

TRANSGENDER COUPLES' BELIEFS AND EXPERIENCES OF COUPLE AND FAMILY
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Transgender couple's beliefs and experiences of couple and family therapy

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ABSTRACT

The purpose of this study was to explore transgender couples' beliefs and experiences of couple and family therapy. This study utilized a secondary data set of interviews from seven transgender participants and three partners. A queer feminist framework guided this study. The results of this project indicate that participants believe couple and family therapy to be relevant to their lives and therapeutic needs of transgender couples and their families. However, participants expressed unfamiliarity with the field and uncertainty that couple and family therapists are equipped to provide affirmative care.

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DEDICATION

I would like to dedicate this thesis to Brannen and Emma. Your drive to living life authentically has been an inspiration and motivation for this project!

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INTRODUCTION

Society and academia are becoming increasingly aware of the lives of transgender persons and their families through media depictions of transgender lives on television shows such as ‘Glee,’ ‘Orange is the New Black,’ ‘Transparent,’ and through social media. Although there is increased dialogue both culturally and academically about the experiences of the transgender population (Sanchez & Vilain, 2009), there is still little research on relationships between transgender people and their partners (Chapmann & Caldwell, 2012). With the increased attention on the needs of transgender people, there has become an increased need for trans-supportive clinicians who work with transgender relationships (Raj, 2008).

Traditionally, mental health services were utilized for facilitating the binary process of transitioning to one’s identified gender through medical and legal means (Sanchez & Vilain, 2009). These services have historically focused on a transgender person’s body and hormones rather than on overall wellbeing (Lev, 2004). Mental health services primarily focused on pathology through ensuring that transgender clients met the diagnostic criteria outlined in sources such as the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR)* gender identity disorder (GID) and were appropriate for hormone or surgical treatments (Bess & Stabb, 2009). For clients with partners and meaningful relationships, mental health providers previously encouraged cutoff from these relationships (Lev, 2004) rather than education and support, as both society and professionals believed these relationships to be doomed to fail (Chapmann & Caldwell, 2012).

Until more recently, mental health services have largely ignored the relationships within a transgender person’s life and the impact that relationships can have on a person’s wellbeing. However, society has become more acquainted with the lives of its transgender members which

has resulted in humanizing this stigmatized population while also increasing support (Koken et al., 2009). This shift has become more evident as CFT literature describing the relational lives of transgender people has increased over the past few years (Blumer, Green, Knowles, & Williams, 2012). Advocates and transgender people alike have called for the removal of stigmatizing and pathologizing diagnoses, such as GID and Transvestic Fetishism, from future editions of the DSM (Bockting, 2009). The release of the DSM-5 and the change from GID to gender dysphoria reflect some of the ways that mental health care has also begun to shift its focus from pathology to overall well-being.

Due to its systemic focus and non-pathologizing stance, the field of couple and family therapy is uniquely suited for serving the relationships in the lives of transgender persons (Blumer, Gavriel Ansara, & Watson, 2013). However, the field itself has remained relatively in the dark about issues important to transgender people and their families (Blumer et al., 2012). In their 2012 content analysis of marriage/couple and family therapy (M/CFT) literature, Blumer et al. reviewed 10,739 articles in family therapy journals and found that only 30 of those articles were flagged for using “trans” as a search term. Of these 30, only nine articles actually pertained to the experiences or needs of transgender clients, with six of these nine including information about relationship dynamics for transgender clients (2012).

Well-intentioned CFT researchers have included the letter ‘T’ in their discussion of LGBT (lesbian, gay, bisexual, and transgender) topics and clinical needs; however these articles often have little information about transgender persons, their partners, or their families (Blumer et al., 2012). Despite frequently seeing these letters together both inside and outside of academia, the experiences of transgender persons are often added as side information or assumed to be similar to those of LGB clients. However, Koken et al. (2009) warn that assuming that the

experiences of transgender people and their relationships are comparable to LGB persons and their relationships is inappropriate due to the unique needs and topics of interest for this marginalized population.

In training, most mental health professionals learn very little about gender identity (Lev, 2004). When topics important to the transgender community are addressed, they are typically taught through classes focused on diagnosis of disorders or general diversity (Bess & Stabb, 2009). Through diagnosis courses, GID or gender dysphoria are often the only mention of transgender clients in training. One study found in a sample of clinical members that only 65% reported learning about diverse populations, including transgender persons and their families, during graduate training (Green, Murphy, Blumer, & Palmanteer, 2009). However, the extent to which topics important for transgender people and their families are covered through these trainings is unknown. This minimal insight into the real experiences of transgender clients further relegates an already marginalized group of people and their families in society. This disturbing lack of information available to clinicians about the needs and experiences of transgender clients raises concerns about the potential to perpetuate stereotypes as well as the ability of clinicians to provide gender affirmative services to this population.

As described by Rock, Carlson, and McGeorge (2010) in reference to lesbian, gay, and bisexual clients, affirmative therapy embraces a positive view of LGB identities and relationships and addresses the negative influences that homophobia and heterosexism have on their lives. Malpas (2011) identifies a transgender affirmative therapist as a clinician who takes a non-pathologizing stance towards gender non-conforming people in that gender is considered a fluid spectrum. To take steps towards increasing the ability of CFTs to provide affirmative services to transgender persons and their families, it is essential for the field to increase its

knowledge about topics important to transgender couples and families and its awareness of the systems of oppression that seek to minimize this population's experiences.

This project aims to begin responding to the need for increased information about the lived experiences of transgender people and their families. The minimal research that does exist tends to examine the perspective and experiences of therapists, whereas this study explores potential clients' viewpoints. The purpose of this study is to explore transgender couples beliefs and experiences with couple and family therapy and gain insight into their recommendations for how CFTs can become a better resource for transgender clients who have historically not been encouraged to pursue or had access to CFT services.

LITERATURE REVIEW

In order to address topics important to transgender people, it is essential to first understand the concept of gender identity. Gender identity refers to a person's internal sense of gender, regardless of what sex the person was assigned at birth (Lev, 2004). In Western culture, gender is perceived as existing on a binary, a person identifying as either a man or a woman, and is largely assigned at birth. Typically, gender identities outside of these two options are not well known or understood in Western societies. Gender expression is the outward presentation of a person's gender identity (Brill & Pepper, 2008). This expression may be enacted through clothing and activity choices; however, it might also be enacted subtly through beliefs about the self, values, and social interactions.

Typically, a person who identifies and presents as the gender assigned at birth is considered cisgender (Blumer et al., 2013). For example, a woman who was categorized as a female and girl at birth and continues to identify as a woman throughout her life would likely be identified as a cisgender woman. However, for some persons, the gender they were assigned at birth does not match with their own gender identity. A transgender identity describes a spectrum of gender expressions that are not contingent on the gender a person was assigned at birth (Brill & Pepper, 2008). Transgender persons might utilize terms such as transman or transwoman to identify their gender to others; however, it is important to note that not all transgender persons identify within a two-gender binary and may use other terms to identify themselves (e.g., gender non-conforming, gender creative, or genderqueer; Benson, 2013). While there are no reliable statistics on the prevalence of transgender identities, studies show that this identity occurs across all age groups, socioeconomic statuses, environments, occupations, races, and faith communities (Bethea & McCollum, 2013).

Pronouns are an important aspect of affirming a person's gender identity. As a whole, this tends to be a subconscious affirmation for cisgender persons; however, utilizing a preferred pronoun for people who identify as transgender is especially important. While some transgender people prefer changing from masculine to feminine pronouns, or vice versa, others may prefer to utilize gender-neutral pronouns (e.g. ze, hir). In an effort to honor non-gender binary identities, this paper will utilize gender-neutral pronouns with the intent of making this information applicable beyond the binary. In place of he or she, the pronoun ze will be used, and hir will be used in place of his or hers.

