“It might not be about me, but it impacts me.” Experiences of cisgender women partnered with transmasculine people during transition: An Aotearoa NZ and Australian study

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Abstract

Cisgender women partners of transmasculine people are oftentimes the main support person for their transmasculine partner during the transition, and due to the dyadic nature of a relationship, these cisgender women oftentimes undergo their own transition alongside their partner. The impact of their partners' gender transition has been understood primarily in terms of sexual identity, and little research has explored the breadth of experience. Using a critical realist perspective, an exploratory mixed-method approach was undertaken, involving two phases of data collection: an online survey (n = 25) and qualitative interviews (n = 5) with cisgender women partnered with transmasculine people during transition in Aotearoa NZ and Australia. Descriptive statistics, content analysis, and reflexive thematic analysis were employed to explore their experiences. Findings revealed that non-transitioning partners are experiencing their own transition. Participants described the ways normative assumptions shaped their experience of sexual identity, their visibility or invisibility in LGBTQIA+ groups, and their group membership, as well as the impact on parenting. Emotional labour occurred in most contexts and came at a cost to participants. Self-containment was a psychological strategy employed for the safety and well-being of their transmasculine partner. Disclosure of sexual identity and life stories was described as a non-linear process requiring continual negotiation, often prioritising their partner's well-being. Overall, participants expressed a desire to be understood as impacted and undergoing their own transition while remaining supportive of their partner's gender transition. This study highlights the complex, often ambivalent experiences of non-transitioning partners and extends understanding of how binary sexual identity labels, assumptions about family and parenting, and LGBTQIA+ visibility shape these experiences, identifying implications for practitioners and community organisations.

Statement of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signature: _____ Date: 15/02/26

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List of Abbreviations

CR	Critical realism
DIY	Do It Yourself
GAHT	Gender-affirming hormone therapy
LGBTQIA+	Lesbian, Gary, Bisexual, Queer/Questioning, Intersex, Asexual/Aromantic, plus any identities not covered by the letters.
TA	Thematic analysis
USA	United States of America
UK	United Kingdon

Chapter 1: Introduction

Transitioning genders is a significant life event that impacts many facets of life and well-being. There is increasing visibility of trans people across mainstream media and within academic literature, opening up discussions of the experiences that they encounter. Trans is used as an umbrella term to include all those who identify as gender diverse/gender nonconforming (Tompkins, 2014a). As definitions under the umbrella of gender and sexual identity are historically and culturally situated, it is important to define important terminologies as they are understood and utilised in the present study. Key terms relating to the present study are also listed in the glossary.

It is understood that trans persons are vulnerable to mental health concerns, psychological distress (Budge et al., 2013), and poorer quality of life (Aldridge et al., 2022). However, social support has been identified as a mediating factor for the mental well-being of trans people (Budge et al., 2013). Partners have been noted as playing important roles in affirming aspects of trans people's gender identities (Lewis et al., 2021b) and promoting quality of life and various aspects of well-being (Siboni et al., 2022). For trans persons, the quality of their romantic relationship can serve as a predictive factor for the levels of psychological distress (Aldridge et al., 2022; Colton Meier et al., 2013; Fuller & Riggs, 2019) and a source of emotional and social support (Pfeffer, 2010; Platt & Bolland, 2017). Intimate partner relationships have also been found to provide relatively high levels of support for trans people during their transition (Fuller & Riggs, 2019), suggesting that these relationships are important to understand.

While gender transition is often thought of as an individual experience, it often occurs within a romantic relationship, which has implications for the couple (Ostrander, 2025). As noted above, the impact of the non-transitioning partner on the trans person can be beneficial. However, the process of transitioning and changing identity may be helpfully understood as impacting both partners. The non-transitioning partner may experience a shift in their identity, and a shift within the relationship (Malpas, 2006; Thornton et al., 2025). For couples in same-gender relationships prior to the transition, identity processes are complex as the non-transitioning partner may have spent years navigating their sexual identity, and coming out; the process of their partner transitioning may render their sexual identity unintelligible if they are no longer interpreted or "read" as a lesbian/same-gendered couple, requiring renegotiation (Brown, 2009; Joslin-Roher & Wheeler, 2009; Nyamora, 2004; Ostrander, 2025; Platt & Bolland. 2018; Theron & Collier, 2013). For some non-transitioning partners, this may be further contextualised and complicated through such things as biphobia (Ostrander, 2025), and they may need to further renegotiate sexual relations, which may

change their intimacy and connection with one another (Brown, 2010). Non-transitioning partners navigate the complexities of experience as they provide support for their transitioning partners, while also requiring their own support (Joslin-Roher & Wheeler, 2009). Yet, when support has been sought by partners of trans people, evidence indicates that the support provided was inadequate due to a lack of understanding of trans identities during the transition process (Chester et al., 2017). Theron and Collier (2013) coined the term “co-transition” to denote the relational impact each partner has on the other, and to highlight that a gender transition does not occur in isolation within a romantic relationship. Thus, the non-transitioning partner experiences a transition of their own as they renegotiate aspects of their life.

As transitioning does not take one particular form, with multiple choices to be made, there is variation in the experiences for both the trans person and their partner. The trans person may choose to socially transition, referring to changing pronouns and/or dressing in a way that aligns with their gender identity. They may choose to seek out gender-affirming hormone therapy (GAHT) and/or surgical interventions (Coleman et al., 2022). Depending on whether the individual is transitioning towards a transmasculine or transfeminine identity, the nature of the GAHT and the societal implications are different. Transfeminine and transmasculine persons' experiences of interactions with GAHT differ, with studies recording experiences such as greater emotional expressiveness and emotional imbalances for transfeminine persons, and affective dampening and anger expression for transmasculine persons (Doyle et al., 2023). Additionally, where a transmasculine person gains male privilege, the transfeminine person loses it. Consequently, those who gain male privilege identify beneficial aspects such as being treated as more competent and attracting more respectful attention and authority (Clements et al., 2022), highlighting the various ways in which different trans persons have different sociocultural experiences. The experiences of trans persons who have entered into a relationship as a same-gendered couple prior to their transition differ from those in heterosexual relationships prior to transition. This is also true for the non-transitioning partner in a same-gendered relationship, in which they may have been socially understood as a lesbian couple. The transition to a masculine identity has repercussions in terms of group membership and being perceived as a heterosexual couple (Brown, 2009). Thus, both the non-transitioning partner and the trans person’s experiences are situated within the wider context of life and identity and reflect the interactions of identity and societal expectations.

The previous two sections highlight how the non-transitioning partner is important to the transitioning person in terms of mental well-being, and how they are also experiencing their own transition. Focusing on those who are co-transitioning, who were partnered before the

transition began, and on specific partnerships can enable an exploration of the wider context of experiences.

In Aotearoa NZ and Australia, there are growing numbers of those who identify as trans. In Aotearoa NZ, the 2021 census showed that 0.5% of the population identified as such (Stats NZ, 2022). This had increased to 0.7% in the 2023 census (Stats NZ, 2024). Although previously unrecorded in Australian census data, the latest census indicates that 0.9% of the population identify as trans (Australian Bureau of Statistics, 2024). The growing number of trans people indicates that there will also be growing numbers of friends, family, and partners of trans people. The long-standing relationship between Aotearoa NZ and Australia has led to collaborations, including research with trans populations in both countries (For example, Pitts et al., 2009; Power et al., 2014; Treharne et al., 2020). This highlights the rationale for the inclusion of both countries in this research.

Although the number of those who identify as trans is growing in Aotearoa NZ and Australia, a recent meta-synthesis (Thornton et al., 2025) has indicated that the majority of research with partners of trans people is from the United States of America (USA) and Canada, followed by Italy, Belgium, and the United Kingdom (UK). Only one study (Chester et al., 2017) is noted as conducted in Aotearoa NZ. Two studies have included Australia (Thornton et al., 2025). Considering the increasing numbers of trans people, and consequently partners of trans people, it is important to understand the experiences of the non-transitioning partners, especially in Aotearoa NZ and Australia, which have been under-researched, where there is a lack of knowledge of their experiences.

This is important for cultural understanding, for instance, in Aotearoa NZ, the term Takatāpui is used as an umbrella term in Māori culture. It not only includes sexually diverse identities, but the intersection of culture, gender and sexual identity (Kerekere, 2017). This provides a unique context and understanding for persons who identify with this culturally important identity. Additionally, in Australia, the term Brotherboy holds additional cultural significance for Aboriginal people. This includes Indigenous transgender or gender diverse persons who are assigned female at birth (AFAB) but inside they have a boy spirit (Anae, 2020). Understanding of both Brotherboy and Takatāpui, is important for cultural understanding in Aotearoa NZ and Australia. Where applicable and utilised by participants, these terms would be incorporated into the present study.

The majority of studies on the experiences of partners of trans people have utilised qualitative methodologies (Thornton et al., 2025). While they provide rich accounts of experience, it is difficult to ascertain whether the experiences captured in the qualitative studies are reflective of the population or if they skew to only participants seeking to

participate in qualitative research. The existing literature has mainly discussed the struggles of the cisgender[1] partners around sexual identity and relationship satisfaction. While these are important areas for consideration, there is a need for additional areas to be explored to understand the breadth of the cisgender partners' experiences within the contexts of Aotearoa NZ and Australia.

The present study has utilised mixed methods to examine the breadth of experiences (quantitative) and the nuances of experience (qualitative), to answer the question, “What are the experiences of cisgender women partnered with transmasculine people during their transitions in Aotearoa NZ and Australia?”

Knowledge of the breadth of experiences and the detailed complexities and nuances of experience will enable those who are working with partners of trans people to have a greater understanding of the challenges they face and to begin to understand the spectrum of experience. As both peer and professional supports for non-transitioning partners are needed (Dierckx et al., 2016), providing insight for those professionals who work with non-transitioning partners, especially those who do not work within contexts such as gender clinics, may be advantageous in beginning to address the gaps in knowledge (Porter et al., 2024; Van Acker et al., 2023). As well, this research intends to add to understanding for the non-transitioning partners, who may experience a sense of invisibility and lack understanding of the knowledge available (Jennens, 2018).

The following chapter provides a review of the literature exploring the experiences of non-transitioning partners, highlighting the complexities of experience. This is followed by an outline of the methodology followed in this research, including the epistemological underpinnings and the data collection and analysis methods, along with a section regarding positionality. The chapters that follow describe the findings from the study, including the survey and the interviews. I close with a discussion and conclusion.

[1] Cisgender refers to those whose gender identity aligns with their sex assigned at birth (American Psychological Association [APA], 2023).

Chapter 2: Literature Review

The literature review examines the research related to the experiences of non-transitioning partners. Due to the limited literature available, this review includes information on partners of both transmasculine and transfeminine persons, although the emphasis is still on the partners of transmasculine persons. This chapter is divided into thematic categories to enable discussion regarding what is currently understood about the non-transitioning partner's experiences. Thematic categories were arrived at following an overview of and interaction with the literature. The literature tends to discuss either the non-transitioning partners individually or the relationships between the two partners. Consequently, the following sections are divided into two main categories: the experience of the non-transitioning partner and the experience of the gender transition in the relationship. Further subcategories are presented under each.

It is important to note here that terminology has changed over time with regard to trans research. The terms are historically and culturally positioned, and consequently, language is used in the existing research that is no longer considered appropriate or culturally safe by the trans and LGBTQIA+ communities. For example, the term "transsexual" is viewed as a term that is too closely related to the medicalisation of trans people's bodies and does not cover the spectrum of experience (Vincente, 2021). In an effort to maintain consistency, unless direct quotes are used, the terminology will reflect what has been defined in the present study.

The Experience of the Gender Transition in the Relationship

This section introduces the literature on gender transition in terms of the relationships between partners. It first introduces the history of the research on relationship continuity or severance, followed by post-disclosure experiences. It discusses emotional labour in terms of advocacy and safety concerns, gendered roles, and changes in sexual relationships. It also discusses the non-transitioning partners' experiences with the changing bodies of their partners, medical transition and family planning, highlighting the various ways in which transition impacts relationships.

Relationship Continuity or Severance

From the 1960s through to the 1980s, relationships between cisgender and trans persons were thought to discontinue following the disclosure of trans identities (Twist et al., 2017). Negative discourses around relationship continuity persisted into the early 2000s (Twist et al., 2017). It was considered that relationships would be unfulfilling or that both partners would be sharing a delusion about the trans partner's gender identity (Twist et al., 2017). From this perspective, not only were the trans persons viewed as delusional, but being

partnered with a person who wanted to transition was also considered delusional. Thus, the decision to stay in a relationship with a trans person carried connotations around the cisgender partners' mental well-being. Cisgender partners were often guided to a "common sense" decision that to be supportive of their trans partner, they may need to divorce as, "Historically, transpeople were required to divorce their spouse to be referred for gender reassignment" (Watts et al., 2017, p. 303), for both same gender and heterosexual partnerships. The alternative to divorce was accepting the partner as "perverted" and/or having their choices interpreted as pathological by the psychiatric professions (Livingstone, 2015). The stigmatisation generated a context for continuing the relationship that was subject to powerful negative discourses. The historical requirement for divorce policed the bodies of trans people and their cisgender partners, and their behaviour and choices. For the cisgender partner who was supportive of the transition, the requirement for divorce meant that their relationship was delegitimised in the eyes of the law. They were required to leave the marriage, which holds both legal and sociocultural connotations. In countries where same-gender marriage is illegal, partners in relationships that were previously heterosexual may be required to separate in order for the trans partner's gender identity to be legalised (Kenny & Bloom, 2023).

While historical literature indicates that the relationships would discontinue, more recent literature shows that relationships do continue following transition (Twist et al., 2017). The likelihood of the relationship continuing following disclosure has been explored in Platt's USA (2020) study. In this study of 137 women partnered with a trans person, 23.9% indicated that they would probably stay in the relationship,68.1% indicated that they would definitely stay in the relationship, and only 8% indicated that they would probably leave the relationship in the future (Platt, 2020, p. 178). Although there was some uncertainty for some of the women, the majority of women in the study stated they would definitely continue the relationship, suggesting that the couples are more likely to stay together than separate. This was further reinforced by a study conducted with primarily transmasculine persons in the USA (Colton Meier et al., 2013). Of their sample, 49% (n = 286) reported being in a relationship prior to transition; of these participants, 51% (n = 146) were still in that same relationship. Of these maintained relationships, the average length of time together at the time of the study was 5 years and 5 months (Colton Meier et al., 2013). Furthermore, of the partnerships that ended (n = 140), 54% (n = 75) cited that their transition was the reason for the relationship ending (Colton Meier et al., 2013). This further suggests that relationships are more than 50% likely to continue following the transition, and for those who stay together, it tends to be for a lengthy period of around 5 years. While the majority of relationships of participants in both of these studies continued following transition disclosure, it is important to note that over half in

the study by Colton Meier et al. (2013) noted that the transition was the cause for the relationship ending. This indicates that the transition may act as a significant point of change, not only for the transitioning person but also for the structure of the relationship and the decision to terminate it. Research on predictors of commitment has found that general predictors of commitment for non-transitioning couples also apply for trans/cisgender couples (Platt, 2020). Interestingly, for trans/cisgender couples, personal resilience and years in the relationship prior to transition were significantly correlated with commitment (Platt, 2020). However, the results indicated that the longer the person was in a partnership prior to the transition, the less commitment they reported post-transition (Platt, 2020). However, both personal resilience and years in the relationship prior to transition are mediated by relationship satisfaction.

The historical perspective on trans relationships helps to shed light on the ways in which the relationships were previously encouraged to end. It provides important context for the lack of research in this area and highlights the complexities of the decisions to end or continue the relationship. While there may be narratives of relationship dissolution, these were perhaps informed by the historical requirements for dissolution. Yet, it is still clear that gender transitions can and do impact some non-transitioning partners and may be the cause for relationships to discontinue. Clearly, the literature highlights that there are complexities in this decision-making and that there are multiple aspects weighing on the non-transitioning partner.

Post-Disclosure Experiences

Experiences post-disclosure are discussed in the literature. Post-disclosure refers to the time after the trans partners have discussed their gender identities with their non-transitioning partners. While the couples may continue, the cisgender partners may experience feelings of loss following initial disclosure, which they described as similar to those if their partner were dying (Norwood, 2012). Likening the transition to a death highlights how significant the impact of the transition can be on a non-transitioning partner. Aramburu Alegría's USA study, (2013) has noted how the cisgender partners can experience shock following initial disclosure, and their emotions can include anger, confusion, and bewilderment. The complex emotions experienced by the non-transitioning partner give insight into the processes following initial disclosure. Some non-transitioning partners experience distrust following disclosure, framing the experience as a deceit that may extend to other areas of their life (Smithee & Few-Demo, 2023). However, the participants in this study were all cisgender women with transfeminine persons, which may limit the applicability to cisgender women with transmasculine persons. The cisgender partner's life can change dramatically following disclosure, and if the relationship suddenly becomes focused on the transitioning partner

and the transition itself, the cisgender partner may feel that they are missing out (Aramburu Alegría, 2010). Research suggests that when the disclosure of the desire to transition, and the transition itself, is a gradual process, the non-transitioning partners demonstrate more understanding of the transition (Dierckx et al., 2016). This highlights how, potentially, the process of disclosure can be impactful for the non-transitioning partner and subsequently may be indicative of the level of support initially given to the trans partner. Although the research suggests that a gradual process is helpful for the non-transitioning partner, this may be at the detriment of the trans partner's mental well-being (Smithee & Few-Demo, 2023). Thus, for some non-transitioning partners and the relationship, complex negotiations and reactions occur post-disclosure.

Advocacy and Safety

As there is a significant negative discourse regarding trans persons (for example, Oyebanji, 2025; Raza & Siddique, 2026 , non-transitioning partners who continue in the relationship may need to consider advocacy and safety as their partner transitions. This need is reinforced by online informational resources that lack trans positivity, with more resources pertaining to violence and prejudice towards trans persons (Platt & Bolland, 2018). Safety concerns relate to social settings where the level of safety may dictate the partner's decision whether or not to attend an event (Platt & Bolland, 2018). Additionally, some partners may become advocates and participate in activism for trans persons (Platt & Bolland, 2018). This may also extend to relationships with friends and family, where the cisgender partner may have to defend their trans partner (Platt & Bolland, 2018). When their trans partners are a target of judgment, harassment, or violence, they may need to defend their partner or provide emotional support to their partner as a result of these experiences (Platt & Bolland, 2018). The cisgender partners may go as far as cutting off or reducing contact with families due to their' views of the trans partner, which may ultimately give the trans person a sense of deep support (Coppola et al., 2019). Research has taken this further to suggest there is a devaluation of these relationships by family members, insofar as parents may conceal their child's relationship with a trans person from friends and family (Rucco et al., 2025) Therefore, for the non-transitioning partner, the literature highlights how the desire to create a supportive environment may come at the cost of the non-transitioning partner's support network. The present study may also consider this experience in terms of couple-level minority stress within the relationship. As discussed in the literature, the non-transitioning partner may experience anxiety regarding the trans partner's well-being when they are apart (Rucco et al., 2025). This may be understood as a continuation of their fears surrounding the safety of the trans partner, which has implications for the non-transitioning partner's well-being.

Gender Role Expectations

Gender and gendered roles are powerful in shaping a life. How they are understood and enacted socially impacts individuals' experiences. For trans people, the presentation and enactment of their gender identity may influence how the non-transitioning partner acts in response. There may be complex interactions in terms of appearing more feminine or taking on stereotypical, heteronormative, gendered roles.

The ways in which gender is expressed, such as in feminine dress or taking on more housework, typically ascribed to women, and requiring the transmasculine partner to attend to more masculine-based housework, may serve as a way to affirm the trans partner's gender. Specifically, cisgender women partners of transmasculine people have been discussed in the literature as dressing more femininely as a way to legitimise the trans partners' masculine gender identity (Vincent & Erikainen, 2020). Although the trans partners did not ask their cisgender partners to perform femininity to a greater degree, the participants felt that it was affirming and beneficial for their transmasculine partner, in terms of being viewed as masculine (Vincent & Erikainen, 2020). The greater appearance of femininity served as a way to highlight the masculinity of the transmasculine partner. This was also found in several other studies in which participants described feeling that they needed to perform high levels of femininity (Pfeffer, 2008) or that they were sought out by transmasculine partners due to their perceived high level of femininity (Ward, 2010). For some participants, their felt experience of femininity constrained their ability to express various levels of femininity (Ward, 2010), which they felt would constrain their natural gender expression. In a study by Pfeffer (2008), some cisgender women partners expressed discomfort that their gender presentation as more feminine rendered their sexually diverse identities invisible and some transmasculine partners related instances where they didn't pass as masculine due to their non-transitioning partner's gender expression. The onus on the cisgender women partners, whether stemming from internal decisions or external influences, was to reinforce the masculinity of their transmasculine partners, relegating them to stereotypically gendered roles and expressions, for some, at the expense of their own sexual identity. Additionally, cisgender women in cisgender/transmasculine relationships reported further embodying stereotypical feminine roles by taking on stereotypically feminine roles during sex, while the transmasculine partner took on the more stereotypically masculine role of a cisgender man (Kins et al., 2008).

Other gendered aspects of care have been discussed in the literature, with participants performing secretarial-type roles, organising the transmasculine partner's life (Pfeffer, 2010), and providing research on trans people's experiences in areas such as legal and medical interventions (Joslin-Roher & Wheeler, 2009), as well as providing financial support, and

managing medical aspects and biological effects of the transition (Gunby & Butler, 2022). These articles highlight the areas of the trans partner's life in which the cisgender woman partner may provide care for their partner.

Cisgender partners' narratives surrounding the transition appear to privilege the transitioning partner's experience. Pfeffer (2010) has noted that even when they asked for the women's impressions of the transition process, they found that the cisgender women's narratives focused on their trans partners' experiences rather than their own. The literature has not yet explored this emphasis on the trans partners' stories over those of the cisgender women partners, however it is an implied narrative in other aspects of literature. At conference workshops for partners, cisgender partners have found themselves occupied with speaking about the trans partner, instead of themselves (Joslin-Roher & Wheeler, 2009). Such workshops may have been designed to assist partners in managing the changes of transition, but seem to become spaces in which cisgender partners present and communicate as not in need of personal support, but rather as supportive of the trans person, indicating there may be a disavowal or lack of awareness of their own needs and feelings.

The experience of the transition for the trans person is one that is often felt to be deeply personally involving and immersive, and this may, in a dyadic relationship system, cocreate a sense of the cisgender partner feeling invisible or somehow decentred or neglected (Chester et al., 2017). Although the cisgender partners may be supportive, they are experiencing a transition of their own alongside their partner's gender transition (Platt & Bolland, 2018). The co-transition that occurs is difficult when the cisgender partners are navigating the complexities and difficulties of being supportive, while attending to their own needs. In a study by Platt and Bolland (2018), participants expressed their desires to ensure that there was reciprocity within the relationship and that life was not entirely focused on the transition. Emotional caretaking requires balancing both partners' needs, and cisgender partners may struggle when they feel their partner's need for affirmation overshadows fulfilment of their own emotional needs (Joslin-Roher & Wheeler, 2009). Negotiating the balance between whose needs are being attended to, while also remaining supportive of the transition and their trans partner, is a complex negotiation.

Sexual Relating: Negotiating the Transition of Bodies

Sexual relationships can be an important part of a romantic partnership. When a person transitions, this may create changes to the sexual relationship, which can have positive and negative implications for the relationship. The trans partners' comfort with their own body may impact how sex is done and seen (Joslin-Roher & Wheeler, 2009). It may be used as a

way to validate the trans partner's gender identity. This seems to be experienced when the cisgender partners view and treat the transmasculine partners in ways that reinforce their gender identity (Williams et al., 2013).

The distress[2] caused by the incongruence between one's gender as assigned at birth and one's gender identity (Beek et al., 2016) can create challenges within a couple's sexual relationship. The intensity of the trans partner's' scrutiny of their body can impact the cisgender partner and manifest in both partners becoming hypercritical of their bodies (Pfeffer, 2008). This hypercritical view can cause the trans partner to withdraw physically (sexually and non-sexually), leading to waning self-confidence for the cisgender partner (Pfeffer, 2008). Furthermore, it has been argued that sex pre-transition may be limited due to the discomfort the trans partner feels within their body (Brown, 2010). This could also lead the cisgender partner to feel rejected or self-conscious due to their partner's discomfort (Brown, 2010). Half of the transmasculine participants in Iantaffi & Bockting's USA(2011) study (*n* = 262) preferred to have sex in the dark, compared to 36.1% of their transfeminine participants (*n* = 278). This further reinforces an understanding of the difficulties with physical intimacy and body satisfaction. The cisgender partners may also experience complex feelings in relation to their attraction towards a body part that their transmasculine partner does not wish to have (Bishop, 2016). Thus, renegotiations may be required of how the cisgender partner views and interacts with their transmasculine partner's body. Consequently, to understand the cisgender partner's experience of the sexual relationship, it must be viewed in relation to the trans partner's view of their own body as the transition progresses. An USA study by Williams et al. (2013) revealed that changes in the transmasculine person's body following top surgery allowed for a more sexualised embodiment.

In a study by Brown (2010), cisgender women partners of transmasculine people discussed the experience of sex holding weight for the transmasculine partners' gender identity, as sex may provide an experience to affirm the trans partner's masculinity. However, one cisgender participant described how the transition altered her partner's motivations for sex. She perceived his motivations were more consistent with biological urges rather than emotional connection (Brown, 2010). Furthermore, participants noted an increased focus on penetration by the trans partners, and some participants felt that the trans partner was having sex "like a man" (Brown, 2010, p. 568). The change in sexual relating is an important

[2] Gender dysphoria is not experienced by all persons who identify under the trans umbrella.

area of discussion for cisgender partners, as they may need to renegotiate these deeply intimate and connecting experiences.

Furthermore, for cisgender women with a history of trauma at the hands of male-bodied persons, the masculinising of the trans partner may trigger memories or fear (Brown, 2010). Aspects of the transition, such as growing facial hair or deepening of the voice, may be triggers for traumatic memories. This was noted by participants in a study by Brown (2010) as requiring renegotiations to avoid triggers for the cisgender partners. Thus, the experience for some cisgender partners may be complicated.

Cisgender partners of trans people, according to Tompkins (2014b), are required to navigate their desire towards them. They must both desire and not fetishise them to avoid the negative label of “tranny chaser”, for the non-transitioning partner (Tompkins, 2014b). Therefore, sexual desire for a trans person may be silenced and troubled by this discourse. Desiring the changed body of a trans person (Bishop, 2016) then becomes inflected by social discourses. The act of desiring the trans persons’ bodily changes could be viewed through a lens of affirmation of their gender identity, yet too much interest may be viewed as fetishisation. Cisgender partners, thus, may have to navigate experiences of desire and/or justify their attraction for their trans partner.

In Relationship with a Changing Body

The transitioning process can create a disconnect for cisgender partners between what they thought the transition would be like (such as a haircut) and the reality of what the trans partner was seeking, for instance, hormones and surgeries (Chester et al., 2017). According to Aramburu Alegría (2010), cisgender partners may need time to catch up to the trans partner’s thoughts concerning the transition. Although helping to decide the speed of the transition can be reassuring for the cisgender partner (Aramburu Alegría, 2010), this needs to be mediated by the trans person’s need to progress with the transition. This impetus can be due to the sense of relief/freedom they may feel after disclosure (Watts et al., 2017). Agreement on the transition process was noted by Giammattei (2015) as being necessary for the relationship. If the trans partner takes a step forward without consulting the cisgender partner, the cisgender partner may feel betrayed and manipulated (Giammattei, 2015). Initially, following the use of hormones, there may be a mourning period for partners as they may be mourning body parts or a change in their smell (Platt & Bolland, 2018). Aramburu Alegría (2010) has argued that putting limits on trans partners’ presentation while the cisgender partner adjusts is not detrimental to the relationship but is a recipe for success, and some trans partners slow or delay their transition due to the impact on their family, friends and/or relationships (von Doussa et al., 2020). However, this may prolong the

distress that trans persons experience, creating a dilemma and complexities for both the trans person and their relationship, where there may be competing needs and understandings.

Adjusting to the physical changes of the transition may be complex for some partners. Literature has noted that physical changes such as smell have been linked to GAHT (Chester et al., 2017). This was experienced by a participant as creating a disconnection in their relationship (Chester et al., 2017). Partners may need time to adjust to these physical changes (Bishop, 2016). One study indicated that cisgender partners perceive communication changes related to GAHT (Chester et al., 2017), while another noted fears of both GAHT and surgical interventions impacting communication and personality (Bishop, 2016). However, in the latter study, the findings revealed that the fears did not eventuate, indicating mixed responses to the fears and the likely eventuality of them. Additional fears regarding anger and short temper of the transmasculine person were also indicated in the literature as being part of online discourse (Platt & Bolland, 2018), perpetuating negative narratives. It seems from the literature that cisgender partners experience a range of fears in relation to the changing bodies of their partners, and these permeate the experiences of being close to and in intimate relationships with the body of someone who is loved.

Medical Transition

The physical aspects of transitioning are outlined in the literature as impacting the cisgender partner in various ways. Some cisgender women discussed concerns around their needs for expressions of grief and information concerning surgical decisions (Pfeffer, 2010). As the body changes from what they once knew and how they experienced their partner's body, the change in their body may create feelings of loss.

Although the cisgender partner may be providing postsurgical care, likely without much training, they often receive little support in return (Pfeffer, 2010). In one study, several cisgender partners described their trans partners as being nearly completely dependent upon them (Joslin-Roher & Wheeler, 2009). For one cisgender partner, this brought up concerns over boundaries and roles within the relationship; however, these were resolved once her partner recovered (Joslin-Roher & Wheeler, 2009). As the transition proceeds, marked by various changes related to GAHT and gender-affirming surgical[3] procedures, the non-transitioning partner may experience reactions to these changes. However, the literature does not delve in-depth into the non-transitioning partner's feelings towards these changes throughout the transition process; however, there is some notation of reactions towards the

[3] Gender-affirming surgery refers to the surgical procedures one may undergo to achieve a physical body representative of their gender identity

renegotiation of bodies and sexual connection (Brown, 2010). This lack of in-depth exploration of this aspect may be related to the predominance of qualitative studies, where the participants are often in the maintenance phase[4] of the gender transition and may not remember their daily reactions. Consequently, only internet forums appear to provide some insight into how the non-transitioning partner might navigate feelings and thoughts related to the more subtle changes associated with GAHT. However, these responses likely affect the non-transitioning partner, the transitioning partner, and the relationship throughout the transition.

Looking at the impact on the cisgender partner is important when discussing medical transitions. Partners may not be included in the process of physical transition, which may result in feelings of loneliness (Theron & Collier, 2013). Additionally, the reactions of cisgender partner may impact the transition process. In a study by Margulies et al. (2021) looking at gender-affirming surgery, obstacles discussed by trans and gender diverse persons were cost (40%), reaction of family (40%), reaction of partner (32%) and reaction of friends (25%; p. 84). These barriers to gender-affirming surgery are important to note for the present study, as it signifies that the reaction from the non-transitioning partner may have an impact on obtaining or delaying surgery and consequently the relationship and both partners.

Family Planning

Another theme that appears in existing research is that of reproduction. Most of the literature on reproduction focuses on the perspective of the trans partner (for example, Tasker & Gato, 2020). Thus, we know relatively little about how the cisgender partner navigates reproductive needs. However, the research on trans partners in this area sheds important light on how this may influence and be experienced by the cisgender partner as well.

The socio-legal-medical processes related to transitioning in some countries may require trans persons to undergo some form of surgical procedure to meet the criteria to change their gender identity on their birth certificate. For many, this has required them to undergo sterilisation (Riggs & Bartholomaeus, 2018). This can be understood as a dehumanising process which polices bodies and requires bodies to be constituted in specific ways according to medical and legal discourses. The implications of a decision to be legally recognised may then have dramatic lifelong effects on a relationship that includes the desire to give birth and have children. Requiring trans people to undergo sterilisation is a powerful encroachment on the body without consent, and this negates their individual freedom of choice regarding their own understanding of their own body. This creates life-altering

[4] Maintenance phase refers to the phase of the transition that is not marked by ongoing changes.

decisions, holding hostage their ability to be legally recognised as their gender identity at a time when the person may not be able to decide for their future.

The circumstances in which the transmasculine partner is involved in reproduction can vary. In a study by Riggs et al. (2016), of the 21 participants (18.4%) who planned on having children in the future, nine planned on their partner giving birth, eight planned on fostering or adoption, and four planned on giving birth themselves. As reproduction and fertility are potentially complex processes, instances may occur where the transmasculine partner becomes pregnant when the cisgender partner is unable to or from a desire to be genetically linked to the child (Charter et al., 2018). The literature noted that the majority of participants utilised informal channels to acquire and use sperm, with “DIY” insemination (Charter et al., 2018). However, legality and processes of legal parenthood are at times difficult to navigate and vary by country (Toze, 2018). Thus, establishing legal parenting rights is of importance for both the cisgender and trans partner. Those who use formal fertility clinics have noted discrimination and cancellation of appointments or rejections from fertility clinics for “reasons unknown”(Charter et al., 2018). This has also extended to awkward interactions with fertility doctors, as the doctors may struggle to process the situation (Charter et al., 2018). These factors were so pervasive that not one participant in the study by Charter et al. (2018) successfully accessed treatment from a fertility clinic. Consequently, this experience of fertility clinics can lead to cisgender/trans couples feeling that informal methods are the only options in order to conceive. The systemic discrimination experienced by the participants in Charter et al., (2018) may indicate a disenfranchisement in the right to try to have a child and a dominant discourse in which institutions decide who does and does not have the right to a child. It may indicate the more subtle ways in which trans people’s lives and decisions are subject to the discrimination of others, which has lasting impacts on trans people, their relationships, and future families.

The experience of the gender transition for the non-transitioning partner

This section focuses on the experience of the transition for the non-transitioning partner, beginning with the negotiation of sexual identity, followed by mental well-being and support for the cisgender partner in terms of friends and family and professional support. This highlights how the gender transition of their partner influences their experience of themselves and how they navigate and attend to their well-being.

Negotiating Sexual Identity

> …we’re not straight enough for the straight folks, and we’re not queer enough for the queer folk. (Platt & Bolland, 2018, p. 1263).

