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**Information and support needs of cis-women partnered with transmasculine persons
during their transition.**

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Abstract

Cis-women partnered with transmasculine persons during their transition experience their own struggles related to the transition process. A small body of previous literature has explored the experiences of cis-women with emphasis on their relationship with their partner and identity struggles, primarily involving their sexuality. Researchers have argued that the cis-partners go through their own transition and further research is needed, especially to consider the information and support needs of cis-partners. The present study sought to address this gap in literature within a New Zealand context. Semi-structured interviews were conducted with four cis-women who were partnered with their transmasculine partner during their transition. Participants were invited to share their experiences of the transition processes with an emphasis on their individual information and support needs. Thematic analysis (TA) was used to analyse the interviews allowing for similarities and differences among the participants to emerge. Analysis showed that the cis-women's differing relationships are all affected by the transition. Along the same lines as previous literature, their relationships with their partner and themselves were affected by heteronormative assumptions. Some of the cis-women questioned their sexuality and belonging within the lesbian community. The current study provided new insights into the experiences of cis-women with medical professionals, friends, family, and peer relationships. As New Zealand lacks in consistent guidelines for transitioning and surgical procedures, there were frustrations experienced with medical professionals, with a lack of credible information on what to expect from the transition. The cis-women also experienced struggles with obtaining non-judgemental support from their friends and family, in addition to having their time within these relationships consumed by the transition. This creates barriers to utilising their support through difficult transition experiences. Due to the lack of non-judgemental support, the cis-women sought other partners however they were not always accessible to them. When peer relationships were possible, they were able to provide the support participants needed and insights into the transition process that were helpful. Two reoccurring needs emerge from the analysis: credible information and non-judgemental support.

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Introduction and Literature Review

I had always known that S¹ had never felt like a woman. He² had told me on the first day of meeting them that he was “a girl”, but also not. We had discussed him transitioning from an early stage in our relationship and eventually, with my support and encouragement, S began transitioning. I wasn’t prepared for the intensity and complications of being a partner of someone transitioning. I tried to ask many questions, and spent hours searching online to find someone else in my situation. I sought another partner who understood what I was going through, or an online fact sheet that helped me prepare and get through some difficult times. However, I found nothing except support groups that had died, and medical fact sheets, which were minimally helpful but didn’t address all my questions or any of how I felt.

I wanted to be able to reach out and find someone who had dealt with the mood swings, the emotional muteness, and feeling like I was both losing and not losing the person I fell in love with. S and I shared a lot of the same friends, and S didn’t want me talking to others about the transition, as he didn’t want others to think his behaviour was caused by testosterone treatment. I too wanted to protect S from people thinking everything had to do with the testosterone as I didn’t believe this to be either socially beneficial or accurate. Therefore, I remained silent with my struggles.

At the same time S wanted the transition to be a background aspect in our lives, but it was always there at the forefront. It was a huge life-changing experience that could be a daily struggle at times. I was there when S needed support and reassurance, I was his main support person through this, yet I had no support myself. I had a secret only a few people knew about. Even less people knew how difficult it was for me. I could not find any other partners online, and S, my only connection with those in transgender circles, did not find any other partners for me to talk to either. It was a lonely and isolating experience, but one I chose to do so I could support my partner who was going through a big life change. With both of us stumbling through

¹ Name omitted for the sake of confidentiality, as discussed and agreed upon with S. However, it is understood that this confidentiality does not extend to those who know us personally.

² Pronoun us can be particularly difficult for transgender people. However, from discussions with S, I use the he/him with his consent.

the ups and downs, and with nothing to refer to online, it felt like it was mistake after mistake.

I put S's needs before my own, and only discussed what he was comfortable with, both inside and outside our relationship. I went with him to doctors' appointments, as his support person and got to know some medical staff very well. I would constantly quieten his fears, but often my own were not addressed. I remained silent with my fears, as well as trying not to upset him, or let him worry too much. I worried about his safety, and I felt like my life was being consumed by the transition, that there wasn't a lot of space in the relationship for me anymore. My whole life became a complicated dance between trying to work through my own fears, adjusting to all the changes in my life, in my relationship and being the supportive partner, he needed.

After the relationship ended, I found myself thinking about how isolating and unsure I was along the way: How being partnered with someone who is transitioning is complicated, messy, and all-consuming. It led me to think about other women in my position. Did they experience something similar to me? Where did they get their support? How did they find information (if any) on what to expect? These questions fuelled my desire to research other women's experiences of being in relationships with transmasculine partners during their transition process. Most importantly for me was what could we learn to help understand and support cisgender (meaning not transgender; henceforth known as cis) women through their partner's transition.

Introducing transgenderism

It is now more widely understood that sex and gender are two different concepts, where gender is socially constructed, and sex a biological term. Gender in this regard is expressed through behaviours that are expected or preferred for a certain gender assigned socially on the basis of biological sex, in a specific societal and historical period (Beek, Cohen-Kettenis & Kreukels, 2016). Gender identity is the extent people feel and experience themselves to be like others of one gender (Beek et al., 2016). Each person has a gender identity, which is one of the more stable identities, and in most cases, people experience a congruence with their assigned sex and gender

identity (Beek et al., 2016). However, there are people who experience an incongruence with the gender assigned to their biological sex. These people may decide to use medical interventions, such as taking hormones, and surgery to change their appearance to be more congruent with their gender identity. Individuals who follow these steps are considered transgender. The term transgender is an umbrella term used to incorporate gender-variant persons and will be used throughout the present study as an umbrella term (Norwood, 2012). Although this term is not adopted throughout all circles, and has various understandings, it is used here to include all persons who take steps, either physical and/or communicative changes to perform their preferred gender identity (Norwood, 2012). Furthermore, as transman and transwoman implies a sex binary regarding gender, which not all transgender people identify with, the present study will use the terminology transmasculine and transfeminine to be more inclusive and understanding that gender is not conflated with a sex binary. Where appropriate, the use of non-binary will be used to denote those who do not identify as either gender nor use the term transgender to describe themselves.

Understanding of transgenderism has changed over the years. Originally, transgenderism was thought of as a psychological disorder. Transgender people were thought of as severely neurotic, psychotic, delusional and in need of psychotherapy (Beek et al., 2016). Cis-partners too were thought to need professional help as well. Mental health professionals believed them to be experiencing a folie a deux, which simplistically is the sharing of a delusion (Huxley, Kenna, & Brandon, 1981). Fortunately, these views of partners and transgender persons are not upheld in contemporary views of transgenderism (although this is not true in all social, religious or national contexts).

Regarding psychological classification and understanding of transgenderism, this too has evolved throughout the years. Currently, while transgenderism is no longer considered a psychiatric disorder, there is a continued use of gender dysphoria in relation to those whose gender identity challenges normative sex/gender binaries. The arguments around the inclusion of this disorder in such publications as the Diagnostic and Statistical Manual V (DSM-V) is to ensure that those individuals who

need professional support can obtain it (Beek et al., 2016). Although there is progress for the acceptance of transgenderism, access to adequate, non-discriminatory health services for transgender people is restricted (Reed et al., 2016). Health professionals often are not competent to provide services to transgender people (Reed et al., 2016). Thus, the argument to continue to include gender dysphoria or gender incongruence is seen as important for transgender people so that professional services are available since most countries require a diagnosis specific to those services on offer (Reed et al., 2016). Consequently, current understandings of transgenderism are that it is not a psychiatric disorder, and that a diagnosis is more harmful due to the stigma experienced by transgender persons. However, to retain the specialised services there needs to be a continued diagnosis criterion available (Reed et al., 2016).

Considering the varied nature of transitioning due to personal preference, as well as what is medically available, the process of medical intervention to assist transition is complex and does not follow a linear fashion. Information I have gathered as an insider to the transition process and accessed through government websites demonstrates the complicated nature of adult³ transitioning. “There is no fixed definition or criteria that trans people need to meet in order to transition” (Counties Manukau District Health Board (CMDHB), 2012, p.18). People who are wanting to transition may seek out a general practitioner (GP), endocrinologist, or a mental health professional. New Zealand appears to follow World Professional Association of Transgender Health (WPATH) standards of care as they are described as an international best practice model (CMDHB, 2012). Whereas in previous editions of health guidelines it was recommended that transgender persons have a mental health diagnosis and spend three months in therapy prior to hormone treatment, version seven does not promote this (Agender NZ, n.d. retrieved 2nd of Feb 2017). Yet, GPs and endocrinologists may require a diagnosis before going forward with treatment. This is important to note as it can be difficult to get publicly-funded mental health appointments (CMDHB, 2012), therefore there may be an added expense to this

³ As the present study focuses on adults, all information provided on transitioning is related to the process for adults. The processes for those under 18, are different, and require different considerations that will not be discussed here. Additionally, this section is focussed on transmasculine transition only, and does not include information on medical/surgical interventions for transfeminine persons.

process. Although endocrinologists can be sought out directly, it is more often the case that the GP will need to make a referral. Generally, after seeking out a GP the first step is to take hormones that cause changes to help the person appear as their desired gender identity. These are often prescribed by an endocrinologist, who then monitors the biological response to the hormones. There are several different medications that can be given to those transitioning. In New Zealand there are four subsidised testosterone treatments. There are two injections, that are administered two to three weekly, and testosterone patches that are applied once every 24 hours (CMDHB, 2012). There is another testosterone injection that can be injected every ten to fourteen weeks (Gender Minorities Aotearoa, 2017), which is also subsidised (Pharmaceutical Management Agency, 2014). As mentioned, the endocrinologist monitors the persons response to testosterone at varying intervals. While my experience meant that S's visits to the endocrinologist were free, others have been required to pay a specialist fee for each visit for a yearly check-up (Mackie, 2015).

Another option that may be considered as part of the transition is a hysterectomy/oophorectomy (removal of the uterus and ovaries respectively). There are some claims that this surgery mitigates the risk of cancer, and polycystic ovarian syndrome that are said to occur due to the use of testosterone (CMDHB, 2012; Hudson's FTM Resource Guide, 2010), however, the link is still not clear. Additionally, oophorectomy can mean that lower doses of testosterone are given as the ovaries that are producing estrogen are no longer inside the body (Hudson's FTM Resource Guide, 2010). Anecdotally, hysterectomies in New Zealand require endorsement from a mental health professional to ensure that the person understands that they no longer will have the option to have children. If a hysterectomy is sought out due to choose as opposed to any underlying medical condition then it may be more difficult to get public funding for the surgery (Agender NZ, n.d. retrieved 2nd of February 2017).

Another step that transmasculine persons may want to take is chest reconstruction/mastectomy surgery. It may be done prior to testosterone or at the outset of it (Agender NZ, n.d. retrieved 2nd of Feb 2017). To receive this surgery, either in the public or private sector, a mental health assessment is required (CMDHB, 2012). Additionally, each person must meet pre-requisites for the surgery in the public sector,

such as more than twelve months on hormone treatment, more than two years of successful and continual experience as woman/man, two psychiatric reports and one psychologist report (Ministry of Health, 2014). There may also be different levels of requirements for private sector, but generally the private sector is not so strict in their requirements. The private sector, while easier to access and book a surgery, also comes at a higher cost which some persons may not be able to afford. The public sector is not without its own difficulties due to long wait-lists and minimally funded surgeries. It may take years to receive this surgery, either due to the private costs or the public wait-lists.

Even more difficult to obtain in both public and private sectors is genital reassignment surgery. There is public funding available (Ministry of Health, 2017), however for transmasculine persons, up until 2012, only one surgery is funded in each two-year period (CMDHB 2012). All these surgeries were and still are carried out overseas, as New Zealand never had anyone who was adequately experienced and qualified to perform this surgery, therefore there are again barriers for those wanting the surgery even if they were funding it privately (Forrester, 2017).

As discussed, the process to transitioning covers complicated treatment steps. It is not a linear process where one medical/surgical intervention is sought after the other. Transmasculine persons will have varying opinions and views on which interventions they are wanting, and it cannot be assumed that all persons will seek out each step. Researching the different surgical procedures, especially finding information on how it can be sought out and whether public funding is available, proves to be difficult. To my knowledge, there is no one document outlining the steps that are possible and is likely to be difficult and frustrating for those transitioning to find answers to their questions. It is important to note, that transitioning in New Zealand may be very difficult for not just the transgender person but also those supporting them due to the shared frustration.

Introduction to current research

There are recorded instances of transgenderism dating back to at least the 1800s (Lothstein, 1983), yet it is only in more recent years that the transgender

community has become more visible. Celebrities have transitioned and created a focus on the transgender community in popular media. Additionally, academic interest about the transgender community and their experiences has grown in more recent years. This may be due to the changing understandings and perception of transgenderism as a mental disorder. However, the experiences of transgender individuals and their partners is not only under-researched in psychology but also in sociology and gender research (Hines, 2006). This demonstrates that there is a lack of research on transgender people and their partners across relevant disciplines.

Historically, research conducted on transgender experiences has favoured the experiences of transfeminine people (Brown, 2009). Several reasons are speculated to have created this emphasis. Of importance is the saturation of men conducting researchers in previous decades. This has been shown to create a bias towards researching men, and male-related issues (Lewins, 2002; Lothstein, 1983). Additionally, it has been suggested that there was a fear of transmasculine people, as they made the male role vulnerable to interception, and make vulnerable the male-centric society (Lothstein, 1983). Consequently, before the early 1980s there is little research on transmasculine people (Lewins, 2002). Originally it was thought that there was only a small population of transmasculine people, thus they were of less importance than the larger transfeminine community (Lewins, 2002). However, these claims about the ratio have been argued to be skewed due to the social visibility of transmasculine and transfeminine persons. That is, transmasculine persons may more easily pass as their preferred gender identity without medical intervention. This is important as only those seeking medical interventions were included to estimate the ratio of transmasculine and transfeminine people in the transgender community (Lewins, 2002).

Considering the socio-political and hormonal differences that transmasculine and transfeminine persons and their partners face, it does not seem beneficial to focus on both. Due to my personal experiences coupled with the lack of focus on transmasculine people, and their partners own unique experiences, the rest of the present study will be focussed on transmasculine persons and more specifically their partners.

While the transgender community is already neglected and oftentimes invisible in terms of research, even less is known about their partners (Watts, Watts, & Collier, 2017). This has been argued as being due to the socio-political climate in the United States of America (USA) where a large body of the research is conducted. The marginalisation of transgender persons in the USA has affected the volume of scholarly research on transgender people and their intimate relationships (Norwood, 2012). Historically, transgender people were required to divorce in order to be referred for gender reassignment surgery (Livingstone, 2015). This is suggested to be related to heteronormative assumptions that people are attracted to the opposite gender, and therefore would not want to continue to be partnered with a transitioning person (Livingstone, 2015). Those who did want to stay partnered were likely to be labelled as perverted with their choices being treated as pathological (Livingstone, 2015). Consequently, it was assumed that there was nothing to study since the relationships were not continuing.

Even with the increase in research on transgender people and their lives, there is still limited knowledge on the experiences of their partners, especially those who are not heterosexual (Joslin-Roher & Wheeler, 2009). Specifically, research on partners of transmasculine people has typically favoured heterosexual-identified women (Brown, 2009). This is partly to do with research focusing on post-transition life phases as opposed to processes during transition, coupled with the assumption that transmasculine persons are heterosexual (Brown, 2009). Previous research on partners of transmasculine persons from the early 1980s, pathologised the partners as being delusional in order to be romantically and sexually satisfied with a transmasculine partner and viewed the partnerships as abnormal (Colton Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013). This has even translated into experiences with clinicians, where transgender people have been advised to separate from their partners as the clinicians believed relationships formed before the transition were doomed to fail (Colton Meier et al., 2013). Consequently, research on partners of transmasculine people has been lacking in the academic world. Even when there is interest in the experiences of partners of transgender people, there have been difficulties securing interviews with partners, further adding to the complication of exploring their

experiences (Huxley et al., 1981). It is understood that the disclosure of transgender identity can affect intimate relationships in profound ways (Norwood, 2012).

Transitioning is a reconceptualization of identity and this is understandable that it would change the way transitioning persons relate to others, including their partner (Norwood, 2012).

Considering the changes that the transgender person faces, it is understandable that their partner too experiences some form of transition and renegotiation of their relationship. It seems to affect many areas of a person's life, and the limited literature has delved into some of these experiences.

Relationship with partner

The most notable aspect of a partner's life that changes in the context of gender transition is the way they relate to each other. The relationship is important for the transmasculine partner's well-being because research has found that fewer transmasculine individuals in a relationship report depressive symptoms than those that are single (Colton Meier et al., 2013). Perceived support rather than relationship status was shown to be the key factor in how the relationship serves as a protective support against depression for the transmasculine partner. (Colton Meier et al., 2013). However, the effects of a cis-partner's role as key support person on their own experience of the relationship was not considered in this study.

One of the more visible aspects of transition is the effects of testosterone and other medical interventions. Throughout the transition there can be varying effects, especially as testosterone is usually the first step for medical interventions vary from person to person, each with their own timeline, and unpredictable trajectory (Bishop, 2016). Fears of the cis-partners, about the effects of testosterone, are concerned with the change of their partners emotions, behaviour, communication, aggression, sexual aggression, and emotional communication changes (Bishop, 2016). However, it is notable that in Bishop's (2016) study, the cis-partners also stipulated that their fears did not come to pass.

As the body masculinises, both partners may have a fear that the physical attraction would no longer be there. This may be especially difficult for cis-partners

who identify as lesbian and are not attracted to a masculine body (Budge, Adelson, & Howard, 2013). While some transmasculine people go no further than testosterone treatment and mastectomies, others may decide to have a phalloplasty (when a penis is constructed). This may result in the relationship ending, due to the completely masculinised body (Budge et al., 2013). Thus, there may need to be discussions about what medical interventions cis-partners are comfortable with, or a decision may be made to separate if the transition becomes problematic for continuing attraction. Previous studies have highlighted that the process of gender transition may also create irreconcilable shifts in partnership roles, towards a more heteronormative structure leading to relationship breakup (Hines, 2006). Additionally, for lesbian partners who have experienced trauma at the hands of a man, the transition and masculine appearance of their partner may bring back memories of this trauma (Budge et al., 2013). Consequently, there can be difficulty in the relationship if this fear is significant, and both partners cannot work towards calming the fear.

Depending on how the relationship is negotiated, the cis-partners may or may not be involved in the decision-making process for transitioning (Theron & Collier, 2013). There are those who are a part of the process and consequently affect their partner's decisions about what they are comfortable with changing (Theron & Collier, 2013). This can have varying effects depending on whether the desires of both partners are congruent. However, the available literature doesn't explore the effects of such negotiations for the cis-partners. Alternatively, the transmasculine partner may not choose to involve their cis-partner in any of the decision-making process (Theron & Collier, 2013). This can push the cis-partner away, and make them feel removed from what is happening, as well as make them feel lonely within the relationship (Theron & Collier, 2013). In this way, it appears there is a need for the cis-partners to be included in the decision-making to some degree, to promote continuation of the relationship. Additionally, the implications of involvement also need to be understood from the cis-partner's perspective.

An ambiguous loss may be felt by the cis-partners which has been likened to a sort of death of their loved one which requires a form of grieving (Norwood, 2012). This is because the person is the same but different in the eyes of the cis-partner

(Norwood, 2012). While aspects of the transgender partner's personality may stay the same, they may also change in subtle ways that require a period of adjustment and getting to know the new personality (Norwood, 2012). However, this is dependent on how the cis-partner conceptualises personal identity in relation to transition (Norwood, 2012). It may be the case that the cis-partner feels conflict within the relationship as the transitioning partner may not see any changes in personality, only that they have changed their physical appearance. Consequently, the question of how communication and understanding within the relationship are valued by cis-partners to address these issues needs further exploration.

Cis-partners want to be unconditionally supportive of the transition, however, obstacles get in the way of doing so (Norwood, 2012). There can be a struggle between whose needs should be supported, and oftentimes cis-partner's privilege their transgender partners' needs above their own, which could potentially be problematic (Norwood, 2012). Transitioning can be viewed as a time of self-centredness, where the partner transitioning may spend a lot of time thinking about themselves, and not seeing how their cis-partner may need support to understand to process this change (Norwood, 2012). Consequently, as relationships are ideally about mutual care and support it is important to explore the extent to which the cis-partners needs are met during this period where there is focus on the transitioning partner. As well as the effect of the whether or not needs are met on the difficulty experienced by the cis-partner.

Cis-partners may also experience the need to express gender stereotypical behaviour to confirm the transitioning partner's gender identity (Brown, 2007; Dierckx, Motmans, Mortelmans, & T'sjoen, 2016). Although women partners in Kins, Hoebeke, Heylens, Rubens, and Du Cuypere (2008) study did not consider themselves very feminine, they found the relationship to be stereotypically sex-typed. Demonstrating that there may be a felt need for feminine positioning in relation to the transmasculine partner and the effects of this positioning for cis-women, need further exploration.

While there are repeated reports of relationship dissolution following a transgender partner's decision to come out as transgender, this is not necessarily the case (Dierckx et al., 2016). Several factors are related to the relationship continuing

through the transition process. First, if the process of coming out as transgender is gradual, then the partners are likely to be more accepting (Dierckx et al., 2016). However, if it is abrupt, then the cis-partner is likely to experience more distress (Dierckx et al., 2016). Second, the degree to which the transgender partner is experienced as self-centred by the cis-partner will be influential as the cis-partner may need to feel involved in the process (Dierckx et al., 2016). This also includes being given the time to adapt to their new relationship and own personal identity (Dierckx et al., 2016). Third, in general, the quality of the relationship, and the occurrence of other relationship conflicts unrelated to transitioning need to be considered (Dierckx et al., 2016). Former gay or lesbian couples can also experience a loss of their community due to the transition (Dierckx et al., 2016). Lastly, cis-partners are known to lack psychological and informational support for themselves (Dierckx et al., 2016). "Peer support, and support of family and friends appear to be an important positive factor for partners." (Dierckx et al., 2016, p.39). Therefore, this support is beneficial to have. Although there can be different emotional and sometimes negative experiences for the cis-partner, there can also be positive consequences for the relationship, such as better communication strategies, increased well-being of the transgender partner, and increased satisfaction within the relationship (Dierckx et al., 2016). Cis-women partners highlight that success of their relationships are due to such things as respect, honesty, trust, love, understanding and open communication (Kins et al., 2008). Additionally, despite previous research suggesting that relationships with transgender people are not satisfying; partners of transmasculine people tend to have relationship satisfaction on par with a "traditional" heterosexual relationship (Kins et al., 2008). Consequently, there is hope and relationship aspect that promote continuation.

At times there may be gender inequality in emotion work, and physical care-taking, this may be temporary for the stage of transitioning, and one or both partners may resist certain heteronormative practices (Hines, 2005; Pfeffer, 2009; Pfeffer, 2012 as cited by Franklin, 2014). Gendered division of labour may be present before the transition. Although there is the ideal of an egalitarian household, the individuals in Pfeffer (2010) seem to be doing "gendered" household chores. However, they assert that these are because of their own personal preferences and do not correlate with

gender (Pfeffer, 2010). Interestingly, individuals who were in a lesbian relationship prior to transitioning performed more household chores than their transgender partner and also assert free-will and choice as reasoning for this (Pfeffer, 2010). Individuals who entered into the relationship when the partner was transgender were the least likely to report more household labour than their transgender partner and were least likely to offer free-will and choice-based reasoning for their situation (Pfeffer, 2010). Some couples may actively try to reject falling into heteronormative relationship structures (Pfeffer, 2014). However, the cis-women partners often hold themselves to this rejection more than their transmasculine partners (Pfeffer, 2014). As stated by Pfeffer (2014) this makes sense as doing gendered behaviours and roles is more likely to get the transmasculine partner accepted and seen as a man. To pass as a heterosexual couple, the cis-women may be asked or feel a need to dress in a more feminine, stereotypical manner (Pfeffer, 2014). Yet this behaviour ignores that heterosexual couples appear in many ways, with different, even “alternative” styles (Pfeffer, 2014). As such, the cis-women may experience a difficulty balancing the desire to affirm the transmasculine partner, while rejecting heteronormative relationship structures.