Transgender Couples

While the focus on transgender persons in research is itself lacking, transgender persons and their partners are frequently missing from the current literature (Lev, 2004; Blumer et al., 2012). In this paper, the term *transgender couple* describes a relationship where one or more partner(s) identify as transgender. It is important to note that there is great diversity among transgender couples. While some couples may consist of one transgender partner with a cisgender partner, there are other couples where both partners identify as transgender or gender non-conforming.

Unlike disclosing one's sexual orientation, transgender people cannot simply disclose their identity to themselves and live out their identity discreetly (Bethea & McCollum, 2013). Rather, the disclosure process itself intimately involves the relationships and systems present in that person's life (Lev, 2005). While some transgender persons choose the details of when and to whom they will disclose, others disclose accidentally or are discovered via internet browser histories by their partners or family (Raj, 2008).

Typically, spouses and friends are the first to whom transgender persons disclose (Bethea & McCollum, 2013). As with other disclosures, a person's decision to disclose hir gender identity to hir partner and larger social supports can come as a shock. Perhaps the most destabilizing actions to a relationship can be the public and private disclosure processes, beginning hormones, and other cosmetic and surgical procedures (Israel, 2008). During this time, relationships will likely experience a variety of changes as the trans-identified partner considers transitioning and the relationship itself begins to transition simultaneously. Historically, it is believed that through the process of disclosure and seeking treatment options, a cisgender partner will decide to end or be encouraged by peers and professionals to end the relationship (Lev, 2004). Both society and professionals in the past have agreed that a transgender partner's disclosure doomed the relationship to failure (Chapmann & Caldwell, 2012).

Although separation or divorce may be desired by some couples, it is important to note that disclosure of a transgender identity is not always a crisis as the literature has suggested. In one study, less than half (45%) of respondents reported their partner relationship ending as a result of disclosing their gender identity (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Couples may note that while there may be changes in sexual attraction and desire, their bond as partners may still be strong (Nealy, 2008). Couples may desire to navigate the process as a unit, focusing on a continued level of exploration and support of each other. Additionally, strong couple relationships can decrease the likelihood of distress due to chronic stressors such as discrimination (Gamarel et al., 2014). Supporting couple strengths has been made difficult, however, as partners and family are not typically included in evaluations and treatment (Chapmann & Caldwell, 2012).

While sparse, current literature on experiences of discrimination, marginalization, and stigmatization for transgender persons and their partners is considered more severe than those experienced by LGB persons (Barbachano, 2007). Transwomen and men are victims of hate crimes at higher rates than LGB persons (Sanchez & Vilain, 2009). The 2011 report entitled *Injustice at Every Turn* found that 53% of respondents had experienced verbal harassment or disrespect in public places such as hotels and restaurants (Grant et al., 2011). In this same study, 19% had been refused housing, 26% had lost a job, and 61% had been the victim of physical assault due to their gender identity. These statistics paint a devastating look into the injustices that face transgender people and their partners.

As a result of living in a heterosexist and homophobic society, transgender persons may experience minority stress (DiPlacido, 1998; Sanchez & Vilain, 2009). Minority stress is defined as fear or discomfort related to knowing that one's personal characteristic or identity is a target of discrimination (Sanchez & Vilain, 2009). Transgender people experience minority stress through both enacted stigma (i.e., verbal or physical harassment, family rejection) and felt stigma (i.e. expectation of discrimination; Bockting et al., 2013). Partners of transgender people may also experience minority stress as the result of belonging to a "socially devalued" relationship (Gamarel et al., 2014). For couples experiencing minority stress, dyadic stress is also likely to be present, which can arise both when the couple is facing a shared stressor and when one partner's stress becomes stressful to the other partner (Gamarel et al., 2014).

The toll of living with minority stress related to gender identity includes high rates of psychological distress (Bockting et al., 2013). This distress increases the likelihood of transgender couples experiencing negative health outcomes (DiPlacido, 1998), including symptoms of depression and anxiety (Gamarel et al., 2014; Bockting et al., 2013). The long term

toll of living with such stigmatization can ultimately contribute to thoughts of suicide. In fact, in a survey of 6,450 transgender and gender non-conforming persons, 41% disclosed that they had attempted suicide, a rate that was significantly higher for participants who had experienced family rejection due to their gender identity (Grant et al., 2011). These experiences as well as other quality of life struggles may lead transgender couples into a therapist's office for support and healing.

Transgender Couples in the Larger Family System

Just as transgender persons must disclose their gender identity to their partner to begin living it, transgender couples must disclose to extended family on both sides of the relationship. Following disclosure to each partner's family of origin, the couple may experience cut off from some or all family members due to their identity. Grant and colleagues (2011) found that 57% of transgender or gender non-conforming participants experienced some rejection by their families, while 40% experienced cut off from parents or other family following disclosure. Family rejection has been correlated with many negative outcomes, including homelessness, poor health, and suicide attempts (Grant et al., 2011). Rejection from one or both partners could result in increased distress both individually and relationally.

While these statistics create a bleak picture, a majority of participants in this study reported experiencing slow improvement in family relationships following disclosure (Grant et al., 2011). Additionally, not all transgender people and couples experience cut off or rejection following disclosure to extended family. Forty-three percent of the participants in Grant et al.'s (2011) study reported that they were accepted by family following disclosure. The impact of this support was related to improved health outcomes, economic security, and ability to face

discrimination in society (Grant et al., 2011). These findings point to the importance of maintaining and strengthening affirming family ties for transgender couples.

Transgender couples with children may also receive mixed reactions following disclosure. Society itself still remains hostile towards LGBT parents (Israel, 2008), despite research showcasing the ability of transgender persons to parent and the increasing visibility of transgender families (Chapman et al., 2012). As with many changes that can occur within families, young children commonly experience a variety of struggles that manifest as behavioral outbursts or temporary disruptions in the quality of their relationships. However, children are regularly underestimated in their ability to understand complex issues related to any life cycle change presented to them by adults (Samons, 2009). Children are often able to navigate the transition well, and, despite the concerns of non-affirming practitioners, they do not seem to receive greater amounts of bullying than their peers (Malpas, 2012). Grant and colleagues (2011) found that 49% of parents who identified as transgender or gender non-conforming reported no change in their parenting situation and 22% reporting improvement.

Transgender Couples in Therapy

Much of the literature across disciplines surrounding the care of transgender people is focused on diagnosis, psychopathology, etiology, and medicalization (Sanchez & Vilain, 2009), rather than on well-being. The CFT field has assisted in shifting the focus of literature on transgender lives towards larger experiences of relationships with family of origin and partners (Blumer, et al., 2012), yet many of these articles continue to focus on the process of transition within the couple relationship despite not all transgender identified persons electing to transition. While services for couples experiencing transition have value, it is important to consider quality of life issues that might bring transgender couples to therapy.

Typically, couples who enter into therapy have goals focused around improving their relationships through decreasing conflict around a problem, increasing affection, and improving communication with one another (Tambling, Wong, & Anderson, 2014; Doss, Simpson, & Christensen, 2004). Couples therapy may also address goals that are more traditionally considered tasks for an individual therapist, such as depression, anxiety, and substance abuse. Research has found that couples therapy can be effective in resolving both individual and relational therapy goals, regardless of the type of interventions used (Shadish & Baldwin, 2003). In considering the therapeutic needs of transgender couples, the current literature demonstrates the unique role a family therapist could take on in increasing support for transgender persons both within the couple relationship, family context, and the social landscape (Blumer et al., 2012).