Sexual identity is an important identifier for many, especially those within the LGBTQIA+ community. Cisgender women who were initially in a same-gender relationship before their partner transitioned often understood their sexual identity and the relationship in a particular way, often identifying their relationship as a lesbian relationship. However, when their partner transitions to a masculine gender identity, this may result in a renegotiation of the cisgender partner's sexual identity (Brown, 2009; Platt & Bolland, 2017). This may be due to the disruption in self-coherence and their sexual identity community of reference (Brown, 2009). In response to this disruption, cisgender partners may choose a sexual identity more aligned with their experience; continue identifying in the same, regardless of their partners identity; avoid using labels; or view their own sexual identity as more fluid concept (Brown, 2009; Joslin-Roher & Wheeler, 2009; Nyamora, 2004; Platt & Bolland. 2018; Theron & Collier, 2013). Those who maintain a lesbian sexual identity may remain in the relationship (Vincent & Erikainen, 2020). However, the renegotiation may be experienced as distressing for the cisgender partners if they are more invested in their identity (Brown, 2009).

Perceptions of others outside the relationship also impact the cisgender woman's experience of sexual identity. Originally understood as a same-gender couple prior to the transition, when the trans person begins to be viewed predominantly as their masculine gender identity, the couple may appear to be a heterosexual couple to others socially. Studies have reported that cisgender partners feel as though they walk between the heteronormative world and the sexually diverse world, not entirely fitting into either (Aramburu Alegría, 2010; Chester et al., 2017). Once perceived as a heterosexual couple, this can have implications for their inclusion in lesbian spaces. In the study by Joslin-Roher and Wheeler (2009), several participants reported that at least one person in the community did not completely understand them and their trans partner. Furthermore, some participants experienced hostility from lesbians who did not support trans identities and felt that they compromised the cisgender partners' sexual identity (Joslin-Roher & Wheeler, 2009). This may be due to the presentation of a heterosexual relationship, meaning the cisgender partner, who was viewed as lesbian and may still identify as lesbian, is not "legitimately" accepted as a lesbian once their partner is a transmasculine person. A participant in a study by Theron and Collier (2013) described being made to feel as not "legitimate" in the lesbian community due to her partner being a transmasculine person. Her trans partner was allowed to exist within the broader community because they are trans, but she had become invisible (Theron & Collier, 2013). Other research has discussed how the cisgender partner's sexual identity is questioned following their partner's transition (Pfeffer, 2014). If the non-transitioning partner previously identified as a lesbian, then remained in a relationship with their transmasculine partner, they may face prejudice and insinuations that, due to remaining in the relationship,

they are now heterosexual and no longer part of the LGBTQIA+ community (Pfeffer, 2014). The negotiation in relation to the LGBTQIA+ community and the potential loss of it is a process for the cisgender partner who has to grapple with this in a different way than the trans person. While the trans partner is still included within the community, the non-transitioning partner may struggle to feel accepted or experience questioning of their sexual identity, which decides their legitimacy within the community.

However, if the non-transitioning partner maintains their lesbian identity, this may call into question the gender identity of the transmasculine partner or may identify their partner as being trans (Vincent & Erikainen, 2020). Upholding the two important identities, the cisgender person's sexual identity, and the trans person's gender identity, creates a difficult tension within a preestablished relationship if there is a conflict over whose identity is validated within the context of the transition. For example, if the couple is read as a heterosexual couple, this erases or invalidates the sexual identity of the cisgender partner (Brown, 2009). Decisions around revealing their sexual identity may be situational, depending on who it is safe to speak to, as well as related to how the transmasculine partner identifies (with or without the trans identifier; Pfeffer, 2014). The complexities of sexual identity and the nuanced experience of cisgender/transmasculine couples are further discussed by Vincent and Erikainen (2020). They have spoken about how, for the cisgender partners, the identifier "queer" silenced their gender and erased their lesbianism, while at the same time, they felt that the identifier "lesbian" constructed their transmasculine partner as a woman. Neither partner fully accepted the identifier "queer." Pfeffer's (2008) research framed this as a form of social intelligibility, if people cannot comprehend how a cisgender woman might identify as a lesbian while being in a relationship with a transmasculine person. In a study by Forde (2011), a participant discussed how she felt as though she was in a surreal situation, whereby she is viewed as heterosexual but identifies as a gay woman. In an effort to remain understood as part of the LGBTQIA+ community, a participant in Vincent and Erikainen's (2020) study discussed how they identified as queer, not because they wanted to, but because they felt they had to. The tension between the two identities may leave the cisgender women with strange and uncomfortable identity conflicts (Brown, 2009), given that perceptions and interpretations by others of the cisgender partner position her as no longer lesbian. As such, it seems that her sexual identity has been subject to a transition that has not been of her choosing or one she necessarily identifies with (Brown, 2009).

A complicated interplay of gender expression and sexual identity identifiers is enmeshed in the validation and affirmation of the transmasculine partner's gender identity. In Pfeffer's (2008) study, a participant discussed how the degree to which she presented as more feminine highlighted her partner's masculine appearance, and improved his ability to pass;

however, by doing so, she concealed her queer identity from the wider community, and she experienced feelings of invisibility and anger.

Furthermore, some caretaking work may be undertaken by the cisgender partner, in which they rehistoricise their relationship in order to protect the partner's identity (Brown, 2009). The rehistoricising may mean that the cisgender woman's experience of coming out as lesbian may be erased if it is intertwined with their relationship with their transmasculine partner. In cases where the cisgender woman partner does not want to rehistoricise or hide their experience and sexual identity, they may employ "strategic outing" (Brown, 2009). This is part of the complexities of transitioning in the wider context of society, whereby people outside the relationship need to reach a level of trustworthiness to be told the entire life story, and the cisgender partner's sexual identity.

Although there have been discussions in the literature around the complexities of sexual identity throughout, and by authors. Whereby the negative connotations appear to be at the forefront, there were also discussions of how the renegotiation was positive, and felt the renegotiation was more representative of their sexual identity (Platt & Bolland, 2018).

Mental Well-Being

Mental well-being is an important factor in life, and two articles have discussed transitioning in relation to the cisgender partners' well-being. In the study by Joslin-Roher and Wheeler (2009), which looks at the impact of transitioning on lesbian, bisexual, and non-heterosexual partners of transmasculine people, eight of the nine participants noted that they had increased stress, sadness, and/or anxiety stemming from the transition experience. Their distress had many sources, including safety and well-being concerns for both themselves and their transmasculine partner, as well as within the relationship in general (Joslin-Roher & Wheeler, 2009). Additionally, a study by Gamarel et al. (2019) discussed how cisgender partners experience stigma by association, which was related to lower relationship quality and higher psychological distress. Interpersonal stigma, in particular, was associated with elevated anxiety symptoms. The study also noted that higher interpersonal stigma against either partner resulted in elevated anxious or depressive symptoms in the other partner (Gameral et al., 2019). Another study by Gamarel et al. (2014) looked at the impact of minority stress on the dyadic relationship between transfeminine persons and their cisgender male partners. They found that 42.9% of transfeminine participants and 47.6% of the cisgender men screened positive for clinically significant depressive distress. Although this study looked at cisgender men, it highlights the extent to which stigma surrounding trans people may directly impact both the trans and cisgender partners. However, literature has documented how transition may improve perceived relationship satisfaction and

communication (Motter & Softas-Nall, 2021), albeit the literature highlighting the relational and personal positives is quite limited and represents a gap within the current literature.

Support for the Cisgender Partner

"[T]ransition should be considered an iterative, relational, and lifelong process." (Pfeffer, 2010, p.175).

The experience of being partnered with a transitioning person is not commonplace, and often, peer support is essential. Consequently, as the transition progresses and produces changes, there are likely to be varying degrees and types of support needed at these different phases. The following section outlines some of the types of support discussed in the literature.

While accessing peer/community support is very important for a cisgender partner (Buxton, 2006), there may be push/pull on the cisgender partner. Complexities around support seeking have been noted in the literature as potentially occurring due to concerns from the trans partner about what their partner seeking support may mean in the context of the relationship and in relation to the trans partner (Ward, 2010). While they may want their cisgender partner to have support, they may simultaneously worry about their partner's need for support, concerned at the implication that their partner is struggling and/or is uncomfortable with their transition. Potential restrictions placed upon the cisgender partners by the trans person, such as not discussing the transition with shared friends, may create feelings of isolation if the nonshared friends are not aware of trans people's experiences, limiting support options (Chester et al., 2017). The importance of discussing the transition with appropriate persons was also noted in the literature (Joslin-Roher& Wheeler, 2009). Where support persons were not peers, cisgender partners indicated concern that sharing concerns would be misconstrued as being related to the transition and portray the trans partner negatively, rather than an understanding that all relationships have problems (Joslin-Roher & Wheeler, 2009). Additional issues have been indicated, including geographical isolation, lack of internet access due to unemployment status, and trans partners preventing them from accessing support (Theron & Collier, 2013). The latter appeared to have been related to the activism the trans partner was part of, in which needing support was seen as detrimental to the activism. All these factors culminate in a precarious position for cisgender partners as they navigate politics within the LGBTQI+ community, attempting to preserve acceptance, and their trans partners' fears and concerns about the relationship; all the while trying to access much-needed support.

As partners of trans people, cisgender people may feel isolated. An UK study by Twist et al. (2017) has shown that seeking support from peers (other partners of trans people) can

reduce feelings of isolation; however, there were mixed experiences reported. One of the experiences that was understood in this study related to a fear of being disloyal, with reluctance to talk about the relationship, even with other peers. The fear of being disloyal was related to gendered assumptions about women subjugating their experiences in an effort not to portray their relationships as negative (Twist et al., 2017). Variations in experiences of seeking peer support were also noted in Watts et al., (2017). Findings revealed experiences of looking to peer support for optimistic narratives providing hope for the future or seeking reassurance about the survival of the relationship beyond the transition, but instead, participants encountered troubling narratives of divorce and custody issues. While there are difficulties surrounding access to peer support, it is a common desire of partners (Joslin-Roher & Wheeler, 2009) and hope for the future of the relationship is something that peers can provide (Jennens, 2018). Thus, access to and experience of peer support is an important aspect of experience for cisgender partners.

Professional Healthcare Support—a Question of Competency?

Interactions with healthcare professionals are likely to occur for the cisgender partner. For mental well-being support, the competency of the professionals has been found to be mixed. Mental health professionals and healthcare professionals have been noted as having limited trans-related knowledge. General practitioners (GP) in Aotearoa NZ and Australia have been noted by trans persons as having very little experience with trans-related health concerns (Pitts et al., 2009). Other studies have suggested that mental health professionals are less informed about trans-specific issues than LGBTQIA+ issues (Johnson & Federman, 2014). Furthermore, an Australian study with mental healthcare workers (Riggs & Bartholomaeus, 2016) found that only a quarter of the sample had previous training in working with trans clients, even though over half of their sample had worked with an adult trans person. This may demonstrate a critical disparity between knowledge and training, and what is needed for appropriate interactions with trans persons. However, the study did also note that there was a low response rate by clinicians, which may have meant that their data was skewed towards those already working with trans clients.

Cisgender partners' accounts of interactions with therapists have noted that they spend therapeutic time informing the professionals about trans-related issues or receive invasive questions about their sex life (Mollitt, 2022). This indicates that therapists lacked sufficient knowledge and sensitivity to work with their needs/issues. Even when participants utilised a gender-identity clinic with their trans partner, they felt no support was available for the cisgender partners (Twist et al., 2017). This may suggest that the cisgender partner's experiences are relatively unknown, even within gender clinics.

Conclusion

The literature on partners of trans people highlights important considerations. It contextualises relationship continuity or severance and provides an understanding of the emotional labour that occurs within the relationship, through forms of advocacy and safety, with gendered roles and expectations. It discusses the changes in sexual relating, and experiences related to a changing body, as well as the practicalities of the transition and family planning. It discusses how cisgender partners navigate renegotiations of their identity, which requires an understanding of complex and nuanced experiences that are enabled and constrained by the wider societal understandings and expectations. It also looks into the mental well-being of the non-transitioning partner, and the support from both familial/friends and professionals, which also highlights the question of competencies. The literature creates a picture of the competing needs and nuances experienced by the cisgender partners, who are experiencing their own kind of transition.

Chapter 3: Methodology

Introduction

This chapter outlines the methodology of the present study. It looks first at the underpinning epistemology, insider research and reflexivity, followed by ethics. I then discuss the mixed methods design, first describing the combined recruitment processes, then how the data was analysed.

Epistemological Underpinning: Critical Realism

Critical realism (CR) informs the present study. CR was originally articulated in the 1970s by Roy Bhaskar (as cited by Albert et al., 2020) and is thought of as a middle-ground epistemology as it utilises components of both positivist and constructionist paradigms, while also critiquing their assumptions (Fletcher, 2017). Its connections to positivism are the ideas that there is an objective reality, along with the possibility of producing causal explanations (Hoddy, 2019). However, it differs in terms of causation and the extent to which reality can be observed (Hoddy, 2019). Its connection to constructivism is that social phenomena are concept dependent; however, CR emphasises "…the role of real structures and mechanisms operating beyond people's conceptions of their actions and intentions" (Hoddy, 2019, p.113). CR says that reality exists independently of our knowledge and of the minds of social actors (Frauley & Pearce, 2007). It does not look at the laws of nature but at the causal mechanisms and properties that influence events (Lanuza, 2009). CR's middle-ground nature stems from its assertion that the world precedes our knowledge of it (ontological realism); however, it also asserts that "…the concepts, language, methods and politics of science play a role in producing our knowledge of the world (epistemological constructivism)" (Ryba et al., 2022, p.156).

In CR, three levels are in play in the construction of reality. These levels are the empirical, which are experiences; the actual, which are events; and the real, which are the generative mechanisms that impact each other (Dore, 2019). CR does not just speak to the empirical domain; instead, it aims to identify and map out components of a social phenomenon, identifying the relevant objects, structures, mechanisms, and conditions for that phenomenon (Hoddy, 2019). As Hoddy has argued, "Nevertheless, CR holds that the development of new knowledge about the social world can be generated through the scientific discovery of objects, structures and generative mechanisms in the domain of the 'real' and the conditions under which these mechanisms are activated" (Hoddy, 2019, p. 112). It also allows for analysis that takes into account context together with time and agency and includes theorising about the unseen generative mechanisms (Dore, 2019).

From a CR perspective, it is understood that not all knowledge is equal and that some claims are better than others (Albert et al., 2020; Hoddy, 2019; Zachariadis et al., 2013). Knowledge within this perspective is viewed as a product that is not independent of those who construct the knowledge and includes aspects independent of and not produced by the knower (Yucel, 2018). The independent aspects of knowledge are referred to as intransitive objects of knowledge, which are the causal mechanisms that give rise to events (Yucel, 2018). Like constructivism, CR acknowledges that sociocultural factors influence science and our understanding of the world itself, independently of our awareness, and influence what is said about it (McNeill & Nicholas, 2019; Yucel, 2018).

Research Design

The present study has explored the experiences of cisgender women partnered with transmasculine people during their transitions in Aotearoa, NZ and Australia. The current research employed a mixed methods design and was undertaken through two concurrent phases of data collection and analysis. The convergent parallel mixed methods design was chosen as the survey and interview components were developed to address the breadth and depth of the lived experience, rather than to inform one another. The use of this design enabled triangulation and expansion of the results (Powell et al., 2008; Hanson et al., 2005). This approach has been used in other literature on the experiences of LGBTQIA persons, (for example Moore et al., 2021 and Rivers and Swank, 2017); therefore, highlighting the appropriateness of this approach. This approach also allowed for comparison within the same timeframe, and allowed for over reliance on one method. The first phase included the collection of data through a researcher-designed survey seeking to identify overall characteristics of the sample population and to understand cisgender women's experiences of a range of phenomena and issues that were identified through the review of existing literature. The second phase of the study used a qualitative semi-structured interview method to collect data from cisgender women, exploring their experiences at various stages during a partner's transition to transmasculine identity.

CR is open to multiple qualitative and quantitative methods and has no association with a particular set of methods (Fletcher, 2017; Zachariadis et al., 2013). It allows for flexibility in the methods, as this is understood to be dictated by the nature of the research problem (McEvoy & Richards, 2006). For CR, the purpose of mixed methods is not only to describe but also to enhance the "…explanation, interpretation, and understanding of social psychology objects and structures" (Ryba et al., 2022, p. 157). The combination of qualitative and quantitative methods is seen as helpful for the successful investigation of complex problems (Ryba et al., 2022). Furthermore, qualitative research is seen as appropriate for studying complex and conceptually undeveloped psycho-social objects and

structures (Ryba et al., 2022). This is particularly important for the present research due to the subject being relatively understudied.

CR supports methodological and epistemological pluralism (McNeill & Nicholas, 2019). The present study utilised mixed methods predicated in part upon epistemological assumptions that both qualitative and quantitative research are valuable. CR and mixed methods are compatible due to the inclusion of both quantitative and qualitative methods (Venkatesh et al., 2016). Additionally, the mixed methods approach is flexible in its epistemological underpinnings, as it is viewed more as a method than a requirement of a particular methodology, unlike other methods (Hanson et al., 2005).

Employing mixed methods allows researchers to explore complex, compound influences on the area of study (Fehrenbacher & Patel, 2020). Additionally, a mixed methods approach allows the methods to complement each other to achieve a richer result (Hanson et al., 2005; Hesse-Biber, 2016). In a mixed methods approach, quantitative research can be used in the exploratory phase to identify patterns and associations that might otherwise be overlooked (McEvoy & Richards, 2006). Additionally, CR views the use of qualitative methods as a strength because they are open-ended and can allow themes to be developed that otherwise might not be anticipated (McEvoy & Richards, 2006). The benefits of utilising qualitative and quantitative data include the creation of more detailed perspectives, which can highlight different aspects of the same reality, from different perspectives (McEvoy & Richards, 2006). A CR approach to topics supports research that captures a diverse range of evidence, thereby providing deeper explanations rather than just surface descriptions (Coleman, 2019).

Mixed methods is touted as an approach born from triangulation, which works with each approach's strengths to minimise weaknesses. It can be beneficial for different projects, and in terms of the present study, it has employed the strengths of both qualitative and quantitative approaches to give a fuller understanding of a complex phenomenon. Additionally, there is an argument for the use of mixed methods when researching a vulnerable group, such as in the present study, as it offers ways to understand complexities within the group (Lund, 2012). Considering the strengths of this approach and the aim of the research project, mixed methods were considered appropriate for the present research. While the present study does not directly research the experiences of trans persons, there is an understanding that this research still impacts the trans community. Consequently, the research is aligned with the key aspects of trans-affirmative research (Adams et al., 2017). Trans-affirmative research aligns with contemporary research that supports and validates the

identities and experiences of trans persons rather than pathologising them (Restar et al., 2025). It understands that experiences are varied and is sensitive to the variance and intersectionality of trans persons (Khan et al., 2025). Additionally, it seeks not to stigmatise the community in terms of the framing of the research and language utilised (Restar et al., 2025).

The overall study has also been influenced by activist scholarship and its intention to undertake politically engaged research to promote social justice and equality and advocate for the rights and well-being of oppressed groups (for example Chibaya et al., 2025; Rouse & Woolnough, 2018; Stevens, 2022). It is my intention in this research to uphold respect and sensitivity to promote the well-being of both trans people and the partners of trans people.

Ethics

This project was approved by the AUT Ethics Committee (AUTEC) on December 6, 2021 (Reference Number 21/430). The general ethical principles upheld in the present study were informed and voluntary consent; respect for rights of privacy and confidentiality; minimisation of risk; truthfulness, including limitation of deception; social and cultural sensitivity; research adequacy; avoidance of conflict of interest; respect for vulnerability of some participants; and respect for property.

Anonymity was of particular importance for the present study. As the participants reside within a small population of interest, complete anonymity could not be assured for the interview participants. While pseudonyms were used and identifying information removed, the unique stories may be identifiable to those close to the participants. Given this, the interview participants were informed of the limitations of confidentiality to ensure that they were able to give informed consent (Appendix C). No identifying information was obtained through the surveys, allowing these to be anonymous. Consent was obtained before the interviews (Appendix G), and the surveys commenced (Appendix B). Both survey and interview data are kept on password-protected files, which only the researcher has access to.

Social and cultural sensitivity was another relevant ethical concern in relation to conducting research in rainbow[5]/LGBTQIA+ communities. While the participants themselves, may not consider themselves as vulnerable, literature notes that one's sexual identity may make them marginalised and/or vulnerable (Lewis et al., 2023). As the participants may be considered part of a vulnerable community, care was undertaken to ensure that the design

[5] Rainbow, or rainbow community, is an umbrella term used in Aotearoa NZ to describe the coalescence of those under the LGBTQIA+ umbrella (Public Service Commission, n.d).

and practice of the study were sensitive to the community's needs. The primary researcher and her supervisors are all members of the LGBTQIA+ community and, given this, have unique experience and knowledge of the community and the conduct of research within this community. Of particular note is that the supervisors have research and teaching expertise in this field, including in the well-being of LGBTQIA+ communities and individuals' identities.

I discuss next my own insider status as the researcher and how this forms part of my own approach to research while also attending to the cultural safety of the project.

Reflexivity/Insider Research

Reflexivity in all research is important for the researcher to consider, given the possible implications of their positioning. I am an insider to the community as I was partnered with a transmasculine person during their transition. The interest in the topic stemmed from my insider status and interactions with the literature as a result of my experience. As a researcher is intertwined their research, my own experiences and sociocultural understandings inform not only how I interpret the findings but also how the research is conducted (von Unger, 2021). As a consequence, my positionality is very important for situating myself as a researcher. This personal experience and interactions with the literature enabled me to note the lack of discussion of the cisgender partner's experience. My insider experience was utilised to help develop and analyse the data due to my familiarity with the topic (Hayfield & Huxley, 2015).

As well as enabling awareness of ethical considerations, there are still pitfalls for insider researchers. As outlined by Hayfield and Huxley (2015), assumptions of shared understanding were experienced by the researcher during the interviews. When I noticed this, I made efforts to clarify participants' understandings of what was being discussed. Additionally, there can be a lot of emotional work involved in insider research. This is due to the implied shared understanding and degree of openness expected from the researcher (Nelson, 2020). While all research can be draining for the researcher, discussing sensitive experiences can cause them to relive their own sensitive experiences (Nelson, 2020). Disclosing one's positionality in terms of the research is an important consideration as it can impact participants' willingness to take part in the research (Hayfield & Huxley, 2015). I disclosed my insider status to participants to ensure that they were aware of my experience and rationale for the research. To be reflexive, it was essential to keep a diary during the research process to enable the researcher to position themselves within the research as well as to help highlight any issues, such as ethical considerations and breakthroughs (Mann, 2016).

Understanding my positionality, given my insider status and expertise in the field of trans research, became increasingly important during the interpretation of findings. It was at times necessary to balance portraying the participant's stories while simultaneously noticing that I wanted to ensure the protection and well-being of the trans community. I practised careful consideration to provide language and context for the experiences of the participants, to avoid misinterpretation of key details of the participants' experiences. I understood the participants' experiences as related to experiences of transition, but also uniquely individual to each participant.

Methods of Data Collection

The following sections describe the methods of data collection, first by outlining methods of recruitment for both phases of the study. I then discuss the data collection using the researcher-designed survey, followed by semi-structured interviews. The present study employed a convergent parallel mixed method (Creswell, 2014).

Recruitment Methods for the Two Phases of the Study: Survey and Semi structured Interviews

One advertisement was used for both the survey and interview participant recruitment (Appendix A). This was done so participants could be given the choice to participate in either the survey or the interview, or both, depending on their preferences. As the participants are part of marginalised groups, purposive (non-random) sampling and multiple methods of recruitment were used. These are crucial to reach an "invisible group" (Waters, 2015). While not all participants may be invisible, the appearance of a heterosexual relationship, may make their identity as someone part of the LGBTQIA+ community and/or queer communities invisible (Pfeffer, 2014). Initially, snowball sampling was utilised. This is a process of reaching out to known contacts, who then refer further participants to the researcher (Baltar & Brunet, 2012). Snowball sampling in the traditional sense relies on the researcher's close contacts; however, due to the secrecy and invisible nature of this community, coupled with a desire to reach a wider network, horizontal sampling was utilised (Geddes et al., 2018). In this instance, horizontal snowball sampling entailed reaching out to those organisations and individuals with whom the researcher (myself) may not have had a prior relationship.

Consequently, LGBTQIA+ organisations in both Aotearoa NZ and Australia were contacted via email and asked by the author if they were willing to share information about the study with their networks via whichever means suited the organisation itself.

After initial contact was made, the advertisement was shared by various organisations. This was repeated several months later when the recruitment process slowed down. In addition, social media was used to share information about the study with networks and contacts

known to me, primarily through my personal Facebook account. This was to ensure some reach into sites where peer support might be obtained. The Facebook posts were not able to be commented on, and were not able to be shared form my account. This was so those contacts who shared it to their networks, did not need to connect it to my own personal account. It has been noted that social media is a useful tool for obtaining access to invisible/hard-to-reach populations (Baltar & Brunet, 2012).

As the number of those who fit the criteria was unknown[6], there was no expected number of participants for both the survey and the interview. The surveys and interviews were available for 12 months, although there was a cut-off at 1000 survey participants and 20 interview participants if those numbers were achieved.

Participants were required to self-identify as meeting the inclusion criteria as outlined in the participant information sheets (Appendix B and Appendix C). These included (1) having identified as a cisgender woman during their partner's transition; (2) having the experience of being in a relationship with someone who was assigned female at birth, who transitioned to a masculine gender identity during the relationship; (3) transitions occurring in Aotearoa NZ or Australia, or both; and (4) being 18 years or older.

Considering the small number of individuals who would be eligible for participation, some of the demographic questions in both the interview and survey were designed to further increase privacy and anonymity. This is outlined shortly. Consequently, categories were organised in 5-year groupings, rather than by participants' exact ages.

Those who were interested in participating in the survey followed the link in the advertisement to the survey itself. Those interested in participating in the interview were instructed to email the researcher.

Survey Phase

Informed by the literature, my previous research and experience, and the research questions of the present study, I designed a survey and followed a validation and review process. This aligned with a previous study (Wilkins et al., 2022), which used research-generated questions for exploration, as well as studies by Resnick and Galupo (2019). In these instances, the literature, the author's expertise, and a panel can be used for the creation of questions. My own master's dissertation on a similar topic (Jennens, 2018) utilised

[6] Estimates could not be made as prior research with trans persons, even when relationship status has been stated, has not explored whether these relationships occurred during or before their transition. Additionally, as the present study looked at transmasculine persons specifically, other studies' definitions may not translate to the present study's definition.

interviews regarding information and support needs of a similar population, which enabled the researcher to gain familiarity with the areas of the participants' lives that might be impacted as their partners transitioned. In this study, I also used a panel of academics and non-academics with varying familiarity with trans research and experience. Face validity and content validity were obtained for the survey, as outlined below.

Survey Design, Validation and Piloting

The initial review was completed by persons who had various levels of knowledge, including lived experience in the LGBTQIA+ community, to test the face validity of the items in preparation for varying knowledge levels within the participant group. This test cohort also included partners of trans people who were not suitable for inclusion in the study itself, due to factors such as geographical location or not being cisgender themselves. A revision of the items was conducted based on their responses. After further revisions to the length and direction of the survey based on the researcher's and supervisor's knowledge and experience, other academic experts were included in reviewing the survey.

Face validity refers to subjective judgment as to whether a measure appears to be related to a specific construct (Taherdoost, 2016). In terms of the present study, face validity was based on the subjective judgment by the full panel on whether the survey appeared to be related to the experiences of cisgender women who were partnered with transmasculine persons during their transition. The full panel was utilised to evaluate face validity. This panel included members who were nonexperts (defined as those who are not academically versed in survey construction) and those with varying levels of familiarity with LGBTQIA+ communities. There were 10 panel members, including trans persons, partners of trans people, those with experience in the LGBTQIA+ community, and academics with and without experience/knowledge of the LGBTQIA+ community. Multiple ethnicities were represented in the panel. At times, only those from the panel with experience and/or knowledge of trans communities were asked to comment on content, to ensure the content represented current LGBTQIA+ community understandings and perspectives.

Content validity refers to the evaluation to ensure all items included are essential and relate to a particular construct domain (Taherdoost, 2016). The process to ensure content validity "involves literature reviews and then follow-ups with the evaluation by expert judges or panels." (Taherdoost, 2016, p. 30). A precedent for this method of ensuring content validity was found in Resnick and Galupo (2019), where three expert reviewers examined the initial items and provided feedback or suggestions for additional items. This present study utilised the experts only from the panel to review the content, with the experts being those who had

expertise on trans experiences and research. Changes were made to items in the survey based on feedback from the experts.

Survey Questions

A researcher-designed survey was used for data collection (see Appendix D for the full survey). Demographics pertaining to age, gender, location, ethnicity, and education levels were collected, as presented below. Questions were asked about the participant's gender and sexual identity. As participants were from a small community, efforts to protect their anonymity were made; these included providing an age range rather than specific ages. Questions around ethnicity used a combination of the definitions used by Stats NZ (2018) and the Australian Bureau of Statistics (2019) to create options for identifying ethnicity in order to encompass both Aotearoa, NZ and Australia's demographic definitions. Additionally, as ethnicity can further impact anonymity within a small group, the decision was made to keep ethnicities within the broadest categories when reporting the findings.

These were followed by questions about experiences in the relationships. Questions were asked about perceptions of ease and comfort of communicating regarding various relationship and trans-related experiences and concerns. The next sections asked about perceptions of support from friends, family, and partners of other trans people. Experiences with a range of professionals were sought, including interactions with and understandings related to the non-transitioning partner. Mental well-being questions were asked, followed by a question about experiences of fertility/parenting. Finally, questions about experiences of membership in religious faith communities were asked. The survey also included one qualitative question. The qualitative question asked the participants "Is there anything you wish your transmasculine partner understood about your experience of their transition?".

Survey Participants

In total, 43 people responded to the survey. Incomplete surveys and those who did not meet the inclusion criteria were excluded. Inclusion criteria were checked using several exit questions. After the exclusions, a total of 25 participants were included as the sample for this research. All data was anonymised in Qualtrics. The ages of the participants ranged from 18 to 54 years old (Table 1). The majority of participants (45.46%) were aged 35-44 years old.

Table 1

Survey Participants' Age Ranges

Age range of participants	No of participants
18-24	3
25-29	5

30-34	4
35-39	5
40-44	5
45-49	1
50-54	1
55-59	1
Total	**25**

At the time of the survey, the majority of participants (60%) were residing in Australia, and 36% were residing in Aotearoa NZ. One participant (4%) did not disclose where they were currently residing. These figures are similar to those for country of residence during their partner's transition, with 64% in Australia and 36% in Aotearoa NZ. The only data obtained to further classify locality pertained to whether or not the participants lived rurally. Only 16% of the participants identified as living rurally.

The majority of participants (68%) had completed a bachelor's or higher level of education (Table 2).

Table 2

Survey Participants' Highest Level of Education

Highest level of education	No of participants
Some of high school	0
Completed high school	3
Tertiary (or equivalent) certificate or graduate diploma	4
Bachelor's degree	9
Postgraduate degree or diploma	7
Doctoral degree	1
Did not disclose	1
Total	**25**

In line with other demographics, the broadest categories of ethnicity were used. Participants were given the opportunity to select multiple self-identified ethnicities. Two participants selected more than one ethnicity. Of all the participant ethnic identities responses (n = 31), the majority of participants identified as either European/Pākehā or European Australian (70.97%; Table 3).

Table 3

Survey Participant's Ethnicities

Ethnicities of participants	No of participants
Australian Aboriginal	1
Middle Eastern/Latin American/African	2
Asian	3
European/Pākehā	7
European/Australian	15

The majority of the participants were currently in a relationship with someone who was transitioning or in the maintenance phase of transitioning (68%).

Survey Data Analysis

The data from the Qualtrics survey was exported into Excel and cleaned for analysis. As the data was descriptive in nature, the decision to use Excel was made. Only descriptive statistics were used for the quantitative questions. The outcome of the analysis of the data is presented in Chapter 4: Findings from the Survey. The responses to the qualitative question in the survey were analysed using thematic analysis (TA). As the process of TA was conducted similarly for both the survey and the interview data, the methods followed for TA are discussed in a section below. A content analysis was conducted on responses to open-description questions, exploring the participants' reflections on the survey question. Content analysis followed a systematic process of identifying themes within the data (Krippendorff, 2018). All responses were initially read in full to develop an understanding of their content and context. An inductive coding approach was then applied to capture recurring concepts and language, and similar codes were grouped into themes. Final content themes were interpreted in relation to the study's core research question. Pseudonyms from popular girls names in Aotearoa, NZ were given to the survey participants in the TA.

Interview phase

Interview design and validation

A semi-structured interview schedule was created for use in the present study (see Appendix E). Semi-structured interviews are advantageous as they do not belong within a specific discipline or strategy (McIntosh & Morse, 2015). Additionally, it enabled the participants to respond to the questions as they saw fit (McIntosh & Morse, 2015) drawing on preexisting knowledge to explore issues that might be important to them. This is beneficial in that it speaks to a transformative justice concern of CR that prioritises the voices of marginalised and excluded groups (Hoddy, 2019). Similar to the survey design and validation, my

expertise, alongside findings from the literature review, informed the construction of the interview schedule. The questions explored similar areas to the survey questions. Feedback was sought on the interview schedule through consultation with supervisors and members of the LGBTQIA+ community. Revisions to questions in the interview schedule were undertaken in response to feedback. The interview schedule served as a guide, with respondents having the flexibility to respond and to follow avenues of exploration that were meaningful to them.

Interview Participants

Five women took part in the interview phase of this study. Participant demographics were recorded on a form (Appendix F) given to participants prior to the interview.

Three of the interview participants were currently residing in Australia and were residing in Australia during their partner's transition. Two participants were currently residing in Aotearoa NZ and were residing there during their partner's transition. All participants reported having university-level education, with three participants having obtained a bachelor's degree and two having a postgraduate degree or diploma. Three participants identified as being European Australian, one identified as European and one as Asian. Three participants identified as being between 30-39 years old, one was between 25-29, and one was between 40-44 years old. All participants identified their current gender identity as cisgender women. This suggests that no participant's gender identity changed following their partner's transition. There was a mix of sexual identities, with two participants identifying as bisexual, and one each as pansexual, lesbian, or queer. Ethnicity was not included in the reporting of findings, as it was considered that it might compromise anonymity. Participants were provided with pseudonyms (Table 4).

Table 4

Interview Participants Demographics and Pseudonyms

Pseudonym	Age range	Identity
Claire	30-34	Pansexual
Elise	35-39	Lesbian
Melanie	40-44	Queer
Justine	35-39	Bisexual
Chloe	25-29	Bisexual

During the interview, it was identified that all but one participant was currently with their transmasculine partner.