Cis-women experience a change in sexual intimacy and they are increasingly required to create an emotionally stable environment within their relationship (Franklin, 2014). Oftentimes being the sole emotional support can involve reaffirming their partner’s masculine identity (Franklin, 2014). This gendered labour is said to weigh down on feminine individuals and in this way manifests in heteronormative structures based on gender roles (Franklin, 2014). Additionally, there are physical care needed, especially for the medical aspects of transitioning, such as medical care following any surgery, and the cis-partners may need to administer testosterone shots (Franklin, 2014). Cis-women in this position may be confronted with the one-sided gendering of care tasks, which can undermine their ideologies, especially as they are likely to start out in a more egalitarian household (Franklin, 2014). Either one or both partners may need to discuss the heteronormative practices in the relationship (Franklin, 2014). While this may be discussed in the literature, it seems to me that this is harder than the literature explained. Although the current research recommends

what appears to be a simple discussion, it does not delve into the possible conflict that can occur. Both parties may be actively engaging in a more egalitarian lesbian division of relationship labour prior to transitioning, yet other factors affect the ability to continue to do so. Stated by Franklin (2014) is the reliance on the cis-women partner for various care needs that cannot be addressed by others, such as immediate physical care and emotional support. Although family members could be sought out to take on some of the care, it may not be practical, especially if the transitioning partner is living away from home. Thus, there are practical aspects of care that often fall onto the responsibility of the cis-partner that complicate negotiations around heteronormative practices.

While cis-partners may have some fears for their physical attraction to their transitioning partner, as previously discussed, it is also possible that desire for parts of the body can be relearned to coincide with the transgender partner's sense of self (Bishop, 2016). For example, desire for breasts may not exist or may be absent once the cis-partner understands their partner to be transgender (Bishop, 2016). Bishop (2016) discusses how a partner's sexual desire of their transmasculine partner changes with their transition, such as not being attracted to breasts because the inclusion of their transgender partner breasts isn't something that turns their transgender partner on, or that they are going to be removed, so aren't a part of the person. Additionally, the changes in their partner's feminine body, as they identify as lesbian, so they may call their own sexuality into question (Bishop, 2016). However, as noted by the author of Bishop (2016) in some cases the cis-women's sexual attraction to their transmasculine partner is downplayed. For particularly lesbian partners, there seems to be cases where the masculinisation of their partner's body is sexually attractive just for that person, but they are not attracted to masculinisation in other people (Bishop, 2016). This speaks more to the emotional connection of the relationship. Within the intimacy of the relationship, there can be a pressure for the cis-partner to perform a hyper-feminine sexual role, to reaffirm the partner's masculine identity (Brown, 2010; Pfeffer, 2008; Pfeffer, 2009 as cited by Franklin, 2014). Thus, at times there can be a sexualised gendered labour, where there is the requirement, or pressure felt by the cis-partner, to be submissive, and feminine in sexual contexts (Franklin, 2014).

Nonetheless, some couples may actively reject traditional gender norms, with some transmasculine people feeling more comfortable rejecting the heteronormative gender traditions of masculine dominance and feminine submission (Franklin, 2014). Again there is the experience of balancing affirming the partners masculinity and rejection of heteronormative behaviours that the cis-women have to attend to.

Transmasculine people are likely to dislike their feminine body characteristics and may talk in a negative light about this around their partners (Pfeffer, 2008). Being partnered with someone who dislikes the very characteristics the cis-women partner possesses may also lead them to question their partner's attraction to them. Since disliking their own feminine bodies is involved in the sorts of narratives required of transmasculine individuals in order to gain access to medical interventions, they may be strongly perceived to do so due to this need (Pfeffer, 2008). Cis-women partners of transmasculine individuals may be able to rationalise that it is not that their partner doesn't like feminine bodily features, it is that they do not like their own feminine body, hence the need for medical interventions (Pfeffer, 2008). A transmasculine partner's critical focus on their own bodies may lead to their cis-partners to be critical of their bodies as well (Pfeffer, 2008). This is not necessarily the feminine features of their body but may be just their body in general (Pfeffer, 2008).

Dislike of body can translate into avoidance of sexual intimacy. The cis-women may be rejected by their transmasculine partners for sexual intimacy, which in turn may lead to them questioning their desirability, and sexual attractiveness (Pfeffer, 2008). Others may experience an unconscious change in their behaviour and their dislike of their body. It may be as simple as not walking around naked and being critical about a curvy body with weight gain, which once was liked (Pfeffer, 2008). There may be a struggle between the intellectual understanding that the lack of sex is due to the transmasculine partner's personal feelings, and the emotional feeling that it is a rejection of the cis-partner's desirability (Pfeffer, 2008). As Joslin-Roher and Wheeler, (2009) demonstrates, some of the transmasculine partners were not willing to discuss the difficulties with sexual intimacy in their relationships, meaning that the cis-women were left lacking in sexual display of affection and intimacy. However, there were

others who found that their satisfaction increased with transitioning (Joslin-Roher & Wheeler, 2009), further demonstrating the diversity of responses to transitioning.

Abuse is something difficult to discuss in transgender-cis relationships and complicated by the social power relations involved. In terms of cis-dominance, the cis-individual has more social power than the transgender partner, thus it is difficult to understand that abuse of a cis-partner occurs because of a social power imbalance (Brown, 2007). However, this is not to say that it doesn't occur. There have been reports of abusive transmasculine partners, where their abuse was not identified until after the relationship ended. Additionally, the abuse was tolerated because cis-partners believed it to be temporary and something that has occurred due to the hormones, or second puberty (Brown, 2007). This explanation also removes the cause of abusive behaviour beyond the transgender partner's control, meaning they aren't to blame; instead it is the hormones (Brown, 2007). Furthermore, cis-partners may not be able to raise difficulties with others for fear of putting their transgender partner in a bad light or seeming transphobic (Brown, 2007). Consequently, the cis-partners may be silenced and unable to discuss abuse in their relationships.

In Fleming, MacGowan, and Costos, (1985) study, 22 partners were interviewed. Of these 22 partners, eleven identified relationship problems as being related to transgenderism (Fleming et al., 1985). Although all the problems were unique to each couple, the study found some general themes pertaining to reassignment surgery, general adjustment, and acceptance of transgenderism by family and society (Fleming et al., 1985). More specifically, regarding reassignment surgery there were worries about the surgery in general, specific difficulties with surgeries that caused physical distress, nervousness of the partner prior to surgery, and expense of the surgery (Fleming et al., 1985). Regarding adjustment, one partner mentioned time to adjust, another mentioned the number of smaller problems involved that added anxiety to the relationship, and a third struggled with proving that she would not reject her partner (Fleming et al., 1985). Regarding family and society, two of the study participants worried about society's reactions, and said they were a problem, and one said that the reaction from her family was a problem (Fleming et al., 1985).

Another issue that can emerge in cis-transgender couples relates to the very little information about the trajectory and experience of a transgender individual's development (Brown, 2007). Even less is available from the perspective of the partner (Brown, 2007). Thus, the cis-partner is often left with their information being given to them by their transgender partner. The holding of information also places the transmasculine partner in a position of power within the relationship, regarding the transition. This means that the dynamics in the relationship may change so the transitioning partner is the one that sets the boundaries for knowledge and discussion of the transition.

Relationship with self

Cis-women who are with their partner prior and during transition are likely to have entered the relationship as a same-gender couple. Thus, when their partner begins to transition, questions surrounding their sexuality often arise (Brown, 2009). Sexuality is an important identity to most people, and a personal struggle may occur with a seeming loss of identity as a lesbian cis-person continues to be partnered with a transmasculine person (Brown, 2009). Multiple issues can occur with this struggle about sexuality, both internally and in the wider community.

While the cis-partners may continue to identify as lesbian, they appear to the outside world as being heterosexual when their partners appear masculine (Brown, 2009). This can affect their own feelings of belonging within the lesbian community (Brown, 2009). Cis-women who are seen as “femme” lesbians, may already struggle to be accepted by the lesbian community due to their appearance (Joslin-Roher & Wheeler, 2009). Consequently, when femme lesbians partner with transmasculine people, they may have an even more difficult time trying to legitimise their sexual orientation (Joslin-Roher & Wheeler, 2009). This is further impacted by the need for privacy and protection of the transgender partner's transgender status. Expressing their lesbian sexual orientation may out their transmasculine partner, while at the same time excluding them from being “legitimately” in the lesbian community (Joslin-Roher & Wheeler, 2009). Some partners may even be rejected from the lesbian community for being seen as being in a heterosexual relationship (Joslin-Roher & Wheeler, 2009). Many partners who enter the relationship prior to transition are seen

opposing heteronormativity through their lesbian relationship (Franklin, 2014). Once the transition continues, and their partner appears more masculine, especially when passing as a man, their relationship is suddenly viewed as a heterosexual one. In this position, cis-women may be required in their actions to reaffirm their partner's masculinity, as well as decide to what extent they are going to reject or accept heteronormative and gender-normative practices (Franklin, 2014) for themselves and within their relationship. In this sense it is understandable that the lesbian community may reject these women, however in doing so they lose a vital support network (Brown, 2009). Some lesbian communities may work to understand the relationship between the lesbian partner and the transmasculine partner and may continue to accept the cis-women (Joslin-Roher & Wheeler, 2009). On the other hand, their transmasculine partner's inclusion in the community is more contestable and variable (Joslin-Roher & Wheeler, 2009). Consequently, in cases where their transmasculine partner is not accepted, or is not comfortable disclosing their transgender status, the cis-partner may have to re-negotiate their involvement in lesbian communities.

In some cases, a cis-women's sexual orientation relies on the transmasculine partner's identification (Pfeffer, 2014). As stated by a participant in Pfeffer (2014), it is easier to say that you are queer and dating a trans-man, as opposed to being queer and dating a man. Being perceived as being heterosexual can lead to the partner's invisibility to outsiders as part of the lesbian community, and consequently they may experience anti-homosexual speech from those who assume they are not the target of discrimination against lesbian women (Theron & Collier, 2013). Additionally, as they were a part of the lesbian community, those that have been in advocate-type roles, may be questioned for their legitimacy of speaking on behalf of the lesbian community (Theron & Collier, 2013). This sort of treatment likely affects their identity and belonging in the lesbian community, which is a difficult struggle to resolve.

Individuals who are involved with transgender people may face the discrimination of being considered a "tranny chaser" (Tompkins, 2014). While there is no definitive definition of this term, it can loosely be applied to individuals who are fetishizing/are only attracted to transgender individuals (Tompkins, 2014). However, this term is damaging not only for the person attracted to transgender individuals, but

also to the transgender person themselves. This is due to reducing the view that transgender people can be erotic and sexual and may be linked to historical roots where engaging in medical transformation required the transgender individual to demonstrate that they did not have sexual desire (Tompkins, 2014). Furthermore, it is limiting to the partner, as they may face rejection from the transgender community and their allies based on the assumption that their sexual attraction is somehow exploitative. It is likely that the lack of terminology for individuals who are attracted to transgender people perpetuates this issue. While there may be terms such as pansexual that refer to an attraction to all genders, this doesn't necessarily translate as being an appropriate term for people who identify as lesbian. The connected issue with the lack of terminology is the distress that some partners go through as they stay with their transgender partner, and their own sexual orientation is questioned not only by themselves but also by outsiders and members of communities they identify with.

People may spend the majority of their life trying to figure out, and be comfortable with their sexual orientation being lesbian, then partnering with a transmasculine person, may shake their identity and understanding of themselves again (Joslin-Roher & Wheeler, 2009). However, the degree to which the lesbian partners struggle will depend on the flexibility of their sexual orientation.

Issues with current literature

In an opinion piece Richards, Barker, Lenihan, and Lantaffi, (2014) argues that transgender and trans-related issues are being over-researched in ways that are exploitive and unnecessary researched. While this opinion is directed at research on transgender individuals themselves, I believe it can also apply more generally to trans-related topics. Although not over-researched, the majority of the studies on cis-partners focus primarily on the changes in the relationship and with the cis-partner. While these are important to explore, the narrower focus undervalues the pervasiveness of being partnered with someone transitioning. Coming from a position of an insider, I understand that while previous literature provides good insight into certain aspects of being partnered with someone who is transitioning, it has not explored the complicated and consuming nature of the experience.

Furthermore, as Theron and Collier (2013) states, there is a common theme of needing informational and emotional support in research with cis-partners, yet this is not explored by previous literature, and is instead cited as being an important area to address. The likelihood of finding someone in a similar local area, of a similar age and position makes finding peer support difficult (Theron & Collier, 2013). Additionally, the participants in Joslin-Roher and Wheeler (2009) stated that finding peer support was important, but it was not easy due to the lack of understanding from both the straight and lesbian communities, as well as a fear that any issues such as intimate partner violence would be seen as related to being transgender.

There is no single transgender experience shared by all transgender people (Singh, Richmond, & Urnes, 2013). The same could be assumed for cis-partners. Conducting research that allows for the differences and similarities to be explored in depth, with a wider scope than previous research seems wholly appropriate and could potentially benefit cis-partners.

Currently there is limited information about the experiences of transgender people in New Zealand. The majority of the information available is predominately from news articles or online organisations. To my knowledge there is only one study on the experiences of partners of transgender people from the New Zealand context. This study looked at the experiences of partners of both transmasculine and transfeminine people and highlighted the need for research to be conducted on the support and informational needs of partners (Chester, Lyons & Hopner, 2017). It is particularly important to explore the needs in New Zealand, as we have our own social and cultural context, including how we address individuals who present as transgender that influences theirs and their partner's experiences. For instance, in New Zealand, there appears to be a varied understanding and protocols for accessing hormones, making it difficult to get a concise answer on this aspect of transition. Consequently, there may be different emotional care offered to the partners of transmasculine people, depending on their location and the decisions of the doctors available to them.

Considering the limited nature of the current literature, the present study seeks to deepen understanding of cis-women's experiences in relation to how being partnered to someone who is transitioning affects their lives. The study will aim to

add insight to the existing literature, explore areas that have not been addressed in previous research and identify needs for further research.

Chapter Two: Methodology

Epistemology

Feminist principles

Feminist methodology is difficult to define, and it is widely understood that there is no one definition (DeVault, 1999; Ramazanoglu & Holland, 2002). While a singular methodology is not possible, there are general characteristics of all feminist methodologies that inform the approach to knowledge, knowledge construction, and selection of appropriate methods. Feminism allows for greater flexibility in the research process and can draw on differing epistemologies, which specify differing relations between knowledge, experience, and reality (Ramazanoglu & Holland, 2002). It is distinct in that it is shaped by feminist theory, politics, and ethics, and grounded in women's experiences (Ramazanoglu & Holland, 2002). Regardless of their backgrounds, feminist researchers share political and ethical commitments that make them accountable to a community of women (Ramazanoglu & Holland, 2002). Feminist principles work to create research designed for women and their experiences (Allen & Baber, 1992). At its core feminist methodology seeks to explore the experiences of women (DeVault, 1999). Feminist research often seeks to draw attention to power imbalances (Beckman, 2014; Neysmith, 1995), including gendered dimensions of women's experiential stories and their governing rules and social structures (Fraser & MacDougall, 2017). This aspect of feminist research enables the exploration of power imbalances that accompany transitioning genders, as well as the rules and social structures of this when examining the cis-women's experiences.

Furthermore, feminist research aims to bring to light those women's experiences that might have been oppressed, ignored, or not seen, and demonstrate the diversity of women's experiences (DeVault, 1999). As previously discussed, cis-women partners of transmasculine individuals are intersectionally invisible (Watts et al., 2017), thus drawing attention to these women's experiences is important for understanding their specific situations, concerns and needs. Consequently, giving women the space to have their voices heard is the initial step in empowerment (Cosgrove & McHugh, 2000). Since my goal is to voice these cis-women's experiences

through research, it is wholly appropriate that the present study is grounded in a feminist perspective. The principles of feminist research help guide the methodological process of the present study. Due to the flexibility and multiplicity afforded to feminist methodology, the present study draws on aspects of standpoint feminism, narrative, and social constructionism in its approach.

Standpoint, narrative & women's voices

Knowledge is grounded in experience according to standpoint and postmodern feminists (Rayaprol, 2016). Narrative research, by way of interviews was utilised in the present study to gather and analyse the participants' experiences. This stems from the understanding that stories, especially personal stories, provide a rich representation of people's lived experiences (Jones, 2016). Consequently, feminist narrative research can provide an opportunity "...within which different stories can be told and heard, stories which can accommodate the complexities and contradictions of women's lives." (Lockwood, Smith & Woodiwiss, 2017, p. 211). It allows researchers to explore the complexities of daily life which can be overlooked in other methodologies (Miller, 2017). Narrative feminist research views contradictions as not being a sign of untruthfulness but instead understands that there are complex ways in which women story their lives that tell multiple truths in the context for which the story is created (Miller, 2017). Considering that the women in the present study have been overlooked, being able to view their lives in all its complexities is vital to beginning to understand the impact that partnering with someone who is transitioning has on the cis-women's lives. This is further reinforced as narrative research is useful for connecting people who are outsiders to this experience, with the lives of the people telling the stories (Green, 2013). It is not enough for the present study to simply share the participants' stories without creating connection. To begin to understand what it's like being partnered to someone who is transitioning, there needs to be a level of connection, that narrative can afford. There are aspects which others may not understand in relation to why the cis-women have gone through these experiences. Being able to give voice to their stories helps to articulate their reasoning, from their perspective.

Feminist standpoint approaches centrally work to reclaim missing women's voices. They encourage researchers to apply qualitative methods, which are designed to respect the integrity of personal narratives (Gergen, 2001). The feminist narrative approach works with the idea of providing voice to women's lives that have been absent from the dominant discourse (Kokushkin, 2014; Smith, 2017). It promotes not just the stories but also the participants' visibility within the study (Pinnegar & Daynes, 2012). Narrative works in giving power to participants by supporting and encouraging the self-expressions of their experience (Fraser & MacDougall, 2017; Hyden, 2014). It prompts them to expand further and elaborate on their own feelings, and thoughts about the experience (Hyden, 2014). Relationships are emotive, and a narrative feminist approach promotes the understanding that emotions are important sources of information (Fraser & MacDougall, 2017). Consequently, unlike some of the more dominant approaches to research, the present study is mindful of the importance that emotion has for understanding the participants' experiences. Furthermore, the use of narrative as a tool for listening helps bring attention to the value and worth of participants' stories, as the researchers give participants time and energy to listen to their story demonstrating that their story, and themselves, hold importance to the researchers (Kim & Ryu, 2014). Feminist standpoint, narrative research allows voices that might otherwise remain silent, to be amplified (Wang & Geale, 2015). Strengthening women's voices is the most important aspect to the present study. Thus, utilising approaches that place this of high importance, supports the goals of this research.

There are contradictions within women's lives, thus there is not one enduring truth for a single woman, but instead multiplicity within one person's life (Kokushkin, 2014; Ramazanoglu & Holland, 2002). Multiplicity stems from the varied truths that are located in a specific historical, social, and material space, meaning that there may be varied truths depending on these aspects, yet they are all valid truths for the women (Burr, 2003). The present study does not seek to generalise, and instead understands that there are various types of knowledge to be explored from various perspectives (Kim & Ryu, 2014). Privileging one generalizable voice ignores the multiplicity of women's experiences and reduces women's experiences to a single

construct (Kim & Ryu, 2014). To understand the plurality of women's experiences, standpoint narrative approaches accept that no one voice speaks a singular truth (Fraser & MacDougall, 2017; Kim & Ryu, 2014; Kokushkin, 2014). They also view the story as not an isolated individual case, but instead a context specific storying intersecting with aspects of identity and sociocultural space (Fraser & MacDougall, 2017). Thus, rather than representing a single truth, or an accurate recounting of a specific time or event, narrative provides a co-construction of experiences (Fraser & MacDougall, 2017). Narratives shed light on how we shape our world, including structures and assumptions that fit in accordance with shared values and cultural conventions (Zeeman, Aranda, & Grant, 2014).

Narrative feminist research is especially concerned with understanding the effects of social problems in ways that do not pathologise, and/or hyper-individualise the people who experience them (Fraser & MacDougall, 2017). One of the prevailing concerns for the present study, is that the cis-women will be viewed negatively by those inside and outside the transgender community. Thus, as I am aiming for the cis-women's stories to be viewed as a narrative that are not isolated or distanced from other women's lives and experiences. This is achieved since narrative seeks to connect with readers. The connection with the readers through narrative decreases the likelihood that the cis-women's experiences will be seen as hyper-individualised.

Historically, research has exploited, harmed, or even removed women entirely from the research process (Cosgrove & McHugh, 2000). Feminist researchers seek to create research that minimises the control and hierarchy associated with exploitation and harm previously found in research (DeVault, 1999). It is concerned with redressing oppression and improving equality (Jones, 2016). Thus, feminist research understands the importance of the relationship between researcher and participant (Hyden, 2014). Both social constructionism, narrative and feminism understand that researchers cannot be removed from the context of the research (Rogers, 2012). Researchers influence the study, the participants, the analysis, and reflexivity is important for considering how these have affected each step (Johnson, 2015). Reflexivity has the potential to reduce (but never entirely remove) power differentials between researchers, and participants, as it promotes awareness of social power differences

among them (Johnson, 2015). Interviews are often the chosen means of gathering participants' stories because they allow for a reciprocal relationship of sharing and redress some of the power imbalance by giving participants ownership over what is said (Jones, 2016). It is still important to understand that while participants', and researcher's interpretations and intentions are as important as each other, the researcher still has more power in determining the narrative topics (Hollingsworth, & Dybdahl, 2012). This is why reflexivity in the research process is important for understanding the interviewers effect on not only the interview but the interpretation. Interviews, and narratives are a more holistic approach, and allows all participants to have a unique voice, which supports multiple truths (Jones, 2016). Additionally, reflexivity implores critical reflection of our world view and objectivity (Burr, 2003). Although, objectivity is not necessarily a goal of feminist research, biases inevitably effect research thus, feminism embraces this and argues instead for reflexivity to encourage awareness of how such biases might affect the way research is interpreted (Eliason, 2016; Ramazanoglu & Holland, 2002). Therefore, the present study does not claim to be unbiased or objective in any form and understands that through reflexivity the researchers position can be explored in its effect on the analysis.

Furthermore, while interpretation is critically important to feminist standpoint research, to promote empowering to women, reflexivity helps identify the researcher's own assumptions (Eliason, 2016). Reflexivity is important as it helps us to hear the voices of others (Cosgrove & McHugh, 2000) by requiring us to consider ourselves in relation to the participants and examine if we have policed boundaries, or constructed boundaries for their narratives (Cosgrove & McHugh, 2000). In the present study reflexivity is understood as the practice of documenting and reviewing my own feelings and thoughts throughout the research. This is reflected in journaling throughout the process, which enabled me to examine my own positioning and struggles with situations as they emerge during the research. Journaling promotes self-reflection and can also be a tool for understanding my own emotions within the research process. Although the contents of my journals may not be included in my research report, it has helped inform my understanding of the analysis I have conducted. As mentioned in the analysis section.

Reflexive journaling of my emotional responses during the research process was also important since narrative works in understanding that it is not just the content of the stories, but also the emotions experienced about a specific time or event that are important to understanding the experience as a whole (Fraser & MacDougall, 2017). As the participants in the present study are opening up about something that is emotive, as intimate relationships are, my ability to be able to hear the emotions and interpret and explain them where necessary is crucial to interpreting the meaning of their stories. Interviews allow an emotional connection to be formed between what is being said and the how the speaker is understood. Additionally, as an insider, there is also a sense of understanding between myself and the participants; a shared connection to aspects of transition processes that allow for emotions to be expressed and understood. Narrative not only promotes rich data, it allows for contexts to be explained, and positions participants' stories in relation to their identity and sociocultural space, so that their truths can be understood as part of a whole. Consequently, the narrative approach enabled the present study to explore the varying ways in which transitioning is experienced and understood by the cis-women.

Social constructionism/feminist postmodernism

Social constructionist perspective states it is impossible for anyone to describe a reality that is objective, and outside of their own world view (Eagly & Riger, 2014). Additionally, knowledge is viewed as reflecting the social and historical positions of those who produce it; creating multiple realities (Eagly & Riger, 2014). Social constructionist research focusses on the different meanings through which one's world becomes maintained and reaffirmed (Hyden, 2014). In line with this, feminist postmodern knowledge attends to complexities and grey areas, considering the wide range of similarities and different experiences of the same phenomenon (Ramazanoglu & Holland, 2002). Feminist postmodernism and social constructionism are about the interplay of culture- social, and personal- in making up experiences (Johnson, 2015). When understanding the participants' experiences, it is important to view them as not isolated, but instead as embedded within and informed by their social and cultural context. Narrative allows for the varied influences infused through the participants'

stories to become visible to through the research process, both to me and those who read these stories.