As mentioned previously, the role of mental health care providers in the lives of transgender people has traditionally been that of a gatekeeper to services such as hormone therapy and surgery (Sanchez & Vilain, 2009), and less focused on the relationships between transgender people and their loved ones. Perception of therapists in this role can lead transgender clients to be suspicious of their therapist's desire to act in the relationship's best interests (Lev, 2004). The World Professional Association for Transgender Health, or WPATH, has updated the Standards of Care that act as a guide for providers in working ethically with transgender persons (WPATH, 2011). These standards offer to both mental health and physical health providers' criteria for transitioning. Though previous versions of the SOC have not addressed relationships during transition, the most recent version calls for a more holistic approach to care that includes support of the couple relationship (WPATH, 2011).

One of the most well-known and frequently cited guides for working with transgender persons and their families is Lev's *Transgender Emergence* (2004). This text guides clinicians from a variety of fields through terminology, raising awareness of systems of oppression, and strategies for supporting transgender people and their families in building a trans-positive identity. In particular interest for this paper the family emergence model, through which Lev describes questions and topics of consideration for families moving through each stage (2004).

As the call for more supports for transgender persons and their families have increase (Lev, 2004), more models have arrived in the literature. Raj (2008) describes using the 13 step Trans-formative Therapeutic Model in supporting and educating transgender persons and their loved ones navigate the process of transitioning from disclosure to acceptance. More recently, Chapmann and Caldwell (2012) offer a model based on attachment theory that focuses on the relationship of the couple rather than education. However, this model has yet to be evaluated in practice (Chapmann & Caldwell, 2012) and many of these models continue to focus on transition as major topic in therapy.

While topics focused on gender identity and transition may be an important area of discussion for some transgender couples, there may be more common quality of life concerns in the relationship that bring the couple into therapy. For example, these concerns could include disagreements about finances, sex (Nealy, 2008), parenting, premarital work, divorce or separation, and relationships with other family members (Benson, 2013). In meeting with transgender couples, clinicians who assume that gender or transition is the reason for seeking support may lead couples to feel further marginalized despite the clinicians intent.

Koken, Bimbi, and Parsons (2009) state that meeting the need for increased support for family, partners, and friends of transgender people is essential for the positive development of a

transgender person's identity. Additionally, the couple relationship itself may reap positive gains as a result of working through the disclosure together (Israel, 2008). Through the exploration of gender identities and roles, couples are given the opportunity to be vulnerable with each other and build on their ability to communicate (Israel, 2008). Therapy may also allow couples to work collaboratively to honor the sexual and gender identity of each partner as the relationship evolves (Malpas, 2012).

Transgender couples may face unique challenges if a partner decides to transition legally, medically, or by expressive means. As marriage equality has not yet reached all states in the USA, nor has it reached all countries, the legal status of a relationship may be a consideration for couples transitioning. Legal documents such as photo identification, passports, and marriage applications require a sex or gender marker that typically does not include identities outside of the gender binary. Additionally, couples who elect to transition may encounter difficulties with efforts to change their name, gender, and/or sex (Bess & Stabb, 2009). While the number of states that specifically ban same-sex marriages is declining, transgender couples might have to be cognizant of potential changes to their rights and privileges (Ellis & Erickson, 2002). For couples who are currently married or in a domestic partnership, they might notice diminished legal status and rights as a result of moving from heterosexual privilege to marginalization. Likewise, a couple who previously identified as lesbian, gay, bisexual, or queer might notice both an additional amount of rights and privileges as well as potential alienation from their LGB community (2002). Navigating both the losses and gains in rights and privileges, as well as knowledge of the laws and policies affecting transgender persons and their families, (Blumer et al., 2012), could be especially helpful when explored through a systemic lens offered by CFTs.

Socially, sexual orientation and gender identity are both assumed to be binary identities of either straight or gay and woman or man. While identities outside of these labels exist, they may not always be widely known or utilized. Clarification of sexual orientation can be a point of consideration for each partner and the couple relationship itself (Blumer et al., 2012). For example, a transwoman who previously identified as a straight man may feel that this identity no longer explains her relationship with her partner who identifies as a straight woman. This might lead the both partners to expand their individual sexual identities as gay, bisexual, pansexual, or queer (Raj, 2008). The couple may also wish to explore how they are perceived as a couple by others and work together to select or decline labels that identify the couple relationship (Blumer, et al., 2012).

Transgender couples may also seek services to address concerns regarding sex and physical intimacy. Through emotional, medical, or physical transition, a couple's sexual relationship may undergo change. While literature on human sexuality itself is sparse, Lev and Sennott (2012) describe the silence on transgender sexuality as "deafening". As this point of exploration can look different for each couple and each partner, it can be an area of exploration for CFTs who are supporting couples through the process of transition.

Transgender couples may seek out mental health professionals as a source of support due to experiences of discrimination (Garnel et al., 2014; Sanchez & Vilain, 2009). Garnel et al. (2014) highlight the need for clinicians to focus on stressors from a relational context that sees the couple as the client rather than focusing on the individual. In their findings, transgender women and their male partners reported an inverse correlation between relationship quality and discrimination/relationship stigma (Garnel et al., 2014). Due to training that focuses on the systemic roots of problems facing individuals, couples, and families, CFTs would be well suited

to help transgender couples take into account the toll systems of oppression take on their well-being.

Due to concerns and fears about discrimination, many transgender persons and their families may not be willing to disclose their identities to health care professions (Chapman et al., 2012). This may result in couples and families feeling alienated from service providers and unable to address topics both related and unrelated to gender identity or transition in an affirming therapeutic relationship. Transgender persons and their partners may face unique challenges in finding support from a variety of sources due to cisgenderism and transphobia in the CFT field. *Cisgenderism* is the belief that gender should not be self-labeled and rather selected for each person by persons of power (Blumer et al., 2013). For example, gender is typically labeled by medical professionals (i.e. doctors) during ultrasounds or at birth for children in the United States. *Transphobia* refers to the unease or hatred of people who are transgender or gender non-conforming (Lombardi, 2009). Additionally, systems of oppression such as *homophobia* can also work to delegitimize transgender couples who do not conform to heteronormative ideas about relationship identity and composition. Despite the influence of cisgenderism and transphobia on the lives of transgender couples, the field has seldom addressed its effects on mental health and what clinicians can do to support clients who are faced with such discrimination (Lev, 2004).

Transgender Client Perceptions of CFT

Learning about client perceptions of therapy can assist therapists in noting strengths and weaknesses in the care they are providing. While there are more examples in recent years concerning patient feedback for therapy services, very few studies have addressed the perceptions of therapy services for transgender clients and their families (Bockting, Robinson, Benner, & Scheltema, 2004). Of the evaluations that do exist, dissatisfaction with therapy

services are reportedly due in part to client perceptions of therapist heterosexism, homophobia, or lack of understanding LGBT needs (Palma & Stanley, 2002). Transgender clients additionally report that they need to spend a large amount of time educating their care providers about transgender topics before care can begin (Chapman et al., 2012) and expressed apprehension regarding whether clinicians receive acceptable training on gender identity (Benson, 2013). Additionally, clients shared concerns in regard to being misunderstood or stereotyped by clinicians who had not be adequately trained (Benson, 2013). In a qualitative study by Bess & Stabb (2009), transgender persons described their own experiences with therapists and offered suggestions for how therapists can best serve their needs during transition and beyond. While these participants reported that their mental health concerns were taken seriously by therapists, the discussion of topics regarding gender were often ignored or received a negative response (Bess & Stabb, 2009).

Participants who had more positive experiences reported that therapists who were not rigid in expectations for transitions and allowed for flexibility in gender expression were immensely valuable (Bess & Stabb, 2009). In Benson's (2013) study, participants expressed the importance of a therapist acknowledging their gender identity even when the focus was not on gender and rather on quality of life issues. As with any population, language can be both empowering and harmful. In considering transgender persons and their families, a shift in provider's language through utilizing gender non-specific terms, such as parent or partner, can be especially affirming. Care providers who make a point to not assume labels for transgender clients or their families can help put clients at ease (Chapman et al., 2012).

