

Straddling the scalpel of identity: a critical study of transsexual transition in a familial context

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Abstract

In 1999 I was still married to my wife and was a father of four children. When I changed sex and gender we became estranged. We were all distressed by this event which reflected nearly half of all transsexual transitions (De Cuyperea et al., 2006; Whittle et al., 2007). The experience impelled me to critically investigate transition in a familial context; such investigations have been neglected and overlooked in heterosexual and non-heterosexual studies of familial intimacy.

I argue that identity is a social construct formed between individuals and others. Transition disrupts heterosexuality's essentialist biological schema because changes in sex/gender identities are assumed to be fixed, coherent and stable. Transition caused familial intimates' understandings to become fractured and they became distressed.

I interviewed 13 transsexual and 12 familial intimates (some in the same family), using a self-disclosure approach suggested by Oakley (1981), so that they might tell of their transitional experiences. Telephone interviews were used due to their wide geographical dispersion,

The transitional biographical narratives of participants were qualitatively analysed and coded using Nvivo. The methodology followed that originated by Plummer (1995) in his empirical study of sexual stories.

The results showed that pre-transition transsexual people fear rejection so they adopt various strategies to begin transition. In 86% of the transitions studied cis¹ people grieved their loss of identification with the trans person's pre-transition sex/gender identities. The various strategies used by both trans and cis intimates to preserve relationships post-transition are discussed alongside situations where the new sex/gender identities became unrecognised. The data identified situations where intimates' transitional distress is diminished and exacerbated. The study increases understanding of institutional heterosexuality, familial intimacies, transgender practices of care/support and transsexual transition.

¹ Cis 'a word used to describe individuals whose gender identity matches the expected norms for their sex' (Shapiro, 2010: 58).

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Introduction to thesis

In 1999 I was still married to my wife and the father of four adult children² when I made the decision to change my sex and gender from that normally associated with a male to that of a female. This was after 15 years of medical discussion, psychotherapy and reflection on the social implications of transitioning. I migrated across the normative dichotomous boundaries of sex and gender. As a consequence I am now divorced and have not seen my children since 1999. My family and I have been emotionally traumatised by my changes of identity. This experience of my change in sex and gender identifications motivated me to critically study transsexual transition in a familial context.

The study created an opportunity for both my participants and me to heuristically reflect on our experiences of transition; a process of contemplation originally identified by Richardson (1994; 1997; 2000). My writing about transition and the various sex/gender identities experienced by participants required a close qualitative analysis of the messy complexities of their transitional biographic narratives. Furthermore, the analysis demanded that I pay close attention to my theoretical, philosophical and moral inclination towards critical feminism, queer theory, transgender studies and a hybrid mix of these; it required a high degree of reflexivity. I discuss reflexivity more fully in Chapter 2.

I identify as a transsexual woman committed to the medical model of transition which involved hormone therapy and surgery. Virginia Prince (1973) first began to challenge this transsexual model of gender variance and Sanger (2010b) more recently found in her empirical research that other transgender people challenged the dichotomies of gender and sexuality norms which caused them to identify differently to me. I sociologically discuss the range of transgender identifications adopted by gender variant people in both chapters 1 and 2.

In this introduction to the thesis I show how my desire to study transition has been articulated by other transgender people and their advocates. I demonstrate how the need for more extensive emancipatory research into transgender issues follows a similar trajectory to that demanded by non-heterosexual and disabled people. I briefly draw attention to the methodology I used to study transition and its effect on familial intimates, showing how this connects with other research. I then return to further reveal details of my transition and show how this experience and study at Master's level study influenced the formation of preliminary research questions. I next reflexively critique their inadequacy after having examined two transitional archival texts and a study of the literature. The appraisal enables a more sophisticated understanding of transition which enables me to present improved research questions. I end the introduction by outlining the content of the main chapters of the thesis.

² I am still legally the father of my children because I produced the sperm required for conception, however, I now regard myself as a normative woman whose birth certificate is legally male (I have not taken up legal gender recognition).

Before I develop the reasons for my desire to study transsexual transition in a familial context I will briefly digress to consider my use of the term familial. I adopted this term because, after a close analysis of the familial literature, I recognised that contemporary conceptualisation of families has evolved from the early naturalistic, biological and reproductive understanding towards a looser pattern of close intimacies. However, understanding of the family, whilst having been subjected to both empirical and theoretical scrutiny, remains tenaciously fixed in public understanding (Morgan, 1996; Jackson, 1997; McRae, 1999; Laslett, 2004; Gabb, 2008). I seek to capture the tensions between this powerful everyday notion of the family and scholarly critical analysis of personal intimacy in the title of my thesis and the family section of the literature review (see page **Error! Bookmark not defined.**).

My family and personal experience of transition is not unique because social and clinical research shows that our experience of familial disruption and distress occurs in nearly half of all transsexual transitions (De Cuyperea et al., 2006; Whittle et al., 2007). Furthermore, the significant strain on partners is reported in another key empirical study of transition by Brown (2009). Lim and Brown (2009) report, from their empirical social study of transgender people in Brighton (UK), that transgender people have significantly more difficulties (which include 'significant emotional distress, depression, anxiety, isolation, anger management, insomnia, fears and phobias, panic attacks, addictions and dependencies, and suicidal thoughts) than lesbian, gay and bisexual people {Lim and Browne, 2009#307:section 4.2}. They suggest that these mental health difficulties are associated with social stigma and isolation resulting post transition.

Personal experience was not the sole motivation for study. I had an academic curiosity to study the effects of transsexual transition on familial intimates. Furthermore, Rachlin (2009) argues that the transgender community and its advocates also articulate this specific need for research into the effect of transition. Other scholars (Brown and Rounsley, 1996; Lev, 2004; Hines, 2007; Sanger, 2010b) hold the view that there is a need for broader empirical research in the field of transgender. However, there is a shortage of informed scholars working with transgender issues because it is not an established discipline (Rachlin, 2009). Moreover, Rachlin identifies that research into transgender populations is given low prioritisation and is marginalised by university research departments. These difficulties are exacerbated because of the challenges transsexualism poses to normative values. Rubin (1984) argued that, as a social issue, transsexuality (and other forms of gender variance), was situated less favourably than heterosexual marriage and gay/lesbian intimacies.

In 2001, Weeks et al. (2001) explained that a reason for their study of the familial intimacies of non-heterosexual (often conflated normatively to gay and lesbian people) was to give empirical insights into the challenging nature of forms of domestic organisation, the shifting meanings of identity and belonging, and the developing culture of non-heterosexual ways of life. They maintained that there had been little systematic empirical research concerning these themes in the UK.

I assert that there is an egalitarian human right for similar research into transgender familial intimacies and identities. In making this assertion I follow Stonewall's (1997) manifesto which demanded these rights for gay and lesbian

people and Barnes' (2012a) arguments for emancipatory research with disabled people. These scholars asked questions such as: who decides what research should be done; how is it to be done and how it should it be used? I argue that these emancipatory questions should be extended to transgender people as a matter of fairness. I am supported in this by Stryker (2006) who identifies there is a political right to knowledge about transgender issues. Furthermore, I argue that Stryker would see the theoretical positioning of my subjective knowledge of being transsexual (and that of other transgender people) as important as 'more objective' forms of exterior expert knowledge of the transsexual phenomenon (Stryker, 2006 270). The reading of the self is important in Queer Theory (Plummer, 2011) and Transgender Studies (Whittle, 2006b)

Whittle (2006b) also maintains that trans (see appendix) women's voices are seriously absent in sociological empirical studies. He compares trans women's absence from academia with that of trans men and concludes that accessing academia is more difficult for trans women. He postulates that this might either be due to the greater difficulty in *passing* (this is the act presenting sex/gender identifications so that they are not dissonantly understood in normative terms) or to trans women's greater risk of poverty because of familial financial responsibilities. The latter makes it harder to develop a research career. The above discussion indicates a need for good quality research relevant to the needs of transgender people and their families.

I argue that when transsexual people make it known to their intimates that they intend to transition from their assigned sex/gender to their new sex/gender identifications the various intimates are often thrown into an identity crisis. This is because sex/gender identities are normally understood to be fixed, coherent and stable. I also explain how identities are narrated into being. My methodological focus was on: participants past and transitional biographic narratives; how new identities were created and received by intimates; how their experiences were expressed through their discursive interactions. Empirical studies have examined, intimacies, sexuality, transgender people and transition (Plummer, 1995; Gagne et al., 1997; Ekins and King, 2006; Schrock and Reid, 2006; Hines, 2007; Whittle et al., 2007; Brown, 2009; Sanger, 2010b). All these studies used a qualitative interview technique based on Plummer's (1995) methodology in *Telling Sexual Stories*. I investigated the nuances of transitional identification confusion using a qualitative methodology. Here I explored transition using an interview strategy based on a qualitative analysis of transitional biographical narratives. I chose this approach because it showed how social forces intersected in the social contexts of familial intimacies, how these produced a diversity of lived experiences and how both normative and non-normative structures were navigated by intimates. I drew upon the fields of: *Transgender Studies*, critical feminism, *Queer Studies*, sociology and some psychology whilst I adopted a postmodern understanding of identity as a social relationship. I analysed the identity narratives sociologically and developed the argument that transition was situated within the social structure of institutional heterosexuality (Ingraham, 2005). In adopting this methodology I extended the empirical knowledge of the other scholars cited above.

My transsexual transition took 14 years. It began with counselling by a psychotherapist in 1985, following this I identified as a transsexual woman and

sought medical treatment at Charing Cross Hospital in London. This hospital contained, at that time, the only gender identity clinic (GIC) in the UK. Accessing the GIC was difficult as it was not widely known by medical professionals as a centre for the medical care of transsexual people; it was hidden as a result of the stigma associated with the treatment of transsexuality or gender dysphoria (a medical term). After the first visit, I attended every 6 months and I began hormone therapy under the supervision of a psychiatrist (Russel Reid a specialist in transsexuality). Between 1986 and 1999 I engaged in the process of transsexual transition involving my spouse supported by various other medical professionals. I was not able to involve my children in these discussions because my spouse resisted their participation. A fuller story of my relationship (during transition) with my children is too emotional to discuss here. However, adopting this position draws attention to the boundary of self-disclosure which I erected to protect myself against emotional exhaustion as suggested by Oakley (1981:58). I recognised this presented a delimitation of my methodology. I continued my transition by changing a range of legal and identity documents; and in 1999 I eventually underwent sex reassignment surgery. Immediately after this I followed the advice given by *The Gender Trust* (Dean, 1998) and wrote letters to my children, extended family and friends, informing them of my change in sex/gender identity. My transitional actions may have precipitated the familial estrangement mentioned at the beginning of this introduction.

Reflecting on this experience and the subsequent period, between 1999 and beginning this study, I was able to formulate initial research questions. Significantly, during 2004-6 I completed an empirical study of a transsexual transitional text *Trans America* (Tucker, 2005) for a master's degree in Cultural Studies. The research questions I arrived at were:

- How might trans-people renegotiate their new embodied and gendered identities, in order to maintain their close intimate relationships with kin and friends?
- What are the factors that influence close-others to withhold recognition of the trans person's identity?
- What are the characteristics of those relationships that survive transition?
- How might the psychological and social distress experienced when relationships breakdown be diminished?

When I reflected on these questions I realised that they were influenced by the transitional events I had experienced and were to some extent egocentric; I became aware that I had not been sufficiently reflexive.

In July 2008, nearly a year into this study, a friend, David Jackson (1990; 2007a) alerted me to two transitional texts that were to be shortly published, *She's a Boy I knew* (Haworth, 2007) and *Between Ourselves* (O'Leary, 2008). Haworth's film was to be screened at the Broadway Cinema in Nottingham on Sunday 3rd August 2008. Gwen Haworth was a transsexual woman, the protagonist and the film's director. She made an auto-ethnographic study of her familial intimates' reactions to her transition. My partner and I attended the screening and afterwards during the evening and next morning were able to discuss the film with Gwen (I had invited her

to stay at my house). Gwen and I were also able to exchange and elaborate on each of our transitions. *Between Ourselves* was broadcast on BBC Radio 4 on 17th July 2008. It was part of a series presented by Olivia O’Leary which brought together two people who had profound and similar experiences. She sought to hear their individual stories and compare the long-term effects on each of their lives. During the broadcast Olivia O’Leary interviewed Daphne Gadd, the wife of a transitioning transsexual woman and Chris Wilcox whose wife had become a transsexual man named Drew.

Between Ourselves focused on spousal intimacy whereas Haworth had a wider interest in familial intimates. I transcribed the broadcast and used it together with Gwen’s transcript as auto/biographic texts which provided transitional data. I analysed the data to make a preliminary critical evaluation of transsexual transition. I did a content analysis of these archival texts, following guidelines set out by Bryman (2004), I felt that they provided the opportunity to have another perspective on transition.

Chase (2011) argues that Intimate relationships are dependent on multiple ‘circumstances and resources that condition but don’t determine the stories people tell (and don’t tell)’ (Chase, 2011:422). Furthermore, the analysis of different texts shows how narrative realities differ contextually and temporally (Weinberg, 2005). Additionally, Plummer draws attention to the range of, ‘textual-films, videos, novels poetry, visual images’ (Plummer, 2011:201) which are commonly the basis of analysis by *Queer Studies* scholars. For example, in *Transgender Studies*, Judith Halberstram (1998) used a variety of such texts to study ‘female masculinity’ (Plummer, 2011:202). Use of a range of textual analysis, is supported by Gabb (2008), Roberts (2002) and Temple (1994) who saw synergy amongst the data as being more important than dissonance between the methods of data analysis. Such a variety of textual material is distant from that normally studied in traditional sociology but it is more accepted in other disciplines. I argue that it is legitimate to use such material to understand biographic meanings. I am supported in this by other scholars who see such a methodology as acceptable for the analysis of auto/biography; these academics assert that while sociology provides the methodological basis it is ‘actively interdisciplinary’ (Stanley, 1994:89; see also Lincoln et al., 2011).

In this research I wished to understand transsexual transition and its effect on intimates; *She’s a Boy I knew* and *Between Ourselves* are two transitional texts which might be analysed to reveal intimates meaning making during transition. These texts are part of Chase’s (2011) taxonomy of appropriate data that might be examined because she argues that ‘using multiple sources of data underscores that any view is partial and that narrative environments are multiple and layered’ (Chase, 2011:430); and furthermore, biographic research is likely to be messy and reflexive (Marcus, 1992; 1994). *She’s a Boy I knew* and *Between Ourselves* offer the possibility of stimulating dialogue about the complexities of transsexual transition, furthermore, they also meet the emancipatory criterion for social change (Chase, 2011).

Clinical practice indicates that transsexual transition might be regarded as a staged process which involves developing self-awareness, seeking information,

disclosure to others, exploration and integration of new identifications (Lev, 2004). My analysis of the protagonists, in the DVD and radio texts, followed a trajectory similar to Lev's Stages. However, each of the three transitions was unique and had different temporalities. The data showed that two transitioners were fearful of emerging as transsexual (a pre-transition fear with which I was able to identify), however, reluctance to emerge was emotionally damaging for all of us and our intimates. Whittle et al. (2007) empirically identified transitional trigger points when cis people act in a prejudicial way towards transsexual people. In my initial textual study all the cis intimates reacted when their transsexual intimate emerged (revelation to others was one of Whittle's points).

Examination of the DVD and Radio transitional narrative texts alerted me to the similarities between gay and lesbian *coming out* and transsexual transition. I explored this comparison further by drawing on Garfinkel's (2006) concept of passing which is the act of presenting sex/gender identifications so that they are not dissonantly understood. Passing is important for the psychological well-being and safety of transsexual people. The spouses in the radio broadcast supported their transsexual intimate with their endeavours to pass because they also realised that their transsexual husband/wife needed to pass to be accepted without social distress in the dominant cis community (Butler, 2004b).

I used a list (developed from Small's (2001) critical review of theories of grief) which identifies when a person might be grieving a loss and found that the majority of cis intimates in the DVD and radio broadcast grieved the loss of their intimates' pre-transition identities. The grief began when the transsexual people made it known to an intimate that they intended to transition. (I examine the grieving further in Chapter 4).

The DVD and radio analysis suggested that transition was an extended process and that it presented a dilemma for the cis intimates because they had to either to accept the transsexual person's new sex/gender identities or to reject the changes. This choice, although unusual, was an example of the many choices facing contemporary couples (Beck and Beck-Gernsheim, 1995). The data from the radio broadcast showed that Daphne (the wife of a transsexual woman) and Chris (the husband of a transsexual man) were considering, perhaps of necessity, new types of familial coupling with their spouses. Gwen's (the transsexual woman in the DVD) marriage to her wife ended because it no longer met their conflicting needs. The wife wanted a normal heterosexual husband and Gwen wanted to move towards her female sex/gender identifications. This relationship followed the trajectory of many contemporary intimate relationships (Giddens, 2006) by ending when it no longer met mutual needs. In the principal fieldwork (see Chapter 4), I enquire into the viability of intimacies during and post-transition.

The study of the DVD and radio broadcast, further critical reflection upon my subjective experience, and study of the familial literature, allowed me to have a more sophisticated and nuanced theoretical understanding of transsexual transition. Following this, I was able to formulate improved research questions:

- To what extent and in what ways do transsexual people negotiate transition with their familial intimates? (This negotiation is complex

because of the fear experienced by transsexual people pre-emergence.)

- What is the nature of the emotional reactions experienced when identifications change during transsexual transition? (Study of the DVD and radio broadcast revealed that grief was often expressed.)
- What factors alleviate or exacerbate any emotions experienced during transition?
- What were the factors that influence recognition, by close intimates, of the transsexual intimate's new identifications?

These questions (relating to bio-medical sex/gender reassignment) reflect the themes identified by Shapiro (2010) for new sociological inquiry in the intersecting fields of biotechnology and gender. However, the purpose of this research is to investigate transsexual transition in a familial context and the chapters that follow set out the various stages and outcomes of this study.

Chapter one, the literature review, has nine main sections beginning with the introduction which sets the scene for the chapter explaining why I included the various fields of literature and their appropriateness for studying transsexual transition in a familial context. In the second section I discuss institutional heterosexuality which is the theoretical framework I use throughout the thesis. In the third section I discuss the appropriateness of using a sociological approach for this study. Following this section I turn, in the fourth section, to explore a postmodern sociological understanding of multiple fluctuating identities and I end by speaking against the proposition that sex/gender changes are similar to other identity changes in identity during the life course. In the fifth section, I explore the more nuanced understandings of transgender identities by considering two models of gender variance. This is followed by an exploration of female masculinity to increase understanding of various transgender identities of participants. In the sixth section I discuss the contemporary theoretical positioning of transsexual people and the controversy surrounding their bodies, lives and identities. I then review how the protracted disagreement concerning the contention may be ameliorated through future interdisciplinary etiological research. In the seventh section I show how research on family and intimate relationships has developed. This discussion is summarised by referring to three contemporary studies of transsexual transition. To contextualise transgender support groups and counselling practice as a means of alleviating any emotions experienced during transition, I include a consideration of the ethics of care for transgender intimate relationships. In the eighth section I discuss *Transgender Studies* and show why it was important to further understand how transsexuality troubled the sex and gender binaries of institutional heterosexuality, how sex/gender identities are constructed, and how the institution of the family, psycho-medicine, feminism and *Queer Studies* are challenged. In the final section I summarise the arguments discussed in the literature review and set up the analysis of my field work.

In Chapter 2, I discuss the methodology and begin by considering

biographical narratives. I then examine how they are used to construct identities. I continue exploring how transitional biographical narratives might be collected and analysed. I conclude this introductory section by discussing the importance of reflexivity. I next review the problems I experienced when I attempted to access participants through Gender Identity Clinics and show why I abandoned this approach in favour of internet based transgender support and campaign groups (these groups were for both trans and cis intimates). I next debate the ethical issues involved in studying transsexual transition and its effect on familial intimates. I discuss participant demographics which led to an examination of the use of the telephone for gathering qualitative interview data. I then briefly deal with the practical issues I encountered. Finally I consider quality issues (reliability and validity) and how the findings might be generalised.

Chapter 3 is the first of the data chapters and it begins with a more detailed examination of what is meant by transsexual transition. This is followed by study of transsexual participants' pre-transitional fear, anxiety and shame. I then analyse the strategies that transsexual participants used to begin transition. The chapter ends by summarising the issues raised and where these are explored in the ensuing chapters.

Chapter 4 addresses the issue of how transsexual transition impacted on relationships with familial intimates. The chapter has three sequential parts. The first considers the emotional reactions experienced by intimates as a result of transition. The second section moves to consider how any emotions experienced by both trans and cis intimates were alleviated or exacerbated. The final section is an examination of the viability of cis intimates' relationships with the transsexual person.

Chapter 5 is a concluding discussion of the thesis.

Chapter 1 Literature Review

An introduction to the literature review

There is always a dimension of ourselves and our relation to others that we cannot know, and this not-knowing persists with us as a condition of existence and, indeed, of survivability. We are, to an extent, driven by what we do not know, and cannot know, and this "drive" (Trieb) is precisely what is neither exclusively biological nor cultural, but always the site of their dense convergence. If I am always constituted by norms that are not of my making, then I have to understand the ways that constitution takes place. (Butler, 2004b)

This quotation by Judith Butler (the philosopher, feminist, postmodern and queer theorist) theoretically encapsulates my desire to understand transsexual transition which is socially, culturally and psycho-medically situated in contemporary transsexual discourse. The aim of this research is to critically study transsexual transition in a familial context using the following research questions: To what extent and in what ways do transsexual people negotiate transition with their familial intimates; what is the nature of the emotional reactions experienced when identifications change during transsexual transition; what factors alleviate or exacerbate any emotions experienced during transition; and what are the factors that influence recognition, by close family members, of the transsexual intimates new identifications? These questions respond to the need for research into transition articulated by the transgender community (Rachlin, 2009) and help my understanding of what happened in my family when I transitioned.

This theoretical review addresses the research questions and demonstrates critical use of the theoretical, conceptual and empirical resources available showing how they have been augmented. The chapter is structured to have nine sections beginning with an introduction which sets the scene for the chapter.

The second section considers institutional heterosexuality because it is the epistemological framework used to investigate transsexual transition in a familial context. The changes in sex/gender identification during transsexual transition disrupt heterosexuality's sex, gender and sexuality dichotomies and challenge its hegemonic structural influence over understanding of the family.

The third section discusses the appropriateness of using a sociological approach, augmented by the epistemologies of feminism and psycho-medicine, to investigate the construction of transitional identity narratives (a qualitative analysis of the narratives is a key component of the methodology.)

The fourth section deepens theoretical and conceptual understanding using a postmodern sociological perspective of multiple fluctuating and ethereal identities.

This knowledge is essential for showing how transsexual participants might establish their new sex/gender identities through negotiation with cis intimates. The section concludes by arguing that changes of sex/gender identities are primary life course transitions.

The fifth section explores a more nuanced understanding of transgender identities by considering two models of gender variance (an umbrella term for people who identify with non-hegemonic sex/gender and sexualities). A more subtle approach is required to investigate how trans people situate themselves within the two models of gender variance during the various stages of transition; how these identifications might be interpreted by cis intimates and how trans identities intersect with age. To further contextualise participant data it is necessary to discuss the less well researched phenomenon of female-to-male, FTMs, female masculinity, or transmen.

To interpret transsexual discourse the next section pursues an avenue of inquiry into the contemporary theoretical positioning of transsexual people and the controversy surrounding their bodies, lives and identities. The section begins by showing how transsexual people's bodies and identities are contested by some feminists, religious, and psycho-medical practitioners. For example, some strands of feminism still regard transsexual identities as controversial, question transition, deny transsexual people's authenticity and assert transsexual peoples collusion with patriarchy. Some of these issues may be prominent in participants' consciousness and influence their actions during transitional negotiations. The section continues to consider the psycho-medical epistemological understanding of transsexuality (predicated on a biological etiology and championed by *The Gender Identity Research and Education Society* (GIREs, 2008b) and other transsexual support groups in the United Kingdom). Moreover, some trans people and their intimates often adopt the transsexual model to have psycho-medical treatment, to make transsexuality acceptable to a wider public constituency and to aid self-understanding. The section concludes by exploring how the protracted disagreement concerning transsexual people's bodies, lives and identities, may be ameliorated.

A review of the family and intimacy body of literature is the subject of the next section because the research investigates transsexual transition and its effect on familial intimates. The section will critically consider the history of the development of study of the family and trace its early sociological conceptualisations as part of institutional heterosexuality showing how its understanding broadened into the study of intimate relationships. The detraditionalisation and democratisation theses have influenced contemporary intimacy studies so these theories are also considered and critiqued to show their significance for this study. The section concludes by considering practices of care in intimate relationships because these offer a means of alleviation of the emotions that might be experienced during transition.

The eighth section discusses transgender studies (which developed from the early 1990s) because it theoretically and conceptually demonstrates how transsexuality resists sex/gender regulatory forms and fictions, how sex/gender identities are constructed, how the institution of the family, psycho-medicine, feminism and queer studies are challenged. Furthermore, transgender studies forms a convenient means of drawing the literature review to a close.

The final section summarise the arguments discussed in the body of this review and set up the analysis of the field work.

Institutional Heterosexuality

This section begins by considering understandings of institutional heterosexuality because it is the theoretical framework used to investigate transsexual transition in a familial context. The family is a key institutionalised component of its schema, and transsexual transition disrupts its sex, gender and sexuality normative binaries (Nagoshi and Brzuzy, 2010) and challenges its hegemonic ideology (Rich, 1980). Trans people queer the institution of heterosexuality because heterosexuality's normative relationship between the biologically sexed body and socially performed gender is broken (Cromwell, 1999; Monro, 2010). Furthermore, trans people resist the normative set of patterned behaviours and rituals meaning to be 'straight' acting and thinking, the basis of hegemonic heterosexuality (Ingraham, 2005).

In everyday understanding heterosexuality is taken for granted to be naturally occurring, is given social meaning through routine day-to-day practices, forms a basis for the organisation of labour and the distribution of wealth (Gramsci, 1971), an understanding assumed by early social scientists (Seidman, 1994). Within heterosexuality's schema, socially constructed opposite erotic desire (heterosexuality) is set in contention with same sex desire (homosexuality). Moreover, biology is used to construct the embodied dichotomy between men and women which is understood as being different, in conflict and polarised. For instance, Butler (2004b) has stated that having a liveable life outside these hegemonic normative binaries is difficult and as Steven Epstein remarked; we live in: 'a society which insists that each individual, just as he or she possesses a gender, also must necessarily occupy one or the other category of sexual orientation.' (Epstein, 1996:155; Siebler, 2012). Moreover, the linkages between gender and sexuality have been inquired into theoretically by Richardson (2007) and empirically by Sanger (2010b). Sanger points out that younger trans people have greater knowledge of variation in this linkage than do older trans people because of the increased exposure to the internet (Whittle, 1998; Ekins and King, 2010). In this context where:

Heterosexuality is something which is taken for granted, and if the adoption of a homosexual identity only serves to bolster the strength of heterosexuality, then perhaps the most effective sites of resistance are those created by people who refuse both options. A critical sexual politics, in other words,

struggles to move beyond the confines of an inside/outside model. (Namaste, 1994:230)

Or put another way, if heterosexuality (sexual desire) is part of an oppositional binary then it relies on homosexuality for its dominance. If challenging heterosexuality is required then it is necessary to live outside the binaries completely. Namaste's argument reflects Foucault's (1978) earlier deconstructionist message (to live beyond the constrictions of these identity dichotomies) which originally fell on deaf ears being overwhelmed in the context of gay/lesbian identity politics and community building during the 1970s. Moreover, sexuality politics reflected the powerful ethnic identity politics of that time (Seidman, 1994), both movements relied heavily on the concept of fixed ontological embodied identities. Furthermore, Jackson (1999), a feminist writer, drew attention to the significance of gender in theorising the relationship between sexuality and gender and as Hines (2007) has subsequently noted her ideas were taken up by other feminists who refined Jackson's understanding to consider gender and sexuality as distinct but overlapping categories. In Western culture, the identity categories of male, female, gay and straight, are created and institutionalised by behaviour patterns associated with marriage, family, politics, religion, work, education (Ingraham, 2005) medicine, the media, (Gagne et al., 1997; Carstarphen and Zavoina, 1999) and the internet (Siebler, 2012).

The significance of work on masculinity, undertaken as part of the critique of institutional heterosexuality, by Connell and Messerschmidt (2005) needs to be considered for the understanding FTMs. They posit that men aspire to the norm of hegemonic masculinity which is interpreted not as a statistical norm but as a standard which men emulate. Moreover, hegemonic masculinity legitimates the global subordination of women by men and Connell (2011) observes that at the top level of neo-liberal transnational corporations there are few women. Marginalised groups such as ethnic men, some FTMs and corporate and professional career women might not wish to be categorised as hegemonic men (there is the possibility that they have feminist sympathies). FTMs may mimic hegemonic masculinity but this does not appear to have been recognised by Connell and Messerschmidt. Transsexual men would generally be seen in Connell's schema as subordinated men but some FTMs may even contest this positioning, for example, Stephen Whittle OBE, Professor of Equalities Law in the School of Law at Manchester Metropolitan University, might position himself within the hegemonic category of men in order to assert his masculinity.

Heterosexuality further sets relations of the body, especially those associated with reproduction, to have social and political primacy above all other forms of human interactions and values (Woodward, 2008; Shapiro, 2010). Following this ideology values commonly associated with the mind, heart, and soul are diminished. Moreover, erotic desire is given primacy in intimacies (Sanger, 2010b). It is possible to challenge the homo-hetero dichotomy by introducing novel ways of defining sexuality which challenge social norms (Goldman, 1996). Indeed, Sanger's (2010b) empirical study of trans people and their partners brings new sexualities into the sociologist's gaze and is useful for study of the impact of transition on intimates. However, the institution of heterosexuality is treated as the established, every-day, way of being and is reified in time and space. It is both historically and culturally variable and consequently may be theoretically and empirically challenged (Butler,

1993; Namaste, 1994; Foucault, 1994 [1981]; Cromwell, 1999; Gabb, 2006; Hockey et al., 2007; Atkinson and DePalma, 2009; Fee, 2010; Sanger, 2010a). The essential point, for this study, is that this hegemonic structural ideology is open to small change and negotiation. Empirically, Cromwell (1999) showed that FTMs created a counter hegemonic strategic discourse that resisted heterosexuality in that FTMs acknowledged their identities, bodies and sexualities as different rather than wrong. Hale (2006) subsequently qualified this finding by showing that such FTMs lives are demanding because not only do they look queer but they live a queer life.

These issues can be developed further to argue that identities themselves might be considered sociologically as transient, ethereal and unstable, moreover, Shapiro (2010:179) suggests that the way in which people are sexed and gendered, as men:

[is] neither always proscriptive, nor stable. They are constantly re-entrenched, contested, transformed, and challenged. And individuals continuously navigate the complex terrain of conformity and resistance, of hegemonic scripts [Shapiro uses the term gender scripts to refer to how people conform to the institution of heterosexuality or in Butler's terms the heterosexual matrix], and of assertions of new ways of being in the world. (Shapiro, 2010:179)

In other words the ideological hegemony of heterosexuality as an organising principle can therefore be seen as constantly in contention and slowly mutating across cultures and time and is reliant upon straight identity performances. It depends on the exclusion of homosexual and transgender identities but challenge precipitates identity slippage away from the hardened fixed identities of, for example, male, female, gay and straight. Transsexual transition specifically resists sex and gender regulatory forms and fictions which has a consequence for participants.

Butler (2004b) explored the sequential effect of identity changes when she addressed the tensions that existed between the norms that are life enhancing and those which are life constricting. However, she pointed out that psychological and social stability was needed to successfully live a chosen identity. This is an anxious and risky position since Fee (2010) empirically demonstrates that recognition is required for ontological safety and psychological stability. Furthermore, Butler linked the tensions across the academic fields of critical race, disability and transgender theory when she wrote:

The human is understood differentially depending on its race, the reading of that race, its bodily form and the recognition of its morphology, its sex, the perceived variability of that sex, its ethnicity, the categorical understanding of that ethnicity. Certain humans are recognised as less than human, and that form of recognition does not lead to a viable life. (Butler, 2004:2)

Shapiro (2010) also picks up on these issues and argues that living in a social world is a constant endeavour and involves many interactions with individuals, groups, and institutions; furthermore, people normally develop an unconscious route

through this mire. Transsexual people need to be constantly vigilant if they are to survive because they are required to be recognisable and have a socially intelligible sex/gender (Gagne et al., 1997; Hines, 2007; Sanger, 2010a).

A sociological approach to the study of transgender transition

This section investigates the body of literature supporting the use of a sociological approach to study transsexual transition in a familial context. Some Western feminists and post-structuralists explored trans and intersex affirmative identities (2000; Roen, 2001; Hird, 2002; 2002; Tauchert, 2002; Monro and Warren, 2004; 2005; 2005; 2006; Hines, 2007; Monro, 2007; 2008; 2008; 2008b; 2010b; a; 2010; 2010; Sanger, 2010a; b). Monro states that these scholars are 'mindful of the social, material and corporeal formation of gendered experiences [...]and that] These approaches are arguably sociological in that they address the structuring of human experience within both public and private realms.' (Monro, 2010:242). They (the scholars) are proposing a sociology of transgender which situates the transgender phenomenon outside the normative hegemonic binaries of institutional heterosexuality.

Sanger (2010a) explains that increasing interest in trans community organising presents a theoretical challenge for the inclusion of this field of study within the sociological imagination. However, she continues to argue that such sociological inclusion may open opportunities for people to live beyond the hegemonic binary framework of heterosexuality by offering a challenge to everyday configurations of gender and sexuality. More recently, Connell (2012 908) points out that deconstructionist theory and the transgender turn in sociology presents two difficulties for transgender women. Firstly, identity discourses fail to adequately address the material problems faced by transgender women, and secondly, there is a tendency in recent research to conflate trans women and men into a common transgender category even though diversity is acknowledged at individual level. The effect of the latter, she argues, is to diminish 'the intransigence of gender actually experienced in transsexual women's lives' (Connell, 2012: 865).

Existing sociological insights into how groups interrelate offers an explanation for trans people's stigmatisation and marginalisation and give trans people the opportunity to engage with these issues (Sanger, 2010a). Sanger's proposition echoes my desire to emancipate participants (both trans and their familial intimates) who are socially stigmatised. Sanger used her empirical research to consider the position of those who live beyond the regulatory forms and fictions of gender dichotomy arguing that they are frequently forced to live within the normative framework; here she demonstrates how the private is governed by the public. However, she maintains that a sociological approach offers a theoretical and conceptual framework for further analysis.

Transgender identities problematise gender identities and are consequently relevant to contemporary sociological study of gender, sexuality and corporeality. Furthermore, a sociological analysis of transgender might offer insight into the qualitative study of how transgender identities intersect with other population variables (Hines, 2010a; Sanger, 2010a). For example, this study investigates the intersection of transgender identities with participants' other demographic variables.

The arguments for a sociology of transgender are similar to those used by Seidman (1994) for the inclusion of the study of sexuality in mainstream sociology. Sanger, Hines and Seidman argue that sociology is concerned with the key concepts of inequality, modernity, institutional analysis and to interrogate how non-normative identities are constructed in everyday life. Gay, lesbian, trans and queer people are considered not as passive recipients of these limitations because they use them, 'creatively, accepting parts of them, rejecting others, to actively construct their lives.' (Stein and Plummer, 1994:184). This study will investigate how sexuality and gender variance are constructed and constrained by the dominant discourse of institutional heterosexuality. Even so, Namaste (1994) offers a cautionary note concerning sociology:

Most of queer theory is firmly located in the humanities—in departments of literature, film, and cultural studies. At the same time, this research is heavily influenced by post-structuralism, an area of inquiry considered to be textualist, theoretically elite, and politically suspect by many Anglo-American social scientists. (Namaste, 1994: 220)

Writing in the mid-1990s, Stein and Plummer (1994) argued that feminist sociologists had been less successful in including women's issues into mainstream sociology than their colleagues working in anthropology, history, and literature. They continued to assert that the same could be said for lesbian and gay sociology because this field had been studied for a quarter of a century and still not been included into mainstream sociology (they argued that this may be due to antagonisms and homophobia). The assumption seems to have been that mainstream sociologists might be influenced by study and theorising from the perspective of the marginalised but this has clearly not been the case. Sanger (2010a) similarly argued that trans people have rarely been included in academic sociology over the past 10 years; she declares that gender identification is still dichotomised in mainstream sociological theory. However, Stein and Plummer conclude more optimistically:

The process of paradigm shifting entails two dimensions: 1) the transformation of existing conceptual frameworks and 2) the acceptance of those transformations by others in the fields (Stacey and Thorne, 1985). In terms of the "missing sexual revolution," sociologists have made some very preliminary progress toward the first goal, but the second—the acceptance of those transformations by others in the field—continues to impede progress.

These innovations, however, will not only allow us to better represent those who are marginalized by current frameworks of theorizing; they will also make for better sociology. (Stein and Plummer, 1994:186)

These sentiments should apply to a sociology of transgender. However, Sanger (2010b) concludes that it is appropriate to use sociological enquiry to further research non-normative patterns of intimacy. Following Sanger, a sociological approach was used to critically study transsexual transition as an unscheduled life change in sex/gender identity (the change disrupts normative familial intimate relationships), to qualitatively investigate the construction of new sex/gender identity narratives, to understand how the identity change is negotiated and to study the impact of the change on cis intimates. The perspective was augmented by drawing on the epistemologies of feminism and psycho-medicine.

A postmodern sociological approach to understanding identities

To investigate transsexual transition and its impact on families this section turns to an exploration of a postmodern sociological understanding of multiple fluctuating identities. The aim is to show how transsexual participants are theoretically able to negotiate their new sex/gender identities with cis intimates when they seek to establish these desired identities. Following this it is argued that sex/gender changes are primary changes which are more significant for intimates than other identity changes during the life-course.

Transsexual bodies present two difficulties for the theorising of identity, one is related to the conflict between an inner sense of gender/sex identity and the ascribed embodied identity; the other concerns how far sex/gender identifications are determined by corporeality. It is argued that transsexual transition as a negotiation between embodied identities and intimates' investment in transsexual auto/biography. This means that transition involves sex/gender identity mediation with intimates which is dialogical and imbued with contradiction and ambivalence. Investigation of this messy proposition is considered in the analysis of the impact of transition on intimates. Transsexual transition may be further complicated since sex/gender dichotomies intersect with the categories of 'race' and ethnicity, class, age, and disability; intersections only recently interrogated by critical sociologists (Sanger, 2010a).

Generally we are all a transient product of multiple and competing identity discourses which were processional, fluid and ethereal, Woodward explains this:

Although we may, in common-sense terms, see ourselves as the 'same person' in all our different encounters and interactions, there is also a sense

that we are differently positioned at different times and in different places, according to the different social roles we are playing. (Woodward, 1997:28)

When these arguments are applied to transgender people we see that they are no different from the general population in that they have multiple identifications with more than one collectively and these identifications are overlapping and impact on each other. For example, trans people might look at gender and sexuality from a number of different points of view over time depending on their life experiences and relationships (Dozier, 2005; Sanger, 2010b).

Recognition requires conformity to the hegemonic heterosexual binaries for sex and gender and this is in tension with a desire to move beyond these normative binaries (Butler, 2004b). Woodward (2006) further explains trans people's transitional disorganisation generically, 'identity only becomes an issue when it is in crisis, when something assumed to be fixed, coherent and stable is displaced by the experience of doubt and uncertainty' (Woodward, 2006:4). Sanger's (2010b) empirical study also demonstrates the precariousness of normative identifications when applied to trans people; she reported that partners' views of gender and sexuality were shaken by their encounter with trans people, with some partners then questioning their own sex, gender and sexuality.

Historically however, in sociology the concept of identity came to the fore because of its association with identity politics (Hall, 1996), for example, by adopting a sex/gender/sexuality identity there is the possibility of political challenge to the institutional constraints of heterosexuality (Woodward, 2006); the relationship between structure and agency is important sociologically Hines (2010).