Interview Data Collection

Once a potential participant contacted me via email, they were sent the interview participant information sheet (see Appendix C). If I did not receive a response, a follow-up email was sent 1 week after initial contact. If no response was received, all communication ceased. Only one potential participant did not follow up after their initial communication. Once the participants had read over the information and agreed they were still willing to participate, a time and date were agreed upon for an interview to take place. As the interviews were conducted during the COVID period, and to ensure Australian participants could be reached easily, all interviews were conducted online. Interviews were conducted between April and June 2022 using Skype (a video conferencing service). The interviews ranged in length between 27 and 92 minutes, with a median of 42 minutes and a mean of 52.4 minutes.

Prior to the interviews, participants were asked to fill out a consent form (Appendix G). Informed consent was obtained by providing information about the research aims and purpose of the research in the participant information sheets (Appendix B and Appendix C). Additionally, as the interviews were audio recorded, oral consent was also obtained during the interview recording, utilising a pre-approved script (Appendix H). Participants were advised that they were able to skip any questions they did not wish to answer and end the interview at any time. During the interviews, no participants refused to answer any questions.

The interviews were semi-structured. The indicative interview questions involved questions pertaining to participants' experiences of the following: the relationship with their partner, including behaviours and interpersonal communication; family and friends; community supports/other partners; gender/sexual identity; professionals; searching for and accessing information about their partners' experiences of transition; information about the experience of the transition; their own mental well-being; employment; fertility/parenting; and membership of a religious community (Appendix E).

The interviews were audio-recorded and transcribed verbatim by me. All identifying information was removed, such as specific personal information, locations, and any names used in the interview. The transcripts provided the data used for analysis.

Methods of Data Analysis for Qualitative Data from the Survey and Interview Phases

Thematic analysis (TA) was utilised for the present study. It is flexible in nature and is not attached to any epistemological or methodological underpinnings (Braun & Clarke, 2006). Therefore, it can be utilised within a CR framework (Clarke & Braun, 2017). TA is a method that enables analysis and interpretation of themes within qualitative data (Clarke & Braun, 2017). As the present study looked at the experiences of a small population, it was suited to reflexive TA (Braun & Clarke, 2020a).

Of particular importance for the present study, a strength of TA is its flexibility, not only in terms of the epistemological underpinnings but also in terms of the constructs of a research project (Clarke & Braun, 2017). As the present study was exploratory, TA enabled the possibility of unanticipated insights (Braun & Clarke, 2006). This was relevant for the present study, as the literature on the topic is sparse. The ability to utilise semi-structured interviews as a way to allow participants to guide the discussion to areas of importance for them, followed by TA, is a strength of these approaches (Braun & Clarke, 2006). CR's approach to TA allows for the exploration of causal processes through TA (Fryer, 2022). Qualitative data can also provide critical details on the context as well as the structural and interpersonal parameters (Broderick et al., 2024). In this manner, CR-inspired approaches to TA move beyond description to discuss contexts and mechanisms of which the participants are not always aware (Christodoulou, 2024).

Specifically, the TA approach utilised in the present study was reflexive TA (Braun & Clarke, 2020b), whereby the process was interpretive and reflexive. Reflexive TA in particular is suitable for CR frameworks (Braun & Clarke, 2020b). A particular distinction of reflexive TA is that it requires the researcher to conduct considerable analytic and interpretive work (Braun & Clarke, 2019, 2020a). Themes derived in this way do not exist separately from the researcher; instead, they are generated by the researcher through engagement with the data as well as their experience, skills, and understanding (Braun & Clarke, 2019, 2020a). In terms of the present study, as aforementioned, the researchers' insider status and positionality were taken into account in terms of the analytic process and discussions.

TA of the responses to the one qualitative survey question and the interview qualitative data followed the six steps outlined by Braun and Clarke (2021). TA for both was conducted at separate times, and only after the TA of the data from both phases was completed were the findings explored together, as outlined in the discussion chapter. The same TA steps outlined below were followed with both survey and interview data; however, the process of familiarisation differed for the survey and interview phases. Familiarisation with the interview data included the transcription of the interviews.

The following sections address the TA process followed for both the survey and interview data. To avoid repetition, the outlines of what each step entails are included in the survey section, as well as the exact steps taken in this study, whereas the interview section only includes the exact steps taken in this study.

Survey Thematic Analysis

1. Familiarisation with the data—this phase involves engagement with and immersion in the data. In this phase, notes are taken about any insights or ideas. For the survey

data, the process of immersion was conducted by reading and rereading the participants' responses.

2. Coding—this phase involves generating an initial list of ideas for the codes the researcher identifies as interesting, relevant or meaningful. This phase also entails capturing the researchers analaytic take on the data. Due to the smaller size of the survey data, codes were more easily identified in the participant responses. The participants' survey responses were collected in a document, and codes were noted by the researcher. Thoughts/feelings/ideas were also included in the notes on the codes.

3. Generating initial themes—this phase concerns the broader level of themes and includes sorting the codes into potential themes as well as collating the relevant data extracts. As the survey data could be viewed in a one-page Word document, theming did not require a mind map. Instead, extracts could be moved to their various groupings. Two themes were initially identified.

4. Developing and reviewing themes—this phase involves refinement of themes identified in the previous phase. It includes two levels, one reviewing the coded data extracts in relation to the candidate theme/subtheme to ensure the congruity of the theme/subtheme. The second level considers the validity of the individual theme within the entire dataset. For the survey data, the analysis indicated three subthemes, as one of the earlier subthemes was later understood as two subthemes (see Appendix I for iterations during the theming).

5. Refining, defining and naming themes—this phase involves further refinement and definition of the essence of the theme. For the survey data analysis, themes and subthemes were defined, and the content and scope of each theme/subtheme were clarified.

6. Writing up—this phase involves reporting on the fully worked-out themes. For the survey data analysis, the subthemes were described, supported by extracts from the data and the literature.

Interview Thematic Analysis

1. Familiarisation with the data—the process of immersion in the interview data was conducted during the transcription phase of analysis. The act of transcribing enables researchers to interact with the data many times until familiarisation is achieved.

2. Coding—as the interviews were read and reread following transcription, codes were noted on the Word document transcriptions of the interviews. Thoughts and ideas

were noted in the margins. These formed the basis for the codes, which used sentences and/or words capturing the ideas from the transcripts.

3. Generating initial themes—the codes/sentences written in the margins of the transcripts were rewritten into another document to begin to understand how they worked together under common themes. This step was done multiple times. Initially, the commentary on the transcripts was used for grouping, and later, extracts also began to be included in their entirety.

4. Developing and reviewing themes—the themes/subthemes were written up in various documents according to the different iterations of how they worked together. The themes and subthemes went through multiple iterations to see which groupings fit together better in relation to the research question. Again, lists were used instead of mind maps to review the themes and subthemes and refine the groupings. Extensive discussion occurred in supervision meetings around the themes. Feedback was sought from supervisors, and multiple iterations of the themes with samples of extracts were presented in supervision to explore the validity of the themes. Ultimately, the interview data were grouped into six themes (see Appendix J for iterations of theming).

5. Refining, defining and naming themes—as the themes were created, separate documents were created to record all the extracts related to the theme. The content and descriptions of the themes were created.

6. Writing up—the themes were analysed and written up, with the findings of the six themes described in Chapter 5.

Mixed Methods

As previously discussed, the interview and survey data were analysed separately, and the findings are presented in two separate findings chapters. Although interrelated, the decision was made to initially attend to the findings from the different data sets separately, due to the understanding that the different data collection methods would produce different, complementary findings. The discussion chapter integrates the findings from both phases of the study to illustrate the breadth of experiences across a wider range of participants and present the in-depth, nuanced accounts of experiences from the smaller samples of data from the individual interviews. Mixed methods offer some context and opportunities for triangulation. which is discussed both in terms of mixed methods and also in alignment with CR. Triangulation refers to the use of two sources of analysis to provide a more nuanced view of an experience or confirm the presence of an experience in multiple ways.

Summary

The chapter presented the methodology, research design, and methods utilised in this research. It outlined the epistemology, reflexivity, and ethical conduct, followed by participant recruitment, survey design and validation. It attended to the analysis of the quantitative data of the survey and content analysis. It then outlined the interview design and validation, followed by the analysis of the qualitative data from the one survey question and the interviews.

Chapter 4: Findings from the Survey

Introduction

This chapter presents the quantitative and qualitative findings from the survey, guided by the research question, "What are the experiences of cisgendered women partnered with transmasculine people during their transition in Aotearoa NZ and Australia?" The qualitative findings question has been analysed through TA. Themes were developed by the author linked to the open-ended question. The quantitative data have been analysed through descriptive statistics following the order of the survey sections: demographics; gender and sexual identity; experiences in the relationship; communication; friends and family; support from other partners of those transitioning; experiences with professionals; understanding the non-transitioning partners' experience; mental well-being; fertility; and religious faith communities.

Forty-three persons attempted to complete the survey. After applying the exclusion criteria, 18 surveys were excluded due to incomplete surveys or candidates not meeting the inclusion criteria (e.g., their partner was not a transmasculine person, or they resided outside Aotearoa NZ and/or Australia). In total, data from 25 respondents to the survey were included in the analysis.

Demographics

Demographic information reported on age range, ethnicity, education, country of residence, relationship status, gender identity, and sexual identity.

Age

Table 5

Age Ranges of Survey Participants'

Age range	Number of participants
18-24	3
25-29	5
30-34	4
35-39	5
40-44	5
45-49	1
50-54	1

55-59	1
Total	**25**

Participants' ages ranged from 18 to 59 group (Table 5). Most participants were in three age groups: 25-29, 35-39, and 40-44 (20% each). No participant was over the age of 59.

Ethnicity

Participants were asked to self-identify ethnicity and were able to select multiple ethnicities to capture the intersectionality of identities. Most participants indicated that they were European Australian (50%) or European/Pākehā (25%) (Table 6).

Table 6

Ethnicities of Survey Participants'

Ethnicity	No of responses
European Australian	15
European/Pākehā	7
Asian	3
Australian Aboriginal	1
European	1
African	1

Education

The majority of participants had completed a bachelor's degree or higher (68%), with 36% having completed a bachelor's degree alone (Table 7).

Table 7

Highest Education Level of Survey Participants'

Education level	Number of participants
Completed high school	3
Tertiary (or equivalent) certificate or graduate diploma	4
Bachelor's degree	9

Postgraduate degree	7
Doctoral degree	1
Did not disclose	1
Total	**25**

Country of residence

Most participants currently resided in Australia (60%), followed by Aotearoa NZ (36%). One person (4%) did not disclose their current country of residence. When asked what country they resided in during their partner's transition, most participants indicated Australia (64%), followed by Aotearoa NZ (36%). Further to this, participants were asked if, during the transition of their partner, they identified as someone living rurally. Twenty participants indicated that they did not (80%), four indicated that they did (16%), and one participant did not disclose (4%).

Relationship status

Most participants were currently in a relationship with a partner who was transitioning or was in the maintenance phase of transitioning (68%), and eight participants (32%) indicated that in the past they had been in a relationship during their partner's transition.

Sexual Identity of Participants'

Participants indicated their sexual identity prior to their partner's transition (Table 8). The option to provide their own (qualitative) description was available to participants.

Table 8

Self-Reported Sexual Identity Prior to Partner's Transition

Sexual identity	No of participants
Bisexual	6
Lesbian	6
Queer	5
Heterosexual or straight	3
Pansexual	3
Open description	2

Total	**25**

Most participants identified as bisexual or lesbian (24% each), queer (20%), heterosexual and pansexual (12% each). Of the two participants who included their own description, one participant wrote, “Lesbian, however, was still mostly confused.” The other participant wrote “Queer, with strong lesbian traits.” Both responses highlight the constraints of sexual identity categories when one does not fit within the terms and identity categories that are commonly used by and about this population.

Regarding sexual identity, slightly more than half of the participants (56%) indicated that their partner’s transition impacted their sexual identity, and 11 participants (44%) indicated that it did not impact their sexual identity.

Participants were given the opportunity to indicate if they wished there were a sexual identity term specifically for persons who are partnered with someone transitioning. Most of the participants were unsure (60%), eight participants indicated no (32%), and two participants (8%) wished there was. When these two participants were given the opportunity to indicate if they were aware of any term for a sexual identity for partners of trans people that they would like to use, one of the participants indicated they were not, and one indicated that they did, and further elaborated and said: “I use bi or pan, but neither fits well.”

Gender Identity

Eight participants (32%) indicated that their partner’s transition impacted their gender identity, and 17 (68%) indicated that it did not. This indicates that for the majority of participants, the transition did not impact their gender identity; however, for approximately a third of participants, it did affect their gender identity.

Participants’ Experiences in Their Relationships

Participants were asked to report on their experience in their relationship. The following section provides data covering whether they felt understood by their transitioning partner, their perception of the amount of time spent focusing on the transition in the relationship, and their preference for the amount of time spent focused on the transition. These questions were included to help identify how the participants perceived the centring of focus on the transition in their relationship and to illuminate how much “time-space” the transition occupied in the relationship.

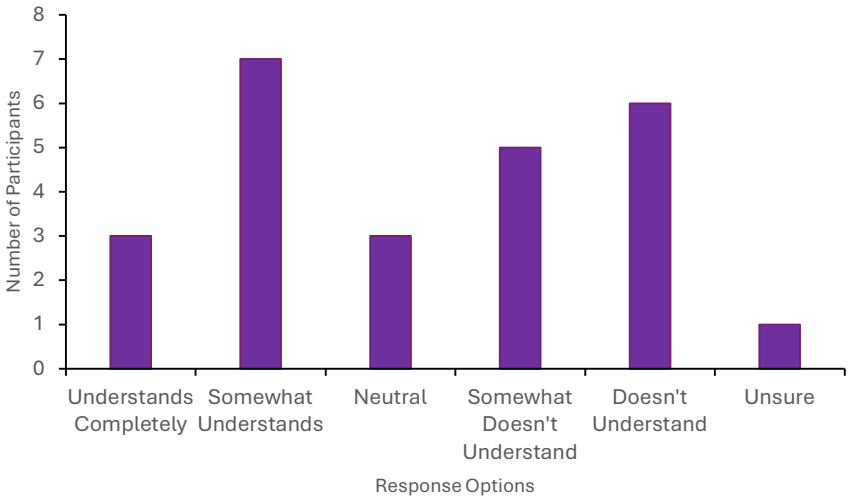
Not all participants’ partners had reached the maintenance phase of the transition at the time of the survey. In this survey section, nine participants indicated that their partners were not in

the maintenance phase of the transition. However, the full data set revealed that eight participants were not in the maintenance phase of the transition. These participants were therefore removed from the analysis and reporting on questions related to the maintenance phase. Only 17 participants had partners in the maintenance phase, and only their responses are captured in the sections with questions pertaining to the maintenance phase.

Understanding of Non-transitioning Partners' Experiences

Figure 1

Participant's Perceptions of How the Transmasculine Partner Understood Their Experience



Slightly more participants (48%) indicated that they thought their transmasculine partner either "Somewhat doesn't understand" or "Doesn't understand" compared to the 40% that stated that their transmasculine partner "Understands completely" or "Somewhat understands."

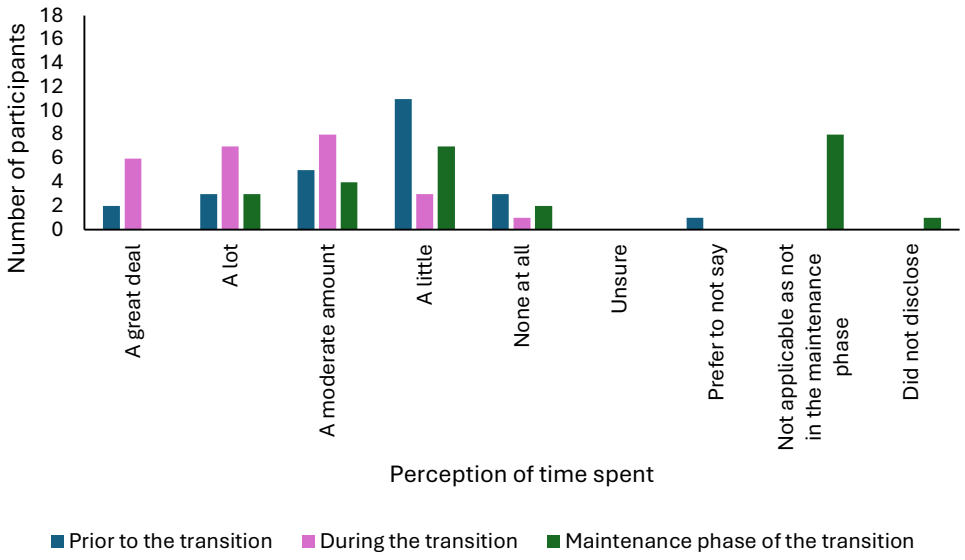
Perception of Time Spent on Aspects of the Transition

This section looks at the participants' perceptions of time spent on the transition and is divided into the three areas: thinking about the transition, discussing the transition, and doing transition-related activities. One participant who indicated that their partner was in the maintenance phase of the transition did not disclose their perception of time focused on the maintenance phase.

Thinking About the Transition. Participants indicated their perceptions of their own time spent thinking about the transition (Figure 2). This was further divided into times prior to the transition, during the transition, and in the maintenance phase of the transition.

Figure 2

Perceptions of the Amount of Time Spent Thinking About the Transition

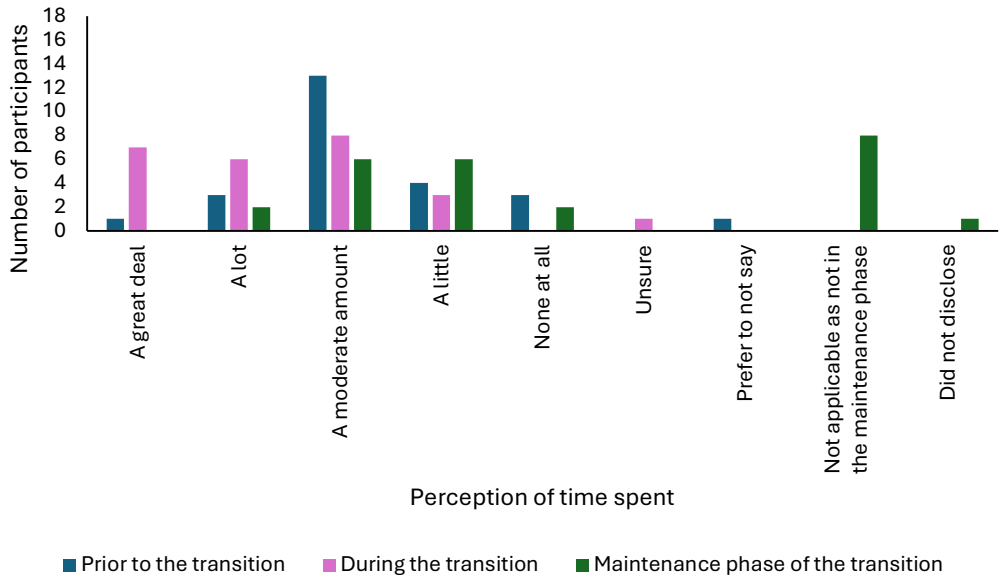


Prior to the transition, slightly under half of the participants (44%) spent a little time thinking about the transition. During the transition, slightly over half of the participants (52%) spent either a great deal of time or a lot of time thinking about the transition. In the maintenance phase of the transition, over half of these participants spent either a moderate amount or a little time thinking about the transition (65%).

Discussing the Transition. Participants indicated their perceptions of time spent discussing the transition (Figure 3). This was further divided into times prior to the transition, during the transition, and in the maintenance phase of the transition.

Figure 3

Perceptions of the Amount of Time Spent Discussing the Transition

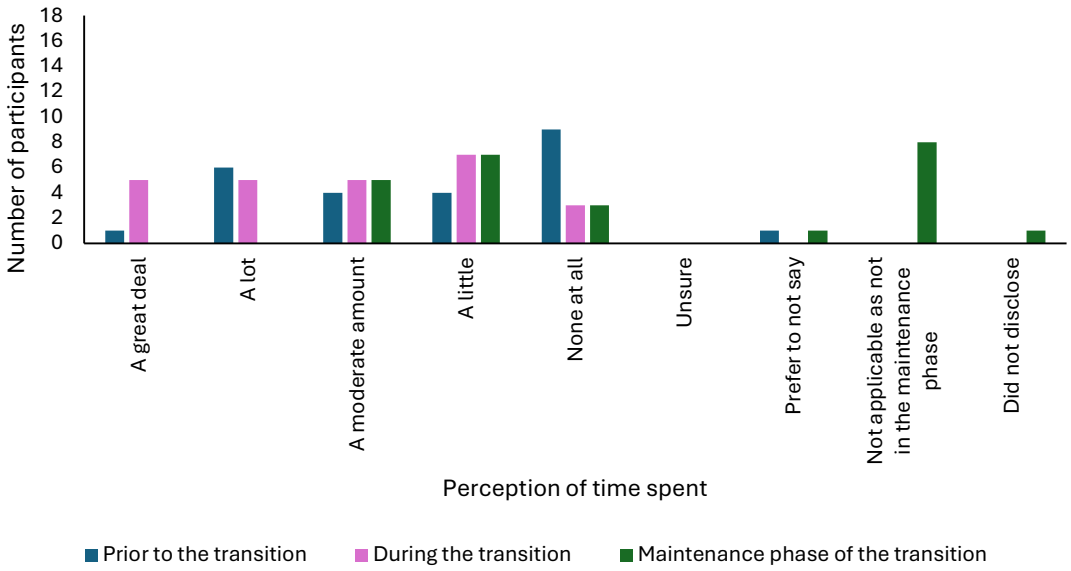


Prior to the transition, slightly over half of the participants (52%) spent a moderate amount of time discussing the transition. During the transition, slightly over half of the participants (52%) spent either a great deal or a lot of time discussing the transition. In the maintenance phase, most (70%) spent either a moderate amount or a little time discussing the transition.

Doing Transition-Related Activities. Participants indicated their perceptions of time spent doing transition-related activities (Figure 4). This was further divided into time prior to the transition, during the transition, and in the maintenance phase of the transition.

Figure 4

Perception of the Amount of Time Spent Doing Transition-Related Activities



Prior to the transition, there was more variability in doing transition-related activities compared to thinking and discussing the transition, and more participants (36%) indicated that they did no transition-related activities. Considering that these responses focused on the participants' experiences prior to the transition, the results are unsurprising, as most transition-related activities will occur during transition. During the transition, slightly less than half of the participants (48%) spent either a moderate or a little amount of time doing transition-related activities. Compared to prior to the transition, the perception of time spent increased; however, there is more variation in the responses. In the maintenance phase of the transition, the results were similar to those during the transition, indicating that for those who were in the maintenance phase, the perceptions of time spent were similar.

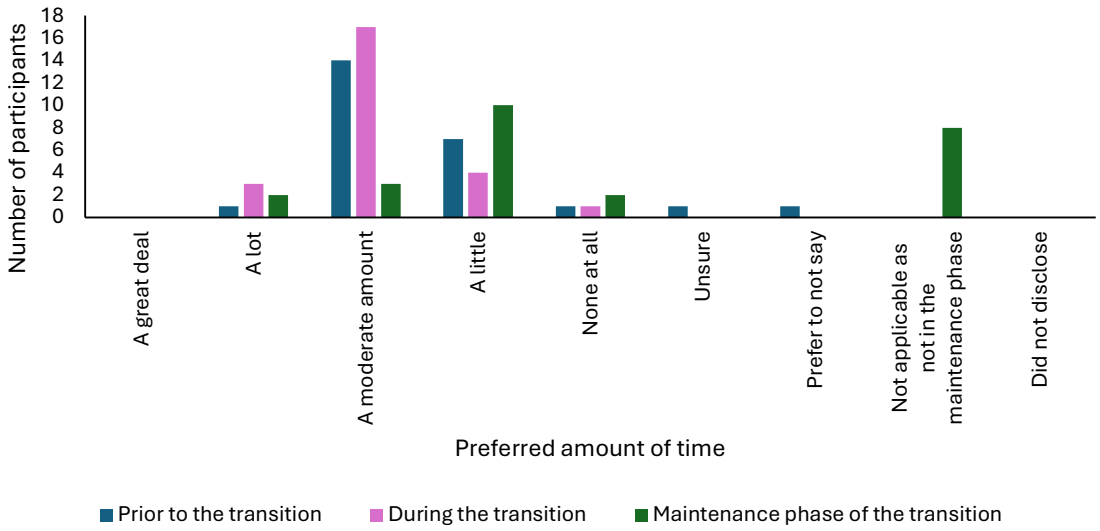
Preferred Amount of Time Spent on the Transition

This section asked the same questions as the previous sections; however, participants were asked for their preferences for the time in the relationship that would be spent focused on the transition. These questions were asked of participants to ascertain if there were discrepancies between their perceptions of time spent and their preferences for the amount of time spent.

Thinking about the Transition. Participants indicated their preferences for the amount of time spent thinking about the transition (Figure 5). This is further divided into time prior to the transition, during the transition, and in the maintenance phase of the transition.

Figure 5

Preferred Time Spent Thinking About the Transition

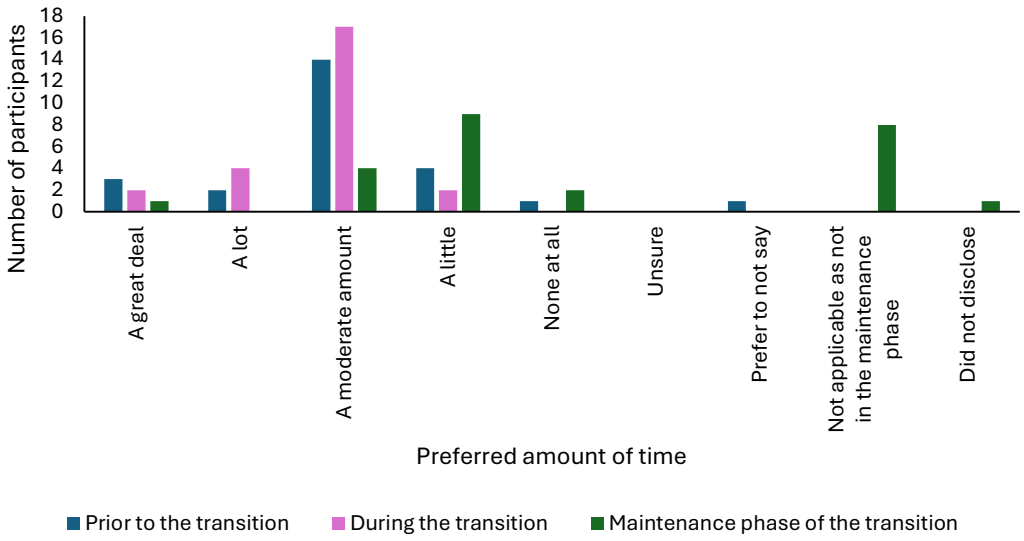


Prior to the transition, slightly over half of the participants (56%) wanted to spend a moderate amount of time thinking about the transition. During the transition, most participants (68%) preferred a moderate amount of time thinking about the transition. One participant (4%) indicated their preference was for no time thinking about the transition. In the maintenance phase of the relationship, the preference of over half of these participants (59%) was for a little amount of time to be spent thinking about the transition.

Discussing the Transition. Participants indicated their preferences for time spent discussing the transition (Figure 6). This is further divided into time prior to the transition, during the transition, and in the maintenance phase of the transition.

Figure 6

Preferred Time Spent Discussing the Transition

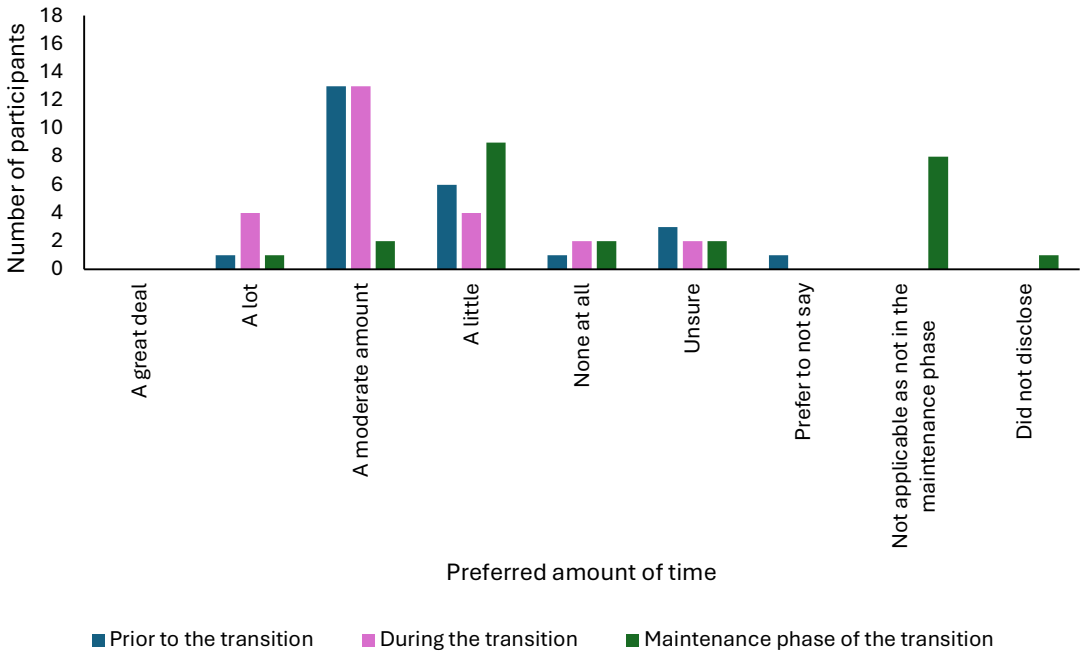


Prior to the transition, slightly over half (56%) of participants' preference was for a moderate amount of time spent discussing the transition. Three participants (12%) indicated that they wanted to spend a great deal of time. During the transition, over half (68%) of participants' preference was for a moderate amount of time spent discussing the transition. Two participants' (8%) preference was for a great deal of time. In the maintenance phase of the transition, over half of the participants' (53%) preference was for a little amount of time discussing the transition. One participant (6%) indicated that their preference was for a great deal of time.

Doing Transition-Related Activities. Participants indicated their preferences for time spent doing transition-related activities (Figure 7). This is further divided into time prior to the transition, during the transition, and in the maintenance phase of the transition.

Figure 7

Preference for Time Spent Doing Transition-Related Activities



Prior to and during the transition, slightly over half (52%) of participants' preference was for a moderate amount of time spent doing transition-related activities. During the transition, two participants (8%) indicated that their preference was for no time spent. In the maintenance phase, the preference of slightly over half (53%) was for a little amount of time spent doing transition-related activities.

Comparison of Perceptions and Preferences

Compared to the participants' perceptions of time spent prior to transition, for all participants, on average, there was a preference for a moderate amount of time spent on all aspects. While some participants' preference was to spend more time than their perception of time spent, for other participants, their preference was to spend less time than their perception of time spent. However, there was still a desire for the transition to be part of their lives.

Communication

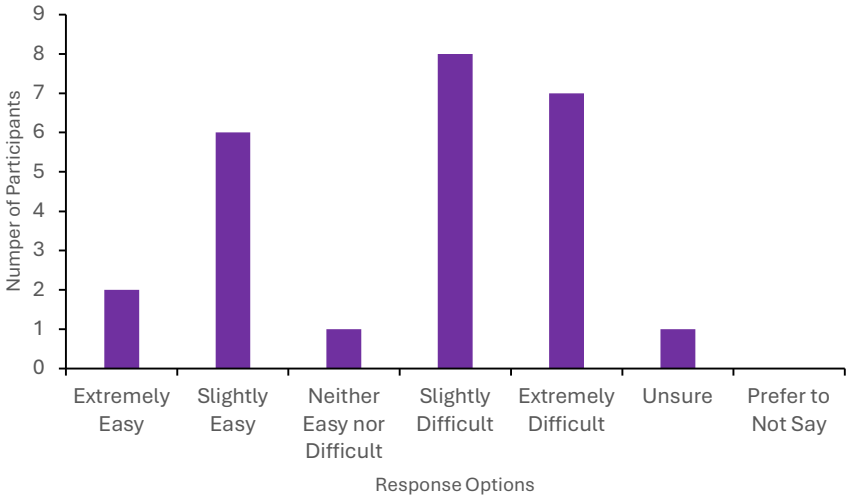
Participants were asked about their comfort/ease surrounding communicating about the transition with their partner and with other people outside the relationship.

Communication about the Transition Within the Relationship

Nearly two-thirds of participants (60%) indicated that it was either slightly difficult or extremely difficult to discuss their experience of the transition with their partner. Nearly a third of participants (32%) found it either extremely easy or slightly easy to discuss their experience with their partner (Figure 8).

Figure 8

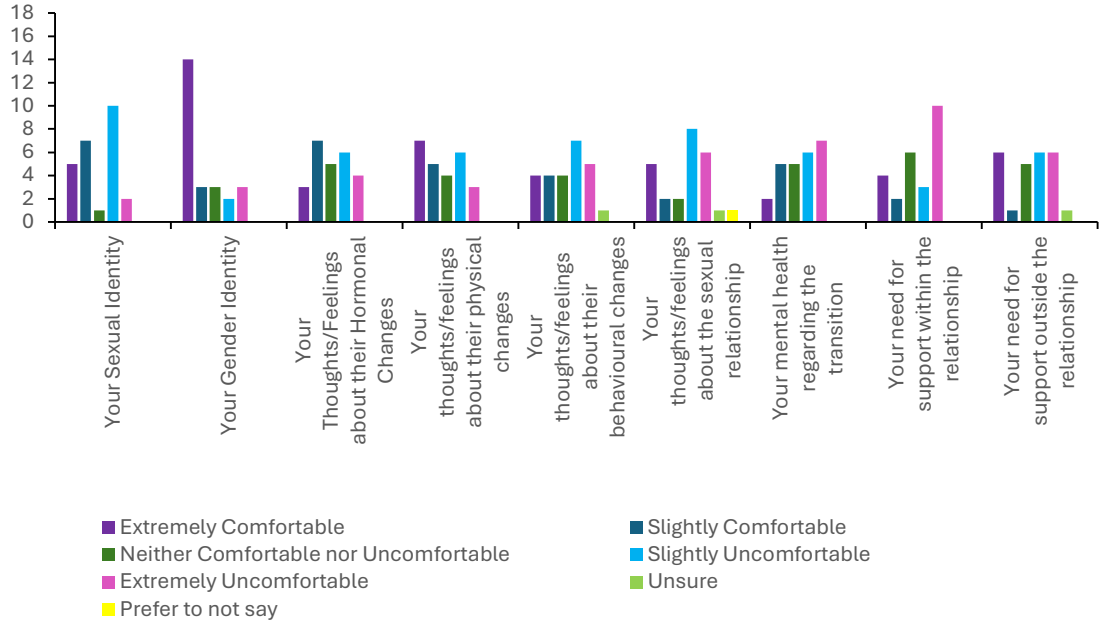
Participants' Experiences of Ease of Discussing Their Experience of The Transition with Their Partner



Participants were asked to rate their level of comfort with nine different aspects of the transition with their partner. These are presented in an aggregated figure (Figure 9).