It is clear from what the research tells clinicians about the perceptions of transgender clients in therapy that the mental health field as a whole is lacking information about gender

identity and the transgender population as a whole. This thesis is an effort to begin responding to Blumer and colleagues (2012) call for couple and family therapists to shed light on the experiences and needs of transgender clients in couple and family therapy. The research questions addressed in this study is: What are transgender people and their partner's experiences of and beliefs about couple and family therapy? What recommendations do transgender couples have for couple and family therapists?

METHODOLOGY

Theoretical Framework

This phenomenological qualitative study was informed by a queer feminist theoretical framework. Feminism challenges the discourses that continue to uphold inequality in an effort to produce social change (Hammers & Brown, 2004) such as those that seek to devalue the lived experience of transgender lives. Queer theory explores identities such as gender and sexuality in a way that challenges a binary view of both while situating research and dialogue in the social context (Oswald, Blume, & Marks, 2005). It resists the compartmentalizing effects that come with labeling, and thus regulating, our identities (Hammers & Brown, 2004). Feminist and queer theories have provided me opportunities to confront my own cisgender privilege and have shaped my own understanding of gender as a part of identity not bound by a simple binary. These theories have also informed my view of how relationships work and are labeled. A queer feminist lens challenges heteronormative scripts that society crafts, as well as the values that shaped these scripts (Oswald et al., 2005), and provides the possibilities for relationship dynamics and identities to evolve beyond current labels. Given that this thesis sought to hear and amplify the voices transgender couples, I viewed this framework as essential in ethically reviewing data and reporting findings so that I remained aware of socially prescribed biases that may seek to diminish the experiences of the participants.

Data Collection

The participants were recruited using purposive and snowball sampling via e-mail lists and support groups. Participants who were agreed to be interviewed were 18 years of age or older and had experience with mental health services. The initial interviews were completed face to face at a location chosen by the participants and ranged from 45 minutes to three hours.

Participants were given information about the study's purpose and invited to ask questions. A semi-structured interview guide was used to guide the conversations, which were recorded using a digital audio recorder.

Sample

A secondary dataset was used in exploring the research question. This data set was initially collected from a study by Benson (2013). The larger dataset explored transgender couples' experiences with disclosure, family, and mental health. This project made a distinction between larger mental health responses and those that solely focused on responses regarding couple and family therapy. This data set included transcribed interviews from transgender participants (n=7) and their partners (n=3) when they were available. One participant identified as Latino(a), while the remainder of the participants identified as European American.

Participant ages ranged from 24 to 57 years old. While the interviewer did not intend to maintain a woman/man binary, survey options led participants to indicate their identities as follows: three identified as female-to-male, three identified as male-to-female, and one identified as a male-to-female cross dresser. Six of the participants were in partnered relationships. All three of the participating partners identified as cisgender women.

Introduction to the participants. Participants were given pseudonyms in order to maintain confidentiality:

Sean identifies as male and is 26 years old. He lives with his partner and they have been partnered for two years after meeting online. He is a college student and reports an annual income of \$5,000 - \$14,000. Sean disclosed his gender identity to Beth online prior to them meeting in person. He reports that Beth is supportive of his transition.

Beth identifies as female and is 26 years old. She lives with her partner Sean (see above) and has been partnered for two years. Beth works full-time and reports an annual income of \$5,000 - \$14,000.

Adam identifies as male and is 24 years old. He is living with his partner, to whom he is engaged. He is a full-time graduate student and reports an annual income of \$5,000 - \$14,000. Adam first disclosed his gender identity to his partner Josie after the two attended a Christian concert. He shared that Josie was immediately supportive of him and continues to be his biggest supporter.

Josie identifies as female and is 20 years old. She lives with her partner Adam (see above), to whom she is engaged. She is a full-time college student and reports an annual income of \$5,000 - \$14,000.

Lana identifies as female and is 56 years old. She lives with her partner, to whom she has been married for 34 years. They have one adult child. Her partner had a stroke four years prior to the interview and is currently paralyzed and has cognitive difficulties. Lana works full-time in addition to taking care of her partner and reports an annual income of \$100,000 - \$200,000. Lana has not disclosed her gender identity to her partner or other family. However, she is active in local transgender groups as herself and had an affair with a woman she met through events.

Tiffany identifies as female and is 46 years old. She lives with her mother and two biological children (ages 11 and 13). Tiffany is divorced and currently single. She works full-time in addition to being the primary caretaker for her aging mother. She reports an annual income of \$40,000 - \$49,999. Tiffany and her ex-wife divorced due to Tiffany's gender identity, and she reports that her ex-wife does not understand nor accept her gender identity. Tiffany has disclosed to her mother and two children and identifies her two children as her biggest allies.

Rose identifies as female and is 45 years old. She lives with her partner and one of her two biological children. She and her partner have been married for 24 years. She works full-time and reports an annual income of \$50,000 - \$74,000. Rose first disclosed her gender identity online. She has not disclosed to her partner or children as she does not believe they will be supportive.

Nina identifies as a male-to-female cross dresser and is 57 years old. She lives with her partner and one of her two adult children. She and her partner have been married for 30 years. She works full-time and reports an annual income of \$50,000 - \$74,999. Nina first disclosed her gender identity to a therapist she went to see at the urging of her partner, who was concerned about Nina's anger. Nina disclosed to her partner at the encouraging of her therapist and also disclosed to her children. Her immediate family is supportive and accepting of her identity.

Marie identifies as female and is 54 years old. She lives with her partner Nina (see above) and has been married for 30 years. She works full-time and reports an annual income of \$50,000 - \$74,999.

Tyler identifies as male and is 25 years old. He lives with his partner, to whom he is engaged, and has been partnered for seven years. Tyler is a full-time college student and reports an annual income of \$5,000 - \$14,999. He first disclosed his gender identity to his partner online, where the two met. His partner is affirmative of his gender identity and his participation in this study, but did not wish to be interviewed.

Data Analysis

Data analysis was conducted using feminist informed thematic analysis. Thematic analysis is a method that is interested in patterns or themes that arise within and across the collected data (Braun & Clark, 2006). I followed the six steps for using thematic analysis

outlined by Braun and Clark (2006). First, I familiarized myself with the data through reading and re-reading transcripts. Second, I generated initial codes and ideas for each transcript and organized them into groups (e.g., discrimination, relationships). Third, I searched for themes from the coded data. Fourth, I reviewed themes by rereading supporting quotes and ideas to ensure they were representative of the codes. Fifth, I defined and named themes so that they clearly described the data (e.g., transition is relational, familiarity with CFT). Finally, I produced a report that relates the analysis back to my research question and the literature. While pursuing these steps, I used my queer feminist lens through highlighting stories of marginalization.

Trustworthiness

The trustworthiness of this qualitative inquiry will be assessed by four categories: credibility, transferability, dependability, and role of the researcher.

Credibility. Similar to internal validity in quantitative research, credibility is concerned with ensuring that the findings of a study accurately describe the participants lived experiences (Merriam, 2009). In order to demonstrate credibility in this study, I used a data set that had already been member checked after the interviews were transcribed. Member checking invites participants to review transcripts to ensure they were quoted correctly and offers them an opportunity to clarify their answers to any of the interview questions (Merriam, 2009). I also utilized bracketing, or keeping my own judgments and biases in a separate document (Merriam, 2009), in addition to independently coding the data with my advisor to ensure similar results and to ensure that the participants' experiences are preserved in this study.

Transferability. Transferability is similar to the quantitative concept of external validity, which questions a study's generalizability or potential to be applied more broadly (Merriam, 2009). For this study, I kept an audit trail, which is a separate document describing how I created

categories and made decisions throughout the analysis process (Merriam, 2009). Additionally, I utilized thick description so as to contextualize my findings and sought maximum variation in my sample.