Identity is both social and collective, is characterised by the opposing notions of group sameness and difference and is also distinguished by individual uniqueness and difference from others. Jackson put it this way, 'one's humanity is simultaneously shared and singular' (Jackson, 2002:142). As humans we might be, depending upon where we are contingently situated, within a 'stream of power' (Plummer, 1995:26). Plummer saw power as omnipresent in social interactions and it controlled and regulated the outcomes. Sometimes this power is positive, constructive, creative and constitutive but at other times it is negative, repressing, oppressing and depressing. More specifically, for trans people how social structures and normative corporality form and shape sexual and gendered subjectivities (Hines, 2007; Shields, 2008); there is a sense of hybridity and fluidity of identity in tension with the desire for fixity and belonging (Woodward, 1997). Attempts to secure the self are difficult when situated in a sea of uncertain discursive practices and power regimes. On the one hand there is a danger that having a fixed social identity might reify social oppression predicated on that identification, whereas, on the other hand theoretically questioning and deconstructing identity categories might lead to the disintegration of the core sense of self and security of identification which is the essence of social and personal empowerment to fight oppression.

Woodward (2006) draws attention to the sociological shift in debate around identity, the notion of identification was introduced to acknowledge the dynamic nature of how identities might be forged changed and transformed. The concept of identification is retained in this thesis because it is 'a means of conceptualising the interface between the personal and the social' (Woodward, 2006:46). This interface is important for the analysis of transitional narratives since it captures the personal and psychic investment in conventional sex/gender identifications by both cis and transsexual people.

Both Woodward (2008) and Hines (2010) argue that it is important for all people to have an orthodox established sense of sexual identity (as a woman and as a man) 'rooted in some corporeal, grounded, material certainty' (Woodward, 2008:82). For transsexual people a grounded embodiment is essential for ontological security, certainty of identity and for social well-being; sexual certainty is of great consequence in a world organised around an understanding of dichotomous sex/gender. Ambiguity is habitually intolerable since one could not be recognised or identified as man and woman simultaneously. Nevertheless, such binary identities are relational:

The unity, the internal homogeneity, which the term identity treats as foundational is not a natural, but a constructed form of closure, every identity naming as its necessary, even if silenced and unspoken other, that which it 'lacks' [...] So the 'unities' which identity proclaim are in fact, constructed within the play of power and exclusion. (Hall, 1996:5)

Hall's understanding of identity reflects the desire to see ourselves as unique but he also situates one member of the binary as more powerful than the other.

To take up a particular identity we magnify small differences until they become defining characteristics and form a basis for that identification. It will be shown later that sexual difference has been understood to be the result of small bodily differences which translate into the sexes. These sexes are created and understood to be opposites, whereas Lawler (2008) argues that in reality men and women are much closer to each other than they are to other animals and plants. This normative dichotomous sexual identification is important for transsexual participants who were powerfully excluded (for much of their early life) from their desired sex/gender.

The theoretical argument that the novel sex/gender identities adopted during transition are narrated into being is now developed since it is the essence of the thesis methodology. In Western social scientific, literary and every day understandings of self-identity there is an unknowable inner core which is separated from the external social world (Elias, 2000, German orig. 1939). Furthermore, this notion of separation has put down deep roots without a critical and systematic examination of its validity. In this paradigm, people are normally conceived and exhorted to be self-controlled and individualistic (Rose, 1991; Lawler, 2008; Connell,

2011). However, rather than identity being formed in opposition to the social world it is formed by the social world and characterised by human interdependency (Lawler, 2008); the Western notion of individuality suppresses a complex interdependency. Lawler illustrates this by an analysis of the stories we tell and it is worth quoting her at length because of the contribution her work offers for exploring transsexual transition in a familial context using a sensitive analysis of transitional auto/biographical narratives:

Narratives and narrative identities plunge us into a sociality. They highlight the ways in which lives and identities are embedded in relationships. As such, they challenge the idea of the atomized individual. We remember and interpret according to social rules and social conventions; 'individual' narratives always incorporate others within them; and our narratives must, to some degree, accord with the narratives of others. [...] when they do not so accord, there is seen to be a breach of fundamental social rules. There are, then, limits on the ways in which we can 'borrow' from other stories, although borrow from these stories we must, since they are the interpretive resources available to us. (Lawler, 2008:30)

Stories enter into the public arena and reflect the desires and dreams of those who invest in them and they situate people in the historically constituted world (Moore, 1994). Our identities are dynamically narrated into being and are constructed and negotiated within communities, social structures and institutions (Lev, 2004; Gabb, 2008). The factual accuracy of stories is not too important because people make sense of themselves by constructing their narratives and it is through these that their psychic thoughts enter into the social world (Woodward, 2006). Narratives are therefore dynamic and central to establishing and exploring identities. However, identity stories need to make sense to others and be accepted by them, this is the basis for recognition (the last research question). Identities might be most usefully understood as making sense of our previous life's journey and the route we have travelled; identity narratives gave meaning to life's pivotal points as we travel on our way.

Plummer (1995) argued that identity narratives are more likely to make sense and be accepted if they are constructed out of the bank of socially available identity narratives present in any society. There has until recently been a dearth of available transsexual narratives to draw upon, because of the secrecy surrounding the lives of the sexually different, so it is not surprising that transsexual people need to search for appropriate narratives; historically they incorporated the textbook accounts of famous cases and autobiographies into their identity life stories and they did this to be recognised as eligible for transsexual surgery (Hausman, 1995; Bolin, 1998; Cromwell, 1999; Stone, 2006). The *wrong body* narrative is that transsexual bodies 'fail to express what they are inside' (Rubin, 2003). However, this narrative is unsatisfactory and for many trans people identification is a 'more complex and nuanced process' (Hines, 2007:65); the construction and analysis of participants'

transitional narratives is developed further in the methodology chapter.

This study is an investigation of transsexual transition which involves a change in sex/gender identity contrary to everyday normative understanding. Michael Foucault's (1992) work helps us comprehend how institutional heterosexuality with its hegemonic normative identity binaries of sex and gender and traditional family relationships are held in place. Lawler (2008:55) also draws our attention to Foucault when we ask the age old question for Western philosophers, 'what are we?' Foucault considered the relationship between power and knowledge and how the self works upon itself. He saw particular kinds of identity as made up within relations of power and knowledge and argued that in the West over the last 150 years we have seen a gradual shift in the use and form of power. There has been a shift from coercive forms of judicial like power towards a more ideological form of power with a tendency towards normalisation and regulation (Rose, 1991). Ideological power relies on self-scrutiny and discipline where the self acts on itself, Foucault (1980) referred to the *technologies of the self*. Furthermore, he saw power as a way of knowing, not a set of facts but of discourses. In the context of this thesis the hegemonic power discourses and relationships of the family, sex and gender as part of the ideological framework of heterosexuality.

The powerful are 'epistemological enforcers' (Said, 1991:10) because their discourses create the rules of what might be said and thought about and, in particular, how the family, sex and gender are discussed and conceived. Truths are brought about from authoritative positions and fit in with other truths; they are part of a system of knowledge and are both historically and culturally specific. It is not possible within this schema to logic or speak outside the regime of talk so what we are is what we know ourselves to be. Within a *Foucauldian framework*, everyone self-regulates their gender performance due to fear and shame of stepping outside cultural gender norms for male and female. To step outside is to risk rejection (Butler, 2004b; Sanger, 2010b) which often becomes an acute problem for transgender people.

Lawler (2008) draws upon both Foucault's (1992) and Butler's (1997) understanding to explain the process of identification:

Through subjectivation, people become tied to specific identities: they become participants. But also they become subject-ed to the rules and norms engendered by a set of knowledges about these identities. They take up subject-positions - specific ways of being - available within discourse, understanding themselves according to a set of criteria provided by the experts whose authority derives from rationality and 'reason.' (Lawler, 2008:62)

When people adopt a transsexual identity they commonly adopt the medicalised discourses of transsexuality provided by psycho-medical professionals,

moreover, through this regulation self-understanding develops (Ekins and King, 2006). Foucault put it like this, we adopt an inspecting, 'gaze which each individual under its weight will end by interiorizing to the point that he is his own overseer, each individual thus exercising his surveillance over, and against himself' (Foucault, 1980:155). This is how we are regulated, both consciously and unconsciously, to become women, mothers, heterosexuals, transsexuals etc. The change in sex/gender identity associated with transition calls for further theoretical analysis of how sex and gender identities are held in place so in the next section this historical understanding, derived from Foucault's ideas, will be further expanded.

In the modern context of the West, we create ourselves and live within a complex of authoritative knowledge, *the psy complex*, a psychotherapeutic culture where the self needs to be acted upon (Rose, 1991). We are tied closely to the dominant power systems, such as the hegemonic institution of heterosexuality. Heterosexuality limits self-actualisation for transsexual people who strive to realise their desired identities during transsexual transition.

Since the end of the 15th century matter, which includes the human body is the basis for Western European philosophy (Butler, 1993). Butler used this philosophy to try and address the issue of sex and gender and was concerned to perceive why the social world generates the male-female gender dichotomy. She challenged the normative understanding that we have a physical sex, on to which a social gender is added. Butler argued that sex is considered to be ontological; it is biological and firmly fixed to the body and may only be changed through surgery, as it is in the case of transsexual and intersex people (often intersex people have no choice in the matter of surgical ascription). Biological sex is a complex phenomenon and a mix of body parts. Stryker (2006) puts it this way, "'sex" is purpose-built to serve as a foundation, and occupies a space excavated for it by an epistemological construction project' (Stryker, 2006:9). The biological materiality of a body's sex is represented socially by gender role, and subjectively by gender identity (Stryker, 2006). Garfinkel (1967) made the distinction between having a penis or vagina as a biological event and the possession of either as a cultural event. He pointed out that a cultural genital was assumed and believed to exist and is evidence of physical sex even if it did not exist in a physical sense. A person is assumed to have the appropriate genital (penises were assumed to be attached to males and females were assumed to have labia/vaginas) and gender attribution follows culturally.

When confirming the sexing of a baby at birth (ultrasound scans are often now used pre-birth) the usual practice is to inspect the genitalia, presence of a penis indicated a boy and the labia a female. This identification is an authoritative utterance, given authority through a doctor or mid-wife, which socially identifies the child to be on one side or other of the gender dichotomy. Sex and gender not only become internalised identities but they are also materialised in the body, Stryker put it this way, 'gender attribution is compulsory' (Stryker, 1994:249).

The child is 'girlled' (or 'boyed') through a performative or speech act which is a social act (Butler, 1993). As the child grows girling or feminisation, and boying or masculinisation is done daily to establish gender identity. Butler further argued that there are no fixed gender categories prior to the regulatory processes she had identified which means that the child comes to know and follow her/his gender identity through this *performative*. Althusser (1969) referred to the child's response as *interpellation* which offers a means of understanding the psychic-social relationship. The recognition process, as named through identification, operates at the level of the unconscious and has enormous power and determines the adoption of a gender identity. It not only summons the subject (Hall, 1996) but captures, particularly well, the intensity of the moment of identification and illuminates the investment in gender identity. Moments of being hailed into an identity position suggest the possibility that such moments constitute the narratives through which particular identities are constructed and reconstructed (Woodward, 2006).

Butler (1993) next asked an important question: what if interpellation did not work and the child did not recognise herself when hailed or interpellated? This situation is of great importance for transsexual people because they problematically and constructively do not recognise their pre-transition ascribed gender. The failure coerces them to occupy uninhabitable positions, they become ostracised from society and are forced into positions that are not recognised by others (Butler, 1993). As a consequence, transsexual people experience a tension (recognition or ostracism) which is the basis of the pre-transitional distress (Smart, 2007). Furthermore, the various identifications taken up by transsexual people are socially and politically important as a basis for their self-recognition (Gagne et al., 1997; Davidmann, 2010; Fee, 2010; Shapiro, 2010).

Sex/gender changes are important during transsexual transition because recognition of the new sex/gender is stabilising for all familial intimates, both cis and transsexual. However, my thesis of transsexual identity development and the significance of transition for intimates is challenged in a recent essay by Christine Overall (2009) (she writes from the perspective of a feminist philosopher interested in the body and religion). I shall now examine it in detail and argue, against Overall, that changes in sex/gender are primary changes in identification. Overall's theoretical and conceptual study is part of Shrage's (2009b) collection of essays which examine the philosophical issues relating to transsexual transition. The core of her argument is like the others in the collection and is that:

sex and gender identities work like any other social identities (race, religion, class, nationality, sexuality) and that each of us is capable of undertaking projects of self transformation that could lead to altering these seemingly primary and fixed identities. (Shrage, 2009c:9)

The essays show that the changes in sex/gender identities associated with transsexual transition still engage feminists in theoretical debate (Shrage, 2009b).

However, it seems to me that many of the opinions still reflect Janice Raymond's (1979) ideas concerning the authenticity of transsexual people. Transsexual people are inauthentic because sex is determined chromosomally and cannot be changed; furthermore, transsexual women do not have women's history of patriarchal oppression (see also Connell, 2012). Overall's essay is novel and curious, it is novel because she moves the theoretical debate in a different direction from Raymond's original ideas of inauthenticity towards a postmodern understanding of identity and it is curious since her arguments did not seem to me to be consistent.

Her essay has a number of contradictions; however, she begins by theoretically discussing two traditional theories of transsexuality. The first is often adopted by non-transsexual people and is predicated on Raymond's (1979) argument that the true self of a transsexual woman is male and transition hides this. She then considers the second proposition that the true transsexual is female and that she is revealed by transition. (MTF is used as an example to simplify discussion but FTM equally applies to my argument, my choice mirrors Raymond's choice of transitional direction.) Overall maintains that transsexual people attribute their belief in the wrong sex/gender for a variety of reasons. These might be due to God, genetic, chemical, or intersex conditions some of my participants echo these causalities. Both of Overall's propositions are predicated on the assumption of a reified core person beneath the dichotomous identities of sex and gender.

Overall then dismisses each of these two hypotheses. In disregarding her second proposition she particularly relies on claiming that the contribution of brain sex theory to sex and gender development is erroneous because it was a tautology. Overall is correct on this point, however, the more plausible position is that gender and sex identity development is multifactorial (Fausto-Sterling, 2000). Overall (2009) having dismissed the two traditional theories of transsexuality, then proposes an alternative approach to explain those who undergo a gender/sex transition. She advances the position that transsexual people simply reveal human choice of identity as part of the on-going life project in which we are all engaged. Overall is using a social constructionist approach, as I do, which is that we adopt and create various social identities during the forged narratives of our lives. I agree with her that in these social interactions we make strategic decisions to maximise our living potential in the various context in which we find ourselves. Where we differ is that Overall maintains that transsexual transition is no different from any other of our major life changing decisions. This is a powerful argument which is the crux of my disagreement with her.

Overall next revisits Butler's (2004b) arguments, that to survive and be recognisable we need to conform to the highly policed binary sex and gender divisions of social life. These are determined by our genitalia at birth, or indeed pre-birth courtesy of ultrasonic scans. Overall acknowledges that ways of being a man or woman have loosened up during the last century but she accepts that we still have to be either a man or a woman. I posit, following Butler, that the freedom to

make conscious strategic decisions about sex and gender identity is severely constrained. Furthermore, the dichotomies of sex and gender are more primal than even racial or ethnic differences (Butler, 2004b).

Transsexual transition is more central to human survivability than are the other changes in identity that Overall suggests. These are to migrate geographically, entering a 12 step addiction programme or entering a religious order. She has chosen her comparators to be strategically convenient for her argument. Migration might subjugate people to violence, alcoholism might induce death and joining a religious order might induce fractures with intimates. (A close ex-nun friend of mine who had read this work told me that her family fractured for over seventeen years after she entered an enclosed religious order.) Having a social sex and gender, and a psychological sense of self affects all of us since sex and gender are significant forms of social stratification in almost all societies (Giddens, 2006:467; Morgan, 2011). Woodward (2008) develops this further and argues that 'all societies and cultures have a series of gendered attributes and expectations and practices that are associated with women and men ... but they are almost always linked to the properties of the body' (2008:83). In a Western context sex and gender are always stratified whereas Overall's comparators only affect a limited number of people. There seems to me to be a danger of arguing that some liminal identities are more dangerous than others, so no utility is served by pursuing this further.

To develop her argument Overall cites the work of Wilkerson (2007) who claims that sexuality is a choice and then assumes that this implies that sex and gender identity are also free choices. Previously it was argued that these are normatively predetermined unconscious choices. However, Overall relies on Fausto-Sterling's (2000) hypothesis which posits that sex and gender identities are more complex and have an element of biological determination but she had denied the brain sex thesis (the current biological argument) earlier in her essay. Fausto-Sterling (2000) sees brain sex as part of the multifactorial basis for sex, gender and sexuality.

Overall is contradictory in this respect, on the one hand she argues that sex and gender are free choices and on the other that they are constrained by Fausto-Sterling's argument. In summary the changes of transsexual transition are primary changes which are intimately related to the survivability of transsexual people as men or women. Survivability depends on building with intimates a psychological sense of the self as a newly established man or woman (Carsten, 2004). Changes in sex/gender identities are more significant than changes in race (the most common cosmetic surgery procedures for people of colour were nose reshaping, eyelid surgery and breast augmentation, which are all procedures that altered racialised facial and body features to better match White norms (Shapiro, 2010:150)), religion, class, nationality or sexuality because all societies differentiate sex and gender into binary identities.

Transgender Identities

A more subtle understanding of transgender identities is required for the investigation of transition in a familial context which requires a study of two models of gender variance (an umbrella term for people who identify with non-hegemonic sex/gender and sexualities). There is a need to investigate how trans people situate themselves within the two models of gender variance during the various stages of transition; how these identifications are interpreted by their cis intimates; and how understanding of trans identities intersect with age.

The term transgender includes those whose lifestyles lay outside the gender norms of society, it is a:

broad term, a transgender person crosses the conventional boundaries of gender; in clothing; in presenting themselves; even as far as having multiple surgical procedures to be fully bodily reassigned in their preferred gender role. [...] the term 'trans-people' [is used] to describe those people who might be described as falling broadly within this context, as it has become the term of normal use [...] [the terms] transvestite, transgender and transsexual – are very simplistic, [...] trans-people often have complex gender identities, and may move from one 'trans' category into another over time [...] (Whittle et al., 2007:6)

Whittle continues to argue that the use of the term *trans people* originated in the United States, but has now become common in the United Kingdom, the differences are contextually important (Stryker, 2006). United Kingdom trans activists and academics negotiated with parliament and the National Health Service (NHS) to achieve the Gender Recognition Act (GRA) (Kingdom, 2004) which gives full legal recognition to transsexual people but this achievement for transsexual people did not happen in the United States. United Kingdom trans work focused on medico-legal policy issues, whereas in the United States the focus tended to be more towards queer and identity politics.

To investigate transsexual transition and its impact on intimates it is necessary to develop an understanding of the significant contestation surrounding transgender identities. During the 1990s in the United States increasing prominence was given to a transgender model of understanding gender variance; gender reassignment surgery was seen as only one of a variety of options available to gender variant people and there was greater recognition of the variety of choices available concerning embodiment (Denny, 2004). The development reflected the understanding that the usual transsexual surgery and hormone therapy is not required by all individuals who live full time outside the culturally recognised gender/sex dichotomies. The transgender model sat alongside the psycho-medical model of transsexualism developed from the early work of Harry Benjamin (1966).

The transgender model posits gender to be a continuum and allows for positions outside the binary of man and woman (Monro, 2007; 2010). Rather than achieving a male/female dichotomy, it calls for individual pathways through the psycho-medical protocols (Denny, 2004).

Contemporary empirical research shows that some trans people are happy to remain in gender and sexuality binary norms whereas others constantly challenge these dichotomies through negotiation, both in their private intimate relationships and with the public agencies of law and medicine (Sanger, 2010b). Gender pluralism draws on 'both post-structuralism and corporeally grounded approaches' (Monro, 2010:248) for the conceptualisation of gender identity. However, the transsexual model facilitates a theoretical and conceptual model to justify sex reassignment surgery. Transsexualism is seen as a medical problem rather than a moral issue which allows psycho-medical professional discourse, research concerning transsexualism and the establishment of gender identity clinics (GICs).

The transsexual model does not allow for gender variance and was first challenged in an essay written by Virginia Prince (1973). Prince outlined the risk, pain and expense of treatment and argued that sex/gender change could be achieved without surgical and hormonal procedures. However, the transgender model weakens the arguments for obtaining such treatment, especially important in a United States medical system largely predicated on possession of medical insurance. Denny (2004) maintained that the transgender model does to some extent free transgender people from psycho-medical stigma, guilt and shame and appeals to younger people. In the absence of empirical research the extent of these assertions are questionable, but the debate remains contested. In the United Kingdom, for example, the GIRES, (2008b) influentially and controversially argue in favour of the transsexual model for the treatment of young people. Elsewhere, other researchers have responded to the arguments by stressing the importance of ensuring that theory does not become a disembodied activity and remains bound up with lived experience (Davis, 1997; Connell, 2012). Whilst others proclaim the transformative potential of transsexual surgery (Prosser, 1998; Meyerowitz, 2002). For example, Nikki Sullivan (2006) sees transsexual body modification as simply one particular type of a wider class of phenomena such as piercing, branding, tattooing, cosmetic surgery and self-demand amputation. She argues that body modifications are only validated if they reinforce cultural norms which she considers to be an ethically unjust positioning. Transsexual surgery, using Sullivan's argument, is not welcomed in a social milieu that reinforces heterosexuality; recognition of her arguments would improve the ethical positioning of transsexual surgery.

To further inquire into intimate relationships during transition it is now necessary to consider the less well researched phenomenon of what is referred to as female-to-male, FTMs, female masculinity, or transmen. Jason Cromwell (2006) is an anthropologist and a trans man, he used qualitative participant observation, to give voice to female to male transsexual people and their partners. He began by arguing that his research participants recognised that FTMs' histories, identities, bodies and sexualities were different from cis people. He described FTM discourse in this way:

Many FTMs reverse conventional ontological processes to reconstruct the cultural boundaries that delimit their subjective experience, using language to assert a sense of self that can be grasped by others. The articulation of transgender self-identity is an active and on-going process that begins through apposite use of language, and may or may not ultimately involve a decision to modify the body through hormones and surgery. (Cromwell, 2006:509)

For Cromwell, FTMs constructed appropriate language to narrate their subjective identifications which disrupted the hegemonic normative binaries of sex, gender and sexuality. They saw themselves as different, but not wrong, they re-framed these binaries in line with their life experience. Central to this subjective re-framing was a re-naming or re-construction of body parts to match inner images of the self in a way similar to that of intersex people who live as men and women (Monro, 2010). The reassemble might or might not involve surgery because FTMs saw wholeness as involving aspects of body, identity and sexuality. Possession of a penis was often a surgical issue for both FTMs and MTFs but possession did not prevent these people from being whole people, they equally valued the body, identity (personal, social and spiritual) and sexuality (Cromwell, 2006). Cromwell further argued that as long as psycho-medical practitioners control the discourse of transsexuality and some transsexual people remain complicit then the sex/gender hegemonic binaries would remain intact.

During the early stages of transition the authenticity and acceptability of transsexual people's embodiment is scrutinised by cis people (Green, 2006). Later, as transition proceeds and their embodiment shows greater congruence with the desired identity, they attract less public attention. However, this makes it more difficult to remain 'out' as transsexual people because as confidence in expressing gender identity increases visibility as a trans person decreases. These issues are crucial for study of the trajectory of participants' transitions. Traditionally FTMs and female masculinity had been invisible to medical and clinical gaze and consequently had not been a subject of feminist scrutiny (Cromwell, 2006). In a sense female masculinity shares the invisibility associated with women's issues. Nevertheless, both Harne and Miller (1996) and Jeffreys (1994) saw butch and femme identities and by implication FTMs, as lesbians re-enacting heterosexual relationships.

Trans-situated identities and bodies are different and trans people's sexual desires likewise defy the erotic binary of heterosexual and homosexual and play havoc with the concept of bisexual. However, psycho-medical practitioners attempt to normalise and de-sexualise transsexual people. This denial of erotic sexual attraction is also extended to their partners (Whittle, 1996; Cromwell, 2006). Stoller (1973) argued that transsexual people found their genitals abominable, consequently all sexual relationships (hetero, homo and bisexual) were repudiated but he permitted asexual or autoerotic sexuality. Empirically it has been established that trans men have sexual desires for others (Whittle, 1996; Cromwell, 1999; Lev, 2004;

2006; Brown, 2009; Sanger, 2010b) and many FTMs pre-transitional relationships with non-heterosexual women survive post-transition. Normative discourse begins to fail at this point and such a relationship is better described as between a woman and a trans man. However, a range of novel terms have been introduced by trans people and theorists, 'cisgendered, genderqueer, and bi-gendered [...] [and] using "they" instead of he/she or another non-gendered pronoun form such as "ze"' (Sanger, 2010a:265).

Returning to trans people's sexuality, some, if not most, transsexual people are complicit in denying their sexual preferences, especially when seeking surgery from clinicians. They intentionally present themselves to practitioners as if they fulfil all the psycho-medical stereotypes in order to gain the services of GICs (Bolin, 1998).

It is assumed that FTMs might be definitively explained through recourse to the normative framework for understanding femininity and masculinity. The supposition is that FTMs seek to escape the social condition of femininity, because that condition is considered debased or lacks the privileges accorded to men. This judgment glosses over the risks of discrimination, loss of employment, public harassment and violence that are heightened for those who live openly as transgendered people (Currah et al., 2006; Whittle, 2006a; Long, 2009; Sanger, 2010b). Butler (2004b) argued that there is still a struggle within feminism to include female masculinity and FTM transsexual people; she concluded that feminism is limiting imaginings for women that it should be expanding. The difficulty that female masculinity causes the women's movement does not fit the developing view of women's emancipation (Lev, 2004).

Crossing over the gender binary to a position of greater social power may often be admired in some families and communities, especially where butch lesbians are accepted (Cromwell, 2006). However, some FTMs feel that perhaps it is not possible to "to be a man" without a life-time's socialisation in the role of man. Socially dominant forms of masculine personhood, even if they can be attained, may often not even be desired by individuals with female life histories, especially if they have feminist leanings and a lesbian history (Califia, 2006). Nevertheless, trans people are often vilified in gay and lesbian communities (Califia, 1997). This is because some lesbian feminists feel that if gender roles and sexuality categories become blurred then where does that leave lesbian identity, or indeed gay, bisexual and heterosexual identities (Hines, 2007; Sanger, 2008; Monro, 2010). However, Zachary Nataf attempts to address lesbian feminist fears when he acknowledges:

the essential authenticity of the female body experienced in lesbian relationships, and the seemingly natural gender divisions that are themselves essential to a gender-based sexuality (and which, as such, are the basis of the inequalities against which lesbian feminists are fighting. (Nataf, 2006:439)

Nataf senses that there is now a new understanding of transgender communities and a greater awareness of the varieties of lesbian identities. This perception allows contemporary trans people and lesbians to politically and academically work together against the regulation and foundationalism of institutional heterosexuality. However, it is important to remember that although lesbian feminist theory analyses lesbian oppression as based on gender it is also predicated on sexuality and homophobia (Rubin, 1984). Indeed Butler (2004b) foregrounds an essential aspect of feminism, that it has always countered violence against women whether sexual or not. Butler continues, this inhumanity: 'ought to serve as a basis for alliance with these other movements, since phobic violence against bodies is part of what joins anti-homophobic, anti-racist, feminist, trans, and intersex activism' (Butler, 2004a:9). Other scholars have responded to this proclamation (Wilchins, 2006; Davidmann, 2010; Sanger, 2010a). To bring this section to a close Laurie Shrage (2009c) articulates what she sees as the situation:

While recognizing the tensions and potentially incompatible aims of different communities, it is important also to recognize our common interests and goals. Feminists, lesbians, queers, and trans women and trans men all recognize the need to critique and resist gynophobia, homophobia, transphobia, and, in general, intolerance toward unconventional bodies, genders, and erotic orientations. We also recognize the need to fight for broad access to health care and schools and for marriage rights, employment and housing rights, and so on. Building large and diverse coalitions is important for achieving major and lasting social change. (Shrage, 2009a:5)

Here Shrage, with others (Davidmann, 2010; Nagoshi and Brzuzy, 2010) argue for broader human rights and the realisation of improved material conditions.

Contested lives, bodies and identities

The next section discusses the contemporary theoretical and conceptual positioning of transsexual people and the feminist, religious, and psycho-medical controversy surrounding their bodies, lives and identities. For example, some strands of feminism question transition and transsexual people's authenticity, and assert transsexual peoples collusion with patriarchy. These issues may be prominent in participants' consciousness whilst they navigate the terrain of difficult social actions required during transition. The discussion in this section is brought to a close by showing how the protracted disagreement concerning transsexual people's bodies, lives and identities, may be ameliorated through future interdisciplinary etiological research.

The transgender theorist Sandy Stone (1993b) in her essay, *The Empire Strikes Back: a post-transsexual manifesto*, described the magnitude of theoretical understanding transsexual identity. This essay was written in response to the radical feminist Janice Raymond's (1979) attack (on Stone) in her book (*The Transsexual Empire*, [sic]). Raymond regarded Stone as a transsexual (she refused to give her

the status of woman) who had been constructed as a lesbian feminist and personally condemned Stone for daring to work as a sound engineer in a women-only feminist music collective (Stryker and Whittle, 2006). In response, to Raymond's attack, Stone wrote:

Here on the gender borders at the close of the twentieth century, with the faltering of phallographic hegemony and the bumptious appearance of heteroglossic origin accounts, we find the epistemologies of white male medical practice, the rage of radical feminist theories and the chaos of lived gendered experience meeting on the battlefield of the transsexual body: a hotly contested site of cultural in-scription, a meaning machine for the production of ideal type. Representation at its most magical the transsexual body is perfected memory, inscribed with the 'true' story of Adam and Eve as the ontological account of irreducible difference, an essential biography which is part of nature. A story which culture tells it, the transsexual body is a tactile politics of reproduction constituted through textual violence. The clinic is a technology of inscription. (Stone, 2006:230)

Stone referred to a number of theoretical and conceptual arguments which she saw as coalescing around the transsexual body itself essential to transsexual understanding of self-identity. In this extract she draws attention to the feminist work against transsexuality; the deconstruction of the essentialisms of gender and sex underpinned by the traditions of the Abrahamic religions; the long social anthropological history of trans people (Morgan and Towle, 2002; Feinberg, 2006); the medical practice of twentieth century sexologists and the lived materiality of trans people's daily experience. Jacob Hale (2009) picks up on Stone's understanding by alerting us to the ways in which these constructions of transsexual identity may erase, delegitimise or monsterise (*sic*) transsexual people and even cause transsexual people to be considered pathological.

Stones essay is seen as a foundational text which enabled a new body of intellectual work, transgender studies, to emerge from the then dominant psycho-medical and feminist discourse of transsexuality (Stryker and Whittle, 2006). The essay critically examined transsexual people's auto/biography of that period showing how it had been used by others seeking to theoretically understand gender and to speak about transsexual people. Furthermore, such inquiry, by others, was unhelpful for understanding transsexual embodied identity and experience. The voices of the transsexual people themselves were erased by this literary analysis. Part of the discourse of expunction forced transsexual people to 'fade into the "normal" population as soon as possible' (Stone, 2006:230). This invisibility allowed the discourse of the 'Other' to flourish at the expense of transsexual people's authenticity. Stone finally urged the birth of transgender studies. She put it like this: 'I suggest constituting transsexuals [...] as a genre-a set of embodied texts whose potential for *productive* disruption of structured sexualities and spectra of desire has yet to be explored.' (Stone, 2006:231).

Scholars argue that trans identities are at the vanguard of contemporary debate in: academia; entertainment; political and legal campaigns for citizenship; and in the social emergence of trans-people within day to day community life (Currah et al., 2006; Whittle, 2006a; Sanger, 2010b). However, the problems of being trans are still unresolved because there is a risk of discrimination, violence and even death in many parts of the world. Transphobic violence is motivated by a perceived transgression of sex/gender relations and 'transgressive' bodies are policed in both public and private space (Namaste). Furthermore, academics who study trans issues urge a positive recognition of the, previously erased, variance in trans people's identifications (Whittle, 2002; Monro and Warren, 2004; Monro, 2005; Juang, 2006; Lamble, 2009; Hines and Sanger, 2010; Sanger, 2010b).

Rubin (1984:307) explained that feminism is the theory of gender oppression not sexual oppression and that gender and sexuality are separate. Rubin assumed sexuality to be about erotic desire for another human which excluded asexuality. She drew attention to the fact that there is a similarity between butch lesbians and FTMs yet there is still, as previously pointed out, often hostility between these categories of people. However, in contemporary lesbian theory gender and sexuality are separated but educational strategies on violence often see gender and sexuality as unconnected. A focusing on sexuality results in gender erasure and prevents a political response predicated on 'gender queer bashing' (Namaste, 2006:585). This emphasis, Namaste explains obscures the violence directed at transsexual and transgender people, recently this violence has been recorded by other scholars and activists (Smith, 2005; Memphisrap.com, 2008; Long, 2009; Namaste, 2009; Stotzer, 2009; Sanger, 2010a). Nevertheless, Namaste stresses the importance of further empirical investigation of the everyday experiences of those who lived outside gender/sex norms, people who chose to resist normativity by occupying a public space governed by culturally sanctioned gender identities.

Postmodern analytical deconstruction of sex and gender means that trans people have no theoretical positioning within gender yet they have a complex and contradictory lived reality which is explored throughout the investigation of transition in a familial context. My analysis emphasises the need to ground any theoretical understanding of trans identity in the material conditions of trans-people's lives which mirrors a core principle of feminism. Furthermore, Whittle (2006a), together with others (Rubin, 1984; Hird, 2002; Lev, 2004) argues that a movement has occurred, away from pathologising trans identity and literary criticism of cross-dressing towards a focus on the material conditions of the day-to-day experience of trans-people.

A psycho-medical and a feminist epistemological perspective on transsexual identity are next considered to prepare for analysis of the transitional experiences of intimates. During transition theoretical questions arise about the etiology of transsexuality (the basis of Butler's (2004b) enquiry discussed previously). The '*transsexual question*' has occupied the attention of biologists, psychologists, cognitive/social learning theorists and feminists for many decades. Even so, the

determinants of gender variance remain 'controversial and hypothetical' (Lev, 2004:113-4). The salient points of each of these understandings are now discussed and a suggestion as to how the various theories may be synthesised is offered.

Bodies change through life experiences, health and through aging, and through the interventions of science and technology and transforming cultural practices. A key question in gender and women's studies concerns finding ways of talking about the body without fixing it as a naturally determined object which exists outside politics, culture or social change, for example (Fausto-Sterling, 2005) whilst also holding on to the materiality of living bodies. Bodies are always in the world and those bodies and the world are also changing. (Woodward, 2008:76-7)

For Woodward the healthy and aging material body is positioned in the political, cultural and social milieu. Surgery, for example, is a site of mediation between the body and the psyche (Doyle and Roen, 2008). Although the malleability of the body may offer freedom it is subtly constrained by the regulatory powers of the state; the state tends to normalise embodiment (Rose, 1999; Sullivan, 2006). From Woodward's perspective bodies are fluid and ethereal but others adopt a heteronormative (medical, societal/ cultural and biological) perspective of embodiment and gender. Conventionally, a normative essentialist gender dualism is established with gender and biology attached (Sanger, 2010b). Nevertheless, this proposition may be contested by trans men, trans women, women with compromised reproductive bodies and those women who do not want children. For instance, everyday understandings restrict child bearing to women (Jones and Avise, 2003) but it is possible for a trans man to child bear (Beatie, 2009).

Shrage is helpful with these issues; she considers the common criteria for sexing bodies with sex theories derived from evolutionary biology, genetics, medicine and history:

Historically, different features have served as definitive markers of sex, including gonads, hormone levels, chromosomes, external and internal morphological features and phenotype (secondary sex characteristics). Yet, some bodies have a combination of male and female markers, and some markers are ambiguous, such as chromosomal patterns other than XX and XY (XXY, XO, etc.), or ovotestes. (Shrage, 2009b:178)

For Shrage sex has historically, variously and normally been determined by: the presence of ovaries or testis; levels of oestrogen and testosterone; the genetics of individual cells; the presence of a penis or vagina and labia and by secondary sex characteristics such as, for example, body hair distribution and breasts. Shrage continues that some are arguing that brains may be sexed (Zhou et al., 1995). Zhou et al. purports to show that the brains of trans women are similar to heterosexual women and different from homosexual and heterosexual men. Shrage agrees with

Whittle who describes this study as having, 'very limited evidence of biological differentiation that is so problematic that it cannot yet be said to have any proof value' (Whittle, 2006a:xii). Subsequent research 'support[s] the paradigm that in transsexuals sexual differentiation of the brain and genitals may go into opposite directions and point to a neurobiological basis of gender identity disorder' (Kruijver et al., 2000:203-4). Whittle again asserts that this evidence is still not a conclusive positivist argument for the etiology of transsexuality.

However, these inconclusive ways of sexing bodies reinforce the everyday understanding of sex; they stigmatised and marginalised those whose material bodies did not fit the male or female binary sex classifications. The biological search for the determinants of sex is similar to earlier understandings concerning the basis for racial classification. Such searches were a fruitless and damaging attempt of racial classification predicated on biological criteria (Shrage, 2009b). The similarity with eugenics is pertinent if, as many suspect, if biological underpinnings are found as a basis for sex. Such findings may have implications for the human rights of gender variant people because there may be a 'social value placed on normative versus deviant expressions of gender' (Lev, 2004:119).

The comparison between sex and race raises the question of whether sex identities are more fundamental and less arbitrary than racial identities. The answer is yes only if primacy is given to classifying people on the basis of their reproductive parts and capacities. Such markers may be as 'egg and sperm producers, gestators and inseminators, lactators and nonlactators' (Shrage, 2009b:180). However, novel reproductive technologies give people features and capacities beyond those provided by nature, for instance, biomedical techniques such as in vitro fertilisation, medically assisted gestation or lactation, Viagra and gender reassignment (including various degrees of surgical and hormonal interventions). However, there are material restrictions on the availability of these interventions because the assistance of reproductive technologies might be denied to lesbians, older women, women in some ethnic groups, those who are judged to be in the wrong sort of relationships and those who are poor (Steinberg, 1997; Woodward, 2008).

Transsexual people who want to transition to their desired gender may have to undergo hormonal and surgical treatments which cause irreversible loss of their reproductive potential. MTFs might therefore be given the option of storing spermatozoa before they start hormonal therapy, so that their sperm may be used in future relationships. Similarly, FTMs might be offered egg storage before hysterectomy. Both these options may be important in future relationships, especially for young people, because they allow later reproductive choice (De Sutter, 2001), for some of my participants this issue might be a matter of concern.

Some feminists repeatedly draw attention to the androcentric biases inherent in most sciences especially when researchers try to find biological proof of the dichotomies between men and women in thinking or personality (Lev, 2004). Kenen

(1997) outlines the kind of circular reasoning that often accompanies the search for the etiology of sex and gender dichotomies using, as an example, research that seeks to find the cause of homosexuality:

Scientific research on homosexuality does not begin with random populations, but rather with groups of people who are defined as homosexual to begin with (by themselves, by scientists, or both); then, researchers search for a biological (or social) marker common to the group (whether it be a gene, a portion of the brain, or an overhearing mother); finally, if such a marker is found, homosexuality is redefined by the presence of the marker itself. In a curious way, then, each study can be said to reinvent its own object. (Kenen, 1997:197)

It seems that Whittle's (2006a), previously discussed, etiological argument is persuasive, namely that there is no conclusive evidence to attribute a biological causation for transsexuality. Furthermore, if a biological etiology is found then this may raise further social problems for transsexual people.

Many aspects of gender can be linked to social learning; moreover, cognitive behavioural theories are still used, to account for gender identity development and how it is normalised. A number of theorists agree that there is a connection between gender development and the social environment but their theoretical and conceptual relationship is still unclear (Lev, 2004). For example, Kohlberg (1996) identified stages of gender development. During stage three, which occurs at about age 5, gender identity becomes fixed. This finding suggests why a gender variant person seeking to change their sex/gender may resist these theories because cognitive behavioural treatment for the 'correction' of gender variance is predicated on these theoretical understandings. Rectification includes punishment of 'deviant' behaviour, such as chastisement, and rewarding of the proper gender appropriate etiquette. However, these treatments raise ethical questions about social learning and control (Lev, 2004).