Social constructionist approaches hold that knowledge is constructed from our social interactions, placing language as a central factor of interest (Burr, 2003). As we interact and converse with one another, we construct realities and knowledge (Burr, 2003). Narrative is a social interaction, and therefore social constructionism asserts that the interaction produces knowledge of the experience (Barnes, 2016). Furthermore, like narrative and feminist research, social constructionism does not view findings as being objective and conceives that there are multiple possibilities for interpreting our social interactions and our stories (Walker, 2015). Thus, the goal of social constructionism is to argue for the importance of placing the findings within a specific historical, social and cultural context (Gergen, 2001; Walker, 2015). It views knowledge as fluid and dynamic based on these changing aspects of the world (Gergen, 2001). From this perspective, too, there is no one unified experience of being partnered with someone who is transitioning. Multiplicity is important to understand, and no particular experience is more or less important to this community. Social constructionist and feminist postmodern perspectives understand that some aspects of other's lives will resonate with other cis-partners. The movement of an experience is able to be understood, as experience is not a stationary position and can change based on the social environment (Hibberd, 2005). Consequently, the experience of those in New Zealand is likely to be different to those from other countries and social environments. Understanding the effects of social, culture and historical location is important as the present study works to create understanding of a multiplicity in experiences.

Feminist postmodernism and social constructionism examine the effects of gender and the performance of socially acceptable gendered behaviour (Biever, De Las Fuentes, Cashion, Franklin, & Dowd, 1998). Thus, when understanding why the cis-women act in the way they do we are required to understand the effects of acceptable gendered behaviour, both in the wider community, and within their relationships.

Research needs to be beneficial for women (DeVault, 1999). As criticisms of previous research are centred around the lack of exploration of the cis-women's

needs, producing knowledge that is beneficial for this specific community is important. This position was the catalyst for the present study, due to my inability to find research that explored experiences of cis-women in relationships with transmasculine partners. Social constructionism, narrative feminist research and feminist epistemology work together to help create research and analysis that gives voice to cis-women's experiences with the aim of a richer understanding of their complexities, similarities and differences.

Ethical considerations

The ethical considerations related to the present study primarily concerned the safety and protection of the participants themselves, the insider status of the researcher, the participants' wider community, and their partner's community. Given the potentially sensitive issues that participants could raise within the context of small, relatively marginalised communities the various roles within the research require complex understanding. These considerations and the strategies used to address them are discussed in this section.

Confidentiality is particularly important to consider when researching a small community. It is important to be able to share the experiences of these women while at the same time protecting their privacy. There can be serious consequences if people are outed as transgender without their consent, due to the social world's lack of acceptance at times. Assurances were given to protect the participants' confidentiality from the time that they were provided with initial information about the study. Where appropriate, I also had discussions with participants over the complexity of both telling their story and protecting their identity within a small community where details of the events in their lives could be recognised (Kaiser, 2009). They were invited to choose pseudonyms for use in the research project, however, several of the participants were fine with their actual name being used. Using identifiable names was not permitted by institutional ethical protocols and this may be seen as taking away participant autonomy (Giordano, O'Reilly, Taylor, & Dogra, 2007). Even so, pseudonyms needed to be used, and can be understood to protect the participants from unforeseen consequences, such as negative reactions from others. To further address issues of confidentiality, when interviews were transcribed for analysis, all identifying

information was removed, such as names and places as this is the dominant approach to confidentiality (Kaiser, 2009). Nonetheless, the stories were kept intact as much as possible, for the purpose of analysis and on the understanding that only excerpts of the de-identified stories would be included when reporting on the analysis. It is the researcher's responsibility to ensure that their risk of harm is minimal, and in the present study, this does include removing identifying information.

There was minimal risk of harm to participants and no expectation that interviews would be emotionally difficult beyond what they would normally expect when talking about their relationship. This was due to the participants controlling the conversation and being able to stop or refuse to answer questions if they chose. While discussing a relationship can bring up negative experiences and emotions, there is also the chance for benefits from being able to discuss the struggles experienced in a confidential conversation. However, in case the interview brought up any distressing issues, all participants were provided with a list of organisations they could contact for further support. Additionally, as the present study focused on information and support, information was provided on a support group for partners of transgender people that was available for participants to join. I did not have any connection with this support group, and it was set up prior to the present study. This allowed the participants to have contact with others in their community if they chose to.

As the present study is narrative, there are specific ethical issues related to narrative research. There can be a conflict between the participants and the researcher's understandings of their life experiences (James & Platzer, 1999; Josselson, 2012; Smythe & Murray, 2000). There may be a risk of an emotional impact of having the participants stories reinterpreted and filtered through social scientific lenses (Smythe & Murray, 2000). While not being able to circumvent this possibility, efforts were made to keep the integrity of the cis-women's voices and focus on analysing the significance of their narratives. Yet, it is still understood that the researcher holds power for interpreting and explaining the participants' stories (James & Platzer, 1999). The present study aimed to reduce misunderstanding by offering the participants a chance to review the excerpts being used to support the analysis, however, no participants chose to do so. It is understood in this way that they trusted my

interpretation of their storied experiences. It is still noted that as a researcher my interpretations will not fully explain what the participants felt or how they understood the experience (James & Platzer, 1999). In this way there is a need to understand how their specific experiences may be viewed within the sociocultural context we share.

Due to the social marginalisation of community being studied, there was a concern about reflecting transgender persons in a poor light. While there is a duty to tell the cis-women's stories, there is also a need to protect the transgender community. Being mindful that the present study focused on how their partners' transition changes are experienced in the cis-women's lives, involved accepting and exploring their struggles without attributing blame or judging the transition process. Additionally, as both the transgender persons and their partners are from a marginal group, care is required to be taken to ensure their risk of harm is minimal (James & Platzer, 1999). This is achieved through a range of strategies for support and consultation explained in the method section below.

When conducting research as an insider there are serious ethical considerations to be mindful of. There is the possibility that engaging in conversations, especially emotive insider conversations may bring up challenging memories or thoughts (Darra, 2008). To interview ethically, it is understood that the researchers are not impartial, and therefore, need to disclose their identity and status as an insider with participants (Darra, 2008). This also helps obtain genuine informed consent (Darra, 2008). As an insider there may be the experience of receiving information that would not have been given to an outsider (Hayfield & Huxley, 2015). Additionally, as an insider, there is also a need to be open about my own experiences without allowing them to distract for the participant leading the interview in the directions that are most important for them. Thus, during the interviews, when I was asked a direct question about my experiences I provided an answer, then redirected back to the participants own stories.

There is a need for reflexivity in the present study, as discussed earlier, to understand my own positioning and how it effects the analytic interpretation, as well as work through any emotional difficulties throughout the present study. I recorded my thoughts and feelings throughout all steps of the process, as well as discussed, my

experiences with some friends. However, I did not feel it was necessary to include too much reflexivity within the present study. There are instances included in the analysis where appropriate. To some degree I related to all the participants as some of their experiences ran similar to my own, at some points. Of note was how I related to Sarah and her experiences of loneliness and isolation. This required that I talk to my ex-partner and friends to process my emotions. As an insider, my own emotions are likely to be affected by the participants' stories, either through understanding, or even at times through more negative feelings, like jealousy. However, since the focus needed to be on the participants and their stories, ensuring I had adequate support enabled me to attend to their experiences. Where my emotional responses were significant to the analysis, I also discussed issues with my supervisor, and then worked through them on my own, and reflect on them in the reporting the analysis.

Other ethical considerations relevant to the study related to informed consent, coercion and conflict of interest. Each was considered prior to any data collection. Participants were informed both in writing and orally regarding their rights to confidentiality, to withdraw from the study, and to refuse to answer questions. Informed written consent to participate was obtained from each participant before being interviewed. No risks of coercion or conflicts of interest were identified. Following Massey University Human Ethics Committee (MUHEC) procedures, the ethical protocol for present study was reviewed by senior academic staff and deemed to be low-risk, A low-risk research notification was submitted and recorded within the MUHEC database.

Method

Participant recruitment

Due to the potentially difficult nature of obtaining participants, snowball recruitment was utilised. This recruitment process involved the details for the present study being given to friends and acquaintances and were passed on to those who may be interested in participating. Potential participants were given the information sheet (appendix A), with my email address to contact about the study. To ensure confidentiality, I was not aware of how the potential participants gained my email

address, and consequently their connection to my friends and acquaintances, unless they chose to disclose this to me. Only one participant chose to disclose how they found out about the present study. This is important to note as there was concern going into the present study that the participants' transmasculine partners may feel as though their experiences are being overlooked by prioritising someone who wasn't transitioning. However, at least one of the participants transmasculine partners thought there was value in their cis-partner being a part of the study.

Once the participants emailed me, I ensured they fit the criteria for the present study. General criteria for participants was that they identify as cis-women, who were or are partnered with someone during their process of transition. Furthermore, there was a requirement that at minimum their transitioning partner was on testosterone. This was to ensure that societal transitioning was occurring, as well as enabled the effects of testosterone to be raised by all the participants if they chose. While it is understood that testosterone is not needed for transitioning, it does add a different experience to the transition process due to the change in hormones having their own physical and psychological changes. As the present study is aimed at the cis-partners of transmasculine people, only those whose transgender partner identifies as transmasculine were able to participate. Additionally, the transition was required to have taken place in New Zealand, to provide the present study with local knowledge and experiences.

After the potential participants had agreed to take part, I worked with them to organise a time and place to meet. Once the time was confirmed, I emailed the participants one to two days before the interview and provided them with my phone number, to ensure we could contact each other easily. Additionally, the email confirmed the time and location of the interview.

Originally the present study was open to those residing in the North Island, of New Zealand, to make face-to-face interviews easier. However, there was contact from one participant whose partner transitioned in New Zealand, but they subsequently moved overseas. Due to wanting her to have the opportunity to tell her story, the location criterion was relaxed to include those who were not in the North Island but had transitioned in New Zealand.

Participants

Four cis-women who were or had been in a couple relationship with transmasculine partners volunteered to take part in the study. Participants were asked to provide their own identifiers/demographics for the present study. This was to enable them ownership over their identity, despite not having the autonomy to use their own names if they chose. Additionally, as demographic information could identify the participants in a small community and the emphasis is on the participants' stories, no information on age, ethnicity, educational level or employment status was requested. All but one of the women's partners were in the maintenance stage of transitioning. At the time of the interview her partner was only on testosterone. The three other women's partners had mastectomy and were living as transmasculine persons. Maintenance in this sense is meant to signify that the physical changes had slowed significantly or were non-existent. At the time of the interview, three of the four women were still partnered with the transmasculine person they had been involved with during the transition process.

Data Collection

The interviews were conducted individually. Three interviews were conducted in person and one was conducted over Skype. The in-person interviews were held at cafés and a library. The locations were agreed upon by the participants to ensure they felt safe and comfortable, and the venues were conveniently accessible. Interviews were recorded using a Dictaphone for the face-to-face interviews and using MP3 Skype recorder (version 4.33) for the Skype interview. They ranged from 74 to 179 minutes.

The interviews started off by ensuring that the participants had read and understood the information sheet (appendix A) and had any questions answered before they signed a consent form (appendix B & C). Participants were provided with food and drink during the in-person interviews and were given a sheet with contact information for groups/organisations (appendix D) if they required support following the interview.

The interviews were semi-structured. They included a question to break the ice, which asked how they met their partner. I then moved on to questions about their

experiences during the transition, utilising an interview schedule (appendix E). While all questions on the interview schedule were answered at some point during the interview, either from my direct questions or the flow of the conversation, the interview schedule was referred to intermittently. Instead, the majority of the discussion was led by the participants. This helped demonstrate the important aspects of transitioning for each individual participant.

Data management and transcription

Interview audio files were saved onto a password protected laptop and backed up on a password protected external hard drive. Audio files were deleted after the analysis was completed. Interviews were transcribed as soon as possible following the interview. The transcriptions were kept in password protected word documents. I allocated the participants letters in the transcripts, and pseudonyms in the analysis. The interviews were transcribed verbatim, except all identifying information was omitted from the transcripts to protect the identity and privacy of the participants. Copies of the transcripts and consent forms will be separately and securely stored for five years before being destroyed, in accordance with Massey University guidelines. Only my supervisor and I had access to the transcripts and consent forms.

Prior to analysis the participants were contacted to check if they wanted to read the transcripts. Although there was an option to do this on the consent forms, several of the participants did not tick any box, so I sought clarification from them. Furthermore, they were contacted during the analysis phase to be given an update on the themes that had started to emerge from the data and see if they wanted to check over the excerpts I intended to include in analysis. Only two of the participants responded to follow up contact. Consent to use transcript excerpts in the analysis was provided by all participants, with two participants specifying that they did not want to check their transcripts. No participants chose to edit their transcripts or excerpts used in the analysis.

Thematic analysis

Feminist postmodernism aims to understand and interpret phenomena (Eagly & Riger, 2014) allowing for novel forms of writing, and all methods of analysis are

permitted (Gergen, 2001). This adds to the flexibility in the analytic process and supports various forms of writing. Considering the epistemological assumptions of the present study, thematic analysis (TA), which can be used with different theoretical orientations fits well with the foundations and goals of the present study (Clarke & Braun, 2013). TA also emphasises the need to be reflexive and is consequently consistent with the feminist emphasis on reflexivity, to understand how our own world view effects our interpretations and understanding of what we are analysing (Clarke & Braun, 2013). TA is informed by the researcher's underpinning theoretical commitments guiding the process of identifying and reporting themes within the data (Braun & Clarke, 2006). Consequently, these compatible, flexible characteristics make TA highly suitable for the present study. Furthermore, due to the explorative nature of the present study, it is important that not only reoccurring themes are identified, but also those themes that are important to the participants. The nature of TA allows for this type of exploration.

Considering social constructionism informs the present study and views meaning as being socioculturally created, TA is used to explore the content as not just within the participants' experience but also from the wider sociocultural context (Braun & Clarke, 2006). The use of TA allows for creating multiple truths that narrative, feminist, and social constructionism all assert as being important (Fraser & MacDougall, 2017; Kim & Ryu, 2014; Walker, 2015). This is due to the ability of TA to include even contradicting themes, and as it does not place one theme as more important than another. It works in that all voices of the cis-women participants can be included and this fits with the overarching goal of the present study to strengthen the voices of cis-women about their experiences of their partners' gender transition. Furthermore, as narrative and interviews have been utilised, TA allows for all the epistemological underpinnings to be able to be satisfied through this type of analysis.

As Braun and Clarke (2006), provide a flexible structure for completing TA, the steps that they recommend for conducting analysis on the data were utilised for this study. While Braun and Clarke's (2006), six phases for TA were the basis for the analysis, I took deviations at times, to best suit what was forming from the data. Throughout this process thoughts and feelings were recorded in my reflexive journal,

to understand my positioning with the data. I referred to my reflexive journal every instant that I struggled to understand the analysis. The analysis process went as follows:

Phase one: familiarisation with the data.

Braun and Clarke (2006) describe this first phase as including transcription, which enables familiarisation of data. During this step repeated readings of the data and noting down initial ideas, meaning and pattern are also included.

I transcribed all the interview audio files, allowing me to become thoroughly familiar with the data. I listened to the interview recordings several times to ensure that the transcripts were written verbatim, and any identifying features were omitted. Once the transcripts were completed, I read them multiple times, with patterns being identified, and a long list of potential patterns were accumulated. This phase overlapped with phases two and three, and through my process, I moved between these three phases. Thus, the first three phases were completed not as separate steps, but instead as interconnected phases. During the initial familiarisation with the data I utilised my reflexive journal as a way to make sense of my reactions and understanding of the participants stories.

Phase two: generating initial code.

Braun and Clarke (2006) describe the second phase as coding the interesting features in a systemic fashion, giving equal attention to all the data. Codes identify a feature that appears interesting.

As no other research to date has focused on the support and informational needs of the community to which the participants belong, the interviews were coded based on the list of patterns created in step one. Excerpts were highlighted at this time based on the corresponding pattern list. For example, relationship was highlighted in maroon, body dysmorphia was highlighted in teal, teaching others was highlighted in pink, and family/friends were highlighted in yellow. At this same time, notes were made about the meaning of each excerpt, usually either a sentence or one or two words, such as “messy” or “all about the transitioning partner”. This was completed on

a hard copy of the interviews. I also noted down what I felt to be important ideas said by the participants. These included such things as lacked space in relationship; privileging needs of partner, and identity struggles to name a few. These phrases of importance helped inform phase three.

Phase three: searching for themes.

Braun and Clarke (2006) describe the third phase as sorting the codes into potential themes and placing all the relevant coded extracts into the identified themes.

During this phase I grouped together the possible themes present, based on how I highlighted the excerpts. This was completed on the computer, and excerpts were placed into corresponding word documents. Some of these groupings included information searches, teaching others, our needs, support, and family. However, as I began grouping the excerpts I noticed that many of the excerpts overlapped and did not just belong to one category. The items that belonged in multiple categories were highlighted to demonstrate that it was in two different places. The overlapping categories of data made it difficult to create flow. This meant I had to return to the initial coding notes, to see if the excerpts were a better fit in one category than another, to try improving the flow. However, this strategy did not work, and excerpts were still found to belong to more than one category. Ultimately, I had to accept that the lack of flow required me to look for a different kind of emergent organisation of data.

Phase four: reviewing themes.

Braun and Clarke (2006) describe the fourth phase as checking to see if the candidate themes work in relation to the coded extract. For those that don't, it needs to be considered whether it is the theme itself that is the problem, or whether some of the extracts within it do not fit there. Once this has been completed, the second stage is that the themes are checked against the entire data set, to see if they accurately reflect the meanings evident in the data set as a whole.

Due to the difficulty of the excerpts belonging in more than grouping, I collated three pages of notes I had taken during the previous phases and my familiarisation

with the data. This list included information about both shared and different experiences that the participants discussed. Some of these notes included “life is consumed by the transition” and “insider versus outsider support – outsiders don’t really understand, and you have to police what you say to them in case they take it the wrong way” and “you get lost as a person.” These were then also broken down to broader ideas, such as identity; professionals – not knowledgeable/unsure how to react; support – why needed. Insider/outsider; invisible/isolation; and assertion of own needs. In discussion with my supervisor, an overarching theme note on “transition consuming the cis-partner’s life,” was recognised as an overarching theme. All the participants’ relationships were preoccupied with the different relationships being affected in significant and varying ways due to the transition. From this discussion, coded data was re-organised according to relationship. It was possible to do this due to the flexible nature of narrative research, with some narrative analysis working specifically to understand how the narrative is interconnected with performing and negotiating social identities, such as those with the varying relationships of the participant (Andrews, Squire, & Tamboukou, 2013). The relationships that were significant within the participants’ stories were: relationship with self; relationship with partner; relationships with friends/family; and relationships with professionals. Re-organising the data into relationship categories helped significantly ease the difficulty with collating extracts. Although naming and defining themes appears in phase five, the deviation to identifying key relationships was beneficial for the flow of analysis. The second stage of phase four was not completed subsequently in the present study as viewing the individual themes in relation to the entire set of data had been undertaken earlier to ensure that the approach to reorganising the data was appropriate. As the relationship categories solved the issue of collating the excerpts in relation to the overarching theme, it did not need to be completed again against the whole set of data.

Phase five: defining and naming themes.

Braun and Clarke (2006) describe the fifth phase as defining the themes. This is identifying the essence of what the theme is about and deciding which aspects of the data the themes capture. This includes organising the extracts under each theme into a

coherent and consistent account. Additionally, this requires writing a detailed analysis about what each theme is about, and how it fits into the broader story. Sub themes, a theme within a theme, are identified in this phase. Names are given to each of the themes.

As discussed in phase four, the categories for the organisation of excerpts were given names. These were not changed as they provided an adequate description of what was in each section. I attempted to identify additional sub-themes, however, this just served to make the process of constructing a broader story disjointed and complicated. A detailed analysis of each theme was not completed in a traditional sense. However, the excerpts were written about, in several sentences each. This allowed me to organise the excerpts and the analysis in a way that more easily flowed for the analysis.

Phase six: producing the report.

Braun and Clarke (2006) describe the sixth phase as the final analysis and write-up of the report. This includes providing sufficient evidence of the themes through enough extracts to capture the essence of the reported analysis.

This phase was completed by expanding the sentences created as preliminary explanations of the extracts in phase five. As this continued, themes that continued throughout the categories were identified, excerpts were repositioned, and some added to enhance the analysis in a section. However, adding sub-headings to denote new themes did not serve to work within the present study, since they also served to disrupt the flow of the account. Instead, the resulting write-up was constructed through creating a story under each relationship category that flowed and made sense for each section. This occurred logically through my analysis process, as I found what followed next in the story for each relationship category would expand on what I was discussing previously. Furthermore, this allowed for themes that ran through the entire analysis to be discussed both within the category, in relation to the relevant excerpt and throughout the analysis. Themes such as heteronormativity, which could be traced throughout many relationships and events in the participants' stories, were in this way discussed in relation to how they affected specific relationships in detail, while it

remains evident that they are a theme throughout the analysis. Additionally, as the relationships could not be completely separate from each other, there were sections that overlapped, such as parts of the relationship with themselves and their partners. This was dealt with by referencing that the discussion would take place later, in the most suitable relationship section. Reflexive comments were included in the analysis where appropriate to enable discussion of the aspects that I felt contained biases. Few reflexive comments were included as I did not see the benefit of including others for the analysis.

While the analysis followed recommended TA phases to guide the process, the phases became mostly a spring-board for the analysis. Consequently, the resulting analysis is not conventionally created and laid-out, which due to the flexibility of TA, does not impose structural requirements. Since the write-up only needs to be written in a way that "...provides a concise, coherent, logical, non-repetitive and interesting account of the story the data tell..." (Braun & Clarke, 2006, p.93), the logical divergences from standard TA phases worked best. It doesn't require a temporally written analysis (Braun & Clarke, 2006). Thus, the unconventional nature of the analysis is allowed due to the flexibility of TA. The following two chapters present the analysis. Chapter Three covers the two relationships central to the participants' experiences: their relationship with their partner and their relationship with themselves. Chapter four covers relationships with professionals, friends and families.

Chapter Three: Analysis and Discussion Part One

...when you're trying to support someone going through that [transitioning], and you have to re-renegotiate so many things about your own life, and your own identity, and your feelings, about, this person, and this process, and it's really full on. – Ashleigh

Introduction

Due to the breadth of the themes discussed, the analysis and discussion is presented in two chapters. As the interviews highlighted the changing nature of the relationships, the sections are presented according to each relationship type affected. Analysis and discussion of participants' relationship with their partner, and their relationship with themselves, are discussed in this chapter. The second analysis chapter discusses the relationship with professionals, and the relationship with outsiders, friends and family.

As the transition changes every aspect of their life, as mentioned by Ashleigh (above), it is important to understand the aspects of the transition that the cis-women emphasise. It can require considerable renegotiation of their life, how they interact with their partners and how their identity is challenged due to the transition. This chapter looks at the level of involvement of the cis-women in the transition decisions and timelines, with two types of involvement being apparent. Furthermore, it examines how they experience their partner's dysphoria, and any challenges that come along with this. Additionally, it discusses how being with someone who is transitioning means that their sexual identity and belonging in the queer community are challenged by heteronormative assumptions. Gendered expectations are discussed throughout the two discussion and analysis chapters.

Relationship with partner

The most prominent aspect of the cis-women's lives that changes is their relationship with their partner. While other research has placed emphasis on initial disclosure of a partner's intent to transition (Giammattei, 2015; Platt & Bolland, 2017; Theron & Collier, 2013; Watts, Watts, & Collier, 2017), the participants in the present

study did not. Guided by their discussions, the analysis has produced emphasis on various aspects of transition that otherwise have not been addressed in-depth by current literature. Consequently, the participants in the present study have highlighted new areas that are important in the day-to-day functioning of the relationship, as well as the more subtle but impactful changes. Their level of involvement in the transition processes, feelings around transition steps, the physical and behavioural changes of their partner, sexual intimacy and boundaries were discussed by the cis-women regarding their relationship with their transmasculine partner and are examined in the following sections.

Throughout the transition there are tensions apparent with the women's addressing of situations, such as with the involvement in decision making for the transition process. Involvement in decision making is important, as little to no involvement may push cis-partners away (Theron & Collier, 2013). To be included in the transition, as well as being able to put forward their own concerns, may be important so as to feel they are not passive in the transition process. They may feel excluded and isolated if the transitioning partner chooses to not involve the cis-partner in any aspect of the transition (Theron & Collier, 2013). While there is a need to be involved to some degree, there is also a need to respect their partner's autonomy.