Dependability. Dependability addresses the extent to which a study's findings are consistent across researchers and time (Merriam, 2009). This is similar to quantitative researcher's reliability. To demonstrate dependability, I kept an audit trail, as described above, and utilized peer debriefings with my advisor to ensure the codes and themes found are accurately described the participants' experiences.

Role of the researcher. In qualitative research, the researcher is the instrument that both collects and interprets data (Merriam, 2009). This requires the researcher to be transparent about her own biases and assumptions that might influence how the data is interpreted. My identities and biases have played a role in both my selection of this topic as well as my analysis of the results. This topic was selected largely due to my own experiences providing services to transgender people and their loved ones, in addition to being a close friend of a transgender couple, whom I have watched navigate systems of care and support. As a feminist and LGBT affirmative therapist, I fervently believe in the worth and dignity of all persons along with their right to express their identities in an affirming environment. Thus in analyzing the data, I was sensitive to how power, privilege, and oppression are or are not present in the participants' experiences. In an attempt to remain aware of my biases, I practiced bracketing by keeping a journal of my own thoughts separate from the data and brought this with me to debriefings with my advisor.

RESULTS

In this project, I explored transgender couples' beliefs and experiences of couple and family therapy and highlighted their recommendations for couple and family therapists who work with transgender couples and their families. Participant responses to the first research question regarding beliefs about and/or experiences with CFTs were organized into three major themes: (1) CFT is unfamiliar but valuable (2) relationship with the therapist is key, and (3) CFTs may not be qualified to work with transgender couples. Responses that addressed the second question that addressed transgender couples' recommendations for couple and family therapists were organized into two major themes: (4) support for the relationship and (5) be knowledgeable about transgender topics. This section is organized by research question and its related themes.

Beliefs and Experiences of Couple and Family Therapy

The first research question was: what are transgender couples' beliefs and experiences of couple and family therapy? This question was addressed by two themes: (1) CFT is unfamiliar but valuable, (2) relationship with therapist is key, and (3) CFTs may not be qualified to work with transgender couples.

CFT is unfamiliar but valuable. This theme demonstrated what participants believed couple and family therapy to be and whether they saw it as a valuable service. Participants described this knowledge both from their own experiences with the field and from educated guesses. This theme had two subthemes: (1) uncertainty about the field and (2) relationships are relevant in therapy.

Uncertainty about the field. The first subtheme highlighted participants' uncertainty in their understanding of couple and family therapy. The majority of the participants indicated that

they were not confident in their answers through pauses or stating they did not know. For example, when Tiffany was asked to share her understanding of CFT, she stated,

Perhaps I don't have an understanding yet. As far as what I understand about family therapy is that when a family is in session together with a therapist... that is my understanding of family therapy.

Josie shared similar uncertainty, stating that she was not "super informed on it." However, she was able to describe CFT as a communications tool for families and partners to work through struggles. These responses were typical of the majority of the participants. The lack of familiarity with CFT suggests that there is limited contact between couples and family therapists and the transgender community.

CFT is a good fit for transgender couples. The second subtheme described that in spite of the lack of familiarity between participants and CFT, transgender people and their partners believed there was value in including partners and family in the therapy process. Adam was able to share greater knowledge about CFT than many of the participants and shared his thoughts on how CFT is helpful:

Family therapy I think is a lot more complicated than individual therapy 'cause there's a lot of things going on. But, I think it's very important because it can do a lot, but especially with communication. Just open, safe space for communication.

Rose was also able to comment on CFT and systems therapy based on her interactions with CFTs professionally. She shared,

I think the best results deal with systems therapy.... And I do believe families are a system and treating one individual without treating the system is probably not going to be very helpful in the long run.

Nina too shared that it is difficult to work on struggles if partners or family members cannot be honest with one another. She shared from her own experiences with CFT that good family therapy helps family members get “everything out on the table” and “makes it possible for people to talk to each other honestly.” Beth shared that she liked the idea of having a mediator to help ensure all parties were heard and felt validated.

Relationship with the therapist is key. This theme highlighted the common focus that therapists were given in the participant’s responses about therapy. When the participants in this study were asked to think about couple and family therapy, they were likely to relate their answer to their impression of the therapists rather than on the specific topics discussed or methods used in therapy. In fact, throughout the interviews, participants seemed to appraise their experiences with therapy based on the relationship they had with their therapists. For example, when Adam was asked to share his experience of counseling, he talked instead about the characteristics of his therapist, a CFT:

I didn’t really know what to expect. But he’s very just ...listening. He’s just...sit back...and he’s like, “so what do you want to talk about,” you know, so he’s very just um non-directive would be the term... Just a good guy.

Adam shared that he found his therapist valuable because the therapist was knowledgeable about resources in the community and helped Adam challenge assumptions he held.

Lana shared that it was important for her to know that her therapist knew about and was supportive of her gender identity prior to beginning to work on therapy goals. She described feeling lucky that she was able to meet her therapist, a CFT, at a transgender advocacy event. Likewise, Tiffany shared that if she would go to therapy in the future, she would go to her family therapist for individual work due to having good rapport and trust in her.

CFTs may not be qualified to work with transgender couples. This theme highlighted that while participants saw the value in relational work, they expressed that they were unsure if CFTs are equipped to provide gender affirmative care for transgender couples and their families. Some of the participants were able to speak from their own experiences in seeking support in the past while others referenced concerns from their fellow community members or rumor. Beth described a time when she and Sean had attempted to seek help together that had not lead them to feel supported:

At the time, we were having relationship issues and he didn't know if he wanted to be in the relationship anymore. And, basically, what the counselor said to do was just separate. And I didn't agree with that. I was like, "You're not even gonna help us try and work on this? That's why we're here!" (laughs) what's going on? So I gave up and didn't want to go anymore.

While it was not clear whether the professional Beth and Sean saw was a CFT, the experience seemed to leave Beth feeling unheard and unsupported. Similarly, Marie described transphobic and alienating experiences other transgender couples had had in couple therapy:

I have known of situations where the therapist took sides and either thinking, "well this person's just weird and no wonder the spouse is having this reaction! You know, they're totally justified in having this reaction." Or the opposite of, "it's perfectly alright for this person to be transgendered, what's your problem?"

Tiffany described that therapists without training on transgender topics were likely to work off of their own stereotypes, which may be transphobic, when providing services. Marie shared the concern that therapists who are uninformed or inexperienced with transgender couples

might reinforce transphobia or cisgenderism despite the therapists' intentions. She shared her worry that then a person becomes the problem:

Something that could also happen that I think is not helpful is to rehash the transgender issues if that's not what the problem is. You know, if we went to a counselor and they were trying to delve back into how we felt about [transgender partner's name] being transgender.

Participants also made reference to concerns about therapists who were willfully uninformed on transgender lives and refused care or practiced with prejudiced care. Such therapists were viewed as unlikely to have an authentic desire to help transgender couples or families. Tiffany stated that she was "sure there are therapists like that out there. Maybe the conversion or reparative therapy type folks." Her reference to conversion therapy acknowledges that such a practice remains legal in many states and has not been outright banned by all mental health groups in the USA. It seems that she implies the real concern that, without diligent research on the client's part, there is a risk of facing outright cisgenderism and transphobia from a CFT.

The participants whose experiences and perceptions shaped this theme shared common concerns that couple and family therapists may not be equipped to transgender couples and their families. The shared concerns that there are currently CFTs who are unable and unwilling to support their couple relationship in times of need. Furthermore, they seemed to be in agreement that without training or experience, CFTs have done or could do real harm to transgender couples in spite of their intentions.

Recommendations for CFTs

The second research question was: what recommendations do transgender couples have for CFTs? The following themes addressed this question: (4) support for the relationship and (5) become knowledgeable about transgender topics.