Figure 9

Participants' Level of Comfort Discussing all Nine Aspects of the Transition with their Transmasculine Partner



For each aspect, there was some variability, except for comfort communicating about their gender identity. Over half (56%) indicated that they felt extremely comfortable discussing their gender identity with their partner. Many participants (40%) indicated that they were slightly uncomfortable discussing their sexual identity with their partner. Participants' responses were spread evenly regarding hormonal changes. The largest group of participants (28%) indicated that they were slightly comfortable, followed by 24% indicating that they were slightly uncomfortable. Just under half (48%) of all participants indicated that they felt slightly or extremely uncomfortable communicating their thoughts and feelings about their partner's behavioural changes. Over half of the participants (56%) indicated that they felt either slightly or extremely uncomfortable communicating their thoughts and feelings about their sexual relationship. This was the only aspect of this question where a participant indicated that they preferred not to say. Although there was a spread of participant responses, slightly over half (52%) of participants indicated that they felt slightly or extremely uncomfortable communicating about their own mental health in relation to the transition. The largest group of participants (40%) felt extremely uncomfortable communicating with their transmasculine partner about their own needs for support within the relationship.

Communication about the Transition Outside the Relationship

When participants were asked if they felt free to talk outside the relationship about the relationship/transition, nearly half of the participants (48%) indicated that they did, and the remaining 52% of participants indicated that they did not or were unsure whether they felt free to talk about it outside the relationship.

Support

The participants were asked questions regarding their perceptions of support from their friends, family and other partners in relation to their partner's transition. The questions were separated into the beginning, during, and maintenance phases of the transition. This was to encapsulate any changes that might have occurred across the phases of the transition for the participants. It is important to note again that not all participants' partners had reached the maintenance phase of the transition, and this is reflected in the results presented.

Family

Table 9 demonstrates the participants' perceptions of levels of family support across the stages of the transition.

Table 9

Participants' Perception of Support from Family Across the Three Stages of The Transition

Perception of support from family	Beginning	During	Maintenance
Extremely supportive	6	6	4
Slightly supportive	5	5	4
Neither supportive nor unsupportive	3	3	2
Slightly unsupportive	5	4	3
Extremely unsupportive	2	2	0
Unsure	0	1	1
Prefer not to say	1	1	1
Not applicable as did not seek family support	3	3	2
Not applicable as partner had not reached this stage of the transition	0	0	8

Under half of all participants (44%) indicated that they perceived their family as either extremely or slightly supportive of their partner's transition in the beginning stages and during the transition. One participant (4%) preferred not to say. There were also three participants (12%) who did not seek out family for support in the beginning or during the transition, while two participants did not seek out family for support in the maintenance phase of the transition. In the maintenance phase, 32% of participants perceived their family

to be extremely or slightly supportive. No participants indicated that their family was extremely unsupportive in the maintenance phase. The perception of support from the participants' families appeared to have stayed fairly consistent across the different stages of the transition.

Friends

Friends' support was also noted across the three stages of the transition (Table 10).

Table 10

Participants' Perceptions of Support from Their Friends Across the Three Stages of The Transition

Perception of support from friends	Beginning	During	Maintenance
Extremely supportive	13	13	11
Slightly supportive	6	5	3
Neither supportive nor unsupportive	3	5	1
Slightly unsupportive	1	0	1
Extremely unsupportive	1	1	1
Unsure	0	0	0
Prefer not to say	0	0	0
Not applicable as did not seek out friends for support	1	1	0
Not applicable as partner had not reached this stage of the transition	0	0	8

Over half of the participants (52%) perceived their friends as extremely supportive of their partner's transition at the beginning and during the transition, and just under half (44%) perceived their friends as extremely supportive in the maintenance phase. One participant (4%) perceived their friends as extremely unsupportive across all stages of the transition. Also, one participant did not seek out friends for support in the beginning or during the transition.

Similar to the perceptions of support from family, the perceptions of support from friends remained fairly consistent across all stages of the transition. There was a slight increase in perceptions of support between the beginning and during the transition.

Support from Other Partners (Peers)

Participants were asked additional questions to obtain a fuller understanding of support from other partners of trans persons as peers, including accessing this peer support. The decision to include both questions was in recognition of the difficulty accessing peers identified in

previous research (Jennens, 2018). Understanding was sought on how this key, specific type of support was experienced by participants.

When asked if they had accessed support from other partners of trans persons, eight participants (32%) responded that they had accessed support, eight participants (32%) indicated that they did not access support, and nine participants (36%) indicated that they "wanted to but didn't."

Participants who indicated that they "wanted to but didn't" were asked what stopped them from seeking out other partners of trans people. As they were allowed to select multiple options, 13 responses were collected (Table 11).

Table 11

Participants' Reasons for Being Unable to Access Support

Possible reasons	No of participants
Didn't know where to look	5
No available groups	2
No access to groups due to location	1
Transmasculine partner asked you not to	1
Other reason, please state	4

Over a quarter (38.46%) of the responses indicated that participants didn't know where to look, and a lesser number found no available groups (15.38%). Four participants (30.77%) indicated that there were other reasons. Of these four participants, three expressed difficulties with finding words to share their experience, and/or their feelings about their experience, or felt as though their own experience was very different from the peer groups and experienced a sense of isolation because of this. The last participant noted that they lacked awareness of the potential benefits of peer support until they no longer needed it.

The eight participants who indicated that they did seek out support were asked to indicate where they had attempted to seek out other partners of trans persons. As they were able to select multiple options, there were 13 responses (Table 12).

Table 12

Sources that Participants' Used to Attempt to Seek Out Other Partners of Trans Persons

Sources	No of responses
Online groups via social media	6
Through acquaintances/friends	3

Online groups via websites	1
In-person groups (local)	1
Other, please state*	2

*Please note that one response indicated that there was an error with selecting multiple options, which was remedied immediately after noting this response.

The largest group of responses (46.15%) indicated that participants had sought out support by way of an online group through social media. This was followed by acquaintances/friends (23.08%).

The participant who provided additional information stated,

> *One person in a social group who has a transfeminine partner, I reached out, and we sent a few texts. It was really helpful to not feel totally alone. I only found this FB group long after the transition and things were stale.*

As a follow-up to the previous question, the same participants were asked where they had successfully gained support, with11 responses from the eight participants (Table 13).

Table 13

Sources that Participants Successfully Used to Gain Support from Other Partners of Trans Persons

Sources of support	No of responses
Through acquaintances/friends	4
Online groups via social media	3
Online groups via websites	1
In-person group (local)	1
Other, please state	2

Of the 11 responses, the largest group found support through acquaintances/friends (36.36%), followed by online groups via social media (27.27%).

The two who indicated that their experiences did not match the options provided noted:

> *The single person with a few texts, but it was nowhere near enough. I didn't have anywhere else to turn. I didn't want to talk too much with friends, as the[y] were my partner's friends too, so loyalty was at play, and I kept it all in*.

Didn't find any support.

Lastly, a question was asked of these eight participants about whether they successfully accessed support and how helpful they found the support. The majority of participants (62.50%) indicated that they found it very helpful. One participant each (12.50%) found it somewhat helpful, neither unhelpful nor helpful, or very unhelpful.

Experience with Professionals

This section looks at the participants' experiences with the professionals involved with the transition. It asks about the professionals' consideration for the participant, as well as the participants' involvement with the professionals, at appointments, and in decisions. The inclusion of this section was based on the invisibility noted in previous research (Chester et al., 2017), which outlined that partners of trans people are generally not the focus for professionals; however, these professionals are likely to be interacting with both partners during the transition and may be in a position to notice when a partner may be at risk. Table 14 indicates perceived levels of consideration for partners by professionals.

Table 14

Perceived Consideration by Professionals of the Non-transitioning Partner's Experience

Level of perceived consideration	Doctors (GPs)	Nurses	Mental health professionals	Endocrinologists
Completely considered your experience	2	0	2	1
Moderately considered your experience	1	3	3	1
Slightly considered your experience	2	2	6	1
Did not consider your experience	11	8	5	6
Did not interact with this professional	8	11	8	15
Unsure	1	1	1	1
Prefer to not say	0	0	0	0

Over half (60%) of participants did not interact with endocrinologists, and of those who did (*n* = 10), 60% indicated that these professionals did not consider their experience. Thirty-two percent (32%) of participants did not interact with doctors (GPs) or mental health professionals. With three of the four professions, at least one participant indicated that the professional had completely considered the non-transitioning partner's experience. Content analysis of the free-text descriptions revealed that consideration by professionals of the partner of the trans person was very rare and/or intermittent, and that the trans person remained the focus of consideration, even if the participants were physically present.

When asked if they had received any partner-specific information or support from the medical/mental health professionals involved with their partner's transition, the majority (80%) indicated that they had not, and the remaining 20% were unsure. As no participants indicated that they had received support, the question about which professionals provided the support could not be answered by this cohort. Participants also indicated the extent of their involvement in decision-making (Table 15).

Table 15

Participants' Involvement in Decision-Making for Various Aspects of The Transition

Involvement level	Hormones	Surgery	Doctor (GP)	Endocrinologist	Mental health professionals
Completely involved	3	6	4	5	2
Moderately involved	3	3	4	1	5
Slightly involved	9	7	8	1	5
Not at all involved	9	5	7	12	11
Unsure	0	0	0	0	0
Prefer not to say	0	0	0	0	0
Not applicable	0	0	0	0	0
Did not disclose	1	4	2	6	2

At least one participant noted that they were completely involved in all aspects of the transition. The least involvement was in the endocrinologist appointments, with 48% of participants indicating that they were not at all involved in decision-making, followed by mental health professional appointments, where 44% of participants were not at all involved. These counts did not include those participants who did not disclose. Over half of the participants (64%) had some involvement with the surgery decisions and GP appointments. Just over half (60%) had some level of involvement in hormone decisions. Just under half (48%) had some level of involvement in mental health appointments. Slightly over a quarter (28%) were involved in endocrinologist appointments.

Similar to the previous question about consideration by professionals involved in the transition, participants were asked if they were involved in decision-making for any other aspects of the transition outside those presented (Table 15). Seven participants responded. Six of the participants indicated that they were not at all involved with any other aspect or responded "N/A". One participant did indicate that they were completely involved in the decision-making process with the surgeon.

Information about the Transition

When participants were asked about which areas of the transition they would have liked to/would like to learn more about from the professionals, they were given the opportunity to select as many areas as they liked. All 25 participants provided at least one response, resulting in 75 responses in total (Table 16).

Table 16

Participants' Responses to Areas of the Transition They Would Have Liked More Information Regarding

Area of transition	No of responses (*n* = 75)	% of responses
Hormone side effects	20	26.67%
Impact on your relationship with your partner	19	25.33%
Impact on your social networks	10	13.33%
Surgery	9	12.00%
Hormones	8	10.67%
Fertility	4	5.33%
Do not want to know any other information	0	0.00%
Other, please state	5	6.67%

As seen in Table 16 above, almost all participants (80%) indicated that they would have liked to have learnt more about hormonal side effects from professionals, followed by 76% of participants wanting to know more about the potential impacts on the relationship with their partner. Just under half (40%) of participants wanted to know about the potential impacts on their social networks. Interestingly, no participants indicated that they did not want any further information.

Five participants provided additional information about other areas they would have liked to learn about from professionals. Content analysis revealed that they would have liked information about support available for different aspects related to the transition, for example, medical information, gender dysphoria, or their own well-being. One participant wanted acknowledgement that they were being impacted while noting that speaking about the non-transitioning partner being impacted by the transition was considered taboo.

Information about Non-transitioning Partners' Experiences

Participants were asked if they had sought information about being the partner of someone who was transitioning. Of the participants, 16 (64%) indicated that they had, five participants (20%) indicated that they had not, and four (16%) were unsure.

The 16 participants who indicated they did seek out information were asked follow-up questions. One question asked where they had sought information from, and participants were given options as well as an open-response option (Table 17).

Table 17

Where Participants' Sought Information

Places searched	No of responses	% of responses
Websites	11	28.21%
Social media	9	23.08%
Rainbow/LGBTQIA+ groups (online)	7	17.95%
Friends/acquaintances	6	15.38%
Rainbow/LGBTQIA+ groups (in-person)	2	5.13%
Other, please state	4	10.26%

Of the participants who indicated that they had sought more information, over half (68.75%) indicated that they had sought it online, followed by 56.25% of participants who sought out information through social media. Most of the responses (69.24%) indicated participants sought out information through online sources, as opposed to the 38.46% of responses for in-person sources.

For the four participants who indicated they had sought information from a source outside of the options provided, three participants had sought support from online sources. Two specified Google/Google Scholar, and one a specific website. The last participant noted family and a counsellor and specified that they were "extremely helpful".

These same participants were asked where they had found information (Table 18). There were 33 responses from the 16 participants.

Table 18

Sources for Information about the Experience of Being a Non-transitioning Partner

Places where information was found	No of responses	% of responses
Website	13	39.39%
Social media	6	18.18%
Rainbow/LGBTQIA+ groups (online)	6	18.18%
Friends/acquaintances	4	12.12%
Rainbow/LGBTQIA+ groups (in-person)	2	6.06%
Other, please state	2	6.06%

The majority of these participants' responses (81.25%) indicated that they found information through websites. Similarly to the previous question, the majority of responses indicated online sources (75.75%).

The two responses indicating that participants had found support through other means outside of the options given indicated a guidance counsellor and Google Scholar.

The same 16 participants were asked what information they had sought information about and how much information they had received in six areas, including an option to provide information outside of the options (Table 19).

Table 19

Type of Information Sought and the Amount of Information Received

Amount received	Area of transition				
	Relationship	Hormonal effects	Surgeries	Fertility	Support for yourself
A great deal	2	1	4	0	0
A lot	1	4	4	0	2
A moderate amount	4	4	3	0	1
A little	6	6	3	3	7
None at all	2	1	0	6	6
Did not seek information	0	0	2	6	0
Prefer not to say	0	0	0	0	0
Unsure	0	0	0	0	0
Did not disclose	1	0	0	1	0

Interestingly, in only two areas, surgeries and fertility, did some participants not seek more information about them. Just over half of the participants (62.50%) found either a little or a moderate amount of information about hormonal effects and relationships.

Although participants were given the option to state another area that they might have sought out information about, none of the participants indicated another area. Fifteen participants indicated that they did not seek out more information, and the one participant who indicated that they had received no information at all did not name the area in which they had received no information.

Lastly, the same 16 participants were asked to indicate where they found most of the information about what to expect during/after the transition. Participants were able to select

multiple options, and there were 36 responses (Just under half of the responses (44.45%) indicated that information was found online, and a similar number of responses (41.67%) indicated that information was found through persons. It's unclear whether the interaction with the Rainbow community was in person or online.

). Just under half of the responses (44.45%) indicated that information was found online, and a similar number of responses (41.67%) indicated that information was found through persons. It's unclear whether the interaction with the Rainbow community was in person or online.

Table 20
Where Participants Found Information

Sources	No of responses	% of responses
Websites	11	30.56%
My transmasculine partner	9	25.00%
Social media	5	13.89%
Other partners of trans people	4	11.11%
Rainbow/LGBTQIA+ community	4	11.11%
Medical professional	2	5.56%
Other, please state	1	2.78%

The one participant who indicated another source noted "Google Scholar/research." The participants mostly found information from online sources (44.45%), followed by their transmasculine partner. Relatively few found information from experts (medical professionals).

Mental Well-Being

The following section describes the participants' experiences of seeking help for their mental well-being during their partner's transition, which could include any reason and with any professional. Over half (64%) of the participants indicated that they did, whereas 36% indicated that they did not.

The 16 participants who answered in the affirmative were then asked a series of questions about their mental well-being and help-seeking practices. The following sections, unless stated otherwise, are based on the responses of these 16 participants.

Participants were asked if they sought help/support from professionals relating to the impact of the transition or for other reasons. Under half (43.75%) indicated that it was not transition-related, six participants (37.50%) indicated it was for both transition and non-transition-

related reasons, and the remaining participants (18.75%) indicated that it was solely for transition-related reasons.

Participants were asked to identify areas relating to the transition that they discussed with a professional. From the 16 participants, there were 62 responses (

Table 21).

Table 21

Areas of the Transition Discussed with a Professional in the Context of Mental Well-being

Area discussed	No of responses
The relationship between you and your partner	13
Your psychological well-being	10
Your thoughts/feelings about your partner's personality changes	10
Your past experiences brought up by the transition/masculinisation of your partner	7
Your sexual identity	7
Changes in sexual relationship	6
Your thoughts/feelings about your partner's hormonal changes	6
Other, please state	3

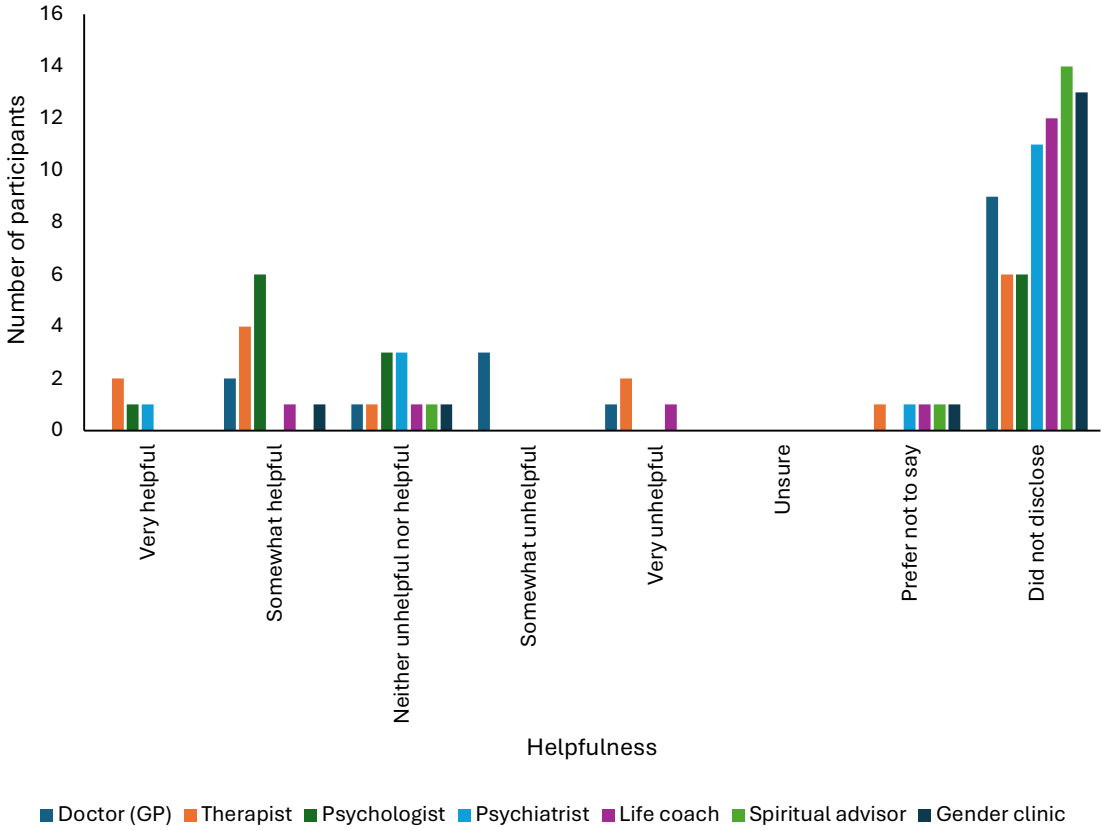
The majority of participants (81.25%) indicated that they spoke to a professional about the relationship between them and their partner. Over half (62.5%) of participants indicated that they discussed their psychological well-being and their thoughts and feelings about their partner's personality changes. At least 37.5% of these participants responded to each area (excluding the "other" option).

Of those three responses that indicated other, two noted their children, and one indicated that they did not discuss the transition with a professional.

The participants described how helpful they found discussing their mental well-being concerning the transition with several different professionals (Figure 10)

Figure 10

Experiences of Helpfulness of Mental Well-Being Discussions with Various Professionals



Over half (62.5%) of these participants appear to have gone to a therapist or psychologist. Over a quarter of participants (37.5%) found the therapist either very helpful or somewhat helpful. Just under half (43.75%) of participants found the psychologist either very helpful or somewhat helpful. One participant (6.25%) found the psychiatrist very helpful. Only three of the professions were found to be seen as unhelpful. A quarter (25%) found the GP either somewhat unhelpful or very unhelpful. Two participants (12.5%) found the therapist very unhelpful. One participant (6.25%) found the life coach to be very unhelpful.

The nine participants who indicated that they did not see a professional were asked if they wanted to see one for their mental well-being, but were unable to due to waitlists, personal fears, or money, etc. Of those nine participants, four (44.44%) indicated that they did not want to, and five (55.55%) indicated that they had wanted to.

These five were then asked what reasons prevented them from accessing mental well-being support related to the transition. They provided 14 responses (Table 22).

Table 22

Reasons Preventing Access to Mental Well-being Support Related to the Transition

Reason	No of responses
Professionals are not suitable due to their lack of knowledge about transitioning	4
Too expensive	4
Long waitlists	3
No professionals in my local area	1
Previous negative experience of help-seeking with professionals	1
Other, please state	1

The one participant who responded “Other” stated “No.”

Almost all of the participants (80%) indicated that professionals’ lack of knowledge and the expense were barriers to seeking support, followed by over half (60%) of participants indicating that the waitlists were too long.

These same five participants were asked which topics they would have liked to discuss with a professional. The five participants provided 28 responses (Table 23).

Table 23

Topics Participants Would Have Liked to Discuss with a Professional

Topic	No of responses
Your psychological well-being	5
Your thoughts/feelings about your partner’s hormonal changes	5
Your thoughts/feelings about your partner’s personality changes	5
Changes in sexual relationship	4
Your past experiences brought up by the transition/masculinisation of your partner	4
Your sexual identity	4
The relationship between you and your partner	0
Other, please state	1

All the participants indicated that they wanted to speak to professionals about their psychological well-being, and their thoughts and feelings about their partner’s hormonal and personality changes. Interestingly, no participants wanted to speak about the relationship with their partners. The one participant, who selected “Other,” indicated “Effects of partner transitioning on our (mine biologically) children.”

Fertility

Participants were asked if they had thought about fertility and methods of becoming a parent while being with a transmasculine partner. Over half (60%) indicated that they had not, just over a quarter (28%) indicated they had, one participant (4%) was unsure, and two (8%) preferred not to say.

Religious Faith Community

Participants were asked if they identified as a member of a religious and/or faith community. While the majority (80%) of participants indicated that they were not, four participants (16%) indicated that they were, and one participant (4%) was unsure.

The four participants who indicated that they were members of a religious and/or faith community were asked two questions. When asked if they felt the desire/requirement to disclose their partner's transition/trans status to their community, all four participants indicated that they did not.

When asked if their faith community provided them with support, one participant said yes, one participant said no, and the remaining two participants were unsure.

Lastly, when asked how supportive they found their faith community, one participant indicated they were somewhat supportive, one indicated they were somewhat unsupportive, and the remaining two participants were unsure.

Summary

The previous section provided the findings for the quantitative questions in the survey. Content analysis of answers to open-response options has been included to provide additional contextual information. In the following section, the findings of the thematic analysis of the single qualitative question in the survey are presented.

Findings of the Thematic Analysis of the Qualitative Question in the Survey

Introduction

The participants were asked to respond to the question, "Is there anything you wish your transmasculine partner understood about your experience of their transition?" Fifteen of the 25 participants chose to answer this question. The three themes of "adjustment," "group membership," and "it impacts me" were identified in the data.

Theme 1: Adjustment

Participants discussed the transition in terms of adjustment to the changes that the transition brought. For the participants in the survey, adjustment was always interconnected with their own identity. One participant discussed the adjustment as being difficult.

> *It can be a difficult adjustment, as I had only ever been with cisgendered feminine people before.* (Isla, Queer[7], partner not yet in maintenance phase[8])

Although Isla indicated that there was difficulty, her understanding of her experience was rooted temporally in relation to the period of adjustment. Even though she posited this as being difficult, it does not indicate a lack of willingness to adjust; instead, she spoke of it in terms of an unfamiliar situation with implications related to her partner's gender identity and/or gender expression, which then required some working through.

Similarly, another participant talked about the need for time to process the transition in terms of her own sexual identity.

> *…that the impact their transition had on my sexual identity was something I needed time to process…* (Charlotte, Lesbian, partner in maintenance phase)

A partner's change in gender identity might impact how the non-transitioning partner perceives or thinks about their own sexual identity. While it may not necessarily lead to a change in sexual identity of the non-transitioning partner, as indicated by the quantitative survey results, there is still a potential questioning of, and re-evaluation of, their sexual identity. Here, Charlotte indicated the impact on her sexual identity, and that time was needed to process those changes, framed as part of the process of the transition and its impact on the non-transitioning partner. Both of these participants spoke to adjustment and the time to process the changes that impacted them.

Another participant framed her response in terms of change, her own identity, and overall acceptance of a positive change.

> *While I loved them very deeply, it was a change from the person I had loved for 3 years, especially after having identified as a lesbian for so long, but ultimately that it meant a positive change for me and my outlook on gender.* Amelia, Lesbian, partner not yet in maintenance phase)

For Amelia, her sentiments denote a potential conflict in terms of her experience. She indicated that her love, while deep, did not mean the experience was easy to navigate emotionally, and that it indeed was a change for her. While her experience was positioned as ultimately positive, it further reinforces the notion that the transition for the non-transitioning partner holds multiple experiences all at once. Change was again positioned in

[7] The use of sexual identifiers in this section of thematic analysis was included as a way to position the participant's experience in relation to their sexual identity prior to their partner's transition.
[8] The use of "partner in maintenance phase," or "partner not yet in maintenance phase," is another identifier used throughout this section to provide context to the participants' experiences.

terms of a need for adjustment and processing time. The ways these three participants described their experiences were that of a journey of understanding and processing, and that they wished that their trans partners understood that the transition was also dyadic in nature, which required participants to engage in a process of adjustment over time.

Theme 2: Belonging and not Belonging to the LGBTQ+/Rainbow Community

The participants' sexual identities, preferences and expressions as partners in relationships with other cisgender women created a sense of belonging to community groups for participants. There was a sense of loss and grief when the transition meant that they had to reconsider their memberships in community groups they once felt they belonged to.

> *I struggled a little with the mental transition from being in a WLW[9] relationship to being in a relationship with a masculine person, and I felt like I needed to grieve that change a little bit and let go of feeling like I was in a certain "group" or community. But, that didn't mean my feelings or attraction for them decreased and I don't think my partner truly understood that.* (Olivia, Bisexual, partner in maintenance phase)

Olivia's experience touches not only on her understanding of her identity as part of a community but also highlights how she was challenged to consider her own identity in the context of her partner's transition. Hazel also spoke about the implications of a relationship with a transmasculine person in terms of group membership as.

> *…The impact of their transition on how others perceived me— commencing a relationship with a butch lesbian partner who subsequently transitioned and whose transition resulted in me being excluded from my own lesbian community.* (Hazel, Lesbian, partner not yet in maintenance phase)

Hazel discussed how her relationship evolved with the transition and how it ultimately meant that she was excluded from her lesbian community, demonstrating how the participant was viewed as intertwined with her partner's gender transition. The impact was predominantly on how others perceived her and her relationship, and it was considered in violation of the community norms or requirements for inclusion.

In conclusion, the transmasculine partner's transitions were intrinsically intertwined with participants' experiences relating to their own sexual identities, either in terms of their self-perceptions or in terms of community perceptions. The ways in which these were experienced and understood by these participants were that their stories of the complexities

[9] WLW is colloquially understood as meaning "woman loving woman," and used by women who are attracted to other women.

related to their own sexual identities due to the transition were not fully understood by their partners.

Theme 3: It Impacts me, and it is "Our Transition"

This theme captures participants' expressions that they were impacted by the transition in multiple ways, in addition to adjusting to the change, which required time and produced experiences of challenges to their sense of community belonging. They expressed a wish for the impacts of their partner's transition, which participants felt their partners had not understood, to be recognised. They expressed how their experience was not recognised by their transmasculine partner, as well as how their ability to speak on the dyadic nature of the transition was enabled or constrained, and how they were impacted by it in some way(s).

> *It might not be about me, but it impacts me.* (Lucy, partner in maintenance phase)

Like Lucy, who understood their experience was not the main focus of the transition, Mia and Lucy also mentioned how the transition also impacted them.

> *While it's mainly about him, it does have an effect on me as well.* (Mia, partner in maintenance phase)

This conveys that they did not want to or did not see themselves as being the primary focus of the transition, even though they were talking about their own experience specifically; they instead framed it in terms of their partner being first/most important focus, yet wanted the acknowledgement that they too were being impacted.

Other participants' responses indicated ways in which they were impacted/intertwined with the transition.

> *I struggle too. Some days they have bad days where their gender identity is harder for them to process, and this affects me. I also have days where their gender identity is harder for me to process. They are not alone, and their transition is supported fully but it does affect those around them, not just them.* (Rebecca, partner in maintenance phase)

Rebecca's discussion of how they both might have been struggling with the gender identity of the trans partner was two-fold. In terms of the days in which the transmasculine partner was struggling to process their gender identity, this impacted them. She also had times, separate from her partner's struggles with gender identity, when she too struggled with it. Thus, Rebecca's discussion indicates that in her perspective, that both partners in the relationship were struggling with the transition, albeit differently. In the dyad, there was an

intertwined struggle with various aspects of the transition, and neither was experiencing this in isolation.

That Rebecca also wanted to reassure her partner that they were not alone may speak to feelings of isolation, and/or that she wanted to reassure her partner that she was there in the process. In terms of her description of the transition as being fully supported, this may be an indicator that the struggles of non-transitioning partners are not necessarily an indication of a lack of support for the transition; it is, as discussed by these participants, an experience that co-occurs. Struggling and supporting can both be true at the same time. If we view the transition as a journey for both of these partners, then the journey of processing and being impacted by the transition does not necessarily coincide with not wanting to be partnered or denote a lack of support.

Another way in which the transition can impact the non-transitioning partner's experience was discussed by Kelly.

> *…how hard it was on me, how his total self-centredness at the time of the transition and the impact on me of his increasing aggression and anger (when he started T [testosterone]).* (Kelly, partner not yet in maintenance phase)

Of importance for Kelly was the change in her partner's behaviour that she framed as linked with hormone changes, and its impact on her. Although there is some disagreement in the literature surrounding whether or not behaviour changes are related to testosterone (Kristensen et al., 2021), the literature generally indicates that there is likely no connection between testosterone and increased aggression for transmasculine persons; however, there may be an increase in the behavioural response to emotions. It is outside the scope of this present study to explore the factors related to this experience (see Kristensen et al., 2021, for an overview of this topic). Although studies have not been conducted on the use of testosterone and the increase in aggression from the partner's point of view, the lived experience of this participant was an individual experience, rather than reflective of the use of testosterone.

Another participant provided their view and rationale on the trans partner's capacity to understand the impact on their non-transitioning partner.

> *…but when someone's entire gender identity is changing there isn't much capacity for the trans persons to think of anything other than the impacts on themselves.* (Charlotte, partner in maintenance phase)

As discussed by Charlotte, gender transition is a complex process. This may become overwhelming for the trans person to the point of being all-consuming. Yet, as discussed by

participants in this section, the transition is very clearly framed by them as relational and interpersonal, i.e., occurring within the relationship in which it becomes a dyadic process of transition; both are potentially changing their identities and/or understandings of themselves. The desire to be recognised by their transmasculine partner as also being impacted by the change was key for many participants.

While other participants discussed the intertwined nature of the transition, one participant discussed this in more depth.

> *I wish he appreciated that his transition is, in fact our transition. We are both shifting, moving, and evolving together. Transpositive queer culture puts a PC[10] untouchable bubble of sanctity around trans people, and we make it 100% about the individual person transitioning, and it feels like if a partner has feelings or is impacted by the transition, they [w]ould be labelled as not supportive or transphobic, when actually that's not it at all. There is no acknowledgement of how a partner's transition impacts partners, and no validity of this. It's like you're allowed only to have binary feelings—you're [left] with "in" (and therefore flexible, dynamic, and pansexual) or "out" (understandably allowed to be fixed in your own sexual identity and can't make it work but can still be friends)—but nothing in between, and no questioning or struggle.* (Angela, partner in maintenance phase)

From Angela's perspective, there is nuance to the understanding of being impacted by the transition. One perspective seems to be that the partners of trans people are allowed to be affected and leave the relationship, or they are not allowed to be affected. The black-and-white binary understanding of what they are "allowed" to do places constraints on the non-transitioning partner, in terms of their ability to express their feelings. This felt experience is that struggling or questioning during the transition process is constrained by the wider community, and that questioning or struggling is framed as indicative of being unsupportive or transphobic. Angela's response highlights how narratives of non-transitioning partners' experiences argue that their struggle is unjustified, or it is viewed negatively, instead of understanding the non-transitioning person's experience as separate but connected.

The lack of recognition for how the non-transitioning partner feels or is impacted by the transition, as noted by Angela, was also seen in the majority of answers to this question. This denotes that, for the participants in the survey, the main aspect of the transition experience that they wanted their partner to understand was that they were impacted by the

[10] PC stands for Politically Correct.

transition, and even though the transition was led by their partner's experience, the cisgender partner was also part of the process and changing too.

The non-transitioning partner may be constrained in expressing the full range of their reactions/feelings towards the transition and the trans person themselves. For some participants, it was experienced as being invisible.

> *I wish that I could be seen, and that m[y] feelings were taken into account.* (Lisa, partner not yet in the maintenance phase).

For Lisa, her experience of the transition was like those previously described, in her desire to be understood and visible within the relationship. Further to this, her expression of wanting her feelings taken into account was in addition to wanting to be seen. There was a desire to not only be visible to her partner but also to have her feelings accounted for.