Many of the psychoanalytic theories of gender identity development are rooted in Freudian based psychoanalytic theory, developed between 1905 and 1962 (Freud, ([1905] 1962); [1923] 1962; [1925] 1962; [1931] 1962; [1933] 1962). The theories suggest that, young boys and girls didn't differentiate themselves as boys and girls and subsequent gender development depends on socialising influences. Many theorists critique Freud's theory of gender development because it depends on the presence of a penis for male development or its absence for female development (Lev, 2004). According to Freud gender identity emerges when children identify with their same sex parent. Since the mother is usually the usual first love object for children a boy needs to separate from his mother and identify with his father and a girl must emulate her mother and desire her father. These trajectories are the basis for healthy [sic] heterosexual identity development; however, this theory demands

that bisexuality is repressed. (In the early 1990s I saw a psychiatrist and he used Freud's theory to explain why he thought I was a transsexual woman.)

In the 1960s the psychoanalytic psychologist Robert Stoller developed an early theory for the etiology of transsexual identity, he hypothesised that: '[...] too much mother and too little father help make a boy feminine and too little mother and too much father helps make a girl masculine [...]' (Stoller, 1985:63). This theory has largely been discarded by recent humanities scholarship, yet it was still sometimes used in feminist and queer analysis (Stryker and Whittle, 2006). Mother-blame theories are endemic in psychoanalysis and are used to account for alcoholism, anorexia, physical health problems and obsessive-compulsive disorder but other feminists have consistently criticised this mother-blame theorising (Lev, 2004). Furthermore, despite nearly forty years of critique, Freud's theories are still used to account for MTFs but fail to adequately address FTMs. Biological and psychiatric/psychological models are also critiqued by the development of novel social models of homosexuality (Seidman, 1994), particularly interesting, in this latter context, is the critique of institutional heterosexuality developed by Rich (1980). The etiology of transsexuality 'relies on outdated and sexist views of gender development, family-induced psychopathology, and psychoanalytic theory itself' (Lev, 2004:124).

Psychoanalytic theories have been deployed to support the argument that identities are fragmented, fluid and ethereal but they are also subject to the criticism that psychoanalytic approaches are based upon universal and essentialist claims (Woodward, 1997). Moreover, Charles Shepherdson (2006) argues using psychoanalytic theory that transsexuality is neither biologically essentialist nor a social construction echoing much of Fausto-Sterling's (2000) hypothesis and Whittle's (2006a) critique discussed previously. However, Shepherdson uses psychoanalytic theory to argue that psychoanalysis had a lot to offer in terms of explaining gender development. Stryker and Whittle (2006) responded to his reasoning by suggesting that he presented psychoanalysts with a dilemma for those analysts who treat a transsexual patient:

Whose sense of meaning and reality, the analyst's or the analysand's should have the power to actualise its self? The analyst, situating himself or herself as a voice of cultural authority, insists that the transsexual's body should mean what culture says it is supposed to mean the transsexual insists that his or her body means differently, and wants the body to acquire a social cultural meaning that corresponds with a subjectively held gender identity. (Stryker and Whittle, 2006:94)

This difficulty might be the basis for transsexual people's antipathy towards psychoanalysis because psychiatrists have tried and repeatedly failed to remedy transsexualism (Denny, 2004). Transsexual people do not want to remain in their ascribed biological sex and the current psycho-medical treatment protocol for

transsexual people responds to this by changing the body to fit the mind.

For many feminists social learning theories gave solace at the time when biology seemed to be the destiny for women which greatly restricted their lives. Dismantling this relationship was difficult since it was epistemologically embedded in everyday life. Moreover:

Understanding, supporting, and loving "women" have been central to feminist and lesbian theorizing, as well as social and political organizing. Therefore, changing how we assign sex identities to persons will have important consequences for feminist and lesbian projects. For this reason, some feminist and lesbian activists have met the claims of trans and intersex theorists with scepticism, suspicion, and even hostility. There are genuine tensions among the ideas and aims of feminist, lesbian, transsexual, transgender, and intersex activists. (Shrage, 2009b:4)

In this extract, Shrage draws attention to the fact that feminism is premised upon an understanding of how the identity category 'woman' is constituted. Some feminists consider that transsexual and intersex women do not belong to the category women and there is acrimony between these identity categories.

The philosopher Jacob Hale (2006) follows Wittig's (1992) assertion that there is no naturally constituted category of women. Hale deconstructs the identity category by singling out at least 13 defining characteristics for a woman's identity and shows that none of these alone are sufficient to confer the status woman. Being a woman is not natural according to Hale and it is achieved contingently, 'through an incessant series of negotiations, through repeated acts of meaning making' (Hale, 2006:281), here she is developing Butler's (1993) earlier argument. Hale essentially demonstrates the 'fuzziness' of the identity woman by showing that it is not as natural as might be assumed.

More recently Sanger (2010b) takes up this social constructivist argument when she traces the historical contingency of the ideas of sex categorisation. She shows that our modern understanding of dichotomous sex only gained credence since about 1800, prior to this females were regarded to be 'an inverted version of the male' (Sanger, 2010b:21). Sanger welcomes recent feminist work (Hird, 2002; Hines, 2007; Monro, 2007) which deconstructs the gender binary. She argues that this allows a more inclusive approach between trans people and poststructuralist feminists. However, Sanger empirically suggests that: 'A trans hierarchy is articulated, with 'true transsexuals' at the top and transvestites at the bottom, reinforced through the division of trans people into 'real' and 'larger than real'. (Sanger, 2010b-5). A close reading of Sanger's data suggests that some of her research participants seem to negate her inclusive desire.

The discussion now turns to consider the seminal critique of transsexual people (mainly women) by Janice Raymond because her arguments are still extensively used against transsexual people as they seek to transition to their new sex/gender identifications. The animosity between some feminists and transsexual people has been perpetuated (Stryker and Whittle, 2006) since the publication of the book *The Transsexual Empire* by the feminist separatist Janice Raymond (1979). Even though this book has been critiqued more by transsexual people than separatist feminists it is deeply transphobic (Lev, 2004). Raymond employed a biological and socialisation argument: '[I]t is biologically impossible to change chromosomal sex. If chromosomal sex is taken to be the fundamental basis of maleness and femaleness, the male who undergoes sex conversion surgery is not female' (Raymond, 1979:10). Furthermore, such 'males' did not have a woman's social experience:

Transsexuals have not had the same history. No man can have the history of being born and located in this culture as a woman. He can have the history of wishing to be a woman and of acting like a woman, but this gender experience is that of a transsexual, not of a woman. Surgery may confer the artefacts of outward and inward female organs but it cannot confer the history of being born a woman in this society. (Raymond, 1979:114)

Raymond considered that transsexual men are created as a tokenistic attempt to make transsexuality real. Raymond's arguments were historically and contextually powerful; they caused much distress and are still referred to. They remain influential for some feminist's understanding of transsexuality (Connell, 2012). The effect of Raymond's book is that it shifts transsexualism from being a concern of the medical and legal professions to culpability for the perpetuation of patriarchy (Whittle, 2006b). As a result, radical feminist epistemology is positioned as superior to that of transsexual lived experience. This is because Raymond's discourse ideologically positions biology as determining socially constructed gender role.

Research from the various strands of social and cultural theory is used to critique medical heteronormative discourse (Hines, 2007). For example, transsexual people raise the ontological question as to what precisely counts as sex and gender? On the one hand, some feminists and transgender theorists (Califia, 1997; Hird, 2000; Hird, 2002; Whittle, 2002; Hird, 2006) posit that transsexual people pose a queer challenge to the hegemonic normative binaries of heterosexual ideology. Whereas on the other hand, radical feminists (Jeffreys, 1990; 1992; Hausman, 1995; 1997; Greer, 1999; Newman, 2000; 2004; 2005; Hausman, 2006) follow Raymond (1979) and argue that transsexual people are conforming to institutional heterosexuality and support its tyranny through patriarchy. Hines (2008) together with Whittle (2006b) briefly discuss the difference between radical, liberal and Marxist types of feminism and both agree that radical feminists follow Raymond's arguments. For instance, Lauren Newman (2000) sees transsexual women as identifying with patriarchal oppression. Furthermore, Jeffreys (1997) considers that

transsexualism disrupts the feminist project of deconstructing gender roles and regards MTFs as repressed homosexuals. More recently, Johnson (2007) continues to question transsexual women's authenticity. In a recent collection of essays various scholars dissent over sex reassignment and personal identity the essays are claimed to be an interdisciplinary contribution to the emerging field of transgender studies (Shrage, 2009c); Overall's (2009) essay has been critiqued earlier. However, in *Gender Trouble* (Butler, 1990) and *Bodies that Matter* (Butler, 1993) Judith Butler interrogates sex and gender and concludes that they are both social constructions. Others suggest that they could also be treated as different levels forming spectra that run between female and male (Hines, 2007; Monro, 2007).

The impact of Anglo-American feminist theory on the lives of transsexual women shows that their bodies, lives and realities have become central to some feminist theory since the early 1990s (Namaste, 2009); transsexual women have shifted from being the marginal concern of Janice Raymond (1979). *The Feminist Question* has been replaced by some strands of feminism with the *Transgender Question* where 'feminist theory depends on looking at transsexual bodies in order to ask its own epistemological questions' (Namaste, 2009:12). Namaste argues, by drawing particular attention to Judith Butler's work (Butler, 1990; 1993), that Butler uses transsexual people to investigate feminist understandings of the construction of sex and gender. Furthermore, these investigations have not contributed to the improvement and well-being of the lives of the huge number of HIV (human immunodeficiency virus) positive transsexual people ravaged by its effects in many countries around the world. Namaste declares that a central tenet of feminism is to improve the lives of women and that the feminist thesis on transsexual women has failed large numbers of such women. She angrily, iterates 'Your theories are covered in our blood' (Namaste, 2009:12). She concludes that it is not gender that needs to be undone but theory itself, in this concluding utterance she is mimicking Butler's book *Undoing Gender* (2004b). However, Butler has made a compelling argument in addressing the violence against gender variant people because if trans people are to live a full and viable life then this needs to be countered. As previously argued, the fight against women's oppression is intricately linked to the fight against gender oppression (Lev, 2004) which includes transgender oppression (Nagoshi and Brzuzy, 2010).

The category 'Woman' is used by some feminists to advance the material position of some women but working class, black, minority ethnic, sex working and sadomasochist women have been excluded. These exclusions together with the emergence of transgender people problematise the gender based classification of woman. A new critical analysis of the category woman is forced into being which can be used to fight institutional heterosexual oppression (Ramazanoğlu and Holland, 2002; Stryker, 2006). The identities of women and men are understood as socially constructed and are not biologically essentialist (Butler, 2004b:8). However, Butler

has become less certain about this after her retrospective study of, 'David Reimer, whose situation is referred to as the Joan/John case'³ (Butler, 2004b:59).

The work of the feminist biologist and historian of science Anne Fausto-Sterling (2000) who studied sexual embodiment and sexual erotic attraction is next considered to bring together the various epistemological perspectives of transsexual identity. Fausto-Sterling belongs to, 'a diverse group of scholars psychologists, animal behaviourists, hormone biologists, sociologists, anthropologists, and philosophers' who share the understanding that our sexual essence is acquired before birth and unfolds as we grew and develop (Fausto-Sterling, 2000:6). The group see themselves as interactionists, in the sense that the body and the environment react with each other to produce behaviour patterns. They, through protracted discussion, arrive at the belief that the body has primacy in this relationship. More recently there has been an increased recognition that the body is involved in social processes. To consider the body-environment as a simplistic dualism is inadequate (Rose, 1999; Connell and Messerschmidt, 2005; Haraway, 2006; Hill, 2006; Woodward, 2006; Doyle and Roen, 2008). It is important to note that this belief is neither predicated on the facile idea that sex (a biological classification), is privileged over gender (social attributes), nor gender over sex, (Woodward, 2008). They are more complexly and contextually related within different historical scientific and cultural experiences (Fausto-Sterling, 2000).

Fausto-Sterling posits a framework for future research predicated on the proposition that nature and nurture are indivisible. Human organisms actively evolve from fertilisation until death and no single academic or clinical discipline provides the best way of understanding human sexuality and gender identity. Susan Stryker's (2006) transgender studies draws on Fausto-Sterling's fields of study, which are also places of interest in the study of transsexual development and further study of transsexual transition. Crucially what is required is the integration of research knowledge from different levels of biological and social organisation, achieved by scholars working in interdisciplinary groups. Rabinow (2011) argues that such a spirit of collaboration animates contemporary enquiries and engages in a series of collaborative and intensive research experiments in synthetic biology. The idea of collaborative research is pursued by Sanger (2010a) who argues that transgender

³Butler reported the details of this case. Essentially David was born with XY chromosomes but at the age of eight months his penis was accidentally removed during the course of surgery. His parents were advised to raise him as a girl so he underwent further surgery to create rudimentary female genitals. Between 9 and 11 she began to question her female gender identity and subsequently with new medical advice and intervention started living as a boy at age 14. As Butler's book was going to press in June 2004 she learned that David took his own life at age 35. Butler in her postscript raised the question, posed by him and for him, 'was life in his gender survivable?' She said, 'The norms governing what it is to be a worthy recognizable and sustainable human life clearly did not support his life in any continuous or solid way' (Butler, 2004b:74)

studies offers this possibility, here she is echoing Stryker (2006) who develops transgender studies.

The family, intimacy and practices of care

To investigate how intimates negotiate transsexual emergence with family members, and to investigate the impact of transition on these intimates this section begins by showing how knowledge of intimacy developed from the early conceptualisation of the family. The trajectory of understanding of intimacy is important for the analysis of the impact of transition because everyday understandings of family are often predicated on these traditional understandings which are remarkably persistent in the imagination of the general population and might be adopted by participants (Morgan, 2011). The section then moves to review the detraditionalisation and democratisation theses, critique them and to examine some studies that followed these theories showing their significance for this research study. Furthermore, it is important to ground theoretical understandings of transsexuality in the material conditions of transsexual people's lives and familial intimacies (Whittle, 2006a). Many researchers, for example, Gabb (2008) and Smart (2007) emphasise that theorising, about the family, needs to take account of the untidiness and concreteness of family relationships. The section concludes by considering how transgender support groups and practices of care may be used to alleviate any emotions experienced during transition.

Sociological logic and trends allowed grand theories of the family to develop and these included: functionalist theories which considered the family to be part of the ideological state apparatus, couples were seen to shape and create subjects of the state (Parsons and Bales, 1995; Morgan, 1996); Marxist theories which introduced the idea that capitalism through patriarchy oppressed women (M.I.A., 1968); Risk and Individualisation theories (Giddens, 1992; Beck and Beck-Gernsheim, 1995; Bauman, 2003). However, all these grand theories were not empirically grounded, however, academic research may have been used to support the theories (Brannen and Nilsen, 2005).

Early feminist interventions into the theoretical debate were significant in that they linked the public and the state to the private through the family. Furthermore, they drew attention to the importance of domestic labour (Stacey, 1981). Stacey's study, together with other feminist critiques, inspired empirical research into marriage, parenthood, and care within the family (Morgan, 1996). This early feminist work was not a comprehensive study of the family because it did not include issues concerning, 'sexuality, age, generation, sibling relationships, and wider relationships of kinship,' (Morgan, 1996:9). However, these studies were, 'Radical, innovatory and challenging' (Morgan, 1996:10). An ideological shift in conceptualising the family started to develop which involved a move away from a naturalistic, reproductive and biological understanding (these were sustained by women's subordination). The

reconceptualised family displaced the functional centrality of the heterosexual couple and the procreation of children. Terms associated with the naturalistic family such as the 'household' or 'private sphere' were replaced with terminologies such as 'openness' and 'inclusion' and use of the locution 'families' (Smart, 2007:27). Furthermore, Morgan (1996) demonstrated how issues associated with domestic violence and economic inequalities in the nuclear family shifted the focus of empirical research.

Early studies of lesbian and gay parenting and other studies of non-heterosexual intimacy were prompted by the use of the term 'pretended families' (Hanscombe and Forster, 1981). This term was used to describe gay and lesbian families and it was fostered by the conservative *family values* debate in the United Kingdom and the parallel *New Right* (The *New Right* was supported by neo-conservatives and mainstream Republicans) resurgence in the United States (Seidman, 1994). These non-normative empirical studies revealed a greater understanding and critique of autonomy, equality, and emotional interdependence (Gabb, 2008). Moreover, earlier grand theories were increasingly scrutinised and found lacking, for example, explaining the increasing status of children in families (Pollock, 1988, orig. 1983). Although attempts were made to account for the increased visibility of children, this was generally attributed to other social changes, such as the growth of education, social welfare, democracy and individualism. These endeavours were again a top down non-empirical adaptation because the social evidence was not adequately reflected in theoretical conceptualisations and empirical research (Smart, 2007).

The trajectory in theorising of the family was associated with: the demise of the extended family and rise of the nuclear family; the decline of marriage as an economic contract associated with the corresponding rise of companionate coupledness; the changing status of children; more recently the rise of fluid family practices (Morgan, 1996). Moreover, Morgan points out that the rise of companionate marriage ideology has been regularly rediscovered at various intervals during the twentieth century. Whatever the structure, ideologically families are still important for people to understand the structure of their daily lives; families are just increasingly fuzzy at their boundaries. Laslett (2004) commented on the tenacious social understanding of the family: 'The wish to believe in the large extended kin-enfolding, multigenerational, welfare-and support-providing household, in the world we have lost, seems to be exceedingly difficult to expose to critical evaluation' (Laslett, 2004:92). Keeping myths about family life in times past seems to be invincible to empirical evidence and this might have been because we were 'dealing with aspirations, yearnings, falsehoods and nostalgia and this is emotive territory' (Smart, 2007:16). Transsexual transition disrupts the conventional and fixed understanding of the family so a deeper analysis of the realities of contemporary family life is required to critically investigate the emotional impact of sex/gender changes on familial intimates.

In the 1970s and 80s intimacy was linked to the heterosexual couple relationships which were set apart as special (Kotarba, 1979; Comfort et al., 2005). However, this association was criticised (Deegan and Kotarba, 1980) because sex research, at that time, continued to focus on emotional functioning within heterosexual relationships and this was more often within marriage. One notable exception to this trend was in the engagement of Stevi Jackson (1982). Gabb comments on Jackson's early work:

Childhood and sexuality are understood via the functional link to the human reproductive system, a scientific account which forecloses any alternative because of its invocation of the 'natural' ordering of the (two) sexes. [...] [this work] de-centred the adult-sexual couple as the nexus of sexuality research. (Gabb, 2008:69)

Jackson's intervention paved the way for subsequent sociological enquiry of sexuality by Weeks (1986) and Jamieson (1998) and created a more nuanced understanding for this research into transsexual transition within a familial context.

The trajectory of intimacy studies foregrounds closeness, familiarity, privileged knowledge of the other, strong emotional attachment and spaces of trust and reciprocity (Jamieson, 1998). Here Jamieson is widening understanding of intimacy beyond that just associated with sexual intimacy. However, Morgan's (2011) identification of different dimensions of intimacy, based on consideration of Jamieson's work, will be useful for study of the impact of transition on intimates. These are aspects of intimacy associated with: embodiment which extends beyond sexual contact to areas such as caring; an understanding of the other which might not be verbalised; 'the interweaving of personal biographies over a period, often a considerable period, of time' (Morgan, 2011:35). The notion of sustained intertwining of pre-transition biographic sex/gender identity narratives is important for investigation of the impact of transsexual transition on intimates. However, these investments in the narratives may not be so intense for transsexual people's wider kinship networks.

Jamieson's analysis of personal relationships gave impetus to subsequent researchers in the field of family intimacy (Smart, 2004; Gabb, 2008; Sanger, 2010b). At that time the practice of caring within the family was associated with intimacy which itself was often conflated with women's work and the identity category of woman (Morgan, 1996). Gradually a discernible shift occurred in the understanding of family which involved a more nuanced focus on intimacy and wider relationships, a more qualitative sense of the family developed. This understanding was accompanied by a shift in focus away from a more rigid functional conceptualisation towards impermanence fluidity and fuzziness. During the 1980s, sociological engagement focused on how the social and cultural milieu created power dichotomies in male-female relationships (Saunders and Edwards, 1984; Larson and Allgood, 1987). The research focus gave prominence to diversity in care and intimate

relationships, the importance of friendship and a decentring of heterosexual relationships. These care and relationship issues are important because transsexual transition disrupts normative understandings of familial care.

In the 1960s and 70s there was a growing toleration of non-heterosexual relationships and a rise of social movements committed to sexual change. This milieu paved the way for the shifts in intimate life which occurred over the following decades (Weeks, 1977/1990; Castells, 1997). Understanding and practice of intimacy became known as 'reflexive modernity' (Giddens, 1991; Beck, 1992; Giddens, 1994). Accompanying this shift was a change in assumptions about traditional life trajectories and a turn from heterosexual courtship, marriage and nuclear family life towards what was termed 'do-it-yourself biography' (Beck and Beck-Gernsheim, 1995; Weeks et al., 2001). In the 1990s these reorientations started to become theorised as the *detraditionalisation and democratisation theses* which provided a lens through which contemporary debate on intimacy and affective relationships was later commonly analysed and understood (Gabb, 2006). Although there was much debate over the extent of these theses there was also much agreement that there had been changes in intimate partnerships (Jamieson, 1998; Roseneil and Budgeon, 2004; Williams, 2004b; Gross, 2005). Gabb cites empirical studies in support of this assertion:

Lone-parent families (Silva, 1996) step-parent families (McCarthy and Edwards, 2002) friends as family (Nardi, 1992) families of choice (Weston, 1991; Weeks et al., 2001) blended families (Portrie and Hill, 2005) and brave new families (Stacey, 1996) all testify to the reconfiguration of traditional forms of intimacy and interpersonal relationships, while paradoxically reinforcing the underlying, status of families as a social unit in which affect and emotions reside (Gabb, 2008:70).

It is notable that in Gabb's review of this body of literature transgender patterns of familial intimacy are absent, moreover, Morgan fails to identify these recently researched patterns even in his later book *Rethinking Family Practices* (Morgan, 2011). These omissions are further reasons for the utility of this research into transsexual transition and familial intimacy.

The understanding of intimacy to include yearnings, desires and inner emotions liberates the exploration of intimacy studies (Smart, 2007; Sanger, 2010b). Smart argues that it is now recognised that people relate meaningfully to one another across geographic separation and independently of genetic or legal bond. The understanding of such fluid and ethereal relationships as simply networks removes the affective dimensions of relational intimacy (the significance of connectedness, biography, and memory) (Smart, 2007). Smart points out that weddings and funerals seem to have been missed in these empirical studies maintaining that such events might often be cauldrons of sensitive emotions and complex relationships; transsexual transition is another such event.

Giddens' (1992) book the *Transformation of Intimacy* contributed to a significant theoretical and conceptual turn in intimacy studies. The theory of 'plastic sexuality' emerged in response to two further shifts, one was the separation of sex from reproduction as a consequence of reproductive technologies and the other was an increasing awareness of a sense of self which could be actively chosen. Women were liberated by enabling more choice over frequency of sex and sexual partner (Giddens, 2006:241). 'Confluent love', active and contingent, replaced the previous patriarchal romantic love allowing the opportunity for what Giddens described as a 'pure relationship' (Giddens, 2006:241). These changes formed part of a generic 'restructuring of intimacy' and replaced familial ties of obligation (Giddens, 1991:58). In his thesis a relationship existed 'solely for whatever rewards that relationship can deliver' and when a partnership ceased to 'deliver' or meet perceived needs couples simply separated by mutual consent (Giddens, 1992:6). Mutual recognition of the new sex/gender identities adopted by transsexual people may be influenced by Giddens' proposition especially if the normative sexual desires of cis intimates are not met.

In the *Normal Chaos of Love*, Beck and Beck-Gernsheim (1998) argued that the traditional rules of marriage had been replaced. Intimate relationships were considered to involve an endless series of choices which required negotiations. Traditional family matters such as love, sex, children, marriage and domestic duties were augmented by brokering over work, politics, economics, jobs and inequality and matters associated with sex/gender transgression of heterosexuality's binary norms during transition. This is a key focus for my investigation of transsexual transition in a familial context and a reason for my choice of research methodology.

Liquid Love, by Zygmunt Bauman (2003) spoke of the frailty of intimate bonds and the associated sense of insecurity felt by individuals. This affective fragility required the individual to proactively manage the parameters of their ever-shifting intimate landscape. Theoretically, risk, anxiety and uncertainty were positioned by Bauman as central to contemporary intimate relationships and are especially important when normative sex/gender identity securities are disrupted during transsexual transition.

These three theories are often described and conflated to the detraditionalisation and democratisation theses ensure that intimate relationships have become more democratic. However, differential access to power (for example, in male-female and possibly cis-trans relationships) still causes difficulty for intimates. The egalitarian relationship is positioned as part of the contemporary ideology through which people live their lives (Weeks et al., 2001). There is a sense of negotiation of novel family formations which are underplayed in the theories of both Giddens (1991; 1992) and Beck and Beck-Gernsheim (1995). Nevertheless, the theories present the possibility of moving beyond traditional understandings of the heterosexual family; they allow a new feasible realisation of individuality, non-heterosexual and transgender family couplings. A more recent claim, often

associated with feminists, is that a de-heterosexualisation [sic] thesis has occurred which queers family relationships (Jackson, 2008). However, contemporary intimate arrangements are often accompanied with a striving for their legal recognition (Weeks et al., 2001). Lawful acknowledgement of such relationships allows non-normative communities to form where members of these communities are able to grow in confidence. Nevertheless, access to these imaginings might still be constrained by macro-socioeconomic, demographic and geographical determinants and these factors might be more determining of intimate couplings than the detraditionalisation and democratisation theses (Jamieson, 1999; Smart and Neale, 1999; Weeks et al., 2001; Crow, 2002; McCathy et al., 2003; Smart, 2007; Gabb, 2008; Jackson, 2008; Morgan, 2011). These access constraints may restrict participants' ability to adopt novel trans familial couplings which are situated beyond normative understandings.

The relationship between academic theories of intimacy, policy, politics and individual practice is not direct and easy to understand. Both Giddens and Beck and Beck-Gernsheim's theories are in tune with neo-liberal individualism (see (Connell, 2011) Chapter 3 for a description of neoliberalism). However, as Smart (2007) and Sanger (2010b) point out we need to be more critically reflexive about a straight forward relationship between agency and choice, for example, relational commitment and altruism are complex. There is: '[a] lack of congruence between the depiction of contemporary family life in the work of individualisation theorists and the kind of lives being represented in local and more closely specified studies of families, kinship and friendship networks.' (Smart, 2007:17)

Smart (2007) argues for the realignment of empirical research with theoretical and conceptual analysis and rejects many of the assumptions of Giddens, Beck, Beck-Gernsheim, and Bauman. The overlapping concepts of 'memory, biography, embeddedness, relationality and imaginary' (Smart, 2007:37) are important for personal intimacy; here Smart is developing Morgan's (1996) idea of family practices. For Smart, embeddedness refers to the fact that individuals are situated in webs of relationships which might also include deceased parents, grandparents and even ancestors. However, such embeddedness or density of relationships might be 'both a source of ontological security and/or a source of constraint and oppression' (Morgan, 2011:39), as the latter can often be in the case of transsexual transition within families.

Relationships do not necessarily end at death, an understanding which is important for investigating the grief associated with transitional losses (this association is developed further in chapter 4). Moreover,, relatedness is anthropologically important in developing our sense of personhood (Carsten, 2004) which is achieved through relationships with kin. These relationships do not need to have been genetic. However, if they are not, they are still emotionally, culturally and locationally close. Relationess is both intimate and contextual but more importantly, it allows for personal agency and negotiation (Finch and Mason, 2000). A space is

opened up for flexibility which, for example, allows 'families of choice' (Weston, 1991) and transgender families to form. Relatedness requires action through intimate networks and needs to be sustained otherwise it atrophies (Smart, 2007). Relatedness is a key theoretical concept important for understanding and analysing the establishment of new transsexual sex/gender identifications within the transitional context of close cis intimates. It offers a means of investigating intimates transitional negotiations, the losses experienced when identifications change and issues of recognition of these changes.

Smart offers further insight into the study of intimate personal relationships by drawing upon what Gillis (1996) proposes are two realms of family life, the families we live with and the families we live by. The former are the reality of day-to-day experience and the latter represent the imaginary, the ideologically persistent notion of the family. However, the imaginary and the reality of day-to-day concerns of family living offer a linkage between the interiority of 'family' relationships and the detraditionalisation and democratisation theses. A more enriching and flexible empirical analysis is offered through a 'toolbox full of insights' (Smart, 2007:51). Relatedness, imaginary, memory, biography (my research design includes myself and echoes Smart because she includes her own autobiography) and embeddedness enable an intellectually imaginative further interdisciplinary analysis of intimacy. Smart critically engages with anthropology, social history and psychology to study contemporary issues of intimacy. Mirroring her, this research engages with sociology, the epistemology of transgender studies, some psychology and biology, to develop an empirical epistemological framework for the study of transsexual transition in a familial context.

The detraditionalisation and democratisation theories have been criticised but not entirely rejected. Furthermore, there are differences between Giddens and Beck and Beck-Gernsheim theories (Smart and Neale, 1999; Crow, 2002). Gross (2005) suggests that the detraditionalisation of intimacy is underspecified and empirically problematic, a critique that is echoed by others. However, some feminists have extended the theories. For example, Sanger's (2010b) study of the intimate partnerships of trans people is relevant to this study. In summary, the detraditionalisation and democratisation theses have encouraged further empirical research in the field of intimacy and families studies, in a way that was similar to the earlier feminist critical study of the family (Smart, 2007).

Critique of the detraditionalisation and democratisation theses has significance for critical study of transsexual transition within a familial context. Although Giddens posits that gender relations are being transformed, this is not in a straightforward manner because there remains an asymmetry in intimacy and emotional work (Duncombe and Marsden, 1993). How participants manage emotional engagement during sex/gender transitions is explored during the investigation of the impact of transition on intimates. There is also an absence of the study of the material power imbalances in gender relations (Jamieson, 1999) and of the wider recognition of familial practices of intimacy; Morgan even sees family practices as 'gendered family practices' (Morgan, 2011:70). Beck and Beck-Gernsheim claim that true egalitarianism will only occur when the family is abandoned altogether (Smart, 2007),

but Gabb (2008) continues further and argues that egalitarianism still needs to be extended to parent and child, siblings, rich and poor, sick and healthy relationships. Critical analysis of the impact of transition on intimates requires an awareness of the power imbalances manifest in intimate relationships when sex/gender change beyond normative expectations.

The Cultural imaginary of the ideal romantic sexual couple is powerfully retained (Gross, 2005). Gross (Gross, 2005) argues that marriage persists as a 'guiding cultural ideal' for much of the Western population and she draws attention to the resilience of patriarchal beliefs and practices (Gross, 2005:297-301). For instance, the primacy of marriage is further evinced by the storm, in the United Kingdom, over 'gay marriage' (Guardian, 2012). Some non-heterosexual couples and trans couples see marriage as important, possibly this is to legitimate their relationships and to increase a sense of stability for these relationships. There is little empirical evidence of democracy in families (Jamieson, 1999) despite Giddens' argument that there has been a shift away from the head of the household towards greater democracy. Craib (1994) problematises the concept of the pure relationship for men and women and argues that biological reproduction engenders both love and hate which might still be suppressed in a pure relationship. However, 'jealousy, possessiveness, devotion, sacrifice, rage, brutality, respect, tenderness, [and] understanding,' still required attentiveness in intimate relationships (Craib, 1994:178). Smart (2007) further criticises Beck and Beck-Gernsheim who seems not to have noticed the increasing visibility of same-sex households, love and family life. However, it is of interest that even she fails to recognise the emergence of transgender patterns of relatedness which Hines (2007), Sanger (2010b), Brown (2009) have uncovered and this research develops.

Lynn Jamieson (1998) argues that Giddens marginalises childhood and parent-child relationships and effaces the classed, gendered and ethnic dimensions of parenting and socialisation. These dimensions even now constitute the material and embodied context of everyday family life. Others hold the view that, contrary to individualisation, intimates as formerly retain their obligations to care for others (Stacey, 1996; Roseneil and Budgeon, 2004; Stacey, 2004). How intimates care for one another will be investigated during study of the impact of transition on intimates.

In the mid-1990s there was a conceptual shift in thinking about the family from how it was perceived as an institution towards the study of family practices (Morgan, 1996). Increasingly families were being seen as something you did, as opposed to, something you were (Gillies, 2003; Williams, 2004b) this was because roles and familial responsibilities were severed from biological parenthood (McCathy et al., 2003; Williams, 2004b). A contemporary family is understood as a site of contestation, experiment, pastiche and nostalgia (Stacey, 1996) which is encapsulated conceptually in the term 'family practices' (Morgan, 1996:11). The quality of an intimate relationship is seen as more significant than its functional purpose, leading to how families and intimacies are understood sociologically:

families as affective spaces of intimacy within which meanings and experiences are constituted by family members in an historical socio-cultural context rather than in accordance with naturalistic understandings of reproductive and socialisation function (Gabb, 2008:64).

Intimacy studies have the potential to contribute to macro-conceptualisations of future families, which might be perceived as more inclusive, fluid and ethereal. However, as previously argued, the term *family* retains great ideological significance and remains a normative force; and is still widely used by lay and professional people in both the private and public sphere (Morgan, 1996; Jackson, 1997; McRae, 1999; Gabb, 2008). Interestingly recent studies suggest that young people are looking to the communality of shared housing for intimacy and support; here they challenge the conventional heterosexual couple families and the associated ideological term 'household' (Morgan, 2011:61-62). In the process of confrontation they take on the characteristics of 'quasi-communes', marked by the institutionalization of friendship within a domestic setting (Heath, 2004). Roseneil and Budgeon's (2004) empirical research seems to show that friends choosing to live outside couple relationships forge strong networks of care and support even though they have 'no biological, legal or social recognized ties to each other,' (Roseneil and Budgeon, 2004:135). The intimacies of any participants who occupy non-normative home spaces will be interrogated during study of the impact of transition on intimates.

My research echoes the empirical study of Weeks and his colleagues, *Same Sex Intimacies: families of choice and other life experiments* (Weeks et al., 2001). Theirs was a study of non-heterosexual people who self-identified as: "non-heterosexuals", that is, "homosexuals", "lesbians", "gay men", "bisexuals", "queers" and the range of other possible labels which people adopt to represent the dissident sexual identities and sense of belonging' (Weeks et al., 2001:vii). The use of the term *family* in the title, according to Weeks et al., represents an epistemological struggle for meaning in that it is a counter-normative attempt to make real non-heterosexual patterns of intimacy; the title for this thesis uses the term *familial* to refer to the epistemological understanding of trans families and patterns of intimacies. Previously there were no recognised patterns of intimate relationships for non-heterosexual people (including transgender people) because such relationships problematised everyday understandings of the *family*. Furthermore, friendships become important when normative arrangements become inadequate and they particularly flourish when identities are fragmented as occurs in 'periods of rapid social change, turning points in people's lives, or when lives are lived at odds with social norms' (Weeks et al., 2001:145-6), this is the milieu of transsexual transition.

According to Dunne (1998) lesbian parents take great care over planning prior to parenting. (The term *parenting* emphasises the difference between these adult-child practices and biological parenting.) Weeks et al.'s research participants were concerned that their children did not suffer in a situation where the children had no

control. Furthermore, gay men who had children from a previous heterosexual relationship were most anxious to maintain relationships with their children especially if they did not normally co-reside. These researchers maintained that there is overwhelming evidence that non-heterosexual people are particularly conscientious parents because they are attentive to their children's welfare, although care is often a struggle fraught with difficulty. Furthermore, these parents attempt to be cautiously present in everyday situations, such as at school and with their children's friends but they affirm the right to parent. This non-heterosexual body of literature is significant in that it offers insight to the analysis of transgender parenting and familial relationships with children.

Other empirical research indicates that non-heterosexual parenting and intimacy is not that different from customary parenting (Goss, 2005; Armstrong, 2006; Gabb, 2008). Furthermore, Western families are more likely to be 'shaped through individual choices, socio-economic circumstances and demographics than through sexuality *per se*' (Gabb, 2008:128). For example, Gabb found in her research that an Asian mother, living in the United Kingdom, was more influenced by her culture and extended kin network. This finding may be useful for analysis of the impact of transition on participants who are Asian.

Janet Finch (2007) argues that the sociology of contemporary familial life should be extended to include the idea of displaying family, she is also building on Morgan's earlier work of family practices (Morgan, 1996) by giving them a 'wider display of meaning' (Finch, 2007:67). She sees such practices as important for recognising that family does not mean household, families change over time and for study of the relationship between personal and family identity. She argues that such an approach complements much of the development of intimacy studies and opens up a space for further empirical, theoretical and conceptual engagement including this investigation of transsexual transition within a familial context; furthermore, it enables my analysis of familial intimates to include those who are spatially separated. However she also draws attention to the need to work at maintaining familial intimates' connectedness which is especially important during and after transition.

Finch's concept of display 'is the process by which individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute 'doing family things' and thereby confirm that these relationships are 'family' relationships.' (Finch, 2007:67). What seems to me to be important about display for this research is the idea that trans family relationships are intimates' relationships and they function. Intimates may be especially concerned in the context of transition to legitimate their new familial configuration through recognition by other family members and wider society. Furthermore, Finch's (2008) more recent theorising reflects my sociological analysis of identity and naming. Names have legal, individual and connected importance for intimate's and are considered during data analysis of transition in a familial context. The wider issues

of display are significant when 'conventional patterns do not necessarily provide clear guidelines' as, for example, during transsexual transition and understanding of trans intimate relationships especially relating to a failure of terminologies to express FTM's intimacies.

Three contemporary empirical studies of transgender people and their intimate relationships chronologically followed the above post-detraditionalisation and democratisation theses research studies. These newer studies further open a theoretical and empirical space for this study by facilitating development of a more nuanced understanding of the literature relevant to this study of transsexual transition in a familial context. Two of these studies focused on interviewing participants in the United Kingdom (*Transforming gender, transgender practices of identity, intimacy and care* (Hines, 2007) and *Trans people's partnerships* (Sanger, 2010b)) and the third study (*The Sexual Relationships of Sexual-Minority Women Partnered with Trans Men* (Brown, 2009)) had participants who live in the United States and Canada. Relevant aspects of Hines, Sanger and Brown's studies are drawn upon as the thesis develops.

Hines (2007) was concerned to investigate the close, caring and personal relationships of trans people. Some of these were sexual (in that they involved partners and lovers engaged in embodied intimacy) and others were friendships that were non-sexual or involved emotional intimacy/intimate knowledge of the other. She draws attention to the absence of studies of trans-people's practices of care and intimacy, contrasting this with similarly focused studies of heterosexual and more recently non-heterosexual relationships. Hines interviewed 30 participants who she selected according to a previously theoretically conceptually designed sample drawn from a range of variables, '(gender, sexuality, age, occupation, geographical location, partnering and parenting status, and transitional timespan)' (Hines, 2007:193). Hines did not focus on case studies of intimate relationships involving families/friendship but involved individuals and their narratives. This emphasis suggests that my study which focuses, using my research questions, on case studies of families has the possibility of extending her investigations. Hines' empirical focus was on: how transgender identities were constructed and experienced, how transition impacted on personal relationships, and the role of transgender organisations in giving support and care. Her attention to how transgender identities are constructed and experienced assists understanding of transsexual identities (a sub-group within the broader transgender collectivity). Hines' study of personal relationships supports my development of an understanding of family literature which includes more recent theorisations of intimate relationships and its utility for investigation of transsexual transition in a familial context. To investigate my research question 'What factors alleviated or exacerbated any emotions experienced during transition?' Hines draws attention to the body of literature on practices of care within transgender communities which is considered further towards the end of this section.

Sanger's (2010b) study of trans people and their partners was based on her doctoral study, conducted between 2002 and 2007. She interviewed thirty-seven people, some of whom were in intimate relationships with each other. In her thesis,

Sanger was concerned to add their voices to the intimacy research publications and was motivated by her own intimate relationship with a trans woman. She argued that the focus of both Giddens' (1992) and Beck and Beck-Gernsheim's (1995) detraditionalisation and democratisation theses were still constrained by the framework of institutional heterosexuality and that the theories only account for monogamous relationships. She points out that relationships 'involving trans people trouble traditional, normative theorisation of intimacy' (Sanger, 2010b:26). Sanger's study supports this research into how transgender identities resist the regulatory forms and fictions of institutional heterosexuality.