So... to feel like, even though I didn't want to feel like I was controlling whether he went on testosterone or not. Like, I, obviously wanted it to be his decision. Um, it was just nice to be involved, to know what was going on. – Sarah⁴

The tension between being involved and respecting autonomy meant that the cis-women had to find ways to navigate their feelings and responsibilities. Most of the participants took a less involved role, where they were kept informed of what was happening, while also being able to provide some input, consistent with being a supportive partner. This seemed to be the preferred level of involvement for three of the participants who took a form of this position. Sarah, for example, performed her

⁴ Please note that ellipses are representative of omitted words that do not alter the original meaning. Square brackets are used to represent phrases added for clarity. Speech marks are used to represent when the partners are speaking as another person, or as themselves in a previous situation.

supportive involvement through such actions as creating a pros/cons/interesting list with her transmasculine partner. With the sometimes-quick process of transitioning, being included somehow likely helps partners to adjust, which they need time to do (Theron & Collier, 2013). For this reason, Kayla believes that cis-partners should be informed, but they should not be able to make any decisions about the transition. The supportive role taken by most of the cis-women is consistent with a gendered role of care, which is evident throughout the relationships discussed by the cis-women (Pfeffer, 2010). There is a supportive role that comes from taking up a position as a caring, nurturing woman, and oftentimes involves putting the other person's needs before their own. While the supportive role means partners are not entirely passive in the transition, it also limits their ability to put their needs at the forefront.

In contrast to the support role, Stephanie spoke of herself and her partner facing the transition as a team.

“...let's do it as a team, because this is going to affect me too. It's not just about you.” And I knew that lots of trans people kind of do this thing. Like one day they decide to transition and “everybody like get on board or fuck off out of my life.” And... I don't think that's fair... I was like “no, we have to do this as a team or it's not going to work, because I have to transition right along with you.” And he was really good. He was like “yep, you're right.” – Stephanie

Stephanie's approach to involvement is decidedly different to the other cis-partners. Initially, her team approach was confronting for me, as I couldn't quite understand how she could assert herself in the process as a 'team' member. I experienced a more passive role, like the other participants, of being more a support person rather than involved in any decisions. However, the team approach denotes an equal position in the relationship and hence also in the transition process. This allowed Stephanie to assert her needs throughout each step of the transition, and there was a requirement that they move forward when both are ready for the step. The confronting nature of Stephanie's 'team' approach is that while I experienced a transition where my needs were not as important as my partner's and I remember feeling a need to be just supportive and selfless, Stephanie asserted a more egalitarian approach. These

differing approaches are evident in the way that the cis-women experienced the transition, and the different aspects that it affected. Throughout the interviews, the relationship tensions are addressed based on the positions that they have taken up, albeit to varying degrees and in different ways. Consequently, it is how the tensions are negotiated and resolved that are quite important to the cis-women's experience of the transition. It's premature to argue that one approach is better than the other, considering different relationship dynamics and what each person is comfortable with. Yet, the struggles faced by the cis-women can be better understood in the context of these tensions/roles as well.

Stephanie struggled with the mastectomy step of the process; the removal of her partner's breast tissue, also referred to as top surgery. Due to her team approach, she was able to assert this struggle and negotiate more time to come to terms with it. She discussed her reasoning for her requiring time to adjust to the mastectomy procedure:

...I thought, I am the one who has the problem... and I need the time.
 "Well, if you do this without me coming around that's going to be way worse," kind of thing... I think it's good if [cis-]partners can say "hey, this is hard for me too. I also need to come to terms with this, or I also need time to process..." – Stephanie

It is important to note that her partner is not passive in her asserting the 'team' approach either, as they both agreed it was the best way to work together for each of them and for their relationship. While it is evident that Stephanie's partner wants the transition, there is a need for time for Stephanie to process and be fully supportive of each step. All the cis-partners want to be supportive and they have different ways they approach being able to do this. In Stephanie's case, requesting more time showed her partner's respect of her needs. It enabled her to process her own fears around the mastectomy, as breasts are important to her, not just sexually but also functionally for breast feeding. Stephanie also spoke about a fear that he would change his mind, which she recognised as being her own fear about the transition and not his. Although her assertiveness initially appeared selfish to me, I have since understood that it is a consequence of her positioning in the relationship. She does not treat her partner's

needs as more important than her own, and instead as I have previously mentioned they are equal. My struggle, and initial feelings around this approach likely have to do with my own gendered expectations where I regarded the cis-woman as the supportive, background person. However, with better understanding of the team approach, I could appreciate the benefits. Being prepared for the surgery ensures that both partners are ready emotionally and psychologically, to get through any complications or recovery processes that surgery brings. It also arguably enables the cis-partner to be more appropriately supportive as they have had time to process their own thoughts and feelings, so they are able to focus on any fears that their transmasculine partner is experiencing.

Participants spoke of sometimes experiencing difficulty expressing concern to the transitioning partner, and this may be due to how the concern is understood.

...if the- the [cis-]partner tries to bring it up... they [transgender partner] get really defensive. Like, they're almost like, they're worried that the [cis-]partner is not going to, like is trying to say that what the [transgender] partner is doing is wrong or something. But, that's not what they're trying to say. They're trying to say, "this is hard for me." – Stephanie

Needing the cis-partner to be on board is likely a concern for the transmasculine partner. Yet, with discussion there may be feelings of the cis-partner's fears confirming the transmasculine partner's fears. Additionally, there is likely a worry on both sides that the relationship may not last due to the transition. Whereas at times some of the other women were not able to discuss their struggles with their partner, or silenced themselves⁵, Stephanie was able to discuss with her partner the times when situations were difficult for her. It is seemingly understood in her relationship that she is not saying that she wants the transition to stop but is able to articulate having a hard time. Some of the other cis-women have instead discussed later how they would avoid talk

⁵ See friends and family relationships for Ashleigh discussing being policed in her life and social life, denoting a silencing of self, as well as Kayla discussing the need to be silent with her partner's family.

about certain thoughts and feelings because it might hurt their partner. Deferring the discussion is another approach for avoiding being misconstrued. While it is understandable that the cis-women chose not to discuss things that may be perceived negatively by the transitioning partner, it also means that the cis-partners may only have themselves to think over certain struggles. It does also limit their ability to be open and honest.

Those in same-gender relationships, specifically women, find that there are few boundaries which cannot be discussed regarding intimacy and emotions, meaning that all emotional aspects or concerns are able to be discussed (Umberson, Thomeer, & Lodge, 2015). Therefore, the women in the present study, Stephanie excluded, are positioned more like cis-women who are responsible for the emotional labour experienced in heterosexual relationships. Due to the difficult nature of transitioning on the transgender partner, they are expressing a form of care by keeping their concerns to themselves, so as not to worry or stress their partner more (Fahs & Swank, 2016). It may however mean that the transition steps and the effect on the cis-partner are not fully realised by the transitioning partner. An egalitarian ideal suggests the cis-partners should be able to convey to the transitioning partner when they are experiencing difficulty and have this treated with the same respect the transitioning partner receives. The more egalitarian approach that Stephanie has with her partner allows for this type of interaction and understanding that both partners will be and are affected by the transition.

Stephanie was not alone among the participants in her fears and emotions regarding her partner's mastectomy. A mastectomy is oftentimes an important step in the transition process to reduce dysmorphia, as well as create a more masculine appearance to 'pass,' as a man. At the time of the interview, three of the cis-women's partners had the surgery, and all experienced feelings surrounding this step in the process. Sarah discussed feeling a sense of sadness and loss about the mastectomy.

...I had this weird kind of sadness, which didn't make sense to me because... his chest was always like, uh, off-limits... And so, I didn't like, understand, why like, I was upset that he was going to get top surgery,

because I was like... “it’s not like I ever see that part of your body anyway.” - Sarah

While there is no literature to confirm this, it seems wholly plausible that the sense of sadness, may have to do with the stark contrast in physical change. Although testosterone is taken oftentimes before a mastectomy, the masculinisation of the body is gradual from testosterone. In contrast, a mastectomy is an obvious change to the body. The sadness may also stem from their partner more fully losing a feminine body which changes the appearance of the partners’ relationship in the sense that they are no longer recognisable as women in a lesbian relationship. Additionally, as mastectomy is a surgical procedure, it carries risks like any other surgery, so there is likely to be fears around these risks. There may be many complicated reasons for being sad about the mastectomy. It’s important to understand and explore the ways in which the cis-women understand the reasons for their sadness around different parts of the transition. Doing so enables many parties, such as the couple, and perhaps a mental health professional to be supportive of helping work through these thoughts, and any grief the cis-partners are experience. However, Sarah did not elaborate further on her sadness, so it is possible that the sense of strangeness she describes as ‘weird’ arose from many different reasonings for her. The mastectomy, however, was not always a negative experience for the cis-partners. Ashleigh, for example, was allowed to touch her partner’s chest once it had healed. This change in the relationship regarding touch can be beneficial for the way the partners interact. There may be fewer feelings of dysmorphia, increasing the transmasculine partner’s self-confidence, and opening up the partners’ physical connection. Physical intimacy is very important, and thus, having a partner with areas of their body that are not allowed to be touched, may feel like a barrier in the connection.

The cis-women participants clearly understand the importance of the mastectomy. They take on board the deep need that their partners have for this surgery. Although this may not be the case for all transmasculine people, the participants reported that their partners required a mastectomy to feel comfortable in their bodies. For some, the surgery meant being involved in the transition process

means more than just emotional support. At times it also extends to the cis-partners helping financially to support the transition.

And like, I want to put money towards, that [mastectomy], 'cause it's really important. – Kayla

This surgery is not seen as vanity, and instead is understood by Kayla as something very important to her partner. Much of Kayla's focus throughout the interview centred on the importance of reducing dysphoria for her partner, so it is logical that she would take this step to help fund a significant measure to help reduce dysphoria. This is a clear indication of how the transition involves each partner. Instead of independence, there is a joint approach to transitioning. In New Zealand it can be expensive to go through private surgeries to obtain a mastectomy, and public funding is not easy to obtain (Ministry of Health, 2014). Therefore, by offering to help fund the mastectomy, Kayla is effectively reducing the time her partner spends struggling with 'passing.' However, she did also mention that it has taken her partner time to agree to allowing her to put money towards the procedure. There is a struggle to accept help on her partner's side, however, Kayla feels a duty of care and a need to support her partner to lessen his struggle. Care for the transitioning partner goes beyond just listening or emotional support but also includes helping the transitioning partner financially. This can be a difficult situation to experience, as there is a need to maintain the stereotypical masculine identity of being able to be financially autonomous and secure. Along a similar vein, Ashleigh experienced her partner taking up more masculine positions in their relationship.

...He didn't like me spending more money, if we were going out, than him. You know things that- that he felt was his role now to pay for dinner, or his role to drive... - Ashleigh

In these instances, there is a need to portray masculinity associated with men's assumed responsibilities in relationships. This may involve a struggle to accept support financially, or to be comfortable with a more egalitarian approach. There is a possibility that Kayla's partner was primarily concerned about the inequity of her contributing financially to his surgery, as it is seen as a big expense that only benefits him, that he

may want to fund himself. However, there may also be an interplay of tension around financial support with socially normative gender roles.

Participants spoke of experiencing hope that the next step will make the transitioning partner happy, and when it doesn't solve tensions, there may be some difficulty experienced by both partners.

...It's such a long process, and it's not like you get your boobs off and you are going to be comfortable with your body, like, sure, you will be more comfortable. – Ashleigh

There was a hope with Ashleigh that each step of the transition meant that her partner would finally be happy. She held out that hope, even though she also realised each step, alone, wouldn't be enough; that testosterone wouldn't be enough, mastectomy wouldn't be enough. There seems to be an ideal, both for the transitioning and cis-partner, that the transition steps will solve all the struggles surrounding gender identity, however, it is not always the case. While the physical changes may improve things, there is still a lot of work to do, emotionally and psychologically to be comfortable and happy within themselves. It is important to understand that there may be a pressure put on the transition steps by both partners that means that they will focus on something other than any difficulty surrounding the transition. Consequently, there may be a sense of disappointment felt by both partners as the transition steps do not achieve the comfort of the body as has been imagined.

Testosterone treatment is the usual beginning step for transition. Before testosterone begins, understandably there are a lot of fears about the experience (Bishop, 2016). For the participants, the fears stemmed from the unknown: Unknown about how their partner was going to change, and how the relationship was going to change.

Um, uh, scared about? Not being attracted to him anymore, and, um, I guess like, I was scared I had this version of, like, watching someone in front of me, like sort of just losing someone in like slow motion. – Sarah

Testosterone affects every person in different ways (Ashbee & Goldberg, 2006). The masculinisation of the body is individual as the speed and degree of bodily masculinisation varies from person to person. Cis-partners like Sarah may worry about the speed at which the transition occurs which means that they quickly lose the person they entered the relationship with. The changes in the physical body have effects that overlap into the cis-woman's sense of her identity. It can lead them to question their own sexuality, as well as their attraction to their partner. They also may fear being transphobic if they are no longer attracted to their partner. Kayla spoke of how this possibility affected her:

...it's not transphobic to say that you're not attracted to them, 'cause if you're a lesbian, you are attracted to women. You might not be attracted to trans men like that. And like even like bi people, or even pan people, I guess, if you stop being attracted to your partner because of the changes, then that's how it is really. Like you don't have to stay with them. Cause see, I am lucky, my boyfriend has gotten really hot. – Kayla

While Kayla suggests it's not transphobic to have these feelings, she clearly understands that there is a social or psychological source suggesting that it could be. The participant cis-women are with their partners initially because they find that person attractive, however, the change means that they may not be attracted to them, or they may have a sense of losing the person they had fallen in love with.

Although there are fears about the speed at which the testosterone will affect their partners, perhaps due to being confronted by the possibility of losing the person you fell in love with, quickly, there is also a sense of relief once the speed of the transition is realised. As Ashleigh explains, it became:

more comfortable when I was- when I- when I could see that the changes [from testosterone] were happening, and they weren't happening really, fast, and I had time to adjust to it. – Ashleigh

Although some participants spoke of the experience of testosterone changes being slow, for others the changes were more dynamic. They could be both slow and

then also feel as though they are happening quickly. This further relates to distress, as if the transition is abrupt when it speeds up; then cis-partners struggle more with the transition (Dierckx et al., 2016).

It seemed like all of a sudden, there was like these big changes [physically], that was kind of freaky for me, like I really had to adjust to that... but no, it wasn't as bad as I thought it was going to be. It was kinda like, cause a lot of it was gradual so I was able to get used to it in steps... instead of being like one day when I wake up and, you know, I've got, you know, a man... but sometimes it did feel like that... - Stephanie

The concern about the speed in transition, and the jarring sense of physical changes at times is a complex feeling. The participant cis-women didn't want to wake up one day to find themselves in a relationship with a man. Originally, I wasn't sure why the women feared waking up with a man, or the process being quick. However, I was discussing my response with S, and he suggested that it is just change, and there are times in which change is hard to process, regardless of what the change may be. So, I recognise there may be issues that are not around the transition itself, but with resistance to change. Feelings experienced by some of the cis-women participants may have to do with change in general, and not specifically about their partner's transition. While they want to be supportive and are being supportive it still doesn't remove the feelings that change brings up for them. In conjunction with this, the effects of the transition have ramifications in other aspects of their lives. It is an almost complete upheaval of their lives, and for it to happen quickly may be too much for the women to process. The need for the testosterone to be gradual, or the relief that comes with gradual changes is important in allowing the cis-partners time to process and accept change.

However, when the transition changes feel sudden it can be confronting. While all the women who entered the relationship as a lesbian couple mentioned the speed of the transition in some form, Kayla did not. This may be indicative of the enormity of transition on the cis-partners sexual orientation, and the effects to it. It also may mean relating to each other in a different way.

...he's always been the same person, right from the start... what's changed the most was that, as I realised more, and more, what his gender identity was, I stopped trying to relate to him as a woman, and um related to him more just as like a person. – Sarah

Initially, as they enter the relationship as two women, there is a way of identifying with their partners that is related to their gender. Although lesbian relationships are more egalitarian, there is still a set of gendered roles that are fulfilled by women, such as their caring and more emotive experiences (Franklin, 2014). Thus, being able to relate to their partner as a man poses different challenges to the participants in their relationships. Several of the women discussed feeling as though they are both losing and not losing this person they fell in love with. There is an ambiguous type of loss (Norwood, 2012), where they still have the person, but they are significantly changed in some ways.

...you're with this person... and they just become this other person. But they're not really, but it feels like it... They're obviously not a different person, but things do change. – Stephanie

While at the core the transitioning partner may be the same person, there are differences that their cis-woman partner experiences. The ambiguity of their partner being the same and different may be hard to process for the cis-women, as their sense of loss cannot be pinpointed to one thing. The experience of ambiguous loss can be confusing for the cis-women, and their ability to make peace with it, as Sarah did by relating to her partner “just as a person” will likely influence how much they struggle with the changes. Experiencing loss may also be impacted by a sense of losing their girlfriend, and the lesbian relationship and identity they are comfortable in, as Ashleigh explains:

...I mean like I sort of had moments of... feeling like I was losing my first girlfriend. I mean the person was still there, but, that person in some ways was never going to be there again, like that. – Ashleigh

The loss of her *first* girlfriend is important specifically for Ashleigh who discusses her connection to her lesbian identity and community. There is a loss of a girlfriend, which

also means for her a loss of her identity which she struggles to resolve. This is discussed in more detail in the following section.

The experience of ambiguous loss is not just from the cis-partner having to relate to the transitioning partner in a different way. It also comes from the behavioural and emotional changes in the transitioning partner. These changes may appear subtle in some ways but may add up to the feeling of not quite having the person they fell in love with.

...I found his thoughts were different... the nuances or the subtleties were gone... it was black and white. Which I think is really weird, and I don't know if I even believe that. But, but, it seems like the testosterone did something to his brain chemistry and changed it somehow. –
Stephanie

This experience of having the transmasculine partner change the way they think and react, is likely involved in the experience of feeling they are a different but the same person. This may be hard to pinpoint and uncertain, yet considering the nuances of interaction, the experience of subtle change is likely to impact the way they relate to each other compared to before testosterone treatment. It seemed strange to me that such subtle changes could occur, however, when I asked S about it, he said taking testosterone made his emotions feel muted. He knew he could experience the emotion but being so dampened he could also chose to ignore how they felt. It also meant his interactions during emotive situations could be more distant and seem more logical. This difference in emotions and thinking, is potentially linked to testosterone as a study has suggested that it causes changes in grey matter in communication areas of the brain (AAAS, 2015). This further suggests, that there is a real change that occurs with the ability to relate to each other in the same way. The experience of emotions is important to understand the effect on the interaction in relationships.

...One thing that makes me a little bit sad, is um, he's not very like good about, talking about his feelings anymore. And I think it's because that, he says that, they feel a lot more dampened... he doesn't get the highs and lows... - Sarah

Sarah did further discuss how before the transition she and her partner were emotionally in-tune with each other. This enabled a strong connection for Sarah and her partner. After the testosterone, she lost this feeling of being in sync with her partner's emotions. Consequently, the transition process, and testosterone create a change in the way that the transitioning partner's emotions and thoughts are expressed and is seemingly reminiscent of a natal man's stereotypical expressions of emotions. The experience of having a partner whose emotions make the cis-women feel as though they are in a heterosexual relationship may be further cause for sadness, or a sense of loss, if they value the emotional expression of their partner prior to the transition.

Experiences of dampening emotions and subtle changes in emotional expression are not found in literature for the women to refer to. As such, the participants wished there had been information available on these areas.

...Um, I think the testosterone changes... the emotional changes, and the mood changes are probably the thing I wish that I had, had more heads up about... Physical changes, yeah that was important... I wish that, I'd really, directly been told by someone that... I was, like legitimate in having the feelings I was having, you know... That it was okay for me to have... a hard time with it. Like, I think I often felt guilty about having a hard time with it, because I felt like he was the one who should be- who was having, the actually hard time. – Ashleigh

There is nothing easily accessible to provide cis-gender partners with information. Yet, the changes they experience are important for how they can relate to their partner. Information could have prepared them for the subtle changes with their partner's emotional expression. Ashleigh experienced guilt for struggling with the changes. It is evident in her account that the guilt comes from feeling less entitled to find the transition process difficult. However, her guilt also speaks to her positioning as someone who is supportive and shouldn't have any difficulty herself. It is perhaps reinforced by others around her that she is not the one going through the transition, the perceived hard part, which is discussed later in relation to Sarah's desire to be recognised as part of the transition process. While it may not be the case for all cis-

partners, there is a feeling for some of the participants as though they are not allowed to struggle. Their role is traditionally feminine, the woman partner who needs to silently support without adding any emotional burden. There is a sense of a gendered role with associated emotion work being perpetuated (Franklin, 2014).

Emotion work is often demonstrated through putting the partner's needs above one's own (Fahs & Swank, 2016). It also includes showing affection, empathy, offering encouragement and affirmation (Fahs & Swank, 2016). This type of emotion work takes a great toll on women's physical and emotional well-being (Fahs & Swank, 2016). The societal expectation that reinforces women doing most of the emotion work, extends to transmasculine people in relationships with cis-women as well (Pfeffer, 2010). There is a social conceptualisation that emotion work is women's work, and it is then manufactured as a natural hierarchy (Curran, McDaniel, Pollitt, & Totenhagen, 2015). Consequently, once they are in a heteronormative, heterosexual relationship, perhaps more-so recognised by the transmasculine partner, then these gendered roles become actualised. The cis-partners are in the background and are expected to be supportive, to be caretakers, without being able to articulate their struggle, because they aren't the one experiencing it. It is hard to say where this expectation comes from, however it feels reinforced by internal and external sources. There is talk of being a good partner, discussed later, that again relates to this pressure and guilt experienced. Except the transition does not happen independently of the relationship; it doesn't happen in isolation.

As evident in the following sections, the transition is experienced in most parts of these cis-women's lives, and clearly does affect them. However, at the same time there are prohibitions on expressing any struggle with the process (Umberson et al., 2015), except for in the case of Stephanie, where her team approach means that it is understood that both parties are going to be affected by the transition. In cis-women's stories in not only the present research, but the experiences discussed by other cis-women in the literature review, no other person has mentioned a team approach. Arguably, there is a more common experience of being a support person, which introduces guilt into the relationship when the cis-partners are struggling. There is an expectation of putting the needs of the transitioning partner ahead of their own in

many situations (Umberson et al., 2015). However, the team approach resists this experience. Sarah also told me of a time when she needed her partner's parents help with the recovery after the mastectomy.

So, like, even though his parents were kind of crap... using the wrong name, and the wrong pronouns... I was just like, "I can't do this by myself. Like we need your parents around to help, because, like, they're your parents, and so they have to take care of you." And they did... it made me feel better about myself, um, to know that I was like, not compromising, uh, too much of myself. - Sarah

Her acknowledgement of a need for support resists the expectation that her needs would come second in this situation. Her response for requiring help asserted boundaries on how much of her life she was willing to compromise on. Her fear of being taken advantage of⁶ meant that she negotiated her level of involvement at times where there would be assumed to be a gendered expectation that she should solely care for him. Even though she still struggled with expectations of her gendered role at times.

Um, for like a while, when he was sort of um, in the middle of transitioning, and not always passing all the time, he used to say some things like, that he liked, um that I was feminine, because he felt like it made him look more masculine, or more straight. And, um, I couldn't like put into words, at the time, why that irritated me so much, but um, I think it was because I was like, you know my femininity is like, it's just, it's enough just by itself. Like, it's not there as a counterpoint to your masculinity. – Sarah

Sarah's story suggests that in trying to be an ideal partner, there may be a felt pressure to be more feminine, or that their femininity becomes more important to the transitioning partner. This experience again denotes a gendered positioning preferred by the transitioning partner. During the transition process, while there is an emphasis on the transitioning partner's masculinity, both in expression and physical appearance,

⁶ Discussed in more detail in the section on friends/family support.

their partner's femininity can be seen as a site of differentiation that is affirming their masculinity. Yet for the cis-woman partner, as Sarah has described, this can be difficult. There may be a need to affirm the transitioning partner's masculinity, to make them feel more comfortable in their gender expression, but also these cis-women are their own persons (Brown, 2007; Dierckx et al., 2016). To feel like an accessory to the transitioning partner's masculinity is evocative of gendered stereotypes.

Sarah, aware of the supportive "othering" role of a cis-partner, consciously resisted it.