Conclusion

> *…that being a part of his journey has been a privilege [sic]. (Nicola, partner in maintenance phase)*

The identified themes highlight what the participants wanted their trans partner to understand about their experience of the transition. The participants highlighted their desires that their trans partners would be able to acknowledge the impact on their cisgender partner's life, the adjustments that were required, the renegotiation of community belonging and the extent of the impact on their identities and lived experience. They expressed a wish to be seen as being part of the transition process, and although they were impacted, these experiences existed within a relational context of support rather than a binary position of being supportive or not supportive. They were not viewed as mutually exclusive experiences, but as ones that can co-occur.

Chapter 5: Findings from the Interviews

This chapter reports on the findings from the interviews that were analysed using thematic analysis (TA). Thematic analysis identified six themes, which are discussed in the context of quotes from the interviews.

The main themes are:

1. The Impact of Normative Assumptions on Sexual Identity and Sexual Attraction, and Social Interaction
2. The Impact of Hetero- and Cis-normative Expectations on Parenting
3. The Social Context: Negative Reactions and Lack of Understanding
4. Support as Emotional Labour: Capacity of and Demands on the Supportive Partner
5. The Relationship Between Emotional Labour and the Management of Anxiety
6. The Complexity of Disclosure

Theme 1: The Impact of Normative Assumptions on Sexual Identity and Sexual Attraction, and Social Interaction

This theme reveals the interplay of normative assumptions and the experiences of sexual attraction and sexual identity as participants navigated their partner's transition. The data analysis identified assumptions by other people who understand bisexuality as attraction to multiple genders, and therefore, that having a partner's gender transition was a non-meaningful and inconsequential change to the description of the relationship. It also includes the experiences of the assumptions by other people that the sexual identity of the non-transitioning partner must be intrinsically linked to their partner's identity and that the transitions, therefore, influenced the sexual identities of the participants. One participant reflected on the idea of their sexual identity and their partner's gender transition being somewhat interrelated:

> *…it was interesting, cause I identify as bisexual, so in theory it doesn't matter what gender my partner is right?* (Chloe)

Chloe's understanding was that her sexual identity "in theory" did not matter in relation to her partner's gender identity, which seems to reveal a questioning of the identity of "bisexuality." This foregrounds how bisexuality seems to be framed by an assumption that one could have a partner of any gender and therefore, being in a relationship with a partner who is in the process of a gender transition is a meaningless and inconsequential change to the perception of sexual identity or indeed the relationship. Chloe highlighted a normative

understanding that her sexual identity meant that she should be open to being in a relationship with a person of any gender identity; however, this did not appear to feel congruent to her, as implied by her question, “it doesn’t matter what gender my partner is, right?” The non-transitioning partner may be open to attraction to people of multiple genders, but this seems to reduce their experience to questions of gender and perhaps negates their attraction to the particularity of the embodiment and presentation of the partner who was chosen as a partner. This extract reveals a questioning of this taken-for-granted assumption that their sexual identity is fluid or open, and that, therefore, the participant will be attracted to their transmasculine partner. The complexities of sexual attraction, sexual identity, and the gender transition are apparent here. The notion that for those partners who are bisexual, any gender presentation or identity would be accepted, undermines the complexities of attraction and desire.

Normative assumptions did not only impact the participants’ experiences of sexual identity or relationship labelling; the findings also highlight that normative assumptions and expectations of gender presentation impacted the process of gender transition for the partner. Justine’s partner’s gender expression throughout their gender transition provides an indication of her experience of attraction and what she desires or “wants” in her partner:

> *… there was…a big peak where it had to be quite clearly a male kind of focused or needing to look like passing really well…now as time goes on, partly just time, partly because now they…generally like pass as male then, he’s…kind of flip back to being quite happy to embrace the femininity and be quite clearly, a, queer male rather than, I think there was a period of time where it was like super kind of needing to look…I feel like bogan[11] man sort of, which then…I guess was probably some of the anxiety of like eugh, I don’t really want that, but I’m very happy to be like going out with someone who is quite visibly like queer and comfortable wearing whatever, and colours, and jewellery or whatnot*…(Justine)

Justine’s statement suggests that her partner’s masculine gender expression and desire to pass socially as a man was experienced in an earlier phase of the transition as perhaps polarised towards a stereotypical form of masculinity, as reflected in her word, “bogan,” and that this changed during the transition to a gender expression that was more fluid and included masculinity and femininity, In this participant’s experience, she found the former troubling and challenging in relation to her own desires and attraction. This is expressed in

[11] Bogan is a term used in Aotearoa NZ, and Australia, to describe a person who dresses and/or acts in an uncouth or irresponsible manner. In terms of Justine’s description of her partner’s clothing, bogans have been described in literature as people“…who wear black clothing, consume heavy metal music, drink alcohol excessively and often drive modified cars” (Snell & Hodgetts, 2008, p. 151).

her words, “I don’t really want that.” Her partner’s desire to initially embrace stereotypical presentations of masculinity may have been important in affirming his gender identity, and may be linked to gender normative expectations of what men should wear/be to be seen as masculine. For Justine, this initial exploration created feelings of unease and anxiety.

In the previous extract, Justine noted that while it was not important on reflection, it was important to her at the time; this is further reinforced by her seeking out and engaging with social media groups:

> *…but what I did read did [provide] reassurance to me because there were a lot of people being like I’m worried…I don’t wanna lie to them if I’m not attracted to them, but…that’s a value within yourself of being like…they’re still the same person…* (Justine)

It seems as though her anxieties were mirrored and normalised in the social media space as she discovered other partners experiencing a similar process. Finding others experiencing the same worries further reinforces the sense that the worry is pervasive enough to need support and that it is a shared concern. For Justine, she seems to have continued to grapple with conflicting values around being there for her partner, regardless of the change, and listening to her own desires. Sexual attraction and the transition were experienced as positively transformed by Chloe:

> *…like me…finding myself more…attracted to people who might be like nonbinary or, perhaps trans, or something along that spectrum, which is not something that I consciously thought about beforehand…*(Chloe)

Chloe discussed the changes in her understanding of sexual attraction and desire. The inclusion of nonbinary or trans persons was an expansion of her understanding and experience of attraction. Yet, this was just one part of her experiences of desire and understanding of her sexual identity, which co-occurred alongside her partner’s transition. Chloe’s experience of her sexual attraction growing and changing should also be contextualised in that, for Chloe in particular, she was experiencing her first relationship with a woman, which was coupled with uncertainty about the relationship in general:

> *…for me, I felt like I was coming into the relationship from a lot more like I’m very hesitant about this. Should I do this, like I’m not even sure, how I feel about my own sexuality, even when I was, you know, trying to date women. I was still not sure, so I think that insecurity played into it a lot of how I received, or responded to, my partner’s thoughts about his gender identity at first.* (Chloe)

Chloe's experience was one where she was unable to experience her own sexual identity exploration separately from her partner's experience, as she would with a cisgendered person. As a person who was hesitant about her own sexual identity and dating women, to have a partner who ultimately did not identify as a woman and was questioning their gender identity seemed to have felt as a constraint on Chloe's ability to explore and understand her sexual desires related to women. In turn, this meant her reactions to her partner's identity exploration were influenced by the complications it added to her own identity exploration. Chloe expanded on this experience in a little more detail:

> *…I think I was initially a bit, concerned about how other people saw him or saw my interactions with him, like before…it was so simple like you know I'm…dating a woman and we're just two two queer gals just dating each other…and then it became more complicated with his gender expression and identity changing and …because I didn't feel like I understood, I felt like…I couldn't explain things to other people.* (Chloe)

Her understanding of herself as being in a relationship with a queer woman seemed to be understood as intelligible to others, albeit anxiety-provoking for her. However, when their gender identity and expression were changing from her to his, this provoked a deeper crisis of understanding of what his gender meant for her identity, her relationship, and how others would make sense of or react to this. The lack of understanding of her partner's gender identity appears to have been experienced in terms of an inability to articulate her relationship not only to herself, but also to those around her.

Social interpretations through the lens of normative assumptions and expectations of the relationship may also influence the non-transitioning partner's experience of their sexual identity. As the transmasculine partner takes on a more masculine appearance, those who were previously read or understood as a lesbian couple begin to be perceived or understood as a heterosexual couple. The normative assumption is that the presentation of a couple, therefore, implies that the sexual identities of the individuals in the couple, through social interpretation, are no longer understood by those who knew the couple prior to the transition. They may then question the non-transitioning partner to make sense of their sexual identity now that their partner has begun transitioning. This was evidenced by Elise:

> *…people are like you're gay, how does that work and I'm like yeah, I'm also just like married. Like, super married…it hasn't really changed my identity. My gender identity for sure isn't changed, and my sexuality hasn't really changed either. Except for people on the outside seem to not quite understand how I'm still gay but with*

> *someone who's more towards the masculine identity, and I'm like, yeah, but because they're still the same person. That hasn't changed.* (Elise)

Similar to Justine's expression that her partner was the same person regarding attraction, Elise's view in terms of her sexual identity followed a similar core understanding. The difficulty, however, was that Elise's sexual identity appeared to be unintelligible to others, as she indicated that they drew on the taken-for-granted assumption that her partner's gender identity was incompatible with her "gay" identity. The view then, from those who were aware of the transition, was that some change or conversation needed to be had to explain the perceived incompatibility of their identities.

The perception of the couple, and consequently the participant's identity, was assumed and changed for them:

> *…my identity has changed because of what people perceive me as or who people perceive me as…So, I'm no longer a queer woman. I'm a heterosexual woman, in other people's eyes.* (Melanie)

There seemed to be a complex conundrum for Melanie around navigating her identity in a social context that lacked discourses and understandings of queer identities and relationships. Her identity change in this manner was understood as being placed upon her, and not as one she had actively chosen.

Justine provided some insight into the complexity related to the acceptance of her relationship:

> *…people being quite understanding that I…was in a previous relationship with a cis man and then okay, going that's okay for you have a new partner of another gender, but once they're identifying as male, then it's like woah. This sort of doesn't add up anymore, or like this isn't okay, or I don't know. So, probably half of that was in my head, but that was the feelings was like would people understand…*(Justine)

In this extract, Justine explored the troubling experience of navigating the expectations and perceptions of those around her and social norms in relation to her choice of partner. These choices were subject to social approval or disapproval and were experienced by Justine as acceptance of a same-gender partner; however, as he transitioned, that acceptance was questioned, and she received social negative reactions. Although she ascertained that half of it was her own worries, this also may speak to a lack of ability to place or name where these feelings were originating. Whether through interactions with subtle negative or questioning reactions, or from social commentary that was then internalised by Justine, it culminated in her experience of disapproval now that her partner identified as a man.

The nature of sexual identity and attraction is one that is informed by societal understandings. When the non-transitioning partners have entered into the relationship as part of a lesbian couple, the gender transition of their partner may impact their understanding of their sexual attraction. At times, it may be experienced as a navigation of feelings of attraction in response to the masculine appearance of the transmasculine partner, who is also working through their own experience of gender expression within societal confines. Lastly, for some of the participants, how their sexual identity was perceived, or not perceived, was related to normative assumptions of heterosexuality for some of the participants, which at times was troubling.

Theme 2: The Impact of Hetero- and Cis-normative Expectations on Parenting

Through the analysis, I identified that gender played a significant role in the experiences of the participants, not only in terms of their partners' transitioning, but also in relation to parenting. This theme discusses hetero- and cis-normative assumptions about parenting and how they impacted the participants. It also reveals how deviations from the norm impact the legitimacy of the parents and family unit.

The findings in this section are drawn from the accounts of two participants. For contextual understanding of their family units, some additional details are provided. Justine and her partner have their own children from previous relationships. Melanie's children are with her transmasculine partner, and they were born before and during their transition.

The participants shared that for their trans partners, their experiences of their gendered position growing up may have aligned their style of parenting towards "mothering" and as such, when their transitioned body is read as masculine, they are seen as different:

> *…someone is treating you [referring to her partner] a bit differently or they're not sure how to deal with you cause…you seem to be here at school all the time and your child seems to like wanna come and connect with you after school which a lot of the other dads are not those sort of vibes and like something a bit different...yeah which you know is fantastic.* (Justine)

Justine viewed this connection her partner has with his child positively; however, other responses to this highlighted how people in the social context responded to her partner's transgression from the expectations by gender of parental roles.

The feeling that her partner was being perceived differently from other fathers was further explained by Justine. She discussed how she told another parent that her partner was trans:

> *…her face back to me told me that she had thought maybe something…I think she said back something like, "Oh, I've always thought they were, yeah, you know the child's parent." I was like, "Oh, okay, alright, I see." cause you wouldn't respond in that way otherwise you'd be like "Oh no, that's his dad." I don't know, it's weird."* (Justine)

Justine's perception of the other parent's response indicate for her that her partner's gender identity was being questioned in some way. For Justine, if the other parent felt as though her partner was his child's father, then she would have responded as such. Instead, the gender-neutral response of "child's parent" indicated to Justine that there was questioning of her partner's gender identity. The language used highlights the way in which the family unit may be felt as being othered and not considered to be cis- or heteronormative.

In a similar sense of working in a system where gendered norms permeate the relationship in regard to parenting, cis- and hetero-normative assumptions were included in interactions with healthcare systems:

> *…my partner now probably has more challenges around like very male-passing, like full facial hair etc…what he deals more with is people asking about like where's his child's mum etc rather than the trans sort of side of things…probably at the time …health services [were] an issue in terms of getting the kids like vaccines or dental check[s] and stuff like that where assumptions would be made that I was kind of making the calls for his child when it was…up to him.* (Justine)

For Justine, even though she was not the biological parent of her partner's child, the default assumption was that, as they appeared as a heterosexual couple, she would be the one making the healthcare decisions for her partner's child. This culminated in her partner experiencing challenges and needing to answer potentially complex questions surrounding the child's mother, depending on the responses from others. Being viewed as the father and subsequently not viewed as an active part of parental decisions relates to societal expectations of decision-making within a cis- and heteronormative family unit.

Another form of societal norm in relation to parenting is regarding parental terms. There may be pressure felt to not only choose a term in relation to roles and gender identity, but also within the social context that people are part of. The societal expectations and norms may be evident in day-to-day experiences, such as with media made for children, with a lot of popular shows portraying heteronormative nuclear families. Consequently, when individuals use parental terms other than "mum" or "dad" (and their variations), this does not align with social concepts of family, and they are subject to social reactions from others. The children

within such a family system may experience or reflect these social interactions. Melanie discussed an interaction with her child and her partner:

> *For our kids, it's a challenge because they watch shows like Bluey and Peppa Pig…and it's "mum" and "dad," or "mummy pig" and "daddy pig"…Bandit is "dad" all the time, "dad, dad, dad, dad," and so my daughter is like, "Are you my dad?" [to Melanie's partner and their following response was] … "I can be. You can…call me whatever you want. You know my parent name is [parental name], but if you want to call me "dad," it's basically the same thing" …So it's navigating that kind of stuff, which is…you know, that's about gender identity.* (Melanie)

Melanie discussed how her partner navigated questioning of his parental term with their child. While popular media often represent societal norms, the questioning of his parental term by their child is understood as a navigation of gender identity. As his parental term differs from societal norms, we can see how her partner needs to navigate this in an age-appropriate manner for their child. Melanie framed this as challenging and connected it to gender identity. While she did not elaborate on why it was challenging, it may have been due to not seeing their family reflected in popular media, thereby prompting their child's questioning. Whether or not her partner views himself as their child's dad, or in a different role, the choice was made to acknowledge that they are similar. Thus, when parents decide to use parental terms that differ from the norms, it evokes questioning of their relationship.

The decision to use a parental term other than dad for her partner not only led to questions from her child, but also from education systems:

> *…every time we go to a kindergarten or something like that, we have to explain what that means and explain our family and that kind of stuff, so that's a challenge. It's probably more challenging for my partner than it is for me because I am like this is who we are, and accept it, or you know, don't. But you should.* (Melanie)

Melanie's family differs from Australian practices for parental terms, and here she indicated the challenges that her family has encountered with the education system. This has created a burden of responsibility that is placed on the family to establish its legitimacy in interactions with normative social systems that lack responsiveness to their queer lives. The need for childcare services to understand familial ties that do not fit the societal norms is understandable in terms of their sense-making about the assumed responsibilities tied to parental terms. However, in Melanie's case, there is a possibility that in sharing who their family is, they will not be accepted. Melanie's desire to be accepted was further discussed:

> *…I just want our family to be a normal family, to be integrated rather than separated…I would like to still be part of the queer community, but at the same time, I just want to be part of the world, and I want our family to be part of the world and accepted, and that's the most important part of it.* (Melanie)

Her sense of belonging to the queer community is figural, and this sits alongside an equal desire to belong within the general social fabric of life without being negated or othered. Queer people in heterosexual-interpreted relationships may experience the conflict between either fitting passably and not belonging to the queer community or making themselves visibly queer and feeling alienated from the wider community. It seems this is an ongoing struggle for Melanie and of deep importance.

The experience of feeling different and othered, as reported by Justine, seems to have been felt through the micro interactions between and amongst people around them in response to their family. Their sense of attunement to the lack of acceptance of the other may have provoked protective reactions. While it is commonly understood that there are safety concerns when a person transitions, there may be additional anxieties for those with children, around how their children are treated.

Both participants experienced questioning of the validity of their partner's roles, in different ways, and communicated how hetero- and cis-normative discourses around parenting had created tensions and labour for the family unit.

Theme 3: The Social Context: Negative Reactions and Lack of Understanding

For the participants in this study, experiences of questioning what kind of partner they should be were exacerbated by healthcare professionals' responses and by sources of support. How they, and their support for the trans partner, are perceived impacted their reactions and ultimately led to self-questioning.

The lack of literature on non-transitioning partners' experiences may be linked with the social (and professional) assumption that these relationships, established prior to the transition, cease once a partner transitions. It was notable in this research, however, that participants met with surprise and an implicit expectation that the cisgender woman would not be supportive or sustain the relationship with her transitioning partner:

> *…every specialist doctor, they were like, "Usually the partners… aren't here. They're usually not supportive. So, we're not used to a partner being here." And even that in itself was really weird and…I'd kind of question myself and be like, am I not meant to be supportive about this…*(Claire)

This problematic narrative enacted by healthcare practitioners highlights the experience of a cisgenderist perspective and a lack of LGBTQIA+ cultural safety in healthcare practice. In positions of authority, this rhetoric negatively coloured participants' experiences. As the non-transitioning partner is going through a transition process with her partner that is full of unknowns, the professionals who are providing "care" are in positions of power and authority, and as such, their responses influence patient experience. The response of the clinician in the extract above foregrounds how this led to self-doubt and self-interrogation of her experience of her relationship. This might contrast with healthcare for cisnormative and heteronormative couples, where a partner may be present during or after surgery, and this might be viewed as socially positive and expected.

The questioning or surprise being expressed towards supportive partners was also experienced in social networks:

> *…I'm thinking of like wider community-wise with the kids and playgroups and things it's like…oh you're really good to put up with [it] sort of vibes...but that's what I think that's what a lot of people were thinking was like you're good to like put up with this cause that's annoying…which is like awful but happened quite a lot…I guess comments like that did probably then make me go in my brain…like question that and…there were there were certainly times where I was thinking about the effect on me and my kids in terms of like obviously its energy getting put into this that was more than you know at other times and it was like well is this what's best for me and for my kids…I guess it has that lens of like well that would be the same if someone had some kind of chronic health condition or acute something and people then wouldn't really question that I think it came down to then you know people's perception of this sort of being like a bit of like a choice or something a bit selfish on his part…* (Justine)

Here, the implication in these social interactions that she was "really good to put up with [the transition]" generated a chronic sense of being questioned, and this appears to have been internalised as she had also started to self-question. This was being created through an ongoing lack of understanding and respect for the transitioning partner and the non-transitioning woman's relationship with her partner. Justine revealed her impression that others viewed a gender transition as "like a choice" or "selfish," and this negative discourse was powerful in relation to its effects on her. This speaks to the complex ways in which she questioned the impact of her partner's transition on her own life and family, and this self-questioning parallels and reflects the dominance of social questioning of trans lives and experiences. This foregrounds her experience of a cisgenderist, trans-questioning, or

transphobic social context that shaped her self-experience. The social framing of Justine as being in a relationship with someone who was “selfish” seemed to reinforce the positioning of Justine as self-sacrificing.

Much like Claire, Justine found that the questioning by others of their support for their partners led the women to question their own support for their partners’ transition. The non-supportive, non-validating social context eroded and destabilised her own understanding of self. Self-questioning was then occurring in a context that was unsupportive rather than neutral or supportive.

One participant expressed concern that her interview was not “helpful” to the research because she did not struggle with the transition. This seems to highlight the discourse that a gender transition should be a struggle and problematic for the couple and for each individual in the couple.

> *…I feel like I’m not super helpful because we didn’t struggle…it wasn’t hard, it wasn’t a big deal. It wasn’t a thing…Like it was hard and it was a big deal but…not for me…I was just the supporting person… it’s never been stressful because of the transition; it’s been stressful because people are idiots and ignorant, so, for us, as a couple, it’s not really changed much of anything…like getting a cat, it was probably a bigger deal.* (Elise)

Here, the participant revealed that the transition was not a struggle; rather, the struggle was being in a social context that lacked sensitivity, empathy, or validation.

One area that participants explored was the experience of age-related differences and how this shaped the experience of online groups and the capacity to feel connected and understood:

> *I would probably find that they were also not in the same kind of life stage as me, in terms of being able to talk about these things related to also being a parent, or like, me being able to meet up…So, I don’t feel like that there was really much in that space that would be relevant.* (Justine)

The life stage of the participant as a parent and its role in their life was also discussed by Melanie:

> *…I think of myself…like I’m an older person, I’m not, super young and…[it’s] such a different kind of life stage when you’re a parent and a professional and you’re not doing the same kind of young-people things and the forums seem to be full of young people and I think that’s amazing and they talk and they get all the information they*

need but when you're sort of past that it's a little bit of a different experience. (Melanie)

For both participants, entering an online space that was primarily occupied by younger people created a sense of a lack of connection and reflection on their life stage and experience. The experience of sitting between two communities, with neither one fully reflecting or understanding their intersectional experience of being older and the partner of a transitioning person, was also reported:

> *…I think probably most of my friends at the time they got…little kids and stuff and …it's just not up on their agenda…like I could talk to them about it [transitioning] but also life was busy so working and kids and then providing, which you know now I think about it like quite a lot of support to my partner there's not much time for anything else anyway…* (Justine)

Spaces that, in principle, are designed or likely to offer support for people who are partners of transitioning individuals were found to be troubling by one participant who experienced an overall lack of supportive responses from others:

> *…I tried Facebook groups, I tried uh, different pride partner[s], all those kinds of groups. There's no one in our lives that has gone through anything like this, so I don't have anyone, in my real life as opposed to online life…I know of people that know of people and that's all been negative and no one has stayed with their partner…everything I've found has been where people can vent and air their kind of anger, which I guess we all need that support if we're going through that but I've not come across anywhere that is just been like okay I'm going through this, who else is going through this…how do we do our day-to-day.* (Claire)

Her experiences of other partners not staying in the relationship and the support groups being negative environments seem to reinforce the understanding that being supportive and staying in the relationship is unusual and not reflective of the norm. This difference from others seemed to be experienced as isolating, as she struggled to connect with positive stories and spaces around her.

The lack of resources and care pathways for partners who are supportive of their transitioning partner but who are struggling emotionally and need access to support was discussed:

> *…oh, maybe if we'd kind of got that help [therapy] to start with, but it just wasn't accessible, and there were some really good programmes for [partner]…that he accessed, but because I was supportive and because we were actually married, they*

> *didn't have anything to help me. They were like, Oh, if you were going through a tougher time, or you know, if you were thinking about leaving him, we could help you…but because I love him and I'm not going anywhere, they're like, Oh, you're actually fine….And it's like okay, but I'm like as fine as I am and as great as this is, I don't know anyone in my whole entire world, or I haven't come across anyone else…that is like me. So, I was like, okay cool, I'll just be chilling out here on my own, figuring out my whole-entire-change-of-life…* (Claire)

The discourse around Claire was that she needed to be at the point of leaving her partner in order to gain support, or she needed to terminate the relationship. This reflects the negative social responses towards trans/cisgender relationships. The isolation is evident here, as the participant was experiencing a life-changing situation, but was left alone without any information or access to people who could mirror her lived experience and assist her in her process. This experience is troubling as individuals are trying to find a way to make sense of and manage changes in their life world and relationships without any information or even research evidence to provide potential narratives and sources of information. While it is acknowledged by the present study that this may be due to the limitations of the sparsity of this expertise, this creates difficulties in navigating the unknown that arises through being a partner of a person who is transitioning. There may be some support provided to the non-transitioning partner; however, it too may be limited:

> *…we had like one session where it was the three of us. So, my partner, myself, and the therapist. And I really thought that was good. And I would have liked to have done more of those, but that just wasn't really available.* (Melanie)

Again, the availability of services is sparse, and where a couple could be supported through a transition by those who are uniquely qualified, they are given few resources. However, these interactions, where they are able to situate themselves within a wider experience of cisgender/trans couples, can be important for the non-transitioning partner:

> *What was good about it? Well, because the therapist was…sort of giving other people's examples of their experience, too. So, it was kind of like, well, you know, we're not odd or different or you know…a lot of the time we were both finding that people would say, "Oh well, you know, most people don't stay together, you know?" And so, it was really quite a lot of pressure on us because we just kept hearing that. We didn't really hear very many success stories for people who had a relationship going through transition. And that, obviously that worried us a lot. For me, I was like, we know, like how could it possibly, you know, be different, we have been together for*

so long, and, whether you have a beard or not, it's really not going to make much of a difference. Like he's still the same person. (Melanie)

As well as the reassurance that they are not different or odd, this seeking to be some kind of normal in an experience that most people will not go through was important to Melanie. She understood how it could be different. While it did not feel different to her, the feedback they were receiving was that most couples do not stay together. This pressure on the relationship, or potential fear about what could change, was one that could be discussed with the therapist. The misalignment between what they were being told by non-therapists compared to the therapist potentially added unnecessary stressors to the couple. The origins of this disparity are unknown; however, it highlights the ways in which access to resources may impact the non-transitioning partner and the couple's experience, adding to their concerns. Another participant who did not find a peer discussed the importance of understanding the normality of their experience:

…I think looking back on things now it would've been really good just to talk to someone who's going through the same things so that you can, I guess, compare notes and…find out if…the feeling that I was feeling are they…selfish or is it something that everyone experiences. Or you know, what kind of reactions does someone else's partner have to them, you know, was how my partner was talking about things, was that on the normal spectrum of things. Is that milder than what other people go through? I just didn't really have any gauge for that, and I think they would've helped... (Chloe)

This theme reflects the participants' searches for some kind of understanding of their experience to be able to situate themselves within the context of others' experiences and gauge their own reactions to aspects of the transition. The need to situate their experience in the social context may be due to needs for connection, reassurance, or justification of their complex emotions:

…I could've done with a lot more, opportunity to talk about it with people, or I think someone in a similar situation would've been like really good to chat to or to be honest even like…in terms of anyone that's trans like even to have someone who is another, I don't know, 5 years on or something would've probably been useful, probably more so on the kind of reassurance that this is not life forever. Like the intensity of it… (Justine)

Justine's account echoes other participants' sentiments regarding a desire for connection. It seems that the promise of hope or reassurance is one that only can only be provided by those who have lived experience. Specifically of importance is the reassurance that the

intensity of the transition is temporary, which Justine would have been able to feel if she had a connection to the stories of others.

The participants' excerpts included in this theme discuss navigating complex experiences relating to either others' negative assumptions or a lack of knowledge of what cisgender partners experience during their partner's transition, culminating in complexities in terms of situating themselves within a framework of "normative" experiences. When experiencing a unique life adventure, with limited knowledge of likely experiences, it is understandable that the non-transitioning partners seek to find likeness in others' experiences. However, for those who do not see similarities or are positioned as different within these normative experiences, this can culminate in questioning and othering of the participants' experiences.

Theme 4: Support as Emotional Labour: Capacity of and Demands on the Supportive Partner

As a significant life event, gender transition is impactful for the trans person as well as the relationship. The non-transitioning partner is likely to experience an increase in emotional and life administration-based labour related to the transition. This theme captures the various ways in which the transition of a partner represents emotional labour for the non-transitioning partner as they adjust and respond to changes, and the various ways that these experiences were perpetuated in relation to context.

Questioning from those outside the relationship added to the pressure to provide support in a particular manner. Attending to various aspects of care for their partners, both physical and in relation to mental well-being, meant that there was a high level of ongoing support being provided, which speaks to the significant demands on the emotional capacity of the non-transitioning partner during the process of transition. For the interview participants, there was a tension experienced between the desire and the pressure to be a supportive partner. This theme explores this tension, which accumulated as emotional labour for the non-transitioning partner. Chloe highlighted the tension between desire and the complexities in the practice of being a supportive partner:

> *…I just wanted to be supportive. I always wanted…to be someone…he could come and…talk to openly without feeling judged, and especially since he hadn't come out to his family. So I was happy to do that, but I think over time it became pretty emotionally exhausting for me…any time something happened to him in his…day-to-day life that was like triggering in terms of his gender identity…that would kind of be what overtook our interactions.* (Chloe)

The contextualisation of her partner as having limited support, coupled with her desire to provide safety for her partner, meant that Chloe found happiness in being supportive. However, the demand on her emotional capacity was experienced as exhausting over time, in that being supportive overtook their interactions and the frequency of demand for support was underestimated. Similar to Chloe's experience of the transition overtaking their interactions, Justine framed her experience of support as being all-consuming:

> *But in terms of, I guess, supporting them, I think probably as a common theme, just that…seems to be for a period of time very, all-consuming. So, that's like what we were talking about, that's what he wanted to talk [about] probably the most. Just in terms of things that…needed to be done, or appointments, or experiences that he'd had, being misgendered or that kind of thing.* (Justine)

Justine highlighted some of the additional aspects of the transition that required support, including the practical aspects of the transition as well as the emotive experiences that the transmasculine partner had. It is easy to see how the transition may overtake interactions and be felt as all-consuming. From their perspective as supportive partners, the transition became the forefront of both Justine and Chloe's lives, and their descriptions of it being all-consuming are important to note. This determined the amount of "space" available for the non-transitioning partner in the relationship and/or their lives for other non-transitioning concerns. Justine further elaborated on the varied support provided to her partner:

> *…I guess a bit more anxiety and needing reassurance. [He] did have some periods of being like very depressed as well, so a lot of I'd say probably… at the time, I was doing a lot of like practical support…of…lifts*[12] *and house cleaning and washing and stuff just in terms of being able to keep on top of life.* (Justine)

Both practical support and emotional support were provided by Justine. While she understood it as helping her partner "keep on top of life," the support provided should also be understood in her wider life context of managing responsibilities and the needs of her workplace and her children. Providing additional support may be common when a partner is experiencing any type of anxiety and/or depression, increasing the labour needed; however, for the participants, this was uniquely centred around the transition. Thus, on top of regular life demands, the additional support provided to the transmasculine partner was likely to feel as all-consuming of the remainder of their time.

[12] "Lifts" is a colloquial term in Australia and Aotearoa NZ referring to picking someone up and driving them to and/or from another location.

As noted by Justine, the needs of the transition are more intense for a time, likely to be when most of the changes are occurring, and adjustment to the partner's gender identity/expression is happening. This, consequently, may feel all-consuming for the non-transitioning partners. The length of this part of the transition is likely to be dependent on several factors, such as access to gender-affirming treatment, waitlists, and the trans partner themselves. For the non-transitioning partner, the length of time during which they may experience a desire and/or pressure to provide support may be unknown. However, it is quite impactful for their experience of the transition and, subsequently, their emotional/mental capacity. Depending on the non-transitioning partner, if their focus is on being supportive, they may not realise that they too need support, and instead maintain their exclusive focus on being supportive, rather than noticing their own needs.

In addition to the expressed desire to be supportive, there was also a perceived pressure to be supportive. As noted in the previous section, the participants desired and had a willingness to be supportive partners; however, several participants spoke of feeling as though they were the main support person. Justine expressed this by discussing a feeling of weight on her as the support person:

> *…I do feel like that probably…there was a lot of weight on being the key support person, main support person…*(Justine)

Responding to the "weight" of being the only support person contributes in part to the experience of emotional labour by the non-transitioning partner. Furthermore, contributing to the experience of pressure to be supportive as the only support person is the additional experience of time pressure. The non-transitioning partner might still need time to process the transition, even though the trans partner may be at the point where they are ready to proceed with the transition. The literature demonstrates that prior to transitioning, mental health can be impacted by obstacles to transitioning (Connolly et al., 2016). Therefore, it is important to understand that the wait for the non-transitioning partner to be ready and supportive of the transition may come with pressure or a felt need to place the transitioning partner's needs above their need to process. This may mean that the non-transitioning partner may feel the need to demonstrate their support outwardly before they have fully processed the situation. Chloe discusses this dynamic of understanding, that even when her partner had other supports, she was still positioned as the main support person:

> *…it was mainly me, so…I did sort of fall into that role of being…the main support person, but that being said, I know he was…calling every day with his…best friends…*(Chloe)

Non-transitioning partners might therefore perform invisible emotional labour in showing up as the only support person and providing additional support whilst managing their own adjustment to the transition.

For some participants, additional life circumstances might add additional pressures to the support already given and amplify the experience of support to the extent that the non-transitioning partner's needs are placed last. Claire spoke of providing support in terms of placing the needs of her partner as a decision factor for moving house:

> *So…we have a very large, close-knit group up here that are so supportive and amazing. So, that's why we did move back cause I knew that [partner] would need them through all of this, and they've been here through it all.* (Claire)

Moving, in itself, is a large decision; however, for Claire, it was framed as a way she could prioritise her partner's need for support. Although likely beneficial for Claire as well, in that she would also have access to the support network, it was discussed in terms of the decision being made to meet her partner's needs.