Moreover, Sanger seeks to understand how gender, sexuality and bodies impact on intimate relationships. To do this she draws on Foucault (1988) who maintained that the lives and identities of people were freer than they thought. The proposition blows open the possibility for a re-evaluation of the self both in our lives and in our relationships. Foucault referred to an ethics of the self and Sanger explains that such revisionism of the self and relationships may be seen as an extension of the transformation of intimacy and the detraditionalisation and democratisation theses. She is optimistic that society may thus be differently understood as an alternative to the reification of institutional heterosexuality. Furthermore, she sees such positioning and its discourse as having the potential to emancipate those currently situated at its margins. 'Reflection upon the self, and reflection upon the complex articulations, disarticulations and practices of those we engage with throughout our lives, expands our horizons and encourages a richer, more inclusive society' (Sanger, 2010b:137). Sanger draws attention to how extension of the detraditionalisation and democratisation theses may help understanding of transsexual patterns of intimate relations which are situated beyond the boundaries of regulatory forms and fictions. Sanger's interpretation of Foucault signifies the utility of studying the body of literature concerning the detraditionalisation and democratisation theses and the empirical research which followed from these theories in this study of transsexual transition within a familial context.

Sanger argues that increased freedom from institutional heterosexuality and a reduction of normative governance is required which may encourage the inclusion of greater identification imaginings. She considers 'bisexuality, bondage domination and sadomasochism (BDSM), barebacking [*sic*] and asexuality' (Sanger, 2010b:139) to be examples of identifications that may be liberated. Sanger reasons, from her empirical data, that what distinguishes friendships from intimate partnerships is sexual desire but she feels that this deserves further sociological investigation. Here Sanger is suggesting the use of sociological enquiry to further research non-normative patterns of intimacy and the appropriateness of using a sociological approach to study transsexual transition in a familial context.

Brown (2009) investigated, using interviews, the sexual-minority women partners of FTM⁴ trans people. She notes that researchers often have difficulty in

⁴ FTM and MTF are normative terms which are a short hand way of referring to a female-to-male transsexual man and a male-to-female transsexual woman.

accessing interviews with trans people's partners pointing out that partners' 'perspectives are mostly missing from this body of work' (Huxley et al., 1981b; cited in Brown, 2009:561). Furthermore, most studies involve partners post-transition. Brown focused on issues of sexual desire and practice from the perspective of the partner, who was non-heterosexual. The studies of Hines and Brown are similar in that only one person's perspective of the intimate relationship is considered. Both Brown and Hines research supports my novel methodological aim to interview the close familial intimates of transsexual people during and after the transitional process. (Brown's study is also useful because it offers an extensive review of transgender related academic publications which may be useful to other researchers because she referred to many clinical, (psychological, psychiatric, psychotherapeutic) based studies that are beyond the scope of my research questions.) Brown examined various social scientific studies of FTM/trans men where, for example, Devor (1997) 'reported that of the relationships that FTMs had established with women pre-transition, approximately half of them did not survive transition.' (Brown, 2009:562). Furthermore, she cites Gurvich (1991) who found that among the heterosexual wives of MTFs trust and expectations for the marriage survival diminished when their husband emerged as transsexual during the marriage. These studies of FTMs and MTFs further specify the need to review the body of literature of transgender differences which are subsumed under the umbrella term of transgender identities, more specifically that of transsexual women and men. Brown also refers to Nyamora (2004) who undertook a small scale study for social services of nine lesbian, bisexual and queer identified partners of transgender men. They were interviewed to examine their experiences of going through the transition process. Nyamora's empirical research points to the need to consider non-heterosexual and queer identities in pursuit of my research aim. Brown also draws attention to Schrock and Reid (2006) who drew on Plummer's (1995) earlier approach to the study of sexual stories to examine how nine MTFs constructed their sexual pasts to accomplish 'what sociologists call "identity work"' (Schrock and Reid, 2006:75). Plummer's methodology is a key part of my approach to the theoretical analysis of transition in a familial context and is developed in the methodology chapter.

To summarise, these three contemporary studies support the inclusion in this literature review of: the epistemological framework of institutional heterosexuality; using a sociological approach for this study; a postmodern sociological understanding of the nature of identity; transgender identities; the family; intimacy; practices of care. These are the fields of literature important for the investigation of transsexual transition in a familial context using the research questions.

Finally in this section, the body of literature concerning practices of care in intimate relationships is now theoretically and conceptually considered and applied in the context of support/care groups for trans and cis intimates. The purpose is to investigate how they might alleviate or exacerbate any emotions experienced during transition?

There can be no justice without care...for without care no child would survive and there would be no persons to respect. (Held, 1983:17)

Jaggar (1992) argued that care is an ethical issue of justice and all feminist ethicists aim to eliminate or ameliorate the oppression of people, especially that of

women, furthermore the category women should be as inclusive as possible (Tong and Williams, 2011). These emancipatory aims should be extended the care of transsexual people and their cis intimates (who by association are also oppressed people). Having a sense of justice arises in the home and emanates from the mother child bond (Noddings, 2002), however, the emphasis should be widened to include the socially-constructed relationship between the carer and the cared (Kittay, 1999) which includes familial intimacies (the focus of this research). Furthermore, Noddings (1984) argued that when intimate relationships when broken as is the case when the new sex/gender identity of transsexual people fails to be recognised then intimates become ethically diminished.

Some feminists (Folbre, 1995; Glucksmann, 1995; Hochschild, 2003b) began to challenge normative assumptions about care work arguing that such '[...] care was like other forms of work in that it served human needs, has observable intended outcomes, uses complex skills, requires time and effort and often involves challenges and some stress' (Lynch and Lyons, 2009:55). Care began to be seen as an engagement which extended beyond the emotional because it involved commitment, mental, physical, and cognitive work; however, it is still regarded as of low status offering poor material rewards. Nevertheless, it is important for human development and survival (Lynch and Lyons, 2009).

More generally, work is seen to equate with economically productive work in the materialist tradition and is defined as that which contributes to human-historical "progress" (as exemplified in the studies of Marx (in Lynch and Lyons, 2009)). Within the phenomenological tradition, work is equated with individual cultivation and self-perfection and less concerned with being economically productive and more with being individually productive (Gürtler, 2005). However, both in the materialist tradition and the phenomenological tradition care work, including that required for human reproduction, is not defined as a socially valuable engagement (Gürtler, 2005; Pettinger et al., 2005). Furthermore, in mainstream economic and sociological analysis, work is classified as either paid or unpaid (Lynch and Lyons, 2009) and it occurs in the public or private sphere of social life, in paid employment or in unpaid domestic labour (Pahl, 1988), despite this, these dichotomies seem to gloss over care work (Glucksmann, 1995).

Lynch and Lyons posit three spheres of care. Primary care or what they refer to as 'love labour' (Lynch and Lyons, 2009:43) is distinguished by intimacy, attachment, interdependency, and of high intensity, for instance, that normally associated with familial intimacies between spouses, siblings and mother-child. Love relationships are generally understood as attentive, committed, affectionate, exhibiting high interdependency and are either inherited, as in the case of daughters and sons with their parents or chosen as with spouses and intimate friendships. Love labour is considered to be the engagement required to maintain these relationships (Lynch, 1989) and especially accentuated during transsexual transition. Secondary care relationships are less intense than those of love labour, examples are between non-intimate friends, relatives, and neighbours. Tertiary care relations

are usually with unknown people and are even less intense involving 'solidarity work' (Lynch and Lyons, 2009:43) where there is a coincidence of interest. Furthermore, tertiary care relations may often involve political activism, for example, as shown by the transgender organisation Press for Change (pfc, 1997-2008). Lynch and Lyons argue that these three levels of care might overlap and relationships might move between them. Using this classification of caring relationships transgender help and support groups might be situated at a tertiary level of care, even so, they may move towards a more intense level of emotional commitment.

Non-heterosexual patterns of care, primarily among gay men, developed as a result of the HIV/AIDS crisis in the West in the mid-1980s (Weeks, 1995; Hines, 2007). These patterns also developed with 'ostracised groups of black people, women and haemophiliacs' (Weeks et al., 2001). All these groups became politicised communities and resisted the regulatory forms and fictions of institutional heterosexuality. At about the same time transgender support groups began to set the foundations for internet based transgender organising and personal and community development. The groups began to snowball during the 1990s and have subsequently increased exponentially echoing the availability of the internet (Shapiro, 2010). It is of note that GICs initially separated transgender people allegedly because of confidentiality policies (this might still be the case, see discussion of access to participants through GICs in the next chapter) with the effect that transgender community care and development was impeded from following a similar trajectory to non-heterosexual patterns (Denny, 2004). However, contemporary internet based transgender organisations provide practical support and care for transgender people (Hines, 2007). Nevertheless, it is important to remember that many poor, homeless, older and non-English speaking transgender people still do not have readily available internet access and are thus further marginalised from trans community building via the internet because of these structural inequalities (Shapiro, 2010).

Transgender studies, the family and identity

This section addresses transgender studies and traces how: it developed historically from the early 1990s: it paralleled queer studies; it troubles the sex gender relationship; it relates to transgender identities; it is challenging to the psycho-medical pathologisation of transsexuality, the hegemonic forms and fictions of heterosexuality, some stands of feminism and queer studies. Transgender studies offers a possible way of developing an epistemological framework for understanding transgender and as a focus for transgender wellbeing and patterns of care.

Transgender studies evolved from *The 'empire' strikes back: a post-transsexual manifesto* (Stone, 1993a), *Transgender Liberation: a movement whose time has come* (Feinberg, 2006) and the rise of the term transgender as a result of the exponential growth of internet use by transgender people in the 1990s (Stryker,

2006; Sanger, 2010b). Stone called for transsexual people to emerge from the closet and fight, whereas Feinberg urged alliances with others who fell outside gender and embodied norms. The emergence of transgender studies followed a similar trajectory to that of *Queer Studies* since both share a call to be celebrated symbols of transgression for all conventional identity categorisations and analyses (Stein and Plummer, 1994). (Seidman (2004) studied the history of queer studies, as a general sexual theory.)

The relevant issues for this discussion of transgender studies are extracted from Seidman's (2004) historical account. Two events acted as catalysts for the emergence of queer studies: one was the HIV/AIDS crisis of the 1980s and the other was the right wing conservative American backlash against the gains achieved by identity politics movements of the 1970s (lesbian and gay, women and racial minority). Both forced alliances to be formed across a range of oppositional groups affected by the HIV virus; a coalition formed between African refugees, Haitians, haemophiliacs and injection drug users. These oppositional groups resisted heteronormativity giving birth to the *Queer Movement* (Collins, 2005; Stryker, 2006; Nagoshi and Brzuzy, 2010). Furthermore, queer theorists (drawing on the postmodern understanding of identity discussed earlier) postulate that identities are always multiple and composite, for example, 'sexual orientation, race, class, nationality, gender, age, ableness, [identities are] [...] arbitrary, unstable, and exclusionary.' (Seidman, 1994:173). Identities are unstable because they are frequently challenged by those necessary excluded by the dominant category. Queer theorists see identities as disciplinary and regulatory structures which by their nature are limiting. Furthermore, they argue that identities are divisive in that they fragment people through situational advantage, political gain and conceptual unity and when they do this, the multiple oppositional voices and interests are silenced. More specifically, transsexual people and by association their cis intimates' interests are often glossed over and marginalised.

The relationship between transgender theory and the deconstructive epistemology and politics of *Queer Theory* is often vexed (Stryker, 2006; Sanger, 2010b). Furthermore, *Queer Theory* has been largely ignored or had minimal impact in the world of heterosexual academia (Plummer, 2011); many gays, lesbians and feminists see it as deconstructing their identity politics and threatening their political gains (Gamson, 1995). However, Plummer points out that younger academics prefer *Queer theory* more often than older academics because the latter feel it divides research. *Queer theory* gestated within the context of academic debate within the most prestigious Ivy League universities in the United States (Stein and Plummer, 1994).

Queer theory is predicated on same sex erotic attraction and is regarded to be 'anti-heteronormative' (Stryker, 2006:7). Queer theorists do not often recognise that there are other ways of challenging institutional heterosexuality's schema such as through non-normative embodiment and gender identity. These are the identity

markers for trans people and some of the other oppositional groups referred to above. The transgender phenomena invites people who belong to queer, lesbian and gay based identity categories to consider how bodies, identities and desires may intersect. Stryker explains it this way: 'Transgender phenomena call into question both the stability of the material referent "sex" and the relationship of that and stable category to the linguistic, social, and psychical categories of "gender."' (Stryker, 2006:9). Stryker is referring to the Western Enlightenment epistemology that regards matter (in this case sex) as primal with cognition and perception as secondary. However, as explained earlier in this review sex is an inconclusively defined category, for example, FTMs and intersex people's bodies do not conform to 'normative' understandings of how the body is aggregated.

We now live in a world in which technology is intimately entwined with the gendered body, each contributing to the other's development (Shapiro, 2010). Haraway (2006) and Butler (2004b), separately, draw attention to transgender and intersex people and maintain that such identities have become politically charged sites of cultural struggle over the meaning of human being and being human in an increasingly technological world. For instance, reproductive technologies may have future significance for transsexual families. However, the boundary between the human and technology has become blurred which opens up a wider range of human identifications. Donna Haraway theorised (1991; 2003; 2006) the *cyborg* as a post-human body which is mixed up with other things including science and technology. Nevertheless, these imaginings challenge our sense of security, fixity and our sense of identity (Woodward, 2006). Woodward offers sport, exercise and specifically boxing as possible counter actions that may be adopted by some people in order to reify their identifications; the hegemonic masculinity (Connell and Messerschmidt, 2005) adopted by some trans men also serves as a means of stabilising their masculinity.

Stryker (2006) clearly articulates the field of transgender studies and it is worth quoting her at length:

Transgender studies, as we understand it, is the academic field the claims as its purview transsexuality and cross-dressing some aspects of intersexuality and homosexuality, cross-cultural and historical investigations of human gender diversity, myriad specific subcultural expressions of "gender atypicality," [sic] theories of sexed embodiment is an subjective gender identity development, law and public policy related to the regulation of gender expression, and many other similar issues. It is an inter-disciplinary field that draws upon the social sciences and psychology, the physical and life sciences, and the humanities and arts. It is concerned with material conditions as it is with representational practices, and often pays particularly close attention to the interface between the two. The frameworks for analysing and interpreting gender, desire, embodiment, and identity now taking shape in the field of transgender Studies have radical implications for a wide range of subject areas. [...] [through] significant and on-going critical engagement with some of the most trenchant issues in contemporary humanities, social science, and biomedical research. (Stryker, 2006:3 and 4)

Transgender studies is an epistemological challenge to some of the most powerful groups in society, especially psycho-medicine (Whittle, 2006a; Hines, 2010a). Other groups challenged are those previously mentioned who institutionalise heterosexuality; however, some feminists and queer groupings also resist heterosexuality. Moreover, transgender people present a significant challenge to normative family patterns of intimacy and this study has the potential to extend the family literature to include transgender families. The field of transgender studies emerges through necessity because it recognises trans people's materiality alongside the proposition that trans people have no theoretical place in institutional heterosexuality's epistemological framework (Butler, 2002). Stryker (Stryker, 2006) recalls how trans people find themselves in crisis in the knowledge field within which they live, and she argues that critique emerges from this situation in the form of transgender studies.

Performative speech acts are central to the emergence of transgender studies and reflect the gay/lesbian performative act of *coming out* to form a constituent of *Queer Theory*. In both cases the identity category forms a status group (Stein and Plummer, 1994). The linkage between *coming out* as gay/lesbian and emergence as transsexual offers an avenue of inquiry into understanding the latter which is explored contingently for participants in chapter 3. A performative act has particular actors: a sender, an addressee and a referent. For example, 'It is a girl' (Lawler, 2008:115) is an utterance by the sender, usually a midwife or doctor who has authority to make information about sex known. The referent the baby is not in this act because it is not in a position to make statements about itself and the addressee/s are bystanders interested in the baby. The addressee in a performative act is not given power of discussion or verification and the sender is authorised by various social and political forces, crucially, in the context of this thesis, symbolised by psycho-medical qualification.

Transgender people were until the 1990s mere referents in the discourse of other senders and addressees (Stryker, 2006) and the conversation usually occurred within the psycho-medical establishment. In transgender studies the trans referent becomes the speaking embodied subject. Parallels may also be drawn with the emergence of the Foucauldian 'reverse discourse' of homosexuality in response to its psycho-medicalisation although gay/lesbian people spoke for themselves (Namaste, 1994). Experiential transgender knowledge has its own authority to speak and it emerges to augment exterior psychiatric and medical knowledge. Transgender studies directs critical attention to transgender peoples' embodiment, position and understandings of sex/gender identities.

Stryker continues to describe the methodology of transgender studies as an example of what Foucault once called 'the insurrection of subjugated knowledges' (Stryker, 2006:12). Stryker interprets Foucault (2003) to mean two types of knowledge: firstly, specialised psychiatric and medical knowledge of the transgender condition and secondly, the knowledge of transgender people (who are sometimes

academically trained) about their embodied experience and of their relationships 'to the discourses and institutions that act upon and through them' (Stryker, 2006:13).

Transgender knowledge is based on the long history of transgender phenomena (which originates from Greek and Roman antiquity), the studies of the sexologists in Europe and America since the nineteenth century (Ekins and King, 1996; Whittle, 2000) and transgender ethnographic and anthropological studies (Roscoe, 1995; Cruz-Malave and Manalansan, 2002; Morgan and Towle, 2002; Stryker, 2004; Hok-Sze Leung, 2005) cited by Stryker (2006). Furthermore, Stryker (2006) follows Foucault and argues that both these knowledges are essential to critical study. Transgender fields of knowledge are similar to the canonical texts of *Queer Theory* which are predicated on Philosophy, Literature and Cultural Studies (Stein and Plummer, 1994).

Contemporary researchers in the field of transgender studies include other scholars (Prosser, 1998; More and Whittle, 1999; Hird, 2000; Hird, 2002; Hird, 2006; Monro, 2007; Whittle et al., 2007; Davidmann, 2010; Fee, 2010; Hines and Sanger, 2010; Nagoshi and Brzuzy, 2010; Sanger, 2010a). I maintain that transgender studies mirrors the aspirations of queer studies, which is to move away from trans identity politics towards a general analysis of social organisation (Seidman, 1994). The theoretical and conceptual basis of this study relies on both the epistemologies of *Queer Theory* and transgender studies, to critically interrogate transsexual transition and familial intimate relationships. However, it is necessary to ground any theoretical discussion in the materiality of transgender people's bodies and subject positions (Whittle, 2006a) in this way this empirical investigation of transsexual transition in a familial context extends knowledge of transgender studies.

Summary of the Literature Review

This summary focuses on how the literature review has shaped the overall theoretical and conceptual framework of this study and the questions that have arisen in it. Scholars identify a need for further empirical research into trans families, practices of care and intimate relationships (Hines, 2007; Brown, 2009; Sanger, 2010b). Hines (2007) points out that transgender practices of care are absent from feminist analysis, even though non-heterosexual care has been analysed. My aim is to address the gaps in the knowledge identified by these researchers through an investigation of the intimate relationships between siblings, parents and partners/spouses with trans people and also intimates' encounters with transgender support and care groups. Sanger significantly makes the point that trans people trouble traditional and normative understandings of intimacy. This empirical study helps to extend theoretical and conceptual analysis of institutional heterosexuality and its associated dyadic intimate relationships. The research data is used to interrogate these normative regulatory forms and fictions expanding knowledge of how trans people disrupt its constructed dichotomies and how participants interpret

its framework of marriage, family, politics, religion, work, education, medicine and the media (Gagne et al., 1997; Ingraham, 2005). It increases understanding of how institutional heterosexuality may be resisted and extended by intimates as they manage the tensions of liminal living with novel post-transition relationships.

When transsexual people announce to others that they intend to change sex/gender then the various intimates are often thrown into crisis because sex/gender are normally understood to be fixed, coherent and stable. Participants' auto/biographic transitional narratives show how new identifications are created and received by intimates and how they are expressed through their discursive interactions. During critical study of transition in a familial context the nuances of the identity confusions that result from transsexual transition are investigated using a qualitative methodology which interrogates fragments of participants' auto/biographic narratives. The aim is to conceptualise the interface between the personal and the social experiences of intimates, to illuminate personal and psychic investment in conventional sex/gender identifications and to extend knowledge about the pre-emergence discomfort of transsexual people. Having a corporeal grounded sense of self is important for self-stability, security and wellbeing and is investigated during analysis of the impact of transition on intimates.

A research question is to investigate the viability of post-transitional intimacies which requires scrutiny of the investment of participants in auto/biography. More specifically, transitional narratives have the potential to illuminate how transsexual people's novel identifications are received by others and how they impact upon non-normative gender practices.

The psycho-medical model of transsexuality gives transsexual people agency and social acceptance; how participants use the model is explored during this critical study of transition in a familial context. Moreover, the contestation of transsexual bodies and subject positions highlights the need to inquire into how participants deal with this controversy in their public and private lives.

Cromwell (2006) investigated the relationships of FTMs and their partners showing how there was a subjective reframing, renaming and reconstruction of body parts to the inner images of the FTM trans person. Following Cromwell, there is a need to explore how the private and subjective intimate understandings of participants are used in their negotiations of transsexual people's changes in embodiment during and after transition. The study also examines how transsexual participants echo Green's (2006) finding: that as confidence in expressing gender identity exponentially increases visibility as a trans person decreases. Furthermore, the research considers whether it is easier for FTMs to live in their preferred gender than it is for MTFs. The study investigates the use of non-normative terminologies during transition, negotiation of FTMs changing sexual embodiment and the change in previous erotic attractions.

It has been argued that integration of research knowledge from different levels of biological and social organisation is required to study transsexuality which requires that academics collaborate in interdisciplinary groups (Fausto-Sterling, 2000; Stryker, 2006; Sanger, 2010b; Rabinow, 2011). However, there are recognised tensions around publications in the social sciences, arts and humanities (publication cultures, reputations, differential time scales, differential values, career advancement, style and form, and prestige) which mitigate against collaborative working (Noxolo, 2012). The opportunity to do this was not available to me as a single social science research student undertaking a sociological doctoral study.

Early studies and conceptualisation of *the family* focused on a naturalistic, reproductive and biological understanding and was situated in the private sphere of family life. This study investigates whether participants rely on biological and naturalistic understandings of sexual embodiment. Furthermore, it explores the extent of a return to the private and secret interiority of contemporary transsexual families as exemplified by the difficult access issues encountered and discussed in the methodology chapter. Whereas heterosexual and non-heterosexual intimate relationships have received significant attention over the past twenty years in contrast transsexual intimacies are only recently coming under the researcher's gaze. Nevertheless, throughout this period, understanding of *the family*, whilst subject to both empirical and theoretical scrutiny, remains tenaciously fixed in public understanding, retaining its normative power (Morgan, 1996; Jackson, 1997; McRae, 1999; Laslett, 2004; Gabb, 2008). This research seeks to capture the tensions between this powerful everyday notion of *the family* and scholarly critical analysis of personal intimacy through empirical analysis of the research data, captured in the title of this thesis, *A critical study of transsexual transition in a familial context*.

This study investigates the ruptures of traditional heterosexual life trajectories (the conventional life course of heterosexual courtship, marriage and nuclear family life) and inquires whether there is a movement towards what is termed 'do-it-yourself biography' (Beck and Beck-Gernsheim, 1995; Weeks et al., 2001). The study aims to offer further insight into the critical study of intimate life and to extend the studies of other scholars (Jamieson, 1998; Roseneil and Budgeon, 2004; Williams, 2004b; Gross, 2005). The study investigates the nature of the emotional reactions experienced by familial intimates when sex/gender identification changes during transsexual transition. It is argued this change might be perceived as a loss and grieved. Furthermore, it is argued, following Smart (2007), that transition is similar to weddings and funerals as sites of intense emotion.

Giddens' (1992) thesis signified that when a relationship no longer serves its intimates' needs they negotiated separation, so this process is considered in the transitional negotiations of intimates. Furthermore, Beck and Beck-Gernsheim (1995) draw attention to the endless series of choices involved in intimate relationships; some of these choices are forced upon intimates and this is explored during the study of transitional negotiations. Critique of the detraditionalisation and

democratisation theses highlights the importance of macro socioeconomic, demographic and geographic determinants in determining social action so this is explored during transsexual transition.

Smart's (2007) 'tool box' containing the concepts of memory, biography, embeddedness, relationality and imaginary is used to aid data analysis where there is an investigation of how relational intimacies are important for establishing a sense of a transsexual persons' new sex/gender self or personhood (Carsten, 2004). Smart's (2007) analysis of intimacy draws attention to the invisibility of non-heterosexual intimate arrangements in the detraditionalisation and democratisation theses but even she fails to acknowledge trans people's personal relationships. Her omission and the more subsequent disregard by Morgan (2011) indicates the importance of this investigation of transsexual transition in a familial context.

Scholars identify a need for further empirical research into trans families, practices of care and intimate relationships (Hines, 2007; Brown, 2009; Sanger, 2010b). Hines (2007), for instance, points out that transgender practices of care are absent from feminist analysis, even though non-heterosexual care has been analysed. My study addresses the gaps in the knowledge identified by these researchers; it investigates the intimate relationships between siblings, parents and partners/spouses with trans people; and illuminates intimates' interactions with transgender support and care groups. Furthermore, Sanger significantly made the point that trans people trouble traditional and normative understandings of intimacy consequently this empirical study helps to extend theoretical analysis of the institutional structures of heterosexuality schema.

Theoretically transsexual people are sexed at birth and subsequently do not recognise the ascribed sex/gender which causes distress in the normative world, a subject position which may often be unconscious yet powerful. The situation is best explained using the concept of *interpellation* (Althusser, 1969) where transsexual people fail to recognise and respond to their ascribed sex/gender embodiment; such moments of non-response are interrogated in this study. The instances precipitate the narratives through which particular identities are constructed and reconstructed (Woodward, 2006), moreover, the research methodology is designed to illuminate these inter-subjective moments through analysis of participants' auto/biographical accounts of transsexual transition in the context of familial intimacies.

This study extends the field of transgender studies and the sociology of transgender by: exploring how trans people might occupy positions beyond the hegemonic binary framework of heterosexuality; investigating how the private is governed by the public; showing how sociological insights might be brought to bear on trans people's stigmatisation and marginalisation; considering trans community organising. In doing this it contributes to a better public sociology and attempts to influence acceptance by others working in sociology to share its emancipatory principles.

Chapter 2 Methodology

Introduction to chapter

The purpose of this study is to investigate transsexual transition in a familial context using the following research questions:

- To what extent and in what ways do transsexual people negotiate transition with their familial intimates? (This negotiation is complex because of the fear experienced by transsexual people pre-emergence.)
- What is the nature of the emotional reactions experienced when identifications change during transsexual transition? (Study of the DVD and radio broadcast revealed that grief was often expressed.)
- What factors alleviate or exacerbate any emotions experienced during transition?
- What are the factors that influence recognition, by close intimates, of the transsexual intimates' new identifications?

To investigate these questions a methodological approach was used to interrogate participants' past and transitional narratives showing how experiences were expressed through their discursive interactions. The focus was on how transsexual people's new sex/gender identities were created, received and acted upon by intimates.

When it became known to cis intimates that their transsexual intimate intended to transition from their assigned sex/gender to their new sex/gender identifications the various intimates were often thrown into an identity crisis. This was because sex/gender identities are normally understood to be fixed, coherent and stable. The literature review chapter indicated how identities are narrated into being; the idea of the narrative is:

[...] firmly grounded in qualitative traditions and stresses the 'lived experience' of individuals, the importance of multiple perspectives, the existence of context-bound, constructed social realities, and the impact of the researcher on the research process. (Muller, 1999:223)

Following this, a qualitative approach to the analysis of intimates' biographic narratives illuminated their various experiences of transition within a familial context (Daly, 1992). The approach: allows personal reflexivity; reveals the complex and contradictory nature of why participants behaved as they did (Smart, 2007; Gabb, 2008); increases knowledge about the complexities of transsexual identities in relation to sex, gender and sexuality (Weeks et al., 2001); reveals the salient issues of transition within the socio-historical context of institutional heterosexuality (Polkinghorne, 1995); illuminates how transition was perceived by participants; gives voice to participants; empowers and gives meaning to participants' experiences as they sought greater understanding of themselves and their intimates; follows the emancipatory principles of feminism. In biographical research the construction of a

narrative can be regarded as providing the individual with a 'purposeful engagement ... [and] is the type of discourse composition that draws together diverse events, happenings, and actions of human lives into thematically unified goal-directed processes' (Polkinghorne, 1995:5) which is in this inquiry transsexual transition. The use of a biographical narrative approach follows a qualitative interview technique used by Plummer (1995) in his study *Telling Sexual Stories*. A number of researchers (Ekins, 1997; Schrock and Reid, 2006; Hines, 2007; Sanger, 2010b) also used a similar research design to investigate transgender people, intimacies and transition; this investigation extends these studies.

The first part of this chapter begins with an exploration of the body of methodological literature relating to narrative research and examines how stories may be used to construct identities. It will continue to discuss how narrative data may be collected and analysed and concludes with a discussion of the importance of personal reflexivity.

In the second part of the chapter there is a discussion of the attempts made to gain access to participants through GICs and how this was unsuccessful. This is followed by a discussion of responses to the ethical issues raised by the research. Then there is a discussion of the attempts used to access participants through internet based trans support and care groups. As the section proceeds it inquires into the demographics of the participant sample using tables and charts derived from Nvivo (QSR, 2007), a computer software package used to aid qualitative data analysis. A crucial demographic factor was that participants were geographically dispersed so the body of literature assessing the use of the telephone for qualitative data gathering is next considered. The discussion then returns to describe how participants' interviews were critically analysed. The quality issues of reliability and validity are next addressed through a detailed description of how data coding developed as conceptual understanding increased (appendix 1 models the cases studied). This is followed by a discussion of how the research design may be used to generalise the knowledge gained about transsexual transition in a familial context.

The chapter ends with a summary of: why the methodology is appropriate for studying transsexual transition in a familial context; how the methodology allows data to be gathered that illuminates the complexities of sex/gender identities; how the inquiry empowered participants; how the thesis is ethically emancipatory in challenging the power structures of heterosexuality; the approach used for data collection and analysis; the inclusion of personal subjectivity; the demographics of the sample, quality issues and generalisability.

Narratives

Introduction

There does not exist, and never has existed, a people without narratives (Barthes cited in Polkinghorne, 1988).

Narratives are omnipresent in contemporary society so the chapter opens with an exploration of the debates within narrative research, how narratives relate to identity, how participant stories might be gathered, how they may be analysed and how I was reflexively positioned within this venture. Mitchell has recognised that

since the early 1980s:

The study of narrative is no longer the province of literary specialists or folklorists borrowing their terms from psychology and linguistics but has now become a positive source of insight for all the branches of human and natural science. The idea of narrative seems . . . a mode of knowledge emerging from action, a knowledge which is embedded not just in the stories we tell our children or to while away our leisure but in the orders by which we live our lives. (Mitchell, 1981:ix-x; cited in Roberts, 2002)

The narrative gives insight to how we conduct our daily lives, our experiences and offers a lens through which to inquire into transsexual transition within the context of intimate familial relationships (Josselson and Lieblich, 1993; Lieblich et al., 1998). The term biographic research is used to signify the collection and analysis of the stories of familial participants within the social context of transsexual transition. Other scholars have used biographic research to examine the body and sexual identity (Connell, 1995; Plummer, 1995; 2001) the embodied changes of sex/gender during transsexual transition echoes these treaties. Furthermore, the study of the embodied changes during transsexual transition resonates with other feminist and sociological investigations of the body (Turner, 1984; Featherstone et al., 1991; Mellor and Shilling, 1993). 'Biographical and other works include both historical and contemporary dimensions on the formation of perceptions of the self, the individual, sexuality and intimacy in relationships following the writings of Foucault, Giddens and others' (Roberts, 2002:29). Spark's (1997a; 1997b; 1997c) autobiographical studies relate to his subjective experience of his body; relevant subjective experience is discussed later where my reflexive positioning within this research is considered. Moreover, Girshick's (2008) focus on positioning transgender people within the contemporary landscape of narrative enquiry and their inclusion in the same field of study as the stories of other marginalised and oppressed people (Chase, 2011) supports the need for this venture.

Historically, Pierre Bourdieu's (1977) investigation of the culture of class filtered through into mainstream sociology and enabled a "cultural turn" (Elliott, 2005:33) to be identified in the field of family and intimacy studies. This turn in sociology allowed for development of biographic research (Roberts, 2002) and it has been said that even a 'biographic turn' has occurred (Chamberlayne and King, 2000; Rustin, 2000). Biographical research has been used in familial studies which are extended by this investigation into transsexual transition in a familial context. Feminist, symbolic interactionist and post-modernist influences (of the 1980s) caused researchers to respond to these familial/intimacy developments and allowed the social world to be seen "in terms of multiple perspectives and multiple selves" (Coffey, 1999:10). Predicated on these considerations a largely qualitative methodology with open-ended interviews was used which follows both Morgan (1996) and Elliott (2005) theoretical investigations.

Other researchers were increasingly aware of the utility of interviews in constructing and gathering biographical information from participants (Stanley and Wise, 1983; 1993; Maynard and Purvis, 1994; Holstein and Gubrium, 1995; Hollway and Jefferson, 2000). These studies were influenced by 1970s feminists who had strongly interrogated traditional methodological approaches such as interviewing,

oral history and ethnography (Roberts, 2002). 'Biographical research has the important merit of aiding the task of understanding major social shifts by including how new experiences are interpreted by individuals within families, small groups and institutions' (Elliott, 2005:5). This study of transsexual transition in a familial context using the research questions of how negotiation of new sex/gender identities are achieved, and what is the impact of these changes echoes Elliott's claim for the utility of using a biographical research design. Furthermore, feminism is concerned to emancipate women from patriarchy by giving 'voice, consciousness-raising, empowerment, collaboration and attention to meaning and experience' (Roberts, 2002:28). These aims have had widespread influence across the social sciences (Personal, 1989; Reinhartz, 1992; Stanley and Wise, 1993; Maynard and Purvis, 1994); their significance is the challenge they present to the boundaries of institutional heterosexuality and how they allow multiple approaches to collecting data. (The literature review argues, at various places, that transsexual transition similarly queers the hegemonic normative sex and gender binaries of institutional heterosexuality.) Moreover, '[a]uto/biographical research challenges traditional understandings of past/present, self/other, memory/present and so on' (Roberts, 2002:170). Existing epistemological and methodological approaches are changed together with the positioning of the individual within wider social structures (Stanley, 1993). Miller (2000) cautions that even though biographical research allows the hegemonic normative binaries of heterosexuality to be sociologically resisted they are still situated within a wider political context. Having said this, echoing much of the discussion in the literature review chapter, if dichotomous identity categories, (male-female, masculine-feminine and hetero-homosexual) are deconstructed, as in the late/post-modern landscape, then what will be the source of our identity stories? The tension between identity deconstruction and intimates attempts to establish and stabilise new sex/gender identities is interrogated during data analysis.

Plummer (1995) used narratives to understand changing attitudes to sexuality in the social, cultural and historical context of his contemporary society. For him, short narratives (fragments of the life cycle) are part of the life choices we make as we adapt to a rapidly changing world. Furthermore, in his stories he focused on erotic, gendered and relational intimacies by analysing how these stories had proliferated in late-modern times and how they related to heterosexual ideology. Of particular interest, to him, were gay and lesbian '*coming out*', and '*self-help*' stories which mirror transsexual emergence and transgender self-help/care groups (see Plummer, 1995:7 and 44). Additionally, Gabb (2008) sees the utility of Plummer's investigations to her study of families which presents methodological opportunities for inquiry into transition within a familial context. Following Plummer and Gabb's adaptations, the sociological focus for analysis of narratives is on what the stories are saying 'because storytelling lies at the heart of individuals' symbolic interactions, evincing the structures at work in everyday experiences of the self' (Gabb, 2008:38).

Narratives give meaning, affirm [non-heterosexual] identity and make contemporary non-heterosexual relationships valid and viable (Weeks et al., 2001). They also allow appropriation of these identity building and intimacy characteristics by transgender people and their intimates since narratives offer a rich source of data for points of transition during the life-course (Denzin, 1989; Mauthner, 2000). Adapting Polkinghorne and later Elliott (Polkinghorne, 1995; 2005) biographic narratives are a way of revealing the salient themes that arose for participants during transition, a means of participant empowerment, a way of showing how the process

of transition changes over time, a means of revealing how I might be a narrator. Moreover, a story also normally involves a change in situations which in this case was a change in normative gender/sex/sexuality social identification. Events in a story usually disrupt a taken for granted state of equilibrium which in this inquiry was the pre-transition state of the intimate relationships thrown into confusion by the transitional changes of sex/gender identification. Plummer's use of stories has been followed by many scholars working in the fields of intimacy, sexuality and transgender studies (Ekins, 1997; More and Whittle, 1999; Jackson, 2005; Ekins and King, 2006; Jackson, 2006; Hines, 2007; Jackson, 2007b; Gabb, 2008; Hines and Sanger, 2010; Sanger, 2010b).

Stanley (1993) drew attention to the sociological emphasis of using auto/biography as a means of inquiring into people's lives. Her methodology was echoed in Plummer's (1995) subsequent study of gay, lesbian and transgender *coming out* stories. Transsexual *coming out* or emergence narratives are closely examined in Chapter 3 facilitated by Plummer's techniques such stories are part of his sexual narrative genre. In Plummer's sense a genre is defined as a recognisable and familiar narrative pattern, recognised by an audience which is useful as a template for analysis (Elliott, 2005). Furthermore, Plummer held the view that society is 'a textured but seamless web of stories emerging everywhere through interaction: holding people together, pulling people apart, making societies work' (Plummer, 1995:5). Gabb (2008) extends Plummer's conceptualization to an understanding of personal identity narratives set within a socio-cultural and historical context.

The authorisation of biography in sociology requires that it is recognized that individuals have more cultural and structural agency than has traditionally been permitted; hitherto this view of the individual was only recognised as permissible in psychology and psychoanalysis (Smart, 2007:41). However, social and cultural historians show that 'lives-purposely selected' can capture the complexity of kin relationships within economic and social structures and more importantly represent the meanings that individuals attribute to events and relationships. They might also explain, to a degree, motivations, desires and aspirations. (Smart, 2007:42). These are the fine issues that were interrogated during data analysis using the research questions. Furthermore, narrative biographical data, if considered from a sociological perspective focused on shared processes and social context rather than on individuals per se, has broader significance than the life of one or two individuals studied (Rustin, 2000). Such a sociological focus echoes Ricoeur's (1984) earlier understanding of the importance of temporal circumstances on social understanding. But more importantly, if participants' biographical data is explored through a sociological lens then it too may have wider significance for understanding transsexual transition within a familial context (generalisability is considered toward the end of this chapter).

A theme throughout Chapter 1 is how the increasing critiques by postmodernists of grand narratives and dominant ideologies emphasise a stress on diversity and uncertainty. These critiques, along with an exponential growth in the use of the internet, enable innovative understandings of transgender and transsexuality to emerge. This shift in knowledge foregrounds the importance of the role of narratives in the formation of novel sex/gender identities, a proposition also recognised by many scholars (Plummer, 1995; Rustin, 1999; Roberts, 2002; Elliott,

2005; Lawler, 2008; Shapiro, 2010). Shapiro puts it, all be it slightly more generally, in this way:

Identities are created through the process of narrating one's life within a social context. We tell stories about who we are, and in the process figure out how to understand our experiences and develop a sense of self-continuity, even as new experiences and events change our identities and selves. Life, then, is an on-going process of creating and recreating stories of who we are (Shapiro, 2010:99-100).

Moreover, the constructions of non-normative sex/gender identities emerge as transsexual people's lives unfold. Unconventional imaginings are created for qualitative research to focus on the everyday practices by which transsexual people constantly construct and reconstruct their sense of individual sex/gender subjectivity. This process is grounded in the social complexities and contradictions of lived experience and the context of familial life (Elliott, 2005). Transsexual people construct their identity stories by borrowing from others who share that identity; they are able to build their intimate personal narratives by borrowing disparate elements sucked out of the wider narrative 'bricolage', (Plummer, 1995:36) found in culture, and circulating in transgender communities.

