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ABSTRACT

In the field of couple and family therapy, limited literature on experiences of trans-including couples inhibits client care. Trans-including couples are subjected to experiences of marginalization within their communities and families. Transgender women including those of color are one of the most marginalized populations (Cornelius & Whitaker-Brown, 2017; Koken et al., 2009), experiencing high rates of abuse and negative mental health outcomes (Gamarel et al., 2014; Koken et al., 2009). Few studies focus on trans-including couples' narratives of strength and fewer understand both partners' experiences. The purpose of this qualitative study was to explore emotional bonding and perceptions of fairness between transgender women and their cisgender partners. Interpretative Phenomenological Analysis was utilized to answer the research question: *What are the experiences of emotional bond and fairness between transgender women and their cisgender partners?* This qualitative research was situated within frameworks of minority stress, romantic attachment, and contextual therapy theory. Seven couples of transgender women and their cisgender partners were interviewed. Questions included understanding contexts of transition and minority stress, and couples' experiences with emotional bond and fairness in their relationships and families of origin. Findings were organized into four main themes: "The Context of Minority Stress; Negotiating Transition; The Feeling of Emotional Bond; and Negotiating Balance". Experiences of interpersonal processes of emotional bond and balance of fairness were situated within the contexts of transphobia and difficult family of origin relationships. Processes of boundary creation, attunement and affirmations facilitating bonding, and balance of fairness were noted. Discussion focused on the partner relationship as an opportunity to construct resilient narratives. Recommendations for clinicians include prioritizing the couple subsystem as an avenue for building resilience against minority stress.

EMOTIONAL BONDS AND FAIRNESS EXPERIENCES BETWEEN TRANSGENDER
WOMEN AND THEIR CISGENDER PARTNERS:
AN INTERPRETATIVE PHENOMENOLOGICAL EXPLORATION

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Dedication

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Chapter One

Introduction

Transgender Identity and Transgender Women

The transgender community is often exposed to painful transphobic experiences that are multisystemic, existing in all facets of their lives (i.e., community, family, relational, work, school, medical environments, etc.). Alarming, many are targeted, subjected to hate crimes and dehumanizing interpersonal experiences in multiple contexts, making their worlds incredibly unsafe and unpredictable (Blumer, Green, Knowles, & Williams, 2012). Clinically, the transgender community is underserved, which undermines the core purpose of mental health care. Further, transphobia frequently results in negative mental health outcomes (Giammattei, 2015; Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014; Hendricks & Testa, 2012). Research also suggests that the likelihood of childhood abuse is higher among transgender individuals (Carballo-Diegues, Balan, Dolezal, & Mello, 2012; Schneeberger, Dietl, Muenzenmaier, Huber, & Lang, 2014), which leads to greater emotional and psychological distress (Kussin-Shoptaw, Fletcher, & Reback, 2017). These oppressive and distressing experiences are referred to as minority stress (Meyer, 1995; 2003), which is stress above and beyond what one would typically experience in a community, because that individual possesses one or more stigmatized and marginalized social identities. In the literature, *gender minority stress* has specifically been shown to negatively impact the romantic relationships of transgender individuals (Gamarel, et al., 2014; Giammattei, 2015).

However, despite vulnerabilities and societal dangers, some literature notes positive aspects of being partnered in a trans-including couple if that partnership is deemed supportive, such as affirming experiences, decreased depression and anxiety, and protection against feelings

of shame (Malpas, 2012, Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013; Pulice-Farrow, Bravo, & Galupo, 2019). This literature has begun a positive trend in prioritizing and acknowledging the importance of developing resilience, and ways in which individuals and couples garner support and affirmation. This also underscores the power that romantic relationships have in molding a more positive experience despite social and societal struggles. Still, more literature is needed that sheds light on how transgender individuals and their partners bolster support, strength, and resilience.

In order to appropriately set the context for exploring and discussing experiences of the transgender community and transgender women, background information and terminology is needed. Provided here is background information on transgender identity, transgender women, and what has been highlighted in the mental health field relative to their relational experiences. Historically, the first use of the term *transsexual* was credited to sexologist David Oliver Cauldwell in a 1949 essay called "*Psychopathia Transsexualis*" where he referred to individuals "...who wish to be members of the sex to which they do not properly belong." (pp. 275). However, it was Magnus Hirschfeld, a sexologist in 1923 who first mentioned the term in a journal article, but his institute and library were destroyed during the Nazi rise to power in Germany because he was Jewish (Elkins & King, 2001). Harry Benjamin, a physician and sexologist, was also known for early clinical work in transsexualism, and mentioned Cauldwell's work in a 1953 public lecture referencing Cauldwell's 1949 paper, which then connected them (Elkins & King, 2001). Benjamin, in *The Transsexual Phenomenon* (1969) provided a definition that characterized a transsexual as unhappy and having the desire to change their sex. He made a distinction that the physical and psychological are not in sync, and that there is a longing and desire for a "sex change" in order to be complete (Benjamin, 1966).

Currently, the term *transgender* refers to individuals who are assigned a gender at birth that is not concordant with their gender identity (Lev, 2004). Those who identify as *cisgender* have the same gender identity as that assigned to them at birth (Cava, 2016). The term “cisgender” was first used by German sexologist Volkmar Sigusch, in a 1991 article “Die Transsexuellen Und Unser Nosomorpher Blick” in which he used “cis” to refer to people who were comfortable with both their assigned sex and gender identity. The term “transgender” is an umbrella term that refers to a wide variety of gender identities and gender variance that is ever expanding and the term *trans** or *trans* is also used to refer to the transgender community as a whole (Giammattei, 2015; Lev, 2004). *Transgender women* (or *trans women*) are women who have been assigned a male gender at birth (Giammattei, 2015; Koken, Bimbi, & Parsons, 2009). They may identify with a variety of gender identity labels, such as transfeminine, female, trans female, trans woman, woman, nonbinary, or genderqueer (Giammattei, 2015; Koken, Bimbi, & Parsons, 2009). They may also identify with diverse sexual orientations (Giammattei, 2015). Transgender women may desire to transition in the form of name and gender marker changes, or feminize their bodies through hormone therapy and/or surgery. The transition process may also involve changing physical gender expression in the form of “dressing” or “presenting” as their affirmed gender identity, and adjusting their name and pronouns to what is preferred (Lev, 2004).

In this study, I will use the term “trans” and “trans woman/women” as a shortened term to “transgender woman/women”. I am making this distinction for a few reasons: 1) affirmative language within the transgender community is constantly evolving to reflect the diversity of gender identities and label preferences, and these are the latest terms at the time of this writing; 2) while literature sometimes uses both versions of the identity marker (i.e., transwomen vs. trans

women) (e.g., Crosby, Salazar, & Hill, 2016; Moradi et al., 2016; Platt, 2018) my belief is that making a distinction by separating trans from woman, honors the need for validating trans women as women, and the fight to be acknowledged as women; and 3) some participants within this study have expressed a preference for separating trans and woman out of respect for their struggles, and wanting to be acknowledged as women who are also trans.

With regard to their struggles, trans women and trans women of color in particular, are one of the most marginalized populations within the transgender community (Cornelius & Whitaker-Brown, 2017; Koken et al., 2009). They experience a higher prevalence of depression, financial hardship/poverty, and stigmatization, including rejection and abuse in their families of origin for feminine behavior as children, and sexual stigmatization as adult trans women (Gamarel et al., 2014; Koken et al., 2009). These psychosocial factors and experiences of trauma and minority stress leave trans women at a high risk for unhealthy behaviors and outcomes such as binge drinking, drug use, risky sexual behaviors, HIV/AIDS diagnoses, suicide, and incarceration (Arayasirikul, Wilson, & Raymond, 2017; Koken et al., 2009). Trans women are also exposed to intimate partner violence, hate crimes, medical care discrimination and rejection from not only their social communities but by their partners and children (Cornelius & Whitaker-Brown, 2017; Koken et al., 2009). These exposures and psychosocial factors are not just a facet of gender identity but are a reflection of oppression experienced as part of the intersection of gender and race, creating multiple disadvantages. They also signify the operation of social power relations that recursively perpetuate stigmas (Shields, 2008).

The process of transition (i.e., internal, social, physical, legal changes) is a coming out process, or an *emergence* (Lev, 2004); a uniquely personal journey to each individual, and an adaptive process of modifications in a number of aspects of one's life. It also has a systemic

impact on family members, friends and partners (Coolhart & Mason, 2017; Coolhart & Shipman, 2016). Social and familial acceptance or rejection have a profound effect on how transgender individuals feel about themselves and can serve to exacerbate or be protective factors for gender dysphoria and shame (Coolhart & Mason, 2017; Malpas, 2012; Gamarel et al., 2014). Many individuals' transition processes are paired with prejudicial attitudes and discriminatory experiences which can quickly escalate to physical violence, hate crimes, and rejection by peers, family, partners, acquaintances, coworkers, etc. (Coolhart & Mason, 2017; Lev, 2004).

However, it is also possible that transition experiences are positive, for those who have supportive family, friends, and partners or experience social affirmation (Crosby, Salazar, & Hill, 2016; Pulice-Farrow, et al., 2019). Many also enjoy positive changes to their bodies with medical transition (such as hormones), which can help ease dysphoria (White Hughto & Reisner, 2016). While there is no question that trans women and trans women of color experience hardships and risks, it is also important to understand that more positive, prideful experiences exist as well.

Gender dysphoria is defined as psychological discomfort as the result of the incongruence of anatomical physiology, cultural gender expectations, true gender feelings and expression (Lev, 2004). It is a common experience of those who identify under the transgender umbrella. Depression, anxiety, suicidality, and self-harm behaviors are also common within the transgender community due to negative messages about gender identity and lack of safe spaces of acceptance (Coolhart & Shipman, 2016; Lev, 2004; Nuttbrock et al., 2010). Transgender individuals are also more vulnerable to poorer physical and mental health, a lower quality of life, poverty, and violence (Coolhart & Mason, 2017). While the minority stress struggles, dysphoria experiences, and negative mental health outcomes are of the utmost importance to prioritize in

the literature, there is also a preponderance of literature focusing on vulnerabilities, and few that look at resilience and positive aspects of identity experience. This is evidenced by Moradi et al., (2016) who noted that the majority of existing studies did not focus on the positive aspects of the transgender community (less than 5%). Few studies since then have sought to understand positive aspects (e.g., Pulice-Farrow et al., 2019). Therefore it may be helpful to both the transgender community and mental health practitioners to begin to understand resilience in the face of multiple vulnerabilities. This is important to creating change and coping with stressors.

Trans-Including Couples

Background. The transgender community as a whole is highly impacted by both gender and sexual minority stress in external environments as well as through internalized transphobia (Giammattei, 2015). However, minority stress is not limited to gender and sexual identities, but rather is the “...mutually constitutive relations among social identities” (Shields, 2008, p. 301). In essence, this is the concept of *intersectionality*, originally developed by the Combahee River Collective (a Black feminist movement in response to the rise of white feminism), and later popularized by civil rights advocate and critical race theorist Kimberlé Crenshaw (1989), to reflect that the experience of a marginalized identity such as race, cannot be understood independently of gender, sexuality, etc. The interaction between multiple identities is how true experience can be understood, not by independent discourses set up to acknowledge or discuss only one at a time, which reifies invisibility of one or more other identity experiences. Intersectionality of other identities (i.e., race, ethnicity, class, religion, ability) impacts the minority stress experience by adding additional stressors to the sometimes extreme struggle of a transgender identity (Addison & Coolhart, 2015; Giammattei, 2015). Further, the transgender community lacks legal and societal protection of civil rights, with shifting and discriminating

legislation both at the state and federal levels making their daily living uncertain and unsafe (Addison & Coolhart, 2015). Therefore, growing recognition of the clinical needs of the transgender population has contributed to handbooks and conceptual manuscripts which call the couple and family therapy (CFT) field to action (e.g., Addison & Coolhart, 2015; Bigner & Wetchler, 2012).

The terms *transgender couple* or *transgender-identified couple* are sometimes used to describe a couple where one or more partners identifies under the transgender umbrella (Giammattei, 2015). More recently, the term *trans-including couples* has been adopted as shared language to imply couples where at least one partner is not cisgender (Addison & Edwards, 2018). Given the need to be most up-to-date with language, I will refer to couples in this study as “trans-including couples” or “transgender women and their cisgender partners”. The term “cisgender” will either be referred to as such, or as “cis” for short.

Couples who experience gender transition contend with a different relational environment that they need to navigate. This may come with discrimination and marginalization when undergoing physical changes for gender identification, as well as partner grief, sexual issues, a different sense of community or lack thereof (Malpas, 2012). CFT is only beginning to grasp the complexities of relationships of trans-including couples. In addition to their individual experiences of painful transphobia in communities, societal institutions, peer and familial contexts, trans-including couples are societally and interpersonally marginalized and clinically underserved (Blumer et al., 2012; Chapman & Caldwell, 2012), with few studies on relationship dynamics of trans-including couples (Moradi et al., 2016). Still, couples endure a number of relational adjustments upon one or both partners coming out, including shifts in gender roles, sexual identities, and the status of the relationship (Raj, 2008). They are also continuously

exposed to gender minority stress, stigma and discrimination that impact their sense of community and make them targets of violence (Giammattei & Green, 2012). Social and environmental stressors have the potential to negatively impact each partner's view and feelings of satisfaction in the relationship (Malpas, 2012). Cisgender partners also cope with the gender minority stress and stigma of their transgender partners (Gamarel et al., 2014; Reisner, Gamarel, Nemoto, & Operario (2014). These factors may cause a shift in the health and wellbeing of both partners. That said, transgender women and transgender individuals have shown positive effects (e.g., self-acceptance, gender affirmation, personal competence, positive mental health) of receiving social and romantic partner support (Crosby, et al., 2018; Pulice-Farrow, et al., 2019).

Upon coming out, trans-including couples may negotiate and seek clarity around identity, and cope with internalized transphobia or homophobia (Giammattei, 2015). Many trans-including couples also cope with gender and sexual minority stress (Gamarel et al., 2014; Reisner et al., 2014). Although conflict, separation, relationship termination and general grief may ensue, couples in therapy have also shown great resiliency, flexibility, and commitment to navigating the challenges of transition (Malpas, 2006; 2012). Malpas (2012) noted grief, shock, ambiguous loss, and betrayal as major themes in the literature related to heterosexual wives of transgender women or cross-dressing men. These couples struggled with the loss of heterosexual privilege, social and clinical invisibility, and facing the stigmatization of sexual and gender minority status and discrimination. According to Malpas (2012), voluntary disclosure, emotional boundaries, empathy, pacing, and transparency are some of the qualities that resilient and empowered couples display when negotiating transition. There is still much to learn about how trans-including couples negotiate both transition and their relationships, as there are few empirical studies.

Conceptual literature. The experiences of trans-including couples as well as guidelines for therapy have been detailed in a few conceptual writings (Chapman & Caldwell, 2012; Malpas, 2006; 2012; Samons, 2009; Joslin-Roher & Wheeler, 2009). These authors cover descriptions of couples' relational transitions, including negotiation of gender roles, exploration of gender fluidity and nonbinary expressions, sexual identity, sexual practices/boundaries, and partner grief resulting in loss of emotional connection. The mental health field is moving from strictly medicalized, diagnostic treatment of only the transgender partner to embracing relational concerns of both partners, as well as deconstructing the gender binary (Malpas, 2006; 2012). This also reflects a shift towards an affirmative rather than pathologizing stance.

Some of the conceptual literature discusses the logistical considerations of remaining together or separating, and the cisgender partner's grieving process (Malpas, 2012). Changes in or loss of social status, building *LGBTQ* (Lesbian, Gay, Bisexual, Transgender, and Queer) community, gender role stress and re-identification of the cisgender partner's sexual identity have also been discussed, as well as therapeutic approaches that prioritize resilience (Giammattei, 2015; Hendricks & Testa, 2012; Malpas, 2006, 2012; Chapman & Caldwell, 2012). For example, Malpas (2006; 2012) discussed the epistemological evolution of therapeutic approaches for transgender couples – from a pathologizing stance to the recent deconstructive approach that allows for nonbinary flexibility when thinking about gender constructions in relationships, and focusing on the “relational resonance” between the couple and therapist, which is an attunement-based stance that respects client-conceptions of gender and aims to be more affirmative. Also, Hendricks & Testa (2012) supplied an adaptation to the minority stress model to include transgender individuals, and provided mechanisms for helping therapists focus on resilience to negative psychological effects of minority stress.

Chapman and Caldwell (2012) utilized Emotionally Focused Couples Therapy (EFT) as a framework through which to address attachment injuries resulting from relational distress during transition. They posited that coming out disrupts the couple attachment system, thereby temporarily or permanently compromising emotional connection. They asserted that using EFT for injury resolution offers couples the opportunity to cope with ongoing change by remaining emotionally connected "...by the healing and restoration of the interpersonal relationship between the partners...", and as such not defined entirely by the societal rules of relationship (Chapman & Caldwell, 2012, p.48).

Original research in support of trans-including couples is overall lacking in quantity, and has recently begun to prioritize the partnerships of transgender men and either female cisgender partners or sexual minority partners (e.g., Brown, 2010; Meier, et. al., 2013; Joslin-Roher & Wheeler, 2009; Theron & Collier, 2013). Few current studies focus on transgender women and their partners.

Literature gaps. I was only able to find two recent publications that addressed experiences of transgender women and cisgender partners dyadically (Gamarel et al., 2014; Reisner et al., 2014), (where data were collected from both partners). Specifically, these studies have found correlations between relationship quality and stigma and discrimination for both partners (Gamarel et al., 2014), as well as increased odds for illicit drug use (Reisner et al., 2014). These studies provided valuable findings about the health and wellbeing of transgender individuals and couples, but also reflected samples of white individuals and couples, thus limiting the understanding of the racial intersections of minority stress.

While there are some recently published original research studies that addressed the needs of the transgender population (e.g., Amodeo, Vitelli, Scandurra, Picariello & Valerio,

2015; Arayasirikul et al., 2017; Cornelius, & Whitaker-Brown, 2017; Gamarel et al., 2014; Koken et al., 2009; Reisner et al., 2014) there is an even smaller number that focus on romantic partnerships (Moradi et al., 2016). Some studies examined the relationships of transgender individuals but using an individual methodology, so participants were not necessarily referencing their current partnership, but their experiences in the relationship without their partner present, or their experiences with dating/relationships in general (e.g., Platt & Bolland, 2017; Pulice-Farrow, Brown & Galupo, 2017). The exclusion of trans-including couple relationships from the literature limits the clinical understanding of many CFTs and presents the risk of harm to the health and well-being of clients (Addison & Coolhart, 2015; Blumer et al., 2012). Scholars have also argued that the field of couple and family therapy continues to be “trapped” in the binary notions of gender and sexuality, which significantly hinders delivery of mental health care as it is an inaccurate reflection of the needs of the therapy-seeking LGBTQ population (Giammettei, 2015; Addison & Coolhart, 2015).

A minority stress framework has been utilized in research with LGBQ couples to understand the intricate impact of oppression and marginalization on relational quality and equality experiences, (e.g., Balsam & Szymanski, 2005; Horne & Bliss; 2009; Mohr & Daly, 2008; Rostosky, Riggle, Gray, & Hatton, 2007). However, there are still knowledge gaps related to how trans-including couples cope with relational changes, particularly around their emotional bond and conceptualizations of fairness. The transition process is becoming increasingly understood as an ongoing relational adjustment rather than solely individualized and medicalized (Bigner & Wetchler, 2012). Examining relationship fairness and emotional bond may engage relational therapists in more successfully integrating all aspects of ongoing gender transition. Both Malpas (2012) and Giammettei (2015) discussed the evolution of the couple and family

therapist as a provider for transgender affirmative and inclusive care for couples, including focusing on relational transition with regard to grief, parenting, conflict and commitment, and sexuality. These authors also noted the scarcity of research on the cisgender partners of transgender individuals.

Empirical literature on couple relationships has offered numerous studies on the experiences between cisgender partners in heterosexual relationships (e.g., Umberson, Thomeer & Lodge, 2015; Parker, Johnson & Ketring, 2012). There is also a long history of conceptualizing couple relationship functioning from a romantic attachment theoretical framework, which is also historically based on heterosexual cisgender dyads (e.g., Mohr, Selterman & Fassinger, 2013; Hollist & Miller, 2005; Mondor, McDuff, Lussier & Wright, 2011; Brassard, Péloquin, Depuy, Wright, & Shaver, 2012). Some contextual theory of therapy based researchers have studied couple relationship quality and health by incorporating the concept of relational ethics (loosely defined as *fairness*) (e.g., Gangamma, Bartle-Haring & Glebova, 2012; Gangamma, Bartle-Haring, Holowacz, Hartwell & Glebova, 2015), but these too are reflective of cisgender and heterosexual samples.

To more fully understand how transgender women and their cisgender partners navigate their relationships amidst gender transitions, more dyadic studies are needed to comprehensively understand both partners' experiences in relation to each other as they navigate difficult minority stress experiences. These relationship dynamics may consist of feelings about themselves in relation to the other, how they contract for trust/trustworthiness, commitment, and maintain emotional connection, as these factors are considered to be at the core of partner relationship development (Greenberg & Johnson, 2010; Boszormenyi-Nagy & Krasner, 1986).

In addition to shedding light on the research invisibility of transgender women and their cisgender partners, understanding their relational experiences and applying couple therapy theories (e.g., attachment, contextual theories) could bring much needed clinical attention to a long underserved population. Perhaps most importantly, understanding more about how couples experience fairness and build, maintain, and negotiate their emotional bond may bring acute focus to how and why couples stay together, manage minority stress, and build resiliency.

What has been outlined here is an overview of current knowledge relative to individual and systemic experiences within the transgender community. Gender-based violence and discrimination coincides with what is termed gender minority stress, taken from the minority stress framework initially developed by Meyer (1995; 2003). This framework has been used as a theoretical orientation to a number of research studies, and is also a grounding focus of this study along with attachment and contextual therapy theories, as minority stress may exist within each unique couple relationship, potentially impacting their experiences of emotional bond and fairness. What follows is a description of the research problem and foundation for this study.

Description of the Problem

The literature has recognized that the transgender population and trans women experience oppression and marginalization and are neglected as a community of people by the mental health literature that focuses on the cisgender population (Blumer et al., 2012). Additionally, we know little about how trans-including couples make meaning in their relationships. Historically, mental health literature has focused on cisgender, heterosexual couples, leaving a paucity of research dedicated to understanding the transgender community, their struggles with minority stress and marginalization, and their stories about building resilience. The goal of this study was to bring attention and new awareness to this population and to help better inform therapeutic

approaches. My goal was also to expand overall knowledge and support for affirmative and inclusive mental health services, particularly couples therapy.

Purpose of the Study

In the literature to-date, there has been a predominate focus on risks within the transgender population, as well as pathology such as negative mental health outcomes (e.g., Arayasirikul et al., 2017; Gamarel et al., 2014; James et al., 2016). While negative effects of minority stress and the physical safety of transgender individuals and trans women should not be minimized, the preponderance of literature on negative impacts can also be considered pathologizing. This study sought to understand the lived experiences of relational dynamics of emotional bond and fairness within the context of minority stress in trans-including couples.

As will be discussed further in the methodology chapter, I have formulated my research question after careful reflection on my role as a mental health practitioner and researcher in the transgender community, as well as a consideration of the passion I have for supporting the community. This research explored the experiences of emotional bonding and fairness between couples where one partner identifies as a transgender woman and the other a cisgender person. The goal was to examine in its entirety a vivid and comprehensive description of these experiences (Moustakas, 1994). An Interpretative Phenomenological Analysis (IPA) methodology (Moustakas, 1994; Smith, Flowers, & Larkin, 2009; Vagle, 2018) was used to answer the research question: What are the experiences of emotional bond and fairness between transgender women and their cisgender partners? I wanted to examine how couples conceived of their intimate emotional connections to each other, and how processes related to fairness were understood.

In an IPA investigation the researcher typically has a personal interest in the population and in the research question, and may be “...intimately connected with the phenomenon.” (Moustakas, 1994, pp. 59). It is common within IPA research for the researcher to reflect and understand how their lived experiences are influential to crafting the research, but researchers are also called upon to attempt to account for presuppositions about the lived experiences of their participants in order to truly understand the essence of the experience as it is lived by them (Smith, Flowers, & Larkin, 2009; Vagle, 2018).

The theoretical frameworks of minority stress, romantic attachment (RA), and contextual therapy theory situate and provide context to the research question. These theories are discussed more in-depth in the literature review chapter. These theories and lenses are my context that I use as a clinician and that are informative to me. Some, such as minority stress and romantic attachment, are also connected to the existing literature related to this population (explained further in the literature review chapter). I have situated the research question within a theoretical context as part of my philosophy of IPA, as an approach taken by contemporary phenomenology and IPA researchers (e.g., Dahlberg, 2006; Smith, Flowers, & Larkin, 2009; Vagle, 2018), but also with the acknowledgement that while these are my pre-assumptions about the research question, they are also open to interpretation through the IPA method. They may not, in fact, be how participants conceptualize their relationships. Bringing in my own theories allows me to be transparent about and integrate my research bias while also challenging myself to remain open to the exposure of the phenomenon of study as it is.

In this study, I am situating myself as the primary researcher. In order to uphold the integrity of the research, respect for the transgender community, and to abide by the qualitative

methodology of this study (discussed in the methodology section), I have provided a narrative of my identities and intentions in the “self of the researcher” section that directly follows.

Self of the Researcher

I identify as a white, heterosexual, able-bodied, cisgender female who is partnered by marriage to a cisgender white-Hispanic man (Polish and Spanish, with Spanish culture in the home), who is able-bodied, heterosexual, and was raised Roman Catholic. We are parents to one small child who was assigned male at birth. I grew up and am now consistently middle class, although experienced some financial struggles as I was starting out on my own. I was raised Roman Catholic, and my family is Italian, German, Welsh, Dutch, and Scottish. I do not consider myself religious currently, but my value systems have been informed not just by Catholicism, but by experiences in the Methodist, Jewish, Episcopalian, and Buddhist faith traditions. As a doctoral candidate I am also privileged with regard to my educational status.

I am aware of my privileged identities both as a person and as a couple and family therapist and actively work to stay aware and culturally humble. I am an outsider to the transgender population, and the population of trans-including couples. However, as a woman I can identify with some experiences of marginalization socially and vocationally. As someone who has encountered repetitive, sometimes extreme forms of bullying and sexism, I can identify with the intense feelings of being dismissed, disrespected, and humiliated, as well as the impact those feelings can have on one’s self concept. While in no way do I desire or intend to make direct comparisons between my experience and one who is marginalized by race, class, religion, ability or sexuality, it is the connection to my own experience as a woman who has and does experience sexism, and my sense of humanity that in large part mobilizes my work with and affinity towards the transgender, genderqueer, and overall LGBTQ populations. I bring to my

work sensitivity to the seriousness of minority stress (a concept discussed in the background section) and the gravity of the pain it causes.

My personal connection to the LGBTQ community developed in adolescence through friendships; witnessing and holding the pain of people I cared about as they struggled with acceptance and support. I also hold a personal belief in honoring others' authentic selves, and supporting voices that need to be heard, not dismissed. These connections and beliefs have fueled a sense of protectiveness and the drive to be an ally. As someone who stayed relatively silent throughout my own experiences and who has wished many times for a peer ally, I feel strongly about not staying silent or allowing others to feel silenced or rejected. LGBTQ individuals are continuously faced with unjust vulnerabilities and prejudices and hateful rejection. What is all too frequently forgotten is the notion that all humans desire and deserve to be loved, accepted, healthy, and happy as they are.

My experiences described above have shaped not only my personhood but my identity as an affirmative-feminist therapist who is strongly engaged with self-work. As West and Zimmerman (1987) stated, we cannot not "do" our genders. I believe that gender is plural, fluid, and does not exist apart from broader social contexts and models for gender. Therefore, the socially and relationally constructed gender binary biases that permeate client systems in the therapy room are things that I cannot ignore because I too exist within a gendered context (Knudson-Martin, 2008). I conceptualize identity as intersectional; never one-dimensional but always constituted holistically, always existing on multiple relational levels, within multiple marginalized identities, and subject to relational power dynamics (Shields, 2008). I believe that without addressing intersectionality, therapists who hold multiple privileged identities participate in clinical practice which is still "resting on normative concepts" (Dickerson, 2014, p. 402).

Therefore, in this writing, the frameworks discussed in the literature review will be thought of as relational and intersectional. A relational intersectional lens incorporates the complex intersections of identities that exist within transgender and queer relationships, particularly since gender minority stress has a cross-over effect into the partnership (Gamarel et al., 2014). Gender minority stress is not experienced as singularly related to gender but compounded by other complex and specific identities, which must be relationally negotiated on an ongoing basis (e.g., race, class, ethnicity, religion, etc.) (Addison & Coolhart, 2015).

As a researcher I identify as a critical theorist, one who challenges and considers how truth is constructed and the power structures that facilitate it. In order to deconstruct systems of power and domination, identities are understood as having an overlapping, combined influence on one's experience of marginalization (Andersen & Collins, 2016; Baca Zinn & Thornton Dill, 1996; Dee Watts-Jones, 2010). Therefore, I focus on intersectionality, but in addition to it, I highlight gender specifically as flexible, negotiated, and capable of being "bended" (Burdge, 2007). I also critically analyze how the gender binary social context may influence research participants and how both the gender binary and heterosexism/heteronormativity may have impacted their experiences in the world and in relationships.

I have provided background on my identities in this section in order to situate myself as a researcher who is an outsider to the transgender population and who is not partnered with someone who is transgender. Nonetheless, my clinical and educational identities, commitment to advocacy and personal connection to this population are what drive my passion for this study.

In this introduction, I have outlined the arguments for examining the experiences of couples of trans women and their cisgender partners. I have also included an overview of the terminology and existing understanding relative to the individual and systemic experiences of the

transgender community. Gender-based violence and discrimination coincides with what is termed gender minority stress, taken from the minority stress framework initially developed by Meyer (1995; 2003). This framework has been used a grounding focus of this study, (along with attachment and contextual theories) as minority stress exists within each unique couple relationship, potentially impacting their experiences of emotional bond and fairness. In the literature review that follows, I discuss literature related to transgender individuals, trans women, and couples with transgender partners. I also provide a review of research studies that explore each of the theories influential to the research question: minority stress, romantic attachment (emotional bond), and contextual theory (fairness).

Chapter Two

Literature Review

Provided here is an overview of research on transgender identity, transgender women and couples with transgender partners, minority stress research, and dyadic studies on romantic attachment and contextual theories. In order to provide connections between minority stress theory and many of the research articles related to the transgender and LGBTQ populations, a minority stress theoretical section is provided first, followed by sections on transgender identity and experiences of transgender women. Concluding sections in this review set up the problem formulation and research question.

Minority Stress Theory

Minority stress, as originally defined by Meyer (1995; 2003), is excess stress that individuals experience from belonging to stigmatized social identities, and includes: the occurrence of a prejudice event or experiences of discrimination, and subsequent expectations of being rejected, attempts to conceal identity, experiences of internalized homophobia, and coping strategies (Meyer, 2003; Rostosky et al., 2007). Experiences of minority stress have also been linked to a higher prevalence of mental health issues (Meyer, 2003). Transgender individuals and transgender individuals of color in particular, are more vulnerable to gender minority stress which is often compounded by minority stress experienced due to other intersecting marginalized identities such as race, sexuality, class, religion, ability, etc.

Meyer (1995) discussed minority stress as “psychosocial stress derived from minority status” (p. 38). This stress results from direct stigmatizing events in the individual’s environment as well as the individual’s experience in oppressive society. Meyer hypothesized that there are three ways in which gay men are subjected to minority stress: 1) actual prejudicial events that cause the individual stress, 2) anticipation/expectation of rejection or stressful event

that causes vigilance, and 3) internalized homophobia, which can be continuously injurious throughout an LGB person's life. In 2003, Meyer followed up this initial work by delineating the connection between minority stress processes for LGB populations and the resulting prevalence of mental health disorders. Meyer depicted a model of the general stressors of environmental circumstances, and the proximal (i.e., internalized within self) and distal (i.e., environmental) minority stress processes due to other minority identities (race, gender, sexual orientation), with either positive or negative mental health outcomes. In a third article, Meyer (2015) importantly noted positive coping, access to community support and validation as protective factors from adverse mental health outcomes. However, in the 2015 article Meyer discussed a continuum of resilience from individual to community-based, and did not discuss the couple relationship or bond in romantic relationships as a source for generating resilience.

Overall the minority stress framework brings distinction and clarity to the seriousness and pervasiveness of exposure to ongoing stigmatization, as well as to the parallels for the transgender community, who are subjected to the same processes. However, the framework has been critiqued by scholars for being additive instead of integrative of all dimensions of identity that also interact with one's partner (Addison & Coolhart, 2015). Addison & Coolhart (2015) also noted that some articles use the term minority stress as a catch-all phrase for describing the experiences of queer couples, thus leaving current research lacking a relational intersectional lens, and inaccurately narrowing the scope of queer couples. Therefore, in order to attend to the intersectional nature of minority stress, many of the articles selected in this literature review on transgender women and trans-including couples (for instance, Arayasirikul et al., 2017; Gamarel et al., 2014; Koken et al., 2009; Kussin-Shoptaw et al., 2017, and Reisner et al., 2014) are also attentive to other aspects of identity (e.g., race, socio-economic status).

It should be noted, however, that one article to-date (Hendricks & Testa, 2012) has adapted the minority stress model for work with transgender and gender nonconforming and diverse/expansive clients. This framework offers an overview of transgender identity, minority stressors encountered (victimization, harassment, rejection, internalized transphobia, mental health issues), minority stress and suicide risk, and then provides clinicians with recommendations for increasing competence with the trans community. While this article does a fine job with expanding the minority stress model to include the unique and markedly higher risk experiences that the transgender community faces, it does not explicitly note intersectional identities that are factors of minority stress for this population. While this article appropriately focused on the severity of suicide risk, severe mental health issues, and the need for clinicians to understand nonbinary identities, it would benefit from broadening the picture of the minority stress experience to include race/ethnicity, ability level, religion, socio-economic status, etc., that are also highly impactful to transgender individuals.

The minority stress model has been connected to the psychological well-being of transgender individuals. Meyer (2015) acknowledged that although the minority stress model was originally developed within the context of sexual identity minority stress, it also applies to similar implications for gender minority stress. The psychological impact of minority stress on the transgender community is also documented in national surveys. The next section is a review of the most recent national discrimination survey for transgender and gender non-conforming individuals. This is followed by sections on transgender women and trans women and their cisgender partners.

National survey of transgender experiences. The “2015 U.S. Transgender Survey” (James et al., 2016) included a sample of 27,715 adults ages 18 and older identifying as

transgender, trans, genderqueer, and nonbinary from all 50 states, United States military bases overseas, Washington D.C., American Samoa, Guam, and Puerto Rico. The survey results indicated high rates of harassment, suicidality, violence and hardship compared to the general population. Forty six percent reported being verbally harassed in the last year due to their transgender identity, and 47% reported surviving sexual assault within their lifetime. Among those who were out to their families, 10% reported being victimized by family violence. While therapists and experts are well aware of suicidality within this population, 40% of this sample reported a lifetime suicide attempt and 39% reported serious psychological distress within the month prior to taking the survey, emphasizing the need for affirmative and skilled mental health treatment.

Homelessness, poverty, job discrimination and transphobia within the medical community are also common experiences for transgender individuals. Within this sample, 29% were living in poverty, with the unemployment rate three times higher than the national rate. About 30% had also been homeless at some point in their lives, and 12% reported being homeless within the last year because of their transgender identity. Roughly 30% of these respondents had been fired, harassed (including sexually), mistreated or denied a promotion within the last year because of their transgender status. Unfortunately, the health care system does not provide a respite from discrimination and harassment for these individuals, as 33% who saw a health care provider in the last year reported at least one negative experience (i.e., harassment or refusal of treatment) and many (roughly 23%-33%) were either afraid to seek health care for fear of being harassed or mistreated, or could not afford health care. With regard to health issues and HIV status, transgender women had higher rates of HIV (3.4%), and 19% of Black transgender women surveyed were HIV positive.