...I was always obsessed with thinking- making sure that I didn't get taken advantage of. Like, that I didn't pour all myself into this other person... I think, I mean for me, it made me feel better about myself, um, to know that I was like not compromising, uh too much of myself. – Sarah

The fear of being taken advantage of, also discussed later relates to Sarah's friend's reactions to her relationship. At the time, there was a lot of secrecy around the transition, meaning many of her friends did not know what was happening. In this way, she sacrificed her support, yet asserted her needs in another way. However, in requiring help from his parents who were not so supportive of the transition, she was asserting her own needs. How the cis-women assert their own needs in the relationship can be complicated, especially with the feelings that to be a good partner, they need to be supportive, and silent about the impact on them, such as with the changes in their partner's emotions. However, to resolve the tension between being required to be a good, supportive partner, and not wanting to compromise too much of herself, Sarah created boundaries with care following her partner's mastectomy.

Of importance in many relationships is sex, and sexual intimacy. With changing bodies, and varied self-confidence sex was a site of struggle for participants during their partner's transition.

...involved a lot of like, um, kind of, getting over, like sort of, ideas about how sex should be, and, um, what constitutes intimacy, and all of that stuff... I do think it would've been nice, for some- to have written kind

of, this like, informative thing, being like it's okay if your partner doesn't wanna take all their clothes off during sex. It doesn't mean that like, they are not, you know, less intimate with you or something. – Sarah

Sarah commented the lack of information surrounding sex and sexual intimacy likely stems from the secretiveness of the community. There is a seemingly morbid curiosity from people outside the transgender community about their bodies and sexual practices that the transgender community protects against. However, in doing so, Sarah's concern is that no-one is talking about what sex and sexual intimacy could be like. Sarah felt that her partner wanting to keep clothes on during sex is a sort of failure in intimacy that reflected on her sexual worth. Furthermore, there is an understanding that for the transgender partner to take their binder off during sex takes time and denotes a level of connection. If it doesn't happen, then it indicates a lack in the relationship. This may be detrimental to the relationship if the experience of not removing the binders is felt as a reflection on the cis-gender partner that she is inferior or deficient in some way. Again, there is seeming to be a taken-for-granted understanding of what a good partner attracts within intimacy, which impacts the feelings within the relationship. Although now there are some publications on this topic, they also advise that leaving clothing on during sex can be good for the transgender partner in helping with their body dysmorphia and affirming their gender identity (Ftmark, 2012; Rajkumar, 2017). The inclusion of these comments on such articles does reinforce that this experience is not uncommon and not a reflection on the cis-partner.

Being open and honest about sexual desires can mean that sexual needs are expressed differently by each partner. Kayla told of the time it took for her partner to be comfortable expressing his sexual desire:

...Cause, I feel like when we do have sex, even if it's me with the strapon, um, it's still like, he's still a guy... But like initially it did, it did worry him, and like it took a month or two of dating for him to ask me to do that [penetrative sex]. – Kayla

In this instance there is a need for security in the relationship to be able to ask for something not considered masculine. Kayla describes how even though this experience may not be what is ‘proper’ for a man, she hasn’t changed her perception of her partner as ‘the guy’ in their relationship. Sexual intimacy and sex are experienced in a variety of ways, and consequently, may require time and trust to be honest. However, the importance here is understanding that sex is not experienced according to an ideal script. There may be challenges to overcome from both sides to be comfortable, however, this does not denote a failing in the relationship. Furthermore, the pressure to experience sexual intimacy in a particular way could potentially create feelings of inadequacy. While there is little information available specifically for cis-partners to refer to with sex, it may be important within the community to challenge the idea that there is no one way to do sex, and that negotiating sexual intimacy well may take some exploring. This may help combat the pressure from both partners to perform certain roles and be intimate in expected ways. While this is likely a common need for all sexual relationships, the added pressure of the unknown and inexperience for cis-women partnered with transmen may lead to struggles. Since sex and sexual intimacy are important ways to connect, struggles in this area may affect the feeling of connectedness in the relationship.

Sexual intimacy is not the only area where there are difficult conversations for the couple in relation to the transition. Some transitioning people experience body dysphoria and cis-women partners being able to be supportive and say the right things is not always straightforward, as Kayla explains

...it’s difficult knowing quite what to say when he gets dysphoric. ‘Cause I don’t want to be like- I’m worried that I lay things on too thick, he will be like “no you’re just bullshitting.” – Kayla

Kayla suggests that her worry comes from a desire to strike a balance with saying the right things and reassuring the transitioning partner. However, finding the right things to say or the right way to say them can be hard. The transitioning partner may not know what they need help with in relation to their dysphoric thoughts, and as a caring, supportive person, a partner’s desires to help lessen the effects of dysphoria may be misjudged. Yet, this may require those from outside the relationship to seek out advice

from, which also suggests that more open conversations within the community may help to provide advice for cis-women partners on how best to support their transitioning partner.

Furthermore, while there is a strong concern expressed by Kayla regarding dysphoria, she doesn't want to fall into the trap of overemphasising masculinity.

Yeah, that the main thing I have been struggling with... But yeah, with the dysmorphia, it's something else, like it's very different... I think everyone dates a trans-person would be able to relate to it. Because you don't want to harp on about hyper masculinity, because that's not healthy. – Kayla

Being able to get advice from her peers is something she desires as it would enable her to best help her transitioning partner. It would also enable her to strike the right balance in how she expresses her support. While wanting her partner to feel masculine and secure in his masculinity, there is also a possibility that overemphasising masculinity, which Kayla wants to avoid since hyper-masculinity is understood as detrimental in general, as it is noted that it is detrimental for mental and physical health in both natal men and transmasculine persons (Amin, Kagesten, Adebayo, & Chandra-Mouli, 2018; Cella, Innaccone, & Cotrufo, 2013; Sanchez, 2016). Yet, hyper-masculinity may seem like a 'trap' that transmasculine people fall into if they are eager to be seen as masculine. Furthermore, being unable to help calm their partner, or say the right thing during an emotional exchange, is very draining on women (Umberson et al., 2015). Consequently, Kayla's worrying about saying the right thing, connects with quite demanding relational emotion work.

Additionally, there are very serious and traumatic fears that may need to be discussed during the transition. Stephanie told me of a particular situation that arose for her because of her childhood history:

But there was some stuff that was hard, um, I wouldn't say I didn't bring it up, but I would say it was harder to talk about, because he wouldn't necessarily react as well, or like, find it easy to talk about himself or whatever... For example, I was sexually abused as a child, and

one of my big fears was that if he became more masculine, his body, I would be afraid of him. – Stephanie

Previous research has found similar fears for others, so Stephanie isn't alone in her experiencing worry that she would fear a more masculine body due to sexual abuse (Budge, Adelson, & Howard, 2013). It's understandably complicated from the perspective of the transitioning partner to be able to discuss how their transition may cause the person they love to fear them due to past trauma. However, not being able to discuss it could potentially worsen worries and fears for the cis-partners. This fear may be unspoken but understood and distressing for both partners. Although the topic is a difficult one, having the transitioning partner aware of the possibility for fear is important for triggering of traumatic events (Budge et al., 2013).

There may also be a need for space, or boundaries to stop the transitioning process from taking over the entire relationship. Setting aside time for the relationship rather than the transition process to be the focus for the couple was mentioned by more than one participant, as was the need for some discussions about the transition to be with people outside the relationship.

...it was like such a relief that I wasn't the only person who he talked to about trans stuff. Um, because I think, your partner can end up becoming like that one person that you, dump all of this trans related stuff onto. And, um, I was definitely- it was definitely becoming like way too much for me. - Sarah

For Sarah, this was especially important as her partner experiences low levels of suicidal ideation. She doesn't feel comfortable discussing it with him, although she has stipulated she wants to know when it is bad. This is along a similar line to the experience Stephanie had about the sexual abuse. Both cis-women struggle with serious issues that cannot be discussed with their partner. One of the cis-women's⁷ experience is pervasive and is a constant fear and it needed a different approach for

⁷ Participant name omitted due to being potentially identifying.

her to be able to deal with it. The cis-women's partner experiences a low-level of suicidal ideation, that she struggles to hear about, due to her love and care for him.

Along with all the concerns that the cis-women must think about regarding the happiness of their partner, such as dysphoria, the social climate and fear of being outed or any negative, potentially violent responses, it becomes too much for her to talk about her partner's low-level of suicidal ideation. At a point she needed to set boundaries so that she wasn't the person her partner was talking to about suicide to be able to function in the relationship. Suicidal ideation is a concern and to be in the relationship she needs to know when it gets bad, but she can't be the only one hearing about it. While there is a desire to be supportive and understanding, it can also be overwhelming for the cis-partner. Ashleigh, for example, discusses being worried for her partner walking alone at night, and there may be a constant fear in the background for their partner's safety.

While participants spoke of their struggles with being the supportive caring ideal of a woman partner whose responsibilities include the emotional labour of the relationship, they also discussed masculine privilege, and how it presents itself in their relationships.

Like I, I do find it difficult sometimes, um that [partner], now has white male privilege, like I find that really hard. Like I really do. Um, and so does he, at times. But at the same time, it's like, you know, it's not... like he's creating that, it's society giving him that, by like assuming what he is. – Stephanie

While Stephanie and her partner experience difficulty surrounding the sudden privilege afforded to him due to his appearance, other of the cis-women discussed different aspects of male privilege. Ashleigh experienced difficulty at her partner's enjoyment of the masculine privilege afforded to him.

He said that people were more likely to listen to him, like... if he had something to say... he was like oh god people have been quieter and listening to what he has to say. Um, he noticed, that people... got out of the way for him, like that walking down the street thing [men walk in a

straight line and people move out of the way for them] ...I just found it annoying, that he liked it. You know? ...and trying to explain to him, like, male privilege, and that he didn't really understand that on a philosophical level initially... - Ashleigh

Although it may be understandable that Ashleigh's partner enjoyed the change in treatment he received socially, Ashleigh recognises it as masculine privilege. There is a difficulty as a cis-woman, especially one who understands masculine privilege, being comfortable with their transitioning partner is enjoying the experience. Stephanie discussed that her partner's teacher gave him privilege over the women in the class, however, they both appear to be aware of the masculine privilege and do not enjoy that this is afforded to him now.

...I remember early on in the transition he found it quite hard... he found that like the deeper his voice got, the more the teacher listened to him over the female students, and he was really upset about it. He was like "this makes sense [because it's masculine privilege]." I was like "yeah well that doesn't make sense, that's just what happens." – Stephanie

Discussions like this brought about further talk about the responsibility of those with masculine privilege.

...we have had lots of conversations about how, like you, you know, it's not his fault that he has male privilege, but he does, and he needs to use it responsibly or not at all. – Stephanie

The egalitarian and feminist perspective from Stephanie and her partner is evident in her account of their critical discussions of masculine privilege. While Ashleigh's partner needed to be taught about masculine privilege, Stephanie and her partner were able to see ways to utilise this newfound privilege responsibly. It is evident that both cis-women want their partners to understand what comes with masculine privilege. Considering how Stephanie and her partner discussed struggling with masculine privilege, their ability to talk about it is indicative of their team approach to the relationship, which is also based on egalitarian principles. Being a team allows understanding and input from both partners on how to address her transmasculine

partner's newfound privilege. Considering this approach, Ashleigh's experience of her partner enjoying his newfound privilege is understandably annoying. While she was able to educate her partner, there may be an experience of a division between them that complicated by the fact that her partner experienced life as a woman before transitioning. Therefore, Ashleigh has assumed that he should acknowledge his privilege since she does not have the same experience and knows that he has previously been without it too. Yet, initially, he shows a lack of regard for her understanding of masculine privilege.

Sarah and her partner experienced a situation where her partner got angry and they both realised that his different status as a man had implications for how his anger was experienced by others.

And so, we realised that like obviously it's so much scarier, when a guy looks like he is getting really mad at you, as opposed to a woman. – Sarah

From her transmasculine partner's perspective, Sarah recognises his struggle that the change in his physical appearance means that women are more scared of him. There have been similar anecdotes from transmasculine people, who notice that women fear them when walking down the street, which can be difficult.

The importance of being recognised in the transition was discussed by the participating cis-partners, with reference to all aspects of transition, as well as to other cis-women going through the same thing in their relationships.

...I wish there was a little bit more recognition, that even though you're cis, and you don't, you obviously don't know what it's like, you don't experience the same oppression, you're still like a person in the relationship, that's like emotionally invested, and you know can get hurt by things, and I don't think it should ever be... the cis-persons job, to like, unconditionally, um, like, support the partner, regardless of their own needs and feelings. Um, which, I guess like for a while, I had like a little bit of guilt feeling that way. – Sarah

Along with the desire to be a good partner, there is the guilt associated with acting in ways that might be seen to be unsupportive. While trying to promote self-care and realise that there is a limit to the care that they can give, there is still the feeling that the cis-partners should not be doing so much of the care and support. Thus, internal conflict ensues. While the relationship with the partner is often overtaken with thoughts and energy surrounding the transition because of the transgender partner's position, there is a need for the cis-women also to be recognised as a part of the process. The transition does not happen in such a way that the only impact is on the transgender partner.

Just both people have to be aware of the impacts, yeah, because I think...a lot of... trans people, either way don't really acknowledge that the partner's going through something huge as well, in this whole like, you know, in this whole like transition system. – Stephanie

There is a need for the cis-partner to be understood as being affected, sometimes seriously, by the process as well. They are going through a significant change in their most intimate relationship and while they choose to continue to be a part of the relationship, this doesn't negate the struggles and tensions they experience. Stephanie's team approach allowed her to discuss the impact of transition with her partner on her and be seen as equal in the transition process, although other participating cis-partners felt overlooked in their position in the transition process. Continuing to stay partnered with someone who is transitioning can mean including their experience as being equally valid and recognised by the transitioning partner, as Stephanie's account shows. It is also important to understand that the cis-partner cannot be the only support; the only person who the transitioning partner is coming to for support. More support for both partners is needed as cis-partners oftentimes have their own struggles to work through.

Relationship with self

Partnering with someone who is transitioning can include considerable compromise. It can mean that the cis-partner's own needs are forgotten, and their relationships with themselves and their identities may change or go through a period of struggle (Norwood, 2012). Importantly, discussed by previous literature (Joslin-Roher & Wheeler, 2009) as well as by most participants, is the struggle surrounding sexual orientation. Only Kayla, who identifies as pansexual (being attracted to all genders) did not have to think through and renegotiate her identity grounded in sexual orientation. These identity issues are further complicated for the other three cis-women, by the experience of having the partner of their first lesbian relationship later transition. Considering how important sexual orientation is as an identity for many lesbian cis-women, having their partner transition to be a man can be confusing. This is further compacted by how others perceive them and their sexual orientation. Quite suddenly, when their partners are being seen as men, they are understood as a heterosexual couple. However, the cis-women may not feel as though they are in a heterosexual couple and explaining this means having to explain, and/or "out" their partner as transgender, potentially to people who didn't need to know.

I couldn't out myself to other people, as anything other than a straight woman. So that I struggled with, probably the most. That I- this identity that I started to be proud of, and secure in, suddenly I couldn't be that anymore. – Ashleigh

Ashleigh discusses the experience of having to put her needs aside to reaffirm her partner's identity. Her denial or hiding of her identity was to help her transmasculine partner create the identity that "...he had wanted his whole life." Consequently, while she wants to identify herself as a non-straight woman, at the same time there is a need to affirm her partner's identity. She makes a sacrifice of her identity in public to ensure her partner is comfortable and the outcome positions her as a good, supportive partner, placing his needs before her own. While both partners strongly connect with their identity, in such experiences as Ashleigh's, there is a privileging of whose identity is more important especially in public. While there are practical reasons for the transmasculine partner's identity being privileged, such as the

potential of violence or abuse from strangers, it doesn't negate the impact on the cis-partner (Norwood, 2012). Sexual orientation is an important identity to many and having to set aside their needs for their transmasculine partners needs can be a struggle.

...I only remember maybe one conversation with a friend about me feeling like I was losing my identity because I couldn't identify as a queer woman... she was like... "well obviously identity is important to him, that's why he's transitioned. So why can't identity be important to you?" – Ashleigh

Ashleigh's friend questions why her partner's needs have to be more important and her identity is treated as 'less than'. Ashleigh's experience becomes being a support person, so far in the background that Ashleigh no longer seems to be the star in her own life story. Her experience with her own identity is compromised to her partner's needs. However, it's not so straightforward when people are partnered with those transitioning. As discussed earlier, there is a fear of violence from others, as well as desire to affirm the transmasculine partner's identity. Similarly, to Sarah's experience of her femininity being seen in relation to her partner's masculinity, being a woman in relation to Ashleigh's transmasculine partner meant that her own identity wasn't separate; it was seen in conjunction with his. The difficulty with this identity, and coupling, arises within the lesbian/queer communities, and the sense of belonging is questioned.

...those spaces [lesbian community] were my spaces, were not anymore- were not my spaces when I was with my partner at least... When I was by myself [they were], but I still feel a bit guilty. I don't know about- guilty about it. As soon as anybody asked about my partner, and I say "he", and I wasn't even allowed to say "he, but he is trans," you know? – Ashleigh

There is sense in which Ashleigh feels a need for her identity to justify her place in a queer community and that without a queer relationship, the cis-partners are no longer viewed as legitimate members of the community. She feels a complicated sense

of guilt when she is there by herself. Her sense of community is strongly related to her lesbian identity, yet at the same time there are feelings of not belonging due to the gender of her partner. This may be a similar experience of those who are bisexual and in a heterosexual relationship, where they are seen negatively, and are thought of often as not belonging in the community (Hayfield, Clarke, & Halliwell, 2014; Pascale-Hague, 2015). Yet, in this way the complexity also involves a double loss of belonging; due to the needs both from the lesbian/queer community and her partner. She is not able to be seen as a queer person but in a heterosexual relationship and identify as a lesbian cis-woman. Ashleigh feels this is required to justify her belonging but not 'out' herself since this would also 'out' her transmasculine partner, which is related to heteronormativity. What a "proper" heterosexual relationship means is that both partners are straight and are not "allowed" to be seen as queer, as this somehow either takes away from the heterosexual identity that her partner is seeking or compromises her legitimate belonging in the lesbian/queer community. Consequently, her own identity is in some way inadequate.

Challenges to identity are also experienced by other cis-women in that they need to renegotiate their identity in public, as well as in relation to their partnership.

...being read as straight, was kind of like, yeah, a bit upsetting for me. And being told by the lesbians that I was now just a straight person, was kind of- felt, really, um, minimalizing of what I was actually experiencing. – Stephanie

Stephanie's discussion of the community's minimalizing of her experience is important to understand because going through a transition with someone takes a large toll on all areas of life and being seen as just another heterosexual couple diminishes the significant impact of her experiences. Additionally, her identity isn't just as a heterosexual person, so there is a reductionist view of her identity; others responding as if she has suddenly become 'straight' pigeonholes her into a lived experience that is the "norm" when her identity is more, and more complex, than a singular heteronormative position. It also reinforces that there is a need to be silent about her own experiences since her assumed heteronormativity makes her part of the heterosexual world where her experiences would be the 'taken for granted'

mainstream that do not require talking about. Yet, as evident, the lived experience of being partnered with someone who is transitioning, is complicated and messy, affecting most of the cis-women's relationships and their sense of identity. Being interpreted a heteronormative also helps highlight why Ashleigh felt that she did not belong in the lesbian community. Although she never spoke of being told that she didn't belong because she was in a heterosexual relationship, there is still this seemingly felt experience that she was no longer a legitimate community member.

Kayla discussed feeling annoyed when people aren't accepted in the queer community because they are in a heterosexual relationship. She doesn't accept such treatment and is an advocate for otherwise often invisible sexual orientations. There is a sense of their invisibility in the community felt by the cis-women. Therefore, the cis-women may need to be advocates for their own identity or may need to seek out ways to be less invisible. However, feeling invisible may not be an experience of feeling they don't belong.

...I haven't felt like personally, like I don't have a place in the queer community. It's more like not being visible to other queer people, and also not being visible to straight people... He didn't like force me to stick around for the transition. So, like, I can't be annoyed with him, that like, for example, that we are now seen as a straight couple, like that's not his fault. Even though sometimes I do, like I get instinctively resentful about it. – Sarah

While Sarah doesn't think is fair to feel resentment for her invisibility, it is a feeling that is similar to Stephanie's upset about being viewed as "just a straight woman". Neither cis-women like the invisibility that they now experience due to the transition. While Sarah understands that it is not her partner's fault that they are now heteronormatively invisible, to some degree they both play a hand in her situation: If he was not transgender, and she did not stay with him, then she would not be invisible as a queer person. However, the connection to her partner, and desire to stay in the relationship means that she gives up her queer visibility. Her sense of invisibility is related to appearance norms in lesbian communities that are used to signal group membership or provide readable cues for other lesbians (Hutson, 2010). The absence

of these cues and the appearance of heterosexuality likely repositions them as straight allies, rather than belonging in the community (Hutson, 2010). As mentioned earlier, there is a strong connection to identity, and being pigeonholed as heterosexual is diminishing of the cis-women's experience and compromises their queer identity.

In conjunction with the complexities of sexual orientation and identity experienced by the cis-women, their experience of compromising their queer identity may mean that the relationship ends. This is especially so if the cis-women identifies strongly as lesbian. While she may be in love with her transmasculine partner, there is a possibility that she will no longer be attracted to them.

I mean it's difficult right, cause you kind of have to find a way to be okay. If you think, if you're gay, and your partner's transitioning to a gender that you aren't normally attracted to, I don't know if there is a way that you can make yourself okay with the fact that you might like lose the person that you love. – Sarah

Sarah speaks of her awareness that the cis-partner's sexual orientation and the transitioning partner's gender identity are at odds with each other and the disjunction may be irreconcilable. Knowing that sexual and gender identities are importantly deciding factors for the relationship dissolution is difficult to negotiate or overcome. This is something that neither partner can work on to change. It is also something Sarah sought to speak about with others who were experiencing a similar situation, who would understand just how difficult this was for her to resolve and move past.

...I definitely struggled a lot with, uh, the fact that I was going out with a guy and not girl. And so, I wanted to be like, just talk to someone about, how difficult that was, and it was like, kind of weird because you know they were never really a girl. But, uh, you know, I had still seen him as one, for like part of the relationship, and so, it was like letting go of that... - Sarah

While the cis-partner's sexual orientation may be somewhat fluid, which has been known to improve the chances of the couple staying together (Joslin-Roher & Wheeler, 2009), there are cases where it is not, and the relationship ends.

Consequently, the identities of both partners may be at odds with the continuing of the relationship, which is a difficult position for the cis-women to be in, both because of their lost love and the interpretations of others, especially in queer communities, if the couple separate during the transition process.

At the time of the interviews, only one of the participants had separated from her partner. Relationship dissolution is complicated in the feelings experienced by the cis-partner, as Ashleigh explains:

...so, I was like actually, really, gutted when we didn't work, in the end.

Like, I felt like I had failed. I should be able to do this. – Ashleigh

This feeling of failure is important to understand. There is a felt pressure to be a “good” partner, and that somehow the dissolution of the relationship is indicative of the cis-partner not being “good” enough. This arguably relates to normative expectations of cis-women in relationships, where there is an ideal image of being able to perfectly support your partner, so when the relationship fails there is something wrong with the cis-partner (Umberson et al., 2015). There is a sense of personal failure, rather than a recognition that the relationship wasn't meant to be. Although, later, Ashleigh does say that she can see they weren't meant to be together, at the time she felt she distressed by her sense of failure. While this experience may be similar in many relationships that end, there is an added pressure that is related to the transition of the cis-women's partners: A social response in some communities based on an assumption that the relationship dissolution is related to the cis-woman's acceptance of gender transitioning. This feeling is expressed by Stephanie, who discussed the pressure felt by cis-partners and the perceived lack of community consent and support for their struggles.

And it's really, really, intense, and there isn't much support out there for it. It's kind of just like “oh your partner's transitioning. Well, you know, you better be good or you're transphobic.” Or “you better stand by him or you know, you're a terrible person,” and like... “well wait a minute, I can struggle too.” – Stephanie

These are sometimes spoken but often unspoken demands placed on the cis-partners. There is social pressure, in this way, to be a good person, a good partner which is evident in Kayla's concerns about saying the right thing, and Ashleigh's feelings of failing when her relationship ended. Participants did not pinpoint one incident that promoted such a feeling, instead it is an accumulation of various sources; a set of social expectations that are specific to the community and related to countering normative discrimination. This is particularly poignant for beginning to understand how complicated and messy some aspects of partnering with a person who is transitioning become. It may change how the cis-partners view themselves, engendering feelings of failure or not being a good-enough member of the community if they don't respond to the transition in a certain way. Participants discussed feeling guilty for any negativity they felt towards their transgender partners, even if it was just a moment of frustration. These feelings can place pressure on the cis-partners to not struggle with the transition themselves; to be fully supportive regardless of their feelings or needs. It may also be that the transitioning partner questions the cis-partners struggle, as they are not directly transitioning, however, as already evident, there is considerable negotiation that the cis-partner experiences. They may have to hide it from their transitioning partner, in order not to burden them, but also, finding someone who understands their complicated situation to provide support is difficult. Social expectations and emotions affect the cis-women's relationship with themselves.