Lesbian, gay and transsexual stories have traditionally been hidden stories and are only now, during recent decades, starting to become visible, mainly because of the internet and media. The previous invisibility was due to the fact that such narratives were not part of the dominant Anglo-American heterosexual culture of the West; habitual concealment made such stories more difficult for participants to tell. However, Towle and Morgan (2006) warn their readers about the difficulties of simply transferring Western concepts of gender variance into other cultures therefore discussion of transitional identities is limited to an Anglo-American context. When it is necessary to depart from this perspective, as was the case with some participants, the different cultural context is made clear.

In the face of theoretical and conceptual debate about 'the 'fragmentation' of identity or 'multiple identities', with discussion often more in the realms of abstract theory rather than predicated on 'lives', the appropriateness of the study of biography becomes ever more apparent in seeing how identities are formed and grounded within spatial, organizational and other structures' (Roberts, 2002:170-1). Moreover, Roberts, with others, argued for an increasing focus on: narratives concerning the body; sexuality; family history; migration (King (2003) saw transition as a form of gender migration); the voices of the socially marginalised; increasing understanding of the association of some identities with oppressive violence. These are all appropriate issues that are considered during the investigation of transsexual transition within a familial context.

Identity

Making sense of the process of identification involves sociology and psychology (Elliott, 2005). This is because creating a life narrative, as a living subject, requires the management of consistency and continuity in a way such that past life is consistent with present life (Gubrium et al., 1994); this avoids having to live with the continual flux and instability of one's identifications (Ricoeur, 1991).

However, management of this tension between the desire for continuity as opposed to change has long been recognised in social psychology as a means of achieving a stable personal identity (Smith, 1994; Gergen and Gergen, 1998). Narratives are a way of reconciling these issues because they enable us to organise the changes in our lives within the context of those around us (Bruner, 1990). The above general points concerning identity development have been contextualised into this inquiry echoing the work of other scholars (Ricoeur, 1984; Lloyd, 1993; Polkinghorne, 1998). Narratives help intimates to respond to the transitional changes of sex/gender identities and the associated instabilities. It would be distressing and meaningless for intimates to live during transition with many thoughts and feelings, or to engage in actions, without any sense of their precedents (Lynch, 1997). Furthermore, Elliott's (2005) argument is helpful for understanding participants' identity dilemma, 'the ability to form narratives therefore enables an individual to organize his or her experiences in a way that provides that individual with a sense of him- or herself as an intentional agent with continuity through time' (Elliott, 2005:126). For transsexual people to establish their sex/gender identities and for these to be acknowledged and recognised by cis intimates it is required that all their pasts are reconfigured in the light of the social experience of transition. Cis intimates' recognition of the new sex/gender identity adopted by their transsexual intimate is discussed further in the last section of Chapter 4.

A number of researchers (Riessman, 1990; 2002a; b; 2008; Bell, 2009; Chase, 2010) are concerned to know how narrators make sense of themselves in relation to cultural discourses. They see resistance of the regulatory forms and fictions of hegemonic discourse as an ethical goal of narrative enquiry. Moreover, narratives illuminate the contradictory and changing nature of hegemonic ideology (Erben, 1998c; Roberts, 2002; Chase, 2011). Following Smart (2007) intimates' biographical narratives are interrogated to show how transsexual transition was negotiated with familial intimates. Chapter 3 focusses on how an often shameful and secret pre-emergence transsexual identity changes as the social conditions change both within a familial context and within the wider structure of heterosexuality; and Chapter 4 investigates how intimates respond to transsexual transition.

Chase sees oppressed narrators as demanding social change in that: 'people never forget the atrocities of the past [...] educational curricula be transformed so that young people learn how to prevent what previous generations have suffered [...] people who hold legal, cultural, or other forms of power take action to bring about justice'(see also Davies, 2002; Chase, 2011:428). In this way collective stories may become part of social movements for change (Alcoff and Potter, 1993). This study is motivated by an understanding that the stories told have the possibility of emancipating both trans people and their associated familial intimates.

Collecting narratives

A narrative relies on a constructivist approach in which the social world is constantly being constituted (Elliott, 2005). The emphasis is on understanding its production and identifying meanings, how these are made, how people construct their lives, how lives are organised, how they are conducted and recognised (Hester and Francis, 1994; Gubrium and Holstein, 1997). A narrative is thus a social creation requiring collaboration with an audience. 'Stories are obviously not providing a

transparent account through which we learn truths, story-telling stays closer to actual life events than methods that illicit explanations' (Hollway and Jefferson, 2000:32; see also Miller, 2000; Roberts, 2002; Elliott, 2005). Methodologically, in this investigation, this has required an understanding that the interviews are jointly produced by me and the interviewee. However, more importantly, these transitional stories are a better means of penetrating participants' understandings than if they are asked to describe the general facts about transsexual transition.

The narrative approach to biographic research recognises the tension between individual subjectivity and perceived social structure and this is acknowledged by both an inductive (theory generative) realist approach and a neo-positivist deductive (theory testing approach) (Miller, 2000). This means that participants' stories illuminate their subjective experience of the regulatory forms and fictions of institutional heterosexuality blowing open avenues of inquiry into its normative structures. Furthermore, a constructivist narrative approach requires sensitivity to the interviewer-interviewee interaction (Harris, 2003) where the interviewee is positioned as an 'artful narrator' (Elliott, 2005:21). This is because individuals act in accordance with their experience of social-historical contexts and social structures (Evans, 1993). Stanley consequently argues that the interviewee engages in 'textual political production' (Stanley, 1994:89) where she/he is forced to reflect on experiences, select the salient aspects and to order them into a coherent whole which becomes their narrative account. Participants in this inquiry produced their stories, for the interviewer, by considering their experiences of transition and then selecting what they felt were the main issues. The interviewer needed to remain conscious that these stories were nevertheless tempered by institutional heterosexuality. Transsexual participants belong to a minority and oppressed group (and by association many of their cis familial intimates) they stand against the dominant ideological social structure of heterosexuality in spite of this they may have an alternative understanding to that of challenge (Usher, 1998; Gabb, 2008). Nevertheless:

Various attempts to restructure the interviewer-interviewee relationship, so as to empower respondents, are designed to encourage them to find and speak in their own 'voices.' It is not surprising that when the interview situation is opened up in this way, when the balance of power is shifted, respondents are likely to tell 'stories! In sum, interviewing practices that empower respondents also produce narrative accounts. (Mishler, 1986:118-19; in Elliott, 2005)

The interviewer needs to be attentive, empathetic and non-defensive because many of the stories told by participants were traumatic, painful and of injustice. Furthermore, to deploy such qualities it is required that, as an interviewer, I need to be emotionally mature, sensitive and to use my life experience (Chase, 2011).

Narrative interviewing involves an intensive interaction with the narrator; it also requires that I have the patience to explore memories and deeper understandings of participants' experiences (Clandinin and Murphy, 2007). I am influenced by Thompson's (1978) advice that I need to be mindful not to interrupt narration, even if I believe that what was being told might be irrelevant otherwise else pertinent information might have been withheld. Narrative interviews empower participants' so that their emerging stories are more coherent and valid (Graham, 1984; Mishler,

1986; in Elliott, 2005). Moreover, the active listening techniques employed will enable respondents to produce a better jointly constructed narrative.

Narratives have been used to elicit family stories where the interview enables the interviewer to better understand the topic being investigated (Holstein and Gubrium, 1995; Miller, 2000). Chase (1995) and Hollway and Jefferson (2000) echoing this research concluded that participants produce better narratives when they were asked to recount specific events in their lives rather than their life over a long period; participants were asked to focus their stories on their experience of transsexual transition within of their familial context.

From a post-modern perspective when participants construct a narrative account of transition there is a loss in subjectivity for the participant (Dentith, 1995). This is because, as previously argued, in creating a narrative account of a life event participants draw upon the discourses present in society. So interviews are 'sites where multiple texts are interrelated' (Dentith, 1995:95-6). Participants' experiences are iterative interpretations of the pre-existing transgender texts of others and are mediated through the, transgender and other, discourses present in their consciousness.

Reiterating the sentiments of this argument, Weeks and his colleagues (2001) conclude that non-heterosexual people (and trans people) use narratives to validate their lives which they construct from their own experiences and from the stories circulating in the communities with which they engage. Dentith and Weeks et al. refer to Giddens' 'reflexive projects of the self' (Giddens, 1991:53) and they see this as a characteristic of the late modern world. Weeks and his colleagues cite a number of examples of such texts for non-heterosexual people arguing that the texts cause people to rethink their intimate relationships and give innovative meanings to the traditional understanding of family. Transsexual people in the 70s and 80s constructed their stories by mainly drawing upon the biographies of famous MTFs. These included, for example, transsexual figures such as 'April Ashley [...] Roberta Cowell [...] and Christine Jorgensen' (Plummer, 1995:35). Nevertheless, as argued in the introduction to the thesis and in the literature review that there has been a dearth of research into transgender family patterns and few published texts; consequently there is little familial material for participants to draw upon. This does not mean that there is a dearth of contemporary transgender material available since at the early part of the twenty first century the transsexual community, through internet use, is more established in the West so there are a wider range of general transgender stories to be had (Whittle, 1998; Lev, 2004; Ekins and King, 2010; Shapiro, 2010). Shapiro and Lev both explain that as a result of this dramatic exponential increase there is a more extensive range of gender variant identities available for identification. (It should not be interpreted that the increased availability of transgender narratives is associated with the etiology of transsexuality, it is argued (in the literature review) that it is multifactorial. What is meant is that a greater range of gender transgender identities have been publically available for trans people to locate their inner feelings and that this has been helped by the emergence of these narratives. However, the lack of transgender familial investigative material is surprising because, as Gabb (2008) argued biographic narrative methods have been used in studies of intimate relationships over the past 20 years and have been refined to elicit better stories of experiences across the life course and family life, it

would appear that this knowledge has not been accessible and applicable to trans people.

Building on these investigations of intimate life Hollway and Jefferson (2000), for instance, have developed the *free association narrative interview method* or FANI and Wengraf (2001) the *biographical-narrative interpretive method* or BNIM which are both psychologically informed approaches used by sociologists to inquire into 'the events and relationships that individuals experience' (Gabb, 2008:18). The BNIM and FANI approaches aim to empower participants in the telling of their story. After studying these approaches, I used an interview method that was non-directive; I asked the participant a single open question at the start of the interview. This question enabled them to focus on transsexual transition and recall their familial experience. The emergent narrative was structured through the interviewee's subjective experience, understandings, and framed in their terms of reference. After asking the initial question my role was to listen actively, not interrupt, facilitate and not direct. The value of these approaches and this technique is its ability to illuminate participants' experience of how their intimate relationships evolved during the process of transsexual transition.

However, when participants narrated their experience of transition there was a need to be mindful of the power negotiations set within the context of hegemonic institutional heterosexuality (Ingraham, 2005). Gayle Rubin (1984) explained the effective functioning and the nuances of the social structure of heterosexuality as it applies to the telling of sexual and transsexual stories, it is worth quoting her at length:

Modern Western societies appraise sex acts according to a hierarchical system of sex value. Marital, reproductive, heterosexuals are alone at the top of the pyramid. [I.e. their stories are heard loud and clear]. Clamouring below are unmarried monogamous heterosexuals in couples, followed by most other heterosexuals. Solitary sex floats ambiguously. The powerful nineteenth century stigma on masturbation lingers in less potent, modified forms as an inferior substitute for partnered encounters. Stable, long-term lesbian and gay male couples are verging on respectability, but bar dykes and promiscuous gay men are hovering just above the groups at the very bottom of the pyramid. The most despised sexual castes currently include transsexuals, transvestites, fetishists, sadomasochists, sex workers such as prostitutes and porn models and the lowliest of all, those whose eroticism transgresses generational boundaries. (Rubin, 1984:279)

Plummer (1995), commenting on Rubin's hierarchical system, explained that those towards the bottom of the hierarchy, notably transsexual and transvestite people (and their intimates), had stories that might not easily be told because they are suppressed by the hegemonic structural forces of institutional heterosexuality.

Analysing narratives

Plummer asked, what are the circumstances that enable such previously hidden stories (in this case transsexual) to emerge? Furthermore, he argued that such stories had the potential of being personally and socially transformative, and emancipatory.

A number of scholars (Bruner, 1987; Gergen, 1992; Linde, 1993; Potter and Wetherell, 1994; Ochs and Taylor, 1995; Plummer, 1995; Ezzy, 1997; Gubrium and Holstein, 1998; in Elliott, 2005) argued that the telling of sexual stories, including transsexual stories, depended on the interaction between the individual, their material circumstances and experiences and wider cultural discourses. Stanley put it in this way, 'Both biography and autobiography lay claim to facticity, yet both are by nature artful enterprises which select, shape and produce a very unnatural product [...]' (Stanley, 1992:3-4). Despite this, useful information was obtained during interview which enabled an investigation of transsexual transition within a familial context. Echoing Elliott (2005), this was because the focus was on the meaning of individual experiences of transition and how these were communicated during interview. The narratives produced were ideal for understanding participants' life in the social context of transition.

Mishler (1995) argued that unfortunately there is no typology for the analysis of auto/biographical narratives. Furthermore, Smart (2007) draws our attention to one of the difficulties involved if we consider the memory of events, which is a significant issue for investigating familial intimates' response to transition. She argues that 'memories are embedded with emotions, so feelings influence what we recall [...] but [...] individual memory is also profoundly social because it relies on context to be meaningful and on communication to become a memory' (Smart, 2007:39). Here Smart is revisiting Mead (1934; in Petras, 1968) who pointed out that both the past and anticipation of the future depended on the particular present. Elliott (2005) further maintains that 'it is all but impossible to produce a transcription of a research interview, or any other type of conversation, which completely captures all of the meaning that was communicated in the encounter itself.' (Elliott, 2005:51). This assertion is understood by both Brown (1995) and Silverman (2010) who caution against even attempting to record all the meaning because of the likelihood of being swamped in the analysis of the data; if this happens then there is a danger that it will become artificial.

In the previous sub-section it is argued that the interview might be understood as a site for the production of knowledge which might be sociologically conceptualised as a joint production between the researcher and the participant. Elliott (2005) is helpful in the process of narrative analysis by pointing out that genres might be used by individuals as they recount their life stories which might therefore be seen as a technique for understanding the cultural frameworks available to individuals in a specific historical and social context. Gubrium and Holstein (2009) refer to *reflexive interplay* to describe how people's narratives related to their environment. They are more interested in the *narrative reality*, the context of narrative production '—what does and doesn't get said, about what, why, how and to whom—than they are in understanding individuals' stories per se.' (in Chase, 2011:422). Following this, understanding the meaning of a narrative requires attention to both the narrative's environment and its production. Narratives offer a window of understanding of this milieu. "[...] Refusals to tell or deferrals of telling are equally important in terms of how the participants orient to what is inappropriate [...]" In a specific environment, what the norms for telling and tellability are "(Georgakopoulou, 2007:150). Moreover, Gubrium and Holstein (Gubrium and Holstein, 2009) offer questions that elucidate further understanding of the reflexive interplay between narrative production and its environment. They ask 'who produces particular kinds of stories, where are they likely to be encountered, what are their

purposes and consequences, who are the listeners, under what circumstances are particular narratives more or less accountable, how do they gain acceptance and how are they challenged?" (Gubrium and Holstein, 2009:23). Furthermore, Hollway and Jefferson (2000:55) posed a set of useful reflexive questions for the interviewer. What was noticed, why did we notice what we noticed, how might we interpret what we noticed and how might we know that our interpretation was the right one? (Hollway and Jefferson, 2000:55).

Plummer (1995) was more specifically interested in the analysis of the genre of sexual stories which included transsexual stories; following Plummer and drawing together the above discussion participants transitional narratives were investigated in the following way: How participants constructed their stories, how they were understood, what agency they possessed within their social context, how they evolved and what was their wider political influence? To aid this process Czarniawska (2004) produced a set of useful guidelines for deconstructing stories situated in and characterised by a preoccupation with desire and power. Czarniawska's guidelines are located where Ken Plummer's research and transsexual transition are positioned. The guidelines were (most are reasonably understandable but some contextual comments are added in square parenthesis.): dismantling a dichotomy, exposing it as a false distinction [e.g. public/private, nature/culture, etc.]; examining silences - what was not said [e.g. noting who or what was omitted by the use of pronouns such as 'we']; attending to disruptions and contradictions, places where a text failed to make sense or did not continue; focusing on the element that was most alien or peculiar in the text - to find the limits of what was conceivable or permissible [what was out of context]; interpreting metaphors as a rich source of multiple meanings; analysing double entendres that might point to an unconscious subtext, often sexual in content; separating group-specific and more general sources of bias by 'reconstructing' the text with substitution of its main elements; a close scrutiny of transsexual culture and understandings and a need for heightened personal reflexivity (Czarniawska, 2004 :97). These guidelines are a useful framework for analysis; they posed questions that needed to be considered when participants' extracts⁵ were investigated.

Furthermore, Elliott (2005) suggests that the narratives produced by a non-statistically significant qualitative sample have the possibility of illuminating the inter-subjective meanings of a whole community. This suggestion is developed further in the last section of this chapter. However, the analytic approach developed above was used to analyse participants' transitional narratives aiming to show how they understood the meaning of transsexual transition in contemporary Western society.

Reflexivity

⁵In appendix 10 three examples are presented of how the guidelines were used to interpret Michelle's transcript. A single A4 page was made, using Plummer's four points and Czarniawska's eight points, in a convenient format to have alongside extracts during analysis.

At the time of data collection they [the families] were in the middle of the significant transition which meant that all parties were already thinking about the dynamic process of family and interpersonal relationships [...] this reflects the family's degree of reflexivity. (Gabb, 2008:167-8)

This statement by Gabb about her investigations resonates with the research aim to investigate transsexual transition in a familial context and the need to be personally reflexive; echoing Lincoln (2011) I critically reflected on being a researcher. I specifically focused on conscious experience of being an interviewer and at the same time a respondent to the interviewee's narrative. Furthermore, the act of being reflexive drew attention to not only choice of research problem, but also with whom I engaged in the interview, and my multiple identities within the interview setting (Alcoff and Potter, 1993).

Shulamit Reinharz (1997) contends that the many identities we bring to social scientific studies fall into three categories: research-based selves, brought selves (the selves that historically, socially and personally create our standpoints) and situationally created selves. Reinharz (1997:5; in Lincoln et al., 2011) further argues that each of these comes into play in the research setting and consequently has a distinctive voice, other researchers also recognise this understanding (Tregaskis, 2004; Elliott, 2005; Barnes and Cotterell, 2012b). For example, Tregaskis refers to herself as a woman, a professional, a disabled person, a researcher, amongst other things. In a similar way, I am a Welsh woman, a parent, a retired teacher, a Christian and a researcher; I also have other identifications which are discussed elsewhere (see Jenkins, 2008).

Elliott (2005) draws attention to the importance of the interactions between the researched and the researcher, in doing this she is reflecting the earlier work of Stanley (1992) and Temple (1994). Both these scholars contrasted their understanding of the presence of the affective self as a researcher, interacting with the researched, with previous more traditional understandings of the detached researcher. Within post-modern and post-structural sensibilities, reflexivity and qualitative research quality demands a critical interrogation of personal subjectivities as a researcher.

Moreover, many scholars (Oakley, 1981; Stanley and Wise, 1983; Finch, 1984; 1990; Elliott, 2005) are concerned about power issues which means that reflexivity needs to be broadened to an understanding of the analysis and writing of results. Cotterill and Letherby (1993) argue for a critical evaluation of this power imbalance during writing; the researcher needs to adopt a heightened awareness of their ethical responsibility to the investigated.

In an attempt to reduce the power imbalance between the researcher and the researched Church (1995) argued that compartmentalising the academic and theoretical from the subjective and private within research only served to maintain the boundaries of inclusion and exclusion within such studies, this is a power issue. Church echoed Oakley's (1981:58) original sentiment that 'personal involvement is more than dangerous bias - it is the condition under which people come to know each other and to admit others into their lives.' (Oakley, 1981:58) However, Oakley

qualified the extent of the researcher's personal engagement during the research in order to limit emotional exhaustion⁶. Meanwhile Church proposed a more radical approach, to reducing the power imbalance, by arguing that participants should have a reflexive voice and be involved in selecting the interview focus and methods of gathering data; she cited various researchers in support of her argument (Weedon, 1987; Jackson, 1990; Dehli, 1991; Haug, 1992; Stivers, 1993). In this research I looked beyond my familial interests and responded to needs articulated within the transgender community (Rachlin, 2009).

Interviewees are also reflexive as they author their story (Elliott, 2005). Gubrium (1998:170) argues that in this reflexive context they are agents 'who constantly monitor, manage, modify and revise the emergent story'. In analysing a participant's developing transitional story there needs to be a focus on the social construction of identity (1994; Somers and Gibson, 1994). Sex, gender and sexuality, for instance, might be 'actively manipulated by respondents in a qualitative study and used as resources as they construct biographical identities' (Elliott, 2005:130). Sociological analysis of interviewees' narratives requires a focus not only on social structure but also on 'ontology, social being and identity' (Elliott, 2005:131).

To write a sociological account of transsexual transition in a familial context there is a need to 'reflect complexity and ambiguity without being confusing and incomprehensible' (Smart, 2007:186). As discussed above and by Clandinin (1994) many texts might be created during engagement in the fieldwork. Writing is therefore a process of discovery for both the participant and the researcher (1994; 1997; 2000; Lincoln et al., 2011). The multiple selves, of our various identities encountered, produce a dynamic, problematic and open form of representation; this complexity demands attention. As a result, the emergent form of writing of this research was responsive to my theoretical, conceptual, philosophical and moral inclination towards the various epistemologies of critical feminism, queer theory, transgender studies and a hybrid mix of these. Furthermore, choices concerning these issues needed to be made which often reflected my needs, those of participants and those of the audience for this thesis.

Elliott (2005) maintains that Van Maanen (1988) is one of the few authors who addressed the problems of writing reflexively. Van Maanen proposed three types of writing which produced realist, confessional and impressionist tales. Realist tales are characterised by the absence of the author so in the light of the above discussion are not discussed further. In a confessional account the author is an active researcher present in the text which includes autobiographical information. Furthermore, there is a reflexive discussion about the confusions, difficulties and the researcher-participant inter-subjective relationship; Edwards (1998) and Stanley (1990) followed this type of writing. The impressionist type of writing engages the reader in an open and participatory chronological encounter with the research text. Here the narrative has concrete details and 'the idea is to draw the audience into an

⁶When I interviewed Sandra (the wife of a MTF) who described how she supported Michelle (the MTF) through her sex reassignment surgery the story resonated with my familial experience of transition and brought me to tears but my distress seemed to help Sandra carry on with her story.

unfamiliar story world and allow it, as far as possible, to see, hear and feel as the fieldworker saw, heard and felt' (Van Maanen, 1988:103). Moreover, Van Maanen invites the reader to participate in the interpretation where the researcher is just one of the characters in the text.

The research methodology used in this thesis followed Van Maanen's typology by using the impressionist type of writing; (Reinharz (1992) suggested that the approach was made clear to the reader.) The reader has a different subjectivity than I have so participating in the analysis of the text by the reader offers a way of evaluating subjective understandings (Hollway and Jefferson, 2000).

Reflexivity has further practical implications. When I investigated transsexual transitions in a familial context other transsexual participants might have regarded me as an insider (LaSala, 2009). However, I might have been regarded as an outsider by cis family members and trans men (personal status as a transsexual woman might have been problematic for accessing such men). Reflecting on this I realised that I needed to be cautious with family intimates who were cis and who might have been emotionally distressed because of the transition⁷. Furthermore, I needed to be aware that I might have been perceived as the antithesis of what cis familial members may have been searching for in their transsexual intimate, someone who was not transsexual. Being clear about status both prior to and at interview helped to mitigate this difficulty, however, such openness may still have prevented some people from taking part; some of the initial respondents withdrew without explanation.

LaSala offers practical suggestions to maximise the advantages of an insider position and minimise its biases which are now considered. I have personal experience of transition, its effect on cis familial intimates, knowledge gained during the literature review and data obtained from analysis of *She's a boy I knew* (Haworth, 2007) and *Between Ourselves* (O'Leary, 2008). This experience facilitated sensitivity to cis intimates' possible concerns. Personal membership of transgender internet support and campaigning communities helped gain access to participants since I had, over the past 20 years, been an on-line member of eight of the groups from which attempts to access participants had been made (see appendix 8 for a list of the online communities).

Early in my transitional journey, I was a member of *The Beaumont Society* (see appendix 8) and attended many of their meetings for trans people and their spouses/partners, this encouraged sensitivity towards cis women's concerns. This concern was heightened when my partner and I were invited to be one of the presenters at a Woman of The Beaumont Society (WOBS) conference held on Sunday 15th March 2009 at Cambridge University. The group consisted of about 15 people many of whom were wives of transvestite/transsexual MTFs and some of their partners were also present. The emotional atmosphere was tense and many

⁷A participant called Lynne, who was the wife of a MTF called Sophie, was particularly distressed by Sophie's transition and this upset me. However, reflecting upon this I developed, during the interview, a heightened level of sensitivity and empathy to her situation of extreme emotional loss.

were distressed by their partner's gender variance and its effect on their familial relationships. I also found the encounter upsetting even though I had the support of my partner. These experiences were considered during interviews of cis female participants.

I share the oppression of transsexual people as a marginalised group. For instance, I have not been in paid employment for the last 20 years, because of transgender status, despite having brought four UK cases of discrimination to Employment Tribunals (Service, 2012) helped by *Press for Change* (appendix 8) the transgender rights campaign organisation. These experiences give personal credibility within the transgender community and created within me an awareness of group norms and discourses which were used to establish rapport with the trans and cis participants. I was conscious of the boundaries of the trans and cis communities I encountered during fieldwork which enabled me to avoid taking respondents' perspectives for granted and to be aware of their emotional responses.

Smart (2007) and Corden and Sainsbury (2006) quoted their participants verbatim to uncover the complex meanings, deepen understanding and make real their messy and confusing social and intimate worlds. However, Smart maintained that such 'quoted passages can introduce ambiguity and ambivalence; they can disrupt the text' (Smart, 2007:185). The extracts quoted in the thesis have been edited for ease of reading. Plummer (1995) and Czarniawska's (2004) guidelines were used when gathering and analysing interview narratives and a reflexive and flexible approach was also used (Plummer, 1983; Anderson and Jack, 1991; Weeks et al., 2001). The interviewee was engaged in a conversation style facilitated by using an interview prompt sheet (see appendix 6). Reflecting upon these issues and the tensions described in the WOBS meeting intimates were interviewed separately rather than in familial/friendship groups and this was found to be acceptable to participants.

Gender Identity Clinics

The difficulty resulting from the challenge transsexual transition poses to institutional heterosexuality began to be experienced when access to participants was attempted through GICs. It was first thought that initial access sites for participants would be the three geographically closest GICs, in the East Midlands and South Yorkshire region of the NHS. I wrote to each of the clinics, introducing myself as a ten year post-transition transsexual woman and explained that the focus of the research was to investigate transsexual transition within a familial context, what the expected utility would be, asking if they would help to identify appropriate participants (from amongst their patients and their kin) and explaining that confidentiality would be assured since either the University of Sheffield (see appendix 2) or NHS ethics procedures would be followed. GICs should have been ideal venues for accessing a geographically close sample of participants mindful that they were sites attended by transitioning transsexual people. The transsexual population is widely dispersed (Whittle, 1998) and transsexual people are often hidden in their local communities for fear of violence and intimidation (pfc, 1997-2008; Smith, 2005; Whittle, 2006a; Shapiro, 2010).

Katherine Rachlin (2009) asserts (see also literature review) that gender variant people are a diverse category with many constantly increasing sub-groups and many complex identities. This inquiry focused upon transsexual people who permanently migrated across the conventional boundaries of sex/gender. The GICs were approached because these should have been sites where transitioning transsexual people would be accessible (LaSala, 2009) since such people would be committed to medically assisted transition (GIREs, 2008a). (Cromwell (2006) and Green (2006) found that many gender variant people in the United States do not attend GICs but this might be because of the different health care systems.) GICs should have been a convenient site to start recruiting participants but I was also expecting to search elsewhere.

The optimism of accessing participants in this way was short lived; replies were received from two of them, almost immediately, stating that they would not be able to help. They said that their refusal was because of confidentiality policies and other issues; however, they did not reveal what the latter might have been. I responded to the second of these replies thinking that I had not clarified the ethical position regarding confidentiality. However, this contact resulted in a protracted exchange of emails so a friend who worked as a manager in the associated Primary Care Trust was assisted to help. After many weeks of email exchanges there was a realisation that there wasn't a genuine commitment in this GIC. There seemed to be a hidden agenda operating. Following (Bryman, 2004) this may have been because they felt they would not have gained enough themselves to offset their staff costs resulting from my presence, alternatively it might have been for other political reasons. Another significant possibility was that I was known to the first two GICs as a previous patient and they were fearful about this. However, they were not prepared to discuss how we might mitigate their unease about my informed status as a transsexual researcher and former patient (my medical history had been included in the initial contact letter, see appendix 2). I was unknown to the third GIC who eventually agreed to the study after a further 5 difficult months of negotiation and a presentation of the proposal to their gender team. Further delay was anticipated to negotiate NHS ethics approval (a peer researcher said that, in her experience, this would likely take many more months); consequently accessing participants through GICs was abandoned.

Ethical issues

Realisation that access to patients at GICs was becoming less feasible prompted an exploration of alternative ways of obtaining access to participants. Experience of membership of various transgender communities and internet groups (for trans-people and/or for the family and friends of trans-people) over the past 30 years suggested that access might be facilitated through such groups. Ethics approval was sought from the university on 19th June 2008. (see advertisement, appendix 3; the information sheet, appendix 4; the email consent form, appendix 5; and the interview prompt sheet, appendix 6). All documents and procedures were constructed to address issues of: informed consent where participants were informed carefully and truthful about the research; privacy including participant and intra-familial/friendship confidentiality and protection from harm (especially the risk of emotional harm during interviews involving sensitive personal relationships). These are all generally accepted basic ethical issues for social investigations (Bryman,

2004; Fontana and Frey, 2008; Services, 2010; Silverman, 2010).

Ethics approval was gained on 25th July 2008 with the suggestion that I look at amendments, which addressed the following issues (see appendix 4):

- Intra-familial confidentiality which I incorporated into the information sheet using this statement: *I will take responsibility not to convey to one member of the friendship/family circle what I have learned from another member of that circle..*
- Use of research findings also included in information sheet: *the transcripts of the audio recordings of your interviews made during this research will be used only for analysis and for illustration in conference presentations, lectures academic and medical publications.*
- Research participant distress addressed by the information sheet: *I expect that those who agree to take part in this research will not find it easy. We will be exploring your deepest and intimate feelings about sex, gender and personal relationships. I will take responsibility to work with you honestly and seek to develop a trusting and respectful relationship between us. I will also offer a supportive environment for us to work within. I will have available details of support organisations, should we feel that you need these.*

I was also asked to consider personal distress, which was a significant issue. I responded to this by gathering an emotional support network of friends and by contracting with a psychotherapist to meet regularly during data gathering and analysis. Furthermore, personal disclosure was diminished to protect myself (Oakley, 1981). For example, when I related my transitional story to intimates at the beginning of each interview I only gave an anodyne account and I omitted much of the personal anguish I had experienced concerning the reactions of my children and family to my transition (see introduction to thesis). Nevertheless, my story helped to build trust and may have allowed deeper access to participants' subjectivities than would have been the case in its absence. The openness also meant that I did not have to be guarded in revealing appropriate parts of personal transitional experiences to participants as the interviews proceeded.

The advertisement and the information sheet used language that enabled participants to understand what the inquiry was about, it was constructed to increase the prospect of informed consent (Silverman, 2010). For instance, in this extract (from the advertisement) explaining a research question:

In most cases transition can be a positive experience where trans-people are fully supported through a difficult time in their lives and emerge as better functioning people in the sex of their choice. Unfortunately a previous study has also shown that transition causes problems for family and friends. The aim of this investigation is to find out why some family and friends may be supportive and why others are not. The results will help people in future transitions, (appendix 3).

The important issue of power relations during qualitative interviews was discussed earlier. Fontana and Frey suggest an 'asymmetrical reciprocity' (Fontana

and Frey, 2008:144) to address this in two ways by being open about transsexual status as a researcher (in the advertisement and in the interviews) and by outlining my transitional history, (appendix 7).

Following Silverman (2010) to increase confidentiality pseudonyms for the participants were selected with the aid of an UK government website listing popular names appropriate to the age of participant. A male and a female name was assigned to participants who changed gender/sex to show trans-people respect and to diminish the distress of some cis participants who wanted to use pre and post-transition names for their intimate (I was aware from personal experience that some cis people may have needed time to adjust to their intimates' name change). Intimates' location was also anonymised to London, a broad region of the UK or the US. I tried to anticipate all possible ethical outcomes; however, the consent form was changed to include its return by email because of the geographical dispersion of intimates (this was required to make it appropriate for telephone interviews). This is the amendment:

Once this has been completed by all parties using email, the participant should receive a copy of the dated participant consent form, the information sheet and any other written information provided to the participants. A copy for the dated consent form should be placed in the project's main record (e.g. a site file), along with the return email, which must be kept in a secure location, (see appendix 5).

A peer researcher said that keeping the returned email together with the completed consent form attachment was equivalent to a signature. In this way there was a reflexive response to the emergent situation (Silverman, 2010).

Smart (2007) argues that family and intimate life is complex and contradictory making it difficult to predict its reality and seeking to do so raises a number of ethical issues. However, seeking to circumvent these issues might 'involve the risk of sociological accounts of family life becoming unable to represent the full diversity of relationships and emotions, presenting only an anodyne, one-dimensional, cuddly version of couple of intergenerational relationships.' (Smart, 2007:139). There were a number of situations, during the fieldwork, where the tension between avoidance and risk of harm needed to be balanced against collecting dull narratives. I was concerned that the voices of all participants needed to be heard, however, there was an awareness of the political risk for trans people and their intimates if they spoke.

Research Participants

Source of information about research

The internet is widely used by gender variant and transsexual people (Whittle, 1998; Lev, 2004; Shapiro, 2010). However, some trans and cis participants might not have had easy access to the internet and might have been excluded from the sample (Fox et al., 2003). Weeks and his colleagues (2001) in their inquiry into non-heterosexual people were able to partially overcome this through, 'Study trips to the Netherlands, Denmark and North America [which] offered the opportunity to meet with a broad range of researchers, community activists and those involved in policy formation relevant to same-sex relationships' (Weeks et al., 2001:206). Furthermore,

they were especially concerned to recruit participants of different social, cultural and geographic positioning so they used a range of recruitment strategies, for example, they targeted support groups for black and disabled non-heterosexuals. In comparison the UK transgender community is small and more geographically dispersed therefore the possibility of accessing specifically dedicated demographic groups was more limited. Table 1, shows how the respondents to the advertisement actually found out about the investigation. Some respondents were passed the information from friends and family, through snowballing (Bryman, 2004).

Table 1: Source of information about research

Source of information about research	Number of participants N=77
Not offered by participant	40
<i>Press For Change</i>	12
Transitioner	5
<i>Depend</i>	4
Partner	2
<i>Transsexual UK</i>	2
Mother	2
<i>FTM Network</i>	2
<i>Equality Network Scotland</i>	2
Friend	1
<i>Gender Trust</i>	1
Internet	1
Wife	1
Yahoo	1
<i>Press For Change/Gender Trust</i>	1

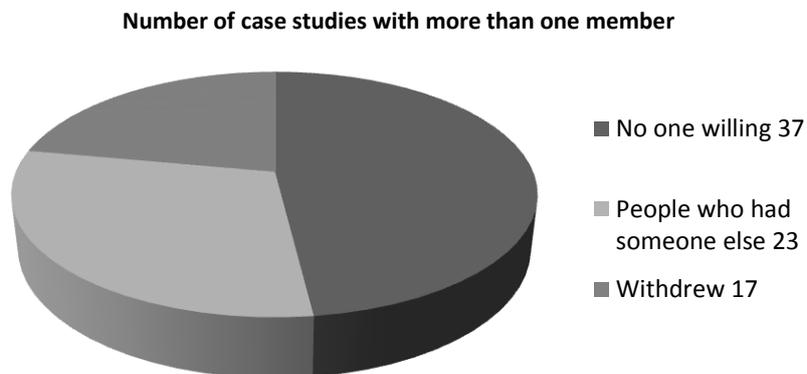
Number of case studies with more than 1 member

The 77 people who responded, from a range of different sources, was a good response rate facilitated by personal credibility in the UK transgender community (I have been active in the community over the past twenty years in different contexts: with trans young people during the Sci:identity Project (Ridgeberry, 2009-12) at the Central School of Speech and Drama; on national prime time ITV1 with a trans family My mums used to be men (Beanland, 2006); and as a Press for Change (pfc, 1997-2008) activist working nationally within the trade union movement to foreground trans issues).

Attempts were made to select cases which included both transsexual people and their close cis intimates, however, chart 1 shows that only 23 of the original 77 respondents had another intimate who would agree to be interviewed. Potential cases were selected from this sub-group of 23 people. Eventually, further into the

selection process, 7 of these withdrew (the intimacies of 3 people were too delicate for them to proceed and the other 4 failed to follow up) adding to the 17 original respondents who had previously withdrawn. In March 2009, after further contact with prospective participants, there were 21 interviewees from the first advertisement. Five of those who said originally that they didn't have anyone willing to be interviewed were re-contacted. (Originally these were not pursued because of the desire to interview cases of familial intimates rather than individuals.) Five of these were selected using 3 further criteria. Firstly, two

Chart 1: Number of case studies with more than 1 member



interesting cases a trans person who was personally known and a participant that had been rejected by all kin (This case reflects my personal experience, of rejection by kin). The second criterion consisted of people whose transition began more than ten years previously; emotions may have been calmed after this interval. The final criterion consisted of those who were either transsexual men or cis men; there were few men, either cis or trans.

Membership of the case studies

Table 2 shows the membership of the participant case studies. It consists of a mixture of transgender people and cis people (13 trans and 12 cis). There were 15 cases, 7 (47%) of these consisted of more than one individual and the other 8 individuals had no one else who was prepared to be interviewed. The range of different size cases was not ideal as it would have been better if they were all greater than an individual, this criterion would have given thicker and richer knowledge about transsexual transition in a familial context and its impact on intimates. I reflected on these statistics and realised that out of the 77 people who originally responded to the advertisement, only 7, (9%) (Beth, James, Kimberly, Kaitlyn, Lianne, Lynne and Michelle) could enlist members of their family to be interviewed. Of these 7, 3 were cis people and 4 were transsexual people. Put the other way around, 91% had no one else who agreed to be interviewed even though reasonable attempts had been made to access cis others through Depend (see appendix 9) and in the framing of the information sheet. These were shocking statistics which may have been the result of how transsexual people (and by association their familial intimates) were posited as resisting the regulatory forms and fictions of institutional heterosexuality

(Rubin, 1984); its structural tyranny might have prevented intimates from talking about their experiences of transsexual transition. The statistic was fugitive because I did not initially realise its extent.

Table 2: Membership of the case studies

Number of people in case	How many of these cases	Case Members (trans people in bold type)	Number of participants
3	3	(James Brittany Donna); (Kaitlyn, Daniela , Brianna); (Michelle , Mary Sandra)	9 (3 trans, 6 cis)
2	4	(Nigel , Beth); (Kimberly , Christina); (Lianne , Tracy); (Lynne, Sophie)	8 (4 trans, 4 cis)
1	8	Deborah ; Debbie; Elizabeth ; Kathleen ; Melissa ; Rita ; Sally; Steven	8 (6 trans, 2 cis)
	Number of cases =15		Number of participants=25 (13 trans, 12 cis)

Participants (some demographics)

In appendix 1 the cases studied are diagrammatically modelled to show their demographic features. The demographics includes: age; period since beginning transition; gender identification; broad geographic location; pseudonyms; sexual preference; occupation; and reason for getting involved in the study. The models show the membership of each case and other intimates/family members who were spoken about during the interviews (for example, Nigel and his partner Beth were both interviewed but it also shows relatives who they mention in the interviews and who were not interviewed). Identifications of participants are selected from these models and listed these in Table 3 (the Case Members following the order shown in column 3 in Table 2). The identifications are discussed as relevant in chapters 3 and 4 (as an example, James who experimented with sex/gender and Christina who refused to be labelled are both considered, unassigned means that participants did not offer that demographic information).