Within the educational system, among those who were out in grades K-12, a distressing 77% had been mistreated at school (i.e. bullying and sexual harassment), 54% had been verbally harassed, and 52% were not allowed to express their gender identities. Physical attacks were common for 24% of respondents and 36% were disciplined for fighting back against bullies. Mistreatment was so severe for some that 17% reported leaving school.

Experiences of mistreatment, high risk for violence and hate crimes was pervasive across this sample. At the New York State level, rates of violence and discrimination mirrored the national levels. With 74% experiencing harassment in school, 21% have been homeless at some point in their lives, 37% were living in poverty, and 26% had experienced workplace discrimination within the last year. A large portion of New York State respondents (40%) reported serious psychological distress within a month of taking the survey.

These statistics highlight the fact that the transgender population is vulnerable to both overt marginalization as well as acts of microaggressions, which are routine behaviors or messages that communicate negativity (Sue, et al., 2010). The term “microaggression” was originally coined by Harvard psychiatrist Dr. Chester Pierce in 1970 to reflect racism, it also applies to other marginalized groups. Sue (2010) noted three types of microaggressions: microassaults (explicit derogatory behavior), microinsults (rude, insensitive communications that are demeaning), and microinvalidations (e.g., exclusions that dismiss the reality of a person). Microaggressions can be experienced by anyone in a marginalized population, regardless of identity and their intersections.

Even though the body of research is growing, there is not much literature examining resiliencies and positive aspects of the transgender population, and most research does not distinguish between the LGB community and transgender individuals (Nadal, Whitman, Davis,

Erazo, & Davidoff, 2016). The misalignment between the mental health literature and the pervasiveness of the known violence, harassment, minority stress and microaggressions experienced by the transgender population continues to marginalize them and presents a large learning gap needing to be addressed.

The findings discussed in this section underscore the effect that gender-based discrimination, bullying, and violence have on both adolescents and adults relative to their mental health and social welfare. Gender-based marginalization has lasting negative outcomes for the transgender community and is a serious mental health problem. The connection between gender-based violence and suicide attempts has been supported by Goldblum et al. (2012) who looked at a sample of 290 transgender individuals in Virginia and found that those who experienced gender-based violence in high school were four times more likely to have a suicide attempt. Additionally, Nuttbrock et al., (2010) longitudinally assessed the impact of both psychological and physical gender-related abuse on depression and suicidality in a sample of 571 trans women, and discovered a strong impact of both types of abuse on depression during adolescence. Suicidality was observed consistently throughout the life course. While these figures underscore the increased vulnerability of the transgender population in general studies have also documented additional stressors of transgender individuals who also identify with racial/ethnic minority groups (e.g., Arayasirikul et al. 2017; Kussin-Shoptaw et al., 2017; Koken et al., 2009), thus highlighting the importance of recognizing intersectionality at the core of their experiences. In the section below, experiences of trans women are highlighted in greater depth, including articles that focus on trans women of color.

Experiences of transgender women. For those who identify as transgender, internalized transphobia and discrimination may become organizing features of the human

experience (Giammattei, 2015). While some of the literature on transgender women has been explicitly informed by the minority stress framework as theoretical background, (e.g., Arayasirikul et al., 2017 discussed in this section; Gamarel et al., 2014; Reisner et al., 2014 discussed in the next section), only some studies incorporate intersectionality as a key part of it. Below are a few articles that examine the effects and complex experiences of transphobia, abuse, and minority stress in samples of trans women of color.

Arayasirikul et al. (2017) assessed the relationship between transphobia against trans women of color and binge drinking and risky sexual behaviors. The authors collected data from 149 HIV negative trans women in San Francisco, and asked distal and proximal gender minority stress dichotomous questions as well as questions about condomless receptive anal intercourse and binge drinking within the last 6 months. Univariate and bivariate analyses and regression models revealed that high levels of transphobic experiences were associated with recent binge drinking (almost 4 fold greater odds of engaging in binge drinking). Trans women of color also had 3 fold greater odds of engaging in condomless anal intercourse.

A history of physical and sexual abuse has also been shown to have an impact on the mental health of trans women, particularly those of color. Kussin-Shoptaw et al. (2017) examined a clinical sample of urban transgender women, 33.3% of them African American/Black and 24.2% Hispanic/Latina, for lifetime reported physical and sexual abuse and symptoms of psychological and emotional distress. Many within this sample were also HIV-positive. Using the Brief Symptom Inventory (BSI) and the Addiction Severity Index (ASI), the authors assessed prior abuse and current symptom complaints. Results suggested that there was a distinct relationship between past abuse and a variety of symptoms such as paranoid ideation, phobic anxiety, obsessive compulsive disorder, interpersonal sensitivity, and anxiety. This

sample exhibited symptoms significantly more severe than cisgender in-patient populations. Therefore, prior physical and sexual abuse was highly indicative of increased psychological and emotional distress across a variety of symptom domains.

Koken et al. (2009) conducted a qualitative study guided by parental acceptance-rejection theory (PAR) with 20 trans women of color. PAR theory (Rohner, Khaleque, & Cournoyer, 2004) supports a significant impact of childhood experiences of rejection on adult life. The sample was almost equally divided between Latina and African American trans women. Using semi-structured interviews, the authors sought to explore trans women's perceptions of their family relationships and experiences. Analysis involved using the PAR theoretical framework as a guide, and coding the interviews for themes regarding warmth, hostility, indifference and undifferentiated rejection. Analysis yielded information about the frequency of verbal and physical abuse trans women experienced by family members upon disclosure of identity. Findings also suggested that many within the sample reported being rejected by one parent and accepted by the other. Some also perceived themselves as being unloved or unlovable due to undifferentiated rejection (such as neglect). Many were also forced to leave their homes upon disclosure. This study shed light on the intersectional experiences of trans women of color in terms of race, gender and religion, with some participants reflecting traditional religious beliefs that influenced their family's negative reactions, as well as some worries about being a *double* [emphasis added] minority.

In a nursing article, Cornelius & Whitaker-Brown (2017) used relational cultural theory (Miller & Stiver, 1997) as well as intersectionality to guide their qualitative study. Relational cultural theory is based on five good things that develop from fostering relationships. These authors sought to understand processes by which African American transgender women develop

relationships in society and within the healthcare industry. The authors used semi-structured interviews with a sample of 15 African American trans women in North Carolina. Interview questions served to uncover relationship process with significant others, organizations and society as a whole. Results indicated complex experiences with multiple marginalized identities as the majority of the sample were low socio-economic status, and experienced bullying and discrimination in school and within their families because of their gender and religious beliefs (for some). Many were exposed to crime, violence and homelessness, lack of job security and inability to complete an education. As a result of this minority stress, many turned to drugs and unsafe sexual practices. Many also reported embarrassing and humiliating experiences with nurses and healthcare providers. This article called attention to the strong discriminatory practices established by social structure and the imbalances experienced by participants as the result of their intersectional identities. This article also suggested changes in policies for healthcare providers to eliminate discrimination in doctor's offices.

When a transgender individual partners with a cisgender person, there can be a cross-over effect of minority stress into the relationship and onto the partner (Gamarel et al., 2014; Reisner, et al., 2014). In other words, the partner may feel the residual effects and stress of the discrimination of the transgender partner, and also experiences it first-hand. The section below reviews the dyadic experiences of minority stress and relationship quality among trans women and their cisgender partners.

Dyadic experiences of transgender women and their partners. Stigmas associated with minority stress and experiences of marginalization are felt not only by the individual experiencing it but also within the context of a romantic partnership (Gamarel et al., 2014). As noted previously, there is limited empirical exploration of the partner experiences of trans

women and cisgender couples to-date, although a couple of articles have studied the dyadic effects of gender minority stress on trans women and their partners (Gamarel et al., 2014; Reisner et al., 2014). These two articles also reported stronger representation of transgender women of color who were also experiencing economic marginalization. Trans-including couples and transgender women themselves cope with depression, financial difficulties and lower relationship quality frequently (Gamarel et al., 2014), which can also lead to drug use, health issues, and HIV-risk sexual behaviors (Reisner et al., 2014). Below is a review of these articles.

Gamarel et al. (2014) used actor-partner interdependence models and a dyadic design consisting of a sample of 191 couples of trans women and cisgender male partners. Additionally, 79.1% of this sample self-identified as a racial/ethnic minority. The authors sought to understand how minority stress impacted both relationship quality and mental health for both partners. The authors hypothesized that greater exposure to transgender-related discrimination, stigma, and financial hardship would be associated with greater odds of depressive symptoms and lower relationship quality scores at both individual and partner levels. Instruments used to measure the variables included general demographics (including HIV status), the 20-item Center for Epidemiologic Studies Depression Scale, a modified Dyadic Adjustment Scale, an adapted version of the Everyday Discrimination Scale and a relationship stigma scale developed by the research team. Dyadic data analysis utilized the Actor-Partner Interdependence Model (Cook & Kenny, 2005). Results indicated support for application of the minority stress framework to couple relationships of transgender women and their male cisgender partners. Findings suggested that transgender-related discrimination, financial hardship, and relationship stigma were associated with lower relationship quality. These experiences also increased the odds of depressive symptoms for both partners.

Reisner et al. (2014) also used dyadic data collection and analysis to determine the effects of gender minority stress on substance use behaviors in a sample of 191 couples of transgender women and their cisgender male partners. The authors collected data using the following measures: demographics (including HIV status), yes/no questions regarding illicit drug use in the past 30 days, the Everyday Discrimination Scale to assess transgender-related discrimination, and the Center for Epidemiologic Studies Depression Scale. The Actor-Partner Interdependence Model (Kenny et al., 2006) was the method of data analysis. The key finding of this study was an increased odds of past 30-day illicit drug use for transgender women but not for male partners. There were no significant partner effects for discrimination experienced by transgender women. This suggests that transgender women have a unique and independent experience of gender minority stress. As this is perhaps the first and only study examining transgender women/cisgender male partnerships and substance abuse, the authors proposed more dyadic research to better understand the true relational experience of gender related discrimination on influences on relational quality and connection. Finally, the authors found financial hardship to be strongly associated with substance use and therefore a key factor in grasping the true intersectional experience of minority stress.

Relationally, trans-including partner relationships are complex with regard to the host of considerations needing to be addressed (e.g., when and how disclosure is made, reaction of disclosure, impact of daily minority stressors, acceptance of identity, negotiation of sexual identity, feelings of confusion, betrayal, internalized transphobia, etc.). Yet, very little research actually speaks to the unique relational decisions and experiences of those in trans-including partnerships (Moradi et al. 2016; Platt & Bolland, 2017; Pulice-Farrow et al., 2017). Thus far, the limited number of studies reveals mixed insights. On the one hand, relationships that are

successful through transition provide buffers for anxiety and depression (Meier et al., 2013), on the other hand, some transgender partners experience rejection and microaggressions from their significant others (Platt & Bolland, 2017; Pulice-Farrow et al., 2017).

Unfortunately, even romantic relationships are not safe havens from microaggressions for transgender individuals. Microaggressions are brief or routine behavioral or verbal actions that communicate negative messages to minority communities (Pulice-Farrow, Brown, & Galupo, 2017; Sue, 2010). In a large online thematic analysis study (n=233), Pulice-Farrow et al., (2017) asked trans individuals who were in a romantic relationship and out to their partners a series of open-ended questions related to categories of microaggressions. Participants were asked to give examples of such instances in their romantic relationships. Results suggested four themes: minimizing identity, gendered expectations, public negotiation of transgender identity and relationship, and relationship trajectories. These experiences were both hurtful to the participants and also directed how the relationship was negotiated and influenced by the gender binary. While this study helped focus attention on how transgender individuals experience minority stress and cisgenderism in their closest relationships and helped to categorize those microaggressions, it did not offer differences between gender identities (nonbinary, trans men trans women). Most of the sample was also younger than 30 years old.

In another study, Platt & Bolland (2017) used phenomenology to investigate the relationships of 38 transgender individuals (21 trans women, 17 trans men). Their goal was to understand unique elements of the partnering experience. Participants were interviewed individually and some questions focused on wants/needs for future relationships. Results centered around relationship elements that were challenges to partnering as well as priorities for the health and well-being of the trans person in the relationship. Main challenges that

participants noted were: the oppressive gender binary system, coming out and disclosure decision, emotional and physical sexuality concerns, healthy relationships are work, and living an authentic life. This study, although limited by its individual methodology, presents a cohesive picture of the importance of supportive romantic bonds, and the unique concerns around disclosure and negotiation of the relationship transition, the risk and presence of microaggressions in relationships, and the benefits of having a healthy relationship and living an authentic life.

Finally, research literature is trending towards understanding resiliency factors for transgender individuals who are in healthy, supportive partnerships. In an online quantitative study of 593 trans men, Meier et al. (2013) investigated the prevalence of romantic relationships across this large international sample, as well as symptoms of anxiety and depression. These authors also sought to examine rates of relationships that stayed together during transition, and the perceived support of the relationship on the mental health of the trans men. Results suggested that among the relationships that maintained during and after transition (about half the sample), social support buffered both depression and anxiety, and the perceived quality of the partner's support was more important than being in a relationship in general. This study highlighted the fact that successful relationships are possible through transition, and the social and emotional support provided by a partner is integral to the transgender person's mental well-being, and even buffering of minority stress.

More interesting findings about trans women and the buffering effects of their relationships have recently emerged. Liu and Wilkinson (2017) integrated minority stress theory and perspectives on advantages of being married to understand gender minority stress at work, with family, in health care and public accommodations for a large sample of transgender

individuals (n=4,286) across the United States. The authors used data from the National Transgender Discrimination Survey from 2008 and 2009 and through descriptive and regression analyses found that married transgender participants, particularly transgender women, experienced lower levels of perceived discrimination. Perceived discrimination was also higher overall for transgender women in the sample versus transgender men. It is important to note that these findings should be considered within the context of financial support and economic resources. Those participants who experienced less discrimination and were married also had a financial privilege by selecting into marriage (i.e., higher median incomes), and had more health insurance coverage (91% of married trans women).

Platt (2018) offered a quantitative study about predictors of relationship commitment for cisgender female partners of transgender individuals. In a sample of 138 cisgender female partners of those with a wide range of gender identity labels, the author collected information about investment in the relationship, measures of resilience and coping, gender role beliefs, attitudes toward divorce, and demographics. Over half of this sample had no knowledge of their partner's gender identity at the beginning of the relationship. Bivariate correlations and a linear regression analysis suggested that length of time in the relationship prior to transition and one's level of personal resilience were significantly related to relationship commitment. Satisfaction in the relationship was a mediator to predicting commitment to the relationship. In other words, the longer the relationship at the time of gender transition, participants reported less satisfaction and reduced commitment to the relationship. However, the more personal resilience reported by female partners, the higher their relationship satisfaction and greater commitment was reported. These findings suggest that the level of transition adjustment to the relationship is perhaps greater for those in longer term relationships prior to disclosure.

Finally, Alegría (2010) conducted a qualitative study investigating the sustaining relational dynamics of transgender women and cisgender female partners. Using semi-structured questionnaires to understand relationship challenges and maintenance activities, the author found three primary challenges to the relationships in the context of society: sexual identity and relationship uncertainty, transition decision making, and public presentation. Maintenance activities included: communication, self-talk, social networks, positivity, impression management, and social activism. While these findings could be considered slightly dated given when the study was conducted, they offered important considerations when conceptualizing what makes a successful relationship during and after disclosure and transition.

As explored in this section, the minority stress framework has been utilized in a variety of both quantitative and qualitative studies in order to understand the impact of stigma and discrimination on both individuals and couples of diverse gender identities. It has also been used as a framework for understanding LGBQ couples, as highlighted in the next section. The rationale for the inclusion of LGBQ couples is that to-date there is still a limited amount of research on trans-including couples. Additionally, the experiences of LGBQ couples, while not to be conflated with gender minority stress (with the exception of those that also identify as gender diverse) can also be applicable minority stress experiences (e.g., rejection, stigma, harassment, leading to concealment, depression, anxiety, etc.) and coping strategies (e.g., support-seeking, relationship negotiation, personal meaning making, etc.). More is outlined below.

Minority Stress and LGBQ Couples

The minority stress theory/framework has been utilized in a variety of both quantitative and qualitative studies in order to understand the impact of stigma and discrimination on both individuals and couples. For some LGBQ couples, the experiences of minority stress have been shown to have a negative effect on relationship satisfaction (Mohr & Daly, 2008), internalized homophobia and violence (Balsam & Szymanski, 2005). However, a variety of coping strategies have also been identified, including communication, flexibility, and relationship negotiation, support-seeking and meaning making (Buxton, 2004; Rostosky, Riggle, Savage, & Singletary, 2008).

LGBQ couples. LGBQ couples are subjected to minority stress and discriminatory experiences that in turn impact their relationship quality, levels of internalized homophobia and even contribute to intimate partner violence (Balsam & Szymanski, 2005). Research suggests that minority stress can have a negative impact on relationship attractions and satisfaction (Mohr & Daly, 2008). Societal and cultural stigmatization have become a part of the relationship narrative, and experiences of rejection or anticipation of rejection can lead to relationship concealment or internalized homophobia toward self and other (Rostosky et al., 2007).

The minority stress framework has been used by researchers to locate the experiences of LGBQ couples within resulting behaviors such as reframing negative experiences, relationship concealment, social support creation and self and partner affirmations (Rostosky, Riggle, Dudley, & Wright, 2006; Rostosky et al., 2007; Rostosky et al., 2008). While minority stress within the LGBQ population has been studied in individual and systemic contexts, not many studies have examined these experiences qualitatively (Rostosky et al., 2007). A couple of examples include a qualitative examination of interracial same-sex couples and their perceptions

of stress and coping (Rostosky et al., 2008), and an analysis of same-sex couples' conversations about commitment (Rostosky et al., 2006). These studies are outlined below.

Rostosky et al., (2006) investigated how same-sex couples negotiate commitment and challenges to establishing commitment (such as lack of social and institutional support). These authors qualitatively analyzed the conversations of 14 same-sex couples (split evenly between cisgender male and female couples). Using a Consensual Qualitative Research (CQR) method, (Hill, Williams, Thompson, 1997; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005) and list of discussion questions, the authors analyzed the independent conversation transcripts of the participants using start domains of: comparisons, costs, intra-couple differences, investments, personal and relationship values and ideals, rewards, and sexual boundaries, and coded for sub-categories to these domains. What emerged was a complex decision making process that couples understood as a function of matching their values, goals, communication, intimacy, and feelings about disclosure as well as comparisons made with other relationship models. This study supported clinical practice implications for understanding of and sensitivity to the impact of minority stress on same-sex couples as well as the similarities and differences in negotiating relationship commitment versus heterosexual couples.

In another study, Rostosky et al., (2007) sought to understand same-sex couples' responses to minority stressors. Using the Meyer (1995; 2003) framework, and interdependence theory (i.e., social stress experienced by one partner also negatively affects the other) this study again used the Consensual Qualitative Research (CQR) method to analyze couples' independent conversations using a start list of questions and domains or themes for coding the data. The five domains were: "minority stress factors of the experience of discrimination/stigma, anticipated rejection, concealment versus disclosure, internalized homophobia and coping responses"

(Rostosky et al., 2007, p. 393). Forty cisgender same-sex couples were included in the sample. Analysis supported the confirmation that the five factors used for coding are in fact accurate to the participants' experiences with minority stress. This study also brought to light coping tactics such as self-acceptance, reframing, externalizing or ignoring rejecting experiences that couples employ in order to facilitate empowerment in the face of sexual minority stress.

A follow up study to this (Rostosky et al., 2008) sought to examine the intersection of race and sexual minority status. Again using the minority stress framework, the authors assessed the conversation transcripts of 13 same-sex interracial couples using conversation prompts and the CQR method. The majority of the sample was composed of African-American/Black and white couples (n=9), and a few were Asian, South Asian, American Indian (n=2) or Hispanic and white couples (n=2). Results suggested that many couples perceived sexual prejudice to be more impactful and intense than racial discrimination; however, the combination of both types of minority stress affected these couple's relational experiences. Five coping strategies were identified, including: seeking support, meaning-making, humor, problem solving, and avoidance when co-creating their racial and sexual identities. While couples found their relationship quality to be impacted by their minority stress experiences, this study highlights some positive relational dynamics with regard to the coping strategies they developed. The next study explores the effects of minority stress on relationship quality and intimate partner violence (IPV).

Balsam and Szymanski, (2005) took a quantitative approach to looking at the role of minority stress, relationship quality and intimate partner violence in a sample of 272 white lesbian and bisexual women. The purpose of this study was to begin to address the gap in understanding the impact of minority stress experiences on same-sex relationships and domestic violence events. These authors also addressed the intersection of gender and sexual minority

stress. The authors hypothesized that lower degrees of “outness”, higher levels of internalized homophobia and greater experiences of lifetime discrimination would be associated with lower relationship quality and higher lifetime and recent levels of victimization or perpetration of intimate partner violence. Bivariate and path analyses were conducted, and key findings indicated that internalized homophobia was negatively associated with relationship quality, and experiences of discrimination were moderately correlated with lifetime perpetration of intimate partner violence. Internalized homophobia was also associated with lifetime victimization. Therefore, this study concluded that within this sample, minority stress-related variables such as internalized homophobia predicted intimate partner violence within the past year, which was also fully mediated by relationship quality. Participants with higher internalized homophobia were more likely to have been in or remain in an abusive relationship (poorer relationship quality), and that poorer relationship quality from external experience of minority stress was a strong predictor of domestic violence. This study highlighted the effects of internalized homophobia on the risks of IPV, particularly in a sample that may be coping with both gender and sexual identity minority stress. The next study examined same-sex dating relationships and the effects of minority stress on commitment.

Mohr and Daly (2008), in a sample of 51 LGB individual college students who were in a same-sex dating relationship, examined links between minority stress and change in predictors of relationship commitment. Specifically, the authors looked at what they termed “internalized homonegativity” (i.e., homophobia) and self-concealment as minority stress variables and constraints (i.e., factors that keep someone from leaving a relationship), attractions and satisfaction as the predictors of commitment. Study participants completed two questionnaires six weeks apart; the Multidimensional Determinants of Relationship Commitment Inventory and

the Lesbian, Gay and Bisexual Identity Scale. They also assessed global relationship satisfaction using the three-item Kansas Marital Satisfaction Scale. Hierarchical multiple regression analyses were conducted. Results suggested that initially, internalized homophobia was associated with lower relationship attraction and satisfaction but not constraints across the six week time period. Self-concealment was not related to changes in the relationship variables (constraints, attractions, satisfaction). Internalized homophobia was also not a significant predictor of change in constraints. Therefore, although internalized homophobia initially affected relationship quality, self-concealment did not. The authors also found that this sample of same-sex individuals was just as satisfied in their relationships, suggesting high levels of resiliency. It is important to note, however, that the authors did not control any of the results for race, gender, or sexual orientation.

A critique that is important to mention of the articles listed above (Balsam & Szymanski, 2005; Mohr & Daly 2008) is that bisexual individuals have been grouped within lesbian and gay samples, which complicates the picture of a same-sex partnership, since bisexual individuals may also be in different gender partnerships. These authors did not discuss the differences in how minority stress may have a different effect on these individuals and their relationships as the stigma of bisexuality is different from a lesbian or gay identity (e.g., the social stigma associated with experiencing both heterosexual and same-sex relationships, whereas gay and lesbian individuals do not experience this). Bisexual individuals may be perceived as heterosexual but also have heteronormativity normed on them within society. Mohr and Daly (2008) did not discuss the differences and nuances of the bisexual experience in either discussion or limitations of their studies. Balsam and Szymanski (2005) completed one additional analysis for the bisexual women in their study and found a higher rate of aggression towards a female partner than lesbian women. Additionally, Balsam and Szymanski (2005) used the Revised Dyadic

Adjustment Scale which was developed with the heterosexual population in mind. However, these authors did attempt to nuance the differences between bisexual and lesbian women in their analyses, and discussed unique stressors facing bisexual women as well as tensions between bisexual and lesbian communities.

Mixed orientation couples. Some scholars have also focused on queer or mixed orientation couples (i.e., partners of differing sexual orientations or sexual attractions such as bisexual and gay or lesbian, or heterosexual and bisexual) with regard to resiliency and coping strategies when dealing with coming out and marriage/relationship redefining (Buxton, 2004; Kays & Yarhouse, 2010). In their review article, Kays & Yarhouse (2010) stated that despite the majority of couples who do not remain together after disclosure there are a number of factors that mixed orientation couples employ that determine long-term relationship success. A few of these include: “negotiation, flexibility, cohesion, commitment, and communication” (Kays & Yarhouse, 2010, p.338-339).

In a qualitative study of mixed orientation married couples, Buxton (2004) used a content analysis approach to understand common strategies, supports and potential deterrents to staying married. In a sample of 40 bisexual wives, 47 lesbian wives, 27 heterosexual husbands of bisexual women, and 22 husbands of lesbian women, the author attempted to discover how couples re-configured their marriages post-disclosure through questionnaires of open-ended questions about their coping strategies, and factors that support and/or deter them from staying together. Positive strategies included honest communication, peer support and taking time for each other. Some deterrents included external community or social negativity and problems in their marriages. Despite harsh social and societal circumstances surrounding a couple’s partnership and the relational renegotiation that many face upon coming out, many of these

couples found support and resiliency within their emotional bond, willingness to listen and communicate, and commitment to redefining their relationships.

The LGBQ literature related to romantic partnerships has brought to light the multifaceted effects of minority stress on relationship satisfaction and success, concealment, rejection, etc. What is also interesting, however, is the focus on resilience in these findings. LGBQ couples in these studies outlined positive strategies such as communication, humor, partner support and bond, and flexibility, to name a few. This highlights that even in the face of continual minority stress; romantic partnerships are protective in some way and have the ability to provide support that is greatly needed during distress. While experiences of the transgender population are unique to themselves, information gleaned from the LGBQ research may be helpful and applicable to this research.

One issue worth noting in the overall literature on LGBQ minority stress is that research studies employ community rather than clinical samples, but conceptual articles site clinical case studies (as well as research literature). While this discrepancy is most likely due to the hard to reach nature of these populations and the need for casting a wide net across the community to increase sample sizes, it may also impact our understanding of differences in therapy-seeking individuals and couples. Conceptual papers drawing on clinical experiences focus on navigating issues of grief, loss, identity, sex and sexual orientation, attachment injury, and renegotiation of family structure and support (e.g., Chapman & Caldwell, 2012; Malpas, 2012; Raj, 2008; Samons, 2009). Nevertheless, the studies cited in this section offer a consistent and broad picture of the high costs to health and wellbeing of the constant presence of minority stress factors.

In the next section, the theory of romantic attachment (RA) is explored as conceptualization for what I am referring to as “emotional bond” in this study. The concept of developing an emotional bond with a partner comes directly from romantic attachment theory (Hazan & Shaver, 1987), as emotions organize and influence dyadic actions and meaning (Greenberg & Johnson, 2010). Emotions influence partners’ responses to situations, experiences, and behaviors, which affects how couples establish and maintain their level of emotional bond (Greenberg & Johnson, 2010). An overwhelming number of studies, conceptual and clinical literature have discussed emotional dynamics, bond, and couple relationship appraisals and experiences from a romantic attachment standpoint (e.g., Greenberg & Johnson, 2010; Mikulincer & Shaver, 2005; Mohr et al., 2013; Mondor et al., 2011; also see Rholes & Simpson, (2004) for a review of theory, research, and clinical implications). Schoebi & Randall (2015) discuss many models by which couples appraise and regulate their emotional responses and experiences (e.g., the emotion in relationships model, the risk regulation model, and stress buffering; see Schoebi & Randall, 2015 for review). This study conceptualizes emotional bond in terms of romantic attachment theory, as a starting point for discussion, allowing data analysis and emergent themes to yield differences in language and/or conceptualization of how couples narrate their experiences of emotional bond. What follows is a section on romantic attachment background, and research related to romantic attachment and couple relationships, and transgender identity.

Emotional Bonding and Romantic Attachment

From a theoretical standpoint, research on couple dynamics has largely utilized attachment and romantic attachment frameworks. These theories have provided the foundation from which researchers and clinicians conceptualize relational satisfaction, health and wellbeing, and emotional bonding. Below is a background section on romantic attachment theory, and a summary of research on attachment and transgender identity, and romantic attachment and couple relationships.

Greenberg & Johnson (2010) refer to romantic attachment needs as those that are "...an essential aspect of adulthood and form the core of the emotional bond in close relationships." (p.19). A healthy emotional bond between two adult romantic partners allows them to feel connected and close, as well as be secure and comforting for each other. Couples who are emotionally bonded have a level of care and concern for each other, offer support in times of distress, and are able to balance interdependence effectively (Greenberg & Johnson, 2010). When attachment needs become compromised in a relationship (i.e., partners seek either more closeness or more autonomy), so does the level of emotional bond. Couples become trapped in patterns of interaction that involve protests and proximity-seeking behavior that is often exaggerated and further compromises their emotional bond (Greenberg & Johnson, 2010).

Romantic partners typically come into their relationships already having ways in which they appraise the other's level of romantic availability, responsiveness, and closeness (Mikulincer & Shaver, 2007). These attachment styles are developed first in childhood and then transferred to adult relationships (Mikulincer & Shaver, 2007). Below is a brief background on romantic attachment theory and terminology, followed by relevant research on couple relationships.

Romantic attachment background. Bowlby's (1988) attachment framework of human development conceptualized an attachment figure's level of responsiveness and availability at an infant's time of distress as the basis for attachment security or insecurity. The theory states that repeated actions with caregivers in early childhood determine the development of internal working models of self and other that are transmitted into adult romantic relationships, thus establishing romantic attachment (RA) styles (Hazan & Shaver, 1987; Mikulincer & Shaver, 2005). These internal working models contain views about self and other with regard to self-worth as well as anticipation of the actions of others. Internal working models are essentially a blueprint for interpreting interactions with others and for guiding individuals' cognitive, affective, and behavioral processes (Rholes & Simpson, 2004). They manifest in later adult life as an attachment style that characterizes how romantic partners respond to each other in times of distress or when responsiveness is needed (Nisenbaum & Lopez, 2015).

The strategies used to derive a sense of security to relieve distress are divided into "avoidance" and "anxiety" categories (Mikulincer & Shaver, 2005). Avoidant orientations typically involve not trusting a partner will respond to needs, emotional distance, discomfort with intimacy and need for independence and/or distance (Mikulincer & Shaver, 2005; Nisenbaum & Lopez, 2015). Attachment anxiety is characterized by hypervigilance about the availability of a partner, worries that the partner may not be available, need for reassurance, and doubts about self-worth (Mikulincer & Shaver, 2005; Nisenbaum & Lopez, 2015). Upon an event that activates the attachment system, avoidant individuals will disengage and withdraw, while anxious individuals will cling, or become excessively proximity-seeking (Mikulincer & Shaver, 2005; Nisenbaum & Lopez, 2015). For instance, someone high on attachment anxiety will become hyperactivated if an attachment figure is seen as unreliable or unresponsive. In an

attempt to gain the attachment figure's attention, an attachment-anxious person will exaggerate their distress, vulnerability, dependence and need for care and concern from the attachment figure (Mikulincer & Shaver, 2007). Sometimes, this also results in self-blame for the attachment figure's unresponsiveness, thereby adding to negative self-worth images of the attachment-anxious person. The opposite strategy ensues for an attachment-avoidant person, who in response to an attachment figure's unreliability, will deactivate or shut down closeness in an attempt to gain control, feelings of self-reliance, and psychological distance (Mikulincer & Shaver, 2007). This also means the attachment-avoidant person will deny their own needs and attempt to avoid negative emotional states that would normally transpire from feeling rejected. The goal of the attachment-avoidant person is to maintain a sense of emotional control by not confronting their own or the attachment figure's weaknesses or distress (Mikulincer & Shaver, 2007).

Despite their early origins and maintenance into adulthood, working models are not necessarily stable throughout the life course, and retain some flexibility for change (Davila & Cobb, 2004). What is not clear, however, is whether attachment style makes permanent changes over time or continues to fluctuate. Davila and Cobb (2004) also reported that developmental stages, family adjustments, psychopathology, and major life events all influenced changes in attachment security, but no studies have been able to specifically identify when these changes actually happen, or whether they represent lasting reorganizations.

To summarize, the background literature on romantic attachment (RA) suggests that childhood attachment patterns influence and inform adult romantic attachment orientations, as internal working models are influential and informative to attitudes, expectations, and beliefs about the self and other in relationships. Since the same biological and behavioral attachment

systems are activated throughout the life course (Fraley & Shaver, 2000), working models are malleable to a certain extent, suggesting the ability for attachment style to change over time and in response to significant life events and stressors.

Below is a review section of salient research on RA and couple relationships. While the majority of the literature has been focused on heterosexual couples, those are only briefly covered here, with more attention paid in this section to studies dedicated to transgender individuals and couples and LGBTQ couples. Nonetheless, there is very little literature on romantic attachment and the transgender community.

Using the romantic attachment framework to conceptualize attachment injury, coming out and relational transition with transgender couples is only in its infancy. Some literature has focused on attachment and shame in gender non-conforming (GNC) or gender diverse/expansive children and has both connected and illustrated the complexities of shame-based internal working models of self, gender identity, and attachment difficulties between parents and children (see Wallace & Russell (2013) for a conceptual review). However, only a few scholars have applied attachment theory to adult transgender individuals and couples. These are discussed below.

Adult attachment and transgender identity. From a theoretical standpoint, research has suggested an association between attachment style and feelings about transgender identity. Specifically, secure attachment styles in Italian transgender adults were found to have a significantly positive effect on transgender identity, and insecure attachment style had implications for feelings of shame and hyper focus on passing (Amodeo et al., 2015). Thus, within this sample of individuals, a more supportive and safe attachment experience tended to

ease the social-emotional adjustment of transgender identity development. More on this study is discussed below.

Amodeo et al. (2015) assessed the link between adult attachment and transgender identity in a sample of 48 Italian transgender individuals. Data were collected individually, with a non-probability sample of 25 Italian trans women and 23 Italian trans men who completed the Transgender Identity Survey (Bockting et al., unpublished data, January 2010) and the Attachment Style Questionnaire (Italian version by Fossati et al., 2003). Data were clustered based on attachment style, and bivariate correlation analyses and multiple linear regression analyses were conducted. Although the sample indicated a greater prevalence of secure attachment style, secure attachment significantly influenced positive transgender identity, while insecure styles showed stronger negative transgender identity and internalized transphobia, which influenced shame and investment in passing (as an attempt to avoid being perceived as transgender). Additionally, being included within the insecure attachment cluster became a significant predictor of investment in passing and shame. This research brought to light the need for mental health professionals to focus on the image of one's transgender identity and the impact of shame and internalized transphobia on internal working models.

In their conceptual article, Chapman and Caldwell (2012) addressed attachment injuries within trans-including couples who experienced initial coming out and steps towards transition. The authors connected the romantic attachment theoretical underpinnings of emotionally focused couples therapy (EFT), noting the theory's appropriateness for healing emotional withdrawal, shutdown, betrayal, and sense of insecurity both partners may feel during this time. They noted adaptations and nuances to EFT in terms of how therapists can appropriately and affirmatively conceptualize the term "attachment injury" that takes place upon one partner coming out, as a

systemic upheaval that may be an ongoing source of anxiety. These authors provided steps for integrating the injury, expressing fear and loss, and reengaging the trans-identified partner as a source of comfort and trust. Chapman and Caldwell (2012) also provided a case example and called for additional work to uncover a more specific adaptation of EFT that would effectively serve trans-including couples and be attentive to unique challenges, with the outcome of healing and restoring safe, responsive interpersonal relationships.

