and/or reconstruction of the internal and external sex organs, mastectomy, hormone therapy, and cosmetic procedures (Lev, 2004). The term *gender surgery* is used in the Harry Benjamin Standards of Care (SOC; Meyer et al., 2001), but *sex reassignment surgery (SRS)* and *gender reassignment surgery (GRS)* are the more commonly used terms. *Sex* and *gender* are often used interchangeably when referenced with surgery.

Sexual Orientation: Determined by the sex of the person to whom one is sexually and romantically attracted, to those with whom one falls in love. Most people experience gender identity and sexual orientation as different concepts. A biological male who was attracted to women prior to transition usually continues to be attracted to women, becoming after transition what may be regarded as a lesbian. A biological woman who considered herself a lesbian before transition is likely to still be attracted to women, becoming after transition what may be regarded as heterosexual (American Psychological Association, 2009).

Ambiguous loss (AL): A loss that is not clear, either because of a family member's or loved one's being physically absent but psychologically present or physically present but psychologically absent, which often leads to feelings of unresolved grief (Boss, 1999)

Boundary ambiguity (BA): When one does not know who is in or who is out of the family or relationship, which may lead to anxiety, stress, depression, somatic symptoms, and conflict within the family (Boss, 2006)

Family member (for the purposes of this study): Either a spouse or partner, the parent, an adult sibling, or the adult children of a transsexual individual

FtM: Female-to-male transsexual individual

MtF: Male-to-Female transsexual individual

Assumptions

The following assumptions underlay this research:

1. The transition of a loved one has a significant impact on the family system.
2. Romantic partners and families of transsexual individuals experience a variety of thoughts and feelings about the transition of their loved one.
3. Some social stigma may be attached to the concept of transition, which may, in turn affect the romantic partners' and family members' ability to cope with the transition.
4. Participants in this study will speak honestly about their experiences.

Delimitations

This study was delimited in the following ways:

1. Romantic partners and family members of transsexual individuals who have had some medical intervention toward physical transition from birth sex to desired sex (i.e., sex reassignment surgery, hormone therapy) were included in the study.
2. Only participants eighteen years or older were included in the study.
3. The sample size was limited to those individuals living in the continental United States and Canada.

Researcher as Person

I am a doctoral candidate in Family Therapy at Texas Woman's University. For almost sixteen years, I was married to the father of my two daughters (25 and 18 at the time of this study). Currently I am living in a same-sex partnership and have been openly gay for about fifteen years.

Several years ago, I experienced the transition of a dear friend. After my friend shared the news of his impending gender transition, I set about to learn everything I could learn about transgender and what gender transition involved. At that time, there was not much information available, and there were not many support groups for loved ones of transgender individuals. With the help of my transitioning friend and the Internet, I was able to find some relatively good resources and an online support group that was extremely helpful.

Despite my attempt to be an unconditionally loving and understanding friend, for quite some time, I experienced difficulty in my attempt to grasp and embrace the concepts of transgender and transsexualism. Through the years, and with much reading, exploration, and personal, internal work, I believe I have the ability to be open, receptive and supportive of others who have gone through the same process, while bracketing my biases and preconceptions.

In order to remain unbiased as I interviewed participants, I debriefed with my family therapy supervisor, my research advisor, and other therapists who could help me reflect and stay clear and on purpose. Since I experienced many of the thoughts and feelings my participants shared, I thought that it was extremely important to keep my

biases in check by sharing my thoughts and feelings often with my supporters. Of course, I maintained confidentiality and anonymity of the participants. Since this study used a phenomenological qualitative interview, it was important for me to hear and understand the lived experiences of the participants, without reading something into the story that was not there.

Summary

According to estimates, gender identity disorder and the incidence of individuals presenting for medical treatment are increasing. Since it is assumed that the families of transsexual individuals are indeed affected by the gender transition of their loved one, and because there is a paucity of research in this area, the researcher believed the topic presented in this study to be worthy of research at this time.

The purpose of this study was to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition. Families and romantic partners of transsexual individuals were recruited as participants and interviewed to explore the lived experience of loved ones of transsexual individuals who have transitioned.

Ambiguous loss and family systems theories provided the conceptual framework for the study. The quality of family life and the relationships the transitioning families maintain may influence stress and anxiety levels. The occurrence of depression in family members of transsexual individuals may be affected by the state of the relationship, as is the ability of the family members to cope with and accept the changes their loved one has made.

Also explained in this chapter were the operational definitions, assumptions, research questions, and conceptual framework for the study. A description of the person of the researcher as the phenomenological research instrument was included.

The knowledge gained from this study will help family therapists become aware of the issues, challenges, and successes transgender individuals and their families may experience. Through increased knowledge and awareness, family therapists may be better equipped to serve this population.

CHAPTER II

REVIEW OF THE LITERATURE

Gender variance affects an individual, the family, and the community. When a transsexual individual decides to take steps toward transition from one gender expression to another, all parts of the transsexual individual's life are affected. In order for mental health practitioners to support transsexual individuals, their loved ones, and their community at large, including employers and peers, it is important for the practitioner to have a good understanding of transsexual issues, terminology, and processes. Not only is it important for family therapists and other mental health practitioners to be supportive of the transsexual individual, but in order for the gender transition to be as smooth as possible, the practitioner must have knowledge of the process of the loved ones as well (Lev, 2004).

In order to explain the theoretical and conceptual frameworks of the study and to provide background information and definitions, this review of the literature discusses topics of gender identity disorder, ambiguous loss theory, family systems theory, and potential effects on the family systems of transsexual individuals.

Concepts of Sex and Gender

The terms sex and gender are often confused. In this study the term sex refers to biological sex, that is, chromosomal, gonadal, and internal reproductive sex. Male individuals ordinarily have XY chromosomes and external and internal male reproductive

organs. Female individuals ordinarily have XX chromosomes and external and internal female reproductive organs. Most biological males identify as male, and most biological females identify as female (Lev, 2004; Devor, 1998).

Some individuals, although born with male anatomy, identify as female and believe their bodies to be mismatched to their true selves. Some individuals born with female anatomy identify as males and believe their bodies to be mismatched to their true selves (Lev, 2004). These biological males and females are referred to as transsexual individuals in scientific literature.

Gender is the socially constructed concept of masculinity and femininity associated with biological sex in a particular culture, place, and time. A society's expectations for how men and women are to express their maleness and femaleness may or may not be a good fit for any given male or female. Cultures vary as to how much latitude is allowed in expressions of masculinity and femininity before social sanctions are enforced (Lev, 2004).

Transgender is an umbrella term covering any expression of one's sexuality that varies from a society's norms. Transsexual individuals who have an enduring conviction that they are the other sex, despite the biology of their bodies, may have had medical interventions such as hormonal and surgical sex reassignment, in order to help their bodies match the sex they believe they are. Ordinarily they also desire to express their sense of identity as the sex they believe they are, not as the original biological sex with which they were born (American Psychiatric Association, 2000; Harry Benjamin

International Gender Dysphoria Association, 2001; Lev, 2004). In many cases these individuals prefer to refer to themselves by the term transgender, rather than transsexual.

Theories about Transsexualism

Even though the cause of transsexaulity remains unknown, there are theories about where transsexualism is rooted. Meyerwitz (2002) reviewed literature from medical and social science fields in order to discover overarching theories of why transsexualism exists. Stoller (1968, 1985, as cited in Meyerwitz) theorizes that transsexualism is a mental disorder that may begin as a result of a trauma that occurred in a child's life or because of poor parenting. The suggested treatment in this case was psychoanalysis or psychotherapy (Califia 1997).

Another theory about the cause of transsexualism is that nature and nurture combine to bring about one's feelings of incongruence in their biological sex and the sex they believe they are. It suggests that one may have a biological predisposition that, combined with environmental forces, might lead to transsexualism (Meyerwitz, 2002). Money and Ehrhardt's (1972) twins case was used to support his nurture theory, where a male twin whose penis was damaged irreparably during circumcision had sex reassignment surgery at 22 months of age and was then raised as a girl. The child was socialized as a girl and received female hormone treatment. At the time, Money believed the reassignment to be a success, but later, upon a reevaluation of the subject in 1993, the medical intervention was deemed a failure (Diamond & Sigmundson, 1997).

Some evidence has lead to the theory of a biological component to transsexualism. In a study by Zhou, Hofman, Gooren, and Swaab (1997), a brain area was found that shows that gender patterns in MtF transsexual individuals do not match the patterns in non-transsexual males and females. They studied the brains of six male-to-female transsexual individuals and compared their data with known information about brains from nontranssexual individuals that indicates one brain area that is essential for sexual behavior is larger in men than in women. This brain area in male-to-female transsexual individuals is female-sized, which may lead to the conclusion that some aspects of transsexualism might be biological. Their study supports the hypothesis that gender identity develops as a result of an interaction between the developing brain and sex hormones.

Haldeman (2000), using a social constructivist lens, finds the evidence inconclusive, in a summary of the literature on gender atypical youth. Since Haldeman wrote from a specific point of view, there may be other ways to interpret the literature. As far back as the 1960s, Benjamin suggested "prenatal exposure, unfavorable conditioning, or 'imprinting' as possibilities" as cited in Bullough & Bullough (1998, p. 18).

Gender Identity Disorder

Gender Identity Disorder (GID) has been described as an emotional disorder in which patients/clients experience gender dysphoria, or discomfort with their biological sex, and identify as the other sex with some level of frequency. In the DSM-IV (American Psychiatric Association, 1994), a category was added, which is Gender Identity Disorder of Childhood (GIDC). The terms sex and gender are often used

interchangeably in the literature, but most researchers and clinicians agree that sex is based in biology (male or female), while gender is the socially constructed manifestation of a man or a woman (masculine or feminine; Langer & Martin, 2004).

Prevalence

Since some individuals live as the gender other than their biological sex without presenting for treatment, accurate information about the numbers of people who suffer from gender dysphoria are difficult to gather. However, the numbers of patients who present with GID and who opt for surgical intervention are easier to track. According to Sharma and Gupta (2007), early estimates of the prevalence of transsexualism were 1 in 37,000 males and 1 in 107,000 females, but recent numbers have shown an increase to 1 in 11,900 males and 1 in 30,400 females . Numbers from the American Psychological Association (2009) indicate 1 in 10,000 for biological males and 1 in 30,000 for biological females.

Still the exact numbers are hard to determine, since some transsexual individuals may choose to live in relative anonymity. However, overall statistics are estimated by the number of individuals who present for medical intervention. Researchers who study transsexual issues believe there is likely a percentage of the total number of transsexual individuals who seek medical intervention, but at this time, those percentages are merely a rough estimate based on clinical experience, rather than empirical evidence (Lev, 2004).

Criteria for Diagnosis

According to the DSM-IV-TR (American Psychiatric Association, 2000), Gender Identity Disorder has four main criteria for diagnosis (Appendix A). Patients/clients who present with this issue identify with the other gender, are uncomfortable with their assigned sex, and feel they are inappropriately gendered in their assigned sex. The DSM-IV-TR also says that the GID individual desires or claims to be the other sex, wears typically other-sex clothing and adopts behaviors that are stereotypically identified with the other sex. As children they prefer to have playmates of the other sex. These individuals do not have the physical conditions of intersex or ambiguous genitalia (Langer & Martin, 2004).

After the Diagnosis

In the 1960s, Harry Benjamin who has been called the American father of transsexualism, was one of the first doctors who considered transsexualism to be a medical condition that warranted medical treatment, rather than strictly a mental disorder. He suggested that sex reassignment surgery (SRS) was the effective treatment, rather than psychoanalysis (Califia, 1997).

When and if a diagnosis is made, and an individual has decided to proceed with medical intervention for GID, standards of care have been put in place for the treatment of the individual. In general, treatment includes psychotherapy, endocrine/hormone therapy, and surgery. The Harry Benjamin International Gender Dysphoria Association (HBIGDA) prescribes Standards of Care (SOC) for the GID person and the psychiatric, psychological, medical and surgical management of the disorder (Meyer et al., 2001).

Some individuals' dissatisfaction with their sex reassignment surgery led to the establishment of the Harry Benjamin Society and the creation of the standards (Bullough & Bullough, 1998).

Standards of Care

In the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000), the diagnosis given to people who struggle with this incongruence is gender dysphoria or, officially, Gender Identity Disorder (GID). When clients present to a medical or mental health practitioner with gender dysphoria, in order for their treatment (psychological, as well as hormones and SRS) to be covered by insurance, they must be given a diagnosis from the DSM-IV-TR. While transsexual individuals and their advocates do not view transsexualism in a pathological sense, without a clinical medical diagnosis, treatment options are limited, and many people are left to deal with deep emotional pain with little or no professional help (Lev, 2004).

When a drastic step is indicated, the client/patient is normally required to live as their desired gender for one year before sex reassignment begins. For all clients/patients, extensive psychotherapy is required before surgery. For children/adolescents, it is normally required that they reach the age of eighteen before they begin sex reassignment (Lev, 2004).

A document written by Bockting, Knudson, and Goldberg (2006) aimed at aiding mental health practitioners who work with trans-specific issues, suggests that comorbid mental health concerns must be assessed before a mental health practitioner can

effectively give the diagnosis of GID, with a recommendation for medical intervention. Depression, anxiety, and suicidality are not uncommon among transsexual individuals. Self-harm often arises in an attempt to self-regulate dissociative states or emotional futility and feelings of hopelessness.

When a transsexual client also presents with a thought disorder (i.e., schizophrenia or schizo-affective disorders), the clinician must manage that disorder in order to stabilize the patient/client, while exploring the gender dysphoria. Personality disorders may be present, and they may or may not be directly related to the gender issues. Rational emotive therapy, cognitive behavioral therapy, or dialectical behavior therapy are suggested, sometimes in conjunction with pharmacotherapy (Bockting et al., 2006).

Overall, transsexual individuals present with many of the same life issues as other clients. Gender issues may simply compound other presenting issues. In order to develop a comprehensive treatment plan, exploration of all the issues, not just the gender issues, is critical. Some trans-specific issues are: body image (what a *real* man or *real* woman should look like), grief and loss (work, family and friends, spiritual/religious community), sexual concerns (Will I be able to perform/enjoy sex? Will I be homosexual or heterosexual?), social isolation (Will I be accepted?), spiritual concerns (church, religious, spiritual acceptance), substance abuse (in an attempt to cope), or violence/abuse (hate-motivated or in personal relationships; Bockting et al., 2006).

Early Manifestation

Some mental health professionals believe that GID and GIDC are disorders that can be helped by therapeutic intervention. In other words, some clinicians believe patients/clients presenting with GID or GIDC can be brought back to what they consider to be healthy gender identity. Langer and Martin (2004) believe transsexualism is a way of being and an expression of self identity that would be better dealt with by the support and understanding of professionals, teachers, and romantic partners in the lives of the young people who experience gender dysphoria.

Haldeman (2000) states that because of the lack of information and education up to this time on GIDC, the importance of investing the time and resources needed to study this group and the behaviors and resulting issues that are specific to this group is critical. Early intervention and therapy for all involved parties could help avoid emotional harm to the client in the future and into adulthood. If mental health professionals are educated on this topic, they will be better prepared to treat their clients who are dealing with GIDC.

In the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2000), the criteria have been relaxed so that children who present with gender dysphoria need only *indicate* a desire, not *state* a desire, to change their sex in order for it to be a diagnosable disorder. Because of this change in the DSM, more children are now being diagnosed. Langer and Martin (2004) have expressed concern about the possibility for emotional harm because of the

stigma of a child's being diagnosed and treated for a disorder. However, the authors indicate that the occurrence of true GIDC is rare.

Clinicians Rekers and Kilgus (1998) report that children may start to demonstrate gender-atypical behaviors early in their lives. Most atypical behaviors are considered to be a passing phase and are expected to go away over a period of time, usually by adolescence. The ratio of masculine to feminine manifestations should be considered, rather than the particular behaviors, when attempting to give a diagnosis of GIDC. Younger children who self-report are more likely to be honest about their behaviors than adolescents who have developed ideas of what is socially acceptable behavior. In adolescence, many girls display behaviors that may label them tomboys, but those behaviors do not necessarily make them candidates for a GIDC diagnosis.