Table 3 Participants: demographics and period since disclosure

Name (first name in each case is initial contact)	Period since disclosure (years)	Transitioner or cis and relationship to transitioner	Sex	Gender	Sexual attraction
James	-1 (Next year)	transitioner	female/male	masculine/feminine	bisexual
Brittany	-1 (Next year)	Cis, partner	Female	queer	bisexual
Donna	-1 (Next year)	Cis, mother	Female	feminine	heterosexual
Kaitlyn	2	Cis, mother	Female	feminine	heterosexual
Daniela	2	transitioner	female/male	feminine/masculine	Bisexual/lesbian
Brianna	2	Cis, sister	Female	feminine	heterosexual
Michelle	5	transitioner	Female	feminine	unassigned
Mary	5	Cis, mother	Female	feminine	heterosexual
Sandra	5	Cis, ex-wife	Female	feminine	heterosexual
Beth	3	Cis, partner	Female	feminine	queer
Nigel	3	transitioner	Male	masculine	heterosexual
Kimberly	4	transitioner	Female	feminine	lesbian
Christina	4	Cis, wife	Female	feminine	refuses label
Lianne	8	transitioner	Female	feminine boyish	lesbian
Tracy	8	Cis, civil partner	Female	feminine	bisexual
Lynne	1	Cis, wife	Female	feminine	heterosexual
Sophie	1	transitioner	Female	feminine	unassigned
Deborah	22	transitioner	Female	feminine	lesbian
Debbie	3	Cis, sister	Female	feminine	lesbian
Elizabeth	12	transitioner	Female	feminine	bisexual
Kathleen	7	transitioner	Female	feminine	unassigned
Melissa	10	transitioner	Female	feminine	lesbian
Rita	5	transitioner	unassigned	transgender	unassigned
Sally	2	Cis, ex-wife	Female	feminine	heterosexual
Steven	10	transitioner	Male	masculine	unassigned

The identity of each respondent with respect to a transgender transitioner is also included. From this we can see that there were 13 (52%) transitioners (3 of these were trans men) and 12 (48%) cis intimates. This was not a quantitative statistical sample, the search was for qualitative knowledge which would illuminate the intimate experiences of transition and show how these relate to theoretical and conceptual understandings of how families and intimate relationships were sustained, negotiated and managed in real life, an approach adopted by Gabb (2008) in her study of family intimacy and affirmed by Elliott (2005). Ways in which such qualitative data may be generalised are discussed in the last section of this chapter. Table 3 also shows that the sample was biased towards people who identified as female (there were 12 cis women, 10 MTFs, 3 transsexual men and no cis men) and this bias prevailed even though attempts had been made to increase the number of transsexual men. No cis men responded to the advertisement and perhaps the dearth of trans men reflected the fact that trans men had only recently emerged in the 1990s. Moreover, the body of literature on trans men is sparse (Lev, 2004; Shapiro, 2010); they become more invisible further into their transitions (Green, 2006).

These aspects of the demographics were a problem since cis men's views were not represented; however, the data analysis showed that information about cis men was obtained indirectly from some of the participants interviewed. Furthermore, the absence of cis men might have been due to 'the tension and contradiction within conventional masculinities' (Connell and Messerschmidt, 2005:832); cis men might have felt insecure in their masculinity through association with a transsexual woman researcher. Trans men even though as confident as more dominant cis men in expressing their male identity might not have wanted to do this because they had a history situated within the feminist movement (Califia, 2006). Nevertheless, two of the more confident transsexual men interviewed provided rich data (the other trans man interviewed was still experimenting with the thought of transitioning). In late November 2008 I attempted to recruit more trans men; I contacted a trans-man (personally known through the Sci-identity project (Ridgeberry, 2009-12)) asking if he would help by circulating the research advertisement amongst his FTM contacts.

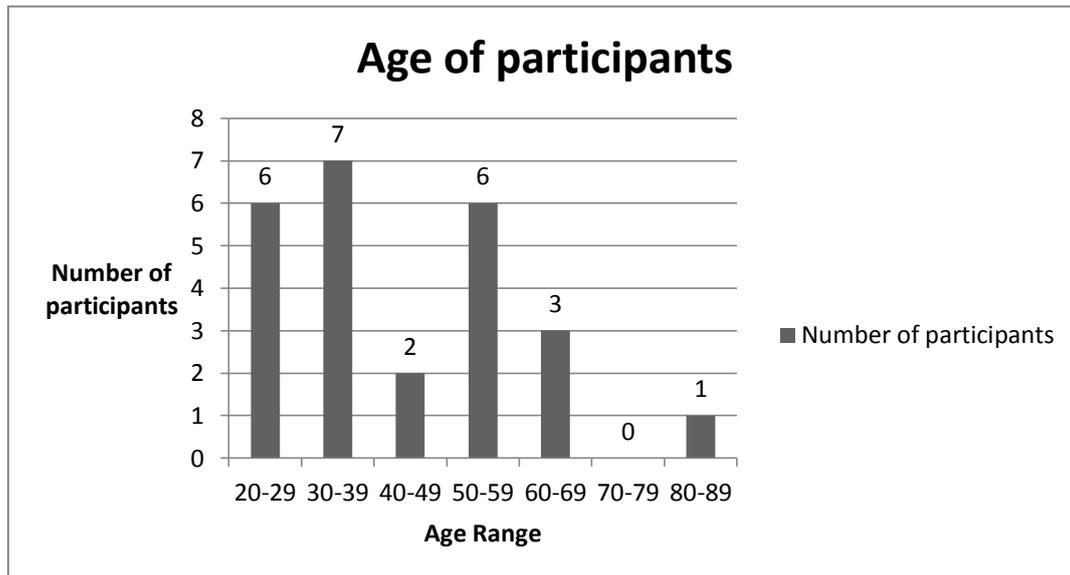
The table also shows the period since transsexual emergence or disclosure for each transitioner. The minus indicated that the disclosure occurred prior to the interview and a positive indicated that transition was expected in the future (James). There was a good range from those who had just emerged to someone who emerged 22 years previously but most of the cases (9/15 or 60%) were in their first 5 years of transition.

Age of participants

Chart 2 shows the age of the interviewees within decades, there is a good age range (the mean age was 44 years and the range was from 23 to 80) which facilitates data analysis since the meaning of transsexuality has shifted over time (Meezan and Martin, 2009a). Prior to the early 90s the contested psycho-medical pathologisation model of transsexualism (developed from the early work of Harry Benjamin (1966)) was the accepted understanding whereas since then the transgender model has developed prominence (Denny, 2004); however, discussion in the literature review shows how these models are still contested. Participants had

different knowledges of these models, for example, James a 23 year old transgender person had a different understanding to Mary an 80 year old cis person (Mary the 80 year old obtained her knowledge through her transgender daughter Michelle, who was 60). Furthermore, the early sexologist Richard von Krafft-Ebing (1840-1902) saw homosexuality as a form of gender confusion so some people may have conflated a gender variant identity to a homosexual identity (von Krafft-Ebing, 2006). How these ideas may still be present in participant's subjective consciousness was investigated during data analysis.

Chart 2: Age of participants



The Geographical location of research participants

Table 4: The Geographical location of research participants

Region/Country	Number of participants	Names
London	3	Donna Kaitlyn Sandra
South of England	4	Debbie Elizabeth Mary Sally
West Country	4	Lynne Sophie James Brittany
Midlands	2	Michelle Rita
North of England	5	Steven Kathleen Kimberly Christina Deborah
Scotland	5	Beth Nigel Lianne Tracy Melissa
United States	2	Brianna Daniela

Table 4 shows the geographic dispersion of the sample. Chronologically interviews of participants began in November 2008 with a face-to-face interview of Michelle, the closest geographical participant, who then suggested that I interview

her ex-wife, Sandra, when she next came to visit Michelle. Data gathering began with the two face-to-face interviews of Michelle and Sandra; by 27th November I had 8 prospective participants who were situated at various places in the UK (the West Country, two in the South of England, Centre of England, North of England, Scotland, East Midlands and London) as shown in table 4.

I anticipated that each of these would generate one or two other participants who might be further dispersed (Michelle lived in the Midlands, her ex-wife and mother in London, Kaitlyn had two daughters who lived in the United States). Fieldwork was planned during the second year of this investigation, however, 5 months had elapsed attempting to negotiate access through GICs, the urgency of the situation prompted consideration of the use of telephone interviews.

Telephone interviews

The research methodology used involved gathering research data using telephone interviews, previously Gagne et al. (1997) in their study of geographically dispersed transgendered people suggested using telephone interviews to obtain biographical narrative data; the appropriateness of this approach is now investigated. Gina Novick (2008) undertook an extensive search of the body of qualitative research literature to explore the relative bias against the use of qualitative telephone interviews compared with their extensive use in quantitative research. She addresses the assumption that face-to-face interviews are superior to telephone interviews and suggests that this might be due to the absence of visual cues but she found that there is little evidence of this, moreover, '[t]elephones may allow respondents to disclose sensitive information more freely' (Novick, 2008:397). Her findings are endorsed by (Gabb, 2006; 2008; Brown, 2009; Hash and Spencer, 2009; Irvine et al., 2010), Brown's empirical inquiry was with trans men and their non-heterosexual female partners, Gabb's with familial intimates and Hash and Spencer's with LGBT populations. Using a telephone with geographically dispersed populations is environmentally appropriate since telephone coverage either by landline/cell-phone is not a significant geographical problem in the UK (some participants might have found the financial cost of a phone conversation, of approximately 1 hour, prohibitive so an offer was made to pay the expense during the preliminary contact).

Kazmer and Xie (2008) present a methodological paper which examines the relative merits in the use of telephone, email, instant messaging and face to face interviews for qualitative semi-structured interview data gathering and conclude that all four of the modes are appropriate. They qualify this by identifying issues that facilitate the interview process, the need to develop the researcher's social skills to improve rapport and for both researcher and researched to be comfortable with the interview mode (I engaged in informal chat during the scheduling of telephone interviews). Moreover, Searle (2006) investigated the gender behaviour in online support groups and concludes that: 'individuals may be using the relative freedom of the Internet to enact forms of masculinity and femininity deviating from the stereotyped gendered norms' (Seale, 2006:348). This finding may facilitate freedom for participants to engage with their intimate feelings and thoughts about transsexual transition. Sturges and Hanrahan (2004) concluded, with some qualifications, that telephone interviews may be used productively (they compared face-to-face and telephone interviewing in the sensitive context of visitors to jail inmates in the United

States) following their findings telephone interviews are suitable for gathering the delicate and intimate qualitative data about transsexual transition in a familial context.

Novick (2008) draws attention to the nonverbal behaviour relating to cognitive and emotional content which was thought to enhance understanding of the verbal information. However, she argues that this data may not be 'essential or helpful, as nonverbal behaviour can easily be misinterpreted [and ...] may not actually be used extensively in analyses that rely heavily on transcripts.' (Novick, 2008:395). The transcripts used in this research relied only on verbal exchanges.

Next she examined contextual data relating to both the environment and the participants (she saw such environmental data as traditionally important in ethnographic methods), referring to features such as attire and residence (which may indicate economic status) but omitted features that indicate gender. This omission might have been the concern of transsexual participants because 'those people who appear to the onlooker as more 'trans' are more likely to experience prejudice and/or discrimination.' (Whittle et al., 2007:8), Butler (2004b) also argues that recognition in the desired gender requires conformity to the gender binary of heterosexuality. Following Butler this would include culturally gender appropriate voice and appearance (trans participants would not be visible during interview). Trans-people and especially trans women⁸ find voice and particularly telephone voice problematic (this is why speech therapy may be recommended for trans-women to aid passing (GIREs, 2008a)). There was a need to be reflexive about voice during the interviews of transsexual people especially the women.

Novick (2008) further argues that research shows that telephone interviewing increases relaxation and facilitates disclosure of sensitive information. She presents strategies that might expand the sense of connectedness with participants. These include initial informal chat, empathy towards participants, non-judgemental responses to disclosure of sensitive information and appropriate (tactful and delicate) follow-up questions during the interview. Following her recommendations there was a need to develop strategies, which would heighten awareness of the implications of anger, sarcasm, rapid speech, silences and nuances (skills that I rehearsed and developed during the 140 hours of counselling practice required for a post-graduate diploma in counselling and psychotherapy). Finally Novick draws attention to the fact that communication technology is widely accepted as natural in contemporary society and as mentioned previously in the trans community (Whittle, 1998; Lev, 2004; Ekins and King, 2010; Shapiro, 2010). I concluded that, the telephone would be an appropriate means of qualitative data gathering through interviews if attention is paid nuances of communication considered in this discussion.

⁸ Conversations with 2 speech therapists during my own transition taught me that biologically male people found that their voice deepened at puberty because the vocal chords irreversibly thickened and the voice dropped, this happened when testosterone increased. Speech therapy might to some extent alleviate this problem for trans women by training in female intonation, making transsexual women's voices more congruent with cis women. Vocal cord surgery (either to shorten the cord length or shave its thickness) to raise frequency was also possible but the surgery was quite precarious, (GIREs, 2008a).

Quality issues

Validity relates to truth or how well the intimate issues revealed during transsexual transition are represented (Hammersley, 1990). Reliability refers to how consistent extracts are assigned to the same category on different occasions or how another researcher agrees with the assignments (Hammersley, 1992; 1993). To address the quality issues of validity and reliability a detailed description, in the earlier parts of this chapter, was presented of how the sample of participants was selected and composed (see Silverman, 2010:268-91).

To illustrate the coding process a critical reading of Michelle's transcript (see appendix 10) identifying extracts using Plummer (1995) and Czarniawska's analytical guidelines (see page 81) was undertaken. The extracts were coded with reference to theoretical and conceptual understanding of identity, institutional heterosexuality and the research questions. A small section of Michelle's transcript illustrates the process:

Michelle: Most women want to be liked, want to be loved and I was frightened to death that if I [...] you know, **[Following Czarniawska, I thought this disruption might have been due to Michelle reflecting on the implications of the loss of her mother's love if she transitioned]** identified and presented as different too much, then love would be withdrawn and I couldn't see then that a mother's love is usually unequivocal so I lived like most of us do [*um...*] **[Following Czarniawska, I thought this disruption allowed Michelle to reflect back on how she had hidden her cross sex/gender identifications over her early life]** through childhood and certainly adolescence, living with shame and guilt and fear and terrified that people would find out and that they would not love me anymore, which is not a nice place to be, but I was lucky enough to be able to stick most of that in a box and then lock the box and push it right to the back of my head.

Michelle said that from an early age she knew that she was different from her peers; she frequently used to dress up in her mother's clothes. She knew this was not acceptable because of the gender policing by those around her who reinforced the hegemony of institutional heterosexuality (Butler, 2004b; Atkinson and DePalma, 2009; Namaste, 2009). She spoke of her intense fear of rejection, especially by her mother; although she was not at that age aware that it was important for a mother to maintain the strong maternal bond with a child (Gabb, 2008). Michelle realised that her cross-dressing and feminine behavior were deviant, she tried to repress them and keep them secret (Gagne et al., 1997).

This extract was coded as *pre-transition emotional distress* (which is further discussed theoretically in chapter 3). This was a code (or Nvivo child node) called *Fear/anxiety* which formed part of the wider category (or node) *Negotiation of emergence* shown in table 11. *Negotiation of emergence* was shorthand for the research question: To what extent and in what ways do transsexual people negotiate transition with their familial intimates? There were 3 other categories (recorded in

Nvivo as nodes). *Grief* which represents the research question: What is the nature of the emotional reactions experienced when identifications change during transsexual transition? *Transitional Distress* which represents the research question: What factors alleviate or exacerbate any emotions experienced during transition? *Viability* which represents the research question: What are the factors that influence recognition, by close intimates, of the transsexual intimates' new identifications? All of the initial codes and categories developed during the research as theoretical and conceptual sophistication grew from January 2009 onwards. The mutations are tracked and illustrated in the following discussion.

Table 5 shows the interview transcripts entered into Nvivo in column 1. From Michelle's transcript 6 different codes were identified but Table 8 shows 7 because I initially coded my transitional story. The remainder of the table shows the codes for the other interviews transcribed and coded on 22/01/09.

Table 5: Interview transcripts entered into Nvivo 22/01/09

Transcript	Codes	Extracts	Interview date
Michelle	7	17	20/11/08
Lynne	9	22	15/01/09
Sally	11	32	15/01/09
Sandra	15	42	15/01/09
Kaitlyn	15	43	16/02/09
Tracy	7	28	16/02/09
Mary	12	28	16/02/09
Sophie	9	18	16/02/09

The extracts column shows the number of transcript extracts for each code (for example, 17 extracts were coded from Michelle's transcript into 7 codes since some of these extracts had the same coding). The dates were when the transcripts were entered into Nvivo.

Table 6: Codes used 22/01/09

Categories	Sources	Extracts	Created on	Modified
+ Grief	4	5	08/08/08	11/03/09
+ Heterosexuality	4	19	08/08/08	18/02/09
Level of intimacy	7	11	08/08/08	16/02/09
Nature of disclosure	9	14	08/08/08	11/03/09
+ Other issues	0	0	09/08/08	09/08/08
+ Research questions	0	0	20/11/08	20/11/08
My history	1	1	21/01/09	21/01/09

Table 6 shows the theoretical understanding of the data on 22/01/2009. Codes were grouped into broader categories (or Nvivo tree nodes): *grief*; *heterosexuality*; and so on in left column. The sources/transcripts are in the next column and the remaining 2 columns are as in Table 5, the last column shows when classifications altered as thinking developed. The + in front of a category shows that it has sub-codes associated with it.

Table 7: Sub-Codes for the category *grief*

Grief Codes
Acceptance
Anger/blame/understanding
Bargaining
Denial
Depression/regret/fear
Grieving process
Shock/trauma

Table 7 shows *grief* (one example from table 6) which had 7 sub-codes (Nvivo child nodes), which corresponded to conceptual understanding of grief at that time. Chapter 4 had not been written so a provisional understanding was used predicated on Kubler-Ross's (1970) stage theory of acceptance, *anger/blame/understanding* and so on. Other categories have been excluded for simplicity (these are *heterosexuality*, *other issues* and *research questions* all of these also have sub-codes); the category *other issues* in Table 6, was like a sink category and contains codes that were felt important during reading of the transcripts, however, did not seem to fit theoretically at that stage. They included codes such as *freezing gametes*, *ethics*, *my feelings*, *transsexuality equals gay* and so on.

On 11/08/09, towards the end of the fieldwork, 15 interview transcripts had been coded, (table 8). The table lists the participants, the codes for each transcript as discussed previously. The extracts column shows the number of extracts coded in each transcript for each of the participants. Here the number of transcripts increased from 22/01/09 because more interviews had been transcribed and brought into the Nvivo project.

Table 8: Interview transcripts 11/08/2009

Name	Codes	Extracts	Date created
Michelle	8	17	20/11/08
Lynne	11	22	15/01/09
Sally	12	32	15/01/09
Sandra	17	44	15/01/09
Kaitlyn	17	44	16/02/09
Lianne	9	28	16/02/09
Mary	15	28	16/02/09
Sophie	9	18	16/02/09
Tracy	13	26	11/03/09
Beth	14	31	01/06/09
Debbie	16	52	01/06/09
Deborah	20	58	03/06/09
Elizabeth	15	40	03/06/09
James	10	27	03/06/09
Melissa	12	27	08/08/09

The sorted dates show when each was brought in and coded using the same categories as shown in Table 6.

Table 9: Nvivo references 09/06/10

Reference/ thesis section	Codes	Extracts	Date Created
(Bockting, 2009)	5	5	02/11/09
(Gabb, 2006)	11	16	02/11/09
(Atkinson and DePalma, 2009)	2	4	02/11/09
(Stotzer, 2009)	1	1	02/11/09
(Brown, 2009)	15	23	05/11/09
(Gabb, 2008)	14	46	07/11/09
(Green, 2006)	1	1	13/11/09
(Brown and Rounsley, 1996)	2	3	13/11/09
(Lev, 2004)	19	55	08/01/10
Literature review	26	26	15/01/10
Transsexual identity	1	6	16/01/10
(Plummer, 1995)	0	0	02/06/10
(Shapiro, 2010)	10	13	17/06/10
(Meezan and Martin, 2009a)	3	8	19/06/10
(Rachlin, 2009)	5	10	19/06/10
(Silverman, 2010)	3	3	21/06/10

Table 9 shows some of the key references and early draft sections of the thesis entered into the Nvivo project to aid future writing. One was Ken Plummer's *Telling Sexual Stories* (Plummer, 1995). Table 9 was not quite up to date because on 23 May 2010 I had a computer crash losing all data (fortunately the data was recovered from other locations). However, 3 months' work had been lost which felt like a major catastrophe.

In table 9 all the references in column 1 were coded in the same way as the transcripts using

categories/codes similar to Table 6. However, these codes/categories had by then been refined as a result of further theoretical and conceptual understanding.

Table 10: Thesis sections/chapters 09/06/10

Thesis Section/Chapter	Categories/ codes	Extracts
Acknowledgements	0	0
Abstract	0	0
Contents	0	0
+Introduction	9	16
+Literature Review	1	1
+Methodology	1	1
+Negotiation of emergence	0	0
+ Impact of transition	0	0
1. +Emotional reactions	26	203
2. +Alleviation/exacerbation of emotions	2	2
3. +Viability/recognition of new identifications	22	61
+Discussion	4	7
References	0	0
+Appendices	0	0
Glossary	1	1
Children	9	15

The new understandings are shown in Table 10. This table shows the sections of the thesis in the Nvivo project at 09/06/10 and reflected the thesis macro structure. The section/chapter headings are in the left hand column, beginning with *acknowledgements, abstract, contents, [...], references, appendixes and glossary*. Each chapter/section had categories and codes similar to above. Some of these *chapters/sections, the abstract, literature review, methodology* and so on, were broken down into categories. Interview transcripts and extracts are as explained in Tables 9 and 10. The categories for negotiation of emergence for example, are shown in Table 11.

Table 11: Negotiation of emergence categories

Category	Extracts
Transgender emergence	13
Fear/anxiety	20
Just announcing new sex/gender identifications	11
Androgynous presentation of sex/gender	9
Moderate change in sex/gender appearance	4
Involving cis intimate in emergence	6
Putting cis intimate at ease	4
Fluidity of gender presentation later in transition	4
New sex/gender identifications become normalised	2
Geographic separation of cis and trans intimates during transition	3
Oscillating between the binaries of sex/gender	1

Appendix 11 shows how the codes for the transcript extracts used in Chapter 3 were created; ***Negotiation of emergence*** and one of its sub-codes ***Androgynous Presentation of sex/gender***, Table 11. The detail has not been included for brevity.

Reflections on research design and generalisability

15 cases of transsexual transition (see table 2) were studied. This section discusses whether this is a sufficient number of cases from which to make generalisations about transsexual transition in a familial context using the research questions. Access to cases was difficult because of gatekeeping issues at the GICs. Reasons why access might have been prevented and how these were overcome using the internet were discussed earlier in the chapter. There remained difficulties in that only 9% of the respondents to the advertisement had someone else amongst their intimates who would agree to be interviewed and there were no cis men. However, these complications did not prevent the acquisition of innovative knowledge about transsexual transition and its impact on familial intimates. The cases studied had the following analytic feature, they were close familial intimates who were either transsexual or cis people who had familial experience of transsexual transition (Punch, 1998). Intimate's auto/biographical narratives of their transitional experiences were analysed to give knowledge about transition and the research questions, how the transsexual people negotiated emergence and what was the impact of transition.

The cases were not representative in a quantitative sense because 15 cases do not statistically represent the larger unknown population of transsexual transitions

and they were not randomly chosen. These characteristics prevent broader quantitative inferences from being made about transsexual transition and the research questions (Mason, 1996). Flyvbjerg reflects on the situation by arguing that 'The advantage of large samples is breadth, whereas their problem is one of depth. For the case study, the situation is the reverse. Both approaches are necessary for a sound development of social science.' (Flyvbjerg, 2006:241). The purpose of the methodology, using a qualitative analysis of participants' auto//biographic transitional narratives, is to produce knowledge about the complexities and contradictions of transsexual transition rather than general propositions and theories about transition (Mitchell and Charmaz, 1996; Searl, 1996). However, Silverman (2010:140) suggests ways in which knowledge obtained, using qualitative methods, from a small number of cases may be generalised to extend understanding about a phenomenon, (transsexual transition in this thesis) in a larger population.

He proposes four ways in which this may be done: firstly by combining both quantitative and qualitative measures of the population of transitions; secondly by purposeful sampling subject to time and resources; thirdly by using theoretical sampling; and finally by using a methodology that allows for generalisation from a single case.

Hammersley (1992) suggests combining qualitative and quantitative research methods as a way of addressing Silverman's first proposition, however, using survey research and/or coordinating a number of ethnographic studies of transition is ambitious for a single PhD student because adoption requires high levels of resources (financial and human). However, as Hammersley suggests comparing the results of data analysis of transition with other similar studies may be a feasible way of generalising findings. The knowledge gained using cases to investigate transition in a familial context might be compared, using the research questions, with similar studies, for example, Hine's (2007) *Transforming gender, transgender practices of identity, intimacy and care*, Sanger's (2010b) *Trans people's partnerships* and Brown's (2009) *The Sexual Relationships of Sexual-Minority Women Partnered with Trans Men* discussed earlier in the literature review. Weeks' (2001) and his colleagues inquiry into *Same Sex Intimacies* might also an appropriate comparator (in chapter 4 non-heterosexual 'coming out' is compared with the process of transsexual transition). Relevant comparisons were made during data analysis and in the concluding chapter of the thesis.

Silverman's second suggestion of purposeful sampling as a tool to generalise the understandings gained from the cases of transition in a familial context is now considered where Table 12 below is a focus for the discussion. This table was obtained from a close reading of Appendix 1, *Models of each case of intimates*. The first column labels were constructed from a theoretical and conceptual understanding of family/intimacy and the first row labels from the theoretical transsexual model of transition (discussed in the literature review). The numbers in the table were obtained from the case models, for example, the entry 2 in the box at the intersection of column two and row two represents data obtained from 2 cases of *FTM* transitions concerning *cis female partners*. The categories *intimate female* and *intimate male* are problematised since a partner's mother and father is considered in one *FTM* case as close familial intimates, this assignation queers institutional heterosexuality's schema of the family (heterosexual civil partnership is not recognised in UK law). Furthermore, the fuzzy boundaries of the term family theoretically discussed in

chapter 1 and data analysis called into question the depth of intimacy of family members, for instance, one of Michelle's brothers was estranged. The identity categories represented by the column labels were also troubling, for instance the category FTM was revealed in the literature review to be complex (see discussion of FTMs, female masculinity and transmen).

Table 12: Purposeful Sampling

Transition Cis Intimate	FTM	MTF
Partner/ Spouse female	2	7
Partner/ Spouse male	none	2
Mother	2	10
Father	1	9
Sister	1	4
Brother	none	7
Female child	none	3
Male child	none	2
Intimate female	1 (partner's mother) =1	2(mother-in-law) 3 friends 1(grandmother) =6
Intimate male	1 (partner's father) 1 (father-in-law) 1 childhood friend =3	1(father-in-law) 1 =2

The table shows that there were more cases which represented participants involved in MTF transitions than there were for FTM transitions which prompted me to 'purposefully' (Denzin and Lincoln, 1994) search for more cases of FTM transitions as discussed at the beginning of this section. The *none* and low entries in the table might have limited the extent to which new knowledge was obtained about transition in a familial context. The analysis points to a need for further investigation of transition; for instance, involving cases concerning the perceptions of transition by children and close friends/intimates.

Silverman's third suggestion of obtaining generalisability through theoretical rather than on statistical sampling is now considered. The cases studied are generalisable with reference to theoretical and conceptual constructs of institutional heterosexuality, postmodern constructions of identity and of the research questions (negotiation and impact of transition) rather than to the population of transsexual transitions (Bryman, 1988). Using this approach allows innovative informed theoretical knowledge about how institutional heterosexuality is disrupted by the change in sex/gender identity during transsexual transition (where its dichotomous understandings are violated) to be generalised from analysis of the research data of the 15 cases studied. Similarly, generalisability increases theoretical and conceptual understanding of how transsexual people negotiate their transitional changes with familial intimates and what the impact will be on these intimates. For instance, there will be a gain in academic knowledge of how intimates emotionally react to a change in sex/gender of the transsexual intimate.

This PhD thesis is limited by the resources available; I worked independently with limited funds and within a reasonable timeframe for completion. These factors influenced the cases studied, for example, early on in the field work it was realised that some familial cases were widely dispersed geographically so 23 (Michele and her ex-wife were face-to-face) participants were interviewed by telephone. However, as the discussion of table 12 shows cases were selected predicated on theoretical comprehension of transition and familial intimacy. Cases were chosen to give extended understanding about transsexual transition in a familial context with a focus on negotiating new sex/gender identifications and the impact these had on intimates. Attempts were made to further extend the number of cases studied by widening the range of identities to include more men (both cis and trans) and secondly by looking at cases where period of time of since transition had begun was longer (to inquire if the time since beginning transition influenced recognition). Theoretical sampling used in these ways enabled further generalisations to be made from the cases selected (Charmaz, 2006).

In the thesis introduction I wrote that I was estranged from my spouse and children because of transition. Furthermore, this experience of family disarray was not unique, indeed social and clinical studies show that familial disruption occurred in nearly half of transitions. It is possible that if access to cis intimates drawn from these transitional cases (where new sex/gender identities failed to be recognised) had been achieved then further generalisations about transition and its impact on familial intimates might have been made (Mason, 1996). Moreover, a further question that comes to mind is whether recognition is influenced by factors outside the theoretical and conceptual framework of heterosexuality; for example, by children's personal loyalty to the cis spouse (many acquaintances have speculated that this is why I am estranged from the children). The knowledge obtained about

transition and its impact might also have been extended if comparisons with other life transitions were made (Alasuutari, 1995), for instance, with those non-primary changes considered in the discussion of Overall's (2009) theoretical analysis of identity transitions, joining a 12 step programme, migrating geographically or joining a religious order.

Turning now to address Silverman's final proposition of generalising from a single case I am influenced not to do this by his arguments that this is inappropriate for an 'apprentice researcher' (Silverman, 2010:148) using the research design of qualitative analysis of participants' transitional narratives. Sacks argued that 'it really wouldn't matter very much what you look at –if you look at it carefully enough.' (Sacks, 1992:485). However, Sacks (an experienced researcher) used his theoretically sophisticated methodology of *Conversation Analytic*.

In conclusion the knowledge gained from the 15 cases considered in this research may be generalised to extend concrete context-dependant theoretical and conceptual knowledge about how transsexual transition resists the regulatory forms and fictions of institutional heterosexuality, how transsexual people negotiate emergence as transsexual with familial intimates, what is the emotional impact of the transitional change in sex/gender identity, how any emotional reactions might be alleviated or exacerbated and what factors influence recognition.

Summary of methodology chapter

A research design predicated on the analysis of auto/biographical transitional narratives is central to this study of transsexual transition and its effect on family/intimacy. In sociology it follows Bourdieu's (1977) initiated cultural turn (Elliott, 2005). Qualitative research was used because the social world of transition is complex with intimates who have multiple perspectives and multiple selves which is best understood using a methodology based on open-ended interviews (Morgan, 1996; Elliott, 2005). The approach has the potential to illuminate how transition was perceived by participants, to give them voice, to empower them and to give meaning to their experiences as they sought greater understanding of themselves and their intimates; in these ways it follows the emancipatory principles of feminism.

The methodology used enabled data to be gathered about the complex and contradictory ways in which intimates behaved during transsexual transition and it revealed the salient issues associated with transition within the socio-historical context of institutional heterosexuality (Polkinghorne, 1995) illuminating the complexities of sex, trans/gender and sexuality identities. Ken Plummer's (1995) study into *coming out* and self-help stories was deployed and enlarged to include transgender transition because it has the potential to affirm and validate transgender people and their intimates. The research inquiry continues the work of others in the fields of intimacy, sexuality and transgender studies (Ekins, 1997; More and Whittle, 1999; Jackson, 2005; Ekins and King, 2006; Jackson, 2006; Hines, 2007; Jackson, 2007b; Gabb, 2008; Hines and Sanger, 2010; Sanger, 2010b). An emphasis on shared processes and social context, has wider significance than that of the participants studied, it has the potential to illuminate transsexual transition within a familial context (Ricoeur, 1984; Rustin, 2000). Moreover, it also has the possibility of improving knowledge about the violence associated with transgender identities. The

narrative approach adopted resists the regulatory forms and fictions of institutional heterosexuality especially the social stigma associated with transgender transition. Furthermore, it echoes the demand that 'people who hold legal, cultural or other forms of power take action to bring about justice' (Chase, 2011:428). The study responds to the identified need to focus on issues of the body, sexuality, family history, migration (for instance, Dave King (2003) saw transition as a form of gender migration) and the voices of the socially marginalised.

The methodology using an analysis of participants' transitional narratives relies on a social constructivist approach and their interaction with me offered explanations about their experiences (Elliott, 2005). However, there is a commonly recognised tension between individual subjectivity, socio-historical contexts and social structures therefore participants' emerging stories were responsive to the associated power structures operating. An interviewing practice was adopted that emancipated participants and helped to make their narratives more coherent and valid. Such a process was facilitated by: a focus on the specific event of transsexual transition rather than on participants wider extended life experiences; interviewing skills such as good listening and empathy; following interview strategies that empowered participants to tell their stories (Hollway and Jefferson, 2000; Wengraf, 2001). Using active listening skills intimates were asked to tell their story about their experience of transsexual transition. Nevertheless, there remained a tension with this approach because transsexual stories were not easy to tell (Rubin, 1984; Plummer, 1995).

The research interview is understood as a site for the production of knowledge so the resulting discourse may be sociologically conceptualised as a joint production. However, the interview is situated in the wider negotiated social world of institutional heterosexuality and its set of discourses (Linde, 1993; Potter and Wetherell, 1994; Ochs and Taylor, 1995; Plummer, 1995; Gubrium and Holstein, 1998; Elliott, 2005) and this potentially moderates the emergent story. Fortunately, transsexual transition is an example of Plummer's genre of *coming out* stories and offers a further way of understanding the narratives in the context of contemporary Western society. Plummer (1995) and Czarnawska's (2004) guidelines were used to analyse the participants' emergent biographical narratives and Nvivo was employed to record the categories and codes within the framework of theoretical understandings and the research questions.

During transition participants were reflexively thinking about their intimate relationships (Gabb, 2008). The disclosing of my experience of transition to participants facilitated the telling of their stories through access to their subjectivity (Oakley, 1981). An understanding of the social construction of identities with their processional, ethereal and transient nature allowed better accounts of transition. Furthermore, as a researcher I was reflexively positioned in the text within a hybrid mix of critical feminism, the deconstructive epistemology and politics of queer theory, transgender studies and sociology and the reader is invited to participate in understanding transsexual transition in a familial context.

The political and logistical difficulties of gaining access to participants through GICs was abandoned in favour of access through support, information and campaigning internet based groups for trans people and their intimates. The issues of harm, confidentiality, consent for participants and how I protected myself from psychological distress were next discussed. Furthermore, the tension between the

risk of pain/suffering and the avoidance of producing an anodyne account of transition were addressed mindful of the political precariousness of transsexual people and their intimates.

Securing a demographically and geographically representative sample of participants was a significant problem in a small scale inquiry in the UK. The 77 people who responded, from a range of different sources, was a good response rate. However, only 23 people out of the original 77 respondents were able to form a transitional case study of greater than one person. Eventually 7 of these withdrew (3 said that their situation was too delicate to precede, the other 4 failed to follow up) and it was explained how this might be a result of the social positioning of transsexual stories which made them difficult to tell (Plummer, 1995). Eventually 15 cases (7 of these consisted of more than one individual, 4 of these consisted of 2 people and 3 of 3 people) were studied. Further reflection on these statistics revealed that 91% (70 out of the original 77) of the respondents had no other intimate who would agree to be interviewed.

The narratives produced by a non-statistically significant qualitative sample were generalised to increase knowledge about transsexual transition in a familial context and its impact on intimates. The demographic features of the population and the intimates/family groupings are modelled in appendix 1. The sample had 3 trans men and no cis men despite additional attempts having been made to improve men's participation through recruitment. Conflicts within masculinity and trans men's invisibility might have accounted for this limitation.

The age range of the sample varied from 23 to 80, transgender perceptions might intersect with age; older generations tend to associate gender non-conformity with homosexuality whilst younger generations are more aware of the heterogeneous nature of gender variance.

In the population studied the time span since making transsexuality known to familial intimates varied from 1 year pre to 22 years post-transition, this provided knowledge of how intimates' emergent emotions changed over time. The geographic dispersion of the sample suggested the use of telephone interviews with certain practical qualifications. The chapter ends with a discussion of quality validity and reliability issues and how knowledge gained from this study might be generalised to enhance understanding of transsexual transition in a familial context and its impact on intimates within the wider population of changes in sex/gender identifications.

Chapter 3 Transsexual Transition and familial intimacies

Introduction

In this chapter I investigate to what extent and in what ways transsexual people negotiated emergence into their desired sex/gender identities within familial/intimate relationships. Empirical, clinical and medical research enquiring into the effect of transition on familial relationships is sparse (Lev, 2004; Stryker and Whittle, 2006; Hines, 2007), moreover, Lev contrasted this dearth of research with that of the emerging interest in gender, ethnicity and sexuality in families. Brown's (2009) recent study focuses on the sexual relationships of sexual minority women (this was a term Brown used which was equivalent to Weeks et al.'s (2001) non-heterosexual women discussed in chapter 1) with trans men but it also asks what transition actually is and addresses the contestation surrounding when transition is completed. My research is empirical and seeks to address the detailed experiences of both transsexual and cis people as a result of transition. The effect of transition on intimacies was a key concern of gender theorist Judith Butler (2004b) who asked what would maximise a liveable life and minimise an unbearable life for transsexual people post-transition? My first research question: 'To what extent and in what ways do transsexual people negotiate transition into their desired sex/gender identities within familial/intimate relationships?' attempts to find answers to Butler's theoretical question.

The task of negotiation is positively interpreted by Gabb who argues, in her research, that family intimates 'are not passive recipients of social structures or functional patterns in 'doing family' but rather actively contribute to how these macro-conceptualisations of the family are inherited and shaped for future generations' (Gabb, 2006:4). Here she emphasises the interpretive and discursive nature of family interactions which she argues are contingent and flexible. Her argument leads me to consider that transsexual transitions might be negotiable within families/intimate relationships.

Transsexual transition follows a similar trajectory to *Coming Out* as gay/lesbian (Lev, 2004) but the processes are not completely equivalent so I first compare the two processes because the comparison is helpful for data analysis. Furthermore, some post-transition transsexual people might be considered normatively as gay/lesbian in their new identifications especially if they are erotically attracted to same sex people. I next examine the pre-transition fear experienced by transsexual people. The discussion continues to examine the strategies participants used to disclose transsexuality to intimates. I end by showing that transition was distressing, in some cases, for transsexual people and for cis intimates. The discussion prepares for the next chapter which addresses: the emotions experienced during transition; the factors that alleviate or exacerbate any of these emotions and what factors influence cis intimates' recognition of the transsexual person's new sex/gender identifications.

Transsexual transition

In the first chapter I discuss two models of gender variance, the transsexual

model and the transgender model, explaining that the former is based on gender reassignment surgery and the latter sees surgery as only one of the options available. The second model allows for more choice of surgical intervention (Denny, 2004; Monro, 2007; 2010). However, I argue that the models are contested in the UK where the dominant transsexual model is the psycho-medical pathway through transition (although, this model allows the possibility for trans people to negotiate choice over the extent of medical intervention) (GIRES, 2008a; b). Gender reassignment procedures including surgery are available through private treatment pathways and the NHS. Contemporary empirical research, in the UK, shows that some trans people remain in gender and sexuality binary norms but others challenge these dichotomies both in their private intimate relationships and with the public agencies of law and medicine (Sanger, 2010a:266).