The above articles are the only two to-date, to my knowledge, that combine the concepts of attachment and transgender identity. Additional articles are reviewed below that cover romantic attachment and other types of couple relationships. Romantic attachment is a widely researched topic with thirty years of work behind it. The articles selected in the following section focus on same-sex couples, as well as heterosexual couples where scholars have collected and analyzed data dyadically to account for relational experiences between partners.

Research on romantic attachment and couple relationships. Since the initial application of attachment theory to romantic partners (Hazan & Shaver, 1987; 1994), RA has become one of the most widely researched relational processes (Fraley & Shaver, 2000). Currently, it is a major framework through which family therapists study and treat distressed partner relationships (e.g., Emotionally Focused Couples Therapy, Greenberg & Johnson, 2010).

Although not limited to this list, some of the major studies have addressed connections between RA and a wide variety of relational constructs, such as: relationship functioning (Mohr et al., 2013), marital quality in midlife (Hollist & Miller, 2005), reactions to relational events (Mikulincer & Shaver, 2005; Simpson, Rholes & Nelligan, 1992), information seeking about romantic partners (Rholes, Simpson, Tran, Martin & Friedman, 2007), marital dissatisfaction (Mondor et al., 2011), and sexual dissatisfaction (Brassard et al., 2012). Romantic attachment

(particularly anxious styles) has also been associated with relationship functioning and quality (Holland, Fraley, & Roisman, 2012; Hollist & Miller, 2005), relationship satisfaction and depression (Novak, Sandberg & Davis, 2016). There is a limited pool of empirical studies on romantic attachment and same-sex couples, with very few articles using dyadic data collection and analysis. In the next section, two articles using dyadic data and same-sex couples are reviewed.

Romantic attachment and cisgender same-sex couples. Mohr et al., (2013) investigated correlations between RA style and relationship functioning in 274 female same-sex couples, 188 male same-sex couples, 34 individual females and 39 individual males. These authors also assessed gender differences between RA and relationship functioning, as well as the role of secure RA in mitigating the effects of minority stress. Data collection involved paper surveys of the Adult Attachment Scale-Revised, and The Commitment Scale to assess for likelihood of continuing the relationship, and minority stress measures were assessed using the Internalized Homonegativity subscale of the Lesbian and Gay Identity Scale. Analysis involved a multilevel regression to estimate actor and partner effects and to account for nonindependence of the data. Results suggested that cisgender, same-sex couples who were categorized as avoidant or anxious rated their relationships as less positive, and had lower levels of trust and difficulty with communication processes. Also, attachment style did not moderate links between relationship functioning and minority stress. These study results replicated similar findings with cisgender, heterosexual couples related to associations between attachment and relationship functioning.

Cooper, Totenhagen, Curran, Randall, & Smith (2017) wanted to understand individual characteristics that contribute to relational behaviors – specifically how approach and avoidance

or “sacrifice motives” and attachment insecurity predict relationship quality. In a sample of 81 same-sex couples (58 female and 23 male), the authors employed a 14-day diary whereby individuals recorded the sacrifices they made for their partner, what influenced it and the importance of that. Relationship quality was assessed using the Perceived Relationship Quality Component Inventory, and attachment was measured using the Experiences in Close Relationships Short Form. Multilevel modeling was used to test actor-partner interdependence models longitudinally and for indistinguishable dyads. Results suggested that positive daily approach motives were positively associated with relationship quality, and avoidance motives had the opposite effect. However, these results were moderated by attachment avoidance, attachment anxiety, and gender. By gender, avoidance motives were associated with lower relationship quality for men high on attachment insecurity and for women low on attachment insecurity. This suggested that there are nuances to how women and men in same-sex relationships perceive daily approach and avoidance sacrifices, and how they perceive conflict and closeness.

The next section provides a review of romantic attachment articles that utilize dyadic data collection and analysis of cisgender, heterosexual couple experiences (e.g., Brassard et al., 2012; Holland et al., 2012; Mondor et al., 2011; Nisenbaum & Lopez, 2015; Novak et al., 2016; Péloquin, Lafontaine & Brassard, 2011).

Romantic attachment and cisgender, heterosexual couples. While there is a significant amount of literature covering data collected individually, those studies do not take into account the dyadic nature of attachment responses and couple functioning. Therefore, the studies selected in this section are explicitly focused on dyadic data collection and analysis, due to the fact that they are most salient to the research question and methodology of this study.

Nisenbaum & Lopez (2015) examined how attachment orientation influences one's own and one's partner's anger-related behavior, for example, whether one partner's responses to the other's anger predicted the other's tendencies for anger responses. In order to fully consider the relational context within which anger reactivity and responses occur, the authors utilized dyadic data from 97 couples (who had been together for an average of 3.8 years) who completed the following: Experiences in Close Relationships Scale-Short Form, the Behavioral Anger Response Questionnaire, and the Accommodation Scale. Analysis involved an Actor-Partner Interdependence Model using the multilevel linear modeling program in order to test multiple nested levels of the data (individual person as well as dyad). Results indicated that during an experience of anger, those with an avoidant attachment style likely hid their anger whereas anxiously attached individuals used more expressive coping behaviors such as seeking social support outside the relationship. With regard to accommodation behaviors, the authors found that those with higher avoidance scores responded less adaptively to their partner's anger but this was not the case for anxiety. With regard to gender, men's coping behaviors became less constructive as their insecurity increased, whereas women were more accommodative regardless of attachment orientation. Also, surprisingly, there were no partner effects for any of the authors' hypotheses. This could be due to the fact that data were not collected in an observational setting where conflict was induced for the partners. However, this study provides some nuances to understanding how romantic partners respond to and cope with their own and the other's anger based on their attachment styles.

Novak et al. (2016) used a dyadic sample of 104 couples in committed relationships, also in couple therapy. The majority of the sample was also white and religious (LDS). These authors wanted to explore whether relationship satisfaction was associated with how one

perceives partner attachment behaviors (measured as accessibility, responsiveness and engagement) for both women and men. They used the Relationship Satisfaction scale from the RELATE Relationship Evaluation, partner attachment behavior was measured using the Brief Accessibility, Responsiveness and Engagement Scale and depression was measured using the 10-item Center for Epidemiological Studies Depression Short Scale. Using correlation and path analyses, the results suggested that women's satisfaction with their relationship was significantly associated with both partner's perceptions of the other's attachment behaviors. However, men's relationship satisfaction was only indicative of their own perceptions of the partner's behavior. There was also an indirect association pathway between relationship satisfaction for women and both partners' depression, by way of the pathway of women's perception of their own attachment behaviors. Therefore, these results suggest that women's satisfaction may determine or have a role in relationship satisfaction and depression for both partners.

Brassard et al. (2012) investigated links between attachment insecurity and sexual dissatisfaction for couples in couple therapy. The sample consisted of 242 French-speaking couples in Canada, half of which were married and the other half cohabitating. Data was collected using the Experiences in Close Relationships Scale to measure attachment insecurity and the Index of Sexual Satisfaction. Using the Actor-Partner Interdependence Model of dyadic analysis, the authors observed that both types of attachment insecurity predict one's own sexual dissatisfaction. However, there were two partner effects, namely male anxiety predicted female sexual dissatisfaction, and female avoidance predicted male sexual dissatisfaction. Therefore, in this study, attachment insecurity affected both one's own sexual satisfaction as well as their partner's.

Mondor et al. (2011) was one of the first to assess romantic attachment and relationship satisfaction in a clinical dyadic sample of 172 Canadian couples who were either married or cohabitating and together for at least two years. They used the Dyadic Adjustment Scale and the Experiences in Close Relationships Scale as self-report measures. Similar to other studies, the Actor-Partner Interdependence Model was used as the main analysis as well as an analysis with a subset of non-distressed couples for comparison, and understanding whether attachment avoidance or anxiety predicts marital satisfaction. The authors found that in the comparisons between distressed and non-distressed couples, attachment avoidance was more predictive of satisfaction particularly for men. The main analysis suggested that there was a negative impact on satisfaction for those categorized as avoidant (regardless of gender), and a negative impact on satisfaction for women categorized as anxious. The analysis also suggested that the stronger negative impact of avoidance was potentially specific to the distressed couple sub-sample. This study supported the notions that attachment avoidance is a predictor of marital dissatisfaction for therapy-seeking couples.

Simpson, Rholes, and Phillips (1996) explored how dating couples with different attachment styles worked at resolving relationship problems. They videotaped a sample of 123 couples of undergraduate students after individually completing a packet of self-report measures to assess love and commitment and personality traits, also including the Adult Attachment Questionnaire. At a later date, couples were asked to jointly discuss either a minor or a major relationship problem while being videotaped. They were then debriefed individually to assess their levels of distress. All of these responses and the videotapes were coded. A number of analyses were used, such as regression and mediation; however the authors did not analyze the data according to a true dyadic analysis (such as the APIM – Actor-Partner Interdependence

Model), most likely due to the complexities of data collection. Nonetheless, results suggested that men with avoidant orientations were less warm and supportive when discussing a major relationship problem, and ambivalent women were rated as more stressed and anxious.

Lastly, Péroquin et al. (2011) examined attachment insecurity, dyadic empathy and psychological aggression towards a partner in a community sample of 193 couples in Canada. Couples were together at least a year and cohabitating for at least six months. Instruments included a self-report of the Experiences in Close Relationships Scale, the Revised Conflict Tactics Scales, and the Interpersonal Reactivity Index for Couples. Data were analyzed using Structural Equation Modeling to look at the role of partner empathy in the link between romantic attachment and psychological aggression. Results revealed actor effects such that avoidant women and men were less likely to consider a partner's perspective or feel sympathy or concern during a disagreement. Attachment anxiety facilitated qualitative differences in dyadic empathy for women and men. Anxiety was negatively associated with perspective taking for women, and positively associated with empathic concern for men. There was also a positive association between insecure attachment styles and psychological partner aggression. Dyadic empathy, as expected by the authors, was negatively associated with perpetration of psychological partner aggression. Finally, partner effects included men's attachment style predicting their partner's empathy and psychological aggression.

The articles reviewed above involve samples of solely cisgender, heterosexual and mostly married or cohabitating couples, thus severely limiting the picture of the breadth of the role of romantic attachment in relationship functioning, and norming a heterosexual lens onto couples. With regard to other limitations to the current body of romantic attachment literature, little addresses RA and same-sex or transgender-including couples. The majority of both empirical

and conceptual literature focuses on cisgender, heterosexual couples. Further, many of the articles included here examined samples of predominantly white populations, some of mid to high socioeconomic status SES (e.g., Novak et al., 2016). Another noteworthy limitation is the common use of “marriage” as a marker of a romantic relationship. This excludes partners who are in committed relationships, and non-monogamous or polyamorous relationships. It continues a theme of heteronormativity in the CFT literature by using marriage as a legal marker of relationships, which was denied to same-sex couples in the U.S. until 2015. It also contributes to the marginalization and invisibility of same-sex and mixed orientation couples by “norming” marriage as a marker of viability and inclusion in research. This, in turn, continues a theme of heterosexism in the CFT literature. The very limited literature that exists on transgender identity and attachment styles presents opportunities to further understand how trans-including couples make meaning of their romantic attachment experiences and internal working models, as one study (Amodeo, et al., 2015) noted a high prevalence of secure attachment styles in their individually-based sample, while Chapman & Caldwell (2012) focused conceptually on couples’ healing attachment injuries from coming out. More information would help to uncover these complex processes.

The final relational construct that will be examined in this study is that of “fairness”. The concept of fairness is taken directly from contextual theory of therapy (Boszormenyi-Nagy & Krasner, 1986), and will be explained in the section “Fairness and Contextual Theory”. However, while not explicitly utilized to conceptualize fairness in this study, equity theory (Walster, Berscheid, & Walster, 1973), is another way to conceptualize the idea of fairness in couple relationships. Below is a short section highlighting two studies that have incorporated equity theory with romantic attachment theory.

Research on equity and romantic attachment. Equity theory, as defined by Grau and Doll (2003), Horne and Bliss (2009), and Walster et al. (1973), is a ratio that denotes whether an individual is in an over or under-benefitted position in a relationship, based on input versus output. Inputs are typically considered to be daily aspects of household tasks, finances, emotional and personal contributions that are comprised of positive behaviors (own and partner's) and the derived benefit from the input of such behaviors (own and partner's) (Grau & Doll, 2003).

Some research has suggested that heterosexual partners with avoidant styles commit to less give and take and are in over-benefitting positions in their relationships (Grau & Doll, 2003). Horne and Bliss (2009) also found that equality discrepancy in female same-sex couples was associated with both anxious and avoidant attachment and lower relationship satisfaction. Below is an expansion on Horne & Bliss (2009) since their focus on female same-sex couples is more relevant to the nature of the current study.

Horne and Bliss (2009) investigated whether anxious and avoidant attachment style linked with equality discrepancy and satisfaction in same-sex female couples. They hypothesized that anxious and avoidant attachment orientation would mediate equality discrepancy as a factor that predicts relationship satisfaction. They also hypothesized that equality discrepancy would predict anxious and avoidant attachment. Their internet-based study with 79 female, cohabitating same-sex couples (who were primarily white) used the Current Relationship Equality Subscale, the Locke-Wallace Marital Adjustment and Prediction Test, and the Experiences in Close Relationships Scale.

Bivariate correlations, mediational analysis and multiple regression analyses suggested that equality discrepancy was associated with both anxious and avoidant attachment and

relationship satisfaction. The greater the discrepancy, the less satisfied partners were and the more they “felt” an anxious or avoidant attachment. This study highlights the importance of the experience of equality for women in same-sex partnerships, and provides useful insight into romantic attachment orientation in these relationships, as well as clinical implications for therapists to not assume that female same-sex relationships are inherently equal, and to explore more qualitatively the meaning of this construct for this population.

Using equity theory to understand experiences of fairness between couples is one way to be thinking about the complexities of dyadic exchange; however, in this study I will be using the contextual theory of therapy as the primary context for situating ideas about fairness. Fairness in contextual theory is used synonymously with the grounding concept of relational ethics (RE) (Boszormenyi-Nagy & Krasner, 1986; Hargrave & Pfitzer, 2003). While equity theory is a ratio or measure of the global sense of fairness based on the proportion of contributions to rewards (Horne & Bliss, 2009), RE refers to an ongoing systemic balance of give and take of trust, loyalty and entitlement that couples maintain dyadically (Boszormenyi-Nagy & Krasner, 1986). The next and final theoretical section explores contextual theory of therapy as the context for “fairness”.

Fairness and Contextual Theory

Using the contextual theory of therapy framework, the concept of horizontal relational ethics (RE) is defined as the give-and-take between partners, which is comprised of trust, loyalty, obligation, and entitlement (Boszormenyi-Nagy & Krasner, 1986). This has been interpreted as the subjective experiences of “fairness” between partners and family members (Gangamma et al., 2012). In other words, partners who care about and take accountability for how their actions affect trust and fairness in their relationship are said to have a balanced ledger of relational ethics. Contextual theory is an intergenerational approach of couple and family therapy that centers ideas about trust, loyalty, entitlement and fairness in treatment. Contextual theory has also been combined conceptually with other models such as Gay Affirmative Therapy (Belous, 2015) and a feminist lens (Dankoski & Deacon, 2000) to provide a more affirmative approach. In order to further elucidate the contextual concept of relational ethics (RE) which frames “fairness” in couple relationships, below is a brief background on the theory.

Contextual therapy theory background. Contextual theory is an intergenerational strengths-based approach that focuses on improving relatedness and reducing relational stress by increasing giving and receiving between family members and partners (Boszormenyi-Nagy & Krasner, 1986). This is accomplished by assessing and intervening in ways that concentrate on trust, loyalty, and fairness within relationships. The notions of accountability/responsibility and willingness to care about the consequences towards others are built into all aspects of the terminology and interventions of contextual theory (Boszormenyi-Nagy & Krasner, 1986). Additionally, contextual theory adopts a bio-psychosocial-cultural lens (Ducommun-Nagy, 2002), which emphasizes that a horizontal (romantic partner) or vertical (family of origin)

imbalance of care and trust will result in the decline of relational and personal health (Boszormenyi-Nagy & Krasner, 1986; Hargrave & Pfitzer, 2003).

Relational fairness is the grounding focus of relational ethics (RE), the fourth of five dimensions of contextual theory. The word “ethics” is defined as the act of considering one’s impact of actions on another (Goldenthal, 1993). RE is dyadic, intergenerational, and is established through balancing earned trust, loyalty, and entitlement (i.e., a sense of being owed) both horizontally (between romantic partners) and vertically (between family members) (Hargrave, Jennings, & Anderson, 1991). In giving/receiving, and caring about the consequences of one’s actions, an invisible relational ethics “ledger” is established (Glebova & Gangamma, 2016; Gangamma, Glebova & Coppola, 2016). One works to balance the RE ledger by offering care, thereby accumulating merit and is entitled to receiving care in return (Gangamma et al., 2012; Glebova & Gangamma, 2016; Gangamma et al., 2016). When individuals offer due care and consideration to others based on their own experience of being cared for, the care offered is a form of “constructive entitlement” (Boszormenyi-Nagy & Krasner, 1986; Gangamma et al., 2012; Glebova & Gangamma, 2016; Gangamma et al., 2016). Individuals who did not experience due care in previous relationships may engage in self-justifying and/or harmful actions in current relationships in an attempt to receive what is due to them (i.e. “destructive entitlement”) (Boszormenyi-Nagy & Krasner, 1986; Fishbane, 1998, Hargrave & Pfitzer, 2003).

Research on fairness. Reviewed in this section are several studies that explore RE with couples in a dyadic fashion. Relational ethics has been studied using dyadic analysis methods to understand how couples perceive each other and their own experience of fairness. Relational ethics within horizontal (partner relationships) have been strongly associated with relationship

satisfaction for both partners (Gangamma et al., 2012), and relationship satisfaction and depression for both partners (Gangamma et al., 2015; Grames, Miller, Robinson, Higgins & Hinton, 2008). These findings suggest imbalances of give and take could be related to relationship satisfaction for both partners.

True to the transgenerational lens of contextual theory, horizontal imbalances of RE have been linked with family of origin partner issues, such as parental infidelity. Schmidt, Green, Sibley, and Prouty (2016) investigated knowledge of parental infidelity on perceptions of RE between adult children and their romantic partners. Their study suggests an association between a father's infidelity and lower levels of relational ethics for adult children in their partnerships, including stronger attitudes towards destructive entitlement. This provides support for using the RE concept from contextual theory and integrating trust, loyalty, and justice in couple and family therapy, and suggests clinical application of RE for healing trust. Additionally, qualitative research using contextual theory in a resettled refugee population suggests that experiencing systemic injustice and inequity on a global scale can have an effect on a person's sense of fairness both personally and in relationships (Gangamma, 2017). To illustrate how RE has been studied with couples specifically, below is an expansion on three articles that have investigated this construct (Grames et al., 2008; Gangamma et al., 2012; Gangamma et al., 2015).

Grames et al. (2008) examined the relationship between RE, depression, illness and marital satisfaction. They used a mail survey with 632 individuals who were married and in midlife (aged 40-50). Instruments included the Relational Ethics Scale, the Revised Dyadic Adjustment Scale, the Center for Epidemiological Studies – Depression Scale, and two health questions to assess general health and compare it to RE. The authors controlled for gender, years married and educational status. Structural Equation Modeling, a form of dyadic analysis, was

used at the method of analysis, which yielded a strong relationship between RE and marital satisfaction. They also found that in this sample, vertical (family of origin) RE was significantly related to marital satisfaction. Additionally, vertical RE was inversely related to depression and overall health (i.e., lower RE led to higher depression, and health problems). This study supported common assertions of contextual theory regarding the relationship between quality of RE (both vertical and horizontal) and psychosomatic illness.

Gangamma et al. (2012) used a sample of 68 heterosexual therapy-seeking couples to assess the impact of fairness (RE) on relationship satisfaction. The majority of the sample was white, and roughly half were married. Utilizing the Relational Ethics Scale and the Revised Dyadic Adjustment Scale the authors collected and analyzed data dyadically using Hierarchical Linear Modeling. Findings suggested that there is a significant correlation between low levels of RE and relationship dissatisfaction for both partners. Some gender differences were found; when male partners reporting greater fairness and higher relationship satisfaction, female partners reported a greater discrepancy in satisfaction. This study supported the contextual theory assertion of a link between fairness and relationship satisfaction.

Gangamma et al. (2015) examined depression and relationship satisfaction levels as functions of both vertical and horizontal RE, and wanted to understand how these variables were associated dyadically. Their sample included 68 heterosexual couples who were therapy-seeking; half of which were married and the majority were white. Participants completed the Relational Ethics Scale, the Revised Dyadic Adjustment Scale, and the Patient Health Questionnaire to assess for depressive symptoms. Using the Actor-Partner Interdependence Model to analyze the dyadic data, results indicated significant actor effects for vertical RE and depressive symptoms, horizontal RE and relationship satisfaction and depressive symptoms and

relationship satisfaction. Partner effects were found for RE and relationship satisfaction, and depressive symptoms and relationship satisfaction. Essentially, the results in this study supported the association of RE with other relational constructs and mental health outcomes. Specifically, that RE in current relationship was associated with both partner's relationship satisfaction, and that difficulties with RE in family of origin may be impactful to depressive symptoms for both partners. Additionally, depressive symptoms were also associated with low relationship satisfaction for both partners.

The research base dedicated to the construct of RE and couples is small, and . further, there is no work on how trans-including couples experience fairness. Interestingly, Gangamma's (2017) qualitative study with resettled refugees suggests that systemic inequity could have strong effects on personal relationship dynamics. These findings could be extrapolated to trans-including couples who are subjected to persistent overt and covert transphobia and discrimination at multiple environmental, familial, social, and community contexts. Further, injustices and rejecting experiences on a regular basis in close familial and partner relationships (e.g., mis-gendering or mis-naming, rejection of physical presentation, denial of identity or transition, hatefulness, relational or emotional cutoff, etc.) can have a profound, harmful effect on a transgender individual as well as on the overall health of the relationship (Gamarel et al., 2014). However, the concepts of fairness and equity have not been studied from the lens of those who experience transphobia (i.e., negative attitudes, hate, discrimination, and/or violence against people who identify as transgender). The research literature has a substantial gap with regard to understanding how transgender individuals and their partners define and make meaning of fairness in their relationships.

Problem Formulation

The CFT field lacks in-depth research on the experiences of trans-including couples, particularly around the construction and maintenance of the emotional bond and experiences of relational fairness, which may be influenced by marginalized experiences in the world. Further, while there is an existing qualitative study that explores the transition experiences of LGBTQ partners of those who identify as transgender men (Joslin-Roher & Wheeler, 2009), as well as recent dissertations that focus on trans men and trans-including couples (Richardson, 2017; Hager, 2016) there are still a limited number of studies that examine experiences of both partners in connection to each other, and how they make meaning of their emotional bond and sense of fairness within their relationships. One critique of the current couple literature is that it limits experiences to wives of cross-dressing husbands and the need for accommodation (Lev, 2004). This implies that couples negotiating transition are married, and that the non-transgender or cisgender identified partner is virtually invisible. The work related to the transgender population is also inconsistent with regard to incorporating a systemic approach to coupling, with some studies only focusing on the individualized experience of one who identifies as transgender (e.g., Amodeo et al., 2015). A systemic approach to future research would serve the theoretical basis of CFT rather than subscribing to an individual-in-systems model. Continuing to ignore learning about the couple relationship discounts it as a potential healing resource, and also limits clinicians' expertise in supporting trans-including couples. Attending to these knowledge gaps will improve clinicians' understanding of the potential psychological and relational suffering and insecurity experienced by these partners and also provide context around how partners facilitate each other's resiliency. Uncovering a more detailed milieu of the attachment/bonding and fairness experiences between *both* [emphasis added] partners may serve to bring greater research

parity for couples with transgender partner(s) and also enable increased understanding of how couples make meaning in the face of adversity.

Along with the persistent invisibility of trans-including couples within the literature (Blumer et al., 2012), there are few qualitative studies that examine the experiences of both partners (Blumer et al., 2012). However, couples negotiate the complexities of gender transition on an ongoing basis (Lev, 2004). Malpas (2012) refers to two sides of a couple's relational transition: "...the pain and complexity but also the triumphant plasticity of their resilience" (p. 83). Issues related to emotional bond and fairness may arise as couples navigate these lifelong developmental and relational changes, regardless of whether they are resilient or in distress. Trans women in particular may cope with how to handle their changed experiences with social construction of gender, as once socialized in a privileged gender but now transitioning to a marginalized one. Gender and relationship identity now conflicts with how one may have previously experienced internalized patriarchy or entitlement around "maleness". Conversely, the cisgender partner may experience not only grief, but loss of identity and community as the result of being perceived as either heterosexual or LGBTQ. Both of these scenarios and presumably many others may contribute to both partners' constructions of what is perceived as fair in both social-societal spaces as well as within their relationship.

Research Question

This qualitative study addresses the research question: What are the experiences of emotional bond and fairness between transgender women and their cisgender partners? For the purposes of this study, theoretical operationalization of "emotional bond" is situated within romantic attachment theory. The notion of "fairness" is defined utilizing contextual theory's concept of relational ethics (Boszormenyi-Nagy & Krasner, 1986). Both emotional bond and

fairness are situated within the minority stress framework, as an experience unique to trans-including couples, as well as permeating of multiple aspects of their relationships. Minority stress presents LGBTQ couples with distress and affects how partners experience each other, impact coping behaviors and even intimate partner violence (Rostosky et al., 2007; Balsam & Szymanski; 2005; Gamarel et al., 2014; Reisner et al., 2014).

The qualitative methodology chosen to address this research question is interpretative phenomenological analysis (IPA). The unit of analysis is the phenomena of the relational experience of trans woman and cisgender couples, the impact of minority stress as a result, and how couples construct and navigate emotional bond and experiences of fairness within this context. As with all qualitative research, researcher reflexivity is essential to the integrity and trustworthiness of the methodology and data analysis (Finlay, 2002; Vagle, 2018). Reflexivity is an intentional engagement with one's own self-awareness as it relates to the subjects and phenomena of study, as well as the researcher's role in the process and relationships with participants (Finlay, 2002). By having an ongoing reflexive engagement with the self, study participants, and data, the researcher is opening a dialectic and dialogue between their own experiences and awareness as well as living within participants' worlds (Finlay, 2002).

Therefore, I have included below the theoretical framework that informs my work as a couples therapist as well as my involvement with the transgender community and trans women. These factors inform my researcher bias and subjectivity in my interpretation of participants' experiences. However, they also bolster my abilities for reflexive analysis and holding multiple interpretations.

Researcher's Theoretical Framework

Clinically, I practice from an affirmative and feminist lens using an integrated attachment/EFT and contextual theory approach. My areas of specialization include couples of all identities and transgender and gender diverse/expansive individuals, their partners, and their families. As an emotionally-based and systemic clinician who is focused on social justice, I emphasize that change happens through three main processes: (a) a healing emotional or attachment experience, (b) an increase in fair relating, and (c) finding ways to engage with power structures differently. I have outlined these further below.

Healing Attachment

I believe that the attachment process is critical to our first contact with another person. As we grow, it changes and influences our subsequent relationships (Mikulincer & Shaver, 2007). Our representational models of self in relation to other (i.e., internal working models) (Mikulincer & Shaver, 2007) exist underneath our actions and are interwoven with our complex identities. Our feelings of being worthy, lovable, unworthy, or unlovable cannot be detached from how we act and treat others. Emotional experience sits at the root of dyadic and systemic functionality (Greenberg & Johnson, 2010), which means attunement experiences and attachment bonds are influential to a systems' construction of meaning. I believe that once systems understand how to be attuned to each other and are provided with a secure base, they can begin to change their behaviors, their sense of giving and receiving, and shift their experiences toward healing and new meaning.

A healing attachment experience works to repair internal working models and self-concept (Hughes, 2007; Rholes & Simpson, 2004), heals trauma and relational damage, increases felt security, regulates affect, and works to build mutually beneficial bonds (Diamond,

Siqueland, & Diamond, 2004; Diamond, 2014; Hughes, 2007; Johnson & Courtois, 2009). We know from Bowlby's (1988) original work that insecure bonds and working models can be transformed if people are given a secure base in a therapeutic alliance to explore the sensitivity, responsiveness, and attention of the therapist (Mikulincer & Shaver, 2007; Rholes & Simpson, 2004). This has been further supported by empirically based, manualized treatment models such as emotionally-focused couples therapy (EFT) (Greenberg & Johnson, 2010), and attachment-based family therapy (ABFT) (Diamond, 2014; Diamond et al., 2004) which prioritize the creation of positive attachment experiences. These three models do not just recognize the attachment system as central to change, but are organized around validating it as the source of healing and resilience.

Increasing Fair Relating

Increasing fair relating and creating a new relational reality are two of the primary tenets of contextual theory of therapy (Boszormenyi-Nagy & Krasner, 1986; Hargrave & Pfitzer, 2003). Family members who have been subjected to a lack of due care in the present/past have not benefitted from trust/trustworthiness, and may have a compromised ability to give and receive freely in relationships (Goldenthal, 1993). In order to enable change towards a healthier balance of give and take, trust and trustworthiness is essential, and begins with the therapist modeling such actions (Goldenthal, 1993). Using the technique of *multidirected partiality* (Boszormenyi-Nagy & Krasner, 1986), the therapist can hold family members accountable for their actions, and display empathy and acknowledgment of injustices. This therapeutic stance allows for challenging clients to redistribute relational ethics ledgers. It puts accountability onto clients to consider both what they have done and what they can do to prevent destructive patterns and unfair interactions. Contextual theory provides the therapeutic process with an integration of

past, present, and future realities. The accountability, action-oriented nature is inherently empowering through the use of empathy and acknowledgment.

Engaging with Power Structures Differently

Because oppression exists at so many micro and macro levels, finding ways to engage differently with structures of domination is perhaps the most difficult avenue of change and therefore always ongoing. Structures of power operate at multiple levels and at the most macro levels require legislation and social movement. When I think about the emotional nature of coping with oppression and marginalization, I have found that many clients need to process emotions and generate a secure base of support before they can engage in a more resilient way. Clients need to be emotionally ready to create new stories, and therefore I focus on attachment healing and fairness first as a way of allowing them to feel safer, comforted, and empowered. I also look to fostering strength and resiliency from within the system.

As client systems continuously participate in and are harmed by patriarchy and oppression, I believe the therapist can be healing by continuously evolving as *culturally humble* rather than *culturally competent* (Hook et al., 2016; Tervalon & Murray-García, 1998). This is predicated on a therapist's understanding of intersectionality (Andersen & Collins, 2016; Dee Watts-Jones, 2010); and willingness to challenge oppression. Therefore, I make conscious efforts to dismantle my power/privilege, challenge dominating roles/rules, name intersectionality and structures of oppression, and help clients deconstruct these concepts.

In this chapter, I have built the argument for the research question in the literature review, and have described how my theoretical orientation influences the research question, the theoretical framework behind it, and my beliefs about change in therapy. The third chapter that follows covers methodology, research design, sampling plan, data collection and analysis, and

participant profiles. I also come back to how my use of self, role as a therapist, and clinical experiences have been influential to my reflexive process in this research.

Chapter Three

Methodology

Research Design

An Interpretative Phenomenological Analysis (IPA) was conducted in order to address the research question: What are the experiences of emotional bond and fairness between transgender women and their cisgender partners? Transgender women and their partners may experience minority stress and negotiate relational, familial, and social spaces continuously and concurrently. This informs how they make meaning of their emotional bonds and experiences of fairness both as individuals and with each other. IPA follows the experiential story of a participant to gain an in-depth understanding of the essential structure of a major life experience, and/or phenomena (Smith, Flowers & Larkin, 2009). It is not meant to develop theory or generalize patterns but to understand the essence of participants' experiences within their unique worlds and prioritize the meaning of those worlds (Smith et al., 2009; Vagle, 2018). Further, IPA is situated in context by its examination of detail, but also allows complexity of data to come through as participants make sense of their narratives. As such, it enables other ideas to come forward (i.e., how do couples frame and think about emotional bond? How do they define fairness for themselves? How does gender minority stress influence fairness and/or emotional bond?). In this way, IPA develops themes that are based on participant perspectives of their relationships, their subjective experiences of it, as well as contextual detail. More on IPA is explained in the background section that follows.

The aforementioned gaps in the literature review lend themselves to this exploratory work, which sought to uncover richer detail and nuances with regard to the subjective experiences of transgender women and their cisgender partners. Emotional bond as conceptualized through attachment theory (Hazan & Shaver, 1987; 1994) is a highly unique,

lived dyadic experience. Also, fairness as constructed by contextual theory is experienced subjectively and constructed dyadically (Gangamma et al., 2015; Gangamma et al., 2012). Finally, experiences of trans-including couples could be understood through a relational intersectional lens, not just individual experiences (Addison & Coolhart, 2015).

The term: “trans-including couples”, as mentioned in the first introduction chapter, is continuously used to refer to this sample of transgender women and their cisgender partners. However, this terminology was not used in the recruitment flyer, which referred instead to transgender women partnered with a cisgender person. This is because “trans-including couple” was an emerging term while this study was being developed and recruited, and I was not aware of its use as shared language until I attended the American Association for Marriage and Family Therapy (AAMFT) conference in late 2018 and also had subsequent conversations with other researchers in the field. I adopted this term to this research as a result, and used it moving forward.

Interpretative phenomenological analysis background. Interpretative Phenomenological Analysis (IPA) is a qualitative method of inquiry which captures human phenomena and the subjective lived experiences of people (Smith et al., 2009). Situated within three areas of philosophy (hermeneutics, phenomenology and ideography), IPA aims to study in-depth experience (phenomenology), the interpretation of that experience (hermeneutics), and the particulars of context (ideography) (Smith et al., 2009). The phenomenon is the unit of analysis, which reveals itself contextually and in various situations (Vagle, 2018). The emphasis of methodology and analysis is on both understanding the phenomenon and an ongoing interpretation of it in multiple contexts (Vagle, 2018). For example, in this study, the couple relationship with regard to experiences of emotional bond and perceptions of fairness is

understood within the context of transition, and the meaning making strategies that couples employ to navigate their experiences. The purpose of using IPA versus another qualitative approach (e.g., grounded theory), is that the researcher is seeking to understand the essence and details of the experience (who, what, how, etc.) rather than on building a theory. The goal is to identify the key features of the experience or phenomena, while making meaning, or interpreting participants' experiences in their worlds. IPA and true phenomenology is not, as Vagle (2018) states "...concerned with generalizing, quantifying, and finding" (p. 11). Grounded theory, rather, generates theory as a co-construction between the participant and the researcher (Charmaz, 2014).

Phenomenology assumes that there is an essential reality to a phenomenon with commonalities in its features, and it is the researcher's task to describe the essence and the core meaning of the experience by clustering it into categories (Starks & Brown Trinidad, 2017). While the researcher must stay close to the lived experience in all aspects of the study, the purpose of IPA is also to expose assumptions about "ways of knowing" as a way of contributing to a deeper understanding of the lived experience (Starks & Brown Trinidad, 2017, pp. 1373). This is in contrast to grounded theory, which discovers explanatory theory that is grounded solely in the data (Charmaz, 2014; Starks & Brown Trinidad, 2017). In IPA, a phenomenological approach, the researcher begins with a pre-understanding of themselves in the world, which includes their theories for conceptualizing the lived experience (Smith, et al., 2009; Vagle, 2018). In IPA the experience emerges from the participants but it is also guided by the understanding and experiences of the researcher. Therefore, it is not uncommon to generate themes from an IPA study that are also based in theories, particularly if the researcher has a theoretical framework that informs their experiences. As such, I have utilized my clinical and

personal theories of attachment, contextual, and minority stress, to situate myself in the study. More on this is discussed below with the explanation of hermeneutics, which is the interpretative component that guided the analysis for this study.