Another unique situation was one where, for Melanie, providing support meant prioritising her partner's needs over their life situation. Within their life context, she measured her ability to be supportive when helping her partner to decide to pursue top surgery, as her ability to support her partner following surgery would be diminished by her parenting responsibilities:

> *I was like, no, just do it [top surgery] because it's going to be much harder when there's two kids around. I can't help you. I can't look after you. I can't do anything.* (Melanie)

This extract highlights the tension between the pressure to be supportive and the capacity to be supportive. In this way, Melanie implied a desire to be supportive/helpful post-surgery, yet was aware of her pending limitations. Even though her partner did go ahead with the surgery prior to their child's birth, the prioritisation of needs and competing demands and obligations, while trying to be supportive, was understood as a "crazy" and "intense" time, understandably:

> *…it was just completely nuts and crazy and…[an] intense time. Cause they were coming out of surgery, and me…I'm [pregnant], with a toddler. Very bad morning sickness.* (Melanie)

The literature that touches on the emotional labour of the non-transitioning partners has tended to focus on the emotional labour in terms of the transition and trans person (Theron & Collier, 2013), which does not encompass the entirety of the labour being undertaken. For

Melanie, her partner's coming out of surgery meant that this reduced her partner's capacity for parenting while increasing her demands. The non-transitioning partner's desire to be supportive and their capacity to provide support should be understood in the wider context of their lives. Melanie was factoring in her partner's needs, and also her ability to be supportive, further highlighting the novel ways in which the labour of support may be performed by the non-transitioning partner.

The labour of support undertaken by non-transitioning partners includes not only the emotional and physical support provided, but also factoring in large life events while prioritising the well-being of their transmasculine partner. The participants ultimately chose to place their partner's needs over their own, understanding the importance of support during transition. This approach, however, can involve additional labour for the non-transitioning partner. This may be overlooked initially, yet it is important to understand the various ways in which partners show support within the relationship.

While the participants discussed that they were supportive of their transmasculine partner, at times, a questioning of their decision to be supportive, which is a form of emotional labour, was sometimes experienced. Claire spoke of how the specialists reacted to her being supportive, and how, subsequently, for her, this called her support into question:

> *…every specialist doctor, they were like, usually the partner[s]…aren't here. They're usually not supportive. So, we're not used to a partner being here and…that in itself was really weird…and I'd kind of question myself and be like, am I not meant to be supportive about this…*(Claire)

The interactions with the specialist doctors as persons of authority and knowledge, and their commentary on her being supportive, raised questions about whether or not she should be supportive. Her support and presence during the transition were framed as being out of the ordinary. With few other frames of reference for non-transitioning partners, this type of experience could create additional pressure or concern for the non-transitioning partner. When you are traversing a process of major change with many unknowns and little reference for what is normal, then it is likely that these interactions with authority figures have weight for the non-transitioning partner on what is considered "normal" support. However, the interaction may prove to be detrimental for the non-transitioning partner as well as the couple. Although we know that Claire continued in the relationship, the impact of questioning whether she was meant to be supportive is unknown. The interaction situated her experience as being abnormal, which made her question what she was missing, understanding that would have provided a rationale for not being supportive. She may have chosen to look for aspects where she was challenged to try to find where she "should" be

struggling, or she may have chosen to revoke her support, due to feeling this was problematic.

The participants expressed their desire to be supportive, whilst also navigating the complexities and demands of life. For some participants, this was discussed in terms of needing to prioritise their partner's needs above their own when making life decisions. They spoke of the various ways in which they provided support, which, for some, included multiple types of support, and how, at times, this was all-consuming.

Theme 5: The Relationship Between Emotional Labour and the Management of Anxiety

Theme 5 identifies the relationship between emotional labour and anxiety and the various conditions that perpetuated specific kinds of anxieties for the participants. It also describes how participants managed their anxiety and explores the self-containment function as a form of emotional labour. This theme covers an important finding on how a non-transitioning partner may experience emotional labour.

Anxiety is often related to the lack of knowledge and the fear of the unknown. The participants experienced anxiety for themselves and their partners as well as the relationship. The management of anxiety through various strategies represented emotional labour for the participants. Participants chose to contain their fears within themselves to not add to their partner's emotional load, however concerns/anxiety were expressed by the participants. Additionally, where experts might have been able to provide insight to alleviate the non-transitioning partner's concerns, there was limited availability of experts due to their focus on the transitioning person.

The management of anxiety is often invisible labour undertaken by the non-transitioning partners and is not likely to be understood by many outside the relationship. The choice of self-containment as a major strategy to manage anxiety is ultimately made to protect the transmasculine partner and provide a safe environment. Understanding the intensity of, and the various sources of anxiety, is important in understanding the nuances of emotional labour of the non-transitioning participants. There are many aspects of the transition, and the effects/implications of it, where the non-transitioning partner may experience anxiety and/or worries and need to navigate through their feelings. Anxiety about the unknown stems from situations where knowledge is lacking or non-existent for the non-transitioning partners. It was evident in the interviews with the women that the unknown was something ever-present for them, and this contextualises how they made sense of their experience and what they worried about.

While the literature does provide information about the surgical and hormonal impacts on the trans person, there is little knowledge of the emotional and psychological responses to the transition, or even the different types of gender-affirming care. Claire discussed this limitation of knowledge in terms of the potential impact on the relationship:

> *I can say, if you cut this, if you do this, what will the outcome be? But, if…he cuts this and [does] this, and then he feels this way about himself, how will that affect us? No one can answer that…*(Claire)

The limitations of knowledge were highlighted by Claire in terms of their relationship. Ultimately, Claire questioned the unknown. The anxiety surrounding the unknown and how it might affect the relationship was not one that the participants could account for or pre-emptively address. Instead, the non-transitioning partner (and the trans partner) must wait to experience the outcome of these procedures and the effects on their relationship. The labour of carrying this anxiety is again one that must be held by the non-transitioning partner and processed over time. Although there is information available regarding surgical and medical gender-affirming procedures, there are still individual responses. Thus, while knowledge is available, the applicability of generalised knowledge created anxiety in the participants.

Testosterone does change physical aspects, producing increased hair and/or a deepening of the voice, as well as aspects such as the smell of the person Which, in turn, changes some of the familiar aspects of a person. This was highlighted in Claire's discussion:

> *…I think a lot of that initial, like…hormonal changes and the physical changes and…things like the voice. I think all of that came with like good, bad, and different. That would affect him in ways that he was like, "Oh, this feels different," and I'd be like, "Yeah, that's different, and I don't know how I am reacting to that," but then I was like, "Oh, I really like that," like his, his deep voice is amazing now but initially I was like, "Ugh, I don't know…how I like that," cause…I was like, "Oh, I miss the sound of your voice," but then I was like, now I could not for the life of me remember what [it] sounds like…But if anything…we are 10 times closer than we ever were…I…don't see any of it for worse.* (Claire)

Claire's discussion indicates the tensions that may arise in the non-transitioning partner while navigating feelings surrounding changes. Her reactions to, and processes of adjustment, are potentially linked to the familiarity of the transmasculine partner. While in the moment, she discussed how she reacted in multiple ways to the changes, ultimately, she framed the experience as bringing the partnership closer in a positive manner.

Elise additionally spoke about the fear of the unknown in terms of how she might react or feel towards physical changes due to testosterone if her partner chose to take hormones:

> *…I mean, they're not on T[estoserone] or anything like that. It's…that's one of the things that they'd mentioned more recently, and I was like, "I don't know. That changes how you smell, and that changes how your hair feels and things like that, and I don't know how I feel about that."* (Elise)

It may be that, similarly to Claire, Elise has some apprehension about these changes. Elise discussed her fear of the changes and/or that there was the potential that she would not like them. These fears were not ones that could be soothed or attended to, as testosterone effects are individual and occur over time.

Further to the changes in familiarity from hormonal changes, there are additional aspects of the hormones that may change how the transmasculine person experiences medical transition outcomes:

> *Yeah, I worry about what their medical outcomes are because, physiologically and hormonally, where does the divide end for medical situations? Like if they have physiological female sex, then do their heart attacks look like a female heart attack or does it look like a male heart attack because of testosterone.* (Melanie)

Again, the anxiety surrounding the unknown was demonstrated by the participants. Interactions of testosterone with other health conditions and presentation were some of the information sought by Melanie. Given her concerns and questions were not ones that could be answered, Melanie needed to undertake the emotional labour of these worries, with no answers available. She discussed this in more detail, emphasising her worries regarding this:

> *They have different presentations, but nobody can answer that, and…I'm like, "Well, why can't you answer that?" Because there's no—there's no research, but that's really important to know, and then from a partner's perspective, you know, like, I just wanna know that kind of stuff because I wanna know if my partner gets into trouble medically, how could I help them? You know, how can I advocate for them when they're in hospital? How can I advocate for them if they can't do that for themselves? Yeah, that information is really lacking.* (Melanie)

The desire for understanding is important for Melanie, not only in terms of being able to notice different presentations in advance, but also in terms of the wider implications of being an advocate.

While the literature does demonstrate knowledge of surgical outcomes, it is still person-specific. Consequently, there can be concerns about this process:

> *…I just wanted to be really clear what the risks were, what outcomes might be. Whether there's like, like if it was a really dangerous surgery, I'd be like…do we need to do that, but I guess it's not a super dangerous surgery…there's…things that obviously can go wrong, and there are things that aesthetically can turn out not the way that you're hoping for, but cause it's mostly superficial tissue, it's actually not a major surgery. Or as major as some of the other surgeries that could be happening.* (Elise)

Justine further noted how the unknown future impacted her:

> *...or like, oh my goodness, like, I just don't really know what the future holds, and it freaks me out.* (Justine)

Similar to Claire, Justine discussed her anxiety about the future. The unknowns in the future for themselves and their partners, and consequently the relationship, are ever-present in their minds as they continue through the transition.

Elise discussed her significant anxiety about the dangers of the surgery and highlighted a critical need for clear communication and information from health staff to help her manage her concerns. In her interview, Elise talked about how attending meetings with the surgical team was an aspect of the transition that she chose to be part of to address her concerns. Elise was able to obtain information about the risks of top surgery and had experts to speak to about it. It was ultimately positive for Elise to have access to the medical professionals to ask the questions to obtain the information she needed to calm her anxieties. However, this may not be the case for all partners of trans people, depending on their level of involvement in the transition healthcare.

This theme also captures participants' perspectives on their ability to manage anxiety. It highlights barriers to managing anxiety through engaging with experts, as well as the participants' decisions to self-contain their anxieties as a tool for management, and the rationale for these decisions.

One participant discussed utilising a mental health professional, and the benefits of engaging with them:

> *…I felt like I could talk quite freely about my feelings with her [the psychologist], then understanding that rather than you know…I guess…talking to a friend or something who then doesn't have that, I guess, professional knowledge or experience to be able*

> *kind of be like, oh that's quite normal, or how do you think he would be feeling, you know. So…I did seek out someone who was going to be appropriate pretty much, or if I went to someone that then ended up not being, I would've left and found someone else…* (Justine)

Justine highlighted several important aspects of the rationale for seeking out a mental health professional and determining their competency. She indicated that the professional was able to provide her with a safe space and could situate her experience within their professional experience. Her emphasis on seeking out someone appropriate is indicative of the need for competencies regarding trans people and partners. The competencies of the mental health professional can have implications for the non-transitioning partner:

> *…I ended up seeing a provisional one [psychologist] that was just registered, and I kind of laid it all out. I kind of said to her, "Hi, this is me. This is what I need…and…if you can't or you're not comfortable with me talking about this sort of stuff [trans related], let me know…because I will be talking about it…" she…actively checks in about everything…where my…other psychologist, who I'd seen for like 5 years…I very much had to tiptoe around. So, this one…I think maybe cause I finally just laid it out, and I was like, this is how it is...* (Claire)

The comparison between Claire's previous psychologists, where she needed to avoid or gently discuss the transition, and her current psychologist signifies that even when the non-transitioning partners seek professional support, there is a chance that they may not be culturally safe in response to these needs. It also speaks to additional labour undertaken by the non-transitioning partner, in that they may need to advocate for themselves to receive appropriate support and guidance. The experience of talking with a psychologist where she felt safe to speak about the transition was juxtaposed with a negative experience that highlighted a lack of cultural empathy and safety for people who are in the rainbow community and partners of trans people. Additionally, as indicated previously, experiences in places such as those in gender clinics, where Claire and Melanie had minimal-to-no support from the experts, may be something that non-transitioning partners need to navigate to ensure they have access to culturally safe clinicians. The implications, however, of engaging with someone who is not culturally competent are quite likely detrimental to the non-transitioning partner who is trying to seek support. Having to self-silence with a professional when, as noted in other sections, there are already other barriers to receiving support, is quite significant.

As evidenced in the previous themes, many aspects of the transition are unknown for the non-transitioning partners, culminating in a source of anxiety/concern for the participants.

For the participants, access to those who were experts in this field and potentially had knowledge was limited. Participants spoke of the actual benefits of speaking to an expert, the assumed benefits, and the reality of what is available to the non-transitioning partner:

> *…When [my partner] was initially seeing some people at the gender centre, like a therapist there, specifically about gender, we had one session where it was the three of us…And I really thought that was good. And I would have liked to have done more of those, but that just wasn't really available.* (Melanie)

Melanie did not provide additional context as to why it was not available. However, Claire's experience with services may provide some understanding as to why the sessions were limited.

As indicated previously, Claire was placed in the category of being married and supportive, albeit also struggling, as there were still aspects of life that were unknown and difficult to work through. The idea that she needed to not be supportive in order to gain support appears to have stayed with Claire, as she discussed how there was not only a lack of support but also a lack of acknowledgement that the non-transitioning partner was going through a life event where they might need support:

> *Because, at the end of the day, I love him, and he's gone through all these really big changes really quickly, and it doesn't change who we are as a couple, and if anything, it changes who he is for the better, but I was like…I feel like I'm floating along, going along for the ride, and not in a bad way, but I feel like there is just no, not support in a sense of like a group or access or no one kind of checking in for us unless we don't support them.* (Claire)

This is a very poignant account of a troubling predicament for Claire. How she experienced the health system created impossible contradictions. To support her partner meant a lack of support for herself; to not support her partner would have meant she had support. The implications of this predicament extended to her partner as well. If Claire had been unsupportive, this would have meant the loss of a meaningful support person for her partner. However, it would have afforded her the resources of support. Essentially, Claire was rendered invisible as she did not fit within the two categories: being supportive and not needing support herself, or unsupportive and needing support to remain in the relationship.

The benefits of support, or at least access to expertise, are discussed by Melanie:

> *…the therapist was…sort of giving other people's examples of their experiences too. So, it was kind of like, well, you know, we're not odd or different…we would both find that people would say, "Oh well, you know, most people don't stay together…" and so*

> *it was really quite a lot of pressure on us because we just kept hearing that. We didn't really hear very many success stories for people who had had a relationship going through transition…and that…worried us a lot. For me, I was like…how could it possibly, you know, be different? I mean, we have been together for so long…whether you have a beard or not, it's really not going to make much of a difference, like he's still the same person…But just hearing that there are other people that did make it through, I guess, was really important…* (Melanie)

The disparity between stories of couples that stay together and those who do not was concerning for both Melanie and her partner. The interaction with the therapist enabled Melanie to situate her experience as either similar or dissimilar to those of other couples and created a sense of normality within their experience. Furthermore, the sharing of experiences of other couples created an important counter-narrative to negative comments. It also highlights the importance of expert versus anecdotal commentary to potentially more accurately represent the experiences of the couples and provide some form of hope for the success of the non-transitioning and trans partners' relationship:

> *… I think someone in a similar situation would've been like really good to chat to or to be honest even like, really my networks in terms of anyone that's trans like even to have someone who is another like, I don't know, 5 years on or something would've probably been useful, probably more so on the kind of reassurance that this is not life forever. Like the intensity of it…* (Justine)

As previously demonstrated, the non-transitioning partners spoke to the all-consuming nature of the transition. While they were in the midst of the transition, it might have been hard for them to see what might happen beyond it. The worry that the intensity of the transition might continue for a long time is important to understand. Shared experiences and collective understandings are noted as being important supports for Justine. In terms of their lived experiences, other couples can provide valuable information and potential reassurances about either what is potentially to come or that the intensity is temporary. Claire also discussed a desire to have access to shared lived experiences and collective understandings:

> *…I guess, compare notes…and find out if, if the feelings that I was feeling…are they selfish or is it something that everyone experiences or you know what…kind of reactions does someone else's partner have to them…was how my partner was talking about things…was that on the normal spectrum of things is that…milder than what other people go through. I just didn't really have any gauge for that, and I think that would've helped for sure.* (Chloe)

Being able to contextualise her experiences and feelings with other non-transitioning partners would have been beneficial for Chloe. Of importance is the exploration of whether her feelings were selfish. This highlights the complexity when navigating the role and performing the labour of being a supportive partner. In addition to understanding her own feelings, she wanted to understand whether her partner's reactions and how they were speaking were within the realms of normal.

Self-containment refers to how participants did not discuss aspects of their experience with others. It was apparent not only in their relationship with their partner but also with those outside the relationship. Within the relationship, self-containment was one of the different aspects of care for the transitioning partner. Participants chose to self-contain to not slow the transition, to not add to the emotional and mental burden of their transmasculine partners, and to protect their transmasculine partners from the judgment of those outside the relationship. However, self-containment came at the expense of the participants' well-being. The nuances of self-containment and the emotional labour involved in self-containment are discussed below.

Slowing down a transition may be detrimental to the trans person's well-being, which was understood by the participants and evident in their decisions to contain some concerns that they may have had regarding the transition. One participant discussed this:

> *I also didn't really want to…slow down or stop him taking action that he felt he needed to take because of me…I didn't actually want to put things on hold because I, at the end of the day, I did, I was, I am supportive…*(Justine)

Justine's understanding of her importance in her partner's decision-making shows how the non-transitioning partner can be intertwined with transition steps. Although Justine may have been grappling with her feelings regarding the transition, her supportive position was more important than her feelings. In this instance, her anxiety was not indicative of her level of support, yet there was a concern that sharing her worries could slow or stop the transition. Holding these feelings is potentially indicative of an emotional dilemma for the non-transitioning partner and their understanding of their influence as the main support person. Ultimately, for Justine, her anxiety about impacting her partner's transition was of more importance than her need to express her feelings to him.

Justine further indicated concerns regarding her partner's well-being that related to her decision to self-contain:

> *…because I guess…in terms of his mental [state, he] was quite fragile at the time, and it was like, well, I'm not going to add onto that…cause I think then that would've added to his anxiety…* (Justine)

For Justine, her understanding of both her and her partner's needs ultimately meant that his needs were prioritised ahead of her own, due to the vulnerability of her partner and, in particular, his anxiety. The concern for her partner, and prioritising his anxiety and fragility, was an emotional labour undertaken by Justine.

For the participants, their self-containment stemmed from a place of care; however, they may have experienced this as a detriment to themselves as they attempted to balance their own needs with those of their partners.

Chloe discussed her struggle with self-containment as she recalled instances where she decided to forgo her own needs in favour of her partner's well-being:

> *…I definitely erred on the side of being cautious because I could see very clearly how this was affecting his mental health, and…it didn't seem that he was in a good place to discuss things openly and quite vulnerable mental health-wise. So, it definitely made me reconsider every time I wanted to bring something up about, maybe feeling stressed or being unsure or…things not strictly related to his transition, I wouldn't bring up because I was just worried that it would maybe set him off or, like, make him feel bad* (Chloe)

Chloe's experience extended beyond the transition itself, as she noted that even discussions outside of the transition might have been detrimental to her partner. Where Justine noted that discussing her concerns related to the transition might have been detrimental to her partner's well-being, for Chloe, her partner's well-being was deemed to be too vulnerable to discuss concerns or anything that might have made her partner feel troubled. Consequently, Chloe was placing her partner's needs above her own, as an aspect of her emotional labour. Chloe further discussed the ways in which she struggled to navigate the balance between discussing the limits to her emotional labour and the potential response from her partner:

> *…if I could figure out a way to…tell my partner at the time that, okay, I don't have the emotional capacity to have these discussions today or maybe even for the whole week. Things like that, but to say it in a way that's not hurtful…I think that's something I struggled with. I'd just rather not even say anything…which was detrimental.* (Chloe)

Here, she was able to provide insight into why non-transitioning partners might struggle to speak up. As noted in the previous section, there is a strong desire to be a supportive

partner, as well as an understanding of the toll a transition takes on the transmasculine partner. Therefore, navigating how to maintain the role of the supportive partner while expressing a need to reduce the support load or pause it is a complicated experience for the non-transitioning partner. As indicated previously, concerns/worries from the non-transitioning partner may be seen as a threat to the transition, and thus, the issue of navigating and expressing an emotional limit, while still being a supportive partner, was one that Chloe was not able to reconcile.

Self-containment in interactions with others may emerge as an emotional response stemming from the non-transitioning partner's desire to protect the transmasculine partner or to withhold something they perceive as private about their transmasculine partner. The discussion of disclosure was spoken about by Chloe:

> *…I didn't really talk about it in great detail because I think at the time I felt like this is between me and my partner. I don't want to overshare, especially things that might feel like they're very private for my partner. So, no…I didn't discuss it in…much detail with…friends.* (Chloe)

The transition is intertwined with the partnership. While the non-transitioning partners are not going through the transition themselves, they are still going through their own journey of change. Navigating what can/should be spoken about with friends may be something that the non-transitioning partners need to do. For Chloe, this meant not sharing with others about aspects of the transition that she believed were private to her partner. Yet, in self-silencing in her friendship groups, there may be a loss of a support network. Someone to discuss aspects of the transition outside of the relationship is likely to come from friendship groups. However, issues around privacy and personal aspects need to be navigated. Chloe chose not to speak about the transition in much detail, a decision that, unintentionally, left her holding the weight of her emotional well-being alone, which could have been eased through connection with her support network.

Similar to Justine, as previously discussed, Chloe's decision to self-contain in regard to other people outside the relationship was understood as a way to avoid potentially stopping her partner from transitioning.

> *Initially, before my partner started transitioning…I think it was probably the worst time and probably the time when I wanted to talk the most, to other people, but was not able to because it was the time when my partner was actually on the precipice of making a decision, and, because of that anxiety about that…if they felt threatened, they might not have made the decision to go forward. Which probably would've been*

> *catastrophic…So, it's kind of like…I had to hold my partner's need above my own…* (Melanie)

Melanie drew attention to how the tension in the stage before the transition began or was decided is, for both her and her partner, a significant period of time. She notes this as being the "worst time" yet, simultaneously noting that her desire to speak to others could be viewed as threatening to her partner, which is an incredible tension to hold for the non-transitioning partner. However, the potential for the cost for her partner to be catastrophic was very powerful, which highlights the seriousness of transitioning. While she did not elaborate on what exactly would be catastrophic, the literature may provide some insight, noting that transitioning can improve a person's well-being and decrease suicidal ideation (Klein & Washington, 2023). Regardless, the potential outcomes for Melanie's partner were ones that she was not willing to risk, even though her own support needs were great. She ultimately placed her partner's need before her own and undertook significant emotional labour.

An additional rationale for self-containment around others outside the relationship may stem from a desire to protect the transmasculine partner and the relationship.

> *…but I don't feel like with friends…or…family, if I voiced my concerns about anything, it probably would've been taken as like a red flag. Like, okay, like we need to do something or call…cause at the time there was a lot, kind of that idea of like oh, poor me, like as in having to deal with that which I'm like is just not okay…* (Justine)

While Justine did not view herself as needing pity, nor being required to remain in the relationship, there was still the sense that if she shared her concerns, her friends and family would view the concern as a red flag that required action on their part. Consequently, in an effort to avoid such a response to information that would also portray her partner in a negative light, Justine instead chose to contain her concerns to herself. While the potential response from friends and family might have come from a place of care, for Justine, it ultimately meant that they were unsuitable confidants and therefore, no longer a support network that she could benefit from. In turn, this distancing adds to the emotional labour of the non-transitioning partner, as it can create an environment where they are isolated, as they cannot speak freely and receive support and understanding from friends/family.

While we might not know the details of the support needs for the non-transitioning partners, it is appropriate to understand that support is needed when undergoing a life change and the isolation and additional emotional labour of self-containment should be understood in this context. There is not one factor that creates conditions for self-containment; however, there was a running discussion among the participants about centring the self-containment around the benefit to the transitioning partner and holding their needs above the participant's own. It

is important to note that protecting the transmasculine partner then begs the question of whom the participants can turn to for support, if speaking to the transitioning partner or speaking to friends/family is not applicable.

Theme 6: The Complexity of Disclosure

The complexity of disclosure is the last theme that captures the experience of navigating competing needs. As demonstrated throughout the study, the non-transitioning partner is experiencing the transition alongside the trans partner and in their own ways. Being part of the journey means that the transition becomes part of their own experiences and life stories. However, due to the nature of the sociopolitical environment and/or the trans person's feelings, there may be limitations to what the non-transitioning partner can disclose. They may have to grapple with the decision to disclose or conceal their sexual identity or parts of their life story to protect their transmasculine partner. This might include navigating competing needs of the transmasculine partner and how they story their relationship history, if at all. In deciding to continue the relationship with the transmasculine person, the participants experienced the labour of navigating complicated parts of their lives and day-to-day interactions. Different forms of emotional labour are discussed throughout this theme, which highlight that a significant amount of the non-transitioning partner's experiences constitute invisible forms of emotional labour. Support for their partner is offered in a variety of ways, sometimes at the expense of their own well-being or going beyond their capacity. The continued emotional labour of managing their anxiety about the transition, the relationship, and the unknown, coupled with difficulty accessing resources/knowledge, further amplifies the non-transitioning partner's labour. Lastly, non-transitioning partners need to grapple with the notion that part of their lives may be rendered invisible due to the transition and that, in appearing as a heteronormative couple, their sexual identity and life experiences need to be kept concealed due to potential safety concerns in outing their partner. However, in doing so, the non-transitioning partners may be left feeling misunderstood, unseen, or misinterpreted due to this invisibility. Even though the non-transitioning partners might describe the experience as being largely positive for them and their partners, it is important to recognise that this experience also includes various forms of emotional labour involving complex navigational skills in relation to needs and wants in the relationship and has an impact on their disclosure of identity and life history.

For Claire, managing the complexity of disclosure was done through the containment of her life stories. As they are intrinsically linked to one another, her past with her partner prior to his transition needed to be contained, or else it would result in outing her partner as trans:

> *…I've never really identified as like a lesbian or that I was in a relationship with a woman cause [my partner] never identified as lesbian either. But we rallied for same-sex marriage…there [were] such big, monumental things in our lives that [regarded] same-sex marriage and equality, but now that's almost erased…but it's a part of my story that I don't really talk about now because it's not the way we present. So, there's confusing things about that in my day-to-day.* (Claire)

As Claire has described, aspects related to her life story are almost erased due to her partner's transition. A poignant part of her and her partner's life story is regarding same-sex marriage, and although their sexual identities were not lesbian, their participation in rallying for same-sex marriage was something very important to her. However, now they are presenting as a heterosexual couple, and speaking on or discussing her participation in a same-sex marriage may come with questions for them as a couple. Claire, instead, does not talk about this aspect of her life. This may be related to safety concerns for the couple, as trans people still face discrimination and prejudice, as well as the trans person not wanting to be known as being trans. Therefore, if she did speak on her participation in the same-sex marriage movement, there would likely be a need to explain her and her partner's relationship. There are some instances where changing the narrative would not be applicable, such as if someone knew how long she and her partner had been together, then she could not speak about this life experience as though she were speaking about a previous partner. Consequently, complicated experiences where it is natural for humans to share stories need to be contained to protect their partner's identity. Claire spoke further about the interactions with her partner, the complexity of their shared life stories, and how their perspectives differ:

> *…I overshare cause I'm proud and I'm happy…and I'm like, woo, everyone should know this…where he's a bit like…not everyone needs to know…the previous company I worked for…the people I worked with I was very close with…and I disclosed, and I shared that sort of thing, and he was like did they have to know? Why did—why did you tell them that? But then I was like, I work with them every day, they should [know]—then he was like, but I don't know them, so why did they have to know? Because now I have to, like, come out to them, that sort of thing, and I was like, okay. So, then at my next place of work, I did work with a girl…and we became very close friends, and I told her, and he got angry again and was like maybe ask me first…Like I would tell everyone in the world, and I often do, and get in trouble…It's not a big thing for me…but it is for [my partner] and [my partner], if he can pass, if he can just be him, then that's how we do it…And I take how he wants to live his life…and we've struggled a bit with that because I'm like, well, it's my life too, but I*

> *do, like it took me a bit to understand that it's his safety, it's his like, there's a lot more to it than me being proud kind of thing.* (Claire)

The dilemma for Claire in sharing about her partner's transition is that his transition is part of her life story as well. She is proud and excited about her partner's transition, and, for her, this is a very important life event. However, for her partner, it is related to safety and disclosure of his gender identity. While her experience as a non-transitioning partner has been a journey with its own complexities, it is also about her partner's identity and desires in life. The wants and needs of both partners need to be navigated by them, and ultimately, her partner's needs have been placed higher than her desire to share aspects of her life and her life history. There is a grey space that the non-transitioning partners inhabit concerning closeting versus outing. The balancing of needs and life events when going through a journey that still is not widely accepted in the current sociopolitical environment, while thinking about ownership of stories, makes for difficult decisions. Telling her own life story and being proud and excited about what has happened in her and her partner's life is something to be measured against the well-being of the trans partner. There is an invisibility that can be associated with the complexities of disclosure, which is especially the case for those who initially entered a relationship as a lesbian couple and now appear as a heteronormative couple. Thus, they receive the privilege of appearing heterosexual while simultaneously erasing the nuances of who they identify as and the journey that they have gone through:

> *I guess it's to the point where…people are referring to my partner as he and not they, and they just presume that they're my husband and that it's just a presumption…and…I really wanna correct them, but if I correct them, I'm outing my partner, and that's not…good because, you know, but then there has to be a bit of give and take on that like because it might be outing them, but I might be closeting myself if I'm not giving some kind of information. Yeah, so…we haven't worked that out yet because this is a really new thing.* (Melanie)

The impact of the assumption of heteronormativity includes the possibility of the partner's identity being made invisible or erased. The desire to balance both partners' needs and wants is something that Melanie has not been able to navigate with her partner, and part of this complexity is likely firmly rooted in the environment in which it is not necessarily safe for trans people and their families to be outed as trans. Yet in the decision to conceal her identity, Melanie herself is being closeted, and her identity must be one that she makes invisible for the benefit of her partner. While it is important and necessary to understand that there can be very severe ramifications for being outed as trans, this concealment is a form of

emotional labour that the non-transitioning partner needs to undertake by rendering their identity and life experiences invisible and closeting themselves. When they initially entered the relationship, their identities were not likely to be interpreted as heterosexual and, as such, were able to be recognised by others. This is now not the case, which renders parts of their lives as areas they need to navigate, including whether or not a person can/should be told. Although Melanie and her partner have not worked out how to navigate this dilemma, there is a leaning towards the understanding that not outing her partner is of more importance presently, and how they choose to navigate this going forward is unknown. The implications of outing vs closeting mean that an aspect of themselves is not necessarily understood.

> *…Yeah, and I'm halfway between that because there are instances where I'm like, well, that isn't me, and you don't understand me because you don't see me…that's important…* (Melanie)

Melanie speaks to the unrecognised aspects of being a partner of a transmasculine person. The lack of visibility for her and her inability to discuss her identity because her partner may be outed means that she is not understood. While there is a heterosexual privilege that comes from being partnered with a transmasculine person, there is also this consequence whereby the non-transitioning partners are rendered invisible, and as such, their experience is not understood because they are not "seen." Melanie has essentially closeted herself to protect her partner. Even though this may be somewhat like people who identify as bisexual in heterosexual relationships, there is this additional level of nuance for partners of transmasculine persons. For people who identify as bisexual, the invisibility of their sexual identity might be the consequence of how they appear in the social world and the prevalent assumption of heteronormativity in society. For partners of transmasculine people, however, by discussing their life experiences and identity, they may call into question their partners' identity, even if they "pass." The significance of outing their partner cannot be overlooked, yet in doing so, they are no longer understood, while they likely had some level of understanding of who they were and how they identified prior to the transition, when they appeared as a same-gender couple. Balancing the wish to be seen and understood while prioritising their partners' safety appears to be done at the expense of the non-transitioning partner's identity.

Conclusion

Normative assumptions permeated various aspects of the participants' lives. They discussed the impact it had on not only their attraction and sexual identity, but also how they were perceived both by those outside of the relationship and within themselves. It contextualised

their experience of parenting in relation to gendered expectations of the parental roles and family unit. While in a relationship with a transmasculine partner, some participants experienced questioning or negative reactions towards their relationship or their support for their partners, leaving the participants needing to navigate others' reactions to the transition at the expense of seeking support for themselves. Other people's reactions also led to questioning about whether or not they should continue to be supportive of their partners. The participants also discussed the demands and their desires to be supportive, mediated by their capacity to be supportive, culminating at times in a mismatch between their desire and ability. Further to this, for some participants, their desire to be supportive meant that, at times, they needed to manage their own anxieties, with one way being to self-contain their worries, in order not to add to their partner's emotional labour. Finally, the participants spoke of the complexities surrounding disclosure, noting how in disclosing their experience, they were also disclosing their partner's transition. For some participants, this ultimately led to prioritising their partner's need for privacy over their ability to be recognised as part of the LGBTQIA+ community, or to discuss their experiences or past interrelated with the transition. These participants are now read as part of heterosexual couples, and thus, to be understood in their entirety, they would need to disclose their experiences. Overall, normative assumptions impacted how they were perceived and how they understood themselves in many aspects of their lives.

The next chapter discusses the findings from the survey and the interviews and draws conclusions from the findings.

Chapter 6: Discussion and Conclusion

Introduction

This study aimed to explore the experiences of cisgendered women in Aotearoa NZ and Australia who are partnered with transmasculine people during their transition. A mixed methods approach was used to provide insight into the breadth of experience across a range of participants, using data gathered through a survey. This more quantitative data was supplemented and enriched by in-depth, nuanced accounts of experience from a smaller sample of participants collected through interviews. This closing chapter will provide a discussion of the integrated findings from both surveys and interviews to answer the research question, "What are the experiences of cisgender women who are partnered with transmasculine people during their transition in Aotearoa NZ and Australia?" The integrated findings are discussed in relation to key aspects, grouped by themes developed across the survey and interviews, and address the following topics: sexual identity adjustment, changes in group membership, normative scripts' impact identity as a parent, emotional labour occurring in most contexts, self-containment as a psychological strategy, and competing needs and disclosure of identities within a couple. I then attend to the implications and limitations of the study and opportunities for future research before offering a conclusion based on all the above.