I investigated transition with trans people who identified with the UK version of the transsexual model and I argue that the identifications of trans people are complex and mirror that of other non-heterosexual people. Weeks et al. (2001) found that their non-heterosexual research participants had variable and intricate identifications so I followed Weeks et al. and relied on trans people's self-identification. However, in doing this I was aware that transsexual transition is situated at the intersection of powerful conflicting epistemological understandings (see Transgender Studies section on page 62) The transsexual model tends to stigmatise transsexual people as mentally ill because it posits a trajectory to normality achieved through surgery (Kirk and Kutchins, 1999). Following this discussion, I refer to transsexual people rather than trans people except where the distinction is necessary to clarify meaning or when I refer to other literature.

Transsexual transition begins socially when a transsexual person makes it known that they intend to cross-dress or move towards living permanently with a new gendered and embodied identity. They embark on a change from an imposed and assumed sex/gender identity to the opposite sex/gender of Western culture (Lev, 2004; Ingraham, 2005; Jackson, 2005; 2007b). Identity transition might involve legal, social, medical and embodied gender markers (Brown, 2009) which, for example, may be: hair style, birth certificates and through to gender reassignment surgery. *GIRES* (2008a) gives a full description of treatment options that may be commissioned by the NHS for those diagnosed as transsexual women and men.

The end point of the transitional process is contested because it is influenced by a range of factors: ethnic, racial, cultural, social, financial, class, cost of medical treatment (in the UK, where health care is provided free at the point of need by the NHS, hair removal and replacement necessary for normative gendered embodiment is usually unfunded.), general health, religious views, sophistication of surgical procedures, therapeutic and medical treatment options, mental health issues, age, partner/marital status, geographical location and the cultural milieu (Lev, 2004; Brown, 2009; Rachlin, 2009). Sanger (2010b), for example, emphasises the importance of genital surgery for many of her research participants who were concerned to be socially accepted in their acquired sex/gender identifications.

Surgery is central to cultural understandings and embodied subjectivity and is a set of discourses and practices in the mediation between body and psyche (Doyle and Roen, 2008). (Doyle and Roen, edited a special edition of the Journal *Body and*

Society.) Doyle and Roen, along with the other contributors, are seeking to challenge 'the power of surgery to define the body. They explore alternative epistemologies as well as providing possibilities for negotiating clinical practices in the construction of self and subjectivity' (Doyle and Roen, 2008:2). Hausman (2006), for example, radically contests the use of surgery by transsexual people and aims to have it discontinued. Furthermore, the creation of a penis (phalloplasty) is a difficult, painful and risky procedure but, as I discuss in Chapter 1, many trans men feel a strong self-identification in their desired sex/gender and feel confident in their social identity and do not require phalloplasty (Cromwell, 2006).

Whittle et al. (2007) adopt a pragmatic end point to transition. They understand that transition takes place over a period of time and finishes when transsexual people are content that all of the procedures they require are complete. In this research, transition varied from 1 year to 22 years; moreover, my participants told of their varied experiences during transition. However, the significant point was when transition became known to intimates.

Transsexual transition has been considered as a similar process to gay and lesbian *Coming Out* but there are differences which are important for its understanding; which I now explore. Lev (2004:229-269) posits that *Coming Out* is a term used by gay and lesbians to inform others of their sexuality or their same sex preference; however, she argues it as a more complex process which involves: self recognition of sexual preference, adopting a gay or lesbian identity, informing others of their sexuality and usually having sexual relationships with members of the same sex. Viewed through the lens of queer theory (see page 62) *Coming Out* is seen a performative act of allegiance to the identity category gay/lesbian which forms a status group (Stein and Plummer, 1994). Nevertheless, clinical practice/research shows that transsexual transition has key stages such as: initial self-awareness, seeking out information and support relating to transsexuality, disclosure of transsexuality to intimates, exploration of the range of gender variant identities available, making known new identity expression (through exploration of gender identity presentation and body modifications) and integration of the new synthesised identities into social interactions (Lev, 2004:235).

For well-being, transsexual people like gay and lesbian people need psychologically to come to terms with their revealed identifications. Transsexual people are seeking to establish identification with the 'normal' opposite sex and gender and act contrary to institutional heterosexuality (Ekins and King, 2006). Lesbian and gay people similarly re-identify from a dominant heterosexual identification to a subordinate gay and lesbian sexuality. Contravening institutional heterosexual ideology often causes personal distress and discomfort for both transsexual (Green, 2006) and gay and lesbian people (Weeks et al., 2001).

Lesbian and gay people usually reveal their sexuality in order to seek same sex intimate relationships but these may remain private. Gagne et al. (1997) reported 'Telling others about their transgenderism is done primarily to lay the groundwork for greater expression, acceptance and legitimation, [sic], of a female identity and this is accomplished in public and in private interactions,' (Gagne et al., 1997:498). (I argue with Lev (2004) that it is reasonable to generalise Gagne et al's research finding for MTFs to FTMs.) Transsexual transition is more socially

orientated than gay and lesbian *Coming out* because transsexual people wish to express their inner sense of self-identification and desire to be socially recognised and accepted by others, especially their familial intimates. They may also seek intimate citizenship or institutional and public recognition of their sex/gender identification (Plummer, 2003; Hines, 2010b).

Gay and lesbian people have a choice as to whom they reveal their sexuality (indeed they often enjoy controlling who knows) because their outward appearance, gender, and social roles may remain relatively the same (Gagne et al., 1997). However, they are often forced, under immense pressure, to live precariously in two worlds, one of outward heterosexual conformity and the other of secret transgression (Weeks et al., 2001). Institutional heterosexual hegemony limits freedom to exhibit a non-heterosexual identification in public (Donovan et al., 1999) so, as Weeks et al. (2001) have reported, they are continually required to 'make an assessment of the amount of risks they will take to keep safe on the streets and in their homes; to keep their jobs and to maintain relationships with family of origin or heterosexual friends' (Weeks et al., 2001:185). Occupying this terrain is an exhausting and oppressive emotional position to maintain. Moreover, '[m]embers of minority ethnic communities, who are non-heterosexual, frequently have to balance loyalty to the communities of origin, which provides support against racism, however "traditional" their values, with attempts to explore their sexual desires and identities' (Weeks et al., 2001:186).

Transsexual people prior to transition may or may not have intimate relationships with others but if they do they may wish to hold onto these especially if these relationships are sexual. Intimacies are important for building a psychological sense of self in the new identification (Carsten, 2004) and affinity with intimates allows for personal agency in negotiation of these new identifications (Finch and Mason, 2000). The importance of intimate relationships for transsexual people post-transition is contrary to earlier clinical treatment protocols, which advised cutting of ties with all pre-transition intimates (Lev, 2004).

In summary, there are similarities and differences in the transitioning process for transsexual people and *Coming Out* for lesbian and gay people. Both have public and personal dimensions and there is a need to come to terms with their desired identifications, a process which may be distressing; however, but they have different motivations. For gay and lesbian people these may be primarily for sexual attraction and for transsexual people they are primarily for social acceptance of their emerging embodied identity. Both may come out for political and personal reasons, for instance, trans activists urge trans people to come out fighting and to form political alliances (Stone, 1993a; Feinberg, 2006). I argue in Chapter 1 that identity is a social process involving interaction with others so during transition when sex/gender identification changes, transsexual participants have to tell their close intimates, especially if they wish to preserve these relationships. The comparison of *Coming Out* and transsexual transition is used to facilitate analysis of the fieldwork data and to investigate Lev's (2004) stage model of transition. Moreover, during data analysis there was an awareness that trans people might wish (as Sanger (2010b) reports) to adopt non-heterosexual sexualities after transition.

Fear, anxiety and shame

After an initial period of confusion about sex and gender, most children recognized that cross-dressing and feminine behavior were deviant and, therefore, they tried to repress it and keep it secret. This suggests that as children begin to understand the binary gender system, they become ashamed of feminine or transgendered feelings, learn to hide their behaviors and become confused about who they are and how they fit into the world (Gagne et al., 1997:488).

The realisation that transgender people differ from the profoundly mandated acceptable gender behaviour of peers can often come at an early age and may induce fear, anxiety and shame. The anxiety experienced by transgender people (and children) prior to transitioning is an emotional response to the conflicting duties and responsibilities between what they feel inwardly and what they consider belong to their assigned gender. However, these induced feelings of powerlessness are similar for anyone who is faced with the inability to know what to do about a conflicting predicament (Smart, 2007). Furthermore, Smart argues that anxiety is often compounded by gender relations and social class and that it is also a characteristic of femininity. Furthermore, shame, a social sentiment, are also associated with social class (Sayer, 2005).

Lianne, a transsexual woman, described how her mother inculcated suitable gender behaviour:

Lianne: I first realised that there was something different about me when I was about 3 years old, which was pretty young for me and I started dressing up in women's clothes and being quite girly at that point, which my parents didn't like. [*um...*] They sort of put it down to being a youngster at the time and as I got older I carried on and mother got quite angry about it all and found a stash in my room [...]. I had to chuck it all out and then from that point on everything was done in secret.

The mother followed everyday understandings that young children are fluid around gender. I discuss, in chapter 1 Kohlberg's (1996) theory that gender is fluid for three year olds (see page **Error! Bookmark not defined.**). However, Lianne's sex/gender identification was, exceptionally, already fixed as female and feminine at three years of age contrary to Kohlberg anticipation. The mother followed an expected heterosexual trajectory in punishing what she considered to be Lianne's deviant and inappropriate gender behaviour. Consequently Lianne continued to act out her gender transgression in secret. Like other transsexual children, she was confused, ashamed and aware of her difference from other boys (Gagne et al., 1997). Lianne's childhood trajectory almost exactly follows that of other transsexual people, reported in Gagne et al.'s empirical study and Lev (2004) and Brown's (1996) clinical experience.

Steven, a transsexual man, explained the intense feelings he had as a child. He had a close twin sister and described how he first became aware that his body was undesirably developing in the same way as hers. He wanted his body to develop following the trajectory of a normal boy, not a girl. He felt that he was misunderstood as a child and teenager:

Steven: My sister and I have been very close and as we kind of grew up together. [...] I saw her body changing and it never occurred to me that mine was doing the same and somehow I managed to deny my own body right the way through my teens. I had problems because I was cutting myself. I started self-harming when I was 8 and I couldn't tell you why at the time. [...] At that time I was always able to do my own thing, play football with the boys, hang out with the lads, whereas when I moved from the village to the town we had an all girl's school and the school uniform arrived and we had all that kind of very specific [...] Suddenly the boys in the school were able to play football with each other and the girls were not and I was very aware at that point that there was something wrong [...] I was tremendously lonely, I really was. I tried a very feeble attempt to kill myself when I was 16. I ended up in a psychiatrist's room for an afternoon and then being dragged along each week for a month or so [...] I mean I wasn't in any position to talk about it and I am sure that they weren't, they probably would have thought that it was more to do with being gay more than trans [*um...*] because it was quite clear that I was masculine.

Steven did not understand his feelings at 8 years of age, (it would appear neither did anyone else). Nevertheless, he was able to recall that he liked boys' preoccupations. At first, his experience of children's play was non-gendered but after moving to the urban setting, it became gender segregated. Gender play separation and the usual body development caused Steven to become distressed. He began a long period, of more than 8 years, of self-harm culminating in an attempt to end his life at puberty because he did not want a normative young woman's embodiment.

Steven's body was, in Western culture, socially understood to be female but he felt that he was male and expressed this through his masculine play and behaviour. He transgressed the learned norms of heterosexuality that a female body should correspond to feminine behaviour (Ingraham, 2005). In this way, Steven stepped outside the dominant hegemony of heterosexuality. He was refused the understanding identified by Shapiro that 'gender is a direct product of biology and carries with it natural and eternal differences between men and women' (Shapiro, 2010:16).

Steven's perceived strange behaviour resulted in him being deemed to have a psychiatric problem because he did not conform to the ideological structure of heterosexuality; a finding also identified by Denny (2004). The shame induced by his conflicting desires caused him to suppress his anxieties and he was silenced. Steven explained, to me elsewhere in his interview, how he released his emotions whilst in the school sixth form through, 'free flowing musical compositions'.

The rigid enforcement by the school of adult gender patterns had devastating consequences because schools are places where conventional gender experiences are constructed and other 'gendered experiences are silenced' (DePalma and Atkinson, 2008:xii). Whittle and Turner et al (2007) confirm transgender children's silence and the bullying they experience in schools. These researches posit that schools that rigidly enforce the dichotomous gender boundaries may be traumatic and stressful places for young gender variant people. Furthermore, they report that

these adverse experiences may inculcate academic underachievement with possible serious consequences in later adult life. Steven did not appear to have been bullied but he internalised his distress which led to a suicide attempt.

Michelle, a married transsexual woman, transitioned in her fifties after struggling for many years to contain her inner feelings of wanting to be a woman whilst she simultaneously lived outwardly as a married man. She told an elaborate story about how this all became too much for her to contain. (I have truncated it for brevity, see appendix 10 for the full story). Her wife was working away from home whilst Michelle managed a bookshop in the city which was their primary home. She had been restless for a while and knew something was about to happen so when she returned from work one evening and was alone at home:

Michelle: I just knew [...] I had to sit down and watch a film that I had seen about ten times one of my favourite films *You got Mail*. There were lots and lots of parallels in this film.

She saw how this film mirrored her own life because the woman protagonist worked in a bookshop which closed down making her redundant. Michelle continued to explain how she broke down whilst watching the film:

Michelle: Normally whenever I got really emotional I was able to hold it in again and put that in a box and what happened was that she, in character, crying on the screen with all these parallels with my life suddenly it all came out. I had no control and I started to cry for her and her character and then it was very obvious that I was crying for me. [...] I never cried like that and this was worse, completely out of control and I couldn't stop it. Every time it subsided then it started up again [...] I guess the fact that I was on my own was important for me; to be able to do this with Sandra not being there. [...] That was the start and I just knew that I had to sort myself out.

Michelle's experience of her own redundancy resonated with the film and this compounded with the pre-transitional distress caused an emotional break-down. The tale had parallels with my life when I left the job I loved as a senior manager running a secondary school. I too was forced to leave but in my case it was because I was near to making the decision to change my life and transition. Even though Michelle had a distressing experience she was not driven to attempt suicide as both Steven and I were. I vaguely remember overdosing with antidepressants during the early 1990s and recall driving to hospital to have my stomach pumped out. I went through a long period of despair fearing the consequences of transition upon my relationship with my spouse and children. My trajectory was like Michelle's we both followed Hine's (2007) empirical findings that professional and relationship commitments delay transition (Hine's research is considered in Chapter 1).

It seems that Michelle used the elaborate story to moderate the outpourings of her feelings. As she told me the tale, I was close to tears because her distress resonated with my own post-transition feelings. Michele's anxiety was induced by strong connections with her career (Smart, 2007). Steven, Michelle and I were trying to live in the naturally accepted way appropriate to our originally assigned

biological sex, Steven as a woman, Michelle and I as men; furthermore, we denied our suppressed feelings of cross sex/gender desire keeping them secret for as long as possible (see also Brown, 2006). Each of us eventually realised that we were becoming overwhelmed and needed to do something about this (when eventually we understood what was happening) which precipitated transitioning (see also Connell, 2010). Nearly all of the transsexual people I interviewed spoke of the fear of revealing their inner feelings.

Melissa was 42 years old and started her transition 10 years ago but she had first heard of transsexualism when she was about 6 or 7 years old in about 1973. She had become aware of the story of the famous transsexual woman April Ashley (Ashley and Fallowell, 1982)⁹. Melissa told me about her mother's reaction to the story:

Melissa: It was something to do with the divorce case but she wasn't saying it was disgusting the way that April Ashley was treated, she said, "it was disgusting that men pretending to be women", those I think are her exact words.

So her mother made it explicitly clear that transsexual women were disgusting and began criticising and sanctioning Melissa's feelings when she was a child. The effect on Melissa was similar to that of the others quoted above and like them her mental health was adversely affected and continued to be for many years post-transition. She told me that:

Melissa: My mental health is a lot better; I still have some sleep problems, as I said, with quite violent dreams. My mental health has much improved [um...] One of the really positive things for me about transitioning was that it was a huge weight that had been lifted from my shoulders.

Melissa was sanctioned as a child because she transgressed heterosexual norms which precipitated mental health problems which had recently improved, however, she still had sleep problems. It may be argued that these symptoms were the *sequela* of the 'social denigration' (Lev, 2004:4) by her mother and father (she had previously told me that not only was her mother disapproving but that her father had been extremely violent), during her early life, rather than a gender non-conformity induced psychiatric illness. Revealing her inner feelings and transitioning was a relief but the trauma resulting from keeping them secret for many years continued post-transition. The experience of distress inhibited the integration of her new gender/sex identifications into her social interactions. Melissa's concerns resonated with other research: 'many expressed concerns about how the news that they were transgendered would affect those close to them. These concerns typically centred on one's family, both nuclear and extended' (Gagne et al., 1997:496). Melissa's data is

⁹April was English, a restaurant hostess and later a successful fashion model who was exposed as transsexual by the Sunday People newspaper in 1961. She was married to the Honourable Arthur Corbett who successfully had the marriage annulled on the grounds that Ashley had been born male. This set the precedent for the legal status of transsexuals in the United Kingdom until in 2004 the UK GRA came into force.

important because of its implications for intimate relationships post-transition.

Strategies of emergence

Declaration of transsexual identity

Lev found that 'Disclosing to significant others and family members is almost always a terrifying prospect for the transgendered person. They fear rejection and abandonment from those who are most important to them' (Lev, 2004:249). The fear conflicts with the desire to realise the inner sense of sex/gender identification. Furthermore, faced with this predicament, transsexual people are eventually compelled to consider how they might make it known that they intend to transition and how they might deal with the associated risks of possible pain and social stigma (Green, 2006).

Debbie told me how her sister Samantha revealed that she was transsexual through an announcement at Christmas:

Debbie: I don't know if it was Christmas Eve, Christmas Day or Boxing Day. She said that [um...] He came into my room and said he was ready to tell me what it was [um...] So we then sat down on my bed [um...] and he looked me in the eye and said I am trans, and I just felt the biggest sigh of relief because I had been thinking what the hell is it and if he had said, 'I'm, joining the BNP or I am converting to Islam,' or something, that would be something which changes the person, shows he is not the same person I thought he was. It shows that their values are different as far as I was concerned. He went straight on to say 'I am still the same person, I still like movies and I still like Chelsea football club.' She loves football always has and still does [um...] She is a mad Chelsea fan which means that now I have to be one, but I can never be as much a one as she is obviously.

My experience of family at Christmas is that it is a time of emotional disturbance; moreover, Debbie knew that Samantha was distressed but did not know that she was transsexual. Samantha had tried to ease the revelation of her transsexual identity by stressing her other identifications which remained the same irrespective of her need to identify as a woman. Debbie identified as a lesbian and didn't seem to be too upset by Samantha's transsexuality. Nevertheless, she used male pronouns for Samantha. This might be because changing her habitual way of addressing her brother was difficult now that she had become Samantha. (I also found that, at the early stages of transition, close intimates who knew me in a male identity found appropriate pronouns difficult even though they assured me that they were trying. I sensed that they were genuine in their endeavours.) Furthermore, Debbie's interview was at an early point in Samantha's transition and Samantha might have been at an in-between stage between normative sex/gender with a residue of male/masculine embodied signifiers (Kessler and McKenna, 2006). She/he would be perceived as partly man and partly woman. (When I was at this stage in my transition I was referred to affectionately as Claire/Ray; Ray was my male name). Moreover, Debbie might have used *he* to refer to historical events in their lives pre-transition; and *she* for post-transition events. Debbie didn't appear upset by

Samantha's change in identifications and did not need to express her grief through anger in the same way as another cis participant Sally (Sally was the ex-wife of Steven/Stephaney and she always angrily used male/female names.) Debbie was reassured by Samantha's other identifications which remained constant and could be shared. Debbie was even prepared to become a Chelsea supporter to maintain their sibling intimacy. Samantha hoped that her other identifications would mitigate her announcement and help develop her new sense of self identity (Carsten, 2004). Having a new sister with many of the aspects of her previous brother was not too problematic for Debbie, a lesbian, and their sibling relationship was able to continue.

Sandra discovered her husband's (Michelle) transsexuality when she came home from work early and discovered him cross-dressed in the bathroom. She was confused by the discovery and mistakenly associated it with him being gay:

Sandra: Wednesday was traditionally half day closing [...] I came home early from work one Wednesday and Michelle was in the bathroom so I pottered around, made a cup of tea. Michelle was still in the bathroom and time goes by and I said 'are you all right in there, are you coming out?' and [she said] 'I am just sorting things out.' In the end I shouted, I sort of got angry and said, 'look, if you're not going to come out or you are sick you need to tell me what's going on.' Michelle came out of the bathroom and she had all of my clothes on. I was devastated. I have to say it was such a huge shock and I didn't understand and she got terribly upset as well. He hadn't realised that I was going to come home and I in effect caught her, so I made her take everything off. Because I mean this was something that, especially at that period, there was not any understanding of what this all meant. As far as I was concerned at that point I had married somebody who was probably gay.

Sandra told me, earlier during the interview, that she had a half closing day every Wednesday so it was credible that Michelle would have been expecting her. It was possible to interpret this discovery as intentional by Michelle, her way of disclosing to Sandra that she was transsexual. Sandra found the announcement traumatic and confusing. Instinctively she presumed 'he', Michelle, might have been gay. Transsexuality was often misunderstood during the 1970/80s and it only became publically visible during the 1990s (Stryker, 2006; Sanger, 2010b). Sandra and Michelle were approximately my age and I did not know about transsexuality until I was in my thirties during the 1980s when many people associated it with being gay. The association probably had its origin in psychiatry where transgender and homosexual phenomena were historically conflated by Richard von Krafft-Ebing (1840-1902), an early sexologist. Later transsexuality was often confused with homosexuality and transvestism (Hirschfeld, 2006).

Sally, the ex-wife of a transsexual woman, worked as an information technology project manager. She discovered her husband's (Steven/Stephaney) transsexual explorations on the internet and she was still struggling with her anger evinced by the fact that she usually angrily referred to him/her using parallel gendered names. Steven/Stephaney had been concealing his/her transsexuality from her for some time but she eventually forced him to disclose his hidden identity in a distressful utterance. He/she was not able to hide it any longer and Sally's forceful prompt precipitated the revelation:

Sally: Then eventually I started coming home and finding he had been clicking on gay.com (<http://www.gay.com/> [accessed 27/11/2009]) and stuff like that and I said [...] ‘you are not gay so what’s going on.’ Eventually[...] we went out for dinner, [...] and I kicked him ‘what’s going on, going on, I don’t understand, you are not talking to me,’ and he said ‘I think I need to be a woman, I need to change sex, I am not happy, I cannot go on like this,’ [...] Finding him on gay.com was a bit a bit weird. [...] What I think he was doing was pretty much what you were doing, working out where and what his fate was and the internet was almost a tool because he said something like, [...] ‘I have realised that there are other people like me’ [...] You are on your own and suddenly you’ve got the internet and you’ve got a community.

It was quite likely that Sally’s husband, who was approximately 10 years younger than Michelle, would have been discovering his/her transsexual identity during the mid-1990s when transsexual support groups started to proliferate on the internet (Whittle, 1998; Lev, 2004; Hill, 2009; Shapiro, 2010). It could be interpreted that Sally immediately thought that her husband was gay and didn’t consider transsexuality. Mirroring Michelle, Sally’s husband might well have been trying to reveal his transsexuality indirectly to Sally through his/her apparently careless use of their home computer because he/she would have been aware of Sally’s computer literacy. He/she might additionally have been trying to explore the range of gender identifications, gender presentations and body modifications available, as identified by Lev (2004).

Oscillating: moving to and fro across sex/gender dichotomies

Other transsexual people explored their identity by experimenting with moving to and fro across the dichotomous socially enacted sex and gender boundaries. James was a 23 year old who identified as a transsexual man who explained how he first became aware of transsexuality through watching a documentary. He started heuristically investigating his male identity whilst he contemplated transition. He was still normatively assigned as female; moreover, because he had been a girl for most of his early life he did not know how to be a boy. He was concerned about these trials but at the same time was becoming more and more aware that his desire to be male was not going away; he felt a male identification would make him happy:

James: I watched this documentary and I started experimenting and different stuff and wearing. I think I cut my hair a different way, a slightly more tomboyish style [...] I kept going, the last few years, kind of getting slightly more and more male clothes. I was trying to experiment with my personality as well. I kind of felt like for so long I had rewired my brain to act like a girl, how to walk like a girl and then it was almost like, really, really, confusing for a long time. So I kept experimenting and I kept flirting with the idea of transitioning [...] [It became] more and more inevitable that I would have to do something about it because it wasn’t going away. I wasn’t sure whether I was androgynous or male or how far to go with it. I was a bit confused with trying to be a girl.

James was exploring being a man through minimal embodied modifications whilst at the early stages of transitioning (Lev, 2004). The documentary inspired him because he became aware that there were others like him. His gender variance, at this point, was situated between the socially understood binary sex and gender; he struggled whilst alternating between these two normative understandings. Generally identities are fluid and people may often move fairly easily, if not unconsciously, between their various identifications institutional heterosexuality specifically prohibits changes in sex/gender identities. (I argue in Chapter 1 that these are normally primary fixed identities.) James would be aware of the hegemony of institutional heterosexuality through his social interactions as a trans man; however, his positioning still caused difficulty. He simultaneously tried to make sense of himself and present himself to others. Furthermore, he mentioned his 'brain wiring' which I suspect was because of awareness of the psycho-medical discourse concerning transsexual etiology (GIREs, 2008b). He was picking up on the 'wrong body' narrative which has become, virtually by default, the definition of transsexuality (Stone, 2006:231); however, this discourse allows James some agency (Prosser, 1998).

Nigel was a transsexual man who lived in the UK whilst his mum and sister lived in the Far East; he phoned them every month or so to keep in touch. One summer holiday when he was at university he went home to see them. He grew a female hair style and tried to be more feminine for the occasion simultaneously realising that this might compromise his transitional project. He was struggling between on the one hand his need to be male and on the other his family's need to be reassured that he was female. His dilemma was similar James' discussed above but possibly exacerbated for Nigel as the only son in his traditional family. A normative function of the family is to institutionalise heterosexuality's hegemonic schema which does not allow sex/gender transgression (Butler, 1993; Namaste, 1994; Foucault, 1994 [1981]; Cromwell, 1999; Gabb, 2006; Hockey et al., 2007; Atkinson and DePalma, 2009; Fee, 2010; Sanger, 2010a).

In his early professional life Nigel had presented as androgynous, tending more towards male; at medical school he humorously played with this gender ambiguity whilst he explored variation in his embodiment. He easily oscillated ('moving backwards and forwards across the gender border, only temporally resting on one side or the other' (Ekins and King, 2006)) between being male socially with friends and female professionally at work. 'Transsexual men are able to integrate into mainstream society through employment and social relationships. Their natural masculinity (enough by itself in many cases), combined with the external effects of testosterone, renders them virtually undetectable in most social situations' (Green, 2006:499). Nigel had not started using testosterone, however, he was of Far eastern origin and Beth (his female partner) told me that she perceived his body to be androgynous; her gaze was from a Western understanding. Furthermore, a GIC advised him that he should protect his career and register professionally as female before he transitioned. Paradoxically this advice was based on an assumption made by clinicians, in the gender clinic, that the medical establishment might adopt a conservative perception of transsexual medical practitioners. (Nigel told me much more about this issue but I shall not discuss it further as it may have compromised his confidentiality.) He described his situation:

Nigel: I had the usual short hair. I tried to grow my hair longer to please my mother and not give her a heart attack and I did try and conform, in a female role as much as I can when I am back in Far East [...] I used to get hauled up, when I was in hospitals, with old style consultants dragging me to one corner and going 'son where is your shirt and tie.' 'I'm a girl' [and they said] 'oh I am sorry.' With close friends I could be comfortable with being much more androgynous in a male role [...] In university and with family you presented yourself as something a bit more palatable. The other advice they [I think it was the GIC], had given me was that in order to make life a little bit easier for myself, in terms of my career, was to actually get myself professionally registered first of all and then consider transitioning. Well I thought that that was pretty sound advice because, I suppose in my head, my career came first before anything else. So I was in limbo for years [...] I had registered professionally and I thought let's get something sorted and I went to the GIC and was advised to go full time as male and that meant *coming out*.

Nigel oscillated between the dichotomous genders for a number of years presenting both male and female (mostly he enacted a male gender). He was able to do this quite easily because of his Far Eastern embodiment which was perceived as androgynous in Western culture. However, Louie (1994) has cautioned against translating Western paradigms of masculine gender into Far Eastern culture. He adopted a female gender for his family, primarily his mother, so that he could negotiate his new male identification with them in their Far Eastern milieu. Moreover, he oscillated for professional reasons because he felt a strong attachment to his career (Smart, 2007). He was balancing the demands of his family and career against his need to express himself as male. Hines (2007) also found that some of her research participants engaged in this internal bargaining process of balancing career and family commitments with the need to transition.

Experimenting with androgyny

Androgynous sex/gender presentation was not as easy for MTF participants. Kaitlyn told me that a few days after her transsexual daughter Daniela revealed her transsexuality they went to a party. Daniela appeared androgynous, tending towards feminine, but Kaitlyn found her appearance odd and weird:

Kaitlyn: We had this party with friends. He just kind of trucked around and said 'I am going to come out and look a bit different' and he came to the party not dressed as a guy but as a girl, kind of androgynously a little bit. He had girl's trousers and a shirt that just looked odd on him. The first year he was doing this he looked kind of weird.

Generally, it is easier for transsexual men to present themselves in a way that is socially acceptable for a male, than it is for trans women, like Daniela, to present socially as a recognisable woman (Lev, 2004; Kessler and McKenna, 2006; Whittle, 2006a). Kaitlyn's extract illustrates that although Daniela attempted to present herself at a position between feminine and androgynous it was less acceptable than it was for James and Nigel who were transsexual men. Kessler and McKenna report

that 'In order for a "male" gender attribution to be made the presence of at least one "male" sign must be noticed and one sign may be enough especially if it is a penis. It is rare to see a person that one thinks is a man and then wonder if one has made a "mistake." However, it is not uncommon to wonder if someone is "really" a woman.' (Kessler and McKenna, 2006:176). Kaitlyn said Daniela looked odd which was different to how Melissa's mother had reacted using savage language (see Melissa page 115). Nevertheless, Daniela might have been at risk of violence from strangers (Cromwell, 2006), I discuss this more fully in Chapter 1.

Outside sex/gender norms

I was told that Lianne needed to be feminine and be identified as a woman but I sensed that she was fluid around her gender/sexuality identifications:

Tracy: I think she [Lianne] likes to look like a gay woman. That's what she is after, she's not definitely female and not androgynous [...] She's almost after a very slight androgynous role, but in a sense that goes with some gay women. It may be a boyish look but definitely you would know that she is a woman.

Lianne identified as female (8 years into transition) but she was simultaneously trying to present socially as a lesbian and as a woman in her relationship with her female partner. They both went to great lengths to hide Lianne's transsexual history preferring to be seen as a lesbian couple in their new community; they did not want to be perceived as a lesbian living with a trans woman. In doing this they followed the values of various sexual practices in Western culture, where heterosexual marriage is positioned as the ideal state followed closely by monogamous lesbian and gay relationships; transsexuality is posited as less desirable (Rubin, 1984). Lianne wanted to present herself as a boyish lesbian by publically privileging her now conventional sex/gender identifications over her sexuality. In an everyday sense Lianne was contradictory but transsexual people blur the expected mappings between of sex, gender and sexuality in complex ways (Hird, 2002; Hines, 2005; Heyes, 2007; Monro, 2007; Sanger, 2008; Sanger, 2010b).

Children learn at an early age to attribute their own sex/gender (and that of others) on the basis of clothing (Cahill, 1989) and they imagine cross-dressing an accessible means of gender exploration (Gagne et al., 1997). Michelle was a 60 year old transsexual woman when I interviewed her 80 year old mother Mary. Michelle experimented with cross-dressing in the presence of her mother in an attempt to gently open a conversation about her female transsexuality. Mary recalled what happened during the visit whilst Michelle was wearing her wife Sandra's watch and a pink dressing gown:

Mary: I noticed that she had a female type watch, a small watch, on and I said 'you've got quite a small watch are you happy with that? Is it one that was Sandra's and you are wearing it because yours is broken,' and the answer was 'no I like the watch.' Well ok 'you like the watch.' I noticed the dressing gown that she was wearing at the time was pink. She wanted to tell me something and then she would shut up. I thought perhaps that they had got

into money difficulties or something and that she didn't like to say but I knew, eventually she would.

Michelle's exploration of gender identity presentation together with a moderate but explicit cross-gender appearance was a technique she had used successfully on a previous occasion when she wanted to reveal her hidden gender identity to Sandra. On both these separate occasions Michelle, her mother and Sandra (her ex-wife) were emotional. Michelle told me about the occasion with Sandra:

Michelle: Well initially I didn't want to say anything, I wanted her to work it out without me having to verbalise it. I grew a beard and I never shaved the beard off. Suddenly overnight or in the space of a couple of weeks [it was] not much more than designer stubble. I was obviously shaving it off and I was hoping that by cutting it back Sue would slowly work out what was happening. That's when we started to talk about it and she got very upset because we both cried.

Michelle had been to Charing Cross Hospital, the first GIC in the UK, to seek help with her transsexuality. She told me that the visit had been a disaster (see appendix 10) so when she returned home she re-entered a period of self-denial and decided to display hyper-masculinity by growing a beard. (Many trans women do this in an attempt to conceal and deal with their cross-gender feelings (Brown, 2006)). Later she removed the beard in an attempt to disclose her transsexuality to her intimate as she moved towards a less male embodiment. I can remember many years of cross-dressing from my early childhood and tentative attempts at using Michelle's technique to reveal glimpses of my hidden identity to my extended family (I used shaved limbs and adopted normatively insignificant female adornments). Michelle and I used a cross-dressing and slight changes in embodiment to disclose our gender/sex identification/s. These attempts were ignored by cis others even though they precipitated questioning thoughts in their minds; as Mary had expressed above. Mary's wilful denial of Michelle's cross gender behaviour is an example of how the transsexual world is silenced by the institution of heterosexuality (Stacey, 1991; Hall, 1996; Stryker, 2006; Hockey et al., 2007).

Negotiating new sex/gender identities

I shall next examine how other research participants actively engaged their intimates in the early stages of their transition.

Christina told me how she and her spouse Kimberly incidentally introduced the topic of Kimberly's MA dissertation in social work to initiate (with her family) discussion of Kimberly's transsexual identity and her concurrent movement towards being a woman:

Christina: When Kimberly was doing her dissertation, which was on the social construct of gender, we began to talk to family about the social construct of gender and about people who were transgendered. Then as we had a couple of conversations with people and then say 'actually I have something personally invested in this research' and use that as a way of beginning to

explore with family what was really going on.

This intimate couple were using a MA course work assignment for 'social reincorporation' (Plummer, 1995) of her new identification within the family. They used the academic understanding of the social construction of gender (Shapiro, 2010) to negotiate Kimberly's changes. Kimberly had similarly initiated a discussion with Christina about the confusion she experienced over her hidden transsexual identity:

Christina: Kimberly did some drawings, self-portrait drawings, when she was struggling with herself, something she has often done is art work. She showed me this art work which showed her as having the sexual characteristics of both male and female, which was quite interesting. We didn't really talk about it very much but said 'that's interesting' [...] At that point, we didn't really understand anything about sexuality and gender as being different, I suppose many people don't.

I continued to probe this more in the interview in an attempt to find out if Kimberly's gender and sexual confusion was an intersex condition:

Claire: Is there any biological basis for that?

Christina: No

Claire: I mean the physical features.

Christina: Yeah.

Claire: So it was more a feeling she had then?

Christina: Yeah.

I was intrigued to find out if there was any essentialist biological basis to Kimberly's transsexual identity whilst trying to unravel some of the confusion that they were experiencing as she explored her identity. In the course of their interviews I realised that they did not articulate understanding of the differences between sex, gender and sexuality; this was because in the extract above Christina refers to sexuality and gender as being conflated. In everyday understanding it is sex and gender that were usually understood as one (Shapiro, 2010), (Shapiro explains that they were not separated until they began to be scrutinised, primarily, by feminists in the mid-20th century). Sex/gender/sexuality identity confusion is not unusual at the early stages of exploring gender variance (Lev, 2004); furthermore, transgender people disrupt the usual linkages between these identifications. It might also have been that Kimberly was trying to use a, biologically essentialist, brain sex (Zhou et al., 1995; Kruijver et al., 2000; Whittle, 2006a; GIRES, 2008a; b) theory to locate her bewildered feelings about her emerging understandings. In addition to the uncertainty there was also an early attempt to disclose to Christina Kimberly's inner desires concerning her transsexual identification.

When Nigel was beginning testosterone injections at the beginning of his medically supervised transition (the medical procedures available for trans men including testosterone treatment can be found in (GIRES, 2008a)) he ritualised the event by involving his partner Beth:

Beth: He had said something in the text [a mobile phone text] like, 'this is your transition as well and I don't mind waiting if it makes you feel more comfortable about it,' which I thought was really good. I am sure a lot of people would have been just excited about it. They would have wanted to get it done straight away, regardless of what other people felt about it. So yeah, I was there for the first injection and I was glad that I was there but it wasn't really a big deal, I suppose, because nothing changes at that instant.

He was effectively negotiating his new identification with his partner by enlisting her help; in this way they had engaged in the endless series of choices associated with contemporary intimates (Giddens, 1992); even though transsexual transition was a novel situation. Furthermore, Nigel involved Beth proactively in managing the parameters of their changing intimate landscape (Bauman, 2003) by enlisting her participation in the medical process. Nigel felt that this strategy was important to realising his emerging male identity (GIREs, 2008a).

However, Beth told me that Nigel had found the negotiation of his new identity with his mother and sister more difficult:

Beth: His family is nearly all in the Far East. He made a special trip home to speak to his mum before, he started the hormones. I don't think it was a huge surprise, in a sense, because he had always been kind of boyish but she probably just thought that he didn't mean to do anything about it. It is very much sort of, put your family first, put your career first and your happiness isn't important. I suppose it's a kind of Eastern outlook on life.

Nigel had adopted Western values of individualism and self-autonomy which meant that his attempts to change his sex/gender identifications were in tension with his family's more traditional Eastern understandings of the *self* based on 'family duties and intergenerational reciprocity' (Chambers, 2012:187). Nevertheless, his efforts were successful because later on in the interview Beth was able to tell me that his mother had responded to his opening negotiations:

Beth: But this summer his mother is apparently coming to visit us. I have never met her before and that is a big deal. It will be the first time that she has seen him since he has started transitioning so it will be a big deal for her too. Well, at least, if she is coming to stay with us that is a massive step forward. I think Nigel was expecting it to be much worse and that none of his family would talk to him to him again, which luckily hasn't happened.

He was fearful and anxious because of the tensions between his needs and what he perceived were those of his family. Even so, he was competently managing negotiations with Beth and his mother by putting considerable effort into actively engaging them in the initial stages of his transition to a new male identity. His effort was worthwhile and they were responding positively. Nigel's negotiations with Beth reflect many medical research and clinical findings concerning the viability of relationships between transsexual men and their partners (Lev, 2004):

Although transsexual men (FTMs) and their relationships have been studied less frequently, the literature has often noted the longevity and stability of

relationships between FTMs and their female partners (Pauly, 1974; Steiner and Bernstein, 1981; Lothstein, 1983; Fleming et al., 1985; Steiner, 1985; Kockott and Fahrner, 1987) and that partner involvement implies positive outcome for transition (Blanchard and Steiner, 1983) (Lev, 2004:278).

However, Brown (2009) refined Lev's findings arguing that most studies of FTMs and their partners were post transition whilst Devor (1997) reported that only 50% of FTM pre-transition relationships survived transition. It would appear that Nigel and Beth were doing well at this early stage of his transition but it remains to be seen how Beth ultimately responded to her loss of lesbian identity in relation to Nigel.

Pruning aspects of the self

Elizabeth, a transsexual woman, had transitioned and subsequently found a male partner, Harry, who she then helped to realise his business dream. She explained what happened:

Elizabeth: We bought the business premises and that has been nonstop. It was my idea but his dream. I have devoted everything in my life for him to have his restoration company and to work with old cars. It's kind been tough for me, I have literally laid everything out for him and I don't think I have got much back.