Most children's gender dysphoria decreases and usually disappears by adolescence. A small group for which the symptoms escalate at the onset of puberty may remain. These children continue with gender dysphoria that escalates into a desire to lose their male or female body parts and the characteristics that they find appalling. When the dysphoria increases to the point that the client's/patient's emotional well-being is in danger, medical intervention and even sex reassignment may be justified. These cases are extreme and rare, according to DiCeglie, Freedman, McPherson, & Richardson (2002) who conducted an audit of 124 cases seen in their gender clinic in the late 1980s and into the 1990s.

DiCeglie et al. (2002) observed that their patients experienced problems in relationships with others, and social isolation was common. Girls in their sample reported

greater levels of depression at a higher rate than boys. They concluded that the likelihood of suicide is much greater in those with gender identity disorder than in the general population.

According to Lev (2004), there is indication that gender orientation is irreversible after adolescence. Exhaustive measures are used in adolescence to ensure GIDC is a correct diagnosis. If it is a correct diagnosis, sex reassignment is indicated. Since typical gender role behaviors in adolescents vary greatly, longitudinal observation and treatment is critical before any decisions are made about sex reassignment (Lev, 2004).

Adequate evidence to support reliable conclusions and to make definitive statements about GID and its ramifications is not available because of small sample sizes, too many variables, the possibility that other circumstances influence the outcome, issues with measurability, and researcher error. Some researchers express their belief that GID/GIDC is not a disorder, but is a deviant way to express individuality that is outside what is considered *normal.* Perhaps it is normal, but lies outside the parameters of what is considered typical gender appropriate behavior (Langer & Martin, 2004).

Some mental health professionals are concerned because of the stigma that comes with a diagnosis of GIDC in adolescence. There is the potential for ostracism and criticism by family and peers. Children and adolescents may suffer a far greater injustice by being treated, in the hopes of a cure or a change in behavior, than if they had not sought help. The likelihood of their experiencing depression and thoughts of suicide, which are prevalent in this group, might also increase, according to Langer and Martin (2004).

Adolescence is a challenging time for all children. Peer pressure and society's insistence on adherence to norms cause distress in many individuals, no matter what their gender identity. Some adolescents believe there is no one to turn to and nowhere to go for help. Developing self-esteem is a challenge for young people, under the best of circumstances. Gender dysphoric teens feel increasingly lost as their bodies begin to develop. They may try cross-dressing in order to satisfy their internal need to be a different gender, but they often continue to feel alienated and alone (Rekers & Kilgus, 1998).

Social constructs have historically dictated gender appropriate behavior. Gender has to do with a person's outward manifestation of their internal feelings of whether they are male or female. Sex is a biological issue. As a result of the social constructs and definitions of how a particular gender *should* manifest, a wide range of behaviors exists that could be construed as male or female, depending on who is making the judgment (Langer & Martin, 2004).

Various cultures and societies have differing ideas on what is feminine or masculine. Western society finds the manifestation of masculine traits in women more acceptable than feminine traits in men. Therefore, effeminate boys are ostracized and criticized more than masculine girls, who are often referred to as tomboys (Langer & Martin, 2004).

Diagnoses are often made in order to allow professionals to treat patients. Mental health intervention for children and adolescents with GIDC is often undertaken to help reduce possible negative affects of social stigmatization, as well as to help prevent the

child from becoming homosexual or a transsexual adult. No evidence has been found that intervention and treatment change someone's sexual orientation or sexual/gender identity. When the APA declassified homosexuality as a diagnosis in the 1973 edition of the DSM, it was no longer considered pathological (Langer & Martin, 2004).

Zucker and Spitzer (2005) theorize in their historical analysis that the diagnosis of GIDC has been used by some as a replacement for a homosexuality diagnosis that was removed from the DSM. This category for sexual disorders calls for treatment and can be used as validation for third party (insurance) payment. Zucker and Spitzer suggest that an expert consensus developed an acceptable diagnosis without having conducted clinical trials on which to base their diagnosis.

Langer and Martin (2004) encourage the focus in treatment not on changing the behavior or manifestation, but changing the attitude of the patient/client and their families about the gender issue. Most of the children with suspected GIDC are referred because of their parents' concern that they will grow up to be homosexual, according to the paper written by Langer & Martin (2004). Some professionals have criticized the DSM inclusion of GID as a method for parents and mental health professionals to attempt to prevent homosexuality. It is speculated that critics will lobby for the removal of GID/GIDC as diagnosable disorders (Zucker & Spitzer, 2005).

In a case report by DiCeglie, et al. (2002), the authors write that problems mental health professionals find associated with GIDC often manifest in the areas of relationships, family context, and peer group, which may lead to the child's feeling emotionally distanced. Parental depression has been indicated as a possible correlate to

GIDC, but evidence is inconclusive. The possibility exists that a parent who has been diagnosed, and is being treated, is more likely to seek professional help for their child than a parent who is not being treated.

According to research, the families of gender atypical children have a higher incidence of psychiatric problems. As stated in a report by DiCeglie et al. (2002), the results of one study said that eighty percent of the mothers of GID children and forty-five percent of the fathers of GID children had a history of psychiatric diagnosis and/or treatment. A high incidence of a lack of an adult male role model in the cases of male children with gender dysphoria is found. Suggested treatment for this disorder should focus on the family dysfunction, rather than on the manifestation of the issue, with the goal of preventing further emotional pain and damage.

According to Haldeman (2000), most researchers in the area of GID/GIDC believe that changing the individual is easier than changing society's perception and prejudices about the issue of gender dysphoria. It is important first, to consider the child's well-being. Rather than making the child responsible for a change which could potentially cause more harm, it is more sensible for society to make the adjustments and to be accepting of the individual. Haldeman states that to try to coerce and manipulate a young person into altering his/her forming identity in order to adhere to societal norms can fundamentally interfere with a child's sense of autonomy and may contribute to further pain and confusion.

The Transition

According to Lev (2004), "the transgender movement is shaking the foundation of the mental health system in much the same way that the feminist movement and the gay liberation movement did in the past thirty years (p. 3). Many people find themselves confused and uncomfortable, and mental health professionals are faced with the challenge of helping family members of transsexual individuals work through their reactions to their loved one's transition. Mental health professionals are better able to support loved ones when they are educated on the topic of transsexualism and the processes through which transsexual individuals and their families go.

Lev (2004) said that families of transsexual individuals have been overlooked in literature. In the past, transitioning individuals were viewed as having two options: 1) be in the family and do not transition or 2) transition and be out of the family. It was not expected that mental health professionals would deal with the loved ones of transsexual individuals. Therefore, little attention has been paid to the needs of the families of transsexual individuals as they transition with their loved one.

The first step in gender transition is awareness, when gender-variant people become aware of the distress they are experiencing in regard to gender expression. The second step is to gather information and to reach out for support. The third step is disclosure to romantic partners, while the fourth step involves personal exploration of identity expression and self-labeling. The fifth stage is exploration again, but in this stage, a transsexual person explores options for transition, in terms of identity, presentation and body modification. The sixth and final stage is integration, which

includes acceptance and post-transition issues, where transsexual people synthesize their identity (Lev, 2004).

Lev (2004) writes that when clients in the early stages of transition present for therapy, they often appear anxious and overwhelmed. They may exhibit many signs of mental health disturbances, such as insomnia, distancing from family and friends, depression, weight loss or gain, and work/school difficulties. They may be experiencing anxiety, dissociation, suicidality, sexual dysfunction, substance abuse, or self-mutilation. Some may experience joy and a sense of release, but most of the transsexual people presenting to a therapist after their initial awareness stage has begun are in great emotional pain.

Many options are available that may alleviate some of the pain associated with transsexualism. Once a person begins to research and explore options, the emotional pain often begins to subside. To dress as the gender other than one's biological sex is usually the first step in the physical transformation of a transsexual person. Hormone treatment is often the first medical procedure. Surgical procedures often, but not always, follow (Devor, 1997; Lev, 2004).

Sex Reassignment Surgery

Since many transsexual individuals feel disgust for the body parts they believe to be incongruent with their true selves, the first thing they may want to do, as they begin their physical transition, is to have those body parts removed. Usually FtM transsexual individuals first have a mastectomy and then construction of a male chest. This particular surgery is relatively easy to obtain, if one has the money, or their insurance covers it, and

it usually results in few complications (Devor, 1997). Male-to-female (MtF) sex reassignment surgery is less expensive than female-to-male (FtM) surgeries, it is less complex, and the patient satisfaction is greater (Heath, 2006).

While many FtM individuals would like to have been born with a penis, many do not opt for surgery to create a penis, through either phalloplasty or metoidioplasty, which are the two available surgeries. The phalloplasty is intended to create a full-size penis through skin graft from other parts of the body. The metoidioplasty simply releases the clitoris by cutting a ligament under the clitoral hood. This procedure creates a smaller, micropenis, and results in the inability to sexually penetrate. Either surgery is time-consuming, is relatively expensive, and has not proved to be very satisfying to many FtM transsexual patients (Devor, 1997; Rachlin, 2002).

Male-to-female transsexual individuals who opt for surgery may have a surgical procedure called a vaginoplasty, where the male genitals are transformed into female genitalia. An orchidectomy is performed to remove the testicles, and the tissue from the penis and scrotum are used to create a vagina, labia, and a clitoris. Breasts may have already begun to develop from hormone therapy, but many transsexual women opt to have breast implants, as well (Heath, 2006).

According to Lev's (2004) book for mental health professionals who work with families of transsexual persons, in the majority of the cases investigated, the psychosocial adjustment of male-to-female transsexual individuals improved after treatment and sex reassignment surgery (SRS). A gap in empirical evidence exists, however, as fewer studies have reported on the FtM SRS. Male-to-female (MtF) transition is more prevalent

than female-to-male (FtM) transition. More men than women opt for the sex reassignment surgery that transitions them to the other sex.

The numbers may be skewed, since it is possible many FtM individuals pass more easily as the other sex than MtF individuals. Therefore, a transsexual male (FtM) might not openly admit his biological sex. In a male-dominated society, a woman's dressing as a man is more socially acceptable than a man's dressing as a woman and therefore is more likely to go unnoticed. Men wearing women's clothing and acting effeminate is less acceptable, and biological men often have difficulty passing as women because of their bone structure and body hair (Lev, 2004; Langer & Martin, 2004).

The overall numbers and the percentages (male vs. female) of the biological sex of transsexual individuals are not clear because of the lack of empirical data. What seems to be pervasive in the transsexual population is the aforementioned desire to express oneself in a way that personally feels right and congruent (Lev, 2004; Langer & Martin, 2004).

Research that has focused on regret after sex reassignment surgery and the long-term ramifications of transition has indicated a complex concept that is influenced by the presence of psychopathology, psychosocial adjustment, cosmetic and functional results of the surgery, lack of pleasure from sexual relations, and interpersonal relationships, according to information that was included in a case report by Olsson and Moller (2006). Psychopathology that precedes SRS may subside for awhile, as the euphoria that follows surgery appears. However, in many cases, dysphoria reappears at some point following the surgery (Olsson & Moller).

When GID is comorbid with another diagnosed disorder, if the other disorder is not treated, the patient is likely to be dissatisfied. Lack of support from family and friends and patients' ambiguity about their sexual orientation have been associated with regret after SRS (i.e., Will I be heterosexual, homosexual, or bisexual?) Patients may hope for the surgery to be their magic pill to ease their pain, yet their hopes may be dashed when the dysphoria does not disappear (Olsson & Moller, 2006).

Conceptual Frameworks

Family systems and ambiguous loss theories were used as the conceptual frameworks for the study. They are explained as follows:

Family Systems

The use of family systems theory as part of the conceptual framework of this study helped provide a better understanding of how families of transsexual individuals are affected by the gender transition of a loved one. The focus in systems theory is on family relational dynamics, rather than on individual family members (Becvar & Becvar,2008).

While each family member is a whole unit within itself, the individual unit is part of a bigger unit, which is the family. One cannot simply look at the dynamics of an individual unit, without taking into account how the individual unit affects the larger unit, and vice versa. A family system is a complex unit made up of smaller units. The interaction of the smaller units affects the dynamics of the larger unit (Kozlowska & Hanney, 2002)

Family members are interdependent, and the system has a need to maintain balance, in order for the system to run smoothly. Family characteristics, the characteristics of individual family members, the role each member plays, and how the family interacts come together to keep the system in balance. When one part of the system is changed or upset, the whole system is affected and may be set off balance. When the system changes, the individual parts of the system change, as well (Turnbull et al., 2006).

Ambiguous Loss

Ambiguity occurs when a loss remains unclear or unresolved. When a trauma occurs in a family, and the family does not find answers, or does not have closure, the loss is difficult to reconcile. The family is forced to live in a paradoxical state, with the presence or absence of their loved one not clear. The family has been changed forever, but one often has to create a narrative of what has happened, without knowledge of facts (Boss, 2006).

Boundary ambiguity. Boss and Greenberg (1984) explain that family boundary ambiguity occurs when family members are not clear about who is in or who is out of the family. Individuals' roles and tasks within the family are uncertain, as well.

Two types of boundary ambiguity are discussed by Boss and Greenberg (1984): (a) a family member is physically present, but psychologically absent; (b) a family member is psychologically present, but physically absent. When relating this phenomenon to families of transsexual individuals, one might conclude that some

families feel their loved one is not the same person he or she was before the transition; therefore, their presence and role in the family is ambiguous.

Frozen grief. When a family experiences loss, a grieving process occurs. This process has no time constraints. Individuals and families have unique ways to deal with grief, depending on a family's dynamics and the individual personalities. When a family is not able to reconcile a loss, either because the circumstances of the loss are unclear, the facts of the loss are unknown, or the loved one is still present but has been changed in some essential way, the family may be stuck in a state of frozen grief (Boss, 1999).

Family stress. Boss (1999) discusses ambiguous loss, boundary ambiguity, and family stress, as they interrelate. She says ambiguous loss is the most stressful loss a family experiences. With ambiguous loss, there is no clarity or closure. A family and its individual members need closure, in order for the grieving process to continue, without stalling, or freezing. Roles change, family members may be cut off, family rituals or celebrations may change or be discontinued. In essence, the family waits for the situation to be resolved, and there may be no clear-cut resolution.

Families of Transsexual Individuals

A transsexual person's revelation of their truth (coming out) can incite a difficult and challenging process for friends and family of transsexual individuals (Lev, 2004; Zamboni, 2006). The process friends and families of transsexual individual experience has been compared with Kubler-Ross's (1969) stages of grief one experiences when a loved one is lost to death. Romantic partners of transsexual individuals face the prospect

of being in a relationship with a person whom they perceive to be different from the person with whom they fell in love (Zamboni).

Emerson & Rosenfeld (1996) use Kubler-Ross's (1969) model as they discuss the stages of grief a family experiences with the transition of a loved one from one sex to another. The stages are denial, anger, bargaining, depression, and acceptance. They may overlap, as with the death of a loved one. One stage may lead to another and back again before moving into yet another stage. According to Bockting, et al. (2006), some romantic partners and family members have suspected their loved one is transsexual, but more often than not, they are shocked by the revelation. The degree of change requested by the transsexual individual and the speed at which the transsexual individual wishes to transition have an impact on the adjustment of romantic partners and family members.

Emerson and Rosenfeld (1996) suggest that the way one moves through the stages or stays in unresolved grief depends on the relationship one has with the transsexual individual. For a family therapist, normalizing the feelings of the family and friends of the transsexual person is important, as is helping the family establish or re-establish communication. Each family is different, but usually the way the family adjusts to the transition is indicative of the family's level of function/dysfunction prior to the transsexual disclosure.