...I feel like a bit of an asshole saying it, but like, a lot of people think, you know, they see that [partner]'s been through it, his transition. And they're like "aw you're really strong, you know for going through it. Like it's really amazing." And sometimes I'm kind of like yeah, I... fucking helped you know... he is very strong, and he probably would have done it by himself, but I'm just like so many of my own, like, blood, sweat, and tears, went into this... I think that's the thing that makes me feel like a weird 50s housewife. Like I'm some kind of like, person, who just sort of stands behind the man, and like, um, you know, silently supports them, by like cooking meals and stuff like that... - Sarah

Feeling like a “50s housewife” is interesting imagery, and again demonstrates the felt pressure to be supportive and invisible in a sense (Umberson et al., 2015). The reinforcement from those outside of the relationship arguably diminishes the cis-partner’s role. There is a gendered caregiver expectation about the roles that each partner has which is discussed throughout and a pressure to perform supportively without being entitled to any recognition (Umberson et al., 2015). However, the “50s housewife” role is understood not as taking away from the cis-women’s autonomy and authority over their lives, instead, it is discussed in relation to the social pressures that are created due to this expectation. Here, there is a diminished view of Sarah’s involvement in the transition. Her sense of feeling like a “50s housewife” may even alter how a cis-partner view themselves, and their space within the transition and the relationship. It is also likely, that these feelings of being like a “50s housewife” correspond to changes in relationships with their friends and family which will be discussed in the following chapter. It may also diminish the cis-partner’s experience of their help and support in that they don’t even give themselves recognition for the changes they make to accommodate and support the transitioning partner. To want recognition for the energy the cis-partners put into the relationship, and the transition, may feel selfish. In a way, feeling like a “50s housewife” may relate to Stephanie’s sense of her experience of being minimalised now that she is seen with her partner as a straight couple. Both experiences denote a certain type of invisibility that does not give credit to the cis-women for their role in the transition, or for being involved in the transition at all.

I think it’s a selfish thing, like, having been through a lot, and supporting someone through it. I think sometimes I feel a little bit like, entitled to recognition about it, even though, I don’t necessarily think that I am entitled to it... - Sarah

There are complex and conflicting emotions felt about recognition in the process of transitioning. These feelings may relate to the imagery of being a “50s housewife”, who is expected to be a silent supporter. There is a sense of guilt or lessening of her importance in the transition. While, the transitioning partner is experiencing the transition directly, the cis-partner is there supporting them through

all the steps as well. Regardless of the level of involvement in the transition, there is a lot of support to be given and change to be experienced. As Ashleigh has discussed, transitioning means renegotiating so many aspects of their lives that is not seen by many people, and the experience may even be diminished by the women themselves to maintain their image of themselves as a 'good person' and a 'good partner'. This is understood in Sarah's discussion of feeling both entitled and not entitled to recognition. However, the transition does not occur in isolation and the cis-partner's lives are also affected. It should not feel wrong to have recognition of their role in the transition, as not just as a "50s housewife", but as someone who is actively involved with the transition and who can be deeply affected by their partner's experience.

Although the cis-partners may have never thought about transitioning previously, being faced with someone who is transitioning, does make them start to question their own gender identity.

...I find that when you know someone going through transition, you do start to think about that stuff... I think you don't question it [gender identity] normally, until you are confronted with someone questioning it. – Stephanie

A couple of the women did say that they thought about transitioning momentarily but then realised that they were not transgender.

So, I think being with a trans-person has really reaffirmed my cis-ness. -
Kayla

It is important to understand the questioning of gender in relation to the rest of the reflexive questioning of themselves that occurs for cis-partners. As gender and sexual orientation are important identities, questioning them may have a salient impact especially since their sexual orientation could have taken some difficulty to become comfortable with. Questioning their gender and sexual identity, may raise uncertainties or discomforts in their relationships with themselves.

Being with someone who has transitioned, may also bring difficult terrain due to political commitments that are personally significant but hard to navigate in the context of transition.

...even though I am with a guy who has transitioned... I don't actually believe in it... really... like I think it sucks that he had to do that [transition]. I guess, I think it sucks that people can't just be men with breasts, or women with penis's and nobody like... gives a shit... but it's not like that, and it sucks, and I think, and I so- I'm really like politically, kind of opposed to the whole thing. – Stephanie

While none of the other women discussed a difficulty with their political beliefs surrounding transitioning, it is an important concept to discuss. There is a strong relationship between gender and sex, and having bodies look a certain way. There is still a binary in sex/gender that makes transitioning important when a person feels that their sex is misaligned with their gender. If there wasn't this dichotomy then enacting masculinity and femininity, regardless of the sex category assigned to one's body, may not require transitioning at all. Acceptance of all gender representations, fluidly among a variety of differently 'sexed' bodies may be a political ideal for some, but society is not in this position at present. There are still strong gender binaries related to sex that make transitioning a need for many people. As a cis-partner, having these political beliefs, yet knowing as a society we are not in this position for gender fluidity to be accepted means there is a pull of wanting to reach this ideal, but also supporting the person they love to be comfortable within themselves.

...it's interesting for me as a partner of someone who is actually trans, to have all these really complicated political beliefs about it... because it's not so easy for me to just be like oh yeah transition is great, and everyone should be allowed, and you know, there's nothing wrong with it, and there is not complicated issues that come with it. But, I actually think there is. I think it's really difficult as a feminist, to actually be okay with it. – Stephanie

It is quite complicated for Stephanie to balance her political beliefs surrounding gender, and the sex/gender binary, as well as having a partner who is transgender. To be on board with transitioning, when she believes that a person should not have to change to be seen to 'fit' with the gender they identify with, is quite a complex negotiation for her. When the current social world requires physical change to be viewed as someone's chosen gender, political beliefs, although highly important to her do not negate her partner's need.

While there are all these complicated struggles that the women need to work through socially, emotionally and politically their own identities may be shaken, causing them to question themselves. They may also feel that they lose themselves in the process. While never regretting her experience, Ashleigh notes that she felt lost to the transition for a time.

Like it was really, really, valuable thing to do, but I think when I came out of it, I just went "holy shit. I can't remember the last thing that was about us, you know. Or about me, or what did I want to be doing about my life." – Ashleigh

Ashleigh gives testimony to the ways in which the cis-partner gets lost to the initial transition. Their needs in the relationship and self-care, may be put on hold in favour of the transitioning partner's needs. As evident there are complicated personal struggles that the cis-partners need to process, but due to a desire to not worry or hurt their transmasculine partner, they may feel a need to process their personal struggles by themselves, without even others outside of the relationship for support.

The experiences of cis-women participants in their relationships with themselves and their transmasculine partners, speak to the complications and struggles that emerge as they enter the unknown within the transition experience. The difficulties of the unknown in relation to transition are also found in interactions with medical professionals. In both of these experiences there are struggles pertaining to a lack of credible information. Additionally, the participants' strong focus on the transition and the transitioning partner, may also be seen within their intimate support network. At a time where the cis-women are struggling they need their support

network to focus on their needs, but this is not always possible, due to the centrality of their partners' transition process. The cis-women instead, experience competing needs to both explain aspects of the transition but also receive non-judgemental support. It is not always the case that the cis-women will be able to receive non-judgemental support from their friends and family, as is discussed in the following chapter. Barriers to receiving non-judgemental support create a desire to seek out peers for both information, and to meet needs that others do not meet.

Chapter Four: Analysis and discussion part two

Introduction

Information and support are the central needs of the cis-women as they negotiate relationship and personal challenges through the process of their partners' transition. However, both may fall short at times. Professionals, who likely have minimal experience with transgender persons may lack in information they are able to give. Furthermore, there may be unclear guidelines within the medical community that makes access to treatments or procedures complicated, and frustrating at times. Supportive friends and family can help ease the stress experienced by the cis-women and give them their own space to be cared for. Yet when these relationships are judgemental, cis-women may remain silent or seek out others for support. While other cis-women who have transmasculine partners could provide the cis-women with hope, information, and non-judgemental understanding, these relationships are hard to find in a secretive community. This chapter focusses on the analysis of participants experiences of support and information sought and received from professionals, families, friends, peers and outsiders.

Relationship with medical professionals

Literature on the experiences that cis-partners have with professionals⁸ during their partner's transition process is minimal. Although the participants' involvement with the professionals is varied, it is still an important interaction in the context of transition. The transitioning partner is oftentimes the main source of information for the cis-partners (Brown, 2007), however, this information may be unreliable at times, based on the transitioning partner's memory and their specific concerns. When cis-partners can interact with professionals themselves, they may be able to have their concerns addressed alongside those of their partner. Additionally, there may be a need to be an advocate for the transgender partner with some professionals if they are treating the transitioning partner in ways that are discriminating.

⁸ Please note that all the professionals referred to in this section are health or medical professionals.

Stephanie was the only participant who attended every medical appointment together with her partner, which is consistent with her team approach. Ashleigh and Sarah attended appointment occasionally, as well as sometimes staying in the waiting room as a support person for their partner. While discussing why they weren't in the consulting room, Ashleigh pointed out that "I didn't really feel like it was, my space to." The use of space in this way demonstrates the transition as being separately her partner's process. It illustrates how involved she felt she was "allowed" to be. Being in the waiting room as a support person is indicative of being the supportive, "good" partner, who is not directly involved in the transition. The level of contact with the professionals is important to understand, as they are the people who hold the information about the medical processes associated with transition. The effects of testosterone were a concern to all the cis-women in varying ways. Effects of testosterone are varied, and some women fear that there will be such extreme side-effects as violence, and aggression (Bishop, 2016).

Definitely with the endocrinologist, I was like "what are the hormones going to do to him? Like are they going to make him crazy... like is he going to be really violent? Is that true?" That kind of stuff. – Stephanie

Stephanie's questions centred on her own fears about the transition that she wanted to check out with the professionals. Information available to the cis-partners is mostly online, limited and often referring to aggression as a side-effect of the testosterone. Although, slowly there is an increase of information available online that has less emphasis on aggression and violence, the information lacks medical validation. Thus, being able to have contact with professionals, enables an interaction that based on expertise and should be knowledgeable. It enabled Stephanie to address some of the concerns she had around testosterone.

There were other ways that the cis-partners were included and were able to have input with the professionals. Sarah, for example, spoke of contributing to written questions that she and her partner prepared before medical appointments:

Uh, like, we'd written- I'd help [partner] write questions beforehand, and I think that I probably put in questions that if I'd- I think- I, it- I

maybe had like one question that I wanted answered. I can't remember what it was now. But I think like, I definitely could've asked questions, yeah. – Sarah

In this way Sarah was able to have contact with the professionals without intruding on her partner's private space in his appointments. This denotes mutual respect, as her partner was open to including her concerns in the interaction with the professionals. Sarah went on to discuss that her partner researched thoroughly, so she was able to get a lot of information from him. There was a feeling as though she did not need any more information than her partner provided her. However, the opportunity to ask questions wasn't the case for all the women. Ashleigh wasn't able to ask questions, yet there were areas that she would have liked to know about:

...I would have probably liked to ask a question. Um, things about [testosterone] dosages, and why about dosages, and timing, and um, and what- what ones, yeah. Why he was choosing the testosterone he was and yeah. So, I always knew from [partner] who was always a bit Bolshie... I would always get information from [partner]. Um, I felt like his was very one-sided. – Ashleigh

As there are different types of testosterone, and they may be changed throughout the process due to side-effects, knowing the reasoning for doses and changes may have helped Ashleigh feel more prepared for the testosterone treatment. From personal experience, I'm aware that my comments on the side-effects of testosterone prompted a change in delivery and dosages for my partner. However, this was only due to my inclusion in the endocrinology appointments which provided information on the side-effects. Understanding the testosterone treatment better may have helped Ashleigh understand what taking testosterone entails. Additionally, her comment about the information being 'one-sided' implies that she was concerned that information was missing or that it was not designed to address her worries about the more negative aspects of the transition. While more negative side-effects can be difficult at times, knowledge of them may have helped with situations that arise due to them.

Distrust in the medical professionals may also be a part of the cis-women's experience, not only for their own knowledge, but their partners as well.

... and cause sometimes doctors, they don't like talking about the nitty gritty's, and I think they need to get into that with trans stuff especially. Like you should know everything... before you start, so that the trans-person is making an informed decision, and so their partner knows what to expect, and can be able to support them. – Kayla

Knowing what to expect based on the professional's experience and knowledge serves to benefit not only the cis-partners, but also the person transitioning. There is significance in the roles discussed by Kayla for being fully informed. For her, knowledge is utilised to understand the transition process and be a better support person for the transitioning partner. Kayla's focus is again centred on supporting her transmasculine partner rather than wanting knowledge for herself, or to allay her own concerns. This is in contrast with Stephanie's desire for knowledge to address her own fears. In this way, Kayla's goal for interaction with professionals is to enhance her ability to be a good support person. This denotes gendered care, with her own concerns not being discussed.

While Kayla's comments concern lack of detailed information, Ashleigh questioned the experience of the professionals involved. Since New Zealand has a small population comparatively, finding those who are experienced in working with transgender persons is difficult.

...I think even the person who had signed him off, had maybe seen one other trans guy. The surgeon had maybe done like two other trans surgeries. – Ashleigh

Lack of experience among many professionals, also called into question their knowledge of transition related behaviours and effects.

...because yeah. I don't think anybody gave me a heads up about that [emotion changes; irritability, depressive, etc., due to low testosterone].

I don't know even if they- I am sure they'd know. I don't know. Do they know? – Ashleigh

The implication that professionals may not know about certain effects of testosterone could lead to partners and transgender people questioning their adequacy to be involved in the treatment. Having faith in professionals is extremely important as these are the people whose expertise is sought for answers to questions as well as treatment options and plans. Although it is understandable that the professionals may not have sufficient experience with transgender people, it is also important that they seek out such information to fully inform the transgender people as Kayla discussed. For instance, it is likely that most general practitioners (GPs) will not have experience with transgender related health issues (CMDHB, 2012). Thus, finding a GP who is willing to acquire knowledge to serve their patients better is advantageous to the transitioning and cis-partners. Feeling that the professionals are lacking in experience, and knowledge, is further compounded by the lack of medical guidelines in New Zealand.

So, it would be nice if there was like actual written, like guidelines, and I'm sure that for doctors that would be good too. Because they don't know what they are doing half the time either. They're just all "this is unusual..." and there's basically no- is no actual guidelines of the process. This is what you do. It kind of depends on who you see and what they think you should do basically. – Stephanie

Lack of clear guidelines affects not only the medical professionals but also the transitioning partners experiences within the healthcare system. While one person may be able to access testosterone through a GP, and/or an endocrinologist, others may be required to see a mental health professional (Delahunt et al., 2016). The effects of the lack of clarity extend to the cis-partners experiences, as they go through the journey of navigating the healthcare system for their transitioning partner to access the proper channels. Furthermore, the pressure, or setbacks that the transitioning partner experiences may cause frustration and may create barriers to receiving medical interventions. It is not as though either partner can expect any aspect of the medical interventions to occur in a particular order to help the process. While there are no formal guidelines, local best practice guides have been created to

help the GP's understand the needs of transgender patients (CMDHB, 2012). However, since these publications are not formal guidelines there are no expectations that medical professionals will comply with them. Additionally, interpretations of best practice may differ from doctor (GP/endocrinologist) to doctor, as well as within the district areas. It becomes a confusing process for anyone trying to find information on transitioning in New Zealand. Not only does this pertain to testosterone but also surgical procedures. One participant expressed frustration that her doctors had no guidelines for hysterectomies for transgender adults but did have guidelines for paediatric hysterectomies. There was frustration expressed at the difficulty to be able to get a hysterectomy, and initially the doctors suggested following the guidelines for paediatric hysterectomies, even though these are completely different situations.

...man, the hoops he had to jump through to get that [hysterectomy] were ridiculous, like just ridiculous, and I was just like oh my god. And so, I feel like there is no good processes ...the doctors... were like “we don't know what to do about this [wanting a hysterectomy], the only guideline we have is for paediatric hysterectomy, when kids want to be trans and... want to have a hysterectomy, and all that stuff. So, we could just do that.” – Stephanie

Furthermore, it is evident that even those with experience treating transgender patients in New Zealand do not know the availabilities of both public and private transgender surgeries (Delahunt et al., 2016). While doctors may not object to a transgender person undergoing surgical procedures, some of the patients may have to travel out of their locale and find information themselves on where they are able to receive surgical treatment. Both Ashleigh and Stephanie told me it was a struggle to find someone knowledgeable for the medical side of transitioning. Furthermore, Stephanie spoke of some professionals who are prejudiced towards transgender people and make this apparent in their interactions with them.

...that's a part of the struggle of being trans. Always having to be careful about the health care providers that you seek out, because some of them are so ignorant, or potentially prejudice, and there are a few that are good. Like a few knowledgeable ones, or a few that are going to

treat you with respect and stuff, and actually understand what the heck is going on. – Stephanie

Some of the participants were able to discuss instances where their partners directly experienced prejudice from professionals.⁹ Although professionals have a duty of care, their personal biases may still be apparent. In instances where prejudice is experienced, the cis-partner may feel a need to take on an advocacy role to ensure their partners are treated with respect. Consequently, the cis-partner's interactions with the professionals may be complicated at times.

Not discussed in any previous research, is the struggle around having children. Two participants spoke with me about this issue and disclosed a lack of trust in medical professionals' assumptions around the fertility of transgender people.

I personally am suspicious of medical practitioners who say you definitely become totally infertile. Because, I think, um, I think there is so little research, and I think that trans-people for so long have been forced to be sterilised if they want to have their gender recognised. So, I don't think that there have been enough opportunities for trans-people to even try to have children of their own genetic material. – Sarah

The suspicion of the medical professionals is extremely important when discussing aspects of transitioning that appear to be steeped in historical bias. The desire to have genetic children with the transgender partner, may be shared by both partners. Thus, views on whether or not transgender people are infertile are crucial and also require the involvement and possibly advocacy on the part of the cis-partner, to promote change and debunk previously held beliefs based on biases rather than evidence.

At the time of the interview, one participant spoke of her knowledge on the fertility process in New Zealand. Based on her experience, even if a couple is legally recognised as a heterosexual couple, meaning the transgender partner is legally a man, fertility clinics are unsure how to 'classify' them. Ultimately, they were treated as a lesbian couple, with concerns about the sperm donor being uncomfortable with his

⁹ Due to a possible breach of confidentiality, details of the specific case of prejudice have not been included.

transgender status being cited for this decision. They also denied that it was a discriminatory practice, as the sperm is a gift from the donor, so they are allowed to specify if it goes to a heterosexual couple, or a lesbian couple/single woman. The fertility clinic offered to contact all the donors and ask them if they were comfortable with their sperm going to a transgender person. This calls into question the fertility clinics othering of transgender people. While being classed as a lesbian couple may not appear to be discriminatory, the legalities of sperm donation in New Zealand means that this has ramifications for a couple.

There is two different lists for sperm donors. There are the sperm donors who say they are okay with just giving their sperm to just heterosexual couples, and there's one that says that they are okay with giving them to lesbians as well. So, the lesbians have like a two year wait list... and heterosexual couples have like a year. Which is really, really, awful, and I don't think they should even be allowed to do that...
- Stephanie

The approach of the fertility clinic again highlights the lack of formal guidelines in New Zealand around the treatment of transgender people. Where there is uncertainty, some professionals seem to opt for pathway that becomes complicated for the transgender people and their partners. There could even be said to be institutionalised prejudice. The institutional practice of the fertility clinic denies the couple's legal status as a heterosexual couple and hence their right to be treated as heterosexual. There are also complications on the legality of being the birth mother and father, if the transmasculine person is the egg donor, and the cis-partner is the one carrying the child (Pfeffer, 2012). Legally in the United States, as they are a heterosexual couple, both names can be on the birth certificate, however, this could be contested depending on local legalities (Pfeffer, 2012). This is unknown for the New Zealand context, as I was unable to source information pertaining to this. Which further reinforces the difficulties experienced for transgender persons who are hoping to have children through fertility treatments, and the varied issues that may present later in the child's life.

Relationships cis-partners experienced with medical professionals are varied. Some professionals may be able to provide the cis-women with information that they would otherwise not be able access. Others may have minimal experience with transgender people and little clarity to offer. Additionally, as existing guidelines are not formalised and depend on each professional's interpretation and what they are comfortable with. Confusion and frustration can result, especially if the transitioning partner is delayed from starting their transition, or if adjustments are needed for the steps along the way. Being able to be open and honest with medical professionals is important. As a support person, and someone who is experiencing the day-to-day effects of treatments such as testosterone, being able to feel comfortable to ask questions, without jeopardising interventions is important for the cis-partners. From personal experience, having an endocrinologist who also gave me space to discuss concerns to do with mood related responses to testosterone gave me confidence in what to expect. There can be worries about what is normal transitioning, such as what is a normal mood swing or normal emotional behaviour but trying to understand what should be accepted, and what testosterone treatment can account for, holds the potential to change the way the relationship conflicts are addressed.

Relationships with friends/family, peers, and outsiders

There is very little information available on relationships with friends and family, and how they may change for cis-partners during and after transition. Consequently, this section, while mainly explorative, highlights the complex experience and nature of the changing relationships with friends and family narrated by the participants. This section discusses why these relationships are important; the ways they were experienced, including support; and the ways they changed. It is clear from the interviews that there are two different types of relationships that are significant during transition: Those with peers, who have been partnered with someone who has transitioned, or are transgender themselves, and those with friends and family who have no similar experiences. They both hold their own importance for providing support and benefits for the cis-partners in varying ways. There are also the connections with outsiders, those not in the immediate circle of significant

relationships that require mention due to their potential impact on the cis-women. This section begins with briefly addressing outsider relationships before turning to family and then peers.

Outsider relationships

Even those outside the immediate circle of friends and family may require cis-women to account for their personal relationships where the cis-women may not want to discuss it. Ashleigh explained how this arose due to changing pronouns that needed some form of explanation.

...you know, like it's not just co- it's not just him coming out. It's coming out again, and having to explain to a whole bunch of people that you don't really want to have a conversation with... I was just trying to avoid all- all conversations around that topic with people who weren't in my intimate circle – Ashleigh

Initially Ashleigh came out as a lesbian to people who she works with, then as her partner transitioned, the pronouns she used for her relationship changed, which required some explanation. Sexuality can be a very intimate identity and there are situations in which the cis-women would prefer to keep quiet about theirs. Due to the changing of pronouns, not only does Ashleigh's sexuality come into question with those she works with, it also opens a discussion about transition. Both topics are intimate, and the cis-women may not want to be the source of information for co-workers. Yet, there is an on-going experience of having to come out, and at times justify yourself, not just within the intimate support group, but with outsiders, such as in workplaces. There may be a fear of discrimination when doing so as well, due to others personal beliefs surrounding transgender people.

Friends and family relationships

Friends and family relationships pre-exist the transition process and form the pervasive support network that each person has. Changes in these relationships can unfold during the process due to the complicated nature of transitioning. Of initial importance is the friends and family's support of the relationship once disclosure

occurs. Several of the cis-women shared moments with me, where their friends and family were accepting and welcoming of their transgender partners.

...They're [my family] really good with his pronouns, and like, um, [partner] is quite comfortable to not wear his binder, when he, like, just is at my house with the family... - Kayla

Not wearing a binder is important because it suggests that Kayla's partner feels comfortable and accepted as a man with her family without changing his appearance. Consequently, Kayla is proud of this level of intimacy with her family since it denotes that there is support for both herself and her partner within her family. Her family promote a safe space for both Kayla and her partner. The need for family to be supportive of the transgender partner is documented for their own family as combating suicide ideation (Virupaksha, Muralidhar, & Ramakrishna, 2016). Yet, when the transgender partner's family are not as accepting, this impact's both partners.