Her commitment was in exchange for his acceptance of her new identifications. However, she was beginning to question this level of dedication and doubted whether the relationship was worthwhile. She also told me that she was concurrently examining her sexuality in order to negotiate a new intimate relationship with a woman:

Elizabeth: I have got a friend Isabel; she is a psychotherapist which is quite interesting. I am having lots of problems with Harry and she helps when I get upset because he can't emotionally handle it. I think I am a little bit bi-sexual. I quite honestly admit that, at the very least, I am emotionally. Because I spent six years with a woman and we had great times. I don't think it's the physical side, I mean I did prefer men but I don't think [um...] I think I am capable of being bisexual, definitely emotionally, because I have always had close female friendships and I think it is conditioning.

In both situations she thought about putting the needs of her intimates, Harry and Isabel, before her own in an attempt to gain acceptance of her transsexual identity. Elizabeth was considering whether integrating her gender/sex identities into her intimate relationships was more important than her sexuality but she was confused about both intimacy and her sexuality. This may have been because she was still coming to terms with her new sex/gender identity and an intimate relationship would have helped her to establish a sense of herself as a woman. In the summary of the literature review I discuss how intimacies are important for building a psychological sense of self in the new sex/gender identifications (Carsten, 2004). Her strategy of

pruning some aspects of herself to gain acceptance of intimates reflects the findings of other researchers (Williams, 2004a; Hines, 2007). However, the strategy might have been precarious because it withheld part of the self which I felt was an important aspect of her new sense of identity.

Confidence in new identities

I shall now return to examine the more public dimensions of Nigel's disclosure of his transsexual identification. He was open about his change in identification at work and confident in his male identity since he no longer felt it necessary to hide his female past:

Nigel: I am open at work because people at work know I am trans, I can't be bothered after a while. When they say 'what school did you go to?' [I reply] 'I studied in a convent when I was in primary school.' How do you go about covering that one up?

Nigel worked in a prestigious medical occupation that gave him the power institutional heterosexuality bestows on masculinity (Connell and Messerschmidt, 2005); he felt secure and confident in his perceived male identity (Cromwell, 2006). This positioning enabled Nigel to enact what Connell might describe as a stereotypically dominant masculinity, which involves not worrying about how he is perceived. In his work context Nigel confidently integrated his newly synthesised male identity into his social interactions (Lev, 2004) but his actions differed from mine because I was comparatively situated as a less dominant woman.

Returning to consider Lianne, a transsexual woman, who more complexly demonstrated this post-transition confidence:

Claire: I suppose people see you as a lesbian couple?

Lianne: Yeah we are, which is kind of weird, but it allows me to still have a masculine side as well, to an extent. So I can still mess around on my bike, still do my sports and stuff. People don't see it as anything weird, so that's fine. Tracy likes to be a little bit masculine anyway, so we are seen as a lesbian couple. In a way, that was quite a weird thing to get used to. You go from a transgender label to a lesbian label.

Lianne was certain that her embodiment and gender were consistent and she was socially decipherable as a woman so, as a consequence, she was able to adopt a stereotypical boyish lesbian identity. Furthermore, she saw this identity as allowing her to 'mess' with her bike and undertake sport. This identity position allows boyish lesbians to undertake masculine activities and transgress heterosexuality schema for sex, gender and sexuality (Hird, 2002; Hines, 2005; Heyes, 2007; Monro, 2007; Sanger, 2008; Sanger, 2010b). However, she found establishing a new identity as a lesbian strange and bemusing.

Passing

I next consider some transsexual participants who felt that they needed to behave in a gender appropriate way in order to pass or successfully integrate their new sex/gender identifications into their social interactions ((see Garfinkel, 1967) and the glossary).

Elizabeth told me how she was accepted as Howard's girlfriend by many of his wide circle of friends:

Elizabeth: It's nice to be treated, at a level, by people who don't know. Howard is known by hundreds of people, he has a massive social circle and they all accept me as his girlfriend. That's it and it doesn't go any further. It's nice not to be a freak but at the same time, on the flip side of the coin, you also need some degree of acceptance. You have, at least, to be doing what normal people are doing. Yeah that's the key.

Howard's friends were unaware of Elizabeth's transsexual identity because she was doing what normal women would have done if they were Howard's girlfriend. In her everyday life she was struggling to articulate what Judith Butler (2004b) theorises: whilst critically interrogating gender norms she had to live at a day to day level of normality to be socially accepted. She was forced to adopt the expected understanding of gender: Butler (2004b) argued that 'the critique of gender norms must be situated within the context of lives as they are lived and must be guided by the question of what maximises the possibility for a liveable life, what minimises the possibility of an unbearable life or indeed, social or literal death,' (Butler, 2004b:8). For daily personal psychological stability one needs to moderate gender transgression otherwise there is a risk social ostracism and possible physical violence. Butler warned that this compromise might lead to death because of the psychological distress experienced as a result of misrecognition. Butler had been greatly influenced by the tragic death of the subject of her study David Reimer (see literature review).

Melissa was 10 years post-transition and recognised the necessity to live in a way that was socially expected of a woman. When she began transition she realised that she needed to explain to her neighbours what was happening and even though she had some difficulties with local youth this was short lived because they began to accept her:

Melissa: I think, after I transitioned when I looked female, people, most people, see now that it is fine and they accept. One of my personal things that annoys me, about transgender people, is that when people know about me say 'oh we would never tell' or 'we would never know' which is great for me but the situation for people who do not pass as well. Those are the people that I feel for really.

Passing was important for Melissa and other transsexual people as it is a requirement for integration into social interactions within the dominant cis community. *Passing* is a term originally coined by Garfinkel in his classic study of Agnes, an early medically recognised transsexual:

The work of achieving and making secure her rights to live as a normal, natural female while having continually to provide for the possibility of detection and ruin carried on within socially structured conditions I call Agnes's "passing". (Garfinkel, 2006:70).

Passing is therefore the act presenting sex/gender identifications so that they are not dissonantly understood. Melissa and Elizabeth felt they needed to pass in their new sex/gender identities to live without social distress and risk of harm, moreover, Melissa was concerned about transsexual people who did not pass (Sanger's (2010b) empirical research resonates with this finding). Furthermore, Siebler (2012) explains that sex/gender/sexuality identities are influenced by media images for all people but she further argues that transsexual people were even more influenced in their desire to *pass*. Her argument is that they feel they must be ultra-feminine or masculine to be authentic in their desired identities. In this positioning she seems to be reiterating Raymond's (1979) earlier arguments about authenticity (see literature review).

Separation from cis intimates facilitates transition

Nigel grew up in the Far East with his mum and his sister and they were a small nuclear family. He repeatedly told me that his relationship with his mum and sister was important and he frequently considered this relationship:

Nigel: Currently, with the two of them they are just saying well 'you are still our medical clinician/sister.' They accept it in so far as this is something that makes me happy but they will not accept that I am their son or brother. [...] I have not seen them since before I took the hormones, they have only seen the occasional photos and they are beginning to recognise my [masculine] voice on the phone. My mum's finally decided to come to visit me in a couple of weeks' time. [...] I suppose in a way they have relaxed a little bit. The only thing they did ask of me was that I remain open with them with regards to what I was doing and when I was going to do it. [Nigel worked as a clinician and I generalised his role to protect his identity but in doing this the data lost some of its natural flow.]

During the interview Nigel spoke of his mum and his sister, referring to 'them' but the data suggested that really he meant his mother. He seemed to see them as one person, for example, in the above extract "before I die, I need to see you". He never directly referred to his sister and this might have been because he saw his absent family as the imaginary heterosexual notional family he lived by rather than the family he actually had (Gillis, 1996). The distinction offers insight into the interiority of his intimate relationships (Smart, 2007). Nigel was situated at the intersection of his emerging trans family in the UK and his more traditional heterosexual family in the Far East. Furthermore, as Smart points out, Nigel and his familial intimates, though geographically separated, were able to actively engage in the maintenance of this intimate relationship; relatedness was important. He was not present in their public daily lives and in their community which enabled him to develop his male/masculine identifications without it appreciably affecting their immediate reality. They were all able to adjust their emotions gently at their own pace free from the Far Eastern social implications of Nigel's changes. Nigel was

gently maintaining his relatedness to his distant family through frequent telephone contact. However, he was sensitively building with them his new sex/gender identifications. The success of this approach was indicated by his mother's pending visit to the UK.

Elizabeth, a transsexual woman, told me how she was frightened of the reactions of her extended family after her transition:

Elizabeth: My aunt, a very strict aunt of mine, is completely accepting and gave me a hug and said 'how are you doing Elizabeth.' She hadn't seen me for ten years and she says 'hello, how are you.' I was terrified, because I met her at a family do and I thought that if she gets my name wrong or something I am going to be in one right; I am going to walk out in tears. She was so brilliant and all my nieces. They have been brought up a bit Victorian and they are absolutely fine. You suddenly think that old-fashioned values are good.

Elizabeth saw her extended family through a traditional ideological lens and perceived them as a family who were naturalistic, reproductive, biological and sustained by women's subordination. I discussed in Chapter 1 how Morgan (1996) described this ideological early understanding of a traditional family; positioning the family in this way is an essential component of institutional heterosexuality. From this perspective intimacy is unimportant and not shared with extended family members (Giddens, 2006). Furthermore, transsexuality is situated outside this ideological heterosexual framework and might be regarded as deviant (Chambers, 2012). Consequently, Elizabeth was surprised to see that the aunt and nieces recognised her new identifications because she had feared their rejection (Lev, 2004). Elizabeth hesitated when she thought about the utility of these traditional family values but perhaps felt they were useful whilst in her predicament. The extended family (and her aunt) had a less intimate investment in Elizabeth's previous male identity and were able to minimally adjust to her new female identity whilst simultaneously retaining their traditional family detachment.

Summary of transition and familial intimacies

I began this chapter by examining the similarities and differences between gay and lesbian *coming out* and transsexual transition. I argue that transsexual transition is a more social process because transsexual people have to tell their close familial intimates if they wish to preserve these relationships. Usually gay/lesbian people form intimate relationships outside the family but for transsexual people it is more of a familial affair. Moreover, an accepted transition requires that familial intimates reconsider their identifications, for example, Sandra and Sally had to reconsider their identity as a wives; Nigel's mother as a mother of a son rather than a daughter; Kaitlyn and Mary as mothers of a daughter rather than a son; Tracy and Kimberly as partners of a woman rather than a man; and Beth as a heterosexual partner of a man rather than as lesbian partner of a woman. I next proposed Lev's (2004) clinical key moments of transition and institutional heterosexuality (Rich, 1980) as a framework for data analysis using the methods discussed in Chapter 2.

The transsexual people I interviewed learnt as children that the sex to which they were assigned at birth was not congruent with their innermost feelings and their sense of themselves was that they belong to the dichotomous opposite sex. They realised that they were different from their assigned sex peers and became confused and ashamed. These children were learning from the interactions with those around them that they were contravening normative understandings which were part of the ideological structures of heterosexuality. Heterosexuality posits that those who are sexed as male have a masculine gender and that those who are sexed as female have a feminine gender and the children's experiences were that they did not conform to these mappings of dichotomised sex and gender. The hegemony of heterosexuality, which in its most extreme form might have included emotional and physical violence, forced them, whilst children, to keep this understanding of difference secret and hidden; especially from those to whom they were close. The participants followed this trajectory which was similar to Gagne et al.'s (1997) empirical findings for FTMs and Lev (2004) and Brown's (1996) clinical findings.

Transsexual participants feared that they would lose their close intimates and because of the pressure to suppress their gender identity they become distressed. The resulting trauma if contained might lead in its most severe form in attempts to end life. (Recent research in San Francisco showed a prevalence of 32% attempting suicide amongst a sample of 392 MTF and 123 FTM transsexual people (Clements-Nolle and Marx, 2006).) Most transsexual people do not suffer this suicidal reaction and are able to express their feelings creatively (GIRES, 2008a). For example, Steven used music and Michelle used storytelling and film as a means of release. Eventually these suppressed feelings became overwhelming when the emotions could no longer be contained and the transsexual participants consequently decided that they needed to begin transition. The distress was problematic for transsexual people and their intimates if the relationship and the distress continued post-transition.

I next turned to consider the strategies used by transsexual intimates to transition. Samantha, Michelle and Steven/Stephaney disclosed their transsexual status either through an explicit statement or indirectly through non-heterosexual activities possibly intended to reveal the identity. These unusual activities were cross-dressing or visiting LGBT websites. All the relationships changed when the transsexual person began transition. Debbie had a new sister; Sandra and Sally's husbands became women, they readjusted but Sally's relationship ended (Sally told me elsewhere that she wanted a normal heterosexual relationship with her husband so this precipitated their relationship ending when it no longer met their needs; they followed Giddens' (1992) trajectory for contemporary intimacies.) All cis intimates except Debbie had a negative reaction to the emergence. There was no data in my study which validates the research (Gagne et al., 1997) and clinical findings (Brown and Rounsley, 1996) that revelation was received better by the intimate if the transsexual person had prepared in advance (this preparation might have included

letter writing to intimates and/or role playing beforehand). Debbie, Samantha's sister was a lesbian so her reaction was different because of her non-heterosexual identification and the fact that there had not been any previous sexual intimacy between them. Debbie was also helped because she was able to connect with the other non-transsexual identifications of her sister, for example, as a film lover and a Chelsea football team supporter. When a transsexual person discloses their transsexuality to intimates they do not usually suspect the transsexual identification but often assume homosexual identifications. Transsexuality is still frequently conflated with homosexuality (Hirschfeld, 2006).

Some of the research participants disclosed their transsexuality to intimates whilst experimenting with minor embodied modifications. Nigel and James struggled to come to terms with their gender/sex situation and oscillated between the sex/gender binaries whilst they did this. Nigel was trying to balance his need to transition against his commitments to family and career (see also Hines, 2007) and James was struggling to explore his maleness. I argue that James might have had sedimented knowledge of 'Brian Sex' theory (GIREs, 2008b) and the 'Wrong Body' narrative (Stone, 2006:231). Oscillation between the conventional sex/gender binaries was easier for Nigel and James, as FTMs, than it was for Daniela a MTF (Lev, 2004; Kessler and McKenna, 2006; Whittle, 2006a). Michelle also attempted some oscillation at various times during the long pre-transition period of her life but found that cis intimates ignored and erased her non-normative transgressions (Stacey, 1991; Hall, 1996; Stryker, 2006; Hockey et al., 2007; see also chapter 4).

Lianne adopted a boyish lesbian identity whilst she integrated her new sex/gender identifications into her more public social interactions. She foregrounded gender and sex over sexuality and disrupted their usual linkages confirming the academic understandings of some post-structuralist feminists and trans people (Hird, 2002; Hines, 2005; Heyes, 2007; Monro, 2007; Sanger, 2008; Sanger, 2010b).

Kimberly and Nigel socially interacted with their familial intimates in an attempt to engage them in the revelation of their transsexual identity. Kimberly used art work and her dissertation to present a socio-biological argument for her transsexuality and Nigel ritually involved his partner in the materiality of his medical transition. These intimates illustrated how gender identity is constructed at an interpersonal level through discursive social interaction (Butler, 1990; Atkinson and DePalma, 2009). Researchers have argued that social practice brings gender into being which then becomes the ground for new practice and so on (Kosik, 1976; Connell, 1987).

Elizabeth, Nigel and Lianne exhibited, later in their transitions, greater gender fluidity because gender assertion had become less urgent as transition progressed and embodied sex became more congruent with desired gender; their actions are confirmed by empirical findings (Devor, 1993; 1997; Cromwell, 1999; Rubin, 2003; Dozier, 2005; Brown, 2009). However, Lianne, like Elizabeth, found their socially

unusual gender role strange because even though they were transsexual women they understood sex/gender roles normatively.

Nigel exploited his masculinity because he had heterosexual power as a high status male (Connell and Messerschmidt, 2005). Furthermore, Elizabeth's data was interesting because she considered putting the needs of her intimates, Harry and Isabel, before her own in an attempt to integrate her sex/gender identifications into these intimate relationships (see also Williams, 2004a and; Hines, 2007). However, she appeared contradictory because on the one hand she also did motor mechanics, which she regarded as masculine, whilst on the other she felt she needed to pass as Harry's girlfriend. She needed psychological stability and achieved this through being a normative girlfriend which then enabled her to transgress heterosexuality's norms and do motor mechanics which are usually considered a masculine activity. Melissa also adopted this position.

Finally spatial separation of intimates facilitated an opportunity for a protracted readjustment to the changes in sex/gender embodiment of the transsexual person. Intimates were able to retain their relatedness (Smart, 2007), personal autonomy and their familial obligations whilst maintaining independent flexibility and choice within their daily lives; in doing this they reflected Giddens' thesis of choice (2006). Transition was facilitated by frequent telephone conversations, a slow gentle approach to the transitional changes in sex/gender identification and a reduced commitment to the transsexual person's pre-transitional identifications.

I began by discussing the antecedents to the revelation by a transsexual person that they intended to transition. The data revealed how intimates lived their lives whilst subjected to the hegemony of institutional heterosexuality. Lev's clinical stage model for transsexual transition was found useful for data analysis. The dilemma faced by transsexual people between revealing their status and the fear of loss of close intimacy was distressing. Furthermore, when cis intimates reacted emotionally on disclosure of transsexuality this might have been because they experienced the loss of their previous, pre-transition, identifications with their transsexual intimate.

The following chapter addresses the following questions: what is the nature of the emotions experienced during transition; what are the factors that alleviate or exacerbate any of these emotions; what factors influence cis intimates' recognition of the transsexual person's new sex/gender identifications?

Chapter 4 The impact of transsexual transition on familial intimacies

Introduction

In the literature review I advance the theory that identity is a social construct formed between individuals and others. In Chapter 3 I further develop the understanding of transsexual transition. This occurs when a transsexual person migrates across the dichotomous boundaries of sex/gender and is normatively perceived as a requirement for the preservation of heterosexuality's essentialist biological schema (Rich, 1980; Nagoshi and Brzuzy, 2010). When a transsexual person decides to make it known that they intended to move from their prescribed identities towards their desired sex/gender identities there is a fracture in the mutual social understandings of the trans person and their intimates because heterosexuality's schema has been violated. Familial intimates are immediately thrown into a crisis of identification since sex/gender identities are assumed to be fixed, coherent and stable (Woodward, 2006). Sanger's (2010b) empirical findings reflect this precariousness of sex/gender identifications which she found caused cis and trans intimates to additionally question their sexuality (see also Dozier, 2005).

In the first part of the chapter I investigate the impact of transition on familial relationships and consider the nature of the emotional reactions experienced by intimates when transition was made known and afterwards. To facilitate analysis I examine contemporary theories of loss and grief. In the middle section of the Chapter I examine what factors alleviate or exacerbate any emotions encountered during transition and end this section by showing how other events impact on the emotions experienced during transition. In the last section of the chapter I study the various factors that influenced recognition, by familial intimates, of the transsexual intimate's new sex/gender identifications. The section ends with a brief discussion of how children responded to transition.

Making sense of emotional responses to changing identities during transsexual transition?

Theories of loss and grief

The ideology of institutional heterosexuality is powerfully enforced in contemporary society so intimates may perceive the change in sex/gender identities as a loss of identification. More generally, Berger et al. (1995) and Giddens (1991) argued that identity in present day urban societies is a problem for many because of multiple overlapping and conflicting identities. Having a sense of self, who we really are, in this fluidity and flux might be problematic for participants. In the literature chapter, I show how the changes in identification of transsexual people are often stigmatised (Whittle, 2002; Monro and Warren, 2004; Monro, 2005; Juang, 2006; Lambie, 2009; Hines and Sanger, 2010; Sanger, 2010b). As a consequence familial intimates with an emerging trans person might feel especially isolated within their communities. This isolation makes it difficult to talk to others about what is happening (Walter, 1999) and as a consequence any feelings of loss and grief are exacerbated.

To understand the nature of the emotional reactions experienced when identifications change during transgender emergence I next discuss Small's (2001) critical review of theories of loss/grief. I used his contemporary postmodern understandings of grief to consider data from some of the cases studied (see appendix 1 for the cases). I adopted this approach for two reasons.

Firstly, When I reflected on my experience of transition I did not initially anticipate the extent of the loss experienced by my familial intimates this may have been because I was preoccupied with the many transitional issues I had to deal with whilst constantly in a state of distress worrying about the emotional effects these changes were having on my family and friends. Lev (2004) recognised, from her clinical practice, that cis intimates felt abandoned and left to deal with their own issues and emotions, so it would seem that other transsexual people also had a partial awareness of intimates reactions to transition. I argue that it is understandable that I did not appreciate that the issues for trans people were significant. Such issues might include: 'Getting funds, getting personal support, arranging postoperative care, obtaining legal documentation, finding housing, dealing with relationship crises, dealing with a workplace or finding work, dealing with bodily changes, gaining social recognition and dealing with hostility' (Connell, 2012:870). Some of the issues might directly impact on familial intimates, for example, relationship crises and the embodiment changes. In summary, when I transitioned I neglected the emotional needs of my family as I was preoccupied with some of my transitional changes.

Secondly, a reflexive approach that focuses on the small narratives and contingent meanings of particular cases is consistent with the discussion of narratives I develop in Chapter 2 (see Small, 2001). Furthermore, I also argue in Chapter 1 that identity is continually negotiated in a stream of power with both positive and negative outcomes for those involved (see also Hines, 2007; Shields, 2008). I anticipated that such outcomes might be experienced by participants during transition.

Scholars (Walter, 1999; Lev, 2004) argue that loss might be conceived as being without something someone had, whether because of, death, disability, unemployment or loss of a relationship. I argue that this list might also include that of identification with the trans person's post-transition identifications. Grief is seen by Small (2001) as the emotional response to the loss which he identifies as pain and suffering. In order to analyse and discuss the data it is important to recognise when signs of grief are made visible.

To understand and identify the grieving process there is a need to balance 'modernist model building and postmodern relativism' (Small, 2001:20). By this I mean that I need to consider the previous process models for grief and set these against more contemporary research understandings. Containing feelings works for some people who experienced a loss, whereas for other people, forgetting or retaining a broken relationship is equally healthy (Walter, 1999). Psychodynamic attachment theory associates mourning with 'numbness; yearning, searching and anger; disorganisation and despair; and, reorganisation' (Bowlby, 1961; 1969; 1973; 1980; cited in Small, 2001). Small refers to various stage and task approaches to grief, of which Kubler-Ross's (1970; 1975) stages of grief is the best known and used in clinical practice. Kubler-Ross originally identified grief as manifest through step by step stages of denial, anger, bargaining, depression and finally acceptance. Small

demonstrates that these stages might not be linear, that not all stages are visited and that a final closure is not universally desired by mourners.

Stage models of grief, such as Kubler-Ross's, are useful to identify when grief occurs because they indicate some of the key emotions that might be expressed. However, I do not consider that they necessarily represent a process of grieving and that achieving acceptance of the loss at an end of the process is not necessarily the appropriate or the correct outcome, sometimes non-completion is suitable. Indeed Walter (1999) goes further and suggests that the loss might be integrated into the griever's on-going life. Rosenfeld and Emerson (1998) and Ellis and Eriksen (2001) developed Kubler-Ross's stage model to study the reactions of families when a transgender member transitions. *The Gender Trust*, the principal UK support group for transsexual people and their families, also adopts their adaptation of Kubler-Ross's grief model to describe cis familial intimates' emotional responses to transition (Dean, 1998). Cole et al. (2000) follows the argument that developmental stage models are rarely linear and highly contingent and applies this critique to such stage models of transsexual/gender transition I agree with his assessment.

In Chapter 1 I argue that transsexual people are often subjected to discrimination and sometimes violence which has been reported by scholars and activists (Smith, 2005; Memphisrap.com, 2008; Long, 2009; Namaste, 2009; Stotzer, 2009; Sanger, 2010a). Consequently, I argue that transsexual people and their familial intimates' losses, experienced during transition, might be stigmatised because they lay outside normative heterosexual understandings. Furthermore, I posit that changes in sex/gender identifications are primal changes so the losses experienced when these change are especially significant. The losses result from attachment to the pre-transition sex/gender identities and the intimacies formed through these, for example, as a wife or parent of a son/daughter (pre-transition). Doka (2002) argues that the grief experienced from such important stigmatised losses are disenfranchised in that, 'the loss cannot be openly acknowledged, socially validated, or publically mourned' (Doka, 2002:xiii). Such losses are accompanied by shame and silence because they are situated outside heterosexuality's ideological framework. Doka refers to the disenfranchised grief resulting from the loss of homosexual lovers which I argue carries a similar stigma to that experienced during transsexual transition.

Lev (2004) proposes a stage model for the reactions of family to transsexual transition; she refers to Family Emergence Stages based on her clinical experience. Stage 1 occurs when the trans person emerges and reveals, intentionally or not, their inner cross gender/sex feelings of identification. The emotional response of cis intimates is characterised by those identified with loss. Stage 2 is one of turmoil and struggle. Stage 3 is characterised by negotiation and compromise, when attempts are made by the trans person and the cis intimates to accommodate the change in identity. This stage was useful when I interrogated the data to see if this accommodation had been achieved. Stage 4 (Finding Balance) is suggestive of a temporal resolution of the transitional upheaval where emotions associated with the change are calmed. Walter (1999) also draws attention to the fact that when using such models there is a need to recognise that those who experience a loss might be angry about what they perceived to be the cause of that loss. I argue that Lev's stage model of Family Emergence is a useful indicator of what might be happening during transition and is useful as a construct to make sense of the complexity and changing emotions experienced by participants. However, its usefulness needs to

be critically evaluated during data analysis because of the limitations of stage models discussed above. Furthermore, it is important to understand transition within the context of a possible whole range of gender variance from the normative binary gender system. Moreover, I adopted the perspective that each participant had unique understandings of their transitions.

Both Small (2001) and Walter (1999) significantly draw attention to a new model of understanding bereavement which occurs after the loss of a close intimate. This new model 'emphasises the maintenance of continuing bonds as opposed to disengagement' (Small, 2001:33). It is possible to continue to maintain a relationship with the other, pre-loss, rather than sever links with that relationship. I argue that, when identification is lost during a transsexual transition, bereaved people may maintain their identification with the trans person's previous sex/gender identity. I showed how Debbie (discussed in Chapter 3) referred to the male pronoun when talking about her new sister Samantha. I postulate that she might have been continuing to maintain a relationship with her pre-transition intimates' sex/gender identities. However, I qualified my analysis by discussing how this might also have been partially due to other reasons. Small (2001) continues his critique by pointing out that previous models of the emotions experienced as a result of a loss were based on the 'cultural values of modernity'. He does not see them based on any substantial data relating to what people actually did (Small, 2001:34). I feel that this is an important issue that aids critical understanding of the data.

I discuss, in the section on identity narratives in Chapter 2, how making sense of the process of identification involves both sociology and psychology (Elliott, 2005). Furthermore, I argue that creating a life narrative as a living subject requires the management of consistency and continuity such that past life is consistent with present life (Gubrium et al., 1994). Small points out that the continuing bond model does not exclude on the one hand people who might benefit from complete disengagement and on the other hand people who may retain their identification with the transsexual person's pre-transition identifications; this latter action may help preserve continuity. Those who broke the bond with the transsexual intimate included the intimates of the 37% (N=803) of trans people who were excluded from family events and also had family members who no longer spoke to them, identified by Whittle et al. (2007) in their research. Whittle et al.'s statistic may reflect the intimates I studied (48% [N=77] of my potential trans participants), who explicitly told me that they did not have family or friends who were willing to speak with me (see chapter 2). Finally, Small (2001) argues that the continuing bond model opens the way for many meanings and truths. I posit that this includes specifically a multiplicity of perspectives on the loss of identification by intimates with the trans person's previous sex/gender identity. Additionally, Walter (1999) stresses the need to be alert to a wide range of emotions, the materiality and the multi-dimensional nature of any grief during transition.

In summary, in the analysis of the narratives of the cis participants I aimed to focus on how they contingently experienced their emotions during transition. My attention was directed towards when it becomes known that the trans person's sex/gender identifications were to change. I was alert in the analysis to emotional signifiers of grief derived from stage models. These were pain, suffering, numbness, yearning, searching, anger, disorganisation, despair, reorganization, denial, bargaining, depression and acceptance. Furthermore, I examined Lev's Family

Emergence stages when analysing transsexual changes in identity. However, I remained responsive to the critiques I considered above and I needed to be aware that anger may be directed towards the transsexual person who was perceived to have been the cause of the grief. The specific losses experienced by my cis participants were that of a lesbian partner, a brother, a girlfriend, a son and a husband. The losses may have been exacerbated when a cis intimate was isolated from their community as a result of the stigma that was frequently associated with transsexuality.

Maintaining and cutting bonds

I received an email from Deborah, a transsexual woman, on the 23rd October 2008, in response to my advertisement for participants, in which she told me:

The problem I have is that no way can I see any of my family participating in this research. My brothers will have nothing to do with me (I am twenty-two or more years post-transition) and while my mother will tolerate my presence and speak to me on the phone, she finds it impossible to talk about my situation, or my 'lifestyle', as she puts it. When I raise the topic she says that it is 'too unusual for most people'. Both my brothers' families are entirely unaware of me as Deborah, they must have seen pictures of me as a child on my mother's mantelpiece, but perhaps they think I have emigrated to Australia or died many years ago. Whatever the case my mother and both my brothers will have nothing to do with me in their lives (other than rare and clandestine visits to my mother's house when no-one else is around) and are apparently adamant that none of their families should find out about me.

It would appear that Deborah's brothers were in denial about her existence; metaphorically they regarded her as dead. They had disengaged from their pre-transition identification with their brother. They perceived her change in sex/gender identities as a loss and cut off contact, as described by Neil Small (2001). The mother had minimal contact with Deborah because she found Deborah's change in identity was too much of a disruption of her everyday understanding that sons could not become daughters. All these familial intimates denied Deborah's changes in identification. The mother had lost a son but was still able to have some contact with post-transition Deborah. Deborah explains more fully what was happening:

Deborah: Complete denial, she has said that she can't talk about it. After many years she finally told my brothers and then they sort of won't have anything to do with me. I can't talk to them about it and so obviously it [information about Deborah] comes through her filtered. She's the go between; she's at the centre of the spiders' web and filters what she tells them.

Deborah was powerfully excluded by her cis family members; her transsexual existence was silenced as a result of their attempts to maintain the unity of heterosexuality (Hall, 1996). Their everyday understandings refused recognition of Deborah's transitional changes of sex/gender identification. The brothers had for most of the time broken the bond with Deborah's previous male identity. The mother on the other hand maintained a continuing bond with Deborah even though it was a weak bond. Both their lives had been interwoven as a mother and son pre-transition

so the relationship could not simply end because as Gabb argues a mother is the main source of love and understanding (Gabb, 2008: 103), furthermore, the mother enacted Morgan's (1996) idea of family practices. I follow Smart (2007) and argue that Deborah and her previous male-self were situated in the important web of family relationships which did not end with transition, however, she had in a sense fled from her family after emerging as transsexual. All these intimates found it difficult to totally disengage because they were kin (Smart, 2007). The relationship between Deborah and her mother was held in tension because the mother was oscillating between letting go of her son and continuing her relationship with her new daughter Deborah. The situation is described by Stroebe and Schut (Stroebe and Schut, 1999; cited in Walter, 1999:163). They argue, by referring to the psychology of grief, that the mourner oscillates between the emotional pain of grief and attending to the new reality of everyday living, however, both these states cannot coexist. The mother retained a powerful agency by acting as a go between Deborah and her brothers which might have helped her grief:

Deborah: She didn't want me to do it, she found it very difficult to cope with, she sort of went backwards and forwards with this. At times she was accepting and at other times she was quite resistant.

Deborah's mother did not want to lose her son so she grieved the loss through some denial. Her grief was characterised by its non-linearity and fluctuation (Small, 2001:30-31), it moved between the different grief identifiers discussed earlier. Although Small refers to 'healthy' grieving his description of grief was useful in understanding how the identifiers of grief derived from the stage models might be applied to Deborah's mother's on-going situation.

It is also interesting that although Deborah's brothers appeared to disengage from her, the younger brother was still angry 22 years post-transition. Deborah told me in the next extract about an event that occurred in October 2007. Her younger brother had contacted her by telephone:

Deborah: He was really angry with me and said that 'I had been shouting at mum' and I said 'no I hadn't been shouting; we have had a disagreement but I haven't shouted at her.' Then he started insulting me about not having a job and calling me all sorts of names and things. And I said 'if you want to talk about this I am happy to talk to you, but this isn't the way to go about it' and he slammed the phone down on me. [Deborah was quite emotional at this point in the interview].

Deborah's brother appeared to have also fluctuated in his emotional responses to the loss of his brother. He had attempted to disengage and he expressed anger directly at Deborah, who he perceived to be the cause of his loss (Lev, 2004). There was a sense of a continuing bond that reframed Deborah's previous male embodied identity, similar to a bereaved person's continued connection with a dead person through a different medium, in both death and transition the familiar body had gone. In this case the medium was Deborah, a different but connected person in the brother's eyes who he tried to reject. Deborah and Rachael (Debbie's trans sister) acted in a sense as a proxy for their previous identity in their relationships with their cis intimates. In a way this they reflected the continuing bond maintained with someone who has died where photos or clothing may have acted as a surrogate for

the deceased. Deborah was distressed by her family's rejection because they denied her new identifications which diminished her sense of herself as a woman.

Accommodating the new sex/gender identifications

Christina initially grieved Kimberly's transition into a woman. She was losing her identity as the wife of her husband:

Christina: I don't know that I find labels particularly helpful. I remember when Kimberly was doing her social work MA, when she was looking at the construct of gender. We looked at one author's book, I can't remember who it was now, but they used something which I think they called the pan identity wheel. It was like a circle divided into 32 different segments like a pie chart and each of those was starting from straight heterosexual going all the way around through lesbian, gay, transgendered, whatever and I didn't feel actually that there was one of those particular labels which actually fitted me.

I feel that Christina struggled because she initially denied that identity was important. Christina's confusion about her sexuality has been identified by Brown (1998) but the evidence was inconclusive, it did, however, reflect the experience of my transition. Furthermore, Sanger (2010b) also empirically confirmed the confusion associated with sexuality during the early stages of transition. Christina's confusion might have been because she assumed Kimberly's pre-transition sex/gender identifications to be fixed, coherent and stable; certainty had been replaced by doubt and uncertainty; and heterosexuality's schema was disrupted (Woodward, 2006). Christina later recognised Kimberly's new sex and gender because she considered Kimberly's other identities and aspects of their intimacy to be more important. Christina moved from initial confusion about identity to accommodating the benefits of a different relationship with Kimberly, as a woman:

Christina: I have discovered since Kimberly's transition that I am perfectly happy living in a relationship with a woman. There have been many benefits to living with a woman, one of the wonderful things that I love now, is when we go shopping, instead of me having to go into the changing rooms, put something on come out show Kimberly what I look like, we can go into the changing rooms together and that's just lovely. [...] I suppose my assumption is that people who see us assume that we are in a relationship and that we are a lesbian couple.

She was bemused by her new status of being publically assumed to be in a lesbian relationship, or as she said in a more complex relationship with Kimberly a transsexual woman. I discuss (in the literature review) how conventional language fails even though as Sanger points out new words for trans people and their intimacies are developing. When the interviews took place this transition was at its early stages and it appeared that Christina had arrived at a temporal resolution of Kimberly's changes in sex/gender identification (Lev's (2004) stage 3).

Christina continued to tell me about the extent of her loss of institutional heterosexual status:

Christina: What I have experienced is the biggest loss, practically tangibly, is the ability to walk down the street holding hands. [...] Probably the biggest loss that I have had to come to terms with is the loss of the perception, by others, that I am part of a heterosexual marriage.

She expressed her loss movingly in terms of heterosexuality, romance, marriage and the comparative acceptability in everyday situations of being perceived as a couple having a heterosexual identity (Ingraham, 2005). This new arrangement was set against what would be perceived as their new same sex coupledness. By not holding hands they demonstrated how the boundaries of institutional heterosexual identity were policed by heterosexual hegemony (Rose, 1991). Two women holding hands are not usually permitted in most situations. Furthermore they enacted as Foucault (1980) predicted (and referred to as the technologies of the self); they monitored their behaviour so that it appeared to conform to heterosexual ideology, moreover, in doing this they were avoiding possible ridicule and hostility. Nevertheless, the everyday reality of their existence as a couple, through a reconfigured and negotiated intimacy, challenged institutional heterosexuality (Butler, 1993; Namaste, 1994; Foucault, 1994 [1981]; Cromwell, 1999; Gabb, 2006; Hockey et al., 2007; Atkinson and DePalma, 2009; Fee, 2010; Sanger, 2010a).

Christina next referred to another loss which was how others perceived her new identity in her relationship with Kimberly:

Christina: When all this blew up I was just about to go off to selection conference for ordination and wasn't allowed to go forward for ordination. There is a whole pile of stuff in there for me. How our relationship would be perceived? It would be perceived as a lesbian relationship and therefore it wasn't felt appropriate for me to go forward for ordination.

The challenge to institutional heterosexuality was evinced by the church's prevention of Christina (now perceived to be a lesbian) from realising her calling to the priesthood; the church continued to institutionally police heterosexuality (Ingraham, 2005). The church hierarchy inaccurately labelled their relationship as lesbian when in fact it was a re-forming of their married relationship as a husband and wife into a married relationship between a woman and another woman with a transsexual history. (They told me in the interview that Kimberly and Christina remained married after Kimberly's transition.) It was a reconfigured form of intimate partnership but not normatively recognised (Plummer, 1995; Hines, 2007; Gabb, 2008; Sanger, 2010b).

Disenfranchised loss

Kaitlyn, the mother of a transsexual woman, was forthright in her views of her situation, expressed in an email of August 2009, shortly after I had already interviewed her. She responded to my request asking why she agreed to be interviewed (I forgot to ask her about this during the interview and subsequently I emailed her with the enquiry). I included part of the email in this data extract because it encapsulated much of what she had told me in the interview:

Kaitlyn: I have only recently learned of my son's transition, at 29, to female. The impact was very fresh and I was still emotionally reeling from the disclosure. Participating in this study seemed to be a means of expressing my feelings, hopefully in a cathartic manner, as well as at least symbolically reaching out for support and acceptance. I found in the days after learning of his/her decision, that there was no easily obtainable support network or consistent information that I could go to – and found myself floundering in the

internet. Added to the fact that shortly after her disclosure I returned to residing in a foreign country, I had only recently moved to, and I was isolated from my long-term friends and family support network, it was especially difficult. I was also concerned about my trans-daughter's sister, who was also separated from family in another state [Kaitlyn lived in London but was from the United States. Her daughters remained there.] and who had been so close to her sibling, yet also in complete shock over the news. Having finally found an internet group, I felt somewhat "comforted" that there were others in our situation, but it still didn't truly minimise the impact. It's a bit like trying to convince someone that what was always up- is actually down, black is white. It is a total change of paradigm for all the memories and experiences you have had with the trans person; as a parent, a sibling, a friend, or mate. Incredibly surreal and generally unbelievable, amongst a million other feelings- mostly negative. Which is a terrible way to feel about someone you love?

I was struck by the extent of the loss she felt, the sense of which reoccurred throughout the interview. Kaitlyn's deep feelings of on-going grief, over the loss of her son, were demonstrated by emotional turmoil, cognitive disorganisation and a yearning to make sense of what had happened. Daniela's disclosure as a transsexual woman had also left Kaitlyn in shock. Kaitlyn felt isolated because of the abnormal nature of a son becoming a daughter. Transsexuality has been identified as a stigmatised phenomenon (Whittle, 2002; Monro and Warren, 2004; Monro, 2005; Juang, 2006; Lambie, 2009; Hines and Sanger, 2010; Sanger, 2010b). Some losses are exacerbated because of the stigma attached to them (Walter, 1999). Shame induced by heterosexual hegemony prevented Kaitlyn from talking to others in her (London) social circle. Furthermore, she was isolated geographically from her family from whom she might have received immediate care and support but unfortunately they lived in the United States. Kaitlyn relied on the expectation that families and close intimates provide care (Stacey, 1981; 1996; Roseneil and Budgeon, 2004; Stacey, 2004). Her socio-historical understanding of the institutional structure of heterosexuality was immediately thrown into confusion by her son's transition to the new sex/gender identifications of a daughter. Kaitlyn needed to be careful when she revealed Daniela's change in identity to her male friends in London. However, she desperately needed to tell the story and make sense of her loss and the confusion of her everyday social understandings:

Kaitlyn: I am a single woman, I engage with men hopeful for a