According to Israel's (2004) article that discusses the negative stereotypes associated with transsexual, romantic partners of transsexual individuals often look to the therapist to assure them that their relationship with the transsexual individual is solid and secure. Many dynamics come into play for the couple, however, and staying together is

not always an option. Romantic partners may find the transition too overwhelming. They may feel betrayed, and they may find themselves not attracted to the transsexual individual any longer. The transsexual individual, who perhaps was attracted to one sex, may find that they are attracted to the other sex after transition.

Because of the dynamics of a parent/child relationship, issues with children of transsexual parents may be different from issues with other loved ones. Usually, as long as the children are brought into the process in terms of communication and education about the topic of transsexual, they adjust relatively easily. The younger the child is when the parent transitions, the easier they will adjust, and fewer long-term issues will manifest (Israel, 2004).

In Israel's (2004) clinical experience, the support of loved ones is very important in the life of a transitioning individual; however, all too often families are not able to be supportive. Communication and commitment are the highlighted strengths of families that successfully go through transition and remain intact. Mental health practitioners may help provide a safe place for the romantic partners and family members to process anger, frustration, and fear as they arise, and they may help the romantic partners and families learn to take pride in the courage their loved one is exhibiting (Bockting et al., 1996).

Effects of Transition on the Family System

While studies on families and romantic partners are sparse, there does appear to be a connection between the quality of family relationships and the long-term outcome of sex reassignment surgery. The coping ability of transsexual individuals, their families and/or romantic partners can be greatly enhanced by support networks. Research

conducted by Erich, Tittsworth, Dykes, and Cabuses (2008), which included a sample of 92 self-identified transsexual adults who completed questionnaires written to measure the quality of their relationships, indicates that good, solid relationships affect the quality of life and the overall well-being of a transsexual individual.

Before transition, when transsexual individuals look in the mirror, they are often confused by what they see. To them, they are other than what they see. There may be a man standing there, but the individual sees a woman. If this is confusing to them, it is equally, and sometimes more, confusing to their loved ones (Israel, 2004).

Sometimes, the revelation of one's feelings of gender ambiguity may strain a relationship. Family members and romantic partners often do not know how to respond or react to the revelation. Shock and then denial are often first reactions, followed by anger and fear about what will happen to the relationship (Israel, 2004). Some transsexual individuals fear revealing their transition to their loved ones. They do not know how the family will react or respond, and they fear the loss of their relationships with their loved ones. This is a real fear, and it often comes to fruition (Bockting et al., 2006).

Historically, there has been a stigma attached to transsexual individuals, which may affect the loved ones as much as it does the transitioning person. Two of the key components to help ease the transition process for transsexual individuals and their loved ones are education and deconstruction of the stigma. Malpas (2006), writing about couples in therapy, suggests that through awareness, counseling, support opportunities,

and a willingness to break through any barriers to understanding, loved ones of transsexual individuals may be able to maintain their relationship with the transsexual individual.

Summary

The literature describes different manifestations of gender dysphoria and gender identity disorder that may or may not result in gender transition and ultimate sex reassignment surgery. There are diagnostic criteria for determining GID, and there are standards of care that are guidelines set forth by the Harry Benjamin Association to help transsexual individuals through the process of transition. Compared with years past, the long-term success of sex reassignment surgery in recent years has improved through the SOC and through more widely available support for transsexual individuals.

Not all transsexual individuals choose to have sex reassignment surgery or hormone treatment; however for those who do choose to have surgery, the long-term affects vary. Male-to-female transsexual individuals make up a larger percentage of the total number of transsexual individuals than FtM transsexual individuals. It is difficult to determine the exact numbers, since all transsexual individuals do not present for treatment, and at this time that is the method that has been used to gather data about the numbers.

Transsexual children often feel ostracized by society and distanced from family. Diagnosed mental and emotional disorders in the transsexual child and the family are prevalent. Adolescence is a trying time for most young people, and transsexual

adolescents usually have an even more difficult time. Society has constructs for appropriate behavior, and when individuals manifest outside those constructs, they often find themselves outcast.

Family systems and ambiguous loss theories were used as the conceptual framework for this study. Individual family members and the family unit are affected by the gender transition of a loved one. How individuals and the family unit are affected was a research question in this study. The use of family systems theory helped the researcher see how changes in individuals affected the family units. Gender transition may create a sense of ambiguity in boundaries and the sense that the transitioned person has been lost to the family. Regardless of how a family deals with the issue of transsexualism, many are faced with feelings of loss and ambiguity. Support for the families and romantic partners of transsexual individuals is one of the keys to the maintenance of family ties and relationships with loved ones.

CHAPTER III

METHODOLOGY

There is a paucity of research about the romantic partners and families of transsexual individuals and the effects of transition on relationships. The purpose of this study was to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition. In order to help maintain family ties, it is important to understand the process of the romantic partners and families of transsexual individuals.

This chapter describes the qualitative research methodology that was used to collect and analyze the data concerning the relationships of romantic partners and family members with their transsexual loved one. Information is provided regarding the research design, the participants, the sample selection, data collection, and data analysis procedures.

Research Design

This study used a qualitative phenomenological approach to discover the meanings romantic partners and family members make of their lived experience as loved ones of a transsexual individual. How people make sense of their experience is the goal of phenomenological research (Creswell, 2007).

According to Creswell (2007) phenomenological research takes into account the lived experience of the participants. The researcher gathered information from

individuals about their lived experience and viewed them with other participants' lived experience, in order to discover themes that ran through the data gathered. The goal was to discover a universal essence.

Phenomenology does not presume an understanding of the essence of the phenomenon being studied. By bracketing the researcher's experience, themes were allowed to emerge from the data. Through the use of triangulation, the researcher was supported by others to maintain objectivity in the evaluation of the data (Creswell, 2007).

Meaning is often socially constructed, and the researcher was challenged to find common concepts from the lived experiences the participants shared in the interview. Meanings are subjective, and the researcher was cognizant of the need to remain objective, while gleaning key information from the interviews (Levering, 2006).

Qualitative research begins with assumptions about the world through a theoretical lens and the study of the research problem through the discovery of meanings individuals and groups give to the phenomenon in question. Data are collected in a natural setting, and then categories, themes, and/or patterns are found, through the researcher's reflexivity and interpretation of the data (Creswell, 2007).

Phenomenological research is an orientation that encourages a search for deeper meaning and insight concerning individuals' experiences. Commonality and uniqueness of experiences are explored, without testing a hypothesis, and while allowing the data to speak for themselves. General essences are captured and developed into a descriptive analysis (Morrissette, 1999).

The following research questions were used to guide the study:

1. What is the experience of a family member or romantic partner of a transsexual individual who transitions from one gender to another, before, during and after transition?
2. How can the theory of ambiguous loss be used to explain some of the experiences
   of family members and/or romantic partners of transsexual individual who transition?

Protection of Human Participants

The Institutional Review Board (IRB) at Texas Woman's University ensured that the guidelines for protection of human participants would be followed. Consent forms (Appendix C) explained the purpose of the study, the procedures, the potential risks and benefits, and it discussed the way in which the data from the interview were managed.

Sampling Procedures

A criterion sample of 20 romantic partners and family members (see Definitions) of transitioned transsexual individuals were recruited through contacts made with pastors from Metropolitan Community Churches (MCC) in the Dallas/Fort Worth area, the transgender outreach group that is a part of the MCC Worldwide organization, support groups in Texas, Illinois, and Wisconsin (online and face-to-face groups), counselors and therapists who work with transsexual individuals, and some personal friends who are either transsexual or are loved ones of transsexual individuals were contacted by email to

enlist their support in the recruitment process for the study. Some participants came from snowball sampling, where participants asked family members to contact the researcher.

The researcher is a member of the MCC organization, and she had been discussing her study for some time with the church's transgender outreach facilitators. Knowledge of some of the therapists who work with transsexual individuals in the Dallas/Fort Worth area was gained when transsexual acquaintances of the researcher were asked to provide names. The support groups contacted were ones about which the researcher learned in her research on transgender issues.

The criteria were that the family member or romantic partner must have completed transition. In other words, the transsexual individual had undergone gender/sex reassignment surgery, or they had some medical intervention, specifically hormone therapy. Participants were eligible to participate, regardless of biological sex/gender or age, as long as they were age 18 or over.

Participants

Participants for the study included parents, spouses, romantic partners, adult siblings, and adult children of transsexual individuals who have completed sex reassignment surgery/gender reassignment surgery. All participants were at least 18 years of age. Twenty individuals agreed to be interviewed.

Past qualitative research studies suggest a saturation level of patterns and themes may be reached at around 30 participants, although the purpose of the study usually determines the actual number of participants that will be needed to reach saturation (Corbin & Strauss, 2007). Saturation is a term commonly used in the grounded theory

approach to qualitative research, where the researcher finds the data gathered exhaustive. In other words, no new information is gathered that adds to the understanding of the topic of research, (Creswell, 2007).

In qualitative research, emphasis is put on quality and depth, rather than on quantity and breadth. Researchers who work with phenomenology recommend three to ten participants, since they conduct in-depth interviews with their participants, in order to hear the stories of their lived experience (Cresswell, 2007).

Complete development of a concept that covers all themes and patterns in data, or total saturation, may never be achieved. However, sufficient coverage (saturation) is achieved, once the researcher determines enough depth and breadth of information has been gleaned from interviews. At that time data collection may cease (Corbin & Strauss, 2007).

Data Collection

Personal stories and their meaning to the family and romantic partners of transsexual individuals became data and were collected through face-to-face or telephone interviews with each participant. The interviews were audio taped in private with the participants, while the researcher took notes. The taped interviews were later transcribed to ensure an accurate record of the interviews. The researcher went over the transcribed notes and compared them with her notes to ensure what she heard was also what the person who transcribed heard.

Prior to participant recruitment, the study was reviewed and approved by the Institutional Review Board (IRB) at Texas Woman's University. After approval, pastors

from Metropolitan Community Churches (MCC) in the Dallas/Fort Worth area, the transgender outreach group that is a part of the MCC Worldwide organization, support groups in Texas, California, Illinois, and Wisconsin (online and face-to-face groups)were contacted and given information about the study, in hopes that they were willing to help in the recruitment process. The researcher also contacted counselors and therapists who work with transsexual individuals, and she also contacted some personal friends who are either transsexual or are loved ones of transsexual individuals to enlist their support in the recruitment process for the study.

A recruitment flyer (Appendix C) was emailed to individuals and groups who expressed interest in supporting the research. The recruitment flyer gave an introduction to the researcher, stated the purpose of the study, explained the criteria for participation, approximated the time commitment, and gave contact information for the researcher and her research advisor. Potential participants who showed interest, based on the information they received from their respective organizations, pastors, therapists, or acquaintances were asked to contact the researcher via email or phone to schedule a time to discuss the study, for informed consent to be signed, and for the interview to take place.

In the first contact made with potential participants, the researcher explained the purpose of the study, the criteria, the interview process, the time commitment, possible risks, and any questions the potential participant had (Appendix E). If the individual still expressed interest in participating, a consent form (Appendix D), a participant information sheet (Appendix F), and a counselor/support group referral list (Appendix G) were faxed, emailed, or mailed via USPS to the individual.

The consent forms were numbered, and that same number was placed on a corresponding interview packet. The packets were, and still are, kept in a lockbox to ensure anonymity of the participants. Following the completion of data collection, data were analyzed for the discovery of patterns and themes.

According to Cresswell (2007), questions, followed by prompts, help encourage participants to give an in-depth account of their lived experience. (Appendix E) At times in the data collection process of this study, follow up questions and prompts were not necessary, if the participants covered the aspects the researcher proposed. The researcher avoided leading questions, but she encouraged the participants to continue to talk as long as they believed they had something to share that was important and relevant to the study.

Interview Procedures

Qualitative research, through a theoretical lens, inquires into the meaning someone attaches to a particular experience. Data are collected in a natural setting, rather than a clinical or experimental setting, in order for the interview process to be conducive to one's openness to sharing (Creswell, 2007). With that in mind, this researcher conducted interviews over the phone, or face-to-face in her private home office, behind a locked door. The researcher's private home office offered a relaxing place in a home atmosphere that was comfortable for the participants. She asked interview questions that were directly related to the study's research questions.

The establishment of a relationship between the interviewer and the interviewee is key to the interviewee's ability to share his or her lived experience comfortably and openly. In that vein, the researcher did her best to put any biases aside in order to

maintain an objective stance that did not alter the participants' stories (Creswell, 2007). The researcher maintained a professional presence and demeanor at all times during the interview, and she was empathic toward the interviewees.

Before the interview began, the researcher reviewed the consent form (Appendix D), the interview process, how the audiotape equipment would be used, and she explained any potential risks and benefits of the interviewees' participation in the study. A participant information form (Appendix F) was completed by the participant. The interview guide (Appendix E) was followed throughout the interview. The audio recorder was started, and the interview began. Prompts were used, as needed, and according to the interview guide.

No compensation was offered to participants. Follow-up emails were sent to some of the of the participants to ask if there was anything they wanted to add to their statement. In addition, counseling referrals and names/contact information for support groups were given to each participant, in the event they felt the need or had a desire to discuss their experience with a mental health practitioner or a group of peers. (Appendix G)

Treatment of Data

All information related to the research (e.g., audio tapes, transcripts, participant information sheets) was coded, in order to identify the participants without disclosing names or locations. The code was simply the participants' first initial, along with a random three-digit number. Any documents and audiotapes that were related to a participant were given the code. The only place the code and identifying information

were together was in the participants' files that were kept locked in the researcher's office. The researcher was the only person who had access to all the documents and identifying information.

The researcher reviewed and made notes about the audio tapes before they were sent to the typist for transcription. The interviews were transcribed, and the researcher reviewed for clarity and accuracy. The transcribed interviews, the audio tapes, and any other paperwork related to the study will be destroyed two years after the study.

Data Analysis Procedures

After the interview, the researcher analyzed the data inductively, with the goal of discovering patterns and themes. Creswell (2007) and Moustakas (1994) indicate several steps to analyzing the data from a phenomenological study. Groups of meaning statements are developed from lists of meaning statements from individuals.

Once interviews were completed and transcribed, the researcher reviewed the transcripts and field notes three times, completed a preliminary grouping, then reduced and eliminated, clustered, and identified themes. After those steps took place, the researcher developed a narrative of the meanings that were gleaned from the data. A group essence was discovered in the process (Cresswell, 2007). When the researcher formulated the data into a narrative, some of the actual verbatim examples were used.

Summary

The purpose of this study was to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition. Since it has been established that the maintenance of family ties is important to successful

transition, it may be helpful for mental health professionals to understand the process of the romantic partners and families of transgender individuals who may present for therapy or counseling.

Participants were recruited by recruitment flyers that were distributed by support groups for transsexual individuals and their loved ones and by mental health colleagues who work with transsexual individuals and their loved ones. The target number of participants was 20, and they came from local, state, and national sources about which the researcher is aware.

The researcher asked the participants to share the story of their lived experience of the transition of their loved one. She heard stories of thoughts and feelings the family members experience through the transition, which is the essence of a qualitative phenomenological study.

Data were gathered using semi-structured, open-ended questions, and the interview sessions were audio-recorded for transcription. Prompts were used, when necessary, to gain more information from the interviewee. Another family therapist was used for triangulation of the data, and the researcher used reflexivity to check personal biases.

Since the researcher had a close personal experience with a transsexual individual, it was necessary for her to bracket her experiences, in order to avoid or minimize any bias during the process. She maintained a professional and distanced stance, while being sensitive to the emotions and needs of the participants. Support was offered to participants in the way of a referral list of counselors, therapists, and support groups.

CHAPTER IV

RESULTS

The results of this phenomenological study on the experience of families of transsexual individuals are presented in this chapter. The researcher interviewed 20 participants who volunteered for the study. Confidentiality was maintained by the assignment of a letter/number code to each participant. In this chapter, the researcher presents the demographics of the sample, the essence of the interviews, and a narrative of themes that emerged from the data collection and subsequent analysis.