Sexual Identity Adjustment

In this study, an adjustment to, and for some in, sexual identity was highlighted as a key theme. Sexual identity formation is often iterative, undertaken throughout adolescence and into adulthood (Shapiro et al., 2010). This may be best understood as not fixed, but having the ability to change throughout a person's life (Morgan, 2012). It might also be related to a life event, such as a partner transitioning gender, prompting a self-reflection of sexual identity. Reaction to such events appears to be related to an individual's social understandings of sexual identity being tied with the gender identity of their partner, both internally and externally, in the case of the cisgender women. Three reference points for understanding sexual identity therefore come into play with those women's own identity formation and definition; i) as separate from the partner's gender transition, ii) their sexual identity in reference to their partners' transmasculine identity, and iii) their sexual identity through the eyes of the observing other, i.e., friends, family, and society in general.

The findings from this study revealed that for some, their sexual identity, prior to their partner's gender transition, did not seem to fully encompass their partner's gender identity. This may be easily understood by those who identify as lesbian or with a sexual identity that is solely attracted to women. Therefore, a partner's gender transition to a masculine gender

identity was at times felt to be at odds with their sexual identity. There appeared to be several approaches to the reconciliation of this societal conundrum. Some resolved this dissonance through changing their sexual identity to a one which better accommodated their partner's gender identity. Others viewed their sexual identity as separate from their partner's gender transition, and maintained their sexual identity as lesbian. Interestingly, unlike other studies (for example, Colton Meier et al., 2013; Platt, 2020), where incompatibility with the non-transitioning partner's sexual identity and the trans partner's gender identity was sometimes highlighted as causing the relationship dissolution, this was not found in the present study.

The impact on sexual identity was found with those who identified under the plurisexual [13]umbrella. Where it might be assumed their own sexual identity could encompass their partner's gender identity, the present study found that sexual identity was impacted by their partner's gender transition. Sexual identity labels are understood within the socio-cultural environment, and who they include is both a personal choice and situated within this environment. In general, the impact on those who identify under the plurisexual umbrella may find that their understanding of their sexual identity does not encompass their partner's gender identity. For others, sexual identity may encompass their partner's; however, self-discovery as part of the questioning of sexual identity may push the non-transitioning partner into changing theirs, or simply to examine their own more closely. Another way to understand the nuance of this change, while still under the plurisexual umbrella, is the debate regarding bisexual versus pansexual, in relation to being inclusionary/exclusionary of trans people (Cipiriano et al., 2022). Some people regard bisexual identity as inclusive of attraction to all genders, whilst others view "bi" as meaning two and thus bisexuality excludes trans and non-binary people (Cipiriano et al., 2022). Therefore, the impact on plurisexual identities may stem from these disagreements.

As indicated earlier, the development of sexual identity can be seen as an iterative process. For those non-transitioning partners who may feel confused or are exploring their own sexual identity, and then enter into a relationship with someone who later transitions, this further adds to the complexity and nuance of this personal but important aspect of their identity. People may therefore be constrained by societal and personal understandings of sexual identifiers, but it may also be that existing and available sexual identities, as they are understood and contextualised for the participants, did not adequately capture their experience. The findings of the present study reflected some of the nuances experienced, with self-questioning for those recently exploring their sexual identity, and a desire to

[13] Please refer to glossary for definition of Plurisexual.

process the change in sexual identity was also expressed. Similar experiences have been noted in previous literature, with participants in other studies also renegotiating their sexual identity (Siboni et al., 2023; Theron & Collier, 2013). How people make sense of and understand these sexual identifiers is rooted in the societies and communities they are a part of.

It has been argued that current conceptualisations are rooted in binary conceptualisations of sex and gender, which then may be complicated by trans identities (Galupo et al., 2014; Villa, 2025). Even the identities currently used may still not fully encompass a person's understanding of their sexual identity. This narrative may be useful for understanding the participants' complicated experiences with their sexual identities and may help to explain the need for allowing sufficient time to navigate these various complex understandings of sexual identity.

Societal understanding of sexual identity was explored in this study through the responses of the participants' friends and/or family, specifically with regard to their personal sexual identity. The study found that these women experienced questioning of their sexual identity as a consequence of friends and family trying to make sense of how the transition may impact their understanding of the participant's identity. This type of questioning intertwines the non-transitioning partner's sexual identity with their partner's gender identity, predicated upon an assumption that their sexual identity should (or may) change in order to reflect their attraction to a transmasculine partner. Some participants in this study appeared to reconcile these considerations through an understanding that their partner was the same person, and as a consequence, they did not feel the need to change their understanding of their own sexual identity. This finding aligns with previous research, where pressure on the non-transitioning partners to navigate their sexual identity in relation to their partner's gender identity is highlighted (Brown, 2009; Theron & Collier, 2009; Perri, 2022).

Further complexities regarding the non-transitioning partner's sexual identity are also related to the experience of sexual and physical attraction in the relationship, around which partners might experience fear and anxiety. These unknown spaces surrounding the transition, and how it may alter or change the physicality of the other person and their relationship, were a source of anxiety for some non-transitioning partners. Some understood these changes in familiarity as a passing experience, acknowledging their discomfort while also noting that this would likely be temporary, and that the memory of how their partner was prior to the transition would eventually be forgotten. This reaction may be understood as similar to previous research findings (Norwood, 2013; Ostrander, 2025), where non-transitioning

partners experienced a trans partner as being different and consequently needed time to grieve and process those changes.

Regarding the present study, an emphasis was placed on acknowledging that the gender transition impacted the cisgender women's sexual identity even as they asserted continued support. While only briefly evidenced, it appeared as though the sexual identity exploration of the cisgender partner may be viewed as a threat to the trans partner in terms of the relationship. The resolution and integration of the three reference points for the partners' sexual identity—their own sexual identity, their sexual identity in reference to their partners' transmasculine identity, and their sexual identity through the eyes of the observing other—is a complex and nuanced process, which takes time, and available labels and categories do not always offer easy identifiers for people of transitioning partners. This experience echoes previous literature (Brown, 2009), where cisgender women navigate questioning what their partners' gender transition "makes them" in terms of sexual identity (Joslin-Roher & Wheeler, 2009). This study clearly asserted that even whilst the transition impacted the non-transitioning partners' sexual identity, it did not impact their support for the gender transition. The study highlights the complexity of navigating changes in one's own identity for the non-transitioning partner, whilst holding the importance of the partner's gender transition in mind, in the context of perceived expectations to fit into socially acceptable/normative identities and roles. The perceptions of others over their relationship and identity additionally created emotional labour for non-transitioning partners to justify themselves and their relationship. They were required to do this while also immersed in their own self-questioning about how to make sense of their own sexual identity and how they experienced sexual attraction with the changing embodiment and gender expression/identity of their partner. This further adds to the literature, which holds that the gender transition can equate to a sexual identity renegotiation process for the non-transitioning partner (Brown, 2009; Joslin-Roher & Wheeler, 2009; Platt & Bolland, 2018; Theron & Collier, 2013).

Findings from the study revealed that identity adjustment for the non-transitioning partners is a personal and unique experience, and potentially one undertaken regardless of their sexual identity prior to their partner's gender transition. It may not ultimately result in a renegotiation of sexual identity; however, it may require the non-transitioning partners to engage with their understanding of their sexual identity within the context of both societal and personal understandings. In all these ways, the non-transitioning partner's sexual identity then becomes one that holds weight for themselves, society, and their transmasculine partner. They may choose to change their sexual identity to reflect their new understanding. They may also be required to change it to protect and affirm their partner or render their sexual identity intelligible to others. In this research, it was found that non-transitioning partners'

sexual identity was not solely related to their self-identity, but instead, is one that is reflective of others' perceptions rather than their own internal processes. This places a lot of pressure on the non-transitioning partner to codify a sexual identity that can be understood and accepted by those they know. The experiences of the participants in the present study reflect discussions in other literature, describing the potential renegotiation of sexual identity (for example, Brown, 2009; Joslin-Roher & Wheeler, 2009; Platt & Bolland, 2018; Theron & Collier, 2013). The emphasis on sexual identity appears to be one that is significant, not just for participants in the present study, but also for those in other studies where the importance of sexual identity was discussed by the non-transitioning partners (for example, Brown, 2009; Joslin-Roher & Wheeler, 2009; Nyamora, 2004; Platt & Bolland. 2018; Theron & Collier, 2013; Vincent & Erikainen, 2020). The deeply personal nature and importance of sexual identity for a person in a relationship with someone who is transitioning is one that cannot be overlooked; it is simultaneously individual, relational and also contextually situated within the wider society.

Changes in Group Membership

The implications of group belonging for the general population have been documented as important in terms of safety, protection against adverse life events, and well-being at both the individual and societal level (Holt-Lunstad, 2024; Hudson, 2015). Social support in terms of community participation has been found to be a protective factor for the well-being of those in stigmatised groups, such as those who identify within the LGBTQIA+ community (Ellis et al., 2026; Heath & Mulligan, 2008). Conversely, a lack of social support and disconnection from a sense of community are risk factors for lower mental well-being of bisexual and lesbian women (Ellis et al., 2026; Heath & Mulligan, 2008). Loss of social support and recognition was experienced by the non-transitioning partners in the present study. Depending on how they were "read" or perceived by those outside of the relationship, contributed to being misunderstood and created a loss of support networks due to a lack of alignment between conceptions of the relationship and experiences of their sexual identity. This process was further complicated by differences in the desires and goals of each partner, where one may have wanted to be recognised as heterosexual, and the other may not have. This finding suggests that partners are potentially at increased risk of lower mental well-being due to the loss of this protective factor.

Existing literature indicates that being "read" as a lesbian couple contributes to group belonging (Aramburu Alegría, 2013). Being perceived as a heterosexual couple after the transition was discussed in Pfeffer (2014) as a process of being *misrecognised* as a heterosexual couple, which non-transitioning partners found personally and socially challenging and distressing. This was reflected in the present study, where cisgender women

partners felt misunderstood or invisible due to the transition. The transition can therefore bring with it the experience of a loss of connection to the LGBTQIA+ community, through being misrecognised as a heterosexual couple, of heterosexual orientation, which may contribute to the emphasis on needing time to process the change, and for some cisgender partners, this was framed in terms of grief related to this change. Even though both partners might identify within the LGBTQIA+ umbrella of identities, they may be viewed as a heterosexual couple due to heteronormativity and cisgenderism[14]. The findings here reflect the process of "re"-presentation of sexual identity, when a person's appearance does not fit with how a LGBTQIA+ person "should" look, in situations where people are automatically given an identity as either under the LGBTQIA+ umbrella or heterosexual (Clarke & Spence, 2013). Consequently, where once couples appeared and were understood as a same-gender couple, there might now be a loss of connection to community and a support network. This might also mean that some non-transitioning partners, who are no longer understood as being part of a same-gender couple or part of the LGBTQIA+ community, are then, because of the way others perceive them, no longer considered part of the community.

The homonormativity, which upholds the dominant assumptions and institutions in LGBTQIA+ communities for LGBTQIA+ persons (McCormick & Barthelemy, 2021), may be a contributor to this experience. Those who continue to identify as lesbian, while continuing in a relationship with their transmasculine partner, as was the case for some in this research, may be seen as in opposition to homonormativity, for their relationship with a masculine-identified person. They may be interpreted under the framework of heteronormativity and cisgenderism, through questioning of their sexual identity by others or being excluded from their lesbian community, regardless of their self-identification as a lesbian. The present study aligns with previous literature (Joslin-Roher & Wheeler, 2009; Pfeffer, 2014; Theron & Collier, 2013), where some non-transitioning partners were excluded from their lesbian communities due to their partner's gender transition. Exclusionary practices may be understood in terms of a violation of intracommunity norms and insinuates an interconnectedness of the non-transitioning partners sexual identity with the trans partners gender identity. The experience of cisgender women being excluded from lesbian or LGBTQIA+ communities due to the interpretation of their sexual identity and relationship adds to existing literature discussing exclusion in terms of a violation of intracommunity norms (Brown, 2009). This overlooks that the couple entered the relationship as a lesbian couple, yet remaining with the same partner

[14] Cisgenderism refers "…to the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth as well as resulting behavior, expression, and community." (Lennon & Mistler, 2014, p. 63)

following a gender transition can ultimately result in a loss of support network and connection to a community they still identify with.

These exclusionary processes can be seen as an attempt to reinforce homonormativity, and it has been argued that exclusionary practices within the LGBTQIA+ communities seem to privilege those with the most power within the community and exclude those with intersecting identities and those who do not meet the requirements of inclusion (McCormick & Barthelemy, 2021). While those who identify as lesbian with a transmasculine partner may simply view their transmasculine partner as the same person, and so might not find their sense of sexual identity impacted, findings in this study indicate that this may not be understood by those outside the relationship. This may be understood in terms of homonormativity exclusionary practices, whereby, as part of the intra-group processes, those who do not fit within typical understandings of lesbian, as their partner once identified as a women, now identifies as transmasculine, are excluded from the community. This does not allow for the complexities of identity and the importance of self-identity being allowed to sit in a space that is outside of the norm. Thus, group membership, which has important supportive and identity functions, becomes something that may be a constraint for some non-transitioning partners when how they are perceived and what they can say about their relationship becomes intertwined with their ability to be socially recognised.

How others make sense of these couples is then situated in normative assumptions around how a non-transitioning partner's relationship is perceived, consequently altering their sexual identity in other people's eyes. In relation to this conflict of identities, it seems that sexual identity is perhaps understood as more fluid than gender identity. The social pressure placed on the non-transitioning partner to change their sexual identification to an identity congruent with social norms around sexual identity is, therefore, intertwined with their partner's own gender identity. The non-transitioning partner may be positioned by social normative expectations/assumptions as heterosexual and subject to the influence of heteronormative assumptions. Social forces appear to create a pressure for the non-transitioning partner's sexual identity to be coterminous with heterosexuality in relation to their partner's gender. In this research, partners did not report the reverse experience, i.e., of their trans partner being presumed, interpreted as, or subjected to social pressures to align with the cisgender lesbian woman's sexual identity. This may be due to the societal norms surrounding women's sexual identities being fluid across relationships (Aramburu Alegría, 2013), leading to a "natural" ideology that the cisgender women's sexual identity should be open to change to conform to a heterosexual interpretation of the couple in relation to their masculine partner's gender identity/gender expression. The ability to exist outside of heteronormativity and homonormativity does not appear to be a possibility in the current social discursive context.

This situation is troubling as the cisgender women were at one point in a visibly lesbian relationship, but with their partner's transition, their sexual identity is rendered invisible or unintelligible due to social readings of the couple's relationship. This may evoke a sense of loss in terms of identity and potentially the feeling or action of belonging to LGBTQIA+ communities.

Normative Scripts Impact Identity as a Parent

The findings indicated that not only did normative scripts have an impact on the sexual identity and group membership for cisgender women, but this also extended into parenting practices. The present study found novel findings as experiences of the non-transitioning partner and parenting were discussed. The interplay of the gender transition and stereotypically gendered roles appeared to impact the experience of parenting. Normative scripts in terms of how mothers and fathers should act seemed to affect the experience of parenthood and identity.

The societal expectations of fathers are typically of a more socially/emotionally distant relationship with their children (Hunter et al., 2017). The social stories and discourses on parenthood are gendered in terms of roles, and these may be reduced to a biological essentialism (Averett, 2021). In this regard, ideologies of what is considered mothering and fathering are considered "natural" for the corresponding sexes (Averett, 2021). Averett (2021) has discussed Chodorow's argument about the social structuring of mothering and fathering. In terms of "doing" gender, people take on gendered personalities to align with their sex, which for women relates to caring, leading to nurturing types of pathways. This tendency then likely affords women with experience that may lead to what is construed as "natural" mothering instincts. From this point of view, mothering behaviour is understood in relation to the social structures that are ascribed to men and women (Averett, 2021). For women in this study, the labels of their relationship and subsequently their parenting system were informed by normative scripts. The parenting systems seem to experience questioning of their familial ties and roles as they did not align with normative scripts for parenting. This is a novel contribution to the research literature.

The findings indicated that for some family systems, parental role names were not always "mum" and "dad". This finding parallels research on trans parents who do not feel as though these names reflect their experience of parenthood (Bower-Brown, 2022). Parental terms, as in the names the children call their parents, such as "mum" and "dad," hold importance in society as they "are symbols that mark and display core relationships" (Frank et al., 2019, p. 580). For trans parents in particular, parental terms can be significant in relation to what the parents choose and feel fitting for both their gender identity and their own perceived role in

the family (Frank et al., 2019). There is a gender binary in parental terms, even though this does not reflect many people's experience or sense of being a parent, and parental terms are closely linked to the roles they are ascribed in the family (Frank et al., 2019). There may be pressure felt, not only to choose a name in relation to roles and gender identity, but also within the social context that people are part of. It could include using names other than "mum" and "dad" which differ from traditional understandings of families, and this could mean that those outside the family may not recognise the familial relationship, which could lead to confusion and invalidation (Frank et al., 2019). As terms are gendered, there are different impacts related to the parental term chosen by the transitioning partner. In this research, some non-transitioning partners whose transmasculine partner chose a parental term suited to their family dynamic and comfort experienced questioning from their children, as well as needing to explain their family to schools/educational institutions. It has been noted in previous research that some people refrain from disclosing their transidentity within schooling systems for the protection of their child; however, the limited literature focuses primarily on the trans parents' perspectives (Hafford-Letchfield et al., 2019). This finding in the current research is novel and important for understanding the conceptualisation of rainbow families. Being misrecognised as a heteronormative family constrains the couple's ability to connect with other families or to be understood as part of the LGBTQIA+ communities.

While navigating the complexities of parenting, the findings suggest that there is an addition of gendered norms that influence the experience of parenting. This appeared to occur institutionally in the present study, as in schooling/child care and healthcare situations. The non-transitioning partners often seemed required to navigate gendered assumptions whilst protecting the safety of their trans partner and family and, at times, appeared to step into the role of trans advocate.

These families seem to sit at the nexus of being viewed as a heteronormative family unit, as well as not quite fully fitting the normative scripts of these families, and so not quite fitting into either world. While literature has viewed the experience from the perspective of the children and the trans parents, it has not provided evidence of or focus on the non-transitioning partners' experience, and their navigation of parenting, both separately and as a family unit, as such, this is a novel finding.

Emotional Labour Occurs in Most Contexts

Emotional labour was evident throughout the non-transitioning partner's experiences and relational contexts. The findings indicated that, in addition to the emotional labour of navigating sexual identity and couple identity (which might include a loss of visibility), non-

transitioning partners also prioritised their partners' needs over their own. This included prioritising their partner's mental well-being, accepting a reduction in support networks, prioritising the transition in the relationship, navigating/understanding healthcare, and managing challenges in the wider family. This extends previous research findings. These have noted that supportive undertaking of the non-transitioning partner is significant, such as providing various types of emotional, financial, and medical support, as the non-transitioning partner may feel responsible for the trans partner's emotional well-being (Joslin-Roher & Wheeler, 2009; Mckinzey et al., 2024; Pfeffer, 2010; Siboni et al., 2022). The findings here revealed that partners were willingly supportive, but this involved significant emotional labour.

In relation to emotional labour, the findings indicated that the beginning of the transition process is a pivotal moment for both partners. Some non-transitioning partners experience fear and anxiety about the transition and the unknown impact that it might have on their lives. Even though this is an important time for both partners to receive support and understanding to reduce emotional labour, the actual process of seeking support was complicated. Where the transitioning partner was not "out," discussing the potential transition with friends and family was complicated, as it impacted on the transmasculine person's right to share their identity in their own way and in their own time; however, this was revealed by some non-transitioning partners as leaving them without support, especially before the transition. This appears to be related to a desire to protect the transmasculine partner and provide safety to begin the transition. Those outside the relationship, even though considered part of the support network, were deemed unsafe in terms of their knowledge of the transition, and this was experienced by participants as a threat to the gender transition occurring. This concern is identified in other literature, which discusses the significance of the appropriateness of the person they speak/share with and the appropriateness of the content that is being spoken about (Van Acker et al., 2023). This study found that this creates a constraint on the non-transitioning partner to both hold and contain their own emotions, whilst also providing emotional, physical, and administrative support for the transitioning partner.

In this study, the non-transitioning partners felt that their own struggles may have been perceived as a threat to their transmasculine partner. This was expressed in terms of struggling to express and be understood, that they too were struggling, in the context of being supportive. This was expressed in both the interview and the survey. With participants highlighting difficulty with discussing their experience with their partner, including discomfort with sharing thoughts, and feelings about their partner's behaviour changes, their sexual relationship, and their mental health related to the transition. This echoes similar sentiments

found in other studies, where non-transitioning partners expressed difficulties in being understood and felt as though their feelings were unimportant (Van Acker et al., 2023). The anxiety that their own struggles may be felt as a threat to their partner's transition is a significant finding of the present study. It highlights the importance of the gender transition to the cisgender women, the emphasis on the protection of their partner, and the emotional labour this incurs, even though they willingly undertake that labour.

In addition to the challenges of reaching out for support from family and friends, non-transitioning partners in this research also expressed difficulties in discussing their own support needs within the relationship. Which further adds to the literature that discusses difficulty in expressing the need for support (Norwood, 2012). This may relate to the understanding by the non-transitioning partners that gender transition is a very impactful and all-consuming process for the person transitioning. They might therefore have felt as though there was no space in the relationship for their own needs, or that the transitioning partner did not have the capacity to provide support for them, further adding to their emotional labour.

Once the transitioning partners are out as trans, the findings demonstrated that the cisgender women were able to receive support from friends and family. However, different participants received differing levels of support. Findings indicated that those with supportive friends and family reported that this was felt to be consistent across time. Likewise, findings showed that for those who indicated lower levels of support from friends and family, this was also felt to be consistent across time. Previous literature has not covered the stability of the support over time, and this adds a new finding to the literature.

A finding from the present research that makes a unique contribution to knowledge is the impact of mutual friends on the non-transitioning partners' experiences and support. The experience of sharing friends between partners was felt to create the need to withhold personal difficulties. This was framed in terms of not wanting to influence the friend's perception of the transmasculine partner or to maintain the privacy of the transmasculine partner. Some participants were impacted by this withholding, as it involved placing their partner's social support needs at the forefront of decision-making. At times, this meant that the non-transitioning partner was left without the level of support that might be needed.

The findings suggest that non-transitioning partners sought out experiences of other partners with a trans person. In previous research, the desire to find someone who understands their particular experience has been identified (Van Acker et al., 2023; Twist et al., 2017). The current research found that non-transitioning partners indicated a desire to find peers both in the interviews and survey, but that this was complicated by a sense of not feeling understood

or differences in age and experiences. Peer support was found in the present study to act as a protective factor, particularly in managing emotional labour of the transition, but it was found in some instances to reinforce anxiety or feelings of isolation, and therefore was not found to be helpful.

The emotional labour experienced by non-transitioning partners extended to the area of GAHT and gender affirming surgery. A desire was identified by the non-transitioning partners to understand the potential impacts of these gender affirming procedures on their transmasculine partner, including potential effects on the emotional dimension of the relationship. Information was sought but lacking, and this increases anxiety surrounding GAHT and gender affirming surgery. Navigating feelings and reactions towards changes, such as a change in voice or appearance, and in the relationship, is a journey that the non-transitioning partners may need to undertake. Some non-transitioning partners were able to share some of their concerns with their partner, but others withheld their feelings for the benefit of their transmasculine partner.

The importance of information regarding how GAHT may impact gendered health concerns, such as gendered heart attack presentations, was framed by the non-transitioning partner in terms of advocacy and awareness for the transmasculine partner. This relates specifically to gendered presentations of medical conditions. However, this extends previous literature that notes that literature appears to be limited to GAHT impact within a trans person's body (D'hoore & T'Sjoen, 2022), rather than the impact of GAHT on medical conditions that have gendered presentations. The findings also emphasise the importance of the impact of GAHT on the relationship in the social context. The extends on previous literature, which notes the interplay of GAHT and social aspects literature, is under-researched (Regitz-Zagrosek & Gebhard, 2023). The findings revealed that the non-transitioning partner navigates GAHT and gender affirming surgery without adequate knowledge or support around how GAHT might impact the transmasculine partner and their relationship. Lack of knowledge and information was found to increase emotional labour experienced by non-transitioning partners in the present study. A novel finding from this study was that some non-transitioning partners were concerned that the transition may cause their transmasculine partner to no longer find them attractive, and no longer wish to be in the relationship. The non-transitioning partners, meanwhile, found themselves unable to locate information about the impact of GAHT and surgery on a trans person's experience of desire and emotional connection.

Mental well-being support was sought by some non-transitioning partners; however, there were barriers to access. The appropriateness of the mental health professional with trans

experience and cost were some barriers expressed by non-transitioning partners. Thus, ultimately, for those with barriers to mental health professions, this reduces opportunities to receive support. Mental health professionals seemed to be an avenue where the answers to the previously noted concerns were sought. Yet access to support was not necessarily found to be helpful. There appeared to be a spectrum of helpfulness, with some concerning experiences reported. These ultimately may add to the non-transitioning partner's emotional labour if they are constrained from discussing their concerns and emotional labour by being positioned as solely providing support, without support in dealing with their own anxieties, uncertainties, and information needs. Ward (2010) has also noted how information in online sources for partners of people in transition may be framed in terms of how the non-transitioning partner can provide support for their transitioning partner. Therefore, support from both mental health professionals and online sources appears to be experienced along a spectrum and to both ease or increase the emotional labour already being undertaken.

This research revealed that the non-transitioning partners seemed to be caught in an unresolvable dilemma in terms of social expectations. Non-transitioning partners seemed to be influenced by social discourses around expectations for non-transitioning partners in two ways. Either they are supportive and don't discuss the emotional labour involved, or they could discuss the struggles involved, and they felt a social expectation that the relationship would discontinue. This constrains any discussion of emotional concerns, support needs, and the possibility of navigating the bridge between support and emotional stress and labour. This dichotomy has also been noted in the literature, where different groups have discussed being supportive or removing oneself from the trans person's life (Mckinzey et al., 2024; Norwood, 2012). How the non-transitioning partner navigates the constraints of these two polarities, while often sitting in the grey space of their own struggles, was a dilemma seen throughout the present study.

The emphasis expressed in the present study regarding a desire to be a supportive partner has also been evidenced in another study (Lewis et al., 2021a), and this included the desire to be supportive but feeling ill-equipped for the entire emotional labour involved. The participants expressed a desire for knowledge with extremely limited access to it due to a lack of availability, lack of current evidence-based research on their experiences. This research highlighted the continual challenge for the non-transitioning partner to navigate providing support while lacking resources.

As a transition can be a very emotional period, it is understood that trans people need support through this period of their lives (Puckett et al., 2022). When interactions between the couple are felt to be dominated by that need and by the transition process, this creates

high emotional demands on the supportive partner. This may create a conflict in the non-transitioning partner, where they want to be supportive, but at the same time are aware of their limitations and growing personal needs in this context.

This research highlighted the importance of recognising the emotional labour involved in the provision of support by non-transitioning partners, and the need for resourcing both partners in the couple to support the change process.

Self-Containment as a Psychological Strategy

Self-containment was identified in this research as a psychological strategy to manage the experience of having a partner transition, and this is a novel contribution to the knowledge. The finding here provides unique insight into the tools that non-transitioning partners may use to contain what they experience, think and feel before, during and after their partner's transition. Self-containment was utilised by the participants to protect their transmasculine partner and the partnership, by reducing anxiety within it. However, this did not reduce anxiety for the non-transitioning partners; instead, it increased their emotional labour.

The decision to self-contain appeared to have been made due to the participants' perceptions of the vulnerability of the mental well-being of their transmasculine partner, and from a desire to demonstrate that they were supportive. The threat to the transmasculine partner's well-being was deemed too significant to allow them to share their concerns when their transmasculine partner was questioning their decisions or worried about the relationship. Additionally, even when the non-transitioning partners sought to disclose their struggles, the fear of not being able to present their experience in a way that did not burden their transmasculine partner more was also discussed. This finding is a unique contribution to the literature.

Self-containment also seemed to occur with those outside of the relationship, such as friends and family. With family and friends, it seemed to be employed to avoid misinterpretation or misunderstanding of the non-transitioning partner's concerns or struggles regarding the transition, or, as earlier noted, to provide space for the transmasculine partner to begin to transition. Misunderstandings and misinterpretations of the non-transitioning partner's struggles were understood by the non-transitioning partner as concern for their well-being. Although coming from a place of well-meaning by friends and family, it still resulted in a decision to choose not to disclose experiences or solicit support. This appeared to be due to a desire not to negatively portray the relationship or the transition, or to avoid the additional emotional load of defending their relationship.

Self-containment as displayed in the present study might be considered as akin to the protective buffering discussed in the medical and military spouse literature (Winterheld, 2017). Protective buffering relates to the decision to intentionally withhold information and concerns to protect the other partner (Carter et al., 2020). Interestingly, the literature on protective buffering indicates that it may lead to greater distress for the partner utilising this coping strategy and, depending on whether the purpose is for self or partner protection, may lead to greater or less relationship satisfaction (Berg & Upchurch, 2007; Winterheld, 2017). Yet, while protective buffering may have parallels to the self-containment witnessed in the present study, it does not fully capture the multitude of concerns the non-transitioning partners seem to hold. While protective buffering tends to include only the other relational partner, in this study, the cisgender women were in a state of protecting both the transmasculine partner against their own emotional concerns and also protecting the transmasculine person and their relationship from negative social forces and prejudicial responses. This manifested not only in terms of how they felt they should or should not be behaving, relating to the dichotomy of being a supportive or non-supportive partner, but also in terms of social lack of acceptance and understanding of gender transition. Navigating disclosure in terms of speaking to others outside the couple seemed to be resolved through a psychological strategy of self-containment of personal worries, which creates isolation in a situation of psychological distress.

Understanding that while the non-transitioning partners are choosing to self-contain, as all other options do not seem suitable or advantageous for their transmasculine partner and the relationship, this remains a very isolating strategy. While it may be argued that they could seek support through other avenues, such as from professionals, the narrative of being supportive or not supportive was found to be at play. For the cisgender women who felt as though they were unable to seek support for themselves in order not to burden their transmasculine partner, and to avoid the additional emotional labour of navigating other people's responses, and given the limitations of access to other peers, this meant that self-containment was viewed as the only solution. This ultimately required extensive emotional labour in itself, in addition to the types of emotional labour discussed previously.

Competing Needs and Disclosure of Identities Within a Couple

One of the important findings of this study is that disclosure of identities and relationships in this context is multifaceted and nonlinear. Disclosure is a complicated process across all phases of the transition. The non-transitioning partners may wish to adapt and disclose or confirm their sexual identity while also disclosing the experience of being a partner of someone who has transitioned. This is noted in previous research, as disclosure for LGBTQIA+ persons is not a one-time experience; instead, it must be continually navigated

(Chirrey, 2003). In every instance where a person wishes to be seen, they will be required to do so again if their invisible identity is one that is non-normative in the context in which they are interacting (McDonald et al., 2020). Thus, there is a continuum of disclosure, as persons may be out in some contexts and closeted in others. It has also been posited that disclosure may strengthen the connection between people (McDonald et al., 2020). However, previous literature on disclosure tends to speak to the individual as opposed to the relationship. The findings indicate that consideration for disclosure is not only concerned with the self. If non-transitioning partners wish to disclose their sexual identity, which may be considered by others to be at odds with their partner's gender identity, this calls into question their partner's gender identity and/or the relationship dynamics. Further complications to the non-transitioning partner's experience were that the trans partner may not wish to be out in either that specific context or in any other. Thus, the non-transitioning partner's experience of disclosure is one that is intimately interrelated and not only within the sphere of self-identity.

This aspect of the transition and how to navigate the potentially competing needs of the two partners around disclosure has not been discussed in previous research. It highlights how disclosure is an ongoing process and reveals the tensions of whose identity and experience is socially acknowledged, recognised and visible. This presents a tension that the present study suggests is not one that is easy to reconcile. The safety of the transmasculine partner appeared to be the important deciding factor, yet this leaves the non-transitioning partner with feelings of invisibility and with gaps in their life history as it may out their transmasculine partner. The complexity of disclosure is an important and novel finding of the present study.

Implications

Although this study is situated in an ever-changing landscape, due to social and political influences, it provides further understanding of the nuances of non-transitioning partners' experiences. The research captures the complexity of desiring to be supportive in relation to the emotional labour required by being supportive whilst also struggling with aspects of the gender transition, lack of information and access to support, and potential complications to understanding of identity.

The findings of this study add to the literature as they provide insight into the binary constraints of sexual identity labels for those who enter a relationship prior to the gender transition of their partner. This research evidence may provide theoretical knowledge in terms of the impact of societal understandings of the non-transitioning partner's sexual identity as intertwined with the gender identity of trans partners. It also adds to the discussion surrounding group membership and the visibility of group membership for those who do not identify as heterosexual following a partner's gender transition. This finding may

be important for understanding the visibility of LGBTQIA+ people and families within the wider LGBTQIA+ and heterosexual communities.

It further extends the literature on families and parenting, from the perspective of the non-transitioning partner, as they navigate the socially informed gendered assumptions in a heterosexual appearing relationship. This may be translated into knowledge that can be made available through parenting support services, curricular development for teacher education and guidance for services supporting trans people who are exploring or are already parents. It might also be useful in terms of producing user-friendly information and resources that can be made available through trans networks and LGBTQIA+ spaces and organisations to make information more accessible in response to the current lack of information.

It further enables discussion of the complex experiences of those who are supportive and struggling, highlighting the ways in which the non-transitioning partner navigates these experiences, specifically from the lens of a cisgendered woman. These findings may be important for mental health professionals and educators, helping them to provide appropriate support and information for the non-transitioning partner, as well as the relationship. It may also extend knowledge of the complexity of occupying the middle ground and highlight how non-transitioning partners may experience struggles with certain aspects of the transition, rather than the transition in its entirety.

Discussion of the process of and complications inherent to disclosure within various environments and situations provides knowledge of these complex scenarios. Specifically, the navigation of non-transitioning partners, discussing their life stories, while also prioritising the trans partners' safety. This research evidence may be important for psychological and mental health practitioners, the provision of such services and for health care practitioner education in helping to provide appropriate support and information. It may also be valuable for mental health practitioners working with couple relationships to support the well-being of both partners during a gender transition.

It may also provide insight into the psychological tools utilised by the non-transitioning partners in an effort to be supportive. Specifically, the discussion of self-containment may provide vital insight for psychologists, psychotherapists and counsellors who are supporting a non-transitioning partner in that context.

Overall, the main findings from the study may help to provide insight into the experiences of transition for the non-transitioning partners. This may help contribute to and create resources for those who are a non-transitioning partner. It may also assist in providing insight that may help other non-transitioning partners experience hope and recognise their own experience

within others' experiences, and potentially reduce feelings of abnormality. The spectrum of experiences explored in this study may work to move the narratives beyond a binary of being supportive, with the emotional labour of being supportive while impacted and struggling, or simply non-supportive. It may also prove valuable in creating community resources to attend to the lack of information and hope for the non-transitioning partners.