Support for the relationship. This theme captured the idea that the experience of transitioning medically, physically, or emotionally is not done in a vacuum. Instead, transgender participants and their partners shared the common understanding that transition is a relational experience. Due to this belief, participants believed that couple and family therapy could be a valuable support to transgender couples as they navigated these relational experiences. This theme included three subthemes: (1) disclosure, (2) transition, and (3) beyond transition.

Disclosure. The first subtheme encompasses the participants' beliefs that couple and family therapy could be beneficial throughout disclosure. Transgender participants described that in order to live their gender identity authentically, they would likely need to disclose to the people to whom they are closest and saw the value of including a CFT in this process to support the transgender person and their loved ones before, during, and after disclosing. Rose emphasized the weight on the therapist to help transgender people disclose to partners and family. She shares, "I know a lot of people who have done it wrong. Who have really botched it and, you know, the consequences are there forever."

Other participants shared similar sentiments about how including a CFT in planning disclosures can help not only transgender people, but their partners and families as well. Josie shared that therapists can help prepare transgender clients for the reactions of their loved ones and process them as they happen. She shared,

A lot of time people, you know, aren't really open with what they feel and it's ok to be like, "oh well I'm kind of weirded out by this right now." If that's what they're feeling that's ok. And the sooner they can process that, you know, hopefully the sooner they can get to a place where they like, you know, "maybe I don't understand you, but I totally accept you."

Beth explains that processing disclosure with not only transgender clients, but with their partners and families is important too:

It's not just something that's happening and it's not just a transition for that person who's trans. But, it's also something that's happening to moms- the moms and dads, and the aunts and uncles, and the brothers.

She and other participants agree that all relationships in a transgender person's life can benefit from the support of a therapist during and after disclosure.

Some of the participants shared a belief that having a therapist involved in the disclosure process improves the likelihood of a positive outcome. Tyler shares that by using the therapist's position as a professional, partners and families may be more apt to accepting the disclosure:

They'll have a better understanding hearing it from a professional's point of view, because sometimes people need that. They just don't go by what their son or daughter has said they—or somebody else, they want a professional to say it, it seems more like true if a professional says it.

Adam shared similar beliefs, noting that for parents of transgender children in particular, the therapist can act as an educator and help the parents to connect with good support groups or other affirmative resources for both support and information.

Ultimately, participants saw that a therapist could help in encouraging partners and family to stay connected following a disclosure. Josie suggested that therapists can help normalize and demystify transition by relating it to other life changes by stating, “this is something you can work through and it’s not like the end of your family unit or anything, it’s just another change, just like a marriage or divorce or whatever.” Adam echoed this encouragement, sharing his belief that with family support, transgender people can be healthier as a result.

Participants did acknowledge that in spite of good preparation and delivery of the disclosure, the outcome may still result in separations or cutoffs. Adam shared that even in this case, the therapist can “try to make sure everybody is at least mentally healthy themselves.”

Transition. The second subtheme highlights how transgender people and their partners believed couple and family therapy to be valuable in helping transgender couples navigate decisions about transition. Beth stated passionately from her own experience that couple therapy should be recommended for all transgender couples. She stated,

It would have been nice to know beforehand, you know, when I was looking up transgender issues had a suggestion underneath it, you know, “If you’re in a relationship with a trans-person, it’s a good idea to have couples’ counseling to talk about everything that’s going to happen in this relationship.”

Lana described that CFT can assist both partners in discussing their hopes, desires, and fears surrounding the transition process. She shared,

It’s inconceivable to tell the person that is transgendered to quit being one, but at the same time I think that the family therapist has a big responsibility to the spouse than the

transgendered person themselves. Because they've got to help the spouse discover if they're going to be able to stay in this relationship.

Furthermore, she discussed that therapists can encourage open discussion about changes before they occur to ensure they fit into the relationship's contract. Marie added that the therapist can also help to make sure decisions about transition are decisions that are supported both as a couple and as individuals. She warns that compelling a transgender partner to refrain from transitioning for the sake of the relationship is both futile and dangerous. In the case of a transgender woman, she shares, "if the transgender person can't express their feminine self, then that repression is going to create problems that don't appear to be connected, but definitely are." Thus, therapists can help couples weigh the potential outcomes of decisions so that partners are consenting to changes with full knowledge of what the results may be. Beth shared that when partners are not included in decisions about transition, that they can be surprised or unprepared for how changes affect their own wellbeing and the wellbeing of the relationship. Likewise, both Nina and Marie discussed that they were considering attending couples therapy together in order to address how transitioning was impacting their finances and "resolve differences in priorities." Marie explained:

We're planning on it right now. And I have problems right now with how I feel that the money is being spent. A lot of it's going for, for Nina's appearance and Nina's things.

And some of the house things that really need to be dealt with aren't being dealt with.

And this could just end up being a knock-down drag-out, and I don't want it to be. I want it to be constructive.

In the case where partners disagree on aspects of transitioning, participants believed that therapists can help transgender couples find solutions or common ground. However, participants

also acknowledged that in spite of the efforts of the therapist and the couple, partners may decide that they cannot live with certain changes. Lana shared that a CFT can help a couple consider separation and do so amicably. She remarks that, “it’s okay. You can love each other, but not be able to live with each other.”

Partners of transgender participants emphasized that outside of making decisions about transition, they wanted to be involved in and informed about their partner’s care. Beth shared that this is a current goal she wants to work on with the help of CFT:

I’d like to go to couple [therapy] again, with Sean, and maybe, as a result, have it be that I’m more included in what’s going on with him. Cause I feel like he thinks that it’s just this his burden to bear. And, it’s stuff that I can help out with.

Participants in this theme shared that despite the historical practice of excluding partners and families during transition, transgender couples report that there are benefits for both the partners individually and as a couple when relationships are included in care. This includes helping the couples make decisions about transition, their relationship contract, and whether to continue the relationship. Additionally, transgender couples can support one another as changes are made along their transition journey.

Support beyond transition. The third subtheme highlighted that transgender people and their partners believed that CFT could be helpful for transgender couples and their families beyond disclosure and transitioning. Some participants discussed that the toll of concealing a transgender identity can result in emotional distress. Nina shared,

Transgendered individuals are going to come to a therapist and most of their issues have nothing to do, specifically, with being trans-gendered. It has to do because they’ve had to

hide, they've had to lie, and they've felt all of this guilt and shame, unfortunately usually for years! By the time you can afford a therapist.

Other participants noted that there may be quality of life issues that might lead them to seek out CFT. For example, Lana described from her own experience that she sought the help of a gender affirmative CFT for depression and suicidal ideation as a result of feeling overwhelmed with work, financial strains, and taking care of her partner.

Some participants shared that they believed CFT could be beneficial outside of working directly on mental health concerns. Adam and Josie shared that they were completing premarital therapy. While the two were completing this work with their priest, CFT often includes premarital work in its scope of practice. Adam shared that in addition to premarital work, he and Josie did a few sessions of therapy as a couple with his individual therapist who is a CFT. He shared that they went to address differences in their desired frequency of sexual activity.

Participants who responded to this theme noted that transgender couples and their families may not pursue couple or family therapy to discuss transitioning. However, they shared the importance of having a therapist who is knowledgeable about transgender topics and gender affirming.

Be knowledgeable about transgender topics. The final theme highlighted what participants believed a couple and family therapist should know in order to support transgender couples and their families. All of the participants contributed to this theme. Many of the participants emphasized the importance of therapists being familiar with transgender people and communities. Tiffany recommended that CFTs have contact with transgender people as clients early in their training. Lana shared a similar sentiment, sharing that she would not want to be a therapist's first transgender client. She further clarified that if that was not possible, she would

“at least like them to have good education as far as what involves being a cross-gendered person. What some of the issues are. What our concerns are.”