Sample Description

The sample size (n = 20) consisted of 75% (n = 15) female and 25% (n = 5) males, representing fifteen families. The ages of the participants ranged from 23 to 68 years. The average age was 40 years. The ages of participants' transsexual loved ones ranged from 21 to 64 years with an average age of 36 years. The interviews were conducted on an individual basis. Sixteen of the interviews took place over the telephone, and four of the interviews were conducted face-to-face in the researcher's office. Fourteen of the participants had FtM transsexual loved ones, and six of the participants had MtF transsexual loved ones.

The family members and romantic partners who participated in this study came from all parts of the continental United States and from three Canadian provinces. They

all indicated they were Caucasian. The educational levels of the participants ranged from high school to law school. Their income levels ranged from less than $20,000/year to over $90,000/year. The education levels of their transsexual loved ones ranged from some college to Ph.D. and M.D. The demographics of the participants in this study lead one to conclude that transsexual individuals come from many walks of life and from many socioeconomic levels. The time since transition began ranged from less than one year to over 10 years.

Participants

The participants were each given a unique participant code that consisted of a letter, followed by a three-digit number. The codes have no meaning, since they are assigned in order to maintain the anonymity of the participants. All of the participants had a story to tell of their experience of a transsexual loved one's transition. While some of the participants from the same family may have had similar explanations of the events surrounding their loved one's transition, each of them had a personal experience that was unique, and they were treated as such.

Some participants were parents of transsexual children. Others were siblings of individuals who had either transitioned or were in the process of transition. Still others were adult children with a transsexual parent, and finally, there were adults whose romantic partner had transitioned. Two of the parents who participated in the study were married to each other, two of the participants were mother/daughter with a transsexual child/sibling, and two of the participants who were adult children of a transsexual individual were sisters. While the lived experiences in the cases where participants were

from the same family were similar, their personal thoughts, feelings, and perceptions differed in many ways.

One of the romantic partners who participated had been married to her transsexual spouse for over 40 years, and another partner had been married for over 20 years. The couple who had been married for over 40 years had known each other since adolescence and had two children together. One of their adult children participated in this study. The couple who had been together for over twenty years had two children as well. One participant had been with her transsexual partner for many years, but they had no children.

Two fathers of transsexual individuals agreed to participate in the study, and both of them were fathers of FtM transsexual individuals. One of the fathers indicated that he was a gay man. Two of the mothers who participated were mothers of FtM transsexual individuals, while the other mother who participated had a MtF transsexual child. One of the siblings was the sister of an FtM transsexual individual, and the other sibling was the brother of an FtM transsexual indivividual.

The majority of the participants were romantic partners of transsexual individuals. Some of the participants were in heterosexual relationships before the transition of their loved one began, and others were in same-sex partnerships before the transition began. One of the partners of a transsexual individual was an FtM transsexual individual.

Demographic information of the participants is presented in the following tables:

Table 1

Participants' Age, and Gender/Gender Identity

Participant	Age	Gender/Gender Identity
P101	60	F
M110	44	F
D112	59	F
A112	33	F
P115	54	F
P116	59	M
L120	31	F
M121	27	M
A122	30	F
J124	23	F
S127	47	F
J128	40	F
N129	68	F
S132	34	M
K133	27	F
J134	26	F/Gender Queer
B136	30	F
B137	53	M
K137	58	F
K138	42	F

Table 2

Transsexual Loved One's Age and Transitioned Gender

Participant	Age of Transsexual Loved One	Transitioned Gender
P101	61	MtF
M110	50	MtF
D112	21	FtM
A112	61	MtF
P115	26	FtM
P116	26	FtM
L120	31	FtM
M121	28	FtM
A122	28	FtM
J124	23	FtM
S127	48	FtM
J128	64	MtF
N129	43	MtF
S132	40	FtM
K133	26	FtM
J134	30	FtM
B136	27	FtM
B137	30	FtM
K137	27	FtM
K138	63	MtF

Table 3

Participants' Residence, Education, Loved One's Education, and Family's Economic Level

Participant	Residence	Education	Loved One's Education	Participants' Economic level
P101	Alberta, Canada	B.S.	M.D.	+$90,000
M110	Texas	H.S. Diploma	Assoc.	$70-$79,999
D112	Texas	M.S.	H.S. Diploma	-$20,000
A112	Ontario, Canada	M.S.	M.D.	$60-$69,000
P115	Texas	Assoc.	Some College	+$90,000
P116	Texas	B.A.	H.S. Diploma.	+$90,000
L120	Wisconsin	Law School	B.S.	$70-$79,999
M121	Winnipeg, Canada	B.A.	B.S.	$60-$69,000
A122	Indiana	B.Fa.	B.S.	$40-$49,999
J124	West Virginia	B.S.	B.S.	$20-$29,999
S127	North Carolina	B.S.	College	$20-$29,999
J128	California	B.A.	M.S.	$60-$69,999
N129	Illinois	A.A.	College	$40-$49,999
S132	Oregon	Law School	PhD.	+$90,000
K133	Texas	Trade School	College	$20-$29,999
J134	Ohio	College	Grad School	$20-$29,999
B136	Washington	M.S.	PhD.	+$90,000
B137	Washington, D.C.	College	M.S.	+$90,000
K137	Washington	B.A.	PhD.	+$90,000
K138	California	B.A.	B.S.	$50-$59,999

Table 4

Participants' Occupation, Relationship to Loved One, Number of Children, and Marital Status

Participant	Participant's Occupation	Relationship to Transsexual Loved One	Number of Children	Marital Status
P101	Retired	Wife	2	Married.
M110	Housewife	Spouse	0	Married
D112	Student	Mother	2	Single
A112	Corp. Comm.	Daughter	1	Married
P115	Dental Hygienist	Mother	3	Married
P116	Accountant	Father	3	Married
L120	Lawyer	Wife	0	Married
M121	Translator	Partner	0	Single
A122	Writer	Wife	0	Married
J124	Social Work	Partner	0	Cohabiting
S127	Social Work	Wife	3	Married
J128	Designer	Daughter	0	Cohabiting
N129	Retired	Mother	4	Single
S132	Attorney	Sibling	0	Married
K133	Hair Stylist	Significant Other	0	Cohabiting
J134	Political Consultant	Partner	0	Partnered
B136	Mother	Sister	1	Married
B137	Tax Law Spec.	Father	1	Divorced
K137	Retired	Mother	3	Married
K138	Marketing	Daughter	0	Single

Table 5

Individual Therapy, Family Therapy, Therapy for Transsexual Individual, and Therapy for Anyone in Family

Participant	Individual Therapy?	Family Therapy?	Therapy for Transsexual Individual?	Therapy for Anyone in Family
P101	No	No	No	Yes
M110	No	No	No	No
D112	No	No	Yes	Yes
A112	Yes	No	Yes	Yes
P115	No	No	Yes	No
P116	No	No	Yes	No
L120	No	Kind of	Yes	No
M121	No	No	Yes	No
A122	Yes	Yes	Yes	Yes
J124	No	No	Yes	No
S127	Yes	No	Yes	Yes
J128	Yes	No	Yes	Yes
N129	No	No	Yes	No
S132	No	No	Not sure	No
K133	Yes	No	Yes	No
J134	Yes	No	Yes	No Answer
B136	No	Yes	Yes	No
B137	Yes	Yes	Yes	Yes
K137	No	Yes	Yes	No
K138	No	No	Yes	Yes

Table 6

How Long Since Desire to Transition Became Known, and How Long Since Loved One Transitioned?

Participant	How Long since Desire to Transition Became Known?	How Long since Loved One Transitioned?
P101	13-15 yrs.	7 yrs.
M110	No answer	No answer
D112	5 months	No answer
A112	9 years	7 years
P115	1 year	1 year
P116	8 months	6 months
L120	4 years	2 years
M121	No answer	3 years
A122	5 years	4 years
J124	3 years	1 year
S127	19 years	Not fully transitioned
J128	2 years	6 months
N129	Did not disclose	Not fully transitioned
S132	2 years	6 months
K133	1 year	Currently
J134	1 year	2 months
B136	7-8 years	6-7 years
B137	5 years	2 years
K137	7-8 years	6 years
K138	2.5 years	1 year

Findings

The purpose of this study was to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition. The research study was guided by the following two research questions: 1) What is the experience of a family member or romantic partner of a transsexual individual who transitions from one gender to another, before, during and after transition?
2) How can the theory of ambiguous loss be used to explain some of the experiences of family members and/or romantic partners of transsexual individuals who transition?

Themes

Through the data analysis process, 11 themes emerged. Under the category of *The Transition Affects the Family Members,* themes included: *It's my transition too, I was shocked, I fear for his/her safety, I am angry, He/she is selfish/self-absorbed, and There is a sense of loss.* Under a second category of *Finding Peace within Myself,* themes included: *I turn to my spirituality/religion, I see that he/she is happier now, We have open communication, I have sought education and support, and Things get easier with time.* The themes are discussed in the following paragraphs, and quotes from participants are supplied to help support the discussion.

The Transition Affects the Family Members

One of the common threads that ran through the interviews was the quality and dynamics of the relationship between the transsexual individual and their loved ones before the transition began and since the transition began. One of the interview questions asked about the participants' relationships with their loved one before transition, and then

another question asked about what, if any, changes had occurred in the participants' relationships with their transsexual loved ones since the transition began.

When change happens, whether it is perceived to be good or bad change, the system is upset, and it will attempt to maintain balance. When one part of the family is affected by an event, the whole system is affected in a bi-directional way. Adaptation to change in the family, either difficult or easy, is often influenced by the nature of the system and how well the system operates as a whole (Becvar & Becvar, 2008).

Even in families that are supportive of the transition, the family system is affected by the changes in the transsexual individual. As P101 said, "It *does* affect the family." She indicated that she had questioned her own identity when her then husband shared his desire to transition. Then she said their son questioned his identity, as well. He wondered, if his dad was really a girl, then who was he? Did it mean that he should question his masculinity?

It's my transition too. Several of the participants spoke of their transsexual family member's transition as a transition for them, as well. One father (B137) said, "You loved your child before, your child is still there, once you transition with your child." A daughter (A112) said, "It was a big transition for me." Then a wife (M110) said, "They're changing, but you have to change, too. Your mind set changes."

> On my end, I was transitioning. I had this child in my life for about twenty-five years, and all of a sudden, I've lost twenty-five years of childhood with this person, so I can't go back and make that up, and take my son out to the ball game.... So there was this whole history of twenty-five years of my life, and it

was all of a sudden very confusing.... I began eventually to understand early on how he could be who he was that he would need to do the transition. Once I began to understand that, I put myself in his shoes. (B137, father)

Many of the participants shared their perceived lack of support for the family members who transition as their transsexual loved ones transition. Most of the family members and romantic partners who participated in the study indicated, either implicitly or explicitly, that they, at some time during their loved ones' transitions, had felt the need for support. They indicated that, although they needed support and needed to have their thoughts and feelings validated, the support they needed was not available to them. In research up to now, transition has been recognized more as a process for the transsexual individual than a process for the family.

I was shocked. Several of the participants indicated some level of shock when their transsexual loved one disclosed his or her desire to transition. Some of the loved ones had an indication, based on past experiences, that their partner, parent, child, or sibling behaved differently from how most people in their biological sex behave. Some said their partners or parents had cross-dressed for many years.

Participant K138 (daughter) said, "I was totally shocked. I did not see it coming at all."

And then, two years ago, he met with my sister and I, and he started the story by saying that ever since he was five or six years old [pause] immediately, I was like Oh my God. What the hell is he going to tell us? And then, you know how when you're waiting for some kind of information that you know that is going to be

really grave, and you're thinking, Okay, I hope it's this. I hope it's that .... And that was kind of a shock....I was very numb at first. How do you process something that bizarre? It was bizarre to me. (J128, daughter)

And whenever he told me that he's felt like a woman all of his life on the inside, and he decided that he was going to go this route, so he could have peace in his life. And I said, and I was shocked, I couldn't believe it. All I could say was, "Why, why?" I think that's everybody at first, "Why?" (N129, mother)

I fear for his/her safety. Participants shared their fears about their loved ones' transitions. Many feared for the safety of their loved one. Some cited instances of hate crimes aimed at transsexual individuals. One father commented on discrimination in the workplace. The fear they experienced for the safety of their loved one was almost palpable, especially with the parents. They shared that a parent's worst nightmare is losing a child, and even though they might not agree with the choice their child has made, they could not bear the thought of someone physically hurting them because of their choice.

You know that you have to be underground. It has to be a secret, because when you come out, you can put yourself, and the people you love, in danger. (S127, wife)

Two partners of FtM transsexual individuals expressed fear of crimes against the couple when they are in public.

I worried everyday that something would happen, and I think [pause] I know that, if you're heterosexual, walking on the freeway, something could happen. In an

airplane, something could happen. But that's a whole different thing, knowing that somebody could hurt you just because you are who you are. But yeah, fear, absolute fear. Plus the worry about family. It feels like a big, like the elephant in the room. (D112, mother)

Participant P116 (mother) said, "The thing that worried me the most was that, at some point in time, there would be, people would find out, and there would be some physical abuse to [son]. I said that would just absolutely kill me if that happened. I said, 'I don't know what I would do.'"

I think the hardest part, though, is just not being able to be who you are, because you fear that, if you are that, someone will come and burn down your house, or egg your car, or retaliate in some way. And [home state] is a state that doesn't have any hate crimes legislation with regards to my employment, so they can fire me for this, and it's not against the law. That's the hard part. (A112, daughter)

I am angry. Three daughters of MtF transsexual individuals participated in the study. Two of them were sisters, and one came from a different family. The sisters shared their stories from their own perspectives, and their stories differed in some ways. However, in many ways, their lived experiences are similar, and what they shared in the interview was much the same. Each of them expressed, in one way or another, feelings of anger toward their transsexual parent.

What has allowed me to maintain throughout everything is a really good relationship with my father. Even when I was pissed off royally at the fact that my father [pause] my father's timing for coming out was really shitty [pause] like

really, really bad. It nearly killed my mom. It was terrible. But I understand that she had to do it for herself. My father had to do it for herself. And that sometimes, it may seem like there's a decision there, but there's not a decision, because the alternative is even worse. (A112, daughter)

It's now been 2 ½ years, and I don't think I've made a whole lot of progress. I think, partly because I haven't had counseling for it. Partly because, honestly, I try to avoid thinking about it, because I already have so much stress in my life, and I feel like I can't take on much more. Even though in reality, I think about it everyday. I think I'm actually very angry about it. In my mind, it's not just how he wants to dress. It's [pause] he says he's the same person, and that he'll always be our dad. And I totally, I know what he means. He has the memories. He has all the things that happened with us and his feelings about us. None of that has changed. He's the same that way. But reality is, which I don't think he understands, the way he acts annoys me. (K138, daughter)

And then I get angry, because I feel like, "Why do you have to put me through this?" I know that sounds really selfish, but that's how I feel. I don't know. It's done. It really sucks to have to go through this, for sure. (J128, daughter)

He/she is selfish/self-absorbed. Some of the participants expressed thoughts that as their loved one began to transition, she/he became selfish and self-absorbed much of the time. "It's all about him," was a statement that more than one of the participants made. They expressed their thoughts about their transsexual loved one's transition being an all-consuming process that did not allow much room for the maintenance of the

relationship. Even though they might have had good communication, loved ones still felt that they came second to the transition.

Those who spoke about this phenomenon were quite vocal about their thought that their transsexual loved one became self-absorbed when they began their transition. They said, "It's all about them."

> But there's very much still [pause] it's the part of [pause] I think the survival skill needed is the egocentrism. In hindsight, in working with other folks at this, it seems that a lot of transgendered folks fossilize pre-puberty, when hormones kick in, in terms of personality development....You've got people behaving as if they're 14, 15, 16 year-olds when they're in their 30s, and they get all upset, and they can't put things on the back burner to work together. (P101, wife)

Participant N129 (mother) said, "It's that he's going to think about himself all the time, 'Who am I?' .... All self-absorbed, and they want everyone to be on the same page and preach their agenda like they do."