Edmund Husserl is recognized as the founder of phenomenology, and developed the term *phenomenological attitude*, which called researchers to focus on the experience of an individual as it occurs within their consciousness, thus suspending the researcher's conscious reflection on the phenomenon. Husserl believed that experiences take place between the subject and the object, and that the relationship between the two is continuously expanding (Vagle, 2018). In order to truly understand the phenomenon, researchers must adopt a phenomenological attitude, which means they question their taken for granted everyday lives in order to remain curious about the life of someone who is unknown to them (Vagle, 2018). Therefore, researchers should bracket, or suspend their beliefs and worlds as much as possible in order to understand the meaning of the phenomena of study in the purest form of consciousness (Mueller-Vollmer, 1985; Smith et al., 2009; Vagle, 2018).

Martin Heidegger, a student of and later successor to Husserl, had a different approach to bracketing. He believed that the phenomenon itself was brought to light through living in the world and its many contexts. Heidegger introduced the idea of hermeneutics, or interpretation of phenomena as they are lived in the world, and that the world and its interpretation occur simultaneously in phenomenology (Vagle, 2018).

Hermeneutics and the hermeneutic circle were initially developed by Heidegger and Hans-Georg Gadamer (Vagle, 2018). The main idea is that interpretation of meaning and phenomena are ongoing and continuous, intersubjective, and therefore the researcher is not separate or bracketed from its context. IPA explicitly sets out to focus on the interpretative

meaning of participants' worlds, at the same time participants are making meaning of their own worlds. As the researcher makes meaning of participants' meaning making, the researcher's personhood is embodied within that relationship, just as the participants are (Smith et al., 2009). Heidegger described understanding and interpretation as a projection of possibilities, and interpretation as its own entity (Mueller-Vollmer, 1985). He summarizes understanding and interpretation, using the word "Dasein", which is Heidegger's notion of "being-there" or an ontological human existence (Mueller-Vollmer, 1985, p.32):

As understanding, Dasein projects its Being upon possibilities. This *Being-towards-possibilities* which understands is itself a potentiality-for-Being, and it is so because of the way these possibilities, as disclosed, exert their counter-thrust [Rückschlag] upon Dasein. The projecting of the understanding has its own possibility-that of developing itself... This development of the understanding we call 'interpretation'. In it the understanding appropriates understandingly that which is understood by it. In interpretation, understanding does not become something different. It becomes itself. Such interpretation is grounded existentially in understanding; the latter does not arise from the former. Nor is interpretation the acquiring of information about what is understood; it is rather the working-out of possibilities projected in understanding. (Mueller-Vollmer, 1985, p.221).

Here, Heidegger is explaining phenomenological hermeneutics as he discusses how human existence or *Dasein* is a being/existence in the world that is only understood through hermeneutic questioning. Understanding of being already exists to the researcher and the participants – they already have an understanding of their own beings. However, the hermeneutic circle brings to light the fact that all interpretation is an explication of ideas and concepts that are already understood in some way (Mueller-Vollmer, 1985). As Mueller-Vollmer (1985) writes about Heidegger's philosophy, "...interpretation occurs only within a given horizon of pre-understanding. There can be no understanding and interpretation on the part of Dasein without such pre-understanding." (p.35).

There are many ways for researchers to engage their selves in relationship with the “lifeworlds” of participants. Developing strong IPA research incorporates a process of examining one’s own positionality, insights, experiences, and views as they relate and interact with the phenomenon of study. In other words, this process is engaging in reflexivity. IPA scholars have various terms for taking part in reflexivity. For instance, Smith et al. (2009) discuss Husserl’s suggestion to bracket, or keep separate the researcher’s own world from that of the participants in order to more consciously concentrate on the lifeworld of study. This is also referred to as *epoche* or *phenomenological reduction* (Husserl’s philosophical idea) (Vagle, 2018). In bracketing, the researcher is finding the essence of the participants’ experience and the consciousness within which these experiences occurred, because one’s own judgments and perceptions have been put aside. However, Heidegger viewed the participant and the researcher’s worlds as intersubjective (Vagle, 2018), or ever entwining, relational and overlapping. Therefore, for Heidegger, the focus on consciousness was too limited; as he believed that the phenomena themselves exist within the context, and are always in relation to something (Vagle, 2018). More recent scholars (e.g., Finlay, 2002; Dalhberg, 2006) discuss new conceptual language of reflexively *outing* and *bridling*, or integration of researcher bias instead of pure *bracketing* for phenomenological reduction. This is explained more below.

Karin Dahlberg (2006) discusses her concept of bridling as an active motion of attempting to bracket any pre-understanding of the phenomenon in question in order to maintain openness, and also having a reflective, open, forward-looking stance. She draws from Husserl’s ideas of intentionality and bracketing in order to see the phenomenon emerge as it is through its essential meaning. However, rejecting of the term bracketing, Dalhberg suggests bridling can be achieved through virtually the same process. She believes in having a restrained or measured

approach to how our pre-understanding affects interpretation. She believes that the phenomenon reveals itself through the process of bracketing and open attitude, and that researchers must be aware of how they are influencing the exposure of the phenomenon (Dahlberg, 2006; Vagle, 2018). Dahlberg describes finding the “essence” of phenomenon, or “...a structure of essential meanings that explicates a phenomenon of interest.” (Dalhberg, 2006, p. 11). The essence is what makes the phenomenon what it is. In order to find this, Dalhberg (2006) supports bridling, or “...a reflective stance that helps us to ‘slacken; the firm intentional threads that tie us to the world...in order to give us that elbow room when we understand phenomena and their meanings.” (p.16). She does not believe in cutting off pre-understanding like Husserl does, but asserts that bridling is to slacken one’s pre-understanding of the world of study in order to wait openly for a reflection on the whole event of the phenomenon to appear to the researcher. While Dalhberg supplies newer, tempered language to Husserl’s ideals, her theory does not present enough of a difference in methodological process to be a clear distinction from Husserl, or even Heidegger, which is largely unmentioned in her article (Dalhberg, 2006).

Finlay (2002) offers a clearer challenge to the notions of bracketing and bridling. She refers to the practice of reflexivity as “outing” the researcher, in order to make central the joint relationship between the researcher and participants and to include the impact of the researcher’s position and perspective, examine personal responses, and uphold integrity. She defines reflexivity as conscious self-awareness and examination. Believing in a continuous flow between experience and awareness, Finlay calls researchers to sensitize the research process through ongoing meta-analysis of biases, and exploration of researcher-participant dynamics. She embraces subjectivity, and asserts that reflexive analysis can be applied at all points of the process (pre-data collection, during data collection, analysis) (Finlay, 2002). Finlay makes

current Heidegger's concept of hermeneutics, of being-there, and of an always shifting context of the phenomena. By the researcher actively embracing self-awareness and examination, the research process can now be more open for reflexivity that specifically lends weight to issues related to intersectional experiences of marginalization and oppression.

In order to critically analyze the philosophies of Husserl and Heidegger, and the approaches to researcher reflexivity of Finlay and Dalhberg, one must consider the impact of the identities and beliefs of the researcher on the inquiry process, and the purpose of psychological research. Given that psychological research is usually focused on participant experiences, integrating or separating the researcher has significant impact on how others' lived experiences are conceptualized in research. Husserl's bracketing concept implies that research is largely a first person process, with the researcher taking great effort to suspend their pre-understanding in order to concentrate on others' perceptions of the world. Perhaps what Husserl did not consider was how a researcher's consciousness, identities and beliefs can aid in understanding the lifeworlds of participants, particularly if there are overlaps. Common experiences may be enhancing, and, conversely, variant experiences of researchers can carefully be considered for their influence on data interpretation. Perhaps Heidegger's incorporation of pre-understanding is a more realistic picture of how to ensure greater richness to psychological inquiry. His acknowledgement of the intersubjective potentially makes the analysis of the phenomenon richer, more realistic, and more complex. However, focusing too much on the intersubjective, the researcher may misinterpret or take for granted important nuances of a participant's lifeworld that exist apart from the researcher.

After considering all of the positions and philosophies mentioned above, I settled on a reflexive approach to interviewing, analysis, and interpretation. Drawing from Heidegger, I am

positioning this work as interpretative and as something that is always shifting between my pre-understanding of the lifeworld of these couples, and their relational context that is also shifting over the course of time. Additionally, I am using an “outing” approach described by Finlay (2002), in order to incorporate self-awareness into reflexivity as it is consonant with my belief in self-of-the-therapist work and my affirmative-feminist lens.

Finally, M. Paz Galupo’s writing (2017) was also a powerful influence in my decision to continuously “out” my positionality as a researcher. Galupo (2017) discusses cisgender identity considerations for transgender research. Galupo (2017) calls researchers to acknowledge cisgender bias and intentions as they are not only overrepresented in the literature, but shape the way research questions are formulated, the way participants feel about engaging with the research, the way results are interpreted, and the way research is regarded by the larger scholarly field. I acknowledge that my cisgender identity removes me from the world of trans-including couples and from the transgender community. Therefore my dominant perspectives about this research from the beginning have been biases toward the cisgender world. This is elaborated below and in the situating the researcher section.

I have chosen to manage reflexivity in an ongoing way throughout this project, by making my reflections, personal views, and reactions as transparent as possible at the beginning, during interviewing and at analysis. I believe doing this upholds the integrity of the research as well as the true intentions behind interpretative phenomenology. I also believe given my privileges that there needed to be a process for managing power imbalances between myself and participants (Finlay, 2002), as my interpretation of their meaning making comes from living in a cisgender relationship and largely cisgender life apart from my clinical work.

Specifically, I engaged in reflexive discussion with my advisor prior to beginning the interviewing, reflexivity memos and journaling for each interview (first and second), keeping field notes of my interpretations, and reflexivity memos. This was an attempt at outing myself, and engaging in subjectivity; not ever seeing myself as separate from the world of participants given my clinical and research experience, but honoring separateness and difference in our identities and minority stress experiences (and lack thereof). I also wanted to acknowledge that my experiences and my identities whole heartedly influenced the interpretation of the data collected, the involvements of participants during interviewing, and the hermeneutic circle. For example, I acknowledged my identities to participants as a cisgender female therapist who is committed to supporting the transgender and LGBTQ communities. Participants understood that my practice and my research work are focused in this area and that I am committed to improving mental health care. They were also aware, however, that I am not partnered to a transgender person and that I have no first-hand personal experience in the LGBTQ community. This may have impacted participant comfort level. There may have been aspects of their relationships that they did or did not share because of my identity.

Situating the researcher. In order to situate myself as both a researcher and a clinician who works with the transgender population, I will identify myself here and discuss how my personal views and professional orientations influenced the data collection and analysis of this study. I identify as a white, cisgender, heterosexual female who is also middle-class, educated and able-bodied. My professional identity as a doctoral candidate in marriage and family therapy with specific training with the transgender population informs my interest in this research topic, as does my interest in specializing in work with couples. My theoretical orientation to practice is a combination of attachment, contextual, and feminist family therapy

theories. I hold a strong personal and professional social justice lens and as such am firmly committed to being a transgender and LGBTQ affirmative and inclusive mental health provider and researcher. As someone who is committed to utilizing a social justice lens in clinical practice, and who believes in the nature of gender and sexuality as nonbinary, I believe in a critical theory orientation to research, and attending to the hegemonies that construct marginalizing, stigmatizing environments for transgender people and their partners. Thus, the research question outlined here reflects my personal connection and professional commitment to expanding the research literature related to the transgender population and advancement of the CFT profession.

Additionally, I make efforts to understand the impact of my privileged identities on the research process with those with marginalized identities. My privileged identities potentially impacted the level of comfort, transparency and willingness to participate in the research. Although I identified myself as a cisgender woman to participants and explained my role as an affirmative/inclusive clinician, my cisgender identity may have impacted the comfort level of participants, what they felt the need to explain or cover with me in the interview, and their degree of openness. As much as I could attempt to present myself as a caring, considerate researcher, participants may have continued to be cautious or doubtful. Also, my internalized whiteness (i.e., a “way” of thinking and acting that perpetuates inequality), white privilege, and heterosexual privilege could have influenced how participants potentially perceived me, as well as how I crafted the research, and analyzed this information. There may be other things that I am remiss in seeing, understanding, or thinking about due to lack of personal experience. Even as much as I have tried to challenge myself around my privileged identities, they are and always will be present. The participants in this study were predominantly white, and as we share racial

identity, the interviews did not explore experiences of marginalization due to race as a result (with the exception of two participants), nor did I hear any family of origin stories about ethnicity or culture within their families. As a result, the themes reflect in large part the influence of white privilege amidst stories of gender, sexual and religious marginalization. I believe this is very important to note and consider when reading the findings, and to critically reflect that white privilege exists within this research.

I believe it is harmful to ignore the interplay between researchers' power and privilege and participants' identities. I believe that it is imperative that research participants feel they are a part of the research process rather than simply being utilized for the information they can provide. Therefore, special care was taken to make participants comfortable, to have open, disclosing dialogue about the researcher's identities and background, engage them in analysis, and check in during the interview to open space for conversations related to identity differences.

I believe that the qualitative approach outlined here allowed for uniqueness of personal experience to come through, including that of intersectional and multiple marginalizing identities. I contend that IPA lends itself to a critical theory lens by bringing to the surface the construction of power and oppression in daily life. Within the analysis and writing phases of this project, I committed to the guidelines of IPA by writing reflexively about the interviews and noting the influences my identities had on the interviews themselves. In keeping with my belief in the critical theory paradigm, acknowledging my own social location as well as the identity factors of participants and their experiences with constructs of power was a central effort throughout this process.

Sampling Plan

IPA interviewing is designed not only to be a purposeful conversation but a conversation that allows the researcher to enter into the world and environment of the participants (Smith et al., 2009). In keeping with the IPA guidelines put forth by Smith et al. (2009), I conducted dyadic in-depth interviews with seven couples using non-probability, purposive, snowball sampling. Six interviews were conducted via phone, and one was conducted in-person. Participants were given the option of a phone interview or an in-person interview if they were within several hours driving distance; otherwise, phone interviews were suggested. Video conferencing apps or services were thought out, but considering costs and benefits, I decided that phone or in-person interviews would be more convenient options. The benefit of offering video conferencing would have been access to visual cues of participants and non-verbal communication. However, there were several costs. First, video conferencing, (such as FaceTime, Skype or WhatsApp) are not secure interfaces and therefore were potentially compromising to confidentiality. I also considered that some participants may not have access to Wi-Fi, or a phone where downloading apps is available to them. A video recording also would not have been possible with these apps so audio files would have had to suffice anyways. Finally, I considered the need to download a video conferencing app or service, to maintain connectivity (e.g., calling back if it disconnected), and to test it out to be extra work put onto participants, creating an undue burden on them to participate in the study. Thus, in this case I decided that using the phone would decrease costs of participating in the study.

Dyadic interviews were selected as the method most in agreement with the systemic focus of the research question and grounding theories. That is, fairness and emotional bond are co-constructed between partners through dialogue. Couples exist within the relationship's

context, and have interpersonal experiences within this context. Therefore it was my belief, which is also grounded in dyadic literature (Oka & Whiting, 2013) that for this research question and methodology, I should seek to understand how couples make meaning of this by participating in a dyadic dialogue with them.

In-depth interviews allowed me to attend as closely to the participants' stories as possible, while also engaging in the double hermeneutic, or hermeneutic circle which makes interpretations of the participants' interpretations of their lives (Smith et al., 2009; Vagle, 2018). As features of the phenomenon and the interpretation of it unfolded within the analysis, these unique insights not only reflected the shared experiences of couples but contributed to the psychological underpinnings of their relational processes.

Inclusion criteria consisted of two-partner couples who were monogamous. In other words, couples were not in the process of separating or non-monogamous, but despite challenges had decided to remain together and committed. The rationale for this is that non-monogamous couples may have different experiences in relationships. Therefore, to preserve homogeneity, inclusion criteria needed to reflect this. Another assumption was that since couples had decided to remain together, then most likely emotional bond and fairness as well as other relational constructs were being negotiated within the dyad.

Data were homogenous with regard to transgender women and their cisgender partners. Inclusion criteria were as follows:

- Two-partner couples; monogamous
- One self-identifies as a transgender woman
- One self-identifies as cisgender (any gender and sexual orientation)
- Transgender identity had been disclosed to partner

- Adults (18+)
- Participants were not present clients of the researcher

Recruitment Methods and Data Collection

All characteristics of this study were approved by the Syracuse University Institutional Review Board (IRB). Recruitment began upon IRB approval and amendment approval in January, 2018. A recruitment flyer (see Appendix A) was emailed to a wide range of mental health and gender affirmation outlets across New York State and nationally, including: gender affirmative therapists and physicians within Upstate New York (primarily Syracuse, Albany, and Utica areas), hormone dispensing Planned Parenthood locations in Upstate New York (Ithaca, Elmira, Corning, Hornell), numerous LGBTQ community resource centers/organizations across Upstate New York (Syracuse, Albany, Buffalo, Rochester), Chicago, and San Francisco. Flyers were also emailed to several academicians who focus research and clinical efforts within the transgender communities (Syracuse University, Virginia Tech, Appalachian State, North Dakota State University, and Fairfield University), as well as to college LGBTQ resource centers in Upstate New York (Cornell, Syracuse University, University of Rochester). For social media recruitment, referrals from LGBTQ community and resources centers were used, as well as network sampling from participants who decided to forward/post the recruitment flyer. Social media pages primarily included Facebook groups and Reddit pages. Finally, Master's level student therapists in the Marriage and Family Therapy Program at Syracuse University (Peck Hall) were given recruitment scripts to read to their clients who they thought may qualify for the study. Student therapists asked their clients to reach out directly to the researcher.

Regardless of the recruitment method used, interested potential participants were asked to contact the researcher directly to limit exposure of identifying information by others. All participants engaged in a thorough consent process that was individualized and processual. Each

participant verbally consented to participating in the research upon initial contact for scheduling. Each participant also signed a hard copy of the consent form prior to beginning the interview (in-person interviews), or emailed/mailed back a signed consent form upon completion of the phone interviews. Both partners agreed to participate at the outset of each interview. If one or both partners became distressed during the interview, a checking in process determined their consent to continue. The decision to employ two rounds of interviews (the second being a member and quality check of the analyzed information from the first interview) was made as part of the original research design in line with recommended steps for ensuring rigor in qualitative research (Padgett, 2008) . Therefore, at the time of the first round of interviews participants were asked for consent to the follow up. Both partners from all seven couples agreed to a second interview. They indicated this on their consent forms.

Recruitment and first round interviewing ran from February to May, 2018. At the end of each interview, the researcher asked participants for referrals. Some couples voluntarily disclosed their referral source(s) in their first interviews, or were asked if they felt comfortable disclosing it in their second interviews. Referral sources included: Facebook groups for transgender individuals as well as cis partner groups, Reddit pages which post transgender related studies, referrals from one's own therapists, academicians, and social groups. From May to August, 2018 the first round of data analysis was conducted, and in August 2018 a second round of "quality check" phone interviews was conducted with the same pool of participants who agreed to be re-contacted for a follow up conversation. This follow up interview was voluntary; therefore participants were given the choice at the outset of the first interview whether they would like to be contacted for the second.

During the first round of interviews, couples who expressed interest were contacted by the researcher to set up a convenient location, day and time to participate in the interview. All interviews were conducted based on participant preference, level of comfort, and convenience of geographic location. One first round in-person interview was conducted and all others occurred by phone. All second round interviews were conducted by phone. All interviews were audiotaped, and both partners agreed to be interviewed together. Interviews lasted approximately 1.5 to 2 hours depending on participants' comfort level and degree of detailed data obtained. Each partner was given \$20 as an incentive.

A semi-structured, open-ended set of interview questions was employed, with prompts/probes as necessary (see Appendices D and E for interview questions). Questions followed IPA guidelines as stated in Smith et al. (2009), and included a combination of descriptive, narrative, comparative, evaluative, and circular questions. The interview was meant to be semi-structured, and therefore, questions were fluid and flexible, and probes evolved as interviewing progresses. The general topic areas of the interview schedule were as follows:

- Understanding the nature of the relationship and the impact of transition (including coming out) on the relationship dynamics.
- Partners' descriptions of emotional bond, what it means to each partner and to the relationship.
- Partners' descriptions of fairness, what it means to each partner and to the relationship.
- Family of origin experiences with emotional bond and fairness and perceived impact on the current relationship.

During the initial interview, a period of joining preceded the interview questions. I engaged in simple, friendly conversations with participants and told them about myself, my identities, and my profession as a researcher and therapist. I explained distinctions between therapy and research interviews, allowed them to ask questions about my work and myself. I also identified myself as a cisgender woman and discussed the purpose behind this research effort, including my strong feelings about ally ship. I described my intent to further the field of couple and family therapy, and contribute to more well-informed and transgender inclusive clinical services. I explained this research effort as one way in which mental health professionals could become more informed and hopefully affirmative and inclusive when working with couples. This conversation was well received by all couples, who expressed their positive views of the research topic.

After an initial data analysis period, second round interviews were conducted in August, 2018 for member checking. Another \$10 was offered to each partner for participation. Of the seven couples in this sample, five were able to complete the second round of interviews. One couple indicated they had broken up, and one did not respond. These interviews involved reading through the emerging themes from the first interview's analysis in order to confirm them and give participants an opportunity to add to or edit them. All couples agreed that the emerging themes were accurate, and in some cases, where appropriate, expanded on the ideas or added nuances. These nuances were accounted for in analysis, and any quotes from second round interviews are noted in the findings section. Second round interview questions are included in Appendix E.

Trustworthiness and Credibility

In order to ensure quality, trustworthiness, credibility and validity of this study, data analysis followed Yardley's (2000) four validity criteria principles. These are: "sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance" (p. 219). The first principle of sensitivity to context was demonstrated by dedication to and awareness of and sensitivity to the transgender population and the socio-cultural setting in which it is situated. I have situated myself in this context, using transparency of my social location and continuous writing about values, beliefs and experiences. This also included checking in with participants regarding comfort level with the research questions as well as with the interview process with me. Sensitivity to context continued through recruitment, interviewing and analysis by "checking in" with my experiences as well as participants'. I also engaged in a joining process with each couple starting with recruitment and continuing through second round interviews. Reflexive writing was also a continuous exercise and utilized in the findings section. Commitment was attended to in the following ways: investing in the comfort and care of each participant by checking in with them, being sensitive to their experiences, and listening closely to what they were saying in each interview. It was also attended to by my personal commitment in this study; by taking minority stress and experiences of these couples seriously and by a strong personal belief in furthering the mental health literature on this topic. Rigor was demonstrated by the thoroughness of the analysis; by ensuring that each case was analyzed completely and careful consideration was placed on understanding the findings and how they were interpreted by me. Transparency and coherence was demonstrated in the write up as all aspects of the research process are described and discussed here, including extensive reflexivity statements by me. Finally, impact and importance is shown by the relevance and importance of the research

question and the current gap in the research literature. This study intends to begin to address a vital clinical need and to give voice to the experiences of transgender women and their partners.

Data Analysis

Data analysis directly followed guidelines for IPA as described by Smith et al. (2009), and as such was iterative and inductive and prioritized reflexive engagement throughout the process. Analysis was a fluid line by line analysis and identification of emergent themes “...within this experiential material emphasizing both convergence and divergence...” (Smith et al., 2009, p. 80). I kept detailed and reflexive notes to dialogue my experience with the interviewing process, and data, including perceptions and beliefs. The final structure of the themes reflects the process of thematic development.

All interviews (first and second round) were transcribed verbatim by an MFT doctoral candidate who was approved by IRB. They were checked by me for accuracy, and double-checked by my advisor during analysis. As each audio file was transcribed I coded them using procedures outlined by Smith et al., (2009). The analysis process involved four phases through which the data were compiled, checked, expanded, and interpreted. Throughout all of the analysis phases, my advisor and I had bi-monthly meetings to discuss processes and progress, analysis thoughts, reflexivity, emerging themes and their connections, and the write up of the analysis.

The first analysis phase involved compiling interview notes and personal reflections from each interview, as a way of engaging with written data as well as to maintain transparency of my beliefs, assumptions and feelings about each interview (e.g., what was difficult or worrisome, humorous, surprising, humbling, my thoughts and feelings about participants’ level of comfort and joining, and, how my clinical and personal experiences influenced my perceptions of the

data). In order to immerse myself in the data, each transcript was read and re-read several times while listening to the audio files, correcting any discrepancies in transcription, and ensuring that a sense of each couple's affect was accurately transcribed (i.e., where they expressed sadness, humor, anger). A free association of thoughts and comments were added to the transcripts during the reading/re-reading step as first-layer formal engagement with coding. To illustrate further, the compiling phase included writing reflexive memos for each interview, then memos for the overall interviewing and analysis processes. These helped organize my thoughts and interpretations from the data in order to more clearly understand the hermeneutic circle as it happened. Initial notes of interpretations were added to the transcripts as a first formal engagement with coding included making comments in the margins of the transcripts (separate from a coding column and emergent themes column) that were anecdotes about how or what I was thinking about the ideas being expressed. For example, comments could include: "Dyadic process of embracing each other's struggles", or "They seem to have straightforward communication". My advisor also contributed to this free association stage as an additional layer of triangulation and quality check.

Coding for emergent themes occurred next. First, a line-by-line reading of each transcript produced initial noting, utilizing three types of comments: descriptive, linguistic and conceptual (Smith et al., 2009). Descriptive comments served as another means to engage with and explore the data, and were the first and closest point of contact for interpretation. Comments explored the "face value" meaning of participants' words, key objects (e.g., events, values, principles) and what those might be like for each participant (e.g., elicited emotions during the interview, stated meaning making for both partners). Linguistic comments focused on specific uses of language, emotion words, and semantics. Conceptual comments became more

interpretative, and concentrated on refinement of ideas about participants' meaning making. Conceptual comments were also influenced by my theoretical and clinical lenses as a therapist, (i.e., attachment and contextual theory-based knowledge), as well as the theoretical grounding of the initial research question (as explained in the literature review and problem formulation sections). Therefore, some conceptual comments utilized attachment and/or contextual terminology. Next, emerging themes within each transcript were developed by focusing on sections of transcripts and organizing data into more concise terms. Emerging themes and domains (overall categories for themes) incorporated participant language and their interpretations of each theme.

An emerging themes list for each couple was constructed after the first interview analysis, and then I proceeded to re-contact participants to ask if they were willing to participate in the second round follow up conversations. I read and summarized each couple's list of emerging themes to them and asked whether they agreed with my synopsis or wanted to add or change anything. Couples largely agreed with the synopsis and very rarely changed their interpretations of their relational experiences. If adjustments occurred, those are noted throughout the findings section as well as in the participant profile below. After concluding the second round interviews, I adjusted each couple's emerging themes list to a more refined state and used this list in the next phase of analysis which is described below.

In consultation with my advisor, a compiling phase occurred to search for connections across emergent themes, and to develop super-ordinate themes within each interview case. In order to accomplish this, we used a list of emerging themes for each couple, and mapped these themes on poster board to organize them. Organization and further development of super-ordinate themes was achieved by using abstraction (pairing patterns that are alike), subsumption

(bringing emergent themes together), polarization (identifying opposing themes), contextualization (checking connections between emergent themes using their context such as cultural or narrative elements), and function (looking at narrative positionings and functions of language use) (Smith et al., 2009). A negative case analysis involved searching for disconfirming evidence around emerging themes to allow for inclusion of multiple interpretations of the data (Padgett, 2008).

Once super-ordinate themes were identified for each transcript, I began searching for patterns across cases and developing a master set of themes, with sub-themes as applicable. Each set of super-ordinate themes with sub-themes was discussed with my advisor, until a master table of themes (and sub-themes) for the sample was identified. At this stage to ensure quality, my advisor and I included an independent external auditor, beginning in October, 2018. Having an independent auditor involved a safeguard for observer triangulation, aided in minimizing researcher bias and helped achieve agreement on themes (Padgett, 2008). The independent auditor was an assistant professor in a Marriage and Family Therapy program and received her doctoral degree from a research-intensive university. Her expertise is in sexual and gender minority mental health and she has been published in *JMFT* as well as a presenter at national and international conferences. She has collaborated on qualitative studies focused on sexual identity and relationship processes in the past, and is currently working on a mixed-methods study examining bisexuality in couple relationships. During auditing, she reviewed the entire paper trail of analysis and reflexivity, including first and second transcripts, field notes, and reflexive memos. She then reviewed emergent and final themes and sub themes in order to assess the quality and detail of analysis. Her thoughts were discussed with my advisor and me, and final decisions were made with regard to themes and sub themes. Specifically, discussions with the

independent auditor helped confirm and generate greater detail around the adaptive boundary creation process and cohesion discussed in the discussion chapter.

When the independent auditing and second round of interviews concluded, analysis write-up began, which incorporated changes as the result of these external processes. I achieved an additional layer of data analysis confirmation when preliminary results were presented as guest lectures in research methods and LGBTQ courses. Discussing my methodology and preliminary findings (theme development, thoughts related to how I developed themes and what they were about), further strengthened and confirmed my interpretations of findings.

To uphold the commitment to researcher reflexivity within IPA, I discuss below my personal influence and experiences that impacted how the data were analyzed and interpreted. These are disclosed here prior to the research findings in order to provide context.

Researcher Reflexivity

In order to maintain clarity around my perspective as researcher and the impact of that position, I continued to reflect on my perceptions, experiences and beliefs throughout interviewing and analysis, and included them in the initial noting, written reflections, and in bi-monthly meetings with my advisor. These reflexivity engagements included my feelings about each interview case as it was being analyzed, as well as my experiences as a cisgender woman who does not identify within the community of trans-including couples.

As is the case with the hermeneutic circle, I am consciously aware of my subjectivity in interpreting the analysis. Perhaps the largest influence of this was my clinical work within the transgender community, which was and still is ongoing around this research effort. There was tension between my role as a researcher in a study with couples who have remained together through disclosure, and my role as a therapist working with couples who sometimes break up as

a result of disclosure, or are considerably distressed, as well as working with transgender women who choose not to partner or who struggle with relationships. I had to shift my perspective to remind myself that the inclusion criteria for this project require my acceptance and acknowledgement of a more positive experience than those I typically witness. The couples I see in therapy are much more distressed and working through early stages of disclosure and relationship negotiation. While two of the couples in this sample appeared distressed and coping with ongoing grief, loss, or discomfort, most did not feel that there was much negotiation in terms of acceptance of identity. This was also due to the fact that four of these couples had disclosed identities at the outset of their relationships (discussed more in results section).

This brought up a certain level of sadness for my couples in therapy, with whom I had worked so hard to balance meeting them where they are and also provide an affirming stance to support coming out. Their relationships were not surviving, they were not “just making it work”. They did not see any other options for themselves. Therefore, seeing the strength and resiliency and creativity of the couples in this sample was refreshing. Asking about their relationship did not bring the typical anxiety I see in therapy because we were already discussing a relationship that both partners deemed important to cultivate.

My personal lens as a clinician is affirmative and feminist. This means I honor difference in experience and support for the expression of marginalized identities. I challenge patriarchy, transphobia, heterosexism, racism, and other isms and I acknowledge my own privilege. Therefore, the emerging researcher-participant relationship and my interpretation of participants’ statements may be complementary in the sense that my view is that these couples are already challenging transphobia by being together and working towards adjusting the interworking of their relationship to be affirmative for the transgender partner. An assumption of mine that

preceded the interviews was that these couples may already have a level of emotional bond and commitment that transcends any kind of transition they are experiencing.

As interviewing progressed, I continued to acknowledge my bias and subjectivity as the researcher who is also a clinician as well as an outsider to this population as a cisgender person. It seemed that the majority of couples were happy to share their stories and felt comfortable talking with me, which was perhaps a testament to the joining process I had with them before and after the interview. I was struck by how generally synchronous their stories were. They appeared to be attuned to their relationship and level of connection, including when they were/are disconnected and what needed work, or where they differed in opinion. The couples that had experienced disclosure within their marriages or relationships seemed to articulate their journeys with increased complexity. There was a genuine sense of respect between partners, even during their difficult times in the relationship and in the interviews when they disagreed or were discussing what they still struggle with. Their candidness spoke to how strong their commitment was to staying together and creating the relationship that worked best for them.

My experiences in these interviews highlighted the fact that I am an outsider. But, at the same time I often felt an affinity towards couples as I am aware of the implicit humanity in just trying to make a relationship work despite pain, mistrust, family trauma, and grief. Reflexively, I believe my noticing of the level of synchronicity and connection (even in disconnection) was heightened because of my own struggles with connection and fairness in my own relationships (past and present). However, regardless of the difficulties I experience, I have multiple privileges. My partner and I have not had to contend with minority stress or challenge to cis-heteronormativity. We have not been faced with having to re-negotiate the very nature of our relationship nor have we had a coming out that challenges our support systems.

The hope, honesty, and stability in these relationships and the contrast with my clinical experience as well as my own relationship history were unique in themselves throughout interviewing and analysis. My own personal reflection on participants' stories was sometimes painful but helped me bring forward my own biases, silences, and personal feelings that are explicitly a part of the research process. In doing so, my interpretations of the data were made clearer. What follows below is a profile of each couple, including demographics.

Participant Profile

In keeping with the IPA guidelines put forth by Smith et al. (2009), seven dyadic, in-depth interviews with romantic partners were conducted using non-probability, purposive, snowball sampling. Couples were monogamous for at least six months, and transgender identity had been disclosed at least to the cisgender partner. Couples were at various stages of transition, however all had disclosed to their partner, close friends, most immediate family members, and on social media accounts. All of the transgender women had preferred name and pronouns selected. Most of the trans women participants were on hormones; some had engaged in voice coaching and other feminization such as hair removal, make up, and clothing. Two of the couples were dating, the rest were engaged or married. The average length of time in the relationship was 4.17 years. Mean age was 28 years. Participants were predominantly white, although one trans woman and one cisgender partner identified as biracial. Some participants were also parents; two couples were parents to very young children. The entire sample was also highly educated, with most participants having at least some college, and three with graduate degrees. Most were employed, and a few were students. Couples lived in the North East, Mid- Atlantic, South East and Midwestern areas of the United States. Below is Table 1, a participant profile, which describes basic participant demographics. It also should be noted that in order to support

a post-modern, deconstructive approach to the gender binary (Lev, 2004; Malpas, 2006), participants' self-located gender identities are included, to reflect the complexity, fluidity, and nonbinary construction of the nature of gender itself.

Table 1

Participant Demographics

Couple #	Gender Identity	Partnership	Sexual Identity	Age	Race/Ethnicity	Employment Status	Education	Location	Additional Identifiers
1 Allison & Laurie	Trans woman*	2.5 years	Bisexual	30-35	White	Employed	High school diploma	Northeast	
	Cisgender, genderqueer and gender fluid	Engaged	Bisexual	26-29	White	Employed	Associate's degree		
2 Melody & Stephanie	Trans woman*	3 years	Pansexual	35-40	White	Employed	Some college	Southeast	Parent
	Cis female	Married for two years	Pansexual	50-55	White	Employed	Some college		Parent
3 Rosa & Bethany	Trans woman*	6 years	Lesbian	26-29	White	Employed	Bachelor's degree	Mid-Atlantic region	Ex-Mormon, Parent
	Cis female	Married for 5 years	Bisexual but still deciding	21-25	White	Graduate student	Master's degree		Feminist, Ex-Mormon, Parent
4 Andrea & Michelle	Female	5.5 years Engaged	Homosexual	21-25	White	Unemployed	Some college	Midwest	Atheist

Couple #	Gender Identity	Partnership	Sexual Identity	Age	Race/Ethnicity	Employment Status	Education	Location	Additional Identifiers
	Female		Bisexual	26-29	White	Employed	Some college		
5 Taylor & Nick	Trans woman	9 months Dating/ Living together	Pansexual	21-25	White	Employed	Bachelor's degree	Northeast	
	Cis male		Bisexual	18-20	Asian/White	Pre-med student	Some college		
6 Megan & Grace	Trans woman	11 years Married for 4 years	Lesbian or Pansexual	26-29+	Latin American/White	Employed	Doctorate	Southeast	Parent
	Cis female		Straight, maybe Demi Sexual	26-29	White	Employed	Doctorate		Parent
7 Olivia & Brian	Trans woman / Nonbinary girl	6 months Dating	Pansexual	21-25	White	Employed	Some college	Northeast	
	Cis male		Bisexual	21-25	White	Undergraduate student	Some college		

*The term “trans female” or “transgender female” were used interchangeably with trans woman.