Some of the participants believed that CFTs needed to be aware of their use of language, terminology, and labels. Rose emphasized that she believes it is vital for therapists to know that “there’s a difference between how you identify in your own gender and who you’re sexually attracted to.” Adam shared that CFTs should use the labels, pronouns, and names as provided by the clients rather than their own assumptions. He shared that creating an intake form that allowed for clients to write in their identities and preferred name could help transgender people and their partners feel at ease.

Three of the participants shared that they believed CFTs should know that there was great diversity among transgender people and their loved ones. Josie cautions therapists to keep an open mind as they are learning about transgender identities:

Everyone’s different. As you’re learning things it’s totally natural to compartmentalize and to learn that way, but don’t get caught up thinking that for instance all transguys have to be really masculine because I definitely know some who aren’t. Or that all transwomen are completely feminine. So to keep your mind open to changes ‘cause really everyone’s situation is different.

Sean shared a similar response, but also discussed that there may be differences beyond identity for transgender people:

I think everybody does different things on their transition journey. And some people might change their name or not. I mean, if I was not transgender, I’m sure it would be difficult for me to understand that there are so many different types. But that’s important.

The participants emphasized the importance of not enforcing gender binaries or a standardized transition plan on transgender people due to the diversity in gender expression. While name changes, hormones, and sexual reassignment surgeries were important to some of the participants, others shared that they were less interested in such treatments and more interested in cosmetic changes that could reflect a more fluid gender identity.

DISCUSSION

This project sought to better understand transgender couples' beliefs of and experiences with couple and family therapists. This section will offer a discussion of the main findings, limitations of the study, future research, and clinical implications.

Main Findings of the Study

The findings of this study indicate that while transgender couples believe couple and family therapy to be a potentially valuable service to their community, they are uncertain if couple and family therapists are equipped with the training and experience necessary to provide transgender inclusive care. The transgender couples in this study provided recommendations for how CFTs could provide such care. The main findings of this study are organized by research question.

What are transgender couples' beliefs and experiences of CFT?

CFT is unfamiliar but valuable. This study demonstrated that while transgender couples believed that relationships are relevant in the therapy process, they had little familiarity with the field of couple and family therapy. Participants ranged from having knowledge of CFTs through their own training in the mental health field to needing to make guesses at what CFTs could do for their clients. The transgender people and their partners interviewed were all able to identify that working with family members on issues was a part of the scope of practice, but indicated a general lack of certainty regarding their answers. This lack of understanding of services may suggest that CFT services are generally not well known or that there may be a lack of contact between CFTs and the transgender communities in their region.

Additionally, four of the participants reported receiving couples therapy, one transwoman reported doing some family therapy with her two children, and two of the participants saw

couple and family therapists for individual work. Participants experienced such work as valuable or as having the potential to be valuable due to viewing relationships as being relevant in therapy. This finding coupled with participants' lack of familiarity with CFT indicates that CFTs may need to do greater outreach to transgender communities.

When describing their beliefs and experiences of couple and family therapy, participants frequently referenced the relationships they had with therapists rather than the content or type of therapy. In their descriptions from their experiences, participants identified CFTs who identified as gender affirmative, attended advocacy events, and were involved in transgender communities as valuable and trustworthy. These findings suggest that therapist-client relationships are significant in determining whether couple or family therapy is worthwhile or helpful for transgender couples and their families. This agrees with current literature that describes positive therapist client relationships as an essential aspect of successful therapy (Sprenkle & Blow, 2004). Developing a positive relationship between therapist and clients may be even more important for transgender clients due to their marginalized status in society and uncertainty about whether CFTs are prepared to support their needs. Blumer and colleagues (2013) described that successful joining with clients can be facilitated through attending to cisgender privilege and the various “-isms” in each client’s life.

Inexperience in working with transgender couples and their families may prevent some CFTs from marketing themselves to the transgender community. Current literature suggests that clinicians are not yet receiving adequate training regarding transgender couples and their families (Lev, 2004; Bess & Stabb, 2009; Green et al., 2009). Thus, further training in graduate programs and post-graduate events is likely needed to increase clinician competence.

A queer feminist lens may frame the lack of interaction between the transgender community and CFTs as related to transphobia or cisgenderism within the CFT field. Blumer and colleagues (2013) describe that cisgenderism is a real but understudied concern in the field of CFT and may be perpetuated in spite of a therapist's intent. This may create barriers in providing inclusive care, such as assuming gender and relationship identities of potential clients based on appearance or using assumptions about the couple's identities to ask questions that are irrelevant to the couple's actual identities (Blumer et al., 2013). Given the marginalizing status society places on transgender couples and their families (Gamarel et al., 2014), clients may be hesitant to seek support from providers who are not known within the transgender community or not advertising themselves as affirmative providers.

CFTs may not be qualified to work with transgender couples. As a whole, participants expressed that they were unsure if CFTs were equipped to provide affirmative care for transgender couples and their families. Many of the participants shared knowledge of therapists who had been unable or unwilling to support transgender couples in their care. Regardless of therapist intent, lack of knowledge regarding transgender people and their partners resulted in clients feeling alienated, marginalized, and invalidated in the struggles that lead them to seek help. One of the participants expressed frustration that her couple therapist was unable or unwilling to help the couple work through the relationship's uncertainty and instead advised them to separate. A partner shared concerns that uninformed therapists may attempt to relate all relationship struggles to the partner's transition or gender identity. She also described knowledge from peers that therapists had taken sides during couple therapy, making both a transgender partner and a cisgender partner feel alienated and silenced. Such experiences support Blumer and colleagues' (2013) assertion that cisgenderism permeates CFT practices and the need for CFTs to

evaluate the role cisgender privilege plays in their clinical interactions. These findings, in addition to current literature, indicate that clinicians are not receiving adequate training in order to provide competent and affirmative services to transgender couples and their families (Lev, 2004; Bess & Stabb, 2009; Green et al., 2009).

Though participants found ill-equipped therapists to be problematic, transgender people and their partners also expressed the concern that cisgenderism and transphobia are alive and well in the CFT field. One of the participants expressed certainty that there were CFTs who practiced reparative or conversion therapies. These concerns unfortunately add to previous literature that describes therapists' roles in continuing systems of oppression (Palma & Stanley, 2002).

Lack of inclusive, educated, and experienced clinicians may be explained by a variety of reasons. It is possible that clinicians are not staying current with literature related to couple focused transgender care. This may be willful and due to cisgenderism among clinicians, however it may be that clinicians are unable to access such literature due the scarcity of articles described in Blumer and colleagues (2012) content analysis of M/CFT literature. Likewise, clinicians may be choosing to opt out of conference trainings regarding transgender care or such trainings are not offered due to lack of interest or transphobia by clinicians and conference organizers alike.

What recommendations do transgender couples have for couple and family therapists?

Support for the relationship. Participants in this study held the belief that transition is a relational experience. In spite of historical assumption that disclosure and transitioning spells doom for transgender couple relationships (Lev, 2004; Chapmann & Caldwell, 2012), seven of the ten participants continued their relationships throughout disclosure and transition. This

finding alone complements the literature that indicates partner relationships can and do continue and flourish following disclosure (Nealy, 2008; Grant et al., 2011). As a result of their belief in the relational nature of disclosure and transition, participants indicated that that couple and family therapy could be a valuable tool in supporting relationships throughout these processes and beyond. This supports WPATH's (2011) recommendations for including relationships in transgender care and current literature that describes disclosure as a relational process (Lev, 2005; Buxton, 2006;).

Beginning with disclosure, participants identified CFT as potentially helpful in planning the details of revealing a transgender identity to partners and family. Transgender people and their partners saw value in utilizing a CFT's positionality as a professional to help demystify and normalize transgender identities to families and friends and provide education. Such support by CFTs was believed to help transgender people, their partners, and their families all feel supported in navigating the varied experiences of disclosure. This finding is important as much of the research surrounding disclosure of a transgender identity neglects the impact of disclosure on partners (Chapmann & Caldwell, 2012) and family (Buxton, 2006). Studies that do discuss these impacts tend to emphasize this as a time of struggle (Buxton, 2006) rather than an opportunity to strengthen relationships (Israel, 2008; Malpas 2012).