> I had dated a trans person before, and I thought, "I don't know if I'm ever going to do this again," because of the [pause] I don't really know how to say it [pause] because of the selfishness of the transition and how he touches every hair that grows and every little thing that is related to a man. And just how much the change and how much energy the change takes. (J134, partner)
>
> I can say that there was a period when my father just seemed so painfully self-centered, it was killing me. I understand that's completely developmentally appropriate, given the transition and what-not, but it was still very, very

challenging for me as a daughter to negotiate that level of self-centeredness when I needed somebody who was a little bit less so. And, of course, me being me, I also felt guilty feeling that way. (A112, daughter)

There is a sense of loss. Many family members, particularly the parents of transsexual individuals, expressed a sense of loss. They shared their need to grieve the perceived loss of their loved one. While transsexual individuals believe they are still the same person, their loved ones do not always see it that way.

According to Boss (1999), when an individual loses a loved one, and it is not clear what happened to the person, whether they are alive or dead, whether they are in the family or out of the family, what happened to them, that person may experience a sense of ambiguity. In the case of a transsexual individual's gender transition, the actual person has not died, but oftentimes the loved ones may believe the person has died. At least some believe the person they have always known is not there anymore. Since their perceived loss is ambiguous, the family members and romantic partners may find themselves stuck, at least temporarily, in the emotional state of frozen grief.

I felt like I was losing a child. It's a parent's worst nightmare to lose a child. It took a while for me to talk. Mentally, I understood that my child was transitioning, and my child was still my child. But there was so much history and so much confusion. Like, "How do I refer to your past? Do we talk about your past? Do we relive the good memories, or even the bad memories? So how do we do it?" (B137, mother)

He said, "I really think I'm trans, and I'm only gonna stand as a woman out of respect for my sister to be in the wedding. And that will be the last day you will see me dress as a woman." And that was one year ago, May 31st. And true to form, it was the last day that we saw our daughter as a daughter, and it was sad. It was sad. I think both my husband and I had to go through a grieving process. Well, we went through a grieving process when he first came and said, "I don't know who I am." And then we went through another grieving process when he made the choice to go as a man.... And I still, on occasion, feel sentimental, you know, about the girl I brought into this world, but I do see him as him now, and I can accept that. (P115, mother)

Many participants shared about the ambiguity of feeling as though they had lost a loved one, and their loved one had been replaced with someone else. However, the essence of the person was still there, and they were challenged to embrace the "new" person. This phenomenon lends itself to the essence of the theory of ambiguous loss.

The thing that's been the most difficult is to not have my son, the son that I knew, the son that I believe God created him to be. I guess that's been the most difficult, because I feel like somebody has taken him from me, and they've left me with this strange person that is hard to get to know. (N129, mother)

I found myself sniveling on the floor, saying that I missed my daddy. Like, that was me mourning the person that I had known in some ways. Because, yes, my father's the same person, but at the same time, my father is not the same person. So trying to negotiate those two realities, like it doesn't have to be either/or; it can

be either/and. And trying to understand that going from either/or to either/and, especially in a society that doesn't really recognize that, is a challenge. (A112, daughter)

I mean, this was a daughter that's turned male. And I'm so used to calling, hugging, kissing, honey. I did that with all my daughters, and I'm having a tough time now not being able to do that.... I love hugging, I love kissing, I love all that stuff. And now that part's kind of tough. I'm uncomfortable with it. I don't know if shaking hands is the [pause] I don't know. Even if he had been a son initially, I still think there would be hugging. But now, it's just hard to change. (P116, father)

Finding Peace within Myself

In relation to a loved one's gender transition, the theory of ambiguous loss is appropriate to discuss. Parents, romantic partners, children, and/or siblings of transsexual individuals are often faced with the perceived loss of their loved one. While their family member or romantic partner is still with them physically, the changes the transsexual loved one undergoes may be difficult for loved ones to reconcile. They may ask themselves who this "new" person is or what happened to the person they once knew. As the family goes through transition together, loved ones of transsexual individuals are challenged to find peace within themselves about the transition of their loved one and the loss they feel.

With ambiguous loss, where there are no clear cut answers and explanations, it is often difficult to make sense of the loss. Thus, the grief remains unresolved (Boss, 1999).

It is human nature to want to understand, yet a loved one's gender transition is often difficult for family members and romantic partners to understand. Therefore, the loved ones of transsexual individuals must seek ways to come to terms with the perceived loss of their romantic partner or family member. This reconciliation is easier for some than for others, and each person finds his/her own way to manage their thoughts and feelings.

I turn to my spirituality/religion. The concepts of God, a higher being, or a greater power have helped some of the participants manage the impact of the gender transition of their loved one. One mother was very open about her relationship with Jesus and God. She shared for quite some time in the interview how she felt about her loved one's transition and what that meant to her, in terms of her relationship with Jesus.

Another participant shared that she and her partner are very religious and have a close relationship with Jesus. She believes God told her to marry this man, and she is at peace with her decision and with his transition. "God planned this all. I know that." (S127, wife)

One romantic partner said, "I'm spiritual, not religious. I believe in a higher being. AA has played a huge part in the transition being easier." (K133, partner)

One mother shared, "The most helpful thing for me has been, I would say, probably my faith in Jesus Christ, God the Father, and the Holy Spirit. Had I not had that, I would have lost my mind." (N129, mother)

Two other participants shared their spirituality and their belief in a higher power that has helped them thus far. They spoke of meditation and sharing with others in a way that lifted them from worry and despair.

> Very good friends of mine who are Baptists have said, "We will keep you in our thoughts and prayers, because what she's doing is wrong." And then I popped off an email and said, "It is not wrong. It's different, but it's not wrong. *My* God loves everybody. I don't know about your God.... I meditate. I pray. I pray to *my* God, and everyone's God. My son, his partner, and I started a group. We meet every Sunday and we pull together and make our intentions, what we want to see in ourselves and those closest to us.... We connect on that realm, on that spiritual realm, to get us through the rougher times and to see each other. It's just pretty cool. (P115, mother)

I see that he/she is happier now. Many of the participants shared their relief that their loved one was finally happy being who they were always meant to be. They said they would rather have their loved one alive and with them, with the changes they have made, than to not have them with them at all.

Many of the participants shared that they were happy that their transsexual loved one was now who they always thought they should be or always thought they were. They said it made it easier for them, knowing that their loved one was out of the pain they had been in before their transition began. Participant K137 (mother) said she loves seeing her son happy now.

> I think that's really the hardest thing, just figuring out who he is now to me, and how we can carry on a good relationship and, you know, let him be who he needs to be, because I'm very happy that he is now who he claims that he's always

wanted to be. I think that's awesome, and I think it's really sad that he couldn't be before. That's really sad for me. (J128, daughter)

We have open communication. Most of the participants commented on their good communication in their relationship with their loved one. They expressed the importance of keeping the lines of communication open and how it has helped them through some challenging times during the transition. They shared that good communication and their ability to talk with their loved one about the transition played a very important part in the maintenance of their relationships. Communication that encourages open sharing on a regular basis, in order to avoid keeping things "bottled up," was a common theme.

> ...but just a lot, a lot of open communication. We're very much into communication, talking through any issues that arise and not bottling things up, and not sort of playing mind games and hoping the other person will guess what you're thinking. So we talk an awful lot, and that is a big help. (M121, partner)
>
> And communication, communication has to be undertaken based on the way the listener can understand and not just the way the speaker can say (what they are trying to say). And that's something that we always deal with as people, how to speak in the language that is true to you and fair to your listener so they can actually understand what you're saying. (A112, daughter)

One wife said, "We talk and communicate. We sometimes hold each other captive on a long car ride to get out what we need to say. We have a strong bond." (M110)

I have sought education and support. Some of the participants in this study said that educational materials and support groups were helpful as they began to come to

terms with their loved ones' transitions. However, many of them said there is not enough educational material, and there is a lack of *good* support. They also said that they believed it was important to seek help. Very few of the participants sought professional counseling, but almost all of them had turned to the Internet and/or to a support group.

> You want to learn as much about it as you can, so I decided to learn more about it through books. There weren't that many books out there to go to as far as a reference.... And you know, then, you also get input from other people.... So he would come down to [city] for therapy for about a year. And I went with him a couple of times and actually met his therapist.... Yeah, and then we also went to a psychiatrist. (K137, daughter)

A sister said, "Education was helpful. The more I learned, the more it made sense." (B136)

> I have sometimes talked about different issues on Internet groups, or talked about them with my friends. My friends are supportive resources, just to listen to me whine. Also reading a lot of books on trans issues helps, in general, and also helps me to understand my partner a little better and sort of come up with better ways to understand what he's going through. (M121, partner).

Things get easier with time. For the romantic partners and family members whose experience of gender transition began several years ago, they said the passage of time has been healing for them. With time, they said, they have seen their transsexual loved one become the person they had always wanted to be. Many said their loved one is so much happier now, and that is what makes the difference to them. Some of those who have

experienced challenges in their relationships with extended family and friends shared that the passage of time helps.

Participant K137 (mother) shared that the passage of time has helped her family in many ways. She said she loves seeing her son happy now, and the family members who struggled with the transition initially have come to accept the loved one as he has transitioned.

"Over time, it has gotten easier. I'm no longer crying myself to sleep at night. She's no longer as egocentric." (P101, wife)

> But it's tough when you're not around it everyday. It takes longer. You know, if you talk to him everyday, and you force yourself to go from the "she" to the "he," it just gets much easier. And it's still, when I talk to people from high school, it is hard for them to say his real name or to say "he" instead of "she" because they don't practice that. They're not around it all the time.... It takes time, but everybody [pause] it takes a different amount of time for everyone. (B136, sister)
>
> What I've noticed is that, over time, as my life becomes more normal, for lack of a better word, you know, less figuring out my sexuality and what my partner's sexual identity and gender identity means to me, I've become more comfortable with that. (A122, wife)
>
> As much as I said in the beginning that I still have a great child, but I did lose my daughter, and it takes awhile to accept that. While you had a great daughter for

this many years, and now you have a great son, but it's just not [pause] it takes time to get to that acceptance. So, I really couldn't talk about it without crying. (K137, mother)

Summary

The results of this phenomenological study to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition were presented in this chapter. The sample for this study consisted of 20 participants. Some of the participants were part of the same family, but the majority of the participants were not related. Parents, romantic partners, adult siblings, and adult children of transsexual individuals agreed to participate.

The participants for this study reside in several different states in the United States and in two Canadian provinces. The participants' confidentiality was protected by the use of a unique participant code that was assigned as soon as the individuals agreed to participate. A family therapist was used to review the data and the findings, in order to help ensure the credibility of the research. The demographics of the participants were presented in this chapter, along with the themes gleaned from the data and a narrative that was used to present the themes.

Themes emerged from the interviews, which included *It's my transition too, I was shocked, I fear for his/her safety, I am angry, He/she is selfish/self-absorbed, and There is a sense of loss,* under the category of *The Transition Affects the Family Members.* Under a second category, *Finding Peace within Myself,* themes included: *I turn to my*

spirituality/religion, I see that he/she is happier now, We have open communication, I have sought education and support, and Things get easier with time.

Quotes from the participants were used to illustrate the experiences of family members and romantic partners of transsexual individuals. They spoke of their struggles as well as their joy, as they have transitioned along with their loved ones. They spoke about what helped them begin to find peace within themselves.

CHAPTER V

DISCUSSION AND CONCLUSIONS

The purpose of this study was to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition. This chapter will review the findings of the data collection and analysis. The themes that were gleaned from the analysis will be discussed, in terms of how they relate to the purpose of the study and the research questions. The researcher will share her personal views of the study and how she related to the findings. Conclusions will be drawn, limitations of this study will be discussed, as will the implications of the study, recommendations for family therapists, ideas for future research, and messages to the families of transsexual individuals will be shared.

The gender transition of an individual affects loved ones and the family systems in various ways. The question is not *whether* gender transition affects families, but *how* gender transition affects families. By exploring the lived experience of 20 romantic partners and family members of transsexual individuals, one is able to see how some families face the changes their loved ones are making and how they manage the consequences of their loved one's transition. The feelings of loss, on many levels, and the changes in the family unit itself are profound. This research describes, phenomenologically, the dynamics that occur when a loved one transitions. However, the

information presented here is but a small cross section of the possible combinations of thoughts and feelings that may result from gender transition.

Family systems theory and ambiguous loss theory were used as foundations for the study. A phenomenological approach gave the researcher the opportunity to hear stories of the lived experiences of the romantic partners and family members of transsexual individuals, in order to determine the effects of gender transition on loved ones.

Chapter IV presented descriptions of the participants, along with details of the 20 interviews and themes that evolved from the interviews. This chapter will discuss and interpret the findings gleaned from the data as they relate to the research questions posed in the study. Along with the discussion of the findings, conclusions will be drawn, based on the findings. The implications of the study and its limitations will be discussed. Then recommendations for family therapists and for future research will be made, followed by a message to the families of transsexual individuals.

Discussion of the Findings

It was clear from the stories participants shared that change did occur in the family when the transsexual loved one began to transition. The way the changes affected the family varied, as did the way the romantic partners and family members managed that change.

Family systems theory posits that when a part of the family changes, the whole system is affected (Becvar & Becvar, 2008). Some participants shared about changes that occurred to a great degree (e.g., emotional cutoff with some family members), and others

shared that their relationships had changed very little. However, none of the participants indicated that their relationships had not changed, at least to some degree. One participant said that everything changes.

Literature on the topic of transsexualism suggests that the maintenance of family ties and the support of loved ones positively affect the long-term success of gender transition, (Meyer et al., 2001; Rachlin, 2002). The findings of this study indicate that this is a valid hypothesis. According to the stories the participants shared, if transsexual individuals have the support of loved ones, and they keep their loved ones informed as the transition begins and progresses, the relationships are likely to remain strong, and the chances of the long-term success of transition are improved.

Most of the participants credited their strong relationships and good communication with their transsexual loved one as the key to maintaining a good relationship. Good communication also increases their ability to work through the issues that have surfaced. Many said that, even though the discussions about the gender transition are not always easy, they find a way to talk about their thoughts, feelings, and processes.

This research study resulted in the following findings:

The Transition Affects the Family Members

The findings of this research study indicated that gender transition does affect the family. Under this category, the following themes emerged:

It's my transition too. Lev (2004) said that families of transsexual individuals have been overlooked in literature. In the past, transitioning individuals were viewed as having two options: 1) be in the family and do not transition or 2) transition and be out of the family. It was not expected that mental health professionals would deal with the loved ones of transsexual individuals. Therefore, little attention has been paid to the needs of the families of transsexual individuals as they transition with their loved one.

Overwhelmingly, the participants in this study expressed the thought, implicitly or explicitly, that their loved ones' transition is not just about the transitioning family member. It is the family members' transition, too. The family members are called to transition with their loved one and accept their loved one as he/she transitions. An option is for the family members to not accept their loved one's transition, thereby potentially resulting in an emotional cutoff with their loved one. Either way, the transition is about the family, not just the individual.

I was shocked. Several family members expressed their feelings of shock when their loved one shared their desire/intention to transition. As part of Kubler-Ross's (1969) theory about death and dying, shock is often the first response to news such as this. Many of the participants were blind-sided by the revelation by their transsexual loved ones. Other participants may not have been as surprised as others, but their transsexual loved one's open revelation still had an element of shock.

I fear for his/her safety. Fear of discrimination and fear of physical harm to their transsexual loved one was a major concern for many of the family members of

transsexual individuals. They may not have agreed with their loved one's decision to transition, but they love them and did not want any harm to come to them.

Parents of transsexual individuals who participated in the study were particularly vocal about their concerns for their transsexual child's safety. With news stories of hate crimes and discrimination against those who do not fit the parameters of mainstream society, family members felt justified in their concern for their transsexual loved one's safety and well being.

I am angry. Some of the romantic partners of transsexual individuals who participated in the study shared their feelings of anger about their partners' transitions. They were angry about how the transition had affected the family, and they were angry with their partners for bringing this challenge to the relationship. One of the romantic partners, a wife of many years, expressed very strong feelings of anger with her partner for what they have experienced in the years since the transition began. She said that her partner owed her "big time." (P101)

The daughters of transsexual individuals (two of them were sisters) shared their feelings of anger in a very strong way. The three of them were adult children of MtF transsexual individuals, and they shared their feelings of anger toward their father. While all three of them said that they were happy their father had found more peace within himself, they were angry nonetheless.

He/she is selfish/self-absorbed. Several participants shared, in different ways, that they believed their transsexual loved one was selfish and/or self-absorbed. Some believed their loved one was selfish for transitioning, and others believed their transsexual loved

one was self-absorbed in their transition process, which allowed little room for relationship maintenance. They said the transition was all about the transsexual individual, and they felt that their needs came second to their loved one's transition.

There is a sense of loss. According to Boss and Greenberg (1984) and Boss (1999), when a family has lost or perceives they have lost a loved one, they may experience feelings of ambiguity and unresolved grief. When a transsexual individual expresses their discomfort in the gender in which they were born, and they share their desire for gender transition, loved ones may feel a sense of loss. They may feel that they have lost their son/daughter, their husband/wife, their sister/brother, or their mother/father. In reality, that person is still with them, but they may feel that what they knew of their loved one before was based on a false foundation. In essence, the very ground on which their relationship was built was shaken when their loved one decided to transition.

Most of the participants in this study expressed feelings, in one way or another, of the loss of a loved one. While most of them said they accept the fact that their loved one is still with them, they expressed feelings of loss of the person they knew before the transition. One mother shared how she misses her "masculine daughter," but she now embraces her son. A father expressed his sadness for the loss of twenty-five years of his son's life, as he interacted with him as a girl and held him to societal standards for females. The findings in this study correlated with Boss's (1999) theory of ambiguous loss. There is ambiguity about the absence or presence of the loved one they have always known.

According to Boss (2004) in her discussion about the families of missing persons in the September 11, 2001 tragedy in New York City, it is important for the families who experience loss to be able to tell their story, to feel heard, and to have their feelings validated. In order for families to come to terms with the perceived loss of their loved one and to accept the presence of their transitioned loved one, they must work through their thoughts and feelings about the transition.

The two fathers who were interviewed mentioned a change in their ways of demonstrating their love for their transsexual child. They said they had been more physically affectionate with their daughters, but now that their daughter is their son, they have a difficult time being as physically demonstrative as they were before the transition began. The discussion about this change evoked a sense of loss in the fathers.

Finding Peace within Myself

The following themes fell under the category of *Finding Peace within Myself:*

I turn to my spirituality/religion. Several of the participants shared some type of spiritual or religious foundation from which they draw their strength. Some had fundamentalist Christian foundations, and others had a non-religious, yet spiritual foundation. Regardless of the type of spiritual/religious support on which they called, they said it helped them find peace.

One mother turned to God/Jesus for her answers, and another mother turned to meditation and her "higher power." Another participant voiced that she believed that God's hand was in her partner's transition and in their relationship. The participants who

spoke of their spirituality/religion were firmly grounded in the strength their belief system brought them.

I see that he/she is happier now. Family members of transsexual individuals shared their relief that their transsexual loved ones have found happiness in their transitions. Most of the family members knew that their transsexual loved one had been very unhappy before the transition. Some family members discussed their transsexual loved ones' depression, drug/alcohol abuse, and suicide attempts/ideation that occurred prior to transition. Overwhelmingly, they voiced their joy that their loved one is not in as much emotional pain as they were before. They expressed that they were just happy to have their loved one with them.

Other family members who had not experienced dramatic pre-transition challenges with their loved ones simply said that they were glad their transsexual loved one had found happiness. They said they were glad their loved one could finally be on the outside who he/she had always felt they were inside.

We have open communication. All of the participants in this study shared their ability to openly communicate with their transsexual family members. They attributed their communication skills to their ability to come to terms with the transition and to maintain a relationship with their transsexual loved one.

Some of the participants said they wished they had known sooner about their loved one's discomfort in their gendered body, but they expressed the appreciation for the fact that they could work through their challenges by effectively communicating. Two daughters of transsexual individuals shared that their communication is not as good right

now as it had been in the past, but since the beginning of the transition is still relatively new to them, they believe that, with awareness, they can continue to maintain their relationship.

I have sought education/support. Education was mentioned by many of the participants as something they had found to be critical to their process of coming to terms with their loved ones' transition. While many said they had found little good material that is aimed at romantic partners and family members of transsexual individuals, they did say that much of what they found was helpful. They indicated that the Internet was a good source of information and support.

Support groups were indicated by some participants as places to start for family members of transsexual individuals who have just begun to transition with their loved one. Some of the participants said the support groups were not very supportive, but others said they found the groups to be helpful. For the most part, they said it was important to reach out to others who have had the same or similar experiences.

All of the participants who discussed education and support said that there needed to be more educational information and more support groups that targeted the families of transsexual individuals. Many of them who shared believed that they, as family members, had been overlooked in research and in terms of support.

Things get easier with time. Time heals, and most of the participants in this study shared that the transition and their relationships with their transsexual loved ones have gotten better over time. Once the shock wore off, and the family members realized their

transsexual loved one was still with them and was happier, they said they were able to find more peace within themselves with the transition.

Ultimately, the family members wanted their transsexual loved one to be happy, and when they saw that they were, it made it easier for them to accept the transition. Anytime change happens within a system, the system, as a whole, changes. It takes time for the system to reorganize (Becvar and Becvar, 2008). The gender transition upset the family system, and thoughts/feelings/reactions occurred. Once the system settled, even though it was changed, family members were better able to cope.

Additional Findings and Discussion

Lack of support and education. The participants overwhelmingly shared that they have experienced a lack of support. Some individuals said they have not sought help, and others said they searched for support groups, but were unable to find any local support. One participant said she had sought support from a group of partners of transsexual individuals, but she shared that the support they gave was not helpful to her.

The lack of educational material available to loved ones of transsexual individuals was indicated as part of the reason for the lack of a supportive environment. They said the support groups were more about venting emotions than about educating loved ones so that they could understand more about the process of transition, what their loved ones experience as they transition, and what the loved ones of transsexual individuals could expect to experience as their family members and partners transition.

Still others said there is not enough educational information for families of transsexual individuals. Some of those whose loved ones transitioned several years ago

indicated there is more information available now than when they first started searching, but there is still not enough. They stated that as one of the reasons they chose to participate in this study.

Fundamental category of gender. In societies worldwide and throughout history, gender has provided a way for individuals to differentiate themselves. In some cultures, when children are born, biological girls are given pink blankets and biological boys are given blue blankets. From that point forward, they are expected to adopt the gender roles that are ascribed by society.

There are fundamental societal categories of gender, which have historically been masculine and feminine. Transgender/transsexual individuals fall outside those ascribed categories. There is no indication that society will allow for anything other than binary gender, but transsexual individuals find themselves crossing the line between the two categories. The challenge for society, then, is to find a way to embrace those who cross gender lines and become more fluid in their gender expression.

Some of the participants commented that, in the transition process, their loved one had adopted a very strong identity of the gender to which they transitioned. In other words, a biological male who transitioned to female had adopted the gendered characteristics of a female that were more pronounced than the feminine characteristics of the general population of women, and vice versa. One or two participants used the word caricature to describe the extreme to which their loved one had gone, in order for the transsexual loved one to believe she/he looks the way a biological female (or male) would look.

Confusion over the use of gender pronouns. The proper use of gender pronouns was an issue that arose from time to time in the interview process. When one of the family therapists who triangulated the data discussed what she reviewed, she mentioned that the transcripts got a little confusing, as loved ones went back and forth between he/she and him/her. For the most part, the loved ones who participated expressed their desire to use the proper gender pronouns when referring to their transsexual loved ones. Some of them had practiced enough that their expressions of gender pronouns when referencing their transsexual loved one were seamless.

Others, especially those who are relatively new to the process of gender transition, had a more difficult time. One mother shared that she has consciously made the choice not to use the gender pronoun her child prefers. As mentioned before, the daughters of MtF transsexual individuals still choose to refer to their fathers as "Dad," but they have, in good faith, incorporated "her/she" into their vocabulary when referring to their father.

Family structure changes. When a transsexual individual transitions from male to female or vice versa, that person has made a change that affects everyone in the family system. For example, when a family is structured with two boys and a girl, and suddenly someone in the family transitions, the family structure changes. The structure then becomes a boy and two girls or three boys, and the system has changed. When a family has a male and a female as heads of household, and the male transitions to female, the family structure then has two female heads of household. When one of the partners in a heterosexual relationship transitions, the relationship becomes a same-sex partnership, and the structure has changed.

Family stress. The ambiguity an individual or a family feels when their foundation has been shaken may lead to an increase in familial stress (Boss & Greenberg, 1984). As transsexual individuals transition, their place in the family may come into question. Their loved ones may question who the transsexual individual is to them. As some of the family members who participated in this study shared, they did question the role of their loved one in their lives, whether it was their partner/spouse, parent, or child. The two siblings who participated did not share that they questioned their transsexual siblings' role.

The Researcher's Voice

My overarching thought, as I did the research for this study, was that many of the participants have wanted to discuss their experience with someone, and they were glad to have someone with whom they believed they could be open and honest. I expected that individuals who were interviewed over the telephone might have felt more comfortable opening up than they would have in a face-to-face interview, but the face-to-face interviews were equally as open, informative, and emotionally-charged.

As I wrote the quotes, I wondered if some of the loved ones of the participants might read this paper and recognize their loved one. I questioned whether what they said might cause unnecessary discomfort for the family members who might read the findings in the study. However, I only questioned that for a moment. I knew, from my interviews with the participants, that almost all of them had very open and honest relationships with their loved ones. I was pretty sure, from what they said in the interview, that almost anything they had said to me, they had said to their loved one. There might be a few

exceptions to that. In those instances, I was cautious about how I presented the material, without editing it, given the background the participant had shared.

I found myself asking, throughout the interview process, what difference it makes, ultimately, if one is male or female. What drives gender expression? Is it a construct that society has dictated, and does that construct give us parameters for what is socially acceptable? If someone is biologically a female, but that person feels more comfortable expressing a masculine gender identity than a feminine identity, should it be necessary for that person to go to the extreme of having hormone therapy or surgery in order to feel comfortable in his or her body?

Several years ago, when my good friend began physical gender transition, I found myself saying, "I just can't wrap my brain around this." I heard some of the participants in this study use either those exact words or some very similar. I had the opportunity during this research study to ask myself some difficult questions about how I perceive gender transition. Perhaps it is not the *concept* of gender transition that I have a hard time embracing. Perhaps it is the idea that some individuals believe they must go to the extreme of medical gender transition in order to be comfortable in their body. I found myself asking, "Is it not possible for one to feel comfortable expressing their gender identity the way they desire, without regard to what parameters society has set forth? Can a biological woman express her masculine qualities without thinking she has to *become* a man?" That thought was shared by some of the participants as well.

However, I understand, from the personal stories my transsexual friends have shared, that they never felt as though they were women or men, even though their bodies

were those of men or women. Therefore, simply adopting more masculine or more feminine qualities, in order to feel more comfortable with the body in which they were born was not a viable option.

This reminded me of a story about an "a-ha" moment for me. As my friend began his physical gender transition, I struggled with seeing him as a man. I tried, but all I could see was my female friend with very short hair who was dressed in men's clothes. One day when I was visiting with a mutual friend, I shared that I did not see a guy when I looked at our friend. She responded, "Yes, but you have to remember that when *he* looks in the mirror, *he* sees a guy." I understood what she was saying, and from then on, I changed the way I thought about my friend's transition. It did not matter whether I saw a man or not. He had seen a man in the mirror for a long time, and finally he was able to claim that openly for himself.

Several of the participants in this research study believed that was true for their transsexual loved one. They shared their strong belief that transsexualism is a biological phenomenon. They truly believe their loved one has no choice in how they feel and in what they experience as someone who believes they were born in the wrong body. Many, but not all of them, believe their loved one could not have continued to live in the body to which they were born, and that medical intervention was the only option for them.

I had a breakthrough moment when I heard some of the participants describe what their loved ones' gender transition has meant for them. Some of them said something like, "It's not just *his* transition, it's *my* transition, too." I had never thought of it that way, but when a person transitions, their family, or at least those who choose to stay connected

with the transsexual individual, now have become the family of a transsexual individual. They must decide whether, and how, to tell friends and family members about their loved one's transition. They must face the consequences in their lives of the gender transition of their transsexual loved one.

I could relate this to my coming out as a lesbian woman several years ago. Not only had *my* life changed, but I had affected the lives of my children, my parents, my siblings, and my friends. My family has had to make the choice whether to share that part of my life with their friends, loved ones, and business associates, or not. They have had to decide what story they would tell others about my lifestyle. Therefore, not only did I come out, but my family was forced to come out as well.

The made-for-television movie, *Normal* (Brokaw & Pilcher, 2003), starring Jessica Lange and Tom Wilkinson, was a poignant and tasteful depiction of what families of transsexual individuals experience. I often recommend the movie to romantic partners and families of transsexual individuals. While it is only a microcosm of the total range of experiences and emotions loved ones may experience, in my opinion, it is an excellent story that may be helpful to those who view it. It was extremely helpful to me as validation of the range of emotions I felt as someone close to me began transition.

One of the most interesting events during my research, that caused me to take pause, came at the very beginning of my recruitment process. As I wrote the recruitment flyer, and it was reviewed by my research advisor and the Institutional Review Board, I was extremely cautious to choose my words carefully. It is never my intention to offend anyone or to exclude anyone. However, as my flyers were distributed over the Internet, I

began to receive emails from individuals who voiced their disapproval of the way that I had worded my recruitment flyer. I used the words "fully transitioned."

The correspondents shared with me that transition is never complete. According to them, there is neither a beginning nor an end to transition, since many of the individuals who experience gender transition share that they have felt that way all their lives. They believe that transition is an ongoing process, and they shared that they were challenged by my choice of words. In retrospect, I should have sent the flyer to some of my friends in the transgender community who would gladly have critiqued it for me before I sent it.

I had another hard lesson in the proper use of terminology during this process. As I see it, empirical research is not always in line with popular culture, at least in the case of the topic of transsexualism. As I began my research, I discovered incongruence in the uses of transsexual and transgender. According to the empirical research I had read for my literature review, a transsexual individual is considered to be someone who has gender dysphoria to the point of having the desire to alter their genitalia, in order to live as the gender in which they feel most comfortable. In my mind, that is the population I was targeting, the families and romantic partners of individuals who had at least begun to alter their genitalia, in order to live their lives in the way they believed would allow them to be happy.

However, many of the individuals with whom I spoke indicated that that were not comfortable with the term transsexual, as they preferred the term transgender. They said they wished to remove the connotation of sex, meaning their sexuality. In other words,

they said that many people think transsexualism relates to the sexual preference of a transsexual individual, and the transsexual individual says the transition is about gender, not sex. I understand what the transsexual individuals meant. However, for the purpose of this study, since the literature uses the term transsexual, rather than transgender, I stayed consistent. I, in no way, meant to alienate or offend anyone.

One of the themes that emerged from the data analysis, *It's my transition too,* resonated with me. When my good friend revealed to me his desire to transition, I wanted to understand, and I wanted to be empathetic. As I mentioned above, I, like some of the participants in the study, had a difficult time understanding the concept of transgender. I, too, had feelings of shock, anger, loss, and so on. When I tried to talk with my friend about my feelings he insisted that it was not all about me. My response to him at the time was that, for me, it was all about me. Yes, I wanted to love unconditionally, and yes, I wanted to support my transsexual friend, but it is was my transition, too, and I wanted and needed my feelings validated. During my data collection, I was careful not to prompt any of the participants or to read something into their statements that they did not mean, as I completed my data analysis. The theme of *It's my transition too* rose to the top of the list naturally.

Conclusions

The following conclusions were drawn from this study:

1. Gender transition of a romantic partner or family member affects the family system.
2. Often loved ones of transsexual individuals feel that this is there transition too, and that they are transitioning along with their transsexual loved one.
3. Some family members of transsexual individuals believe that family therapists and other mental health professionals may not be very well educated on the issues that face transsexual individuals and their loved ones.
4. Feelings of shock, anger, loss and unresolved grief are common to those who experience the gender transition of a loved one.
5. There are feelings of ambiguous loss, in terms of how the loved ones of transsexual individuals manage their thoughts and feelings about their family member's gender transition and how it affects them.

Implications of the Findings

This study resulted in the following implications

1. More research needs to be conducted on the issues facing transsexual individuals and their loved ones. Many of the participants in the study said they felt that this was important work, and that is why they chose to participate. They said there are not enough studies done, and there is not enough support available, for the loved ones of transsexual individuals.

2. Family therapists and other mental health professionals would be able to serve romantic partners and families of transsexual individuals were they to have more research material and education on the topics that relate to transsexual individuals and their loved ones.
3. More support groups that are positive experiences for loved ones of transsexual individuals are needed so that the romantic partners and family members believe they have a safe place to share their experiences with others with similar stories.

Limitations

This study carried with it some limitations, which affect the generalizability of its findings. It is possible that the people who participated were individuals who had good, strong relationships with their transsexual loved ones. All of the participants said they had always had good relationships before the gender transition, and they said they had good communication. It is possible that individuals who do not have good relationships and good communication with their transsexual loved ones did not participate. Since the recruitment flyers went to support groups for families of transsexual individuals, to support groups for transsexual individuals, and to other organizations that target the lesbian, gay, bisexual, and transgender communities, it is possible that family members who have cut ties with their transsexual loved ones were simply not aware of the study.

The siblings of transsexual individuals seemed to sense the least amount of challenges in their relationships with their siblings of any of the participants. Those who participated shared stories of their close connections with their siblings and their ability

to see the essence of the person, beyond the changes. They said the transition had little, if any, affect on their relationship with their transsexual sibling. All of the participants, when asked about family members in the interview, mentioned someone who had a difficult time with the transition. For each one of the loved ones who participated, there was one or more family members who they indicated would likely not participate.

All the participants shared their unconditional love for their transsexual child, partner, sibling, and parent. It is possible that only those who felt unconditionally loving chose to participate. As mentioned above, when asked if there were other loved ones who might agree to be interviewed, the participants indicated there were some who had difficulty with the transition and would likely not participate.

The sample size was adequate for this type of study, but in hindsight, the researcher thinks it was perhaps too large for what she sought to discover in the study. Had the sample consisted of ten or fewer participants, the researcher would have been able to spend more time and go deeper with each participant. All of the participants were Caucasian, and the researcher does not know if that made a difference in the findings. Even though there was a lack of racial diversity, the sample was comprehensive, in terms of relationship to the transsexual individual (e.g., parent, romantic partner, sibling, or adult child), and in terms of whether the loved ones were MtF vs. FtM, which it might not have been had the sample been smaller. Since this study was concerned with relationships, had there been diversity in race and ethnicity, the results might have been no different.

Recommendations for Family Therapists

Most of the participants indicated that they had found very little quality educational information for loved ones of transsexual individuals, and they said there is a strong need for more emotional support for loved ones. Only six of the participants had enlisted the support of a therapist or counselor for individual therapy, and only four of them had participated in family therapy. However, many of them expressed the need for more support. A few of them indicated that one of the reasons they did not seek help was that they felt alone, and they did not think anyone could understand what they have experienced. This researcher hopes that, with continuing research and education about the families and romantic partners of transsexual individuals, awareness will be raised, and more loved ones will believe they can be helped through the therapeutic process.

Since the ambiguous loss theory was used as a conceptual framework for the study, and its use proved to be valid, family therapists might benefit from the use of ambiguous loss theory in their work with families of transsexual individuals. Since the family members do feel a sense of loss and their loss is not always clear cut, and since the ambiguity of their loss may keep them in a state of unresolved grief, the employment of ambiguous loss theory in therapy might prove beneficial.

Some of the participants shared their distaste for the support groups that are currently available to loved ones of transsexual individuals, particularly the romantic partners. They indicated that the support groups about which they were aware, ones that perhaps they have joined, were not particularly supportive. Rather, they said they found them counterproductive and not helpful, since the group members seem to gather to

complain and commiserate. They expressed the need for more supportive groups, rather than groups where partners gather to complain about their loved ones. One participant said that if there were family therapists who knew about issues faced by families of transsexual individuals, she might be willing to reach out. Another said that many partners of transsexual individuals are expected to be selflessly supportive. She added that the partner cannot be partner, lover, therapist, and best friend. Family therapists can help loved ones of transsexual individuals learn to set boundaries.

One participant said there needs to be support for the transsexual parents of younger children. The participant said that adults can figure it out for themselves how they will manage their thoughts and feelings concerning their loved ones' transition. Children, on the other hand, need positive personal support, in order to respond in a positive way. This segment of the population, the younger children of transsexual individuals has indeed been overlooked for the most part, as indicated by the lack of available material on the subject.

Individual therapy is important for family members and romantic partners of transsexual individuals; however, since the family system is affected by the gender transition, it makes sense that family therapy would be indicated in cases such as these. Family therapists and other mental health practitioners can be successful therapeutically to the degree that their knowledge of the subject allows. It is extremely important for therapists to have access to current research and treatment information that focuses on families and romantic partners of transsexual individuals.

Family therapists need to know that even in the best, well-adjusted family situation, loved ones need to be able to share their story with someone in a way they might not feel free to do with their transsexual loved one. Offering a safe environment, where the loved ones feel validated and not judged, can be extremely helpful to all concerned. With the goal of the maintenance of family ties in mind, a family therapist can be a good resource for the family.

Romantic partners and family members should be encouraged to maintain open communication with their transsexual loved ones and extended family. Family therapists who are educated about the issues with which families of transsexual individuals are faced can better support the loved ones with whom they work.

Recommendations for Future Research

Most of the romantic partners and family members of transsexual individuals who participated in this study were very accepting and understanding, or at least they had come to a level of understanding that was acceptable for them. It would be interesting to attempt to find and interview partners who were not as accepting and understanding as the loved ones in this study. A study such as that may be difficult, since the loved ones who are not supportive may not choose to participate. Perhaps someone who has access to and the trust of loved ones who are challenged by the transition might be able to enlist them for participation.

This study drew its participants from the population of adult romantic partners *and* family members of transsexual individuals, which included parents, adult children, and adult siblings. The results of this study indicate that the thoughts, feelings, and

experiences of loved ones of transsexual individuals vary, and much of the variance depends on the type of relationship the individuals have with the transsexual individual. Perhaps future studies could focus on specific types of relationships, such as, only siblings of transsexual individuals, only parents of transsexual individuals, or only adult children of transsexual individuals. Family therapists and other mental health professionals might be better served were they to know more about the dynamics of each type of relationship, as it relates to the experiences of transsexual individuals and their loved ones.

In the future, a quantitative or mixed methods research study that uses an instrument, such as a survey or a questionnaire is recommended. It might result in solid data that can be used to draw conclusions that might help family therapists and other mental health practitioners, as well as other researchers, focus on areas of relationships most affected by the gender transition of a loved one.

One of the limitations of this study is that most of the participants came from contacts in lesbian, gay, bisexual, and transgender support networks; therefore, their experiences of the gender transition of their loved ones might be different from those who are not affiliated with, or connected in some way to, a support group. Either the participants obtained the information about the study from their transsexual loved ones, which meant they still had open communication with their loved one, or they were members of a support network. They had, in some way, dealt with their thoughts and feelings about their loved ones' gender transition. Future studies might attempt to reach

individuals and families of transsexual individuals who have no connection with a support network, since that might result in a different set of data.

Finally, the parameters of this study were rather limited. For the purpose of this study, the researcher chose to interview family members and romantic partners of transsexual individuals who had fully transitioned, which was intended to mean that they had sex reassignment surgery, or they had at least had some medical intervention (e.g., hormone therapy). The researcher had some negative comments over the Internet from individuals who challenged the validity of studying only loved ones of individuals who had experienced medical intervention. Future studies might view families of all individuals who consider themselves transsexual, regardless of the stage and degree of their transition.

Messages to the Family Members

Participants were asked if they had anything they wanted to share personally with family members, romantic partners, and/or family therapists who might work with loved ones of transsexual individuals. Several said that people need to know, "This is a medical condition. It is something biological. Their body doesn't fit their mind." One spouse of a transsexual individual said, "People believe that difference is deviance, not a destination." As mentioned before, one father said, "This is not just [name] transition, it's my transition, too." Still others said that when the transsexual individual comes out, the whole family comes out.

One participant shared "I'm going to choose for my own self to be happy. And you have to be able to help others and show them that there's more than just the negative

reaction to things." A daughter of a transsexual individual shared that she was asked to not share her loved one's transition with others, at first. She was later given permission to tell one person. The participant said it is very important for loved ones to be able to share with at least one other person, since they need to deal with the transition, too.

A parent of a transsexual individual wanted to remind parents, "You're not losing a child. You're just going through a change with your child." Another parent said, "You don't erase the past by throwing pictures out." One of the loved ones shared, "Everyone deals with things differently. You have to figure things out on your own." One sister of a transsexual individual said, "Be accepting. They are still the same person. It's better to have them than to not." Finally, one participant said, when asked if there was any advice she would like to share with others, "For people to be absolutely nonjudgmental and a good listener, and asking the right number of questions, not too many questions, not too few. That would be the best advice I could give anybody going through the process."

Summary of the Chapter

This chapter discussed the findings of the research, as they related to the research questions. Conclusions were drawn, based on the themes that were restated. The implications of the findings were explained, as were the limitations of the study, the implications of the study, recommendations for future research, recommendations for family therapists, and messages to the family members of transsexual individuals. The researcher's voice was heard, as she shared some of her personal experiences with her transsexual friends and how she was drawn to conduct this study.

Summary of the Research Study

This study was an exploration of the relationships with transsexual individuals and their families and romantic partners, before, during, and after transition. The purpose of this study was to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition. Two research questions guided this study. The first question focused on the experience of a family member or romantic partner of a transsexual individual who transitions from one gender to another, before, during and after transition, and the second question asked about the applicability of the theory of ambiguous loss to the study of the experiences of the families of transsexual individuals. The results of this study offer implications for future research, and they indicate applications in the field of family therapy.

As indicated in the introduction, there is a paucity of research in the area of the families and romantic partners of transsexual individuals. The researcher found one dissertation that conducted a study of the partners of FtM transsexual individuals, but she did not find it until after her research was almost complete. However, very little of the work the researcher did in that study was relevant to this study, since this one focused on the lived experiences of parents, siblings, and adult children, and it targeted not just the loved ones of FtM transsexual individuals.

After an exhaustive search of the literature, this researcher came to the conclusion that there was very little empirical research data that could be used to substantiate many of the statements made in the literature review. Much of the cited works contained anecdotal evidence and conjecture on the part of the authors and researchers. Studies may

have recently been conducted or are currently being conducted, but they had not made their way to the published literature at the time of this review of the literature.

The stories participants shared about the gender transition of their loved one carried elements of shock, anger, sadness, fear, joy, loss, and relief, intertwined. Undeniably and overwhelmingly, the romantic partners and family members expressed their unconditional love for their transsexual family member. However, underneath the love lay feelings of loss for the person they knew, loss of the possibility of biological grandchildren, in the case of parents of transsexual individuals, and loss of the future about which one had dreamed.

Loved ones expressed the need for time to grieve their loss and to come to terms with their loved one's transition. Some of the participants shared their frustration that their loved ones expected them to understand and "get it" right away. They said their transsexual loved one had their whole life to get to this point of acceptance, and now their adult child, their partner, or their parent was supposed to be right there with them in a matter of days or weeks.

Many of the participants shared their relief that their loved one was finally happy being who they were always meant to be. Across the board, parents, partners, adult children, and siblings expressed that sentiment. They said they would rather have their loved one with them, with the changes they have made, than to not have them with them at all. Some of the participants came to resolution sooner than others, but most of them said that the passage of time has helped ease many of the challenges and concerns.

During the interviews, the participants shared very deeply, openly, and eloquently about their experiences. Clearly many of them had not felt they could share with others, or they had chosen not to share with others; however, it was apparent to the researcher that they were glad to have someone who was interested in their story and someone with whom they could safely share. Many of the participants expressed gratitude to this researcher for conducting the study. They said they knew many people who could be helped by the dissemination of information that may educate the loved ones and any mental health professionals who might work with the families of transsexual individuals.

This research study looked at how gender transition affects the romantic partners and family members of transsexual individuals and the family system that includes transsexual individuals. It also asked the question whether the theory of ambiguous loss could be used, when related to the experiences of loved ones of transsexual individuals. The information gathered from the 20 interviews in this study indicates the transition does indeed affect the loved ones and the family system, and many of the loved ones of transsexual individuals had experienced something that could be interpreted as ambiguous loss.

As the numbers of transsexual individuals who express a desire to transition increase, so will the numbers of romantic partners and family members who are affected by the transition. Family therapists and other mental health practitioners potentially will be called on to support the loved ones of transsexual individuals. It will be important for professionals who work with these loved ones to be educated and aware of the effects of gender transition on individuals and families of transsexual individuals.

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Appendix A

Diagnostic Criteria for Gender Identity Disorder

Diagnostic Criteria for Gender Identity Disorder

A. strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).

In children, the disturbance is manifested by four (or more) of the following:
(1) repeatedly stated desire to be, or insistence that he or she is, the other sex
(2) in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
(3) strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex
(4) intense desire to participate in the stereotypical games and pastimes of the other sex
(5) strong preference for playmates of the other sex. In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. In children, the disturbance is manifested by any of the following: in boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities; in girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Code based on current age: 302.6 Gender Identity Disorder in Children
302.85 Gender Identity Disorder in Adolescents or Adults

Specify if (for sexually mature individuals): Sexually Attracted to Males
Sexually Attracted to Females
Sexually Attracted to Both
Sexually Attracted to Neither

Adapted from American Psychiatric Association, (2000, pp. 581-582)

Appendix B

Summary of Harry Benjamin Standards of Care

Summary of Harry Benjamin Standards of Care

Timeline	Eligibility Criteria	Readiness Criteria	Minimum
Hormones	1) Legally able to give informed consent 2) Informed of anticipated effects and risks 3) Recommended completion of 3 months of "real life" experience OR have been in therapy for duration specified by a mental health professional (usually minimum of 3 months) The HBIGDA *Standards* note that "in selected circumstances, it can be acceptable to provide hormones to patients who have not fulfilled criterion 3 — for example, to facilitate the provision of monitored therapy using hormones of known quality, as an alternative to black-market or unsupervised hormone use".	1) Consolidation of gender identity 2) Improved or continuing mental stability	Three months of "real life experience" OR psychotherapy recommended but not required
Chest/breast surgery			FtM chest surgery may be done as first step, alone or with hormones; MtF breast surgery may be done after 18 months on hormones (to allow time for hormonal breast development)
Genital surgery / hysterectomy	1) Legally able to give informed consent 2) On hormones for > 12 months (if needing and medically able to take hormones) 3) At least 1 year real life experience 4) Completion of any psychotherapy required by the mental health assessor 5) Understand cost, hospitalization, potential complications, aftercare, and surgeon options		At least one year of "real life experience"

Adapted from Meyer et al. (2001)

Appendix C

Recruitment Flyer

Romantic Partners and Families of

Transsexual Individuals

Share what the experience of transition was like for you in a confidential, in-depth interview

My name is Leslie Guditis; I am a Ph.D. candidate conducting a qualitative research study for my dissertation. The purpose of this study is to explore the relationships with transsexual individuals and their families and romantic partners, before, during, and after transition. For the purpose of supporting the maintenance of family ties, it is important for mental health professionals to hear about the experiences of the romantic partners and families of transsexual individuals as he or she transitions.

You are invited to participate in this study if you are age 18 or over, and someone who is in your family or someone with whom you were/are in an intimate relationship has fully transitioned (gender/sex reassignment surgery) from MtF, or from FtM. I want to hear your story, and I will be conducting the interviews myself. All interviews will be completely confidential, and the time commitment is about 1 ½ to 2 hours, with a possible ½ hour follow up interview. If you agree, you may withdraw from the study at any time, if you so choose.

If you are interested in learning more about the study and/or in participating in the study, please contact me at (940)594-2370 or Lguditis1@twu.edu. You may also contact my research advisor, Linda Brock, PhD at (940)898-2713 or LBrock@mail.twu.edu.

I would like to talk with you about your experience of transition as a family member or romantic partner of a transsexual person.

Appendix D

Consent Form

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: When a Transsexual Family Member Transitions: A Qualitative Exploration of the Family's Experience

Investigator: Leslie C. Guditis, MS (940)594-2370 or Lguditis1@twu.edu
Advisor: Dr. Linda Brock, PhD (940)898-2713 or LBrock@mail.twu.edu

Explanation and Purpose of the Research

You are being asked to participate in the dissertation research for Ms. Leslie Guditis's dissertation at Texas Woman's University. The purpose of this research is to explore the experience of family members and romantic partners of transsexual individuals who have completed gender transition.

Research Procedures

For the purpose of this qualitative study, the investigator will conduct face-to-face, telephone, or webcam interviews with each family member who chooses to participate. This interview will be scheduled at a time and place that is mutually agreed upon by you and the researcher/investigator. Your interview will be digitally audio recorded for later transcription and data analysis and to provide accuracy in reporting the information discussed. The total time commitment for the interview is approximately 1 ½ to 2 hours, with a possible additional ½ hour follow up interview. The interviews will be audio taped. The webcam interviews will not be videotaped.

Potential Risks

You may experience emotional discomfort due to the personal nature of the interview. You may refuse to answer any particular question at any time. You may stop the interview at any time. The investigator will provide you with a referral list of names and contact information that you may use, if you wish to discuss any emotional discomfort with a mental health professional or a support group, at any time after the interview.

Participant's initials

_____

Another possible risk to you as the result of your participation in this study is the release of confidential information. Confidentiality will be protected to the extent that is allowed by law. Information sent to the participants, via USPS and email will be given a code. When forms are sent back, they will only have the codes on them.

A codes-with-names list will be maintained by the researcher and will be destroyed two years after the completion of the study.

"There is a potential risk of loss of confidentiality in all email, downloading, and Internet transactions."

The interview will be conducted in a private site of the participant's choosing, by phone in the privacy of the researcher's office behind a closed, locked door (on the research's end), or via webcam, also in the privacy of he researcher's office, behind a closed, locked door (on the researcher's end). Codes will be used in place of names on the demographic information, audio tapes, and transcripts. All information will be typed on a computer, and the information will be stored on a universal serial bus (USB) device, also called a flash or jump drive. The audio tapes will be stored in a locked filing cabinet in the researcher's office, which is also locked. All identifiable data such as that on a codes-with-names list will be kept in a separate locked space and will be shredded two years after the completion of the study. At that time, the audio tapes and the USB device will be destroyed with a high-intensity magnet designed for that purpose.

A transcriber will be employed to type the interview taken from the audio tapes. She will not have access to any identifying information, and the researcher and she will be the only individuals who will have access to the tapes.

It is anticipated that the results of this study will be published in the investigator's dissertation, as well as in other research publications. However, no names or other identifying information will be included in any publication.

Two data analysts will be enlisted to go over transcribed interviews and the information the researcher has gleaned from the data to ensure the researcher has been clear and unbiased in her review of the data. At no time will the data analysts have access to any identifying information from the participants.

Participant's initials

_____

Potential risks related to your participation in the study include fatigue and physical discomfort during your interview. Participants may take breaks as often as needed during the interview and may discontinue participation in the research at any time, without penalty. Again, follow-up counseling will be recommended, and resources will be provided to all participants.

The researcher will attempt to prevent any problem that could occur because of this research. You should let the researcher know at once if there is a problem, and she will help you. However, Texas Woman's University does not provide medical services or financial assistance for injuries that might occur as a result of your taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary and you may discontinue your participation in the study at any time without penalty. The knowledge gained from this study will help family mental health professionals become aware of the issues and challenges faced by transsexual individuals and their families. A goal of the study is to help mental health professionals learn ways to help support the family through the gender transition of their loved one and in the years following transition.

Family professionals may use this information to help the families and loved ones of transsexual individuals better cope with the transition and adjust to life after transition. Past studies indicate that, no matter what the stressor, the strong the family foundation, the stronger the support system, the better the coping skills, the more likely a person is to feel satisfied with his or her life, and the more easily he or she adjusts or adapts to change.

Education is an important factor in the family professional's ability to help the family cope. The more information the professional can access, the more empirical research that is available, and the more prepared the professional is to deal with particular stressors, the better equipped he or she will be to support the family.

Participant's initials

_____

A copy of the results will be made available upon request.* You may potentially benefit from having reviewed the information in the study and finding common themes among the participants.

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you are doing a telephone or webcam interview, you will be mailed a copy of the form. If you have any questions about the research study, you should ask the researcher and her advisor; their contact information is at the top of this form. If you have questions about your rights as a participant in this study or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at (940)898-3378 or via email at IRB@twu.edu.

You must be a family member or romantic partner of a transsexual person who has had medical intervention, meaning they have had gender/sex reassignment surgery and/or related hormone replacement. The age of the transsexual individual is not important. There may be participants who are parents, adult siblings, adult children, adult uncles, adult aunts, or grandparents of individuals who have transitioned. No participant may be under the age of 18.

You have read the contents of this consent. You have been given a copy of the dated and signed consent form, or one is being mailed to you. You have been given a copy of the referral list with the names and contact information of mental health professionals and support groups.

***If you would like to receive a summary of the results of this study, please provide an address to which this summary may be sent:**

_____

_____

_____

Date _____ Signature of Participant

_____

Appendix E

Interview Guide

Interview Guide

Participant Code _____

Date of Interview _____

I. Participant information – collected before tape is started. Record answers on the Participant Information Questionnaire with participant code.

II. Introduction to the Interview

"Therapists and other mental health professionals often work with individuals and families on topics related to their relationships. Unfortunately, the information on partners of transsexuals is very limited. Research from the last 20 years has not, for the most part, addressed the experiences of the loved ones of transsexual individuals. Recently there have been a few professional reports on families based on therapists' clinical experience, but research is limited, and personal accounts of the experience of loved ones of transsexual individuals are most often found on Internet sites and in books and magazines. For this reason, I am interested in talking with family members and romantic partners of transsexuals about their experience before, during, and after their loved one's transition. My goal is to create a description of what this experience was like for them and how the transition affected the family system."

"This interview is a time for you to tell me about your experience of transition as the loved one of a transsexual. I have a few questions that I would like to ask, and I invite you to answer at length and in as much detail as you can provide. I may ask some follow-up questions in order to ensure I understand what is covered in each interview."

"Do you have any questions before we begin?

"Thank you for your willingness to participate in this study. As I mentioned before, I am interested in learning more about how a transsexual person's transition affects the family system. Do you have any questions?"

"Before we begin the interview, let's go over the consent form. Do you have any questions about the consent form? Here is your copy of your signed consent form for your files."

"During the interview, I will ask questions about your experience of your loved one's transition. I will make notes, and again, the session is being taped. There is no need to use anyone's name during the interview, and if you refer to someone else, you may just use their relationship to you (e.g., 'my husband' 'my son' 'my sister'). If you do use someone's name, it will be not be transferred to the written record."

"Do you have any questions?"

"I will start the recorder now. Again, the purpose of this study is to explore the experiences of families and romantic partners of transsexuals and the effects of the transition on the family system. Please tell me your story."

III. Interview Questions and Prompts–

Interview Question 1: Tell me your story about your relationship with your transsexual loved one before his/her transition.

Interview Question 2: Tell me what it was like for you when you learned that your loved one is transsexual and had the intention to transition.

Interview Question 3: What has been difficult or helpful to you in relating to your loved one during the transition?

Interview Question 4: What changes, if any, have you experienced in your relationship with your transsexual loved one since the transition began?

Interview Question 5: Is there any insight you would want to share with others who have transitioning family members or with professionals who work with romantic partners and family members of transsexual individuals?

Prompts: Please tell me more about that.

And what was that like for you?

Is there anything else?

What did that mean to you?

And then what happened?

Did you seek support? From whom?

Silence/Pause

Uh huh; I see

Debriefing and Ending the Interview

At the end of the interview, the researcher stated: "Given that we have addressed a number of personal topics, I am wondering how it has been for you to participate in this interview. Before we end this interview session, is there anything else you would like me to know? How would it be for me to call you for an additional 30 minutes or less, to clarify answers or to follow up on some topics? Would you be agreeable to that? Also, I will be creating a summary of your experience from the information you have given during the interview. Would you be interested in looking at this summary and giving me clarifying feedback? May I have your phone number, in case I need to clarify some of your responses later?"

"Thank you for your participation. Your input will be very helpful."

Tape will be stopped.

Appendix F

Participant Information

Participant Information

Date of the Interview_____ Participant Code_____

Directions: The following demographic information (e.g., age, sex, ethnicity, education, etc.) will be used only to describe the characteristics of the people participating in this study. It will not be used to evaluate you or your family member/romantic partner. Please answer the following information about yourself and your transsexual loved one.

1. Age? _____
2. Biological sex? _____Female _____ Male _____ Intersex _____ Other
3. Gender identity? _____Female _____Male _____Transgender _____ FtM _____ MtF

   _____ Other
4. Ethnicity/race? (Check all that apply)

_____Caucasian

_____Black, African American

_____ Puerto Rican

_____ Mexican, Mexican Am., Chicano

_____ Cuban

_____ Other Spanish/Hispanic/Latino

_____ Native Hawaiian

_____ Other _____

_____ Other Pacific Island

_____ Asian Indian

_____ Chinese

_____ Japanese

_____ Vietnamese

_____ Korean

_____ Mixed Race

Participant Code _____

5. Relationship status: ___Married ___Divorced ___Widowed

___Cohabiting ___Single

6. Number of children, if any: _____ Ages: _____, _____, _____, _____

7. Current residence (State) _____

8. Education? _____

9. Occupation? _____

10. Socio-economic status: _____ Below $20,000 _____ $20,000-$39,999

_____ $40,000-$49,999 _____ $50,000-$59,999 _____ $60,000-$69,999

_____ $70,000-$79,999 _____ $80,000-$89,999 _____ Above $90,000

11. W hat is your relationship to the transsexual individual? _____

12. How old is your transsexual loved one currently? _____

13. Education of transsexual loved one ? _____

14. How long since your loved one told you of his/her desire to transition? _____

15. How long since your loved one fully transitioned? _____

16. Have you had individual therapy? _____Yes _____No

17. Has your family had family therapy? _____Yes _____No

18. To your knowledge, has the transsexual individual had therapy? ___ Yes ___ No

19. To your knowledge, has anyone in your family had therapy? ___Yes ___ No

Appendix G

Counseling and Support Referral List for Families Who Participated in the Study

Counseling and Support Referral List for Study Participants

Chicago, IL
Jim Cosenza, LCSW, CADC
4753 North Broadway, Suite 608
Chicago, IL. 60640
(773) 633-6643
www.jimcosenza.com

PFLAG – Chicago (Parents, Families, and Friends of Lesbians and Gays – welcomes loved ones of transgender individuals as well)
(630)415-0622
pflagmetrochicago@pflagillinois.org

Dallas, TX
Feleshia Porter, MS, LPC
3530 Forest Lane #188
Dallas, Texas 75234
(214) 904-8222
www.feleshiaporter.com

Mary Anne Reed, PhD
1409 S. Lamar St.
Dallas, TX 75215
(214) 428-0322
www.maryannereed.com

Dallas PFLAG (Parents, Families, and Friends of Lesbians and Gays – welcomes loved ones of transgender individuals as well)
(972)77-PFLAG
www.pflagdallas.org

Denton, TX
Counseling and Family Therapy Center
Texas Woman's University
HDB114
Denton, TX 76204
(940)898-2600

Ft. Worth, TX
Rita Cotterly, PhD
1020 Macon, Ste 20
Ft. Worth, TX 76002
(817)338-4551
drritac@gmail.com

PFLAG Fort Worth (Parents, Families, and Friends of Lesbians and Gays – welcomes loved ones of transgender individuals as well)
fortworthpflag@charter.net
(817) 428-2329

Galveston, TX (Houston area)
Collier Cole, PhD
Rosenberg Clinic
1103 25th St
Galveston, TX 77550
(409) 763-0016

Houston, TX
Houston PFLAG (Parents, Families, and Friends of Lesbians and Gays – welcomes loved ones of transgender individuals as well)
www.pflaghouston.org

Milwaukee, WI
FORGE *(For Ourselves: Reworking Gender Expression)* is a national education, advocacy and support umbrella organization supporting FtM transsexuals and transgenderists, and others who were assigned female at birth but who have some level of masculine identification) and SOFFAs (Significant Others, Family, Friends, and Allies)
P.O. Box 1272
Milwaukee, WI 53201
(414)559-2123
www.forge-forward.org

San Francisco, CA
TransGender San Francisco
(415)564-3246
www.tgsf.org

Nationwide Support
www.ssnetwk.org
Straight Spouse Network

PFLAG – National and International (Parents, Families, and Friends of Lesbians and Gays – welcomes loved ones of transgender individuals as well)
www.pflag.org

Appendix H

Institutional Review Board (IRB) Approval Letter

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

May 8, 2009

Ms. Leslie C. Guditis
1708 Lynhurst Ln.
Denton, TX 76205

Dear Ms. Guditis:

Re: When a Transsexual Family Member Transitions: A Qualitative Exploration of the Family's Experience

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from May 1, 2009. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair
Institutional Review Board - Denton

enc.

cc. Dr. Larry LeFlore, Department of Family Sciences
Dr. Linda J. Brock, Department of Family Sciences
Graduate School

Appendix I

Research Questions, Interview Questions, and Themes: A Model

RESEARCH QUESTIONS, INTERVIEW QUESTIONS, AND THEMES: A MODEL

Research Questions	Interview Questions	Themes
1. What is the experience of a family member or romantic partner of a transsexual individual who transitions from one gender to another, before, during and after transition?	1. Tell me your story about your relationship with your transsexual loved one before his/her transition. 2. Tell me what it was like for you when you learned that your loved one was was transsexual and had the intention to transition.	The Transition Affects the Family Members 1. It's my transition too. 2. I was shocked. 3. I fear for his/her safety. 4. I am angry. 5. He/she is selfish/self-absorbed. 6. There is a sense of loss.
2. How can the theory of ambiguous loss be used to explain some of the experiences of family members and/or romantic partners of transsexual individuals who transition?	3. What has been difficult or helpful to you in relating to your loved one during the transition? 4.What changes, if any, have you experienced in your relationship with your transsexual loved one since the transition began? 5. Is there any insight you would like to share with others who have transitioning family members or with professionals who work with significant others and family members of transsexual individuals?	Finding Peace within Myself 7. I turn to my spirituality/religion. 8. I see that he/she is happier now. 9. We have open communication. 10. I have sought education and support 11.Things get easier with time. Additional findings: Lack of support and education Fundamental category of gender Confusion over the use of gender pronouns Family structure changes Family stress