Below, characteristics of each couple are outlined, using pseudonyms. I have included information that will help to understand their current relationship experience, such as when disclosure of gender identity occurred, and how far transition has progressed. Couples were

asked in the beginning of their interviews how they would describe their relationships. What is included below is an interpretation and analysis of those responses.

Couple #1: Allison and Laurie

Allison (trans woman) and Laurie (cis partner) were engaged and planning their wedding. They each discussed being in previous relationships and marriages that were harmful, and this was the first positive relationship in a while for both. Disclosure of Allison's gender identity occurred at the outset of their relationship, and they met at an LGBTQ community function that Laurie attended as an ally. Allison stated that she accomplished her desired medical transition prior to their meeting. This couple was relaxed and playful with each other; they used sarcasm and metaphors to describe their relationship. Gender creativity and flexibility were extremely important in their relationship, and they strongly supported various forms of nonbinary gender expression.

Couple #2: Melody and Stephanie

This couple was married, and both had children from previous relationships. Disclosure occurred at the outset of dating and gender identity was accepted outright. Stephanie (cis partner) presented herself as an ally and researched gender and sexual identity concepts when Melody (trans woman) disclosed to her. Melody had put her medical transition on hold due to health issues, but presented herself as female. Both partners discussed their close physical pull to each other and enjoy spending time together so much that as of their second interview, they had started a small side business together.

Couple #3: Rosa and Bethany

Rosa (trans woman) and Bethany (cis partner) had been married since their late teens/early twenties. They were parents to a toddler. As ex-Mormons, transition had been

difficult in many ways and they experienced quite a bit of religious and family of origin transphobia. Disclosure occurred within their marriage. Bethany noted having a grieving period that was challenging for the relationship at times, although during their second interview, both noted that acceptance had been continuing to shift in a positive direction. Mutual protectiveness and loyalty were strong traits in their relationship, which helped them cope with their many life stressors. They were in the midst of negotiating their transition (i.e., what it will look like, when will things happen) and had both positive and negative days with regard to managing dysphoria and their communication processes.

Couple #4: Andrea and Michelle

Andrea (trans woman) and Michelle (cis partner) were engaged and planning a wedding that coincides with both their anniversary and Michelle's birthday. This couple believed in realism and Andrea also identifies as an atheist. Disclosure occurred within the dating relationship, and they both discussed with humor the fact that Michelle had such "ridiculous" acceptance that she had almost no reaction. Each partner was each other's first positive relationship. Andrea was on hormones and noted that she experiences herself as "passing" well in public (the use of the word "passing" was used by Andrea but must also be acknowledged as problematic as it reinforces a harmful gender binary within the transgender community). Both partners discussed their experiences of enduring pervasive transphobia in their families with a strong degree of sarcasm, and also discussed their individual family members sarcastically.

Couple #5: Taylor and Nick

Taylor (trans woman) and Nick (cis partner) discussed their views about gender and sexuality and labels. Disclosure occurred at the outset of their dating relationship, and Taylor had just begun transition at the time of the first interview. By the second interview, Taylor had

started to dress in a more feminine manner and had a preferred name. Each partner discussed that this relationship was the first that felt like it had long term potential. Nick was also open about how his mental health history had been supported in the relationship, just as Taylor discussed the relationship as a source of affirmation of her gender. Nick also discussed experiencing minority stress due to intersections of race and family of origin culture and his sexuality.

Couple #6: Megan and Grace

Both Megan (trans woman) and Grace (cis partner) had advanced graduate degrees and were parents to two children, having their second child just a few weeks prior to our first interview. They were not available for a follow up interview. They have been together for many years and are married, and therefore have moved through many developmental milestones together. Disclosure occurred when they were dating and Megan crossed dressed for a while prior to deciding to transition. They claimed they are “just making it work” right now and that the transition itself is very new for Megan. However, they were mutually invested in a plan for the long term. Both were open and flexible with regard to sexual identity labels as well as with flexibility of gender roles. The intersections of Latin American culture and Catholicism have been difficult for Megan in negotiating her identity (i.e., guilt, internalized transphobia, family rejection). Race and religious identity intersections were also influential to Megan’s anticipation of rejection in her family of origin.

Couple #7: Olivia and Brian

During the first interview, Olivia (trans woman) gushed frequently about how lucky she felt having Brian (cis partner) as a partner and how supportive he is to her transition. They were each other’s first positive relationship. Disclosure occurred at the outset of their relationship and

Olivia's medical and social transition is in progress. Olivia talked about her "passing" (again, a problematic term but one used by a participant) anxiety quite a bit and how she relies on Brian for support when she's anxious. Olivia also disclosed family trauma that influenced her perceptions of her relationship with Brian and her cautious nature in general. Olivia and Brian broke up between the first and second interviews so did not complete the follow up.

Summary. This chapter detailed methods used in design, recruitment, interviewing, researcher reflexivity, and analysis. It also included an overview of participant demographics. The findings chapter following details themes and sub-themes, and a write up of analyzed results with attending quotes from participants. More in-depth information is provided relative to the impact of minority stress on their relationships.

Chapter Four

Findings

This chapter addresses the research findings resulting from data analysis of seven trans-including couples, and answers the research question: *what are the experiences of emotional bond and fairness between transgender women and their cisgender partners?* Four main themes emerged from the data, and are discussed individually and in-depth with corresponding quotes from couples for illustration. Although each theme describes distinct aspects of these couple relationships, they are not purely mutually exclusive. All four themes, in fact, are interconnected and build upon each other. Themes begin with understanding the context of minority stress and how couples have and are negotiating transition. Then, the main focus areas of emotional bond and fairness are discussed, which clearly draw from each couple's unique experiences with minority stress and transition.

Seven couples were interviewed; five of the seven couples completed second round interviews. One partner of each couple identified as a transgender woman, and the other identified as cisgender (five women, two men in the sample). Couples were monogamous for at least six months and gender identity had been disclosed at least to the partner. Couples were at various stages of transition. Both partners were over 18 years of age.

At the beginning of each first round interview, participants described themselves and their identities. They also discussed when and how disclosure occurred, and what impact it has had on their relationships. There was some variation across the sample relative to whether disclosure happened at the beginning of the relationship or after the couple had been partnered for a significant length of time. Three of these couples (Andrea and Michelle, Rosa and Bethany, and Megan and Grace) were engaged or married and experienced disclosure after

having been partnered (Andrea and Michelle were dating and not yet engaged, Rosa and Bethany were already married, and Megan and Grace had been dating a while but were not yet engaged). The remaining set of couples experienced disclosure at the beginning of the relationship (Allison and Laurie, Melody and Stephanie, Taylor and Nick, and Olivia and Brian).

Most of the sample was in their 20s to early 30s (with the exception of Melody and Stephanie). Two couples were parents to young children (Rosa and Bethany; Megan and Grace); one had older children from previous relationships (Melody and Stephanie). Nearly all partners had some college education or a college degree.

With regard to transition experiences, couples indicated a mix of gender affirmation through clothing only, planning to start hormones, having to delay hormones for medical reasons, participating in voice coaching, or having accomplished their desired medical transition. All couples used preferred name and pronouns. To illustrate further, when Allison met Laurie, she was on hormones for several years and processing a legal name change. However, Melody (Stephanie) had to delay starting hormones for health reasons, but she expressed her gender through clothing and make up (no legal name change yet). This couple had a plan for beginning medical transition as soon as Melody was healthy enough, which was improving by the time of their second interview. Rosa (Bethany) had been on hormones for six months and experienced some positive changes as a result. She hoped to do facial feminization, hair removal and breast augmentation, but was still thinking about what she would be able to afford as well as how she truly felt about surgery. Andrea (Michelle) had been on hormones for several years and was taking voice coaching classes. Taylor (Nick) had been on hormones and presenting as female for about two years but had only changed pronouns, not her name. By the time of the second interview Taylor indicated a preferred name and stated she was presenting more feminine than

androgynous, and was out more socially, which was a shift from the first interview. Megan (Grace) had been on hormones for just a few months at the time of the interview and was not fully out socially or at work, but starting that process. Olivia (Brian) indicated she preferred an androgynous expression and had been on hormones for over a year.

This sample of seven couples described their experiences in their relationships, including their experiences within the context of minority stress. They were also asked questions about how they define and experience emotional bond and fairness, as well as how family of origin (FOO) experiences influenced their conceptualizations of emotional bond and fairness. As such, analyses of their responses are interpretations under four main themes as follows:

- The Context of Minority Stress;
- Negotiating Transition;
- The Feeling of Emotional Bond; and,
- Negotiating Balance.

For each theme, there were several subthemes, which are listed below underneath main themes:

- The Context of Minority Stress
 - Experiences of Rejection
- Negotiating Transition
 - Situating Sexual Identity
 - Mutual Acceptance
 - Mutual Investment in Transition
 - United Against Transphobia
- The Feeling of Emotional Bond
 - Family of Origin Context: Broken Bonds

- Trust, Safety, Predictability During Vulnerability
- Communication
- Negotiating Balance
 - Negotiation of Responsibilities
 - Balance of Emotional Care
 - Family of Origin Fairness

Each theme and its corresponding subthemes are detailed in the sections that follow. Quotes from first and second interviews are included for contextual illustration. Theme one below depicts the multi-systemic contexts of minority stress that were present in partners' lives. Also reported are relational dynamics that couples developed to cope with these stressors.

In order to understand the couples' experiences in their romantic relationships, it is important to first understand the socio-cultural context in which the relationships exist. Though my interviews did not start with examining context, couples inevitably discussed the influence of contextual factors, especially those related to their identities, while describing their relationship. In order to remain congruent with contextual, and attachment theories (which describe influence of family of origin factors) and minority stress and intersectionality frameworks (which describe the influence of macro-level factors on partner relationships), I examine the context of these relationships in the first theme below.

Theme One: The Context of Minority Stress

Meyer (2003) developed the concept of minority stress as stigmatized, prejudicial environmental circumstances that bring added stress towards those with marginalized identities and that affect entire lives of these individuals. Couple's experiences of emotional bond and fairness within their relationship existed within the context of both their unique and common

minority stress experiences. In the case of these couples, external transphobia experienced in their environments (e.g., family, religious communities, social circles), internalized transphobia, and living in a heterosexist and cisnormative society were all part of the minority stress context.

The processes of minority stress exist on a continuum defined by Meyer (2015) as distal and proximal. Distal minority stress refers to events outside of the person that are everyday occurrences (such as chronic strain of discrimination and repeated microaggressions, and the anticipation of them). Proximal minority stress is internalized stigma, transphobia, concealment, and expectations of rejection (Meyer, 2015). Couples in this study explained many distal minority stressors as context for their relationships, as well as sporadic mentions of proximal minority stressors (e.g., anticipated rejection upon coming out).

Minority stress was present in multiple spheres of participants' lives, but couples also had ways in which to combat its damages, and to generate resiliency and strength within their couple subsystem. The subtheme of experiences of rejection pointed to various environmental levels of stigma and discrimination that have been impactful to how partners conceptualized their emotional bonds and perceptions of fairness, including experiences stemming from intersectional identities. Experiences of rejection included transphobia from religious institutions, rejection from family and peers.

It should be noted that family of origin rejection was influential both to the context of minority stress as well as to the conceptualization of emotional bond for some. Some family of origin experiences are woven into participants' discussion about religious rejection in the subtheme below, and relate to how participants negotiated coming out and transition. More on FOO rejection and broken bonds as they related to individual stressors discussed under the third theme: the feeling of emotional bond.

Experiences of rejection. For a couple of trans women (Grace and Rosa), intersections of religion and race/ethnicity had shaped experiences of acceptance and rejection, and played integral roles in their overall coming out processes. One (Andrea) also noted occasional peer rejection. Finding acceptance with their cisgender partners was perhaps a saving grace amidst severe religious transphobia, relational consequences, and even cut-offs from family members.

For instance, Megan's Catholic identity intersected with her Latin American ethnicity in the sense that Megan understood from an early age that a transgender identity would never be accepted within her family. Religious beliefs and family values were intertwined with Latin American culture such that Megan conflated them. Megan illustrated how she came to understand that a transgender identity would never be accepted religiously or in her family:

So basically a big part of why I never actually came out or it took as long as it did was because I was brought up in a very Catholic household and from a young age...I was basically taught to internalize a lot of this and to basically blame myself for behavior I'm supposed to be able to help. One particular catechism teacher was...particularly of a conservative...won't even accept blood transfusion, had a big thing about body modification...then like as soon as I even learn that being transgender was a thing...medically transitioning that was completely unthinkable. While my parents never expressed those particular views as a kid, I never had ever had a reason to believe that their views differ at all from those that they trust me with you know basically being sent to catechism for two hours a week...And I figured if my parents were sending me to this, it was because they believed it too. And they maintain that...I think even most like a white, non-Hispanic Christian families aren't as involved or outspoken about their Christianity...the two people that had the hardest time have actually been my

parents...my dad I think just because I think he [is] just naturally just transphobic and homophobic and just very conservative. And my mother...I think just she's beating herself up because she never saw the signs.

As Megan's Latin American culture and religious culture were inseparable for her, she sensed from an early age that coming out would completely go against most of her upbringing. It would also strain relationships with her parents.

Rosa reflected on the shift she experienced in her family that was the result of moving from a valued and privileged childhood gender role to marginalization within her Mormon family. Rosa translated this into a protective mechanism for herself; shielding herself emotionally in order to cope with the rejection. This in turn, as previously stated by Bethany, had implications for decreased levels of emotional bond and communication within their marriage:

I feel like it definitely shifted the way that my parents view me, um, my siblings don't really talk to me anymore and when they do like half-hearted, like, 'oh, how are you doing? I miss you', but they don't really want to carry on a conversation. So I know I kind of put an emotional barrier between myself and them too because some of the things that they said in the past have just been so damaging that I just don't really want that as a part of my life.

Growing up in the Mormon faith also had implications for how Rosa and Bethany felt rejection as a couple. Given their gender and sexual identities, their partnership would no longer be recognized in their church:

One of the key tenants of Mormonism is that in order to go to the highest kingdom of glory after you die and not anything, you have to be married in the temple and they only perform marriages between men and women in the temple.

Bethany also reacted to this by stating how unfair it felt to her:

We were worried like what this even meant to be together...because she was Mormon...in some ways I feel like that drew us together I don't know in like some ways I was just like, no way, let's, that's not fair and no one can tell me that I can't be with like my best friend forever.

For a while, the couple grappled with how they could continue to be Mormon even if they were going against the tenets of the religion. The rejection from church members, however, was the catalyst for leaving their faith.

Community rejection was not limited to religion and culture. Andrea and Michelle noted multiple experiences of peer transphobia, which heightened Michelle's protectiveness of Andrea. Andrea described one experience with a neighbor who had shut the couple out of a convention and expressed her anger and dejection as she continued to come into contact with transphobic people in her life:

Every time I think I'm starting to be okay, something else happens that is traumatic and knocks me back down to my ass...our neighbor...that we used to be friends with has basically just been bullying me...She's about to lose pretty much all of her power as to how she can fuck with us...we were going to conventions. She removed us from the group of people going to the convention...without telling us and then offered us up to strangers on an online board without informing us...it's a Facebook forum for people looking for rooms...as soon as we were about to get a passport...we found out that we

have been taken out...I just want 100 percent confirmation that it's just literally a personal attack or if it's, um, transphobia on the part of our neighbor because she believes that trans people that are undergoing hormone replacement therapy are mentally unstable.

As Andrea was describing this incident Michelle was witnessing and agreeing with her recount of it. The couple appeared as though they were united in their anger about it and prepared to address it.

In Theme One, the context of minority stress was discussed. This covered experiences of rejection due to gender identity from religious institutions, family of origin and peers.. While Theme One illustrated the distal minority stress factors and their impact on the context of minority stress in couple's lives, Theme Two describes more proximal, internal experiences of minority stress as well as the dyadic negotiations of the relationship transition.

Theme Two: Negotiating Transition

Given the context of difficult family of origin relationships as well as considerable stressors related to their identities, the flow of these interviews also covered transition experiences, and how those connected to emotional bond and fairness experiences. Below I examine themes related to this topic.

While analyzing interviews, I realized that a question intended to gather demographic information provided rich data on the issue of identities in the couple relationship. As they identified themselves in the beginning of each interview, couples discussed their sexual identities. Part of this involved situating sexual identity in terms of whether a label was used, and what that label was. In short, navigating sexual identities in the relationship became a theme itself instead of purely demographic information.

Situating sexual identity. There were different sensibilities and perceptions among cisgender participants about whether and how to negotiate their sexual identities after disclosure. Some participants were also resistant to labels for sexual identity. This was noted by their outright discussions about not wanting to label themselves, or by their comments about hesitance to label or not placing a high value on them. For some couples who experienced disclosure within their relationships (e.g., after committing to monogamy), sexual identity was a greater point of negotiation. Some cisgender partners considered whether to adjust their labels to reflect the social perception of the relationship, or on the contrary, regarded labels as unimportant. A few cis partners noted uncertainty and confusion about how they *should* [emphasis added] identify based on how the relationship was now perceived socially, which underscores that cis partners may have been influenced by the cisnormativity dominant discourse. Cis partners also noted shifts in their sexual identity labels to accommodate the new relationship identity based on their partner's label.

Melody and Stephanie experienced disclosure at the outset of their relationship, and had been together for three years, married for two. In this couple, both partners identified as pansexual. Stephanie was Melody's first partner since coming out, and Stephanie had shifted her label in response to Melody's identity. Stephanie noted some uncertainty but the couple also did not appear to be allowing a sexual identity label to affect their daily relational experience. For instance, when asked their identity markers Melody responded "and I believe I'd be pansexual, but ya know, [Stephanie] is the only person that I've been with ya know since we've been together probably going to stay that way" and Stephanie said, "from what we figure I'm pansexual." Although Melody and Stephanie appeared to be "figuring out" their labels, their responses seemed as if in reality it was insignificant to them.

Similarly, Bethany, noted her decision making process when determining what label to use in response to Rosa's coming out and identifying as a lesbian: "I haven't really decided like fully on what label...usually I just say bisexual." It seemed as though Bethany was in the middle of unpacking her sexual identity, which was perhaps aligned with her grieving process and how the couple was redefining their relationship. More on redefining the relationship is discussed in the following subthemes.

Megan and Grace had similar ways in which they labeled their sexual identities but also kept themselves open to other possibilities. For them, flexibility and the ability to continuously work out their identities seemed important. Megan responded to identity questions by saying, "I am a white, Hispanic trans woman...I am a lesbian, but I would say I haven't met every man on the planet so I cannot rule out the possibility that I am pan." Grace responded by saying:

I am straight I guess although I have also not met every other woman so I don't know what I'm into I guess, but for the most part I appear to be straight and then I am cis? I guess yeah, I'm new to some of these terms so, um, but, so yeah, I even though I'm technically straight I'm also in a female relationship because my partner was initially male as far as I knew and now we're just making it work.

Grace continued to discuss her ambiguity with labels and how that corresponded to the couple's social transition experience. She expressed feeling torn between social perceptions and the true identity of the relationship:

I mean, I'm still not sure how to identify myself in a way that doesn't like A) make people more confused or B) make them think that like I don't know overlooking [Megan's] true sexuality here because if I called myself straight, that doesn't make sense in the visual

relationship we have...I just see us as being in a relationship we've always been throwing all these actual labels on it - just makes things more complicated than they have to be.

Grace challenged the need for labels given her perception of the little impact they have on helping her make sense of her relationship with Megan. It seemed as though she was weighing how much to accommodate others' understanding of their relationship versus choosing a label that validated Megan and herself.

As stated previously, for others who experienced gender identity disclosure at the outset of the relationship, a sexual identity label either did not seem as important, or both partners thought quite critically about what a label meant to them, or they felt it was important to resist labelling at all. Sometimes there seemed to be a lack of personal connection to or rejection of labels. At the time that Taylor and Nick partnered, their conversation centered around their personal beliefs about labels. When asked whether they negotiated sexual identity labels at the beginning of their relationship Taylor reflected on their discussion:

I was pretty secure in being pan trans, he was pretty sure in being bi, actually the conversation that preceded us going on our first date involved discussing why we use the terms we use for our sexualities...It wasn't as it pertained to each other initially it was I had made a post about pride going on and my thoughts...and [Nick] messaged me after that um asking, initiating a conversation about why I use the terms that I used, but it wasn't like a 'hey I'm asking you out does that fit your sexuality kind of thing' it was more of a we knew what our sexualities were and were purely discussing terms.

Nick stated his awareness of the cultural baggage that comes with sexual identity labels, which many times enforces a gender binary. He rejected forcing identity into boxes with labels:

Um okay, um so the number one reason why we-I had this discussion I lean more towards identifying as bi as opposed to pan is because I feel like pan has cultural baggage attached to it just because...people assume something about people who are versed enough to know that terminology...pansexual for me I like to say that it is attraction that is unbounded by gender uh which is both, an acknowledgement of gender not being a binary which is something we're both very well aware of. But also the fact that I'm a person who frequently finds androgyny attractive and in many cases people who are presenting in a very androgynous fashion are sometimes doing it to reflect identity that is not strictly male or female sometimes and in my case I just I tend not to like labels because people are hard and not really good to fit into boxes.

Taylor and Nick outlined a more complex picture of their thoughts about connections between sexual and gender identity. For them, labels were cultural and political. Both believed in respecting the right not to label, presenting with a more androgynous expression through clothing, and they were both cognizant of the need for acknowledgement of nonbinary and flexible identities. Perhaps for Taylor and Nick (as well as for Olivia, discussed below), the dominant discourse around nonbinary or androgynous gender expression (i.e., the social pull to label and identify in a binary way) was strongly connected to their minority stress experiences (i.e., feeling pulled or forced to label, present or identify in a way people can understand). However, for Taylor and Nick, they resisted this pull and acknowledged the complexities of these constructs to themselves and each other.

Some of these sentiments were shared by Olivia. She was reluctant to label herself but also noted social friction between her preferred nonbinary expression and the dominant discourse

push towards a sexual identity label and binary expression in order to be considered “feminine enough” for a trans feminine identity:

Um, sexuality, uh, I guess (pause), and I tend to like I guess kinda pansexual, but I don't know, somewhere around there... Somewhere around queer pansexual let's just say queer bisexual pansexual whatever I don't know... Somewhere around there I'm just open to like anybody.

Olivia's reluctance to label and use of multiple labels was connected to her gender experience and the importance to her of being open. When discussing her gender identity Olivia stated:

I don't know like I don't feel like is that a boy or a girl, like um recognize that I really want to look as feminine as I possibly can. And I kinda realized where I lived my life as a woman and be perceived by others as a woman, I had to realize that um (pause) in this society I have to either perceived as either boy or girl I don't think that I as much as I'd love to be right there in the middle and androgynous all the time that's not gonna happen, I'd rather like let people figure this out and people who I trust and care enough to know about my nonbinary identity... but so yeah trans girl works but mainly nonbinary [and] outwardly transitioning to be a trans girl.

Olivia was the only trans woman to bring up a nonbinary identity as part of her gender. She also expressed here that the binary discourse in her social experience was strong enough to suppress her true label in favor of something others could understand. So, in contrast to Taylor and Nick who frequently debated their labeling/non-labeling beliefs, Olivia chose to participate in the dominant “pull” to label herself with something that did not truly fit for her at the time, but made her feel more accepted as a woman.

The experiences detailed here illustrate the complexities of sexual identity as an individual, relational, and political construct. Each couple was unique unto themselves and identities and labels were situated and constructed based on how they were experiencing themselves, the other, and their worlds, including macro level stressors and pressures. Common themes also appeared, with partners elaborating on their thoughts about cisnormativity and binary conceptions of gender influencing their rejection of labels or acknowledgement of fluidity and nonbinary expression. Honoring their partners' identities was also important, as well as choosing a label or choosing to not label based on personal beliefs about themselves and their contextual experience of gender in society.

Mutual acceptance. For couples in this study, cisgender partner acceptance was noticed by transgender women. Cisgender partners who showed support and unconditional acceptance of their partner's gender identity did so with empowering statements, by encouraging and complimenting expression, and by being accepting of gender fluidity and flexibility. Some trans women were vocal about their partner's unconditional acceptance of their gender, and stated that they enjoyed the positive, unwavering supportive stance of their partners as powerful sources of gender affirmation.

Unwavering support for gender expression flexibility were very evident between Allison and Laurie, who spoke frequently about their playfulness with expression, and their commitment to accepting each other's flexibility. Allison also expressed surprise at her realization that Laurie would always accept her gender, even on days when she was feeling down and dysphoric:

Wow you actually accept that I'm trans from like right off the bat like...there's just nothing to it like I'm trans and she's like 'so'... from day one [Laurie] has done nothing

but validate my existence as a woman and has empowered me too - ya know you have your days when you're not feeling one hundred percent.

For Allison and Laurie, unconditional acceptance, freedom of gender flexibility, fairness and emotional bond were all connected. Their strong bond and acceptance of each other allowed them to honor flexible gender expression for Allison as well as Laurie, who identified as both cisgender and genderqueer. They both held firm beliefs that fairness in their relationship was partially about being able to respect each other's gender expression, whatever that may be. Their exchange below illustrates how they made these connections. Allison discussed how she understands Laurie's need for flexibility based on her own experience with transition:

I feel it's very unjust to expect someone who identifies as gender queer to stick to one gender. Just like with me with my transition, like all my life being stuck to one thing and now I've moved away from that so I personally like the first time she explained to me that her ex was very much like the it just I was so infuriated because being someone like myself, I really am all about like be who you are, not who you think people want you to be.

Laurie brought up the importance of supporting the same fluidity for Allison, as well as being sensitive to and careful not to label or judge an expression as "masculine:"

I think with in the sense of fairness, we both, like [Allison] was saying, we both respect the fact that it is fair for us to let us express ourselves in any way we want to and try not to like necessarily like, you know, judge, like sometimes like it's not very often and [Allison] will wear something that's maybe more masculine I'm not going to like knock on her shoulder and be like, hey... I feel like you know, if she wants to wear a suit for whatever reason, like she can wear a suit, you know.

Cisgender partner acceptance presented itself in both overt ways, as with Allison and Laurie, as well as in more casual ways. For Andrea and Michelle, Michelle's nonchalant; lack of surprise when Andrea came out was what was most affirming. Andrea discussed how she experienced Michelle's reaction or lack thereof, as shocking and even humorous:

And then like literally within a month I got on hormones and I, you know, I was scared because I asked [Michelle] how she would feel if I got on hormone replacement therapy and her and her response was 'eh, you do you'. My response to that was: 'really, that's all you have to say?' I'm going to remember this forever too, is her response was 'you do you do.'" It was hilarious.

In order to understand whether Andrea's sarcasm in saying this was masking something, I asked whether Michelle's lack of reaction was painful in any way. Andrea responded: "It doesn't cause any pain, I just, because it's just like a level of acceptance. Just ridiculous. The degree of not surprised..." For this couple, continuing their relationship as usual was what appeared to be the most supportive reaction for Andrea.

For two couples (Rosa and Bethany; Megan and Grace), cis partner acceptance of gender was still a work in progress. Megan and Grace experienced disclosure within their relationship (prior to getting married), but the transition did not progress until recently. Grace mentioned taking it "one day at a time". The stress of transition had been aided by Grace's unconditional acceptance, even despite her struggle to find a sexual identity label that honored herself and Megan. Megan explained in detail her gratefulness for Grace's loyalty and acceptance:

I'm just incredibly grateful that, um, [Grace] is willing to; I think consider that [sexual identity label]. I think um, a lot of women in her position,... just overthink the labels, trying to question the nature of the relationship based on a bunch of different um,

presuppositions of what a relationship is supposed to be and how that fits into like their identities. So the fact that [Grace] was just kind of allowing things to just flow and...her lack of concern with labels and just more concerned with just like, you know, the actual realities of like how we continue to operate. And the thing is like, it shouldn't really affect how we operate....I'm very, very pleased and, and yeah, very, very happy. ..I was bracing for the possibility that she would ask for a divorce the very moment I came out to her...in just a single word it would be grateful.”

Unconditional acceptance was a powerful aspect of dyadic functioning of Megan and Grace’s relationship. While taking it one day at a time and expressing gratitude helped Megan and Grace work through daily struggles with transition, Rosa and Bethany’s transition had been more difficult. Disclosure occurred within their marriage. Bethany struggled with cycling grief and loss that sometimes caused Rosa to shield Bethany from disclosing her dysphoria, in an effort to protect her. Bethany’s grief centered around experiencing a disconnect from Rosa prior to disclosure. She began to sound upset as she illustrated the impact on their relationship:

I think emotionally in some ways we’re more, well, I mean we’re a lot more open because I had no idea that this was even happening to her all I knew were things that like, like, that she felt really ugly and I didn't understand why she would never take pictures with me before she came out and I didn't understand like, why, why is your self-esteem so low, like why do you feel so ugly? Like I don't understand...it was harder to talk about things because I was still grieving and coping with it and going and I just had a baby and was trying to finish my masters so I was feeling overwhelmed. And so...there's a lot that she doesn't tell me because she feels like I can't handle it right now.

Through her ups and downs, Rosa attempted to be Bethany's "emotional rock" in order to respect her grieving process and protect her from her feelings. However, in turn, this sometimes added to Rosa's internalization and depression. Since coming out and working towards Bethany's acceptance, they have both realized the need for a developmental shift in the relationship in order to be more emotionally expressive. As of their second interview, however, the couple mentioned that Bethany's grieving process had settled, and they were more stressed by their phase of life (parenting a toddler) rather than feeling the daily stress of transition. They both discussed this process, as Rosa said "Yeah. I feel like most of it's probably not necessarily trans related" and Bethany responded "I feel like it would be better if we didn't have so much stuff going on... and [Rosa] has a lot of trauma that she's dealing with that that's where it gets kind of overwhelming with the external stuff," Rosa then replied:

I feel like the transition isn't much of an issue in our marriage anymore...especially compared to what it used to be." [Bethany agrees]...I think I might have shifted just a tiny bit more um just because I feel like as things go on and like, I don't know as, as more time passes, it just becomes like less and less and less of the focal point because you're just like move further and further past the initial coming out phase and all that stuff. So it's just like, yeah, I'm trans. It's not really something that we're still like dealing with so much for me. [Bethany agrees].

As time has passed, Rosa and Bethany's relationship had made a developmental shift so that transition was normalized and a part of their identities. Other life stressors such as parenting and school seemed to be at the forefront of their lives together.

Megan and Grace and Rosa and Bethany were still working through earlier stage transitions, and therefore Grace and Bethany's acceptance of Megan and Rosa's gender were

perhaps pivotal to the strength and overall health of the relationship. For couples who disclosed and accepted their partner's gender when they began dating, acceptance had already been established, and emotional bonds were built with this in mind. In order to move forward with transition, couples developed a mutual decision making process and investment in what was to be done and when. This is discussed below.

Mutual investment in transition. Mutual investment in transition was a process of collaborative decision making, meaning couples decided on the details and timing of transition specifics together, and did not move forward until both felt comfortable with the next step and its impact on the relationship. However, for many couples this also took the form of the cis partner playing "supportive consultant" in terms of dressing and presenting, and general coming out progressions. Sometimes, being a supportive consultant had a playful, creative tone that both seemed to enjoy, and aided in the trans partner feeling more accepted and feminine. Mutual investment also incorporated the cis partner's support of feminine expression and affirming behaviors, such as compliments, helping with hair, makeup, clothing, and being someone the trans partner could go to for advice, questions, input, etc.

For example, Melody had been grappling with some health issues that delayed her medical transition. In light of this, she and Stephanie found other ways to continue transition and in parallel made a plan for getting Melody's health on track so that she could begin hormones. She and Stephanie dressed together and she frequently consulted Stephanie for feedback. Melody discussed their mutual decision making:

Yeah there's just no one sided decision in our relationship you know everything is either talk to or you know, agreed upon based on prerequisites you know...that's based on, you know, on the common need that something needs to get accomplished like with my

health you know we both mutual agreed, you know, with the, you know, my health comes first so...I mean, it's not one of those decisions where [Stephanie] is like, wait...[she] says OK, you're not doing this do this it's a mutual thing between us both.

Stephanie also noted showing her support and investment in Melody's transition by recalling their mutual process with helping Melody dress. She indicated her support for Melody by stating her desire for her to increase her confidence with gender expression:

You know we look forward to going out and being ourselves I'm saying, you know, just be yourself want to sit around the house in whatever clothing, that's fine as long as be comfortable and you know, trying to um, she's got her own style...she relies a lot on me to um present because do the makeup and everything and I'm trying to show how this is how you do it's so she eventually will do it, but she does rely a lot on me to get ready even to now you know, instead of asking me about clothing, I'm wearing this, so that's getting a little better, you know, getting more confident in and presenting herself.

Here, Stephanie illustrated her desire for building Melody's confidence with her gender expression, and also supported flexibility and comfort. Stephanie didn't appear to have binary values or ideals that limited Melody's expression in any way. Rosa and Bethany also engaged in dressing together, but given Bethany's grieving process, mutual decision making was more critical.

Bethany previously mentioned her difficulty processing her grief. Here, she continued to discuss how a sense of security in the relationship is maintained. This was based on the couple's mutual belief in not moving forward with feminizing treatments until a joint decision had been made. Bethany described:

I just think about like joint decision making I guess and like making sure we're on the same page with things...every aspect of her transitioning, like we decide together and sometimes it's really difficult and sometimes it's not and we're really on the same page but I don't feel like either of us move forward and unless we're on the page because we like because we know that like we want us to both be as happy as possible and we want to stay together...even little things...she just wants to feel like attractive and everything so she will even ask me like what I think about outfits and things like that. Even like little things like I feel like we're both involved in that together.

For Rosa and Bethany, a slower pace was needed. Nevertheless, their mutual investment in moving forward and Bethany supporting Rosa in her expression appeared to be a relational dynamic that reaffirmed their commitment to each other. A similar slow pace was expressed by Megan and Grace. Grace brought up the newness of Megan's transition and the need for a slow navigation of compromises. She gave the impression that she was unsure of her own feelings until presented with various situations that needed negotiation. Slow pacing and a "one day at a time" stance seemed to be what she needed and what the couple had agreed upon. Grace described further:

Yeah, I think there's a lot of compromise and a lot of just navigating um unfamiliar territory in general. It's hard to know how you react in a situation where you'd never have to be until you get there. So we're just kind of taking it one day at a time in a lot of ways. Even with a slower pace, Grace was committed to Megan's transition and willing to invest in the energy required to manage it. A mutual investment in transition also became a source of affirmation for couples. For instance, in their second interview, Taylor and Nick pointed out that their relationship had not only been a source of affirmation for Taylor, but a space where they

could discuss transition and Nick gave Taylor feedback, which she enjoyed: “I might also say that...the relationship has helped build upon your gender identity. You definitely mentioned it's been a great source of affirmation.” Taylor replied:

Yeah, that is definitely the case. And also have a source of, well, there are plenty of people in my life who are staunch allies and people I can go to for anything or really asked anything. Oh, it's certainly been very nice to have my partner be one of the whole most people I can say ‘hey I'm considering going by their name’ or ‘hey, I'm thinking about like this thing that affects our relationship or may affect like our sex life’ or what have you.

Joining together in mutual decision making around transition was an interpersonal process of mutuality and reciprocity during transition. On a more macro level, the next subtheme of united against transphobia occurred also as an interpersonal process. In order to combat their extra-dyadic experiences with minority stress and transphobia, partners joined together in a common fight. Cisgender partners frequently spoke up against transphobic situations in an effort to create safety for their partners. Transgender women noticed and acknowledged their partners speaking up for them. This is discussed more below.

United against transphobia. Regardless of whether couples were in the midst of grieving and negotiating identity, partner protectiveness was evident for many. Cisgender partners explained their frustration and anger with religious and family situations, and the need for their protective stance to ensure emotional safety, and demand respect. The mutual sense of pain during transphobic situations depicted an “if it’s happening to you, then it’s happening to me” attitude in the relationship. Minority stress was felt by both partners across multiple intersections (e.g., gender and race/ethnicity, gender and religion), and had been adopted as both

a personal and political stance for couples. For example, Rosa and Bethany discussed their Mormon identities and the difficult process of realizing that continuing to practice their faith would involve constant discrimination. Rosa explained being ostracized and Bethany described stepping in for her “Mormonism and being transgendered doesn't work. They don't necessarily like kick you out or excommunicate you per se, but they very much ostracized [me].” Bethany replied:

[Rosa] hasn't been Mormon for a while but I'm still holding on to it like ‘oh, maybe it can work’ ...and the bishop...he said that she wasn't allowed to use the bathroom and that was like the final straw where it's like that is just an injustice and not - it just made me angry. So we were like really united over that over like me feeling protective over her and her just feeling like sad, like she doesn't belong.

In their second interview Bethany and Rosa continued to discuss the bathroom issues, which had escalated with the church leaders. Bethany again described her anger and how she stood up against the discrimination, as Rosa was still being prevented from using the bathrooms in the church:

I'm like extremely protective of [Rosa]. A couple of weeks ago we even had some Mormon church leaders come over to our house and [Rosa] was like really quiet and usually I'm like a really quiet person too. But I was like, I was like almost yelling at them, like I'm really protective of her.

Rosa then followed “...they're saying that I still couldn't use the bathrooms and stuff at the church.”

Andrea and Michelle were vigilant in social situations, and Michelle frequently took the lead in standing up to transphobia so that Andrea would feel protected. Andrea described how

she notices when Michelle steps in and looks out for her. They had the following exchange in their first interview, Andrea stated: “ considering the dynamic of who it would be directed towards, I think [Michelle] notices that kind of stuff first and goes into correct and stuff like that before I even notice,” and Michelle replied “I’m just looking out to make sure no one's a massive dick.” When asked how she experiences Michelle’s stepping in, Andrea responded: “Um, it definitely further bolsters my respect for [Michelle] yeah...she has the ability to take it and respond a little bit faster to social situations than I do and she takes care of me when needed.”

Michelle also stepped in for Andrea with her mother, refusing to stay silent when Michelle’s mother expressed transphobia. Michelle explained: “I told my mom she asked me if I wanted to leave [Andrea] because she had been lying to me the entire time.” When I asked how she handled it she responded sarcastically: “No, and then we just never really talked about it again. She brought up once, like I might never see [Andrea] as a woman and I’m like, well, get your eyes checked.” As illustrated here, family members for both partners were sometimes unsafe. For Melody and Stephanie, some extended family members with staunch conservative views were dangerous. Stephanie reflected on how she supported Melody with coming out to family by encouraging her to keep going when Melody had a difficult time with coming out conversations:

Just me being supportive because mostly it’s hard telling our family members talking to her grandmother and her son, and so just me being supportive...and saying you know ‘come on you can do it keep going’. Um, because it's [not] something that you wanted to do but and needed to do.

This thread of rejection by one’s mother and extended family transphobia continued with Megan and Grace. Megan and Grace had also experienced family rejection from Grace’s

mother. Megan had stopped talking to Grace's mother, and Grace had recently begun to stand up to her mother when she used the wrong name and pronouns for Megan. Megan discussed how she hoped Grace's response would eventually normalize their relationship with the mother:

But another thing is I think that this was reciprocal benefits for her too...whenever she had spoken to her mother, she has until recently has been dead naming me and mis-gendering. She just tries to avoid the topic altogether, but if it does come up, she just tries to basically maintain some normalcy with her mother by...recently as should be done to insist on using my proper name and pronouns. And I think that...it would certainly go a long way toward helping normalize [the] relationship with her mother I haven't spoken to in over nine months.

Being united against transphobia is one way couples deepened their bond. Being united against minority stress brought them together by showing emotional support towards each other in challenging situations. For couples and cisgender partners who held privileged identities prior to coming out, being united against transphobia was also a process of letting go of privilege (e.g., no longer being seen as a cisgender heterosexual couple or person) and learning to create safety for themselves by demanding respect in oppressive situations they now encountered.

In Theme One, the context of minority stress is described as a function of couple's families of origin, social locations and community experiences. This context of minority stress was inexorably tied to how couples have experienced transition to-date (Theme Two). Couples became united against transphobia and minority stress, and as they united against these external issues, they also developed a rigid boundary around their dyad. Various processes such as communication, cis-partner acceptance, mutual decision making all aided the efficacy of their couple boundary and helped partners feel united in their commitment to transition and

responding to transphobia. In Theme Two we saw each couple negotiate a best fit for their needs, including how they situated their sexual identities and worked towards cisgender partner acceptance and mutual investment in transition. Theme Three below outlines the feelings surrounding emotional bond, and the processes by which each couple generated their close bonds. Each couple defined emotional bond in their own terms and discussed what it meant in their relationships.

Theme Three: The Feeling of Emotional Bond

The ways in which partners described what emotional bond meant to them was largely universal across dyads. Many described their bonds as characterized by safety, trust, predictability, and stability, especially during times of distress and vulnerability. Knowing that the other was not going to leave them when the relationship became difficult or when one or both were distressed was a quintessential feeling of being cared for. A sense of attunement or understanding each other's needs and working towards providing those needs was also salient. A mutual sense of sharing the other's lows and "burdens" was what constituted a sense of bond.

It must be noted, however, that emotional bond for these couples was developed within the context of distal minority stress (Meyer, 2015), which were the broken family of origin bonds for many as well as religious and peer rejection and transphobia (discussed in the previous two themes). As explained in "united against transphobia", both partners experienced transphobia when it happened. Given this grueling context, couples developed bonds that were strong and protective. Doing so enabled them to manage these stressors and afforded them with a safe space and refuge within which they could respond and seek to calm each other's distress. Emotional bond served as a protective barrier against minority stress. The next three subthemes

illustrate how couples unpacked their thoughts about emotional bonds and bonding in their family of origin and current relationships.

As couples reflected on emotional bonding in their families of origin, some individual partners brought up family of origin difficulties relative to intersectional identities. This indicated the complexities of navigating minority stress as a family identity (e.g. poverty, racism) as well as an individual identity (e.g., sexual identity).

Family of origin context: broken bonds. The family of origin broken bonds described here illustrate previously established family patterns/events, and traumas. These experiences of broken bonds existed for participants prior to partnering in their current relationships. As part of their family of origin context, some individuals survived growing up with sexual and racial minority stress, were experiencing mental health issues, had coped with substance abusing parents, or grew up in poverty. Others spoke of inconsistent and painful experiences growing up with lack of or broken bonds with family members. They made meaning of these FOO broken bonds by contrasting them with feelings of bond in the current relationship. For example, Laurie, cisgender, genderqueer and bisexual partner to Allison, a transgender woman, articulated her family history with broken emotional bonds and lack of trust. She also grew up poor, which added to her feelings of injustice. Laurie detailed how her relationship with Allison had been healing and fulfilling despite the pain of abandonment in her family:

I kind of have like those daddy issues where I've been like, I want his acceptance, I've want his love, but I'm always rather searching it but the older I've gotten, I've gotten to the point where logically I told myself this is never going to happen like you just need to realize it and which I feel like makes, you know, our bond and a lot of ways stronger because [Allison] understands that part of me that's very vulnerable because of

that...When I was 12, my mom ended up taking in a uh guy and then she ended up marrying him but when that happened, our emotional bond took a very huge hit... she [mom] wasn't there for us like we like she was because she became so involved in herself I feel like and her new life...I was 12 like I still needed you like WTF kind of thing...and with my dad I feel like a lot of my bonds have been broken in a sense. I feel like a lot of people who should have been there for me...but the sense is that those bonds that are supposed to be safe and trusting and people that are supposed to love you that are supposed to be there had been very broken and...a lot of trust has been lost because of that. So having an emotional bond with [Allison] makes it that much more stronger because there's that fear of jumping off into that ledge kind of thing...and with fairness um, I don't know I grew up really poor, like I had a really hard child life growing up, so to me a skewed fairness is very, you know, it's, I guess maybe not your typical fairness, you know.

Bethany (cisgender, bisexual partner of Rosa, a transgender woman) detailed her family experience as characterized by chronic instability and insecurity as the result of domestic violence and substance abuse for both her parents. She recounted some chaos in her family environment as well as loyalty alliances with her mother and sister, which she stated has had an impact on how she experienced her marriage to Rosa and the shift in emotional commitment she felt as Rosa coped with dysphoria. Bethany developed a belief/value in being extremely loyal and honest with family members and noted that she felt anxious and insecure when Rosa shut down:

There was like a lot of instability in the family so sometimes it would be really stable and sometimes it would be really chaotic...there were almost like these alliances in the family

where my sister and mom and I would be like extremely emotionally bonded and felt like we had to be really, really loyal to each other. Um, so I think that's affected...when I feel like if [Rosa's] not being honest or she hasn't like if she's keeping something from me, I think, I am probably more reactive to that than maybe someone who didn't have that background would be because I feel like...we're obligated to be really loyal and honest to each other and to have that together.

Similar to the broken bonds in Laurie and Bethany's families of origin, Olivia, a transgender nonbinary pansexual woman partnered with Brian, a cisgender bisexual man, experienced a chaotic childhood that was also characterized by emotional and verbal abuse at the hands of her stepfather who was alcohol dependent. Olivia spoke about herself as a cautious person when it came to romantic partnerships because she had witnessed a shift in her family dynamic after her mother remarried:

Things just really kind of shifted and got really bad when my mom married my stepdad... when they were dating things seemed pretty cool...they were dating like three months and then they got married so um I guess things shifted...But I guess like one thing I've learned, like I do not rushing relationships... He was um like, he was always just very angry and just always just very moody and I remember one time I was a kid, like they were arguing and he threw like a bag of sauerkraut at her.

Broken bonds in family of origin and histories of abusive dynamics were only the first layer in setting the context of minority stress. For a few participants, intersections of race/ethnicity, sexual, and religious identities were complicating factors during their coming out processes, and when navigating connectedness and acceptance from family members. For instance, Nick, an Asian cisgender bisexual man partnered to Taylor, a transgender woman,

recounted how his racial identity was rejecting to his sexual identity. Nick's sexual identity intersected with a cultural family dynamic that did not address mental health or provide space for emotional expression much less sexuality:

I would say that there's more somewhat the measure of dysfunction between me and my parents is because my dad is a first generation immigrant and comes from, from, a different cultural background and is [a] somewhat conservative cultural background which, um doesn't really touch upon sexuality it's just that like, more general conflict by being a first generation immigrant...also in terms of a big issue that I struggled with a lot is was I was definitely in an environment where I was told to kind of, to plant my own, my own needs and like wants in exchange for other people, and not so like not to prioritize things like one that I worked on a lot that I was taught to not prioritize things like basic self-care.

In his relationship with Taylor, Nick learned self-reliance, and to prioritize his own mental health needs. He also garnered support from Taylor around his mental health diagnosis of complex PTSD, which enhanced his experience of trust in the relationship. Nick's mental health issues have also had a circular effect on his empathy for and understanding of Taylor's gender dysphoria:

This was a conversation [Taylor] and I had a couple times early in the relationship where she...could see how um my knowledge of dissociation and depersonalization could lead me to be very empathetic towards issues with like gender dysphoria... I see it in a lot of ways it is like learning like lessons from past relationships and trying to bringing it into this one...there is a lot of new things regarding like interpersonal support, physical affection that are new ground for me but I approve of them. And certainly I found

[Taylor] to be wonderfully supportive and wonderful but she gets that enough already... I have um CPTSD with pretty pronounced dissociative symptoms, I've gotten a lot better over the past couple of years but a lot of that was very self-directed...for instance neither of my parents approve of psychologists or psychiatry so one of the things that I did after I turned 18 was to work multiple jobs to pay for psychiatric medications, psychological care.

As illustrated by Bethany's, Laurie's and Nick's comments, current partner relationships were environments where broken family bonds could either be healed, or places where partners tried to understand how their family of origin histories played out in the present. Partners who experienced affirmations, empathy, and understanding derived strength to cope with these broken bonds.

The ways in which couples defined and spoke about what "emotional bond" meant to them was specific. Most if not all couples did not hesitate when thinking about this concept or describing it. The associations and definitions of emotional bond are illustrated below.

Trust, safety, predictability during vulnerability. Couples were asked to define "emotional bond" for themselves and to describe what it meant to them in general and in their current relationship. For nearly all couples, words such as: "trust, safety, protected, and mutual care" were stated when they described what emotional bond meant to them. Both trans women and cis partners revealed that they relied on trust in their bonds when feeling vulnerable or worried about stressors in their relationships. Being able to accept the low points (such as coping with dysphoria, working on communication issues and feeling disconnected) served to reaffirm a sense of trust in these partnerships. Much like any dyadic romantic partnership, trust in the commitment between partners was a base layer to a strong relationship foundation. A few

couples brought up that above all, they trusted the security of the relationship and their partner implicitly. No matter how problematic and challenging minority stress and the relational stress of transition may be, they were bonded to each other. Bethany discussed this after she and Rosa disclosed their difficulties with transition thus far. Even though their daily lives presented challenges to their connection and level of bond, they each trusted the strength and unwavering commitment to each other. Bethany explained:

I know if I need something, like I know she'll always be there for me, I know she'll be there for me but so it's not like anxiety for like broader things because I know she's always going to be there for me and I can depend on her if I really need her to but more so anxiety of like, I don't know, more day to day things like can I talk to her if I feel connected with her right now or am I going to feel more alone because we're both kind of separate doing our thing.

Bethany was essentially discussing her sense of trust that even if her daily feeling of being bonded to Rosa wanes her commitment to the relationship will always be there. Rosa echoed this sentiment, but also brought up aspects of internalized transphobia as an interaction between proximal minority stress and emotional bond. Rosa appeared to struggle with feeling connected as the result of coming out and transition. She articulated her worries about her transition's impact on their physical and emotional intimacy. She expressed fears of rejection:

Yeah, sometimes I have fears...I know it's kind of irrational, but that [Bethany] won't really love me anymore because I'm transgender...I think that there are times when [I'm not] personally feeling attractive and I think that there's no way [Bethany] could find me attractive either. So there's times when I definitely worry about it and I do feel a little less secure, a little less. Like our relationship is [a] super strong bond...Sometimes I feel

like it's a little fragile so that's kind of scary for me...we go through...waves in our marriage to where we have more attachment and less attachment...it's definitely been hard and I think that me being transgender is just one of the things that adds to the difficulty of it on top of like having a toddler.

Just as Bethany discussed a foundation of trust in commitment and bond to get her marriage through rough times, trust was also central to emotional bond for other couples. Megan brought up the fact that trust to her is harder to build and therefore a powerful pillar of how she and Grace navigated their relationship:

Trust, trust. It's a lot easier to love someone than it is to trust someone because I love a lot of people and I trust almost nobody like. Yeah. And that, that's one of the things that's like incredibly difficult to cultivate and then something that's very, very easy to lose. And I really cherish [Grace's] confidence and trust in me. And I think [Grace] values her and with that comes a lot of honesty too.

Megan valued mutual trust and care and willingness to accept the other's burdens and everything that comes along in the relationship. She illustrated:

My emotional bond to [Grace] really stems from...a mutual trustworthiness, um, mutual care for one another. And I, we like what she was saying before to have a willingness to accept each other's burdens when we have the capacity to do so...so that neither of us is dealing with [it] at one particular time. So it's team work and trust...So I've actually never felt more secure in my marriage, any point in our relationship than I do right now because I'm no longer hiding anything.

Megan's sense of openness and mutual trust was also solidified by the fact that she was finally out to Grace and Grace was accepting and supportive. A willingness to accept each other's

burdens as Megan explained was also paramount to how Rosa conceptualized emotional bond in her relationship with Bethany. Rosa spoke about sharing of emotional burdens as well as emotional highs:

So I would say emotional bond to me kind of means like of like a little bit what we were talking about earlier, like sharing emotional burdens, um, being there for the other partner and when they need it and maybe like also sharing, not just the emotional burden but also the emotional like high points I guess you could say...so sharing like moments of joy like if we are having fun with [child] or something and like going on walks together and feeling emotional closeness.

In essence, accepting the good with the bad was the quintessential feeling of emotional bond for Rosa, which was echoed by Bethany by how she described her trust in their bond. Similarly, trust and mutual care were central to Megan and Grace's establishment of emotional bond.

Other aspects of bond were protection and safety. Feeling protected and safe seemed to be a common undercurrent to happiness for Allison and Andrea, who described emotional bond as "safety" and "protected". Within the context of minority stress this aligns with a sense of security that was particularly important to transgender women given the insecurity they were met with in the world. Allison discussed feeling safe that Laurie is not going to change her mind about the relationship:

Well one thing where that comes to mind is safety. You know, I definitely feel like you have my back one and I don't feel like you're going to go anywhere or suddenly change your mind or you know, throw me for a curve ball kind of thing.

This sense of steady security was also present for Andrea. She mentioned feeling taken care of and protected by Michelle, who frequently stepped in if she sensed a transphobic social situation.

Andrea stated: “I can definitely mention how [Michelle] makes me feel because she makes me feel happy and protective, protected and safe and taken care of.” Andrea was referencing Michelle’s keen sense of protectiveness for Andrea when she encountered bullies or those who made nasty comments. This included Michelle’s mother, against whom both partners were bonded.

However, finding a secure bond was not easy for every couple. Olivia and Brian struggled with attunement in their first interview with Brian appearing very quiet and not contributing much, while Olivia restated multiple times how lucky she is to have Brian. Most of this couple’s first interview was characterized by Olivia doing the communicating about their relationship, with Brian saying very little unless prompted by me. By their second interview, the couple had broken up. Communication skills, or a lack thereof, were integral to determining how strong emotional bonds were. The next subtheme covers the types of communication that were effective for building strong emotional bonds.

Communication. Clear, honest and frequent communication was for these couples, the primary action by which they check in with their level of trust and bond, as well as how they effectively and prudently negotiated fairness. When partners feel shut down or overwhelmed, or when trans partners are coping with dysphoria sometimes communication was impacted, which translated into a feeling of imbalance or insecurity (e.g. Rosa and Bethany, discussed below).

However, many of these couples were well aware of and readily articulated this process and the potential pitfalls that occurred when they did not proactively communicate to ensure that their feelings were forthcoming and open. For example, Stephanie reflected on how her marriage to Melody was different than previous relationships because of its openness, and that the two of them work to ensure no secrets are kept:

Um, from the beginning we didn't keep secrets. We were pretty much very open and so um for me even [to] keep something that was bothering me or something that eventually I have to tell even though what I used to do when we first met, I had such a hard time expressing saying something.

Working on expressing herself seemed to help Stephanie with her communication with Melody. Allison and Laurie had a “no harboring” rule in their relationship to ensure straightforward congruency in their communication patterns. Allison described their communication:

Just right out there...typically there's not a lot of harboring...[to Laurie] I don't really think you've harbored anything necessarily there's just you know any if any kind of “harboring habits” it's more like OK, this thing happened once, but then it happened again and then it happened a third time and then we're like, you know mmm...

Keeping communication accountable was helpful for Allison and Laurie in maintaining their level of bond. The opposite was occurring for Rosa and Bethany, who often struggled with a break down in their communication when Rosa was upset and dysphoric. This worried Bethany and undermined their bond. In her second interview, Bethany elaborated on when and how the relationship felt unfair and less bonded, which was tied strongly to her experience of forthcoming communication from Rosa. She explained:

I think the biggest factor that comes in when it doesn't feel fair is mental health so like because she's dealing with a lot of trauma. She's like having a really hard time. She tends to like kind of disengage or like not want to do as much and then also really upset. But that came back to what you said earlier like it's not being communicated. I don't know that she's struggling and so that's where the [communication] piece is really helpful.

Bethany was expressing her need to know what goes on for Rosa, so that they continue to stay engaged with each other and dysphoria is discussed and managed.

The importance of communication, as illustrated by Bethany, was highlighted by Taylor and Nick as well. Taylor noted communication as a cornerstone to her relationship with Nick. The couple made a concerted effort to keep communication flowing as they balanced emotional care for each other:

Communication is in my mind the biggest part of a relationship period and I think is the biggest is part of why it feels like we are very stable because when there are things that concern us we talk about them, um, and I'm a pretty self-assured person...we also made like kind of a mutual promise on that that...we were going to kind of like acknowledge...the flow of emotional support and stuff, um in an attempt to acknowledge that yes sometimes this puts strain on one party sometimes it puts more strain on another party and that's an okay thing to happen but it's a thing that needs to be discussed.

Outward, verbal communication as discussed above as part of emotional bond and even intersecting with perceptions of fairness, was the most common type of communication mentioned. However, for three couples (Melody and Stephanie; Andrea and Michelle; Taylor and Nick) a nonverbal connection also came up within the context of emotional bond. This was depicted as a "pull" towards one another, a sense of comfort, and understanding of the other. Melody and Stephanie described this feeling, Stephanie said "I could just feel it and just that feeling of coming home when we are together even at work today I was missing or you know, coming home it just felt like 'oh now I'm home'." Then Melody replied:

[We] are real close I mean, there's not a, I pretty much can talk to her about anything and have talked to her about anything you know being able to come out to her at the

beginning you know really established the bond between us, you know, between us honestly I believe she's the best person I've ever met...I mean we just have a closeness you know, it's a connection that we've got that, you know, we've, uh, that I don't think either of us have ever had in another individual.

Similar to feeling a “pull”, Taylor and Nick sometimes expressed their connection nonverbally. Taylor described: “...both of us are just ridiculously sappy about [our relationship] so it'll be like, just look at the other person and furtively smile or in my case furtively smile then blush and look away (laughs).” While Melody and Stephanie felt an emotional “pull”, and Taylor and Nick noticed nonverbal expression, Andrea and Michelle termed communication “being in sync”. Andrea described their synchronicity in their second interview: “Um [Michelle] is very good at identifying what I mean. Yeah. But it's only a couple of guesses, you know, like we're just, we're pretty well in sync. We know how each other thinks pretty well.”

The phrase “emotional bond” engendered many adjectives when couples described what it meant to them. Trust was paramount to feeling safe and protected, and was the foundation through which couples were able to “hold on” to the relationship during times of stress and vulnerability. Communication, whether verbal or nonverbal, was important to partners feeling that they could trust each other. The next theme illustrates perceptions of fairness. Below Theme Four describes how couples responded to being asked about levels of fairness in their relationships. According to the majority of this sample, fairness was about finding a balance; compromising within the dyad in a way that both partners felt heard.

Theme Four: Negotiating Balance

The term “fairness” seemed to generate a mixed response from couples. Some understood it readily and could give their thoughts and opinions, others struggled to connect with the term, but when they did they described one or two processes of a balance of giving and receiving to the other. In contextual theory, relational ethics, or the balance of giving and receiving due care between partners and family members, has been loosely defined as “fairness” (Boszormenyi-Nagy & Krasner, 1986; Gangamma et al., 2012, Hargrave & Pfitzer, 2003). Relational ethics and a ledger of merits and entitlements in contextual therapy is concerned with partners working towards giving and receiving care to each other in order to uphold a balance (Boszormenyi-Nagy & Krasner, 1986). While it appeared that the term “fairness” did not connect strongly to couples’ experiences in relationship, the processes that couples described were similar to how contextual theory conceptualizes it.

As I considered the fact that the term “fairness” was difficult for participants to grasp in their relational context, I also thought about the methodological design of this study and the use of IPA as it is situated within the three theories/frameworks of romantic attachment, contextual theory and minority stress. I made the decision to continue the use of the term “fairness” to provide some continuity with theory as this is the term used by Nagy within contextual theory. That said, an additional rationale was that while the term was problematic for participants, the construct they described was the same as what is outlined by contextual theory. Participants outlined developing a balance that was a relational process, which is aligned with contextual theory. Nevertheless, wherever possible I have made notes to shift language towards words that participants used if they offered a different term in their interviews.

For example, Bethany said: “Um, I think about, I don’t know, I don’t really think about fairness. Like I don’t know, it’s just not a word...”. Olivia and Brian had an exchange with me about rejecting the term. Brian stated: “I guess like we don’t exactly talk about exactly fairness, but like I’m sure we discuss things that revolve around that.” To which Olivia responded: “Yes we never really sit down and talk about fairness...but I could see how like that whole concept of what you’re trying to study it definitely revolves in what we talk about.”

Sometimes the word “fairness” was rejected because it connoted “equality” which did not resonate either. For instance, Nick’s initial response was: “I’m thinking in terms of fairness because for me fairness seems a lot of tit for tat...to a degree that it’s actually not something...a lens through which I tend to not view relationships...partially because...I don’t like the tracking...the idea of trying to make everything add up at the end, have everything equaled out...”.

Some participants (e.g., Olivia and Brian) understood the concept as “communication”, and generally preferred that term instead. Generally communication was central to how couples thought about what felt fair or unfair to them. In other words, they made a point to check in with each other about what was needed from the other, and how to make the relationship work better. As long as the giving was acknowledged and validated, couples did not perceive their extra giving to the relationship as an imbalance. Partners spoke about not keeping track or tallies of the amount of emotional care and consideration as it moved between them, but about committing to discussing their emotional giving/receiving and understanding it as part of an ever-changing circumstance. The act of contributing and giving was important, not the actual amount of what was being given.

As is outlined within this theme, ideas about “fairness” were actually about finding a balance between partners but not holding to an even split of work between partners. This balance was understood by both partners; they accepted it, and communicated about it. As couples considered what that balance meant within their relationships, for many it was related to the negotiation of responsibilities (household, childcare, financial), but just as much if not more so related to the balance of emotional care and attunement. For example, were both partners giving their all to the relationship? Were they attending to each other’s emotional and psychological needs, understanding what was needed, and committing to making the relationship a priority? There was an agreement between many couples that at times one of them would require more care, creating an overgiving position for the other. But this was seen as understood between both partners, necessary for the overall health of the relationship, and not something that compromised the perceived quality of the relationship.

Couples acknowledged that life circumstances (e.g., illness, child rearing, achieving higher education, processing trauma and mental health difficulties, etc.) require a trade-off of care and consideration, which did not feel like an imbalance, but was an expected compromise in the relationship. Couples were clear that they communicated about this, and that as long as they felt each partner was contributing what they could, a 50/50 equity split was not required. Relationships could still feel balanced even if one partner was over-giving to the other for the sake of their health, emotional care, or the relationship. They made sure to take each other’s feelings into account and work towards ensuring that each of them was feeling cared for based on their unique needs.

Negotiation of responsibilities. For a few couples, household duties and general responsibilities were top-of-mind when asked about what a balance meant- to them. Megan and

Grace discussed how they managed daily living responsibilities while both were working and caring for their two young children:

I think it's a lot of it balancing your responsibilities...so if one person is feeling overwhelmed, they should be able to speak up about it and then the other person could see how they can help out too lighten some of that load...for instance, we just had another baby so spending a lot of times in meetings and things which leaves me unable to do other things...we very easily trade off various roles and responsibilities at home and there isn't a whole lot of um passive aggressiveness around it like as far as like taking one person should take responsibility for certain tasks, um, or, or vice versa...So basically we're a very balanced relationship that tends to stand up to change I think. Um, we're pretty flexible. Um, so I think it feels...contentment in the relationship as well.

Megan supported Grace's statement further as she outlined what she termed "mutual responsibility":

I guess to piggyback off of that, we generally tend to, we, we both draw from a mutual responsibility and we don't...have particular expectations of each other, other than we just share in the responsibilities and I think we, we definitely both I think contribute fairly equally to that.

Not having certain expectations about an equal trade-off of relationship work or responsibilities seemed to be effective for Megan and Grace, enabling them to be flexible as needed. Allison and Laurie also discussed their concept of responsibilities in their relationship using a highway/bicycle path metaphor to illustrate that each partner is expected to give what they can, but that the idea of perfectly "equal roles" did not fit their relationship. They strived for a feeling of equity so that one partner was not putting in "the bare minimum". However, they both

understood that giving more in one area and less in another was not an imbalance, but functional for them. Allison outlined it:

The highway bicycle path concept is like you've got this one person who is literally doing everything physically, emotionally...financially, while this other person is just over here in this little bike path doing just the bare minimum...but with the two-way road, both people are putting in at least 50 percent, maybe occasional[ly] waning one way or the other. Um, I've [given] everything financially, emotionally, physically; whatever is needed...it's a balance.

Laurie thought about equal roles when the concept of fairness arose, but noted that equity looked different for their partnership. She outlined:

Our equal roles are a little bit different in the sense that like I am the financial provider I make like three times as much as [Allison]...I'm never going to expect [Allison] to pay as much as I do. I feel like [that's'] not fair to her...she doesn't pay like as much financially into the relationship, but then she does more chores at home like I almost never I cook maybe like once a week.

While couples shared that there was some balance of responsibilities within their daily lives, equality was not pertinent to their satisfaction or what felt fair to them. Trading off based on needs was common and expected. Similarly, the give and take of emotional care followed the same pattern. Couples were aware and accepting of giving whatever was needed rather than tracking equity of emotional care.

Balance of emotional care. Balancing emotional care took shape as ways in which couples anticipated, validated, supported and provided for each other's needs. Again, not all couples considered the term "fairness" as appropriate for this relational process. To many of

these couples “fairness” implied a need for measuring what each partner is giving and receiving. For example, Taylor and Nick, in both interviews, challenged the language of “fairness” and rejected the need for tracking equality of emotional care, as Nick said:

For me fairness seems a lot of tit for tat. Um, to a degree that it’s actually not something so it’s actually it is a lens through which I tend to not view relationships...Because, partially because in terms of I don’t like the tracking there of, the idea of, the idea of like of, of trying to make everything add up at the end have everything be equaled out, um so I try to do more of like what you can give when you’ve been given.

Taylor then followed:

Yeah I think that’s pretty fair and I think I’m on a similar page, just different language and I think that’s something that I described to [Nick] in different forms, that I don’t expect that a relationship. So I think that a fair relationship you can have a fair relationship in which people are not necessarily providing the same are not fulfilling the same needs for each other. Um [Nick] and I are two very different people just in terms of stuff we discussed in this interview, I’m trans and he’s dealing with um different PTSD related stuff, um those are very different things even if we can relate to them in some ways to each other but, we support each other in both of those regards but they are they are not they are say whether they are equal or not they are different but they can provide support...

In their second interview, Nick discussed how they communicate about balancing the relationship:

I also think that most of us at both of us have a great deal of faith in the other partner trying their best and trying to take like insight to take like my or her feelings into account.

If both of us are competent, the other is trying their best to they really need to keep a close track of it.

Taylor added:

I don't feel like there has been many or maybe any conversations that had been like, you haven't, you've been unfair to me or I'm, I am not getting the amount of support that I need it's more conversations are about providing that support.

Nick responded:

But it is also helpful um I see that many times that we've had conversations that address the seeds of something that could grow into a bigger issue, which I, which I think was brought, which is I think it was probably healthy.

Taylor concluded this portion of the interview by confirming Nick's statement "Right, right. Yeah, that's true." Sensitivity to personal emotional boundaries was also relevant for some. Couples expressed empathy for their partner's limitations, and were respectful of them. Andrea discussed playing to each other's strengths and maintaining boundaries around what each partner is capable of contributing:

Well each one of us does what we can we both play to our strengths and we, we don't expect each other to really tried to go past what we can do. For instance, um, [Michelle] can't drive her anxiety is a little bit too much around that and so she's, she's never learned how to drive um, but I can and so I do. And I enjoy driving.

Michelle added, "not asking of the person what they can't do...Like I would not ask [Andrea] to go into a big crowd of people and order things in public." Olivia and Brian explain their need for putting the relationship into perspective, and respecting each other's individuality. Brian stated "I guess it's just like a mutual respect for each other and like our needs and like our like our

boundaries I guess.” Olivia replied, “The world doesn’t revolve around our needs the world doesn’t revolve around our relationship. Like we’re just two people together in a relationship.”

Overall, an understanding of the meaning of the word “fairness” and the resonance that it had in their relationships varied for couples. Although some conflated it with daily responsibilities others discussed the balance of emotional giving, the actual word “fairness” was not readily accepted. Rather, couples thought about their communication patterns and the context of their giving to the other. Most expected and accepted that negotiating emotional care and daily responsibilities involved giving and receiving that waxed and waned depending on circumstances. This did not constitute an imbalance for partners, but was understood as what was needed as long as giving and receiving was acknowledged and validated.

Just as the initial conversation about fairness was challenging for some couples, understanding the concept of fairness in one’s family of origin did not seem to connect for many to how they thought about it in their current relationships.

Family of origin balance of care. Family of origin fairness was sometimes related to dynamics within the family feeling unfair or unbalanced (i.e., members being treated differently), or to stressors (i.e., poverty). For example, Rosa illustrated how her religion viewed her assigned gender and the role it played in her family’s treatment of her:

Interesting dynamic in my family because it was...the religion places more value and worth on men so...I definitely got treated a lot better than my sisters...my childhood was probably very unfair in terms of my family dynamic...I got to go on special occasions with my dad...I was spoiled. I was the favorite. I’m definitely not anymore.

Rosa also went on to explain that her mother was a traditional “Mormon housewife”, and “took care of everything”, implying that unbalanced treatment of those assigned female at birth was

both a religious value and a gender role expectation. Similarly, Megan discussed the influence of gender roles on her conceptualization of what seemed “fair” in her family, particularly around household responsibilities:

My father would do stuff around the house, help around the house, but usually it was at my mother’s comment. The majority of the time would require her basically shouting at him multiple times to get it done...that balance was fully enforced by my mother compared to us [Grace] where we usually volunteer to help each other when we see that one of us [is] having a hard time, my dad would sit on the couch...

Megan drew the comparison between gender roles and responsibilities around her childhood house to something she and Grace consciously do differently to ensure a feeling of balance. In a different way, Nick was able to understand why the term “fairness” did not fit for him. He also related it to unfair family dynamics growing up. He explained:

I can definitely see where like my antipathy towards the term fairness comes up, both of my parents...held grudges against each other for years...my mother was like I need you to steal stuff from your father’s house because it’s mine it should be mine. Or the idea that like she is owed say in this case...she is owed the plants from the garden and therefore I should dig them up for her.

Nick’s experience of being triangulated and feeling a loyalty conflict between his divorced parents were ingrained in how he viewed the term “fairness”. He explained his initial reaction by connecting to the feeling of fairness in his family of origin.

Finally, Laurie brought up her identity of being poor growing up as something that felt unfair to her. She did not seem to connect this, however, to her current relationship with Allison.

Laurie stated: “With fairness, um, I don’t know I grew up really poor, like I had a really hard child life growing up, so to me a skewed fairness...”

Fairness and family dynamics were certainly readily recalled by some individual participants and there appeared to be some link between these dynamics and how participants conceptualized what a healthy balance of responsibilities or emotional care looked like.

Negative Case Analysis

As is important to IPA and qualitative research, searching for instances where findings are not true is important to ensuring credibility and trustworthiness (Padgett, 2008). Therefore, in order to properly document this, it is important to look at the relationship between Olivia and Brian, which was not enduring through the entire data collection process. Nick and Olivia broke up between their first and second interviews, and when I spoke with them in their first interview, the feeling of the couple was different from the rest of the sample. Nick was very quiet and offered little information about their relationship, sometimes just agreeing with Olivia with one word answers or letting Olivia continue on without providing his thoughts. From this experience, I received the impression that the couple’s bond was not as similar to other couples in this study, and in fact perhaps forced, as if they were struggling with finding a genuine connection. This information highlights that in the couple relationship that did not survive, there were perhaps couple processes that were different which need further exploration.

Summary

Theme one, The Context of Minority Stress, set the stage for understanding the lifeworlds of these couples, for whom daily transphobia in multiple micro and macro level systems were common. As minority stress is both proximal, distal and intersectional (Meyer, 2015), it underscores the complexity of how a transgender woman and her cisgender partner encounter the

world and the stressors in multiple spheres of their lives. What was evident here was how couples' emotional bonds were shaped by family of origin minority stress, transphobia in their communities, and their intersectional identities. For many trans women, being marginalized and rejected by one's family, religious community, and peers, created a stronger bond with their partners. Most enjoyed unconditional and unwavering support from their cisgender partners, and noticed this. For cisgender partners, hardships in family of origin helped aid somewhat in their empathy and perhaps understanding of their partner's distress, as well as their desire to build healthier emotional bonds in the present. Mutual protectiveness was a strong buffer against the negativity outside the couple subsystem. Developing a united stance against transphobia enhanced feelings of support, and overall bond, as couples were committed to demanding respect for their relationships.

While couples were at various stages of negotiating transition, the second theme, Negotiating Transition, highlighted emerging notions about how couples framed their sexual identities. This was varied across the sample and voiced the unique circumstances that each couple encountered, as well as a cispartner struggle to understand themselves and their relationship in a different way. Sexual identity labels were sometimes rejected or unimportant, or sometimes confusing depending on the timing of disclosure. Cisgender partner acceptance of their partner's identity was clearly an integral component of negotiating transition. For those who experienced disclosure after the beginning of the relationship, this came with a different set of factors that hinged on how the cisgender partner was able to cope with negotiating sexual identity, grief and ambiguous loss, as well as combating transphobia. Support for gender flexibility and fluidity and a mutual investment in navigating transition as a united front (similar to banding together against transphobia) served couples well in that it solidified their bond. A

large portion of negotiating transition and coping with minority stress involved generating a protective dyadic emotional and action-oriented boundary around the relationship.

Theme three, The Feeling of Emotional Bond, addressed the characteristics of emotional bond, which were highly universal across this sample. Trust, safety (such as protectiveness in the context of minority stress) and predictability during vulnerable times were paramount to the feeling of an emotional bond. The ability to communicate about thoughts and feelings openly, and trusting that the bond was strong enough to withstand outside minority stress were all imperative processes to feeling connected, trusting one's partner, and for transgender women to feel safe in their relationships. The trustworthy, safe, and protective nature of this bond was the core of couple subsystem boundary against minority stress.

The final fourth theme, Negotiating Balance pulled together more specificity with which to understand how couples perceive fairness as well as how they recognize their process for ensuring a sense of balance in the relationship. The term "fairness" did not resonate as much as simple communication did, which underscored the importance of transparency to these couples to ensure their and their partner's needs were being met. Whether it was a balance of everyday responsibilities or a balance of emotional care, the recognition that overall balance was more important than temporary imbalance (one person in an over-giving position) was a considerable insight. Making and acknowledging effort and acceptance for an over-giving position emerged as key to understanding what really resonated with this sample.

The next chapter covers a synthesis of the above research findings. In the discussion chapter that follows, I offer interpretations of the findings and suggestions for further meanings when connecting them to theories such as attachment, contextual, and the minority stress framework. I also make relevant connections to recent literature to aid in these interpretations.

Chapter Five

Discussion

This research explored the relational experiences of emotional bond and fairness between transgender women and their cisgender partners. In the current literature, dyadic studies of trans-including couples are underrepresented, as are those that focus on positive aspects of transgender identity (Blumer et al., 2012; Moradi et al., 2016). This study sought to close this gap in order to better inform affirmative mental health services, and identify areas for future research. Further, the minority stress experiences of transgender women and its effects on their partners were important to investigate to add to existing research and discover nuances. This qualitative study sought to answer the research question: *What are the experiences of emotional bond and fairness between transgender women and their cisgender partners?* This chapter synthesizes the results reported in the previous chapter and provides clinical implications. Limitations and suggestions for future research are also discussed.

Minority Stress Contexts and Relational Processes

Systemically, transition is a relational process, whereby partners may adjust or renegotiate their relationships while understanding potential shifts in their own identities, and managing their coming out processes (Giammattei, 2015). All of these adjustments take place within the context of navigating minority stress experiences (Gamarel et al., 2014; Reisner et. al., 2014). Recent literature has discussed post-disclosure periods of relational adjustment for transgender women (i.e., impact on partner, social groups, work, community, etc.) (Bethea & McCollum, 2013). Relational adjustments include processing the range of emotions that the cisgender partner may feel, such as shock, hurt, fear, betrayal, and grief/loss including ambiguous loss (Lev, 2004). Couples who remain together must now learn to cope with continuous coming out, identity shifts, and perhaps change sexual practices and roles, re-evaluate

levels of commitment, parenting, and overall conflict (Malpas, 2012; Giammatei, 2015). There is no singular model for addressing transition as a relational process, but research and clinical literature has begun to embrace gender fluidity, celebrate flexibility, and integrate both queer theory and a deconstructive model for addressing couples in therapy; making space for both partners' grief and interpersonal concerns, and broadening how both couples and therapists conceive of the gender spectrum (Giammatei, 2015; Malpas, 2006, 2012; Platt & Bolland, 2017).

As conceptual literature has outlined, gender minority stress is intersectional, systemic, and an ongoing relational process (Hines, 2006; Lev, 2004; Malpas, 2006; Meyer, 2015). Further, experiences of trans-including couples are relationally intersectional (Addison & Coolhart, 2015). For example, the transition experiences of trans women are impactful to their cisgender partners, who are having their own co-occurring reaction and adjustment processes. These experiences become increasingly complex as couples are balancing similarities and differences in their individual identities with what the relationship identity has become. Moreover, intersections of individual and couple identities all exist within a minority stress context. This sample of trans-including couples noted intersections of race/ethnicity, religion, socio-economic status and mental health issues that were both past and present factors interacting with their experiences in the world. Their realities of transition were co-constructed and interwoven with complicated, interacting experiences of their identities including racial, gender, sexual, and class minority stress, and for some of them the painful rejection from religious institutions.

Within the context of minority stress for sexual and gender minorities, Meyer (2015) defines resilience as the successful efforts a person takes to adapt or defend against minority

stress. However, Meyer does not specifically address the ability of the bond within a couple relationship to be impactful to resilience and growth. This is a new insight and important consideration from the current study. Expanding the couple relationship to incorporate resilience building as a factor to combat minority stress was highly important to these participants. In this study, experiences of the couple indicated that resilience was relational. Transgender women appeared to garner resilience by relying on their cisgender partners (and vice versa), which may have helped mitigate stress. The impact of partnering on generating resilience has also been noted by Crosby, Salazar and Hill (2016). This research looked at a sample of 77 Black transgender women with and without HIV infection to understand whether social or medical aspects of gender affirmation contributed to resiliency and mental health outcomes. Crosby's study found that social gender affirmation factors such as a meaningful relationship were significantly associated with greater personal competence, positive mental health outcomes (decreased anxiety, depression, suicidal ideation), and acceptance of self and life. Similarly the present study brings to light the importance of positive personal and romantic relationships in the lives of transgender women. Social gender affirmation, including that which is gleaned from a relationship may play a significant role in building strength and resiliency. The sample of couples in this current study uncovered additional details about how relational dynamics are constructed to achieve gender affirmation and assist with coping with stress.

Within the context of community and family rejection, cisgender partners in the current study furthered their capacity for coping, assisting with obstacles and challenges by putting forth effort towards a common fight (i.e., united against transphobia). These transgender women also showed tremendous strength in how they focused on building protective boundaries, and continuing to push back against marginalization and oppression. Even though couples were at

different stages of transition and had various levels of pushing back at transphobia (e.g., Andrea and Michelle's proactive vigilance versus Rosa and Bethany's fighting back amidst reactive feelings of distress and rejection, or Grace's standing up to her mother after a period of unproductive adjustment), their trust in the relationship and each other was a constant.

To illustrate these points, we can be reminded of Bethany saying: "...I'm like extremely protective of [Rosa]. A couple of weeks ago we even had some Mormon church leaders come over to our house and [Rosa] was like really quiet...I was like almost yelling at them, like I'm really protective of her." Another example was Michelle telling her mother "get your eyes checked" when her mother said she would never see Andrea as a woman. We also saw that Andrea noticed Michelle's vigilance when she said: "...considering the dynamic of who it would be directed towards, I think [Michelle] notices that kind of stuff first and goes in to correct and stuff like that before I even notice."

This aspect of couples' boundary making also aligns with family systems theory. As Becvar and Becvar (1999) describe the purpose of boundaries, they state: "If a family or other system accepts too much information...the boundaries of that system become indistinct and are not discernable as separate from other systems" (pp. 15). In other words, the process of boundary making shielded these couples from the external threats of transphobia and created greater cohesion in response to it. This couple subsystem cohesion was also the catalyst for how couples united against transphobia and shifted their actions accordingly. This is also part of boundaries in systems theory, as communication functions to maintain or transform information. In other words, "...incoming information is transformed by the system and is then emitted as new information to other systems" (Becvar & Becvar, 1999, pp. 16). Couples experienced the minority stress, transformed that information by strengthening their relationship boundary, and

communicated new information back to indicate they were united against it. The following diagram illustrates how overarching minority stress became pervasive in multiple contexts for this sample, but couples shielded their relationship by galvanizing relational resources to combat its effects.

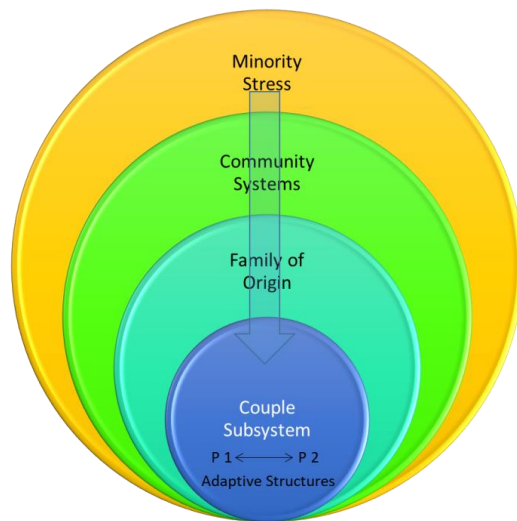


Figure 1: Multisystemic impacts of minority stress.

At a broad level, the interplay between minority stress and boundary creation processes can be viewed as an adaptive process that occurred within the couple subsystem to protect it from distal minority stress, such as everyday discrimination and microaggressions (Meyer, 2015).

According to the minority stress framework, adaptive processes also serve to support the creation of resilience and are opportunities for future research on therapeutic interventions (Meyer, 2015). One such couple subsystem adaptation that emerged in this research was attunement. By fostering attunement to each other using strong communication skills, a sense of empathy for the other's emotional state, understanding each other's needs and checking in on those, couples remained bonded in the face of stressors and were confident that they could count

on each other to aid with coping. They maintained a strong sense of trust, and appeared to have a shared investment in transition, and combating transphobia. In a systemic sense, the couple dyad triangulated itself against the common threat of transphobia and minority stress, and this triangulation process was what stabilized and strengthened it. Theoretically, this is aligned with structural theory of family therapy (Minuchin & Fishman, 1981), which describes one of the most vital tasks of a couple subsystem as developing boundaries to ensure the viability of their relationship, and to facilitate meeting their psychological needs. Minuchin and Fishman (1981) go on to discuss the couple subsystem as a "...supportive platform for dealing with the extrafamilial world, and it may provide them a haven from outside stresses" (pp. 17). These ideas are also present in the findings of this study, which supports adaptive processes as strengthening the couple boundary against outside stressors. More contemporary empirical literature on romantic partners also notes this underlying process, such as Bonomi, Gangamma, Lock, Katafiasz, and Martin (2011) which noted a protective barrier as a response to external stress in couples experiencing IPV in a sample of 25 heterosexual couples. Additionally, Spencer and Brown (2007) critique of the Bowenian concept of fusion (an aspect of differentiation) in a sample of 53 lesbian couples, noting that closeness was not pathological but a protective factor against homophobia.

Another adaptive couple process was that of microaffirmations. Microaffirmations are defined by Pulice-Farrow, Bravo, and Galupo (2019) as small interpersonal interactions or actions that are supportive, validating, and identity-affirming. For this sample of couples, microaffirmations took shape in the form of support for gender expression flexibility, mutual investment in transition (processes and a pace was agreed upon that affirmed support for trans women while still allowing their partners to adjust), united against transphobia, as well as

facilitating a balance of emotional care and responsibilities that catered to each partner's needs. Microaffirmations served to tighten the boundary around the couple subsystem and also deepen the emotional bond and attunement that couples experienced. Microaffirmations will be discussed in more depth in the forthcoming sections.

The couples in this study provided a picture of what dyadic commitment and resiliency look like in the face of transition challenges and transphobia. A shared investment in transition, including relationship decisions, and open communication was common for nearly all couples, and this is similar to other research noting relationship maintenance activities after identity disclosure and transition (e.g., open communication, joint decisions, positivity toward transition) (Alegría, 2010). The findings from this sample of trans-including couples spoke to a recursive process of both partners' strong level of commitment, shared investment in transition, communication, and affirming each other informing and strengthening their emotional bonds. The emotional bond between these partners (which included trust, safety, and predictability during vulnerability) was what allowed them to cultivate resiliency, which buffered stress and permitted them to thrive. As previously stated, attunement and microaffirmations were two adaptive relational processes that created the protective boundary around the couple subsystem. More on these processes is included below.

Relational attunement. Couples' emotional attunement and their awareness of the need for firm, protective boundaries to combat minority stress were perhaps the most salient takeaways of this research. Couples' ways of engaging in trustworthy communication, unconditional acceptance of gender and gender flexibility, and unwavering support for each other were all critical factors to their boundary making and buffering of outside stressors. The more couples furnished emotional care and support to each other, the more validating their

relationships seemed even amidst other systemic hardships. Some couples were perceived as more attuned as they elucidated specific plans for standing up to transphobic situations, spoke about their open communication patterns, level of unconditional support, and trust (e.g., Allison and Laurie, Taylor and Nick, Andrea and Michelle, Melody and Stephanie). Even couples who were initially more distressed in the interviewing process, or who were new to transition (e.g., Rosa and Bethany, Megan and Grace) were aware that emotional attunement and understanding each other's experience with dysphoria and transition were important to moving forward. The opposite can be illustrated by looking at the broken relationship of Olivia and Brian, who gave the impression of satisfaction and honest communication, but did not offer much in-depth information about their relational dynamics.

Relational microaffirmations. While microaggressions do occur in the romantic relationships of transgender people (Pulice-Farrow et al., 2017), in this study, the power of *microaffirmations* or endorsements of someone's gender identity in order to provide validation (Pulice-Farrow et al., 2019) should not be overlooked. Support for gender flexibility and fluidity of expression, roles, and other forms of performance, was an integral relational dynamic that enhanced bond and attunement. This was most prominent for Allison and Laurie, and Taylor and Nick, for whom gender bending and nonbinary expression was focal to feeling validated, supported, and respected. These couples also voiced their affirmations for each other's efforts.

The concept of microaffirmations has recently emerged as important in understanding relational processes. Recently, a thematic analysis study (Pulice-Farrow et al., 2019) explored relationship centric themes around microaffirmations. The sample included 339 transgender adults either partnered currently or in the last five years. Seven themes emerged, some of which are similar to how the current sample of couples understood their relationships. For instance,

Pulice-Farrow et al. (2019) identified acknowledging and using cisgender privilege, centering on partner's identity and affirming gender(less) presentation. These themes included factors such as helping to dismantle oppression using cisgender privilege (i.e., recognizing injustices), prioritizing transgender identity over cisgender identity, and acknowledging and respecting gender presentation as valid. These themes loosely mimic how the couples in this current study support each other in Theme Two: Negotiating Transition. Pulice-Farrow et al. (2019) pointed out important implications for counseling, which included therapists scaffolding discussions about microaffirmations with trans-including couples, as well as using microaffirmations themselves to frame their interactions with clients.

Other recent research has also explored the impact of relational affirmations of nonbinary transgender individuals (n=161) (Galupo, Pulice-Farrow, Clements, & Morris, 2018). In this qualitative study, gender-based microaffirmations within the context of romantic relationships were understood through identity validations (e.g., validating worthiness), identity endorsements (e.g., dysphoria reducing efforts), and active defense (e.g., correcting others, active learning, and allyship).

Active defense referenced in the above study (Galupo et al., 2018) is similar to what was seen here regarding the united front against transphobia. Most of these couples, even when distressed or uncertain about the impact of transition, were united against the external minority stress they encountered. This was highlighted in the relationships of Andrea and Michelle, Rosa and Bethany, and Melody and Stephanie. Further, a united front against transphobia could be not only a testament to levels of emotional bond but also moral feelings about fairness in society and humanity (i.e., the personal belief that transphobia is unacceptable). The more couples presented firm structural boundaries around their relationships and fostered dyadic attunement through

acceptance and mutual support, the more bonded they could be when facing minority stress and as they moved through transition.

The next section attempts to connect the previously explored concept of relational attunement with emotional bond and romantic attachment theory. Theoretical links are explored to connect the process by which these couples created their strong emotional bonds with the original grounding of romantic attachment theory in this study.

Emotional Bond, Attunement, and Attachment

Romantic attachment theory was originally used to underpin the research question for this study. In romantic attachment theory terms, a partner who fosters a secure bond is consistent, steadfast, and responsive in times of distress and upset (Hazan & Shaver, 1987). A healthy attachment bond feels trustworthy, as each person within the bond understands they can count on the other for a response that calms their distress. In romantic relationships, partners are attuned or emotionally aware and connected in a way that they understand the other's experience, including levels of distress, and needs for closeness or distance (Hazan & Shaver, 1987; Nisenbaum & Lopez, 2015). Partners who display attunement know how to respond to each other when one is upset, and they also know that when they themselves are distressed, they can turn to their partner to provide the kind of comfort they need (Rholes & Simpson, 2004). Many of the couples in this sample explained their definition of emotional bond in attachment terms; such as words like "trust," "safety," and phrases like "taken care of." The subtheme "trust, safety, and predictability during vulnerability" is consistent with attachment language, as these words are similar to how romantic attachment theorists refer to secure attachment styles (see Hazan & Shaver, 1987; Mikulincer & Shaver, 2005). For instance, Allison and Laurie, Rosa and Bethany discussed being able to count on each other for their needs, as well as their feelings of

security and stability in the relationship. Andrea and Michelle discussed feeling protected and taken care of. Melody and Stephanie discussed safety by explaining their enjoyment of physical closeness to each other, and feeling “pulled” when they were apart. Megan mentioned how important trust was to her and that it is paramount to her relationship with Grace. She also discussed trust as more difficult to cultivate than love. All of these are examples of how couples displayed their bonding, and their secure bases with each other.

Although nearly all of these couples displayed safe, secure emotional bonds, many disclosed family of origin histories that were less so. A few trans women (e.g., Megan, Olivia, Rosa) and cisgender partners (e.g., Laurie, Nick) shared stories of one or more rejecting family members and experiences in childhood and adolescence. Yet, despite feeling distant, neglected, rejected or even being emotionally abused in their families of origin, these couples were able to find security with their partner and promote a secure connection themselves. Mikulincer and Shaver (2007) discuss numerous studies that have reported mixed results relative to the intergenerational transmission of attachment and transmission mechanisms (e.g., parental state of mind, genetic transmission) (van Ijzendoorn, 1995), with only one longitudinal study providing preliminary evidence for the intertransmission of adult attachment (Steele & Steele, 2005). While attachment patterns can be replicated across generations based on caregiver style, environmental influences and even genetics (Mikulincer & Shaver, 2007), life circumstances and a person’s environment revise one’s attachment. Changes in personal, social, and familial contexts can produce revisions to working models. Positive life events, including partnering with a supportive person can create positive revisions to early negative working models or attachment insecurity (Bowlby, 1988; Mikulincer & Shaver, 2007). Therefore, despite having broken bonds

in family of origin, it is not surprising that this sample of couples was able to find security and a strong emotional bond in their relationships.

With regard to models of therapy, the words/phrases couples used to describe their emotional bonds are similar to how Greenberg and Johnson (2010) describe bonding in EFT. For example, Greenberg and Johnson (2010) discuss healing couple bonds and reestablishing trust by focusing on partners' interaction patterns and underlying attachment needs in order to promote acceptance, acknowledgement, and authentic emotional responses. By accessing partners' emotions during distress, EFT strives to create safer environments for partners to respond to each other by understanding each other's deeper emotional experiences. Through reworking couples' interaction patterns, EFT heals and reestablishes more secure emotional bonds.

The similarities in language between this sample and what is used in romantic attachment theory and EFT supports the systemic nature of emotional bond and the experiences of minority stress in these partnerships. Couples in this study wanted to know and feel that the other was going to enact a safe, secure response to their distress, (whether minority stress, FOO, emotional, psychological, etc.), and care for them in times of need willingly and responsively.

In considering additional applicable theories for trans-including couples in therapy, one must look at current literature. Current qualitative literature on trans-including couples employs a systemic lens when addressing the impact of disclosure processes on partners and family (e.g., Bethea & McCollum, 2013). Some articles have also explored emotional and physical intimacy concerns and support needed for healthy relationships (e.g., Platt & Bolland, 2017). However, this literature does not apply specific couple therapy theory as part of implications. Only one study to-date (Chapman & Caldwell, 2012) has suggested the use of an EFT lens with couples

negotiating coming out and transition. The findings in this study present new insights and new opportunities for using EFT to not only support attachment injury resolution, but to focus on solidifying stronger bonds, drawing from the natural resiliency and levels of commitment couples may have already developed in coping with minority stress. As these couples in this sample utilized attachment and EFT-based language to describe their experiences with emotional bond, this underscores the importance of recognizing resilient relational processes and positive dynamics that allow partnerships to thrive within the context of daily minority stress.

The second theoretical pillar of this study, contextual theory of therapy and its dimension of relational ethics or “fairness,” drew a different response from this sample of couples. However, the findings can still be connected and utilized in an affirmative way in therapy. This is discussed more in-depth below.

Contextual Theory, Dialogue, and Balance of Care

The word “fairness” in this study was chosen as the most straightforward way to communicate contextual theory’s concept of relational ethics, as well as a word that has been utilized in contextual theory-based research (e.g., Gangamma, Bartle-Haring, & Glebova, 2012). Contextual theory of therapy operationalizes relational ethics as a balance of giving/receiving trust, loyalty, and entitlement (Boszormenyi-Nagy & Krasner, 1986). It is believed that imbalances of relational ethics in partner relationships erode both personal and relational health (Boszormenyi-Nagy & Krasner, 1986; Hargrave & Pfitzer, 2003). Research has suggested that the level of relational ethics in partner relationships is related to both relationship satisfaction and depressive symptoms for both partners (Gangamma et al., 2012; Gangamma et al., 2015; Grames, Miller, Robinson, Higgins, & Hinton, 2008).

The idea of relational ethics from a contextual theory standpoint implies a balance between partners of giving/receiving care and consideration (Boszormenyi-Nagy & Krasner, 1986). Contextual therapists believe in an innate human sense of giving/receiving both vertically (in family of origin) and horizontally (in couple relationships) in order to create a balanced sense of fairness and justice (Boszormenyi-Nagy & Krasner, 1986). In practice, balance in giving and receiving becomes synonymous with taking accountability in relationships (Ducommun-Nagy, 2002).

However, in this sample, many couples rejected the term “fairness” in favor of discussing communication and a balance of emotional care and daily responsibilities. But what was consistent across couple dyads was that a fluid give and take of care was expected and acceptable, even if one partner was working harder than the other for the sake of the relationship. There was an expectation that each partner would do what they could and above all strive to meet the other’s needs. This process was mutual which was perhaps why a partner’s over-giving was not perceived as an imbalance. What couples described in their interviews seemed to be very similar to the processes described in contextual theory literature, although the term itself was not used. This should be an area of further study to understand it more in-depth.

Drawing from Martin Buber’s work on the “I-thou” dialogue, Boszormenyi-Nagy also believed that true dialogue, or feeling truly “seen” by another can create the profound experience of healing and genuineness, and it is therefore a byproduct of working towards rebalancing the relational ethics ledger of merits and entitlements (Boszormenyi-Nagy & Krasner, 1986). In other words, by creating dialogue and relating in the most genuine way so family members can feel seen, heard and validated, the rebalancing of relational ethics is made possible. In a relationship that feels “balanced” partners have given to the other what they truly need, not what

they think is needed (Boszormenyi-Nagy & Krasner, 1986). Engaging in genuine dialogue therefore, ensures a true understanding of another's experience in the world, and also allows partners to attend to relational integrity (Boszormenyi-Nagy & Krasner, 1986).

In this sample, couples who truly understood what the other needed engaged in true dialogue by checking in with each other, having explicit conversations and working to meet the other where they were. For example, Allison and Laurie discussed their "no harboring" rule whereby they made consistent efforts to bring up aspects of their relationship that needed work. They also approached their balance of responsibilities with a mutual understanding of trading off based on needs and what each partner was capable of giving. Megan and Grace discussed the freedom to speak up and be flexible and taking mutual responsibility in the relationship. Taylor and Nick rejected any idea of tracking levels of care in favor of communicating honestly and openly about their needs. They noted having faith that the other understood them emotionally and their sense of trust in each other's ability to meet these needs. Andrea and Michelle discussed playing to each other's strengths and not asking the other to do or give something above and beyond what was possible.

These couples experienced injustice in many ways in daily life (e.g., due to intersections of gender, race, sexuality and religious identities, socioeconomic status, and ability), as well as historically in their families of origin. Perhaps then, when asked to describe fairness in their relationships, the concept itself did not align with their minority stress experiences. Externally, or outside the protective barrier of the couple dyad, the language of "fairness" was not appropriate because their lifeworlds are *never* [emphasis added] fair or safe from minority stress. A fluid balance or give and take of emotional care and responsibilities through genuine dialogue was more affirmative and realistic for them. This is still, however, aligned with the construct of

balance of relational ethics in contextual theory. Further, contextual theory has not been utilized to discuss gender diverse couples, trans-including couples or those who face marginalization and oppression, apart from one study on Iraqi refugees resettled in the U.S. (Gangamma, 2017). Therefore, the current study offers a noteworthy contribution to the expansion of ideas about how systemic injustice impacts how marginalized couples balance care. This is therefore an important contribution to the contextual theory literature to-date.

What has been outlined here are ways in which couple's responses supported attachment and contextual theories based on how couples conceptualized emotional bond and balance of care. In the next section, the overlap between these two theories through the concept of trust is outlined.

Trust: The Overlap between Emotional Bond and Negotiating Balance

Although attachment, EFT and contextual theories are discussed independently above, there is a common overlap within them that also corresponds to the findings of this research. The concept of trust is germane to both attachment and contextual theories, and consequently to EFT. In attachment theory, internal working models are predicated on how trust and trustworthiness is enacted in a relationship (Mikulincer & Shaver, 2005). For example, can partners depend on each other to respond in times of distress? Is the partner available, capable of offering reassurance, and are they comfortable with closeness? Contextual theory frames trust as the basis for relational ethics. Partners and family members have trustworthy relationships in the sense that their giving and receiving of care is equitable and autonomous (Boszormenyi-Nagy & Krasner, 1986). Members who act with responsibility, consideration, and reliability are deemed trustworthy.

As couples in this sample navigated relational, familial, and societal environments of minority stress, there was an interaction between how minority stress influenced levels of emotional bond and perceptions of fairness within these relationships. In some respects, emotional bond and negotiating balance overlapped through the concept of trust. Partners' feelings of closeness and bond were in part dependent on whether they trusted the commitment, acceptance, and security in the relationship. Partners' perceptions of balance of care was also partly dependent on whether they could trust in the communication about trade-offs and balancing care, and whether they could trust their partner to reciprocate and acknowledge the care.

The fact that both attachment and contextual theories incorporate the concept of trust as cornerstones could be an important insight to clinicians. Further, understanding how trust is interwoven into the bond and fairness experiences between partners, and how those connections exist within the context of minority stress is also important. Partners' levels of trust in themselves and the other to be a consistent supportive presence may mitigate distress from external sources.

Finally, the impact of transition on sexual identity was an emergent theme that was not originally part of the focused areas of emotional bond and fairness. Nevertheless, this is a relational dynamic that bears understanding and could be an outlet for future research as well as an important consideration for affirmative clinical practice. What follows is a final section on the transition impact on sexual identity that emerged in this research.

Situating Sexual Identity

Cisgender partner sexual identity label shifts were more prominent for the couples who had experienced disclosure within the relationship, particularly Rosa and Bethany, Megan and

Grace. These couples also had longer relationship durations and were parents to young children. Pressure or obligation to disclose may have been higher for these trans women given the nature of these relationships, and perhaps the fearful, unpredictable scenarios they encountered. The same pressure may not have been felt for Andrea and Michele, who experienced disclosure after dating, or even Melody and Stephanie, who disclosed at the outset of their relationship, but Stephanie shifted her label in support of Melody's identity. For the rest of the sample, couples stated their identities at the beginning of their relationships, and to my knowledge did not process an identity shift.

Nevertheless, the shift of sexual identity label for some cisgender partners was reflective of a negotiation process similar to that of samples of sexual minority cisgender women in relationships with transgender men (Brown, 2009). In a grounded theory qualitative study, Brown (2009) found that sexual minority cisgender women (n=20) reported a sexual identity renegotiation that encompassed a dynamic struggle between visibility and legitimacy; for some women this was the result of finding themselves in a mixed orientation relationship. Brown found that the renegotiation process focused on level of investment in a sexual minority identity, as well as contextual conditions such as visibility in the queer community, sense of authenticity with regard to identity labels, and degree of disruption in the relationship after disclosure.

However, Brown's (2009) findings were dissimilar from Theron and Collier (2014) who interviewed a sample of eight South African women and found that these cisgender female partners of masculine-identifying trans persons did not shift their identity labels. Sexual minority women in this sample appeared to have an easier time with their partner's transition, compared to heterosexual partners. A lack of shift in sexual identity label was also present in the majority of another cisgender female sample (n=138) (Platt 2018). Platt's (2018) qualitative

exploratory study examined predictors of relationship commitment for cisgender female partners of transgender individuals (mixed identities). Almost two thirds of the sample in this study indicated no change in sexual orientation identifier from the beginning of the relationship to-date, and approximately half the sample had no knowledge of their partner's gender identity prior to partnering. Those who shifted their label did so towards plurisexual labels (e.g., queer, bisexual or pansexual). When considering this topic, we can be reminded of Taylor and Nick's very intentional conversation that outlined the complexities of both of their sexual and gender identities and their value systems. As they considered labels to be cultural and political, both recognized the dominant discourse to label and the "boxes" that such labels would put them in. They noted the connections between sexual identity labels and reinforcing a gender binary with that label.

Looking at the existing literature related to cisgender partner sexual identity negotiation processes, there is no clear-cut picture. As sexual identity itself is complex, the method by which partners do/do not relabel is unique unto themselves and their relationships. In her book, "Queering Families: The Postmodern Partnerships of Cisgender Women and Transgender Men," Pfeffer (2017) interviewed 50 cisgender women who were partners of transgender men in telephone and in-person qualitative interviews to understand their experiences and partnering practices. She discovered a "queer dilemma" for some who identified as queer prior to disclosure. In other words, a critical point in self-identification within these relationships was represented by a complex process of considering heteronormativity. For some who previously identified as queer, shifting their labels represented embracing heteronormativity in some fashion, and also coincided with being recognized socially as a heterosexual couple. For others, resisting normativity and fighting invisibility was critical. Deciding on the most reflective

identifier was a complex process that encompassed considering assumptions about traditional gender performance, or fighting the invisibility and loss of community their partner's transition presented for them, or embracing heterosexual privilege.

The sections in this discussion chapter overview insight gleaned from the research findings, as well as suggestions for their interpretation and connection to other literature and CFT theory. Based on these insights, below is a section of recommendations for mental health clinicians.

Recommendations for Clinicians

This work offers noticeable considerations for clinicians working with the transgender and broader LGBTQ populations. At the broadest level, this research uncovered aspects of romantic partnerships within a sample of transgender women and their cisgender partners that were resilient in the face of minority stress. Facets of the couple subsystem that offered resilience and protection were the deep emotional bonds and levels of commitment and communication that partners afforded each other. Another subsystem facet was the mutually accepted dynamic of a flow of give/take of care that was not “tracked” per se, but that met each partner's unique needs. In light of this, clinicians should center minority stress experiences to understand the daily rejection and victimization that these couples may face, but also work towards uncovering resiliency within the couple bond.

Hendricks and Testa (2012) developed a conceptual framework as an adaptation of the minority stress model for work with transgender and gender diverse clients. In it, they called for clinicians to familiarize themselves with the Minority Stress Model (Meyer, 1995) in order to understand the impact of stressful experiences on mental health. They also recommended clinicians increase their understanding of trans identities and experiences and corresponding

psychological issues that may present themselves in therapy. Finally, they proposed that clinicians notice and learn how to foster resilience for clients through community engagement.

The above recommendations cited by Hendricks and Testa (2012) can also apply to this research. However, in addition to community engagement and support networks as social resources, the couple relationship should not be overlooked. Prioritizing therapeutic discussions about how minority stress and partners' intersectional identities coincide would also provide clinicians with an opportunity to shift the couple's dialogue towards understanding how their relationship has provided them (or could provide them) with a safe haven and protection from outside stressors.

Secondly, the details that couples shared about how they cultivate bonds and manage relational dynamics offer clinicians an opportunity to look deeper at how transition, minority stress contexts and relational dynamics are interrelated. Helping couples maintain or reestablish a healthy level of functioning involves getting specific about each partner's needs and how the other can meet those. In the case of this research, framing a couple's emotional bond and connection using attachment terms may resonate and help partners connect with what they need in light of what their diverse experiences have been in their families of origin and communities. Additionally, addressing what feels fair/unfair may require understanding varying perceptions of what giving and receiving care entails for each partner, and the fact that that will be influenced by minority stress.

Aspects of EFT and contextual theory may be helpful for trans-including couples with regard to the therapist taking a primary role for modeling and building attunement between partners. Therapists who can model trust, safety, and security can then foster this growth within the couple dyad, allowing partners to turn to each other to express vulnerabilities and underlying

attachment needs. Therapists can also build attunement by focusing on modeling empathy and acknowledgement and prioritizing affirmations for both partners. Attending to the balance of care between partners may also go a long way towards both therapists and couples understanding specific core needs for support and ways in which partners can give/receive this care that is constructive and validating.

It is important for therapists to be aware of the processes of identity negotiation for both partners. Adopting a systemic and intersectional lens to recognize transition as a relational process will enable therapists to understand a fuller picture of how minority stress and identities intersect and influence experiences. Similar to a relational intersectional lens as described by Addison and Coolhart (2015), transition happens relationally in multiple environments and with the interaction of multiple social locations. The complexities of these experiences should not be glossed over but brought forward in therapy to help couples use positive aspects of their relationships to build strength and resilience, as well as pride in their identities.

Finally, supporting strengths in the couple subsystem (whether it is mutual care, flexibility, commitment, honesty, communication, allyship, trust, or safety) may help motivate couples' growth toward resilience building. Growth could include couples realizing the potential of their relationship to be protective instead of coping processes happening independently (e.g., transgender women not sharing their dysphoria and transphobia experiences with their partner; cisgender partners not sharing their uncertainties about themselves). Merging partners' coping processes into a shared narrative may help 1) build dyadic allyship, 2) promote activism in external environments, and 3) begin to construct protective relational boundaries against minority stress.

Limitations

While this research reflected an in-depth analysis of transgender women and cisgender partner experiences, the findings and interpretations of this study data should be considered within the context of the seven couples interviewed,. This sample was overwhelmingly white, young, and educated, which does not reflect experiences noted in other literature that focuses on transgender women of color who are most at risk physically, medically, and psychologically given the intersections of race, class, and risk factors associated with minority stress (Cornelius, & Whitaker-Brown, 2017; Koken, Bimbi, & Parsons, 2009; Nemoto, Operario, & Keatley, 2005). Therefore, these findings must be considered as insight only for the sample discussed, and do not provide transferability beyond the boundaries of this research and the discussions related to these participants.

This sample also primarily fell within a younger age range (20s-early 30s). A few couples were also more recently partnered. Given the emerging adulthood ages, these couples may have been at a different developmental stage with regard to how they view partnering (i.e., more flexible options, not “final” per se). Other couples who had been together for a longer time, or were married and had children may have experienced additional stress and pressure to stay together initially, and were negotiating a more intricate landscape of disclosure and transition.

Varying levels of transition among couples also could have contributed to lack of homogeneity of experiences. Some couples who had disclosed gender identity at the outset of dating and/or had already taken steps to transition prior to meeting their partners may have been at a relational advantage given a very different disclosure experience than those who had been married a while and/or had children. Additionally, the method of interviewing was not homogenous. Most of the interviews were conducted over the phone, while one was in-person.

Interviewing via phone also limited the ability to collect nonverbal information, other than voice inflections and tone. This therefore detracted from added understanding of how these couples communicate.

These findings were interpreted from the lens of a cisgender female researcher, who while centering minority stress in transgender couple experiences clinically and academically, is still detached from this experience and therefore may be remiss in acknowledging nuances. As a researcher and clinician, my feminine identity could serve to create or strengthen a relationship with a transgender woman or another cisgender female participant, and it could also create a disconnect because of my cisgender privilege and my lack of knowledge or experience of marginalization. The use of my lens may have created limitations in recruitment, data collection, and analysis. For example, nonbinary transgender identities were not a specific focus of this study. However, one participant preferred a nonbinary label while still claiming a transgender identity. There may have been contextual differences in her relational experience that I was not able to account for given how I framed the research question and inclusion criteria. Further, inclusion criteria did not specify gender of cisgender partner, so the sample yielded two male partners and five female partners. It is not possible with this sample size and qualitative methodology to understand differences in these relationships by looking at gender of cisgender partners.

The sample was mostly white, younger, and educated, which also reflect three of my privileged identities. While this is not become apparent until recruitment ended, there are considerable limitations in the connections between the sample and my identities. I realize there is a great deal that is missed given these overlaps. Thoughts about differences in experience due to age and white privilege were not addressed because neither I nor participants were connected

to them. Additionally, because we shared race and age as part of our social locations, there may have been a familiarity between myself and the participants during the interviews that did not get challenged. There may have been more resilient stories noted here as well as the result of not experiencing racial oppression or stigmas associated with old age. It would be important to address these limitations in future studies, in particular to strive for samples with a wide range of identities.

Directions for Future Research

The findings of this study offer a few options for future research. First, reproducing this study with trans masculine individuals and again with nonbinary individuals would shed light on minority stress coping processes and relational boundary making with more gender diverse samples, and may help uncover differences. While an exploratory qualitative methodology was appropriate for this study and would also be appropriate for replicating it, there are opportunities for using insights from qualitative research to design quantitative studies for generalizability, which was not possible in this study. For example, a quantitative approach could be used to address attachment styles of committed trans women and their cisgender partners, as well as their perceived levels of horizontal and vertical relational ethics. An additional idea would be to assess relationship satisfaction based on how partners' attune to each other, or their experiences with microaffirmations in the relationship. Quantitative research could also be helpful for further detail of shifts between family of origin attachment experience and balance of fairness with partner attachment experience and balance of fairness.

Second, exploration of various other relationship arrangements (e.g., polyamory, open relationships) and their impact on coping with minority stress is important to understand relative to negotiation of transition experiences. This is particularly important given that a

nonmonogamous relationship contract may offer partners different experiences with emotional bond and perceptions of fairness, or there may also be similarities in experiences. Future work should expand inclusion criteria to include those identifying as poly or nonmonogamous, as well as incorporate insights from those identifying as transfeminine. The umbrella term of “transgender woman” was used here but that inherently limited the inclusion of other feminine identities.

Third, it is unfortunate that the scope of this project did not include elaborating on rationale for and experience of sexual identity label shifts. Future research with transgender women and cisgender partners could investigate these ideas further, in order to understand rationale and experience underneath identity shifts as well as the resonance an identity label has for these individuals and couples. A phenomenological or grounded theory qualitative design may best attend to that investigation, given the complexities of one’s experience of sexual identity. Fourth, since the word “fairness” did not resonate with many couples and there was a lack of adoption of the term as shared language to refer to relational dynamics, understanding and re-considering the usage of the word to describe the concept of balance is important. Additionally, investigating a balance of giving/receiving in a deeper context is necessary to more fully understand this in relation to minority stress and intersections of identity.

Finally, all future research, regardless of area of investigation should prioritize and find ways to engage better with transgender communities of color. Gender and sexual identity diversity should be paralleled with racial diversity in order to more accurately and inclusively reflect experiences with minority stress.

Summary

Findings of this research reflect the rich and diverse meaning making experiences of couples as they navigate their relationships in the context of minority stress, and ongoing transition challenges. The context of minority stress for this sample of couples included FOO rejection, community rejection and ongoing experiences with transphobia. However, the relational adjustments made within these couple dyads included developing a protective boundary around the relationship to stave off some of the impact of minority stress. These relational adjustments or adaptations were relational attunement and relational affirmations (microaffirmations). Couples who were attuned to each other emotionally, who created strong connections and who affirmed each other (both for gender as well as for other aspects of their personhood), were able to protect themselves against the common threat of transphobia and minority stress. Creating the protective boundary through these processes in turn appeared to stabilize and strengthen their relationships.

For these couples, the strength of their emotional bonds was based on trust, open communication, support for gender expression and mutual investment in transition. Levels of perceived fairness in the relationships were based on a flow or balance of emotional care and effort placed on maintaining a supportive relational dynamic. While some couples voiced difficulties with both emotional bond and negotiating balance, most gave highly descriptive strategies of how they maintain closeness and attunement to each other in order to ensure relational health.

Connections to romantic attachment theory, EFT, and contextual theory were evident in these findings. Couples used language that mirrored that of attachment terms and EFT (e.g., trust, safety, feeling taken care of, and predictability during vulnerability). However, the term

“fairness” did not resonate with most couples. Instead, couples preferred to discuss how they established a fluid give/take of emotional care and responsibilities through genuine dialogue. This process is still aligned with how contextual theory refers to fairness even if the terminology differs. Also for these couples, while experiences of minority stress was influential to their processes of bonding and giving/receiving care, there was also a core overlap of trust in all aspects of their dynamics. Trust was present in their communication, levels of acceptance, security, commitment, and acknowledgement of each other. This was an interesting insight, and the fact that both attachment and contextual theories incorporate the concept of trust as cornerstones could be important to therapeutic interventions.

For some in this study, situating cisgender sexual identity within the context of transition was relevant. Shifts were more prominent for couples with longer relationship duration and when disclosure had occurred after partnering. While this study did not focus explicitly on sexual identity, the experience of cisgender partners around this was important to note as a reflection of the transition negotiation process. Cisgender partners noted wanting to pick a label (or not label) to both honor themselves as well as their partner’s identity in the relationship. This information is similar to other samples of cisgender women partnered with trans men (Brown, 2009).

In order to support couple boundary making, therapists should acknowledge the importance of a shared resilient narrative as a goal of therapy. A shared resilient narrative could serve to allow couples to be grounded in their strengths as they encounter minority stress. It also supports transition as a relational process. As resilience building is a salient process to coping (Meyer, 2015), it is fitting for therapists, regardless of theoretical orientation, to scaffold this

growth and protection. Building a shared resilient narrative can foster activism in the dyad, in external macro systems, and can act as the basis by which boundaries are made.

The diversity of these outcomes reflects the complex and wholly unique experiences of both transgender and cisgender partners that involve individual connection to claiming identity labels, social changes, level of visibility/connection to the LGBTQ, or heterosexual communities, but also the changes in the contexts of their romantic partnerships (Joslin-Roher & Wheeler, 2009). Findings of the current study are also reflective of some of the recent research literature with regard to how flexibility, unwavering support and protection of each other help trans-including partnerships thrive in the face of minority stress (e.g., Pulice-Farrow et al., 2019). This study's contribution to theory may be in the realm of explicit discussions of macro-level injustice which are countered through interpersonal affirmations and attunement to emotional connection and balance of fairness. The process of this protective mechanism is an imperative consideration for clinicians to validate a trans-including couple's stress as well as see opportunities for generation of resilience.

Conclusion

This was an exploration dedicated to supporting trans-including couples who are transgender women partnered with cisgender individuals. I attempted to address an existing gap in the mental health literature that continues to marginalize and make invisible the experiences of trans-including couples. As transgender women are highly stigmatized, subjected to abhorrent treatment and threatened with erasure on a continuing basis, avenues for healing and resilience must be made available to them. To-date, researchers and scholars have not adequately attended to understanding the lifeworlds of transgender women, including aspects of romantic partnerships that provide healing and strength. While literature has captured some dyadic

information relative to romantic relationships of transgender women (e.g., Gamarel et al., 2014; Reisner et al., 2014), many if not most studies do not collect data from both partners. Therefore, a more systemic understanding of relational processes in the face of minority stress has not been acknowledged.

Trans-including couples who are experiencing transition contend with a number of complex changes to their relationships and themselves. Couple and family therapy and even the larger mental health community has only a marginal understanding (mostly conceptual, not empirical) of how couples navigate and cope with gender affirmation, developing community, the impact of intersectional minority stress within their relationship, and ongoing, co-occurring relational adjustments. With few studies dedicated to the relationship dynamics and needs of trans-including couples (Moradi et al., 2016), this research was timely and relevant.

The purpose of this study was to explore the in-depth experiences of emotional bonding and perceptions of fairness between transgender women and their cisgender partners. A qualitative design using Interpretative Phenomenological Analysis served as the methodology. I attempted to answer the research question: *What are the experiences of emotional bond and fairness between transgender women and their cisgender partners?* The frameworks of minority stress, romantic attachment theory (RA), and contextual therapy theory grounded this research question. I situated myself as the primary researcher and provided a narrative of my identities and intentions in order to make the “self of the researcher” transparent in multiple places throughout this study.

Findings of this study uncovered a specific systemic process that couples engaged in to combat the effects of transphobia. By strengthening their dyadic boundary they deliberately filtered the impact of minority stress experiences. This boundary was created through adaptation

processes of relational attunement and relational microaffirmations, which were depicted in a visual (Figure 1) that outlined the multisystemic layers of minority stress and its impact on these couples. These processes enabled boundary creation that was also facilitated by developing a strong emotional bond, maintaining open communication or dialogue, giving/receiving care that was unique to each partner's needs, being united against a common threat, and committed to their relationship journey. Data from this study were developed into four main themes:


- The context of minority stress
- Negotiating transition
- The feeling of emotional bond
- Negotiating Balance

A number of subthemes for each main theme also unfolded to deepen and magnify the lifeworlds of these couples. Couples in this sample reflected emotional bonding experiences that mirrored that of attachment-related concepts, and perceptions of fairness that mirrored how giving/receiving is framed within contextual theory. Couples also revealed strong commitments to a united front against transphobia, a commitment to acceptance and flexibility for each other, and a shared decision making process for transition.

This research calls clinicians, particularly those of privileged identities, to support the strengths within the couple subsystem as a primary source of healing and resilience. In addition to the importance of using a relational intersectional lens (Addison & Coolhart, 2015); this study highlights the salience of incorporating attachment and contextual theory and a minority stress framework in therapy that prioritizes resilience through the couple bond. By highlighting the abilities of both partners to provide unwavering support, flexibility, safety, and trust to each other, couples could develop a shared narrative that reflects individual experience and needs as

well as resilience generated by relational boundaries. This study is one of the very few existing empirical works that collected data from both partners and analyzed the data from a systemic perspective. It is also a contribution to the literature on trans-including couples and trans women that supports an affirmative stance and focuses on positive aspects of identity and transition. To my knowledge, this study is one of the first of its kind to explore in-depth relational dynamics of trans women and their cisgender partners. It is also one of the first to incorporate couple and family therapy theory to its design and analysis, in order to provide context and suggestions for clinicians. Trans-including couples deserve to be seen affirmatively, holistically, and served to the fullest extent in the mental health community. By focusing on how couples function together to combat macro-level injustice, therapists have the potential to validate and aid in the resilience-building process, and foster activism against transphobia and minority stress.

Appendix A: Recruitment Form



My name is Jennifer Coppola. I am a Marriage and Family Therapist completing my doctoral dissertation at Syracuse University.


The purpose of my study is to better understand relationship experiences of emotional bonding and fairness between trans women and their cisgender partners.

Participation involves a 1-2 hour interview with you and your partner at a convenient location or over the phone. You and your partner will be asked questions about how you experience fairness and emotional bond in your relationship.

Each partner will receive \$20.

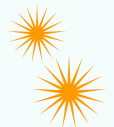
Paid Couples Research Study

Are you a trans woman partnered with a cisgender person?




Would you and your partner like your voices to be heard?

Would you and your partner like to share your stories in your own words?



Contact: Jennifer Coppola, MS, MA, LPMFT
(315) 414-9743 or jl Coppola@syr.edu



Appendix B: Consent Forms



Syracuse University IRB Approved

JAN 10 2018 NOV 1 - 2018

DEPARTMENT OF MARRIAGE AND FAMILY THERAPY
601 E. Genesee St. Syracuse, NY 13202 Ph: (315) 443-3023

Emotional Bond and Fairness for Transwomen and their Cisgender Partners

My name is Jennifer Coppola, and I am a marriage and family therapy doctoral candidate at Syracuse University. I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. This sheet will explain the study to you and please feel free to ask questions about the research if you have any. I will be happy to explain anything in detail if you wish.

I am interested in learning more about how transwomen and their cisgender partners' experience of emotional bond and fairness in their relationships, and how transition has affected these experiences. You and your partner will be asked to participate together in an audio-taped interview with me about this topic. This will take approximately 1-2 hours of your time. All information will be kept confidential.

The interview will be audio taped. The purpose of the audio recordings is for data analysis only. Only I, my advisor, and our research team member will have access to the recordings. The audio recordings will be retained only until study completion and then will be deleted. The audio recordings will be transcribed by my research team member and de-identified; we will use a pseudonym for each of you instead of your names.

I will not share any of your identifying information with anyone else outside of my research team. I will assign an ID number to your transcript, and only I and my advisor will have the key to indicate which number belongs to which couple. In any articles I write or any presentations that I make, I will use a made-up name for you and your partner, and I will change details about you and your partner.

A \$20 check will be offered to each person at the outset of the interview. You and your partner will be given this token of appreciation even if you decide to stop answering my questions at any time during the interview.

If you are willing, a second interview will be conducted with you and your partner, after I have had time to reflect on our first interview. The second interview will involve a brief conversation to follow up on ideas from the first interview. You and your partner will each receive \$10 as a token of appreciation for your time.

The benefit of this research is that you will be helping us to understand the experiences and relational processes of couples with transgender partners. This information should help us to improve therapeutic services, build a deeper understanding of what couples encounter and develop later research studies.

The risks to you of participating in this study are that you may experience psychological distress that may have an impact on your relationship. These risks will be minimized by my checking in with you during the interview to address your distress. If you do not want to take part, you have the right to refuse to take part, without penalty. If you decide to take part and later no longer wish to continue, you have the right to withdraw from the study at any time, without penalty. If needed, I will distribute psychological resource numbers as follows: Contact Community Services, a 24 hour crisis hotline: 315-251-1400 and Comprehensive Psychiatric Emergency Program: 315-448-6555.

We will keep your study data as confidential as possible, with the exception of certain information that we must report for legal or ethical reasons, such as situations of abuse and/or intent to harm yourself or others.

Contact Information:

If you have any questions, concerns, complaints about the research, contact the contact the faculty investigator and study advisor, Dr. Rashmi Gangamma, LMFT at rgangamma@syr.edu or me at jlcoppol@syr.edu. If you have any questions about your rights as a research participant, you have questions, concerns, or complaints that you wish to address to someone other than the investigator, if you cannot reach the investigator, contact the Syracuse University Institutional Review Board at 315-443-3013.

All of my questions have been answered, I am 18 years of age or older, and I wish to participate in this research study. I have received a copy of this consent form.

I agree to be audio taped

I do not agree to be audio taped

Signature of participant

Date

Printed name of participant

Signature of researcher

Date

Printed name of researcher

Would you be willing to be re-contacted for a second interview? Yes/ No

If yes, what is the best way to reach you? _____

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Consent form 1

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DEPARTMENT OF MARRIAGE AND FAMILY THERAPY
601 E. Genesee St. Syracuse, NY 13202 Ph: (315) 443-3023

Script for oral consent

Title: Emotional Bond and Fairness for Transwomen and their Cisgender Partners

My name is Jennifer Coppola, and I am a marriage and family therapy doctoral candidate at Syracuse University. I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. Please feel free to ask questions about the research if you have any. I will be happy to explain anything in detail if you wish.

I am interested in learning more about how transwomen and their cisgender partners' experience of emotional bond and fairness in their relationships, and how transition has affected these experiences. You and your partner will be asked to participate together in an audio-taped interview with me about this topic. This will take approximately 1-2 hours of your time. All information will be kept confidential.

In order to help me retain our entire conversation I will be audio recording our interview. The audio recording will then be typed as is by my research team member. The transcripts will not have any of the identifying information you reveal in the interview. We will use a pseudonym for each of you instead of your names. I will not share any of your identifying information with anyone else outside of my research team. I will assign an ID number to your transcript, and only I and my advisor will have the key to indicate which number belongs to which couple. In any articles I write or any presentations that I make, I will use a made-up name for you and your partner, and I will change details about you and your partner.

The recording will also help in deeper understanding of your experiences. The audio recording will be stored digitally in a secure, private computer in my office. No one other than me, my advisor, and my research team member will have access to these files. My office is in a secure, locked Syracuse University building. The audio recordings will be retained only until study completion and then will be deleted.

A \$20 check will be offered to each person. I will send each of you the check for \$20 to your address as a token of my appreciation for your participation in this research. You will be given this token even if you decide to stop answering my questions at any time during the interview.

If you are willing, a second interview will be conducted with you and your partner, after I have had time to reflect on our first interview. The second interview will involve a brief

Consent form 2

1

conversation to follow up on ideas from the first interview. You and your partner will each receive \$10 as a token of appreciation for your time.

The benefit of this research is that you will be helping us to understand the experiences and relational processes of couples with transgender partners. This information should help us to improve therapeutic services, build a deeper understanding of what couples encounter and develop later research studies.

The risks to you of participating in this study are that you may experience psychological distress that may have an impact on your relationship. These risks will be minimized by my checking in with you during the interview to address your distress. If you do not want to take part, you have the right to refuse to take part, without penalty. If you decide to take part and later no longer wish to continue, you have the right to withdraw from the study at any time, without penalty. If needed, I will distribute psychological resource numbers as follows: Contact Community Services, a 24 hour crisis hotline: 315-251-1400 and Comprehensive Psychiatric Emergency Program: 315-448-6555.

We will keep your study data as confidential as possible, with the exception of certain information that we must report for legal or ethical reasons, such as situations of abuse and/or intent to harm yourself or others.

If you have any questions, concerns, complaints about the research, contact the study advisor, Dr. Rashmi Gangamma at Room 406, 601 E. Genesee Street, Peck Hall, Syracuse, NY – 13202; by email at rgangamm@syr.edu or by phone at 315-443-9178. You can also contact me at jlcoppol@syr.edu. If you have any questions about your rights as a research participant, you have questions, concerns, or complaints that you wish to address to someone other than the investigator, if you cannot reach the investigator, contact the Syracuse University Institutional Review Board at 315-443-3013.

- Do you have any questions?
- Are you 18 years of age or older?
- Do you consent to participate in this study?
- Do I have your permission to record this interview?

What is the best way for me to provide you with a copy of this consent information?

Would you be willing to be re-contacted for a second interview? Yes/ No

If yes, what is the best way to reach you? _____

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Appendix C: Demographic Questions

1. Could you please identify yourselves with regard to:
 1. Race and ethnicity
 2. Gender identity
 3. Sexual identity
 4. Occupation(s)
 5. Highest level of education attained
 6. Any other identity markers you feel are important to share
2. What are your ages?
3. How long have you been a committed couple?
4. When did you first come out? To whom?

Appendix D: Interview Questions

Questions asked of each partner:

1. Could you each please describe how you currently experience this relationship?
2. Can you both tell me about what led up to you having this experience?
3. (Regardless of when transition began) From both of your perspectives, how does transition impact your relationship? How does coming out to others affect it?

Follow up prompts as needed for each partner:

Do you notice a change in your experiences of emotional bond and fairness as a couple? In what ways?

4. How have you made sense of this as a couple?

How is this different from before?

5. What does emotional bond mean to each of you? How would you each describe your emotional bond in this relationship?

Follow up prompts as needed for each partner:

How do you know this? Can you give me an example of when you experienced the bond in this way?

What are your thoughts about how secure you feel in this relationship? Can you describe what this is like? How do you know when there is no security?

Does this come up in your conversations? If so, how?

6. What comes to your minds when I say “fairness”? How do you know your relationship is fair or not fair?

Follow up prompts as needed for each partner:

How do you know this? Can you give me an example of when you experienced fairness in this way?

Does this come up in your conversations? If so, how?

7. Could you each briefly describe your experience of emotional bond and fairness in respective your families growing up? Has this had an impact on your current partner relationship? How?

8. How do you see your identities affecting your experiences around emotional bond and fairness?

How and in what ways might this change?

9. What has this experience of talking about your relationship with me been like? Did anything come up that surprises you?

Is there anything else you would like to share?

Do you have any questions for me?

Appendix E: Second Round Interview Questions

Each couple was asked to confirm or adjust key takeaways from their initial interview with regard to the emergent themes.

Interviewer: I'm going to read some themes within a variety of categories that I have analyzed and developed. Please tell me whether you agree with this information or whether you would like to make changes to it. Please also feel free to let me know of any new information you would like to add.

Themes:

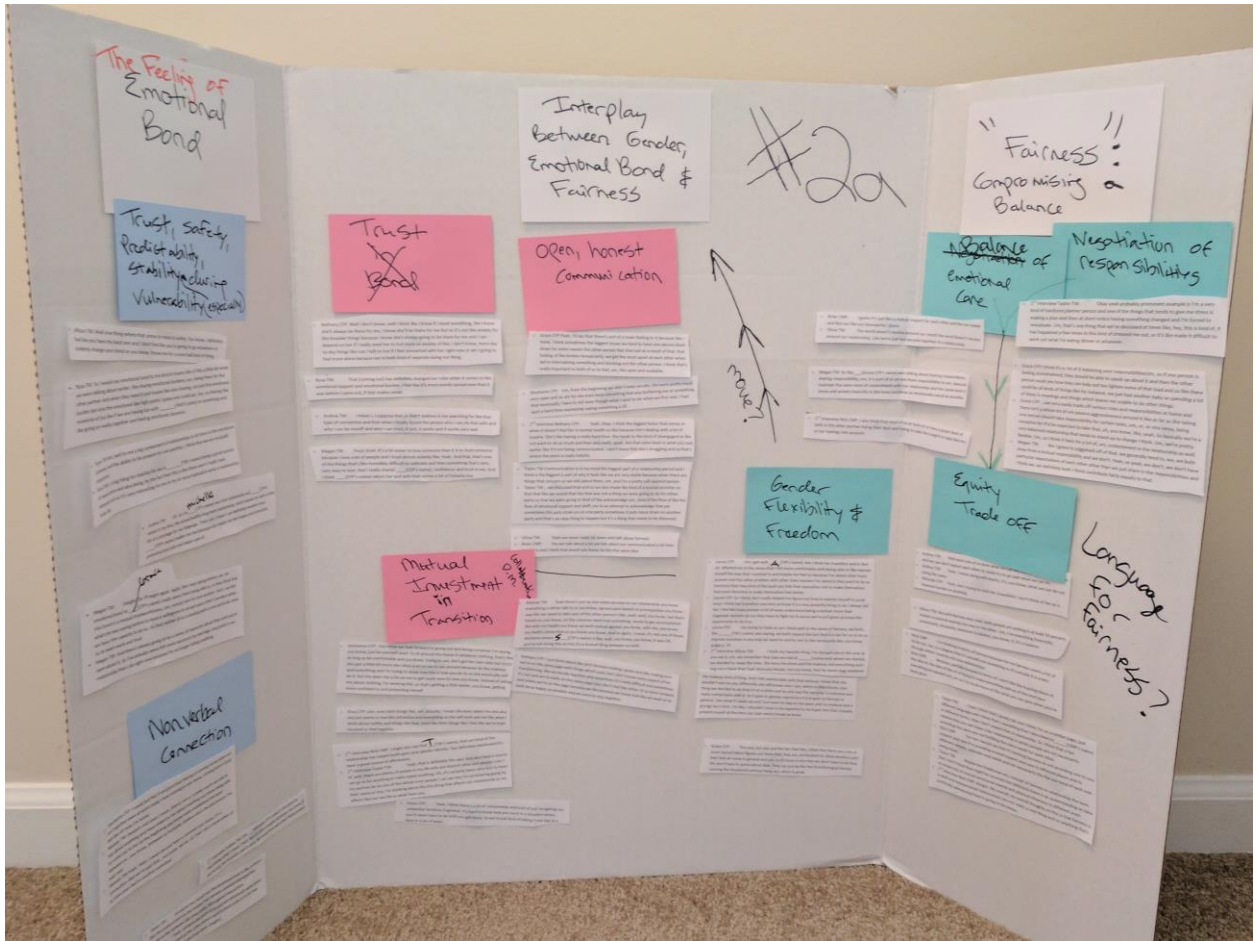
- **The relationship**
- **Gender identity, sexual identity, and minority stress**
- **Emotional bond**
- **Fairness**
- **Family of origin emotional bond and fairness**

Appendix F: Theme Development

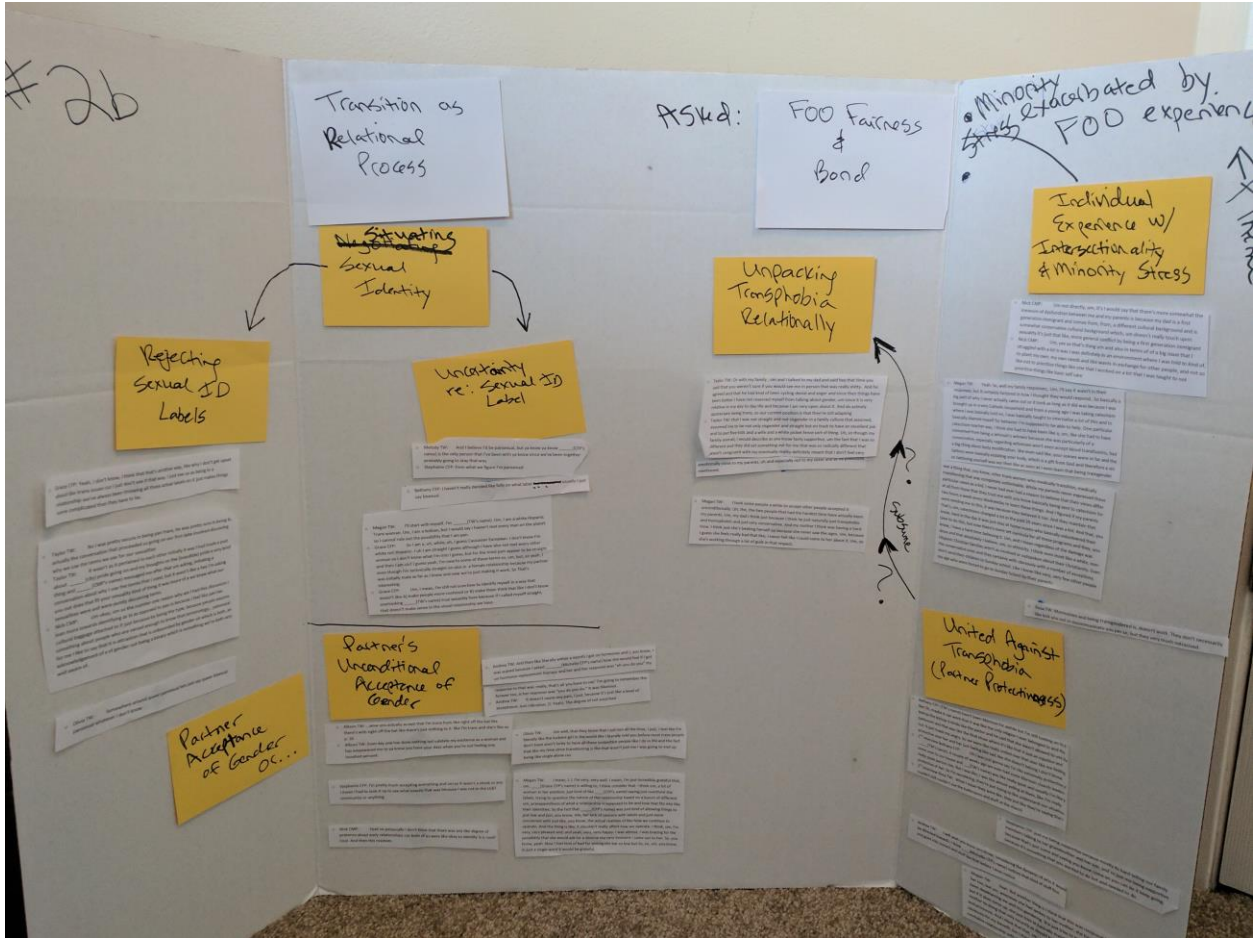
Poster #1: Initial Overall Themes



Poster #2: Emotional Bond and Fairness Subthemes



Poster #3: Transition and Family of Origin Subthemes



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Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*. Vol. 15, pp.-215-228. doi: 10.1080/08870440008400302.

Curriculum Vitae

EDUCATION

PH.D. Marriage & Family Therapy

SYRACUSE UNIVERSITY – EXPECTED 2019

Dissertation: Emotional Bonds and Fairness Experiences between Transgender Women and Their Cisgender Partners: An Interpretative Phenomenological Exploration

Advisor: Rashmi Gangamma, Ph.D., LMFT

M.A. Marriage & Family Therapy

SYRACUSE UNIVERSITY – 5/15

Thesis: Romantic Attachment and Relational Ethics between Other-Sex, Cisgender Couples in Therapy

Advisor: Rashmi Gangamma, Ph.D., LMFT

M.S. Human Development

UNIVERSITY OF ROCHESTER WARNER SCHOOL OF EDUCATION & HUMAN DEVELOPMENT – 5/03

Advisor: Dale Dannefer, Ph.D.

B.A. Economics & Certificate of Management Studies

UNIVERSITY OF ROCHESTER – 5/02

EMPLOYMENT & CLINICAL EXPERIENCE

LGBTQ AFFIRMATIVE CLINICIAN – SYRACUSE, NY Private Practice	11/17-present
SYRACUSE UNIVERSITY Doctoral Candidate & Research Assistant	8/15-present
SYRACUSE UNIVERSITY COUPLE AND FAMILY THERAPY CENTER Graduate Student Therapist Transgender Treatment Team Clinical Case Consultation (towards Approved Supervisor credentials)	8/15-8/17
ST. JOSEPH’S HOSPITAL CHILDREN & YOUTH BEHAVIORAL HEALTH SERVICES – SYRACUSE, NY Graduate Student Therapist	5/14-5/15
SYRACUSE UNIVERSITY COUPLE AND FAMILY THERAPY CENTER Graduate Student Therapist Transgender Treatment Team	1/14-1/15

KS&R (KNOWLEDGE, SYSTEMS & RESEARCH) – SYRACUSE, NY

Research Associate & Senior Focus Group Moderator 11/10 – 1/13
Qualitative Research Specialist 3/06 – 11/10

RMS (RESEARCH & MARKETING STRATEGIES) – SYRACUSE, NY

Research & Business Development Associate 11/04 – 3/06

TEACHING EXPERIENCE

Co-Instructor, Syracuse University:

(G) MFT 662 Systems Dynamics in a Group Setting Spring 2019
(G) MFT 688 Family Therapy Across the Life Cycle Spring 2018
(G) MFT 688 Family Therapy Across the Life Cycle Spring 2017

Guest Lecturer, Fairfield University:

(G) FT 556 Research Methods Fall 2018

Guest Lecturer, Syracuse University:

(G) MFT 642 Therapy with LGBTQ Couples and Families Winter 2019
(G) MFT 663 Applied Research in Social Work Fall 2018
(G) MFT 567 Sexual Issues for the Helping Professional Summer 2018
(G) MFT 672 Couple Therapy: Theory and Techniques Summer 2018
(G) MFT 625 Family Systems and Therapy Spring 2018
(G) MFT 671 Introduction to Family Systems Fall 2015
(G) MFT 682 Marriage and Family Therapy Theory and Techniques Spring 2016
(G) MFT 681 Ethics Summer 2016
(G) MFT 663 Applied Research in Social Work Fall 2016
(G) MFT 662 System Dynamics in a Group Setting Spring 2016

ADJUNCT INSTRUCTOR, SUNY EMPIRE STATE COLLEGE

2012-2015

(UG) Human Development
(UG) Trauma and the Life Course
(UG) Diversity

PUBLICATIONS

Kawar, C., **Coppola, J.**, Gangamma, R. (2018). *A contextual perspective on associations between reported parental infidelity and relational ethics of the adult children*. Journal of Marital and Family Therapy. pp.1-10. doi: 10.1111/jmft.12331.

Gangamma, R. Glebova, T., & **Coppola, J.** (2016). *Fairness in couples and families*. Encyclopedia of couple and family therapy. Lebow, J, Chamber, A, and Bruenlin, C.D. (Eds.). Pp 1- 7. Springer, Cham. doi: 10.1007/978-3-319-15877-8_416-1.

MANUSCRIPTS UNDER REVIEW

Coppola, J. *Working with complementarity: An integrated affirmative model using EFT and contextual theory*. Contemporary Family Therapy.

MANUSCRIPTS IN PREPARATION

Coppola, J., & Gangamma, R. *Relational ethics, romantic attachment styles, and relationship dissatisfaction in couples in therapy.*

Coppola, J. & Martin, T. K. *A profile of therapy-seeking transgender clients and implications for therapists: A brief report.*

Gangamma, R., Glebova, T., Bartle-Haring, S., & **Coppola, J.** *Development of a dyadic measure of contextual therapy theory's construct of fairness.*

Coolhart, D., McEachern, M., & **Coppola, J.** *"Acknowledge me!": A grounded theory exploration of transgender experiences of family and social support and rejection.*

PEER-REVIEWED CONFERENCE PRESENTATIONS

Martin, T.K., **Coppola, J.** & Coolhart, D. *Transgender inclusive training issues and experiences in MFT programs.* Workshop presentation at the American Association for Marriage and Family Therapy (AAMFT) conference, November, 2018.

Gangamma, R., Glebova, T., **Coppola, J.**, Tor, S. & Watson, D. *Relational Ethics Mediating Stressful Events and Psychological Distress.* Poster accepted for presentation at the National Council on Family Relations Annual Conference, San Diego, California, November 2018.

Coppola, J. & Martin, T.K. *A profile of therapy-seeking transgender clients and implications for therapists.* Paper presentation at the LGBTQ Research Symposium, University of Illinois at Urbana-Champaign, May 2018.

Coppola, J. *Merging Models: Integrating attachment, EFT and contextual theories.* Workshop presentation at the International Conference on Contextual Therapy (ICCT), The Netherlands, April, 2018.

Kawar, C., Gangamma, R., & **Coppola, J.** *A contextual perspective on associations between reported parental infidelity and relational ethics of the adult children.* Paper presentation at the American Association for Marriage and Family Therapy (AAMFT) conference, Atlanta, GA, October, 2017.

Watson, D., Coppola, J., Gangamma, R., & Coolhart, D., & **Coppola, J.** *Gender as a moderator of relational ethics and romantic attachment orientation.* Poster presentation at the International Family Therapy Academy (IFTA) conference, Kona, Hawaii, March, 2016.

MEMBERSHIPS

AAMFT Pre-Clinical Fellow
AAMFT Queer and Trans Advocacy Network