In addition to disclosure, the participants believed couple and family therapy to be helpful for transgender couples in making decisions about the details of a partner's transition and to help both partners feel supported as changes were made. Participant responses were in agreement with current literature that indicates transition as a time for the relationship to grow through the building of communication and vulnerability (Israel, 2008) and thus an ideal time for CFT as a support. In agreement with Koken, Bimbi, and Parsons (2009), partners in this study shared they

wanted to be supported and involved in the decision making process with their transgender partner in order to increase understanding and to be a support throughout transition. These findings reinforce the importance of continuing the shift to a more holistic approach to transgender care that includes the relationships as an essential part of care (WPATH, 2011; Blumer et al., 2012).

Transgender couples in this study also expressed interest in working with a CFT on struggles unrelated or loosely related to transition or gender identity. Such struggles included emotional distress, caregiver burnout, making decisions without partner input, and differences sexual desires. One of the couples in this study was completing premarital therapy, which suggests that such work is of interest to this population. This finding supports the literature that suggests that transgender couples are interested in support outside of transitioning (Bess & Stabb, 2009; Benson, 2013).

Be knowledgeable about transgender topics. All of the participants in this study believed that CFTs should educate and inform themselves about transgender lives. Many of the participants believed that CFTs should spend more time interacting with transgender people and their loved ones during training. The majority of the participants indicated that CFTs should be familiar with the supports within their communities, including support groups and educational resources. Additionally, participants shared that CFT's should be open-minded to the diversity among transgender individuals and couples. They believed that CFTs should honor the language and labels chosen by transgender couples rather than making assumptions based on binary understandings of gender.

These findings are nearly identical to what current literature describes as inclusive therapy practices (Blumer et al., 2013; Bess & Stabb, 2009). They are unique, however, as they

were gathered from transgender persons' and their partners' viewpoints rather than therapist experience and perceptions. Ultimately, these findings suggests that current practice suggestions for working with transgender people and their partners are in agreement with what transgender couples want from their therapists.

Limitations of the Study

One of the limitations of this exploratory study was the lack of racial and ethnic diversity. The sample was predominantly European American, with only one participant identifying as Latina. There was a lack of diversity in the partners as well as all three partners identified as women. The majority of sample was also living in larger cities with greater access to resources and information, thus there is limited understanding of small town and rural experiences from this study. Additionally, older participants reported stable economic status, and while younger participants reported low income due to attending college, they were not living in poverty. Therefore, it is difficult to discern how the experience of poverty may have influenced this study. The sampling methods may have led to sampling bias due to utilizing email lists and snowball sampling to recruit participants with internet access and connections to support networks.

Another limitation of this study was the lack of distinction between couple therapy or counseling and couple therapists (i.e., LMFTs). Often, participant responses referred to these interchangeably and follow up questions did little to clarify this distinction at the time of the interview. Thus, some data was unable to be included as it was not easily identifiable as referring to the field of CFT or LMFTs.

Implications for Future Research

Based on the findings of this study, there are many opportunities for future research to help CFTs better understand the needs of transgender couples and their families. Subsequent research could be more intentional in developing relationships with organizations that provide outreach to transgender people of color. This may be especially important given that transgender people of color have the highest risk factors for experiencing negative outcomes (Grant et al., 2011). Additionally, recruiting samples from differing socioeconomic statuses and regions may help give rise to more themes or enrich the current themes to foster a greater understanding of transgender couple experiences of couple and family therapy.

From the participant reports, it can be difficult for transgender couples to find inclusive, educated, and experienced couple and family therapists. Thus, future research could be focused on integrating transgender couple and family affirmative coursework into CFT training programs and conferences to help increase the number of CFTs who are equipped to do such work. Such training might include reviewing literature that describes transgender inclusive therapy and recommendations for practice (e.g., Blumer et al., 2012), or creating competency checklists such as those outlined by ALGBTIC (2009). Clinical training programs could develop relationships with transgender community groups and identify therapy training centers as transgender affirmative. Thus, therapists in training and supervisors could gain additional experience in working with transgender couples and their families. Additionally, research might also evaluate methods of marketing services and creating welcoming and affirming intake processes for transgender couples and their families in order to increase client confidence in CFTs.

Clinical Implications

As part of utilizing a queer methodology, this study is unique in that the recommendations for clinical practice were given by transgender people and their partners. Rather than researchers or clinicians, this study amplifies the voices of potential clients who have historically been excluded from couple and family therapy services due to the focus on individual treatment models for transgender people. Until recently, the role of mental health care has been limited to preparing transgender people for medical and physical transition and implementing gatekeeping measures (i.e., letters to begin hormone therapy) that were largely provided by psychologists and psychiatrists (Bess & Stabb, 2009). With both WPATH's (2011) most recent edition of the *SOC* and this study's participants' emphasis on relationships, couple and family therapists are uniquely positioned to foster growth and understanding for transgender couples who are in need of support.

However, there appears to be a lack of therapists who are trained to provide gender affirmative services (Lev, 2004; Bess & Stabb, 2009; Green et al., 2009). Participant's uncertainty about the preparation and helpfulness of CFTs highlights the need for CFTs to engage in further marketing and networking opportunities to identify themselves as gender affirmative in order to increase the visibility of their services to the transgender community. This could include creating advertisements or attending local and regional advocacy events for transgender persons. This latter suggestion may offer an advantage given that previous studies indicate a reliance on word of mouth referrals and membership in community groups (Bess & Stabb, 2009; Benson, 2013). Therapists may also need to reach out to supervisors, peers, and training programs in order to become competent in providing gender affirmative services.

The results of this study also lend themselves toward adapting current theoretical approaches into transgender couple affirmative practices. A suggested approach to working with transgender couples is described by Chapmann and Caldwell's adaption of EFT (2012). Emotionally Focused Therapy (EFT) was developed by Susan Johnson to address the lack emotional consideration in couple's therapy models. This therapeutic guide is imbedded in attachment theory and works to address cycles of attachment injuries and emotions that get in the way of couples living the partnership they prefer (Johnson, 2004). In an effort to apply this theory to transgender couples, Chapmann and Caldwell (2012) offer a model that focuses on the relationship of the couple and resolution of attachment injuries rather than education. An attachment-injury can occur through a variety of transitions, losses, and uncertainties throughout a relationship's lifespan (2012). Examples of attachment injuries from this study include disclosure of a transgender identity and decision making without each partner's input.

In spite of the "deafening" silence in current literature regarding transgender sexuality (Lev & Sennott, 2012), participant responses indicated that sexuality is a topic that transgender couples are interested in exploring in therapy. In fact, two participants reported seeing a CFT for differences in their sexual desires. This highlights the need for clinicians to recognize sexuality as a part of transgender couples' lives and worthy of exploration in therapy. While limited, resources to support clinicians in providing transgender inclusive sex therapy. Lev & Sennott (2012) describe topics and issues specifically pertaining to transgender couples, while Iasenza (2010) offers suggested approaches for queering sex with couples more broadly.

Conclusion

Few studies have considered the experiences of transgender couples both in and out of the therapy room. This study sought to begin answering Blumer, Green, Knowles, & Williams' call to shed light on the experiences and needs of transgender clients in couple and family therapy (2012). It contributes to a greater understanding of how CFTs in particular are viewed and experienced by the transgender couples who entrust them with their care and how CFTs can become a greater source of support for these couples. The findings of this study supported the narrative that CFTs have yet to receive adequate training that is affirmative of transgender people and their relationships. This, coupled with the finding that nearly all the participants could see how CFT services would benefit their lives and relationships, suggests that clinicians may be missing opportunities to provide support to this marginalized population.

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