...They're [partner's family] crap with his pronouns. They only just stopped using his dead name... which makes me really angry... and 'cause I want to say stuff, and I don't want to get in trouble [with her partner] – Kayla

While cis-partners feel responsible for providing care and protection for their transitioning partner, interacting with their partner's family may create tensions. Kayla expresses a desire to be protective of the transitioning partner, yet their family ties and boundaries are also needed to be respected. Even though she feels anger because of her partner's family's treatment of him, acting from her usual role of being a supportive advocate doing may be detrimental to her relationship with both her partner and his family. Instead, there is a need to be respectful of the family dynamics, even though their treatment causes anger and she feels a need to be protective. Dealing with partners families requires a level of caution on the part of the cis-partner. It is demonstrative of the varying pulls that a supportive partner experience's. Being silent with such treatment is not easy. Kayla further went on to mention how having access to the community of partners of transgender people could help with these sorts

of situations, demonstrating the importance of community, which will be discussed in more detail later.

... like how do you deal with the in-laws who are misgendering? Like... that would be a good thing to discuss, and like what have people done, and what's worked. That would be good. – Kayla

Considering there are complications when the transmasculine partner's family is not entirely supportive, there also may be complications when the cis-woman's family and friends are not supportive. Although most of the cis-women discussed their friends and family as being generally supportive, Sarah's experiences differ. Her friends were not initially supportive of her continuing in her relationship.

... I think they [friends] could see that I was really stressed about it, and like, not um, I guess like not super happy about the whole situation. Because it was scaring me a lot. Um, the sort of, like losing this person that I really loved... I think they thought that because it was causing me a lot of stress, that, you know, it would just be better [to break up]. Like why put myself through it. – Sarah

Although the lack of support for the relationship may increase stress levels, it is also clear that her friends were thinking of her needs first. There is a level of care apparent within their interactions, however, she was looking for support through a complex process in her life. While thinking of her needs first may be understandable for friends, it wasn't the affirming interaction she was looking for. Instead, it seemed to add doubt for her. This left her seeking validation of her relationship and experiences.

There was like this fear, that I was... being taken advantage of, or in a bad relationship or something... that was why, I think, I sought, like I really, just wanted some validation for what I was going through. That it was okay that it was difficult... It didn't mean that our whole relationship is bad. – Sarah

Sarah's friends inadvertently created a fear that she could not see that there is something wrong within her relationship. Consequently, she struggled between trusting her friends' view and her own feelings of the relationship. She understandably sought validation that her decision was right, and she wasn't being taken advantage of. It is especially difficult to ignore the concerns of friends and family, when finding information on what you might expect to experience during the transition process is hard to source. Even more scarce is information on abusive relationships with transgender people. There is only one article to date that discussed abusive relationships with transmasculine persons, and the cis-women who were their partners, only recognised abuse after the relationship ended (Brown, 2007). Considering the lack of information, and validation from her friends, it is understandable that Sarah had a fear of being taken advantage of. Her experience demonstrates the importance of the intimate relationships on how cis-women may view their relationship.

Friends and family are the prevailing relationships, and the core support, as these people know the cis-women the best. Therefore, their insights and interactions with them are important. To be able to continue in the transition, there is a need for the cis-women to have these important relationships supportive of the transition, and the cis-women's decisions about their relationships. In one case a participant spoke of censoring of herself to portray her transmasculine partner and the transition in a positive light. Her experiences help's with understanding the complexities that arise and the barriers to talking to friends and family.

...but I didn't feel comfortable talking to them [friends/family]. Well, I just- I was always really, paranoid about people feeling sorry for me or telling me that [partner] was being selfish, or, you know. I didn't want any of that...I think I was struggling to hold it together, and um, anyways, that I couldn't even bear to look at- like even analyse the negatives. I just had to keep looking for what the positives were, and the positives were that he was going to be a better, happier person... -
Ashleigh

Ashleigh's fear of a judgemental response created barriers to her support system, and isolation. Instead of being able to get support from her friends and family, Ashleigh chose to have her friends and family think positively of her partner and the transition process. Similarly, to Sarah, it appears the struggle between support and being open and honest about the transition is a complicated struggle to overcome in some close relationships. Although their experiences and situations are different they each needed non-judgmental support. The people that mean the most to the cis-women are their friends and family. As with any situation where there are struggles, there is a want to lean on friends and family for support. Furthermore, the cis-women already are aware of the negatives they experience in their partner's transition process, as described in the previous two sections, thus, they rely on their support network to remind them of the positives, to help maintain hope. Yet, friends and family also have a duty of care to ensure that their loved one isn't making decisions that affect the cis-women negatively, as illustrated by Sarah's friend's reactions. Not only is there a struggle for the cis-women, but arguably, there is an important struggle for friends and family.

For the cis-women, the result of tension and struggles in their relationships with friends and family, may be experienced in feeling as though all interactions have been overtaken by the transition itself.

...it wasn't till I broke up with him, that I as- I suddenly realised how...
 much energy that it had taken. How much it had policed my life...
 policed my social life... and how much of my, yeah, social life was spent
 defending him or explaining to them about what was going on. –

Ashleigh

Ashleigh reflects on having experienced the transition and importance of the transition being put before her own needs. At the crux of this experience was that she and her partner shared the same friends, and she noted that he needed people "...who thought he was awesome, all the time." However, she also privileged his needs above her own. Again, we relate back to a form of gendered heteronormative care, where his needs are put above her own. There is a failure to recognise that her needs are just as important as her partners. Ashleigh gave up the protection of a support network for

her transmasculine partner to receive the support that he needed. Yet, this is not without further complications. When explaining how his transition policed her social life, Ashleigh evokes feelings of not being in control of the situation. While she placed her partner's needs for a support network above her own needs she did still need her support network. This unresolved tension leads to conflicting feeling experiences.

...it kind of annoyed me as well, that even talking to just my friends and family, he was always the topic of conversation, you know. I know it's a really, interesting thing... it's just like "can we talk about something else?" "...remember how I used to have all these things?" – Ashleigh

To have her friends and family supporting her partner, as well as addressing their own general curiosity for the transition, means Ashleigh loses space in her own social life. Wanting to claim space back in her social life and be separate from the transition and her partner, means putting her own needs first which she does not do even though she is annoyed by the focus on his transition in all her relationships. Here too, is a sense of the imagery of a 50s housewife, where she is seen as a couple, and his experiences are priorities. At the same time, due to the consuming focus of the transition there is a desire to have something that is solely their own, and about them. Relationships with friends and family can potentially be a source of care and place the cis-partner as the most important person in her own life.

...I think you need time to feel like you're important as well... But I think because your partner is going through so much, it might not necessarily come from your partner at the time... That's why it was really great that my mum became supportive, because like, I'm always going to be her favourite over [partner]. So, like there was someone that I felt like, you know, I was her main concern... I could feel important in like, you know, the one who got to have dinner cooked for me and stuff like that... -

Sarah

Once Sarah's mother was supportive, she was able to provide her with a space where she was the priority and looked after. While a seemingly small act of care, as illustrated by Sarah, places the focus of her mother's attention on Sarah herself, not

her partner or the transition process that is affecting them both. Friends and family who create the space for the cis-women to be the focus of their non-judgemental attention can be extremely beneficial.

While, there are personal reasons for not being open with friends and family, there may be additional complexities in relationships that depend on the needs and wishes of their transitioning partner. Sarah, specifically, was restricted initially in who she could talk to, as her partner hadn't come out to everyone.

...I was like caring for him after the surgery [mastectomy], and like, a lot of my friends didn't even know. Um, so, it was- that was, um difficult... because the problem was that he hadn't come out to everyone. – Sarah

Not coming out to everyone, while understandably protecting privacy for her transitioning partner meant that Sarah had limited support unless she disclosed his transition without his consent. Considering that her friends and family were not supportive initially, being restricted in who she could seek support from after her partner's surgery likely isolated her further. There is respect shown in honouring her partner's wishes to not talk to people who didn't know about the transition. However, this also demonstrates the privileging of his needs. Even among her own friendship circle there is a silence required of her as a caring and supportive partner. While it may not be his intention to isolate her from support, it is the outcome of his decision not to disclose. Surgery is a significant step in transition, and there may be strain on both partners due to the recovery process which includes taking care of such aspects as drains on the chest. So, there was a limiting of Sarah's support network at a crucial time in the process. Furthermore, not being open with friends can cause tensions and barriers within the friendships and may create distance within usually close relationships. Although Sarah found this aspect difficult, she put her partner's needs above her own. While Stephanie found that she had someone to speak to at every step, likely due to how she is positioned in the transition as a member of a team, Sarah and Ashleigh experienced being silenced for different reasons. Silencing likely increases feelings of stress and loss of support.

Other complications can impede the cis-partner's time and interaction with their friends. For example, Ashleigh's partner at the time struggled with anxiety in social situations. While Ashleigh was understanding, there are times where it caused some resentment.

...cause these are my friends, and these are the people I wanted to spend time with, and this was **my** time to relax, and have a good time, for me. And then we'd have to go. And I think I found that quite har- that's what I resent the most. Quietly. – Ashleigh.

While much of the discussion with Ashleigh centres on putting her partners needs first, in this instance where she attempts to put her needs first, her partner's needs lead to her feeling resentful. The resentment she experienced may be related to her sense of sacrificing her needs frequently, and when she had needs to be prioritised, they were not. The emphasis on "my time" is likely showing that she gave much of her time to supporting the transition and her partner, so that little was claimed for herself. She went on to describe how they would often stay at home because it was easier than going to events. Her comments about feeling policed in her social life are understandable when considering such experiences with her friends. Although Ashleigh did discuss that her friends were supportive, for the most part, there are these experiences and her fears of discussing the transition within some of her close relationships that impact both her friendships and level of support that she was able to receive.

...I think part of me felt like, it was my job to be supportive of him. That it wasn't my job to be supported in some ways. Like, I think I had that sense, I'm the stable one here. I'm the one with everything going right in my life. I'm the one who is in a position to support you... through what you are going through. That's honestly the way I felt, and in a lot of ways that was reality as well... - Ashleigh

Again, the complications arise where Ashleigh feels that she isn't the one who needs support. Privileging of her partner's needs is reflected in the discussions about her friends, and her interactions with them. The feeling as though she wasn't entitled

to support impacted her ability to receive it, yet, it is something that is needed. Most women do not see that the unequal nature of gendered emotion work is unfair (Erickson, 2005). This is due to the emotion work being understood as a demonstration of their love and concern and related to identity construction as a good partner (Erickson, 2005). Consequently, for Ashleigh, this is an expression of her showing affection, despite her needs not being recognised.

Although support from friends and family may be impacted by the cis-partner and their decisions about seeking support, the support network's understanding of their situation may also affect the level of support received.

...It's pretty interesting when people- that people don't think that [transitioning concerns the cis-partner] necessarily. When actually, like, you know, it is a big thing... you'd think that people would think it's a big thing. Maybe they don't know enough to know it's big. – Stephanie

In this way, it's not that the friends and family do not care, it appears more that Stephanie understands they cannot see or recognise what the cis-partner is experiencing because they aren't going through the transition. Lack of visibility may explain the support network's lack of attention to how the cis-partner is doing, because it is difficult to have an in-depth, non-judgemental discussion on the impact that transitioning has on the cis-partners lives, that friends and family don't know how pervasive the impact is. Additionally, the invisibility of the cis-partner's needs for support may play into the idea of how a good partner is characterised as the one who does the supporting and does not need support in their own right. The gendered roles of care assume that the women are not needing of support or encouragement, as they are not "directly" involved in the transition. They are also contending with idealistic pictures of partners, where they are supportive, and self-sacrificing. Thus, there arises a lack of recognition such as Sarah experienced. However, lack of support from friends and family increases the likelihood of distress and may increase physical and/or mental health problems (Lee & Dik, 2017). Furthermore, the perceived support felt by people is especially important to buffering the negative effects of stress on health (Stein & Smith, 2015). Thus, if the cis-partners did not feel as though they had sufficient support, they may experience poor health outcomes themselves. When their needs for

support are visible and recognised, the cis-women's friends and family can help mitigate some of the stress they experienced and be an important network of relationships to combat the kinds of struggles discussed by the cis-women participants.

Peer relationships

I just wanted to have people to unders- like, yeah. Having people who understood what I was feeling, and the doubts I had, or not-doubts, or the pride. All of those things that was really complicated, and you wouldn't know unless you had been there. – Ashleigh

Participants spoke of a high level of need for peer support. When transgender people experience connectedness in their community there are benefits for their mental health (Pflum, Testa, Balsam, Goldblum, & Bognar, 2015). Similar could be said for cis-partners of transgender people. Some studies have found that cis-women benefit from higher social support, however, they suffer more than cis-men for the physical aspects of stress when social support is lacking (Lee & Dik, 2017). Therefore, it is especially important for the cis-women to be able to find social support, both with their friends and family, as well as with peers.

As there are barriers to cis-women obtaining support from the friends and family, a need to be an advocate for their trans-partner or at least explain aspects of the transition to those who don't know it, finding someone who understands all the complications of this experience is valuable. Peers who have similar experience are likely best positioned to be understanding however, seeking support from peers is particularly difficult for cis-partners due to their invisibility.

...you can't spot them, you know. Like you couldn't spot somebody on the street that has a [transgender] partner... It's harder to find allies, like people who are in the same situation as you, unless it's obvious... - Stephanie

The transgender community is guarded for good reasons related to discrimination and violence, thus access to other cis-partners can be difficult. Oftentimes, as the transgender partner is inside the community and it is their

connections that can be the gateway to finding other people. However, this situation may be detrimental to the cis-partner, as they could be isolated from other peers due to the transgender partner's decision to find peer support for the cis-partner. Existing in a bubble of your own relationship, without reference to other partners, or access to experienced medical professionals may distort the view of what is considered a healthy relationship. It also calls into question how much sacrifice cis-partners should be making while still maintaining good self-care. Discussions with other cis-partners enable the cis-women to compare their relationship with other peers to understand if they are being accepting of behaviour other cis-partners are not. Fortunately, the cis-women in the present study either had partners who sought out peers for them within their communities or the participants already had access to their own peers in transgender community. Nonetheless, access to peer support is not straight forward to obtain and maintain.

In New Zealand, at the time this study is being conducted the funding of peer support groups where cis-partners may be able to find other cis-partners had been cut. There are a minimal number groups still running, and during my own searches for my time with my transgender partner and researching for this study, the groups available were aimed at youth, or parents. When peer support groups are not locally available, the next option is online support groups, however, these too are dying out for valid reasons.

...it's just really hard work... the [cis-] partners were also exhausted with supporting our partners... that to run something else as well... these few women who posted videos, you know, a video every week, was actually really intense... People wanted to support each other but were actually too exhausted to support each other. – Ashleigh

Although Ashleigh appreciates the need and desire among cis-partners to support each other, she also understands offering support to others may be too draining on the cis-partners energy. Yet, with barriers to finding in-person support, including lack of funding support, social anxiety or concerns about 'outing' their partners, online support groups could be extremely beneficial. To date, limited research on the use of online support groups for transgender people has been conducted, and no literature

on the partner's experiences of on-line support is available. Cipolletta, Votadoro, and Faccio's (2017) study, shows that transgender people utilised online support groups primarily for information, and emotional support. Although cis-partners may have different needs, online support may provide a way to share narratives that can ease feelings of loneliness and offer a sense of empowerment (Cipolletta et al., 2017). The importance of a peer community is illustrated by Kayla.

...cause, I think, from a community perspective it's really important and like, for like, people to have connections with people who are going through similar stuff. Just so that you- you know that there's other people out there that are like you... - Kayla

The exclusive hidden community, makes finding other partners difficult in person, adding to the importance of online support groups. Most of the participants spoke about what they found when looking for online support groups, however, their experiences on-line were less than ideal. For Ashleigh, the on-line community she found was not focused on supporting cis-partners.

...I didn't feel comfortable posting [in Facebook support group], because I was not a trans-person. You know, I was just a partner. I remember I once posted, and then in several hours.... I took it down because I was like, aw, this is not my space. - Ashleigh

Facebook groups aimed at the transitioning person can create feelings of not belonging in that space. Yet, there may only be on-line communities for the transitioning partner that can be identified. As the cis-women are in a position where there is a lack of information available for them, being a part of any group that meets their needs for information can be helpful. However, there is still a strong need to have resources available that are appropriately focused for cis-partners.

...it would have been really nice to have resources that were directed at me. So, I didn't feel like I was like spying... some of those trans guy spaces for example, I didn't feel like- I mean I wasn't allowed to be a part of the online spaces, because it was trans men only... - Ashleigh

Cis-partners do not want to invade the spaces that are set up for their trans-partner and his peers. They understand the importance of needing support that is just for themselves and may feel guilty of spying if they make use of their partner's on-line space to seek out answers to their questions. Although some of the cis-women were able to find online support specifically for them, these sites also had failings.

... I find like, when your partner transitions, it can totally sort of consume the relationship... And um, I was always like, I'm still a whole person, who like, has my own needs... I wanted to talk about like my challenges... things that were like pissing me off about my partner, or anything like that... I just felt like, when I was in this group [Facebook group], um everyone wanted to talk about their partners... I want to talk about us, and like how- how we find our partner's transition. Because, like, I feel like you have to be so selfless sometimes when your partner's transitioning, because you know, they're going through a lot, and- and obviously, like it's really difficult... - Sarah

Stephanie also expressed a dissatisfaction with the online support group that she was a part of:

.... But it's [Facebook group] actually really, not that great. It's like a whole bunch of women, just complaining about their partners. Which I guess is fine, but it's not really what I wanted. – Stephanie

Although neither cis-women found an online community that worked for their needs, they still sought out support groups. The ability to find online support groups, especially those formed by women who are seeking similar support, is important for reassurance and addressing their specific needs. Furthermore, when there is a lack of in-person support, as experienced by Sarah, the online support groups become even more valuable. However, there were still tensions within the cis-women's experiences of on-line peer support that related to gendered expectations of being a good partner and focusing attention (even negatively) on transitioning partner. When the cis-women are seeking out spaces for themselves, and other cis-partners are enacting

'good partner' roles by putting the transitioning partner first, the gendered expectation of needing to be a good supportive partner is reinforced.

In the online world, articles, or written works may be beneficial for the cis-women if they provide peer support. However, they are often few, and as noted by Stephanie, they focus on the transitioning partner.

...I might have found a very small amount of people, like who had written something online about their experiences as a partner, but usually it's all about the trans-person. Which is kind of annoying... like yeah, they've got their whole thing, but we have our whole thing that happens. – Stephanie

Although understanding how others have dealt with certain situations to do with transitioning is useful as peer support, the experiences of the cis-partners is also needed. As Stephanie suggests the cis-women have 'their whole thing that happens' as well in the transition: the cis-women experience different struggles, tensions and complicated feelings, as discussed in the previous sections. While their experiences relate to their partner's transition, discussing it in a manner that positions the transitioning partner as the priority, further reinforces the supportive partner role of gendered care. There is a need for experiences to be written about from the cis-partner's perspective to demonstrate that they are also going through a significant life change.

While there are shortcomings with the online interactions and information available, the need for a connection with other cis-partners remains. Being able to have discussions with peers enables an understanding that is not experienced when talking to friends and family.

...but when you are supporting someone that intensely, I just wanted to... be like, isn't it a pain in the arse that your conversation topics, like 80% of the time was transition. But I wanted to talk to someone who wasn't going to judge the relationship for that... - Sarah

Considering how Sarah's friends were not initially supportive of her relationship and Ashleigh needed her friends to see the positives for her, it is understandable that non-judgemental support is sought. During transition aspects of the relationship that temporary may be troubling for the cis-partner at times and may be misconstrued by friends and family as more enduringly detrimental. The emphasis on non-judgmental support is a strong motivator for the cis-women to seek out peer support.

In instances where there is a lack of contact with peers, it can be difficult to have confidence that your experience is normal. Additionally, peer-support may be sought out to validate staying in the relationship, even though it can be difficult.

...I just wanted to find someone who... was like happy in their relationship... Or, even if they were also going through the transition, maybe if they were having the same doubts, and the same fears, and stuff like that. And because, like I don't know, I think this might just be my personality, but, I was always looking for, like, outside, um validation that like, our relationship was normal. You know, normal for it is... but obviously since I couldn't find anyone else, who was in this same kind of relationship, I just felt constantly abnormal... - Sarah

Sarah's lack of contact with other peers meant that her doubt with the relationship could not be validated. Considering how a transition can lead the cis-women to question their identity, complicate their belonging, and bring about a plethora of fears, affirmation to feel somewhat normal in this unusual position is understandably needed. The need for community and connection as described above is so that the cis-women do not feel as though they are alone in this process, and with their doubts, questions and fears. This need for connection may explain why the support of friends and family may not be able to calm all the fears that the cis-partners are experiencing. Furthermore, being able to connect with peers may help the feelings of fumbling through the transition that other cis-women have discussed. Where there is no guidance each issue is faced blindly and fumbling through it becomes necessary. Were there resources or experienced peer support there would likely be less of a feeling of inadequacy and more reassurances of the normality of changes in their relationship.

Some of the cis-partners were able to find face-to-face support groups that enabled them to have information and reassurance about their relationship. Considering the secrecy found when searching online for information, being able to ask questions of other partners was instrumental in gaining information and support.

Truly, the first time I really knew what to expect, was from talking to other partners... I mean I don't know how much I really sought it out [information about transitioning], because I had those other women, who were just kind of- tutored me through it. – Ashleigh

Where peer support was experienced, the configuration of the group will affect the support and information received. As most of knowledge is from personal experience that is passed on, it depended on the stage they are at in the transition, and when they partnered. Those further along in the transition can provide valuable, local knowledge of what to expect, especially regarding medical procedures.

...my two main support, like my two main friends who had trans-partners, trans-men partners, one of them had, like I said, started dating after transitions, so he had already had all his surgery, and the other one was behind us so, her partner did go in to have surgery, but not till later, so I was able to help her through it. But no, I didn't really have anything- anyone like who had been through it, particularly, but I did have support – Stephanie

Being involved in a support group meant that the lack of available resources became less of a problem for Ashleigh. While providing her with information, it gave her the experience of having others understand what it is like to have few resources designed for them.

...she talked to us about anatomy [both laugh] ... and just having people that, understood, um, being with people who in that time, everything had to be about them. I think that was the hardest thing for us, is like, I think that's the thing, when they're transitioning, there is no space in that scenario for you. – Ashleigh

The support group Ashleigh was a part of enabled her to have space for herself. While it was only a small commitment of time, it provided self-care, and a place to be focused on herself without judgement. In a relationship where there is a lot of compromise, and sacrifice, being in a non-judgemental, space with peers is beneficial. It allows discussion of instances that may be considered taboo elsewhere in the community or among support networks; such as negative thoughts about the transition. Yet, in a safe space, cis-partners were not vilified for their fleeting doubts or questions, nor do they have to worry about it being misinterpreted.

...we [partners at support group] all had doubt... Well I kind of went, "I didn't even know there was anything called trans. Like maybe it doesn't even exist. It's just you know, them, like being selfish." You know like... things like that, that you would never dare hint to your partners, that you could say it at [support group] though. – Ashleigh

Discussing their own personal doubts can be off-limits with their transitioning partner. While it is beneficial not to discuss some doubts and questions to themselves with their transgender partner, they do also need an outlet in much the same way people vent with their friends, who understand what they are experiencing.

Talking to other peers can also instil hope in the cis-partners for their relationship. They may read about how often partners separate during the transition, which is potentially stress-inducing for the relationship, as it amplifies fears. While searching for a connection with a peer, Sarah found that her fears were confirmed.

...When I spoke about it to her [another peer partner], um, it was kind of obvious that like she wasn't into him anymore... and so, it was like confirming all of my fears. Um, around like, losing the attraction to someone, and stuff like that. – Sarah

However, she did eventually find people who supported her and advised her she wasn't wrong, or naïve for wanting to stay with her partner, restoring her hope. Even so, her first interaction with another peer was likely difficult to experience: To have all the fears confirmed calls into question the validity of continuing in the relationship.

Sarah was not able to find peer support at the time she most needed it, so experienced feelings of loneliness during the transitioning process.

...I found it extremely lonely, like a very, very lonely process to go through. Because he found a trans guy community, but I never found anyone who I could really talk to, who had gone through the same thing.... Um, and I couldn't talk to him, about like, everything that was going through my head, because some of it would have been hurtful to him, hurtful for him to hear. – Sarah

There is clearly a need for peer support when certain topics are off-limits, to avoid the possibility of an isolating experience that Sarah spoke about. It's especially difficult having doubts or fears that cannot be shared with anyone. Feeling alone and protective of the transitioning partner's feelings is a very difficult position for the cis-women partners. Being in a similar position to Sarah, I have a deep understanding of her loneliness, however, either of us were isolate for lack of trying to connect with other peers. Loneliness only begins to explain the feeling when there is no-one to turn to, including professionals, as they are often not well-versed in this area. Having such significant struggles and fears to work through by yourself is an extremely difficult position to be in.