Overall, the present study adds to the literature and potentially provides useful information for mental health practitioners and community members.

Limitations

There are several limitations to the present study. In general, access to potential participants was difficult, resulting in difficulty recruiting participants, especially for the interviews. Although contacts in the LGBTQIA+ communities were the primary mode of recruitment, this only attracted those who identify with and are participating or active in some manner with LGBTQIA+ communities. However, accessing those who may fit the criteria but are not part of these communities is difficult. This may speak to the invisibility of this population, as they may now consider themselves to be in a heterosexual relationship and may no longer identify, or at no time identified as being sexually diverse.

Not only was the sample small, but it was also homogenous, with the majority of the participants having university education, at a minimum, a bachelor’s degree. Therefore, the voices of those without tertiary education are missing from this study. While this is not dissimilar to past research, it does confirm the difficulty in accessing this population and the diversity within it.

Of particular importance is the lack of Indigenous representation from both Aotearoa NZ and Australia. While both countries have Indigenous populations with different conceptualisations of sexual and gender identity, the present study only had one participant identify as Australian Aboriginal, and no participants identified as Māori or Torres Strait Islander. Although one participant did identify as Australian Aboriginal, their participation in the survey did not allow for a complex understanding of the intersection of Indigenous knowledge/understanding and this particular experience. Exploring how culture and ethnicity intersect with sexual and gender identity for non-transitioning partners would be of relevance in both countries with regard to their LGBTQIA+ populations. As there was no pre-established relationship with the Indigenous communities in Aotearoa NZ and Australia, this may have further limited reach to these communities, and in turn, their participation.

The lack of Indigenous voices may also be related to the lack of ethnic diversity in the present study. While there was some diversity represented in the samples, the small sample

sizes for both data sets constrained the ability to discuss the intersection of ethnicity/culture on the participants' experiences. For Aotearoa NZ, the small community of LGBTQIA+ people (4.9% of the population; Stats NZ, 2024) may already create concerns about anonymity when participants consider taking part, and for those who are Māori or Pasifika, cisgender and with a transmasculine partner, this is likely to be further heightened due to the small population at these points of intersection. The limited ethnic diversity meant potential identification of participants, and as such, even those where ethnicity and their experience overlapped, as a consequence of the small sample, this could not be explored by the present study.

Future research

Future researchers should consider obtaining more data about the breadth of experiences to examine how many people might be impacted by gender transition. Larger samples of participants, with involvement of Indigenous populations, would enable their experiences to be understood fully within each country. While the present study focused on cisgender woman partners of transmasculine people, a study of couples' relationships where both non-transitioning people and their trans partners are interviewed and surveyed on their experiences as a couple might be valuable, given that this study highlighted the relational impact of transitioning on the couple. The research also highlights a need for further research on cisgender women's process of self-containment as a psychological strategy to understand its impact on mental health outcomes. Future research would be valuable if targeted towards Indigenous populations, where research is led by, for and with Māori in Aotearoa NZ. Employing participatory or Kaupapa Māori research may benefit understanding for Māori. Findings here also highlight the need to investigate the ways in which the emotional labour of the non-transitioning partner might be best supported. It was clear in the present study that the non-transitioning partner provided support to their transmasculine partner; exploring the types of support needed, for example, ways to promote access to other partners of trans people, would be beneficial. Research pertaining to how mental health practitioners currently enable clients to navigate the competing needs of the non-transitioning and trans partners would be advantageous.

Specifically, research could look at developing psychological and social interventions that would support non-transitioning partners in discussing their experiences while also prioritising their trans partners' safety. As self-containment and emotional labour were salient aspects in the present study, it may be advantageous to pursue additional research in the form of a survey to examine the prevalence of these experiences. This would enable a better understanding of how frequent the experience of self-containment is, and where greater understanding is needed for participants to feel understood or potentially to highlight to

professionals areas in which they should consider speaking with their clients about. The intersection of identities and roles of parents whose partner undergoes a gender transition would add to the literature and extend beyond the present study. Specifically, the composition of the family units and their intersections with identities and group membership would add to the literature and may aid parents who navigate a heteronormative society while not fully fitting into a heteronormative or LGBTQIA+ family.

Conclusion

> *…it's nice to have someone…[doing] this kind of study and… feel like we exist too.* (Claire)

The findings highlight that although the transition centred on the transmasculine partner's identity development, cisgender partners experienced significant personal, relational, and social change. Many reported needing time to adjust to changing dynamics within the relationship, including shifts in their experience of sexual identity, uncertainties about attraction, and the challenge of making sense of previously stable identity categories in new relational contexts.

A recurring theme in this research was the loss or disruption of a sense of LGBTQIA+ community belonging. Participants reported feeling misrecognised as heterosexual, excluded from former LGBTQIA+ spaces, or rendered invisible within both LGBTQIA+ and mainstream communities. Where once they were perceived as a lesbian couple, with group membership and connection related to this perception, they now grapple with being misunderstood due to societal norms. Emotional labour was a significant aspect of these partners' experiences, as many were the primary source of emotional, logistical, and relational support. This often resulted in exhaustion, reduced capacity for self-care, and the adoption of self-containment strategies to avoid burdening their partner or jeopardising the transition. Participants described the difficulty of navigating both their own struggle and simultaneous support for the transition and their transmasculine partner.

Participants described complex negotiations around disclosure, balancing their own desire for authenticity against concerns for their partner's privacy and safety. Parenting contexts introduced challenges, with hetero- and cis-normative expectations shaping interactions with schools, healthcare services, and social networks. Across the study, access to support, both professional and peer-based, was felt to be limited, with many participants reporting difficulties finding culturally competent practitioners or peers with similar life experiences. The findings demonstrate that partners experience a parallel transition that is relationally co-occurring, and that this requires visibility, validation, and tailored forms of support.

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Glossary

Assigned female at birth/AFAB is a term to describe the sex assigned at birth.

Bisexual is a sexual identity term used to describe attraction to two or more genders.

Cisgender is a term for those whose gender identity aligns with the sex assigned at birth.

Gender affirming hormone therapy/GAHT is a term used to describe hormones used for a gender transition (e.g., testosterone or oestrogen).

Gender affirming surgery refers to surgical procedures that help a person's physically body represent their gender identity.

Gender dysphoria is a term used to describe distress felt at the internal experience of gender identity not matching the outer expression.

Gender identity is a term used to describe the felt gender identity based on the options the person understands gender to be.

Gender transition is a term used to describe the process through which someone transitions to a different gender expression, this may be social, hormonal and/or surgical.

Maintenance phase is a term used to describe the period of the transition where there are no active changes occurring, and the gender transition is stable.

Non-transitioning partner(s) is a term used to describe the partner who is not undergoing a gender transition.

Top surgery is a colloquial term used to refer to a double mastectomy to create a masculine appearing chest.

Trans/transgender is an umbrella term to encompass all whose gender identity does not correspond with the sex they were assigned at birth.

Transfeminine is a term used to describe all those who transition to a feminine gender identity.

Transmasculine is a term used to describe all those who transition to a masculine gender identity.

Pansexual is a sexual identity term used to describe attraction to all genders.

Passing/pass is a colloquial term used to describe a trans person who blends into society as their gender identity, and/or are perceived as cisgender.

Plurisexual is a term to describe all sexual identities for whom the person is attracted to multiple genders.

Sexual identity is a term used to describe one's self-perception of their romantic and/or sexual attraction.

Appendix A: Participant Recruitment Advertisement

SEEKING RESEARCH PARTICIPANTS:

Cisgender women partnered with a transmasculine person during their gender transition

- Do you identify as a cisgender woman? (Cisgender means that your gender identity corresponds to the sex you were assigned at birth. For example, if you identify as a woman and were assigned female at birth, you would be considered cisgender.)
- Do you have the experience of being in a relationship with someone who was assigned female at birth and transitioned to a masculine gender identity during the relationship, or the relationship started while they were transitioning?
- Are you 18 years or over?
- Did you live in Aotearoa New Zealand or Australia at the time of the transition?

If so, I would like to invite you to take part in either an individual confidential **interview** or anonymous **survey** for my PhD project, about your experiences during your partner's transition.

For more information and to fill out the **survey** go to:

https://aut.au1.qualtrics.com/jfe/form/SV_6JQR2EGJfWj4bIO

For more information to about the **interview**, please email me, Elizabeth Jennens:

Rwq8231@autuni.ac.nz

Please feel free to pass this on to anyone you think may be interested and meet the criteria to participate.

All queries about this project are strictly confidential

Project supervisor: Dr Paula Collens, paula.collens@aut.ac.nz, 09 921 9999 ext 5780

Approved by the Auckland University of Technology Ethics Committee on 22/03/2022 AUTEC Reference Number 21/430

Appendix B: Participant Information Sheet for Surveys

Participant Survey Information Sheet

Date Information Sheet Produced

12 November 2021

Welcome

Kia ora, thank you for your interest in my survey on the experience of cisgender women who are partnered with transmasculine people during their transition in Aotearoa, New Zealand and Australia. This research is for my PhD at Auckland University of Technology (AUT). Please read the following information carefully, and then click continue if you would like to participate in the survey.

Research Details and Information

You are invited to take part in my research project that I will be doing as part of my Doctor of Philosophy (PhD in Psychology) qualification at AUT University, Auckland, New Zealand. My name is Elizabeth Jennens, and I have a personal connection to the research, as a partner of mine transitioned while we were together. It was this experience that highlighted the lack of research on the partners of transitioning persons. As there is a lack of research, this study seeks to understand your experiences in a number of areas of your life during the transition.

In order to take part, participants are required to meet the following:

- Be eighteen years or older.
- Have identified as a cisgender (cisgender means that your gender identity corresponds to the sex you were assigned at birth. For example, if you identify as a woman and were assigned female at birth, then you would be considered cisgender) woman during the transition.
- Have experience of being in a relationship with someone who was assigned female at birth, and they transitioned to a masculine gender identity during the relationship or were in the process of transitioning when you entered the relationship. The transition can be either social (name, pronoun change etc), medical (hormones), or surgical.
- The transition will have taken place in either Aotearoa, New Zealand, or Australia or both.
- You do not need to still be with the partner

What is the purpose of this research?

This research will allow us to understand more about cisgender women's experiences of their partner transitioning to a masculine gender identity. This will cover areas of their lives including the relationship, their sexual identity, experiences with friends and family, and medical professionals. It would offer you the chance to share your experiences, and this will help shape research knowledge in this area. It would extend academic knowledge about cisgender women's

experiences during the transition of their partner in a way that could contribute to provisions of psychological and health services for other cisgender women partners of transmasculine persons. This research would also be a part of my thesis to gain a PhD qualification and the findings of this research will be used for academic publications and presentations.

How do I agree to participate in this research?

If you would like to participate in the survey, please click continue and you will be taken to the first question. By continuing to the survey and submitting your answers after filling it out, you have consented to be a part of this research project.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw by exiting the survey at any point, but once your responses have been submitted it will not be possible to remove the anonymous data thereafter. If you do not submit your survey answers, your data will not be collected.

What will happen in this research?

In this research, you will continue to where you will be asked a series of questions and space will be provided to you to complete your answers. These questions and answers will allow me to gather data anonymously. The survey will take approximately 16 minutes to complete. Once you have finished filling out the survey you can submit your answers. All data will be collected and analysed by me.

What are the discomforts and risks?

I do not anticipate any risks to you. There is a possibility that the topics discussed can cause some discomfort. You can skip any questions that you feel uncomfortable answering. Your identity will be entirely anonymous. On the last page of the survey as well as below, there will be links provided to resources and organisations that provide support and information.

Aotearoa New Zealand

Outline.org.nz – 0800 OUTLINE (688 5463) from 6pm-9pm

Free call or text 1737 any time to talk to a trained counsellor.

Lifeline – 0800 543 354

https://ry.org.nz/rainbow-friendly-services

https://genderminorities.com/find-transgender-info-services/community-support-groups/transgender-takataapui-takatapui-intersex-community-support-nz-new-zealand/

Australia

https://www.rainbowdoor.org.au/ - Phone: 1800 729 367, Text: 0408 017 246 from 10am – 5pm

https://qlife.org.au/ - 1800 184 527 from 3pm – midnight

https://www.lifeline.org.au/ - 13 11 14

https://www.rainbownetwork.com.au/resources

https://au.reachout.com/articles/lgbtqi-support-services-and-groups

What are the benefits?

You will benefit by having an opportunity to share your experiences and to reflect on part of your life story. By taking part in this study, the findings will contribute to developing a greater understanding of the experiences of cisgender women partners of transmasculine persons. The findings may benefit the medical, health and social care professions in relation to improving support for partners of people who transition.

How will my privacy be protected?

The survey will be anonymous, and the researchers will not have any record of who completed it. The data will only be accessible to me, to the supervisors, and any research assistants employed on the project for the purposes of data analysis.

What opportunity do I have to consider this invitation?

You will have until the survey is closed to consider this invitation. By continuing to the survey, you have consented to this invitation.

Will I receive feedback on the results of this research?

A summary of findings will be made available on the AUT Department of Psychotherapy website (https://www.aut.ac.nz/research/academic-departments/psychotherapy) after analysis has occurred.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Paula Collens, paula.collens@aut.ac.nz, P: (+649) 921 9999 ext. 5780

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz*, (+649) 921 9999 ext. 6038.

Whom do I contact for further information about this research?

You are able to contact the research team as follows:

Researcher Contact Details: Elizabeth Jennens – by email: rwq8231@autuni.ac.nz.

Project Supervisor Contact Details: Dr Paula Collens – by email: paula.collens@aut.ac.nz, by phone: (+649) 921 9999 ext. 5780)

Approved by the Auckland University of Technology Ethics Committee on 22/03/22, AUTEC Reference number 21/430

Appendix C: Participant Information Sheet for Interviews

Participant Interview Information Sheet

Date Information Sheet Produced

12 November 2021

Welcome

Kia ora, thank you for your interest in my survey on the experience of cisgender women who are partnered with transmasculine people during their transition in Aotearoa, New Zealand and Australia. This research is for my PhD at Auckland University of Technology (AUT). Please read the following information carefully, and then contact me by email if you would like to participate in the interviews.

Research Details and Information

You are invited to take part in my research project that I will be doing as part of my Doctor of Philosophy (PhD in Psychology) qualification at AUT University, Auckland, New Zealand. My name is Elizabeth Jennens, and I have a personal connection to the research, as a partner of mine transitioned while we were together. It was this experience that highlighted the lack of research on the partners of transitioning persons. As there is a lack of research, this study seeks to understand your experiences in a number of areas of your life during the transition.

In order to participate in this research, you must fit the following criteria:

- Have identified as a cisgender (cisgender means that your gender identity corresponds to the sex you were assigned at birth. For example, if you identify as a woman and were assigned female at birth, then you would be considered cisgender) woman during the transition.
- Have experience of being in a relationship with someone who was assigned female at birth, and they transitioned to a masculine gender identity during the relationship or were in the process of transitioning when you entered the relationship. The transition can be either social (name, pronoun change etc), medical (hormones), or surgical.
- Your partner must have transitioned to a masculine identity. The transition can be either social (name, pronoun change etc), medical (hormones), or surgical.
- The transition will have taken place in either Aotearoa New Zealand or Australia or both.
- You do not need to still be with the partner
- Be eighteen years or older.

What is the purpose of this research?

This research will allow us to understand more about cisgender women's experiences of their partner transitioning to a masculine gender identity. This will cover areas of their lives including the relationship, their sexual identity, experiences with friends and family, and medical professionals. It would offer you the chance to share your experiences, and this will help shape

research knowledge in this area. It would extend academic knowledge about cisgender women's experiences during the transition of their partner in a way that could contribute to provisions of psychological and health services for other cisgender women partners of transmasculine persons. This research would also be a part of my thesis to gain a PhD qualification and the findings of this research will be used for academic publications and presentations.

How do I agree to participate in this research?

If you would like to participate only in the interview, you are asked to email me at rwq8231@autuni.ac.nz. I will respond to you and provide an approximate timeframe for when I will be conducting the interviews and we will organise a suitable time.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then all of your interview will be removed from the study. However, once the findings have been produced, removal of your data may not be possible. If you are a friend or student of myself or my supervisors (Dr Paula Collens and Dr Elizabeth du Preez), you do not qualify to participate in the interviews. You can, however, still participate in the survey.

What will happen in this research?

In this research, I will arrange a time with you for an interview. The interview will take place either online video chat or in-person at AUT or some other suitable place discussed. The interview will be recorded, voice only. The interview will be more conversational, where I will ask questions, but allow you to dictate the flow of the conversation and any areas you wish you discuss in-depth. Those questions explore your experiences and thoughts of being a cisgender woman who are partnered with transmasculine persons with relation to their sexual identity, relationship, friends/family, support, information received and health professionals. As such, the interview will look at similar areas. The interview will take as long as you would like to keep talking, however, based on previous interviews in a similar area, the interviews will be anywhere from 30 minutes to 2 hours.

Once the interviews have been finished, your conversations will be transcribed by either myself or a third-party transcription team that meets confidentiality services.

You will have the opportunity to review the transcripts if you would like. This can be indicated on the consent form.

Once I have the transcripts the data will be analysed by myself, and all identifying information will be removed or changed before analysis

What are the discomforts and risks?

I do not anticipate any risks to you. There is a possibility that the topics discussed can cause some discomfort. You can skip any questions that you feel uncomfortable answering. The following resources and organisations can be sought out for information and support should you experience any discomfort following the interview.

Aotearoa New Zealand

Outline.org.nz – 0800 OUTLINE (688 5463) from 6pm-9pm

Free call or text 1737 any time to talk to a trained counsellor.

Lifeline – 0800 543 354

https://ry.org.nz/rainbow-friendly-services

https://genderminorities.com/find-transgender-info-services/community-support-groups/transgender-takataapui-takatapui-intersex-community-support-nz-new-zealand/

Australia

https://www.rainbowdoor.org.au/ - Phone: 1800 729 367, Text: 0408 017 246 from 10am – 5pm

https://qlife.org.au/ - 1800 184 527 from 3pm – midnight

https://www.lifeline.org.au/ - 13 11 14

https://www.rainbownetwork.com.au/resources

https://au.reachout.com/articles/lgbtqi-support-services-and-groups

What are the benefits?

You will benefit by having an opportunity to share your experiences and to reflect on part of your life story. By taking part in this study, the findings will contribute to developing a greater understanding of the experiences of cisgender women partners of transmasculine persons. The findings may benefit the medical, health and social care professions in relation to improving support for partners of people who transition.

How will my privacy be protected?

Your identity and information is entirely confidential, accessible to only myself and my supervisors (Dr Paula Collens and Dr Elizabeth du Preez). All interview material will be confidential, and anyone who works on transcribing the interviews will need to sign a confidentiality agreement. A pseudonym will be given to you, or you can choose one yourself. All identifying information will be changed or removed in written transcripts. However, those close to you may be able to identify you as a participant in my research. Confidentiality, in this case cannot be assured completely. Your contact details will be only used by me to contact you regarding the interview and/or research. These will not be passed onto anyone else.

What opportunity do I have to consider this invitation?

You have two weeks to decide whether you would like to participate in this research or not. You can notify me at any time during this period if you would like or would not like to participate. If I have not heard back from you after two weeks, I will send a follow up email. Interviews will be capped at 20 interviews.

Will I receive feedback on the results of this research?

Those who participate in the interview will be given a section in the consent form to advise if they would like to receive the summary. You will receive a one- or two-page summary of the findings of this research by email.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Paula Collens, paula.collens@aut.ac.nz, P: (+649) 921 9999 ext. 5780

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz*, (+649) 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details: Elizabeth Jennens – by email: rwq8231@autuni.ac.nz.

Project Supervisor Contact Details: Dr Paula Collens – by email: paula.collens@aut.ac.nz, by phone: (+649) 921 9999 ext. 5780

Approved by the Auckland University of Technology Ethics Committee on 22/03/2022, AUTEC Reference number 21/430

Appendix D: Survey Questions

1. What is your current age?
2. What is your ethnicity (or ethnicities)? Please check all that apply. - Selected Choice (text option)
3. What is your highest education level?
4. What country do you currently reside in? - Selected Choice (text option)
5. Country of residence during your partner's transition?
6. During the transition of your partner, did you identify as someone who lives rurally?
7. What is your current relationship status? The term "maintenance phase" relates to the phase of transition where there are no further significant physical/behavioural changes happening. This is sometimes referred to as "after transition."
8. What gender identity does or did (if you aren't still together) your partner identify with? Transmasculine means someone who was assigned female at birth who identifies with a masculine gender identity. This term can include those identify as man, trans man and/or a masculine gender identity.
9. What gender identity did you identify with before your partner's transition? Cisgender means that your gender identity corresponds to the sex you were assigned at birth. For example, if you identify as a woman and were assigned female at birth, then you would be considered a cisgender woman. - Selected Choice
10. What sexual identity did you identify with before your partner's transition? - Selected Choice
11. Did your experience of your partner's transition impact your gender identity?
12. Did your experience of your partner's transition impact your sexual identity?
13. Do you wish there was a sexual identity term specifically for persons who are partnered with someone who is transitioning?
14. Are you aware of any term for sexual identity for partners of trans people that you would like to use? - Selected Choice
15. How much do you think your transmasculine partner understood/understands your experience of the transition?
16. Is there anything you wish your transmasculine partner understood about your experience of their transition? (open box)
17. Before starting the transition. How much of the relationship was focused on your partner's transition?
    - Thinking about the transition
    - Discussing the transition
    - Doing transition-related activities
18. During the transition. How much of the relationship was focused on your partner's transition?

- Thinking about the transition
- Discussing the transition
- Doing transition-related activities

19. In the maintenance phase the transition. How much of the relationship was focused on your partner's transition?
    - Thinking about the transition
    - Discussing the transition
    - Doing-transition-related activities
20. Before starting the transition. How much of the relationship would you have liked to be focused on the transition?
    - Thinking about the transition
    - Discussing the transition
    - Doing transition-related activities
21. During the transition. How much of the relationship would you have liked to be focused on the transition?
    - Thinking about the transition
    - Discussing the transition
    - Doing transition-related activities
22. In the maintenance phase of the transition. How much of the relationship would you have liked to be focused on the transition?
    - Thinking about the transition
    - Discussing the transition
    - Doing transition-related activities
23. How easy was it to discuss your experience of the transition with your partner?
24. How comfortable were you communicating with your transmasculine partner about your experience of the following in relation to their transition?
    - Your sexual identity
    - Your gender identity
    - Your thoughts/feelings about their hormonal changes
    - Your thoughts/feelings about their physical changes
    - Your thoughts/feelings about their behavioural changes
    - Your thoughts/feelings about the sexual relationship
    - Your mental health regarding the transition
    - Your need for support within the relationship
    - Your need for support outside the relationship ("outside" meaning any person who is not your partner)
25. Did you feel free to talk with others outside the relationship about the relationship/transition?
26. How supportive were your family of your partners transition?
    - At the beginning of the transition
    - During the transition

- At the maintenance phase of the transition

27. How supportive were your friends of your partners transition?
    - At the beginning of the transition
    - During the transition
    - At the maintenance phase of the transition
28. Did you access support from other partners of trans persons?
29. What stopped you from seeking out other partners of trans persons. (Please tick all that apply) - Selected Choice
30. What sources did you use for attempting to seek out other partners of trans persons? (Please tick all that apply). - Selected Choice
31. Where did you successfully gain support from partners of trans persons? (Please tick all that apply). - Selected Choice
32. If you successfully accessed other partners of trans people for support, how helpful did you find the support?
33. If applicable, when interacting with professionals for transition-related concerns, did they take into consideration your experience as a partner?
    - Doctors (GP)
    - Nurses
    - Mental health professionals
    - Endocrinologists
    - Other professional, please state
34. Did you receive any partner-specific information or support from medical/mental health professionals involved with your partner's transition?
35. Which professionals did you receive the information/support from? (Please tick all that apply). - Selected Choice
36. How involved were you with the decision-making process for the following aspects of the transition?
    - Hormones
    - Surgery
    - Doctors (GP) appointments
    - Endocrinologist appointments
    - Mental health professional appointments
    - Other, please state
37. What areas of transition would you have liked to know/would like to know more about from the professionals? (Please tick all that apply). - Selected Choice
38. Did you seek out information on what you might expect as the partner of a person who is transitioning?
39. Where did you seek the information? You do not need to have found information, this question is just looking at the places where you tried to source it (Please tick all that apply). - Selected Choice
40. Where did you find information? (Please tick all that apply). - Selected Choice

41. What did you seek information about, and how much information were you able to find?
    - Relationship
    - Hormonal effects
    - Surgeries
    - Fertility
    - Support for yourself
    - Other, please state
42. Where did you find most of your information about what to expect during/after the transition? (Please tick all that apply). - Selected Choice
43. Did you seek any professional help/support for your own mental wellbeing during your partner's transition? This can be for any reason, and with any professional in or out of the mental wellbeing field.
44. Did you seek help/support relating to the impact of the transition or for other reasons?
45. Which of the following topics did you discuss with a professional relating to the transition? - Selected Choice
46. How helpful did you find discussing your mental wellbeing in relation to the transition with any of the following professionals?
    - Doctor (GP)
    - Therapist
    - Psychologist
    - Psychiatrist
    - Life coach
    - Spiritual advisor
    - Gender clinic
    - Other, please state
47. Did you want to seek professional help for your mental wellbeing during the transition but were unable to due to waitlists, or personal fears, or money etc?
48. Which of the following reasons prevented you from accessing mental wellbeing support related to the transition? (Please tick all that apply). - Selected Choice
49. Which of the following topics would you have liked to discuss with a professional? (Please tick all that apply). - Selected Choice
50. Have you thought about fertility and methods to becoming a parent while being with a transmasculine partner?
51. Do you identify as a member of a religious and/or faith community?
52. Did you feel the desire/requirement to disclose your partner's transition/trans status to your religious and/or faith community?
53. Did your religious and/or faith community provide support to you during the transition?

54. How supportive did you find your religious and/or faith community regarding the transition/your transmasculine partner?

Appendix E: Schedule of Questions for Semi-structured Interviews

Demographics

A form will be sent for demographics.

Introduction questions

- Would you like to tell me about how you meet your transmasculine partner?
- What country were you living in for their transition?

Experience in the relationship

- Thinking about your relationship, would you like to tell me about what the experience was like for you as your partner transitioned?
- What were the high points in your relationship during your partner's transition?
- What were the struggles for you in the relationship during your partner's transition?
  Additional Prompt Questions
- Did you feel that your partner understood what it was like for you during their transition?
- Is there anything you wished your transmasculine partner understood about your experience?

Behaviours

- Would you like to tell me about any changes you noticed in their behaviours towards you and others as they transitioned?
  Prompt Questions
- How did you feel about these changes in their behaviour/interactions?
- If you think of gender stereotyped behaviours, did you notice any changes in your partner's behaviours? And how do you feel about that? Can you give me an example?

Communication

- Would you like to tell me a little about how well or how difficult communications between you were, during the transition? What did that feel like for you?
- How was it for you to talk about your own experience of the transition with your partner?
  Prompt Questions
- Were there aspects of your experience of the transition that you felt unable to talk about with your partner? If so, what was that like for you?
- Did you notice any changes in the way you communicate with each other, during the transition? Could you give me an example?

Family and friends

- Would you like to tell me about how it was for you with your friends and family while your partner transitioned?
  Prompt Questions
- Can you give me an example (positives and/or negatives).

Community support/Other partners

- Are you able to say something about the support that was available to you from the rainbow community or other partners of trans people?

Prompt Questions

- What aspects of the transition, or what things did you/do you want to discuss with another partner?
- Could you give me an example (positives and/or negatives).

Your gender/Sexual identity

- Did you want to speak to me about your experience of your sexual identity during your partner's transition?
- How did you think about and feel about your gender identity as your partner transitioned?

Prompt Questions

- Were there times you questioned your gender/sexual identity?
- Did you feel as though there was a gender/sexual identity term that you felt comfortable identifying with?

Experience with professionals

- Could you tell me about your experience with medical or mental health professionals for the transition?

Prompt Questions

- Did you receive any information or support when you interacted with them?
- (if yes) what support or information did you receive? And what is that like for you?
- What would you have liked to experience?
- What advice would you give to professionals

Information about partners experiences of transition

- Are you able to talk to me about your experience of seeking information about what you might expect as a partner of someone who is transitioning?

Prompt Questions

- What sort of information did you find/what were you seeking?
- Where did you find it?
- Did you find it helpful?

Information about the transition

- Do you want to talk to me a bit about your experience in researching the process of transitioning?

Prompt Questions

- What motivated you to research the process?
- What sort of information were you seeking, and what did you find?

Mental wellbeing

- Can you tell me about your experience of your mental wellbeing during your partner's transition? Did you seek any professional help and what was that experience like for you?

Prompt Questions

- Did you want to give me some positives and negatives of that experience?
- What would you have liked to experience?

Employment

- Can you tell me a bit about your experience of your workplace (if you were employed) in relation to your partner's transition?
  Prompt Questions
- What was that experience like?
- Were your colleagues / employers aware of your partner's transition? How did they respond to you in relation to this?

Fertility/parenting

- If you wanted to have children with your partner during the transition or during the maintenance phase (after transition), can you tell me a bit about your experience and thoughts about the process of becoming a parent?
  Prompt Questions
- What sort of research or information have you come across?
- Can you tell me a bit about your feelings/thoughts about pregnancy either you or your partner carrying the child, while being with a transmasculine person? Have you thought about it?

Religion

- Are or were you a member of a religious faith community during the transition?
- If yes, would you like to talk about your experience with that community while your partner transitioned?
  Prompt Questions
- Are you able to provide me with some examples of some positives or negatives?

Ending

- Is there anything you would like to say about the experience of talking today with me during this interview?
- Do you have any suggestions for changes you want to see in the field of healthcare and psycho-social support for partners of transitioning people?
- In relation to all the areas we have discussed, is there something you would have liked to talk about if we had more time?

Appendix F: Interview Participant Demographics Form

What is your current age?

- 18-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65+

What is your ethnicity (or ethnicities)? Please tick all that apply.

- European/Pakeha
- Māori
- Asian
- Pacifica
- Middle Eastern
- Latin American
- European Australian
- African
- Australian Aboriginal
- Australian South Sea Islander
- Torres Strait Islander
- Norfolk Islander
- Own Description _____

What is your highest education level?

- Some of high school
- Completed high school
- Tertiary (or equivalent) certificate or graduate diploma
- Bachelor's degree
- Postgraduate degree or diploma
- Doctoral degree

What country do you currently reside in?

- Australia
- Aotearoa New Zealand
- Own Description _____

What country did you reside in most during your partner's transition?

- Australia
- Aotearoa New Zealand

What gender identity do you currently identify with?

Cisgender means that your gender identity corresponds to the sex you were assigned at birth. For example, if you identify as a woman and were assigned female at birth, then you would be considered cisgender.

- Woman (cisgender)

- Another gender, please specify: _____

What sexual identity did you identify with before your partner's transition?

- Heterosexual or straight
- Pansexual
- Polysexual
- Omnisexual
- Gay
- Lesbian
- Queer
- Asexual
- Bisexual
- Takatāpui
- Open description, please state _____
- Don't know
- Choose not to answer

Appendix G: Participant Consent Form

Project title: Experiences of cisgender women who are partnered with transmasculine persons during their transition: An Aotearoa New Zealand and Australian study

Project Supervisor: Dr Paula Collens

Researcher: Elizabeth Jennens

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 12/11/2021.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○
- ○ I wish to review my transcript before it is analysed. *You will have two weeks to review the transcript once it has been sent to you.* (please tick one): Yes○ No○

Participants signature: .....

Participants name: .....

Date: .....

Approved by the Auckland University of Technology Ethics Committee on 22/03/2022 AUTEC Reference number 21/430

Appendix H: Interview Participant Oral Consent Script

Project title: *Experiences of cisgender women who are partnered with transmasculine people during their transition: An Aotearoa, New Zealand and Australian study.*

Project Supervisor: *Paula Collens*

Researcher: *Elizabeth Jennens*

The participant joins the video conference

○ Do you agree to my recording your consent to participate?

If they agree, then the record function will be activated, and they will be asked the following:

○ Have you read and understood the information provided about this research project in the Information Sheet dated 12/11/2021?

○ Do you have any questions about the research?

○ Do you understand that notes will be taken during the interviews and that the interview will also be audio-recorded and transcribed?

○ Do you understand that taking part in this study is voluntary (your choice) and that you may withdraw from the study at any time without being disadvantaged in any way?

○ Do you understand that if you withdraw from the study then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used? However, once the findings have been produced, removal of your data may not be possible.

○ Do you agree to take part in this research?

○ Do you wish to receive a summary of the research findings? (Please tick one): Yes○ No○

○ Do you want me to send you a copy of the audio recording for this consent? Yes○ No○

○ Please confirm you name and contact details

Participants name:

.....

Participants Contact Details (if appropriate):

.....

.....

.....

.....

I will now turn off the recording of the Consent and then will start a separate recording for the interview.

Approved by the Auckland University of Technology Ethics Committee on 22/03/2022 AUTEC Reference number 21/430

Appendix I: Iterations of Survey Themes

First iteration

Subtheme one: Sexual identity

Codes: Sexual identity; Lesbian; Community

Subtheme two: Intertwined with the transition

Codes: Impact; Dyadic; Our transition

Second iteration

Subtheme one: Adjustment

Codes: Time; adjustment; Change

Subtheme two: Group membership

Codes: Change in belonging; part of group; inclusion in group

Subtheme three: It impacts me

Codes: Impact; Dyadic; Our transition

Appendix J: Iterations of Interview Themes

Subthemes

First iteration

Self-sacrificing/prioritising partner

Codes: outing/closeting; self-containing fears; desire to be supportive; providing support

Unknown

Codes: importance of knowledge; lack of resources; limitations of knowledge in literature; limitations of knowledge from professionals

Norms

Codes: gendered norms; sexual identity norms

Second iteration

Navigating conflicting needs

Codes: outing/closeting; re-historising life story; complications with sharing past

Self-containment as cost to self

Codes: concern for sharing feelings; balancing trans partner's needs and their own; caution with discussions

Desire to be supportive

Codes: wish to be supportive; examples of support; emotional toll of support

Gendered norms in parenthood

Codes: mum and dad norms; parenting responsibilities

Sexual identity

Codes: sexual identity as changing; attraction; questioning of sexual identity from those outside the relationship