Finding hope from connecting with other peers can be very beneficial to cis-partners. Ashleigh was able to talk and interact with a couple who had stayed together through the transition and were still together a decade after the transition.

... seeing [their relationship], was like so reassuring to me... even though I didn't really know them. I maybe had one conversation with her, but seeing it was like, hey shit, it's totally possible... You can come out the other end and it's fine. And... you kind of got the impression that it was never a big deal for them. It was just what it was. – Ashleigh

Hope enabled Ashleigh to persevere through the difficult life experiences or her partner's transition. Even though she and her partner separated, the couple who stayed together gave her hope that she would make it out the other side.

As discussed throughout this chapter is the need for non-judgemental support, and reliable information is highly important for the cis-women. Their experiences and struggles centre predominately around these two needs. While there is a lot of uncertainties in the pathways to receive medical interventions, and interaction with professionals, the lack of reliable information effects not just the cis-women, and their transmasculine partners. Instead, the effects of this lack of information likely also causes difficulties for those who are the professionals trying to navigate the system when the system is unclear, and oftentimes an experience that is not common for them to investigate. Furthermore, this can lead to disparities in assistance and guidance received by those in the transgender community, leading to word of mouth as the predominate means for finding information. This is also seen in the cis-women's interactions with their peers, where they are first able to get answers to some of their questions/concerns. Alternatively, those without contact with peers are left having to navigate both relationship changes, and the medical system alone.

Non-judgemental support, and the support of friends and family is important to the cis-women. Regardless of how they are experiencing the transition, the support they receive is of considerable importance to them. They rely on friends and family to be their support network, and to provide them with safe spaces to be taken care of. However, when this support is lacking, barriers to friendships and family relationships can occur. These barriers mean that the cis-women seek out other partners for support and at times information about the transition process. Access to those who have been there before them can instil hope for their relationship and provide advice about how to deal with more complicated situations such as with the transitioning partner's family.

Chapter Five: Conclusion

The present study sought to explore the experiences of cis-women who are partnered with transmasculine persons during their transition, with a focus on their information and support needs. In an effort to add to the existing literature of cis-women's experiences, the present study explored four cis-women's experiences in detail. Specifically looking at the aspects that the cis-women deemed important in their lives, analysis focused on where they struggled and the context in which the struggle occurred. This approach allowed for attention to be placed on what information and support was available within these struggles. The use of semi-structured interviews allowed the participants to discuss aspects of the transition that were important to them. It also allowed for time and space to promote comfort and more in-depth conversations as they progressed through the interview. This was further enabled due to my own positioning as an insider, which afforded me assumed (as well as actual) understanding of what the cis-women experienced and insight into the complexities of their thoughts and feelings. Additionally, using narrative enabled the present study to strengthen the cis-women's voices as they could articulate their own experiences rather than being directed to respond by my preconceived notions of what they may need. It was in this way that it became apparent that the cis-women's lives were changed by their partner's transition within their various relationships. The struggles highlighted by the women included areas already explored by other studies within the relationship with their partner and within themselves. Additionally, the present study was able to examine other relationships yet to be thoroughly explored in relation to the cis-partners' experiences. These other relationships are with friends, family, peers and medical professionals. Although there are similarities with previous research, the present study's focus on how information and support needs are currently being met has guided how the experiences are analysed. Furthermore, as the present study discussed with the cis-women their needs and advice they would offer to others, coupled with the sharing of their stories, two central aspects were highlighted; the need for reliable information and the need for non-judgemental support. These aspects are important for helping the cis-women during the struggles that arose throughout the transition.

The cis-women's experiences had both similarities and differences with one another, denoting the importance of variation between their experiences. There is an underlying theme of gendered expectations and heteronormative assumptions in their interactions. This can be seen affecting each relationship to some degree. The experience of gendered expectations within the relationship with the transgender partner has been documented by previous studies (Brown, 2007; Dierckx et al., 2016; Kins et al., 2008; Pfeffer, 2014) as a way of confirming the transitioning partner's gender identity. Understanding the subtle effects of gendered expectations in the relationship can prove helpful for the cis-women. The experience of Sarah shows there may be negative feelings surrounding this if they feel as though they are counterpoint to their partner's masculinity. Even seemingly small interactions and changes within the relationship can produce negative emotions that the cis-women may not be able to understand at first. Additionally, these emotions may be experienced as subtle but impactful negotiations of the cis-women's lives; a sense of feeling as though they need to act in a more feminine manner or have their femininity praised by their transmasculine partner. Understanding that their partner may have gendered expectations and knowing that they are not alone in such experiences may enable cis-women to have space to discuss their comfort with such expectations.

One of the more notable aspects of transition is the effect on the partnership following use of testosterone. Previous literature has discussed the effects of being involved in transition decision-making (Theron & Collier, 2013) and how if the transition occurs quickly, distress may be experienced (Dierckx et al., 2016). The cis-women in the present study did experience distress, similarly, but also highlighted their unmet information and support needs in these areas. The cis-women spoke of fearing the unknown in relation to the effects that testosterone would have on their partner, coupled with fear of rapid transition. Their distress is consistent with the distress discussed by Dierckx et al. (2016), although the source of the distress may be attributed to lack of reliable information. As only Stephanie was able to have complete access to medical professionals, her fears were able to be addressed by the professionals. Inclusion in this space likely provided her with reassurances about the transition. However, without access to professionals, other sources of information are

sought out, such as through the transitioning partner, online, or from other peers. Yet, this information may not be as reliable as professional expertise since it is often based on anecdotal evidence. Considering that all the cis-women expressed the need for access to information, describing in plain English the urgency for information relating to the effects of testosterone, it is important to highlight this core weakness identified by the participants. Even Stephanie who was able to attend all medical appointments thought that this was something that was worthwhile. Without access to information, the cis-women are left to worry about the unknown, or deal with misinformation obtained from alternative sources. Access to professionals does not always denote reliable information; as discussed there is a lack of experience and specialised knowledge of professionals in New Zealand. This is further influenced by the lack of clarity surrounding the transition process in New Zealand. As evident with the struggle to receive a mastectomy and the lack of national guidelines (CMDHB, 2012), it is obvious that the knowledge of the medical process of transitioning is seriously lacking. Lack of information and knowledge is likely to affect all parties involved and cause frustration when information cannot be easily sourced. This is further reinforced by the cis-women's distrust of the professional's knowledge, with some participants questioning the extent of their knowledge. Consequently, both the pathway for transitioning and credible information about testosterone are difficult to source. This promoted a lot of unknowns and therefore fears about the transition for the cis-women.

In addition to the physical changes that testosterone brings into the relationship, there is also the experience of the subtle but impactful mental and emotional changes in the transitioning partner. While there is research emerging on the source of these changes (AAAS, 2015), it is evident that it is a difficult change to process, creating ambiguous loss for the cis-women. This experience has been noted by Norwood (2012), who suggested that these changes may require a period of adjustment and time to get to know the new personality of the transmasculine partner. It is also highlighted by the present study that three of the cis-women lost their first girlfriend due to the transition. As discussed by Sarah, emotional changes meant that they were no longer on a similar spectrum of emotions and she had to

come to terms with understanding that she was losing her girlfriend and that he had never really been a woman. This multi-layered feeling of ambiguous loss is likely to affect the cis-women as they cannot articulate exactly what they are grieving. Additionally, without knowing that the changes in thoughts and emotions are a side-effect of testosterone, it may be difficult to reconcile that the change is real and absolute, as evident by Stephanie's disbelief in it. While the transitioning partner may not be as aware of this change themselves, from the perspective of the cis-women partners it clearly needs to be acknowledged as a possibility within the transition. This further highlights the lack of credible knowledge available to cis-partners, as mental and emotional changes are often not discussed beyond aggression and irritability within transition related information and also discussions with professionals. The present study finds this to be an important point to address, such that these types of changes are acknowledged, and more comprehensive information is provided so that cis-partners have time to adjust as well as resolve some of the ambiguity in the loss they experience.

There is also a need for non-judgemental support for the cis-women, especially related to the relationship with themselves, and their friends, family and peers. As their transitioning partner becomes more masculine in his presentation, there is an assumption by others of the cis-women's heteronormativity. This assumption, coupled with complications pertaining to outing their partner as transgender, also asks the lesbian-identified cis-women to re-identity themselves as something other than lesbian. Their admittance to the lesbian community and feelings of belonging are related to the appearance of their relationship (Brown, 2009; Joslin-Roher & Wheeler, 2009; Franklin, 2014). In the current study, Stephanie and Ashleigh experienced a newfound invisibility and rejection from the lesbian community. They lose this supportive community due to preconceived notions of sexual orientation, and lack of ability to 'legitimise' their inclusion within the lesbian community due to contestable and varied perspectives on transmasculine person's inclusion in the community (Joslin-Roher & Wheeler, 2009). However, this situation is not uncommon considering the contentious nature of bisexuality within the lesbian community (Hayfield et al., 2014; Pascale-Hague, 2015). The cis-women may experience conflicts with their sexual

orientation and heteronormative appearance that are difficult to resolve and important to their own identity. This is highlighted by the experience of Ashleigh, who had difficulty holding on to her identity and her place in the community that she felt comfortable with. Consequently, considering how important identity and community is as highlighted by the present study and previous literature (Brown, 2009; Franklin, 2014; Joslin-Roher & Wheeler, 2009; Norwood, 2012; Pfeffer, 2014), the struggles within this area need to be addressed more widely. The type of support needed and inclusion within the community goes beyond just the cis-women in the present study. It is also a wider need for currently invisible sexualities to be included in the community, as well as non-judgemental support and understanding provided to these persons. As expressed by Sarah, there is a need to find someone who understands what she is going through and the conflicts within her experience of resolving her sexual orientation and heteronormative appearance. Advocating for invisible sexual orientations and understanding of the struggles of needing to reconcile the conflicting emotions around their perceived relationship orientation is important to help cis-women through this very personal struggle.

Friends and family are the initial supportive persons for the cis-women, as they know them well and understand their journey and experience in life. To date there has been no in-depth exploration into the cis-women's experiences of relationships with their friends and family, yet it is clear that these relationships are important and undergo changes. The cis-women's lives become consumed with the transition, so too do their relationships with friends and family become consumed by this process. As in the experience of Sarah, there may concern expressed for the stress that the cis-women are experiencing and initially friends and family may not be supportive, which creates an isolating and lonely experience. However, when they are supportive, friends and family can provide a space away from the transition and experience of putting the transmasculine partner first. As noted by Sarah, having someone who cares about you and puts you first while you are in that time of putting your transitioning partner first is invaluable. While Sarah was able to obtain this time and care with her mother, Ashleigh experienced time with friends and family as requiring her to discuss the transition or defend her transmasculine partner's actions. Although the cis-women's

friends and family may never be supportive of the transition and the relationship, those that are would find it beneficial to have access to information about transitioning and ways to be supportive of the relationship and the cis-partner. Information could address some of the questioning experienced by the cis-women, as well as help friends and family understand their importance for non-judgemental support and providing a space away from the transition for the cis-women. If such resources were widely available to the cis-women, they could engage their friends and family in helping them to combat stress and promote self-care. Evident in the analysis and discussion is the need for understanding and non-judgemental support, which friends and family are positioned to provide. While they may not be able to understand the cis-partner's experience in the same way that a peer is able to, they are invaluable and especially important persons in the cis-women's lives.

There may also be a complicated interaction with the transitioning partner's family dynamics, as in Kayla's case with her want to be protective of her partner. Without access to other cis-partners, she is required to work through and process this difficulty herself. However, if she was able to access other cis-partners they may be able to give her advice on how to deal with situations based on their own experiences. Access to peers is difficult in New Zealand; groups are shutting down, possibly due to being emotionally taxing on everyone involved, and Facebook groups may not provide sufficient support to meet cis-women needs. Furthermore, as the community is protective, finding other partners may only be possible through the transitioning partner, adding to the difficulty of interacting with peers. The value of other partners extends to cover some of the deficits experienced in information and non-judgemental support for the cis-partners. Other partners provide a space where negative thoughts and frustration can be expressed, as they are able to be understanding of the all-encompassing nature of the transition. Those who are further progressed through the transition process are able to pass on their knowledge of what is to come and what can be expected in the transition. While the cis-women sought out knowledge from other peers online, hoping to seek out memoirs or other accounts of specifically cis-women partnered with transmasculine persons, these did not appear to exist, or when they were sourced they were centred on the transitioning partner as opposed to the cis-

women's own experiences and struggles. This likely relates to the social expectation of needing to be a good partner and not struggle themselves. Although the transitioning partner is important in the discussion of the cis-partners experience, in their own right they have complicated experiences they need to work through. Identity struggles, heteronormative assumptions, concerns about the transition and what to expect are separate from, although connected to, the transitioning partner. It is through connections with other peers that cis-women can seek out answers to these areas and provide each other with non-judgemental support, as Ashleigh experienced. Additionally, contact with other partners can help instil hope that the struggles surrounding the transition are passing, and it is possible for the relationship to continue. In this way, peers might provide invaluable understanding and advice to help other cis-women in similar situations, or who have similar concerns. Without contact with other peers, cis-women may find their experiences isolating and lonely, as Sarah did initially. Comparatively, Ashleigh was able to find information, support and reassurances from peers which Sarah sought. It has already been noted that cis-women's connection to support is an important positive factor for them (Dierckx et al., 2016). Thus, fostering the ability to connect with peers as well as providing accessible information on their experiences is beneficial to cis-women partnered with transmasculine persons.

As a goal of the present study, it was imperative that the cis-women had the explicit opportunity to say what they think is needed by way of information and support. These contributions to the interview were not analysed in relation to their lived experiences of their partners' transitions but have informed the discussion in this conclusion. Several of the cis-women reiterated that it needs to be acceptable for partners to seek out information and support for themselves. This is important to understand as there was guilt expressed for having these wants by Ashleigh and Sarah. The struggle surrounding seeking out information and support for themselves likely stems from the desire to fulfil the 'good partner' role and to suppress their own needs and struggles. However, the concept that seeking credible information and support is acceptable is important for other cis-partners to be aware of; it does not undermine their role as a supportive and 'good partner' if they require their own information and

support. Furthermore, although the cis-women may struggle at times, it was noted by Stephanie that this doesn't mean that they think the transition is negative or that they don't want to be supportive. It is instead indicative that their struggle needs to be seen as being valid along with the transitioning partner's struggle. Stephanie also asserted that cis-women partners should not feel guilty for being affected by the transition because it will definitely affect them. Based on the responses from the cis-women in the present study it is clearly beneficial for them to have reassurances that their thoughts and struggles within the transition are valid. Their emphasis on providing reassurances likely stems from a felt need of the cis-women during a time where they themselves are experiencing complicated situations, thoughts and desires to be a good, supportive partner. They too are allowed to struggle with the transition and take time for themselves.

Being understood and recognised as a part of the transition and that they are also going through a difficult experience is important for the cis-women. Although the transitioning partner is going through a difficult change, they are not going through the process alone. Being seen as important in the transition and that their struggles are valid is important for the cis-women's experiences and personal validation.

It is clear that cis-women partners are affected by the transition of their transmasculine partner. The transition requires renegotiation and at times sacrifice by the cis-women. Although the present study includes a small sample of those in this community, it is illustrative of areas that should be attended to. Of particular importance is the need to understand the effects of the transition on the cis-women's relationships with friends, family and peers, as previous literature has not readily explored these interactions. The view from a New Zealand perspective has highlighted the confusion and difficulties with medical procedures. Furthermore, it has emphasised the need to examine what supports are available to cis-partners as they are important to the transition and require attention in their own right. Although New Zealand has a small population and the numbers of transgender persons are unknown, the needs of the transgender community and their cis-partners are still significant issues. Furthermore, as previously stated, the benefits of having clear, credible information helps not only the cis-women, but also the transitioning partner and any

friends, family, and professionals involved. The creation and accessibility of this sort of information could lead to improved understanding and support from family and friends for the cis-women partners. Without access to information and non-judgemental support, cis-partners will likely experience a difficult and isolating situation.

The cis-women in the current study were given space to discuss where they wanted future research to go. One suggested research into the different ways that partners negotiate the transition, such as the team approach, or the more supportive position. Another wanted research into healthy relationship boundaries and how people navigate supporting their partner, while balancing their own needs. Another wanted to research on how to be able to support the transitioning partner in a way that's positive, such as when dysphoria is experienced. As the cis-women should be considered experts on what future research should be conducted on their experience, it is beneficial for the present study to include these ideas. Based on the present study, future research should also look to expand on the knowledge of the present study to provide greater insight to the various ways in which the transition is experienced by the cis-women. Focussing on action-based research for information and support to the cis-women is the next step from the current research. Efforts to do so will likely improve the experiences of the cis-women partnering transmasculine persons during transition processes.

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Appendix A: Information sheet

Experiences of cisgender women who have partnered with transmasculine people in New Zealand

Information Sheet

Researcher Introduction

My name is Elizabeth Jennens, and I am a student taking a Master of Arts degree in psychology at Massey University. I am undertaking this research project as part of my qualification. My supervisor is Mandy Morgan and our contact details are below.

Project Description and Invitation

The purpose of this research is to find out more about the experiences of cisgender women who partner(ed) with transmasculine/transmen prior to or at the beginning of their transition, and to investigate what support and informational needs are met or still lacking. I have a particular interest in this topic as in the past I have partnered with someone who transitioned during our time together, and I experienced challenges that others could not relate to. I hope this study will help others to understand the unique situations cisgender women partners face.

Participants will be involved in an individual interview. It will focus on their daily experiences being partnered to someone who is transitioning, and the specific situations involved (for example, medical interventions; telling friends about the transition). I am also aiming to learn more about what information and support has been available, as well as what further information/support would be useful.

I invite you to participate in this research, if this is something that you feel is relevant to you and that you would be comfortable to discuss with me. I understand everyone has different experiences and resources available to them, and I want to provide a space where you can discuss your experience.

Participant Identification and Recruitment

You have received this information sheet because someone you know thinks that you might have an interest in this project. If you would like to accept this invitation to

participate, please contact me directly. I will not disclose whether you take part or not to the person who passed on this invitation. Regardless of whether you decide to contact me, you are welcome to share this information sheet with other women you know who may be interested in participating.

Participants will be included if they identify as cisgender women, who have partnered with a transmasculine/trans man from the beginning of their transition. For the research to find out about your experience of the entire process, it is important that you have been with your partner during the time they were taking testosterone.

Since this is a qualitative project, I will not be seeking a large number of participants. Even three or four volunteers for this project would be sufficient to add to our knowledge because we are a group of women whose experiences are not often considered by researchers.

Talking about relationships past or present can sometimes be uncomfortable, but we are not expecting that the interview would be upsetting. If you get upset during the interview I will take care that when you leave our meeting you are not distressed, and I will provide you with a list of organisations, and contacts for further support.

Project Procedures

I will be meet you at a location that is safe and convenient for you, for a private semi-structured interview. This will not have a time-limit; however, I anticipate the interviews will last somewhere between 1 and 2 hours. All interviews will be digitally recorded.

Interviews will be transcribed word for word. Your privacy will be protected because all identifying information will be removed during transcription. Then the transcript will be returned to you for checking and editing if you would like. If you'd like to meet with me to discuss your transcript, and make any changes, or clarifications, that will also be possible.

Digital recordings will be deleted once you approve their transcripts. All transcripts will be kept in password protected files.

Transcripts will be analysed to identify themes that emerge from shared and different experiences. You will be offered a summary of findings once analysis is completed.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any question;
- withdraw from the study at any time up until you have released your transcript for me to use in the analysis;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to me;
- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview.

Project Contacts

Elizabeth Jennens – elizabeth.jennens@gmail.com

Mandy Morgan - C.A.Morgan@massey.ac.nz (supervisor)

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email humanethics@massey.ac.nz.

Appendix B: Consent form

**Experiences of cisgender women who have partnered with transmasculine people in
New Zealand**

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me.
My questions have been answered to my satisfaction, and I understand that I may ask
further questions at any time.

I agree/do not agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

.....

**Full Name -
printed**

.....

Appendix C: Transcript release authority

**Experiences of cisgender women who have partnered with transmasculine people in
New Zealand**

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

Please tick the box of the statements that best applies to you

- I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.
 - I agree that the transcript and extracts from this may be used in reports and publications arising from the research without me reading and amending the transcript
- OR
- I agree that the transcript I have edited and approved, and extracts from this, may be used in reports and publications arising from the research.

Signature:

Date:

.....

Full Name -

printed

.....

Appendix D: Contactable support organisations

Organisations you can contact:

<http://www.tiwhanawhana.com/> - They are also contactable on their Facebook page.

<https://www.facebook.com/takataapui/>

<http://www.agender.org.nz/>

<https://www.ry.org.nz/>

<http://www.outline.org.nz/> or 0800 688 5463

Wellington Based:

<http://insideout.org.nz/> - hello@insideout.org.nz or 0273314507

<http://evolveyouth.org.nz/> - Ages 10-24, can get free counselling sessions in Wellington Only.

<http://www.gaywellington.org/> - Call the Wellington Gay and Lesbian Helpline

(04) 473 7878 Hours: Sunday 7.30pm-9.30pm

(However, we do offer a confidential voice message system and we can make call backs)

Auckland Based:

<http://equasian.org.nz/> - Asian LGBTQI in Auckland.

Waikato Based:

<https://www.facebook.com/UniQWaikato?rdr=p> – UniQ Waikato

Whanganui Based:

<https://www.facebook.com/Closet-Space-Whanganui-234994883202703/> - 027 202 6950 or email admin@yst.org.nz (for ages 12-24)

There is also a Facebook group for partners of transgender people. To be able to be added to the group, you will need to email partnersoftranspeoplewtgn@gmail.com, and then you will be added.

Appendix E: Interview schedule

Interview Schedule

The interview is semi-structured. It has starter and prompt questions, but participants will be invited to tell their own stories about their experiences.

Introduction

I really appreciate you giving your time to be interviewed. My main goal of the interview is for you to be able to talk about your experiences, specifically looking at your daily experiences and the support and information you had/have as a partner of someone who is transitioning. I will ask some open-ended questions as well, but ultimately, I am interested in areas that matter to you.

If you are not sure about anything during the interview, please feel free to stop and ask me at any time. Before we begin, do you have any questions for me?

Questions

1. To start off with, I am interested in how you found out that your partner wanted to transition. What happened and how do you remember feeling at that point?
 - Was there anything you were particularly worried about?
 - Did you talk a lot with your partner about what was going to happen?
 - How did you feel about the discussions? Were you wanting to talk more or less?
 - Was there anything you felt like you couldn't talk about in the beginning?
 - Do you remember any discussions that were particularly significant to you?
 - As your partner transitioned, did you find yourself looking for information about other things? Things to do with hormones, or bodily changes?

- If they didn't look for information: was there any reason why didn't look for information? Did you have someone who was readily giving you information?
2. Were there any supports available to you at that time when you initially found out?
 - Where did your support come from?
 - Were your/their family supportive? Did they know about the transition?
 - Did these people stick around during the transition?
 - If no support then, what type of support would you have liked during this time? Online, in-person, professional, peer, etc?
 3. Did you know much about transitioning before your partner told you?
 - Where did you find information?
 - What sort of information did you seek out?
 - Was there anything you couldn't find an answer to?
 4. Were you involved in going to doctor's appointments?
 - If yes, did you find them helpful?
 - If yes, were you able to ask them questions you wanted to know?
 - If no, was there any reason why you weren't involved?
 5. Were you a part of the medical decisions?
 - Did you want to be a part of decisions?
 - If yes, what was that like?
 - If no, was there any reason why you weren't?
 - Was there any pressure/concerns with helping make the decisions?
 - If yes, what was that like?
 - If no, was there any reason why you weren't?
 6. Once the transition started, did your daily life change?
 - What were some of the changes you remember the most?
 7. Were there any changes in how you did things as a couple?
 - Did household responsibilities change?
 8. Was there anything you personally struggled with?

- From other studies we know that people have struggled with their own gender, sexuality, and body acceptance, just to name a few. Did you ever think about this sort of thing, or worry about these? If they didn't, why do you think these weren't a concern for you?
 - Did your feelings about the transition change as it went along?
 - Was there anyone you felt like you could speak to about these sorts of personal struggles?
9. Did you have a community you felt like you belonged to both before and during the transition?
- Is this the same community?
10. As there isn't a lot known about the experiences of partners of transgender people, what do you personally think is important to learn about?
11. Is there anything you think is particularly important for other women in your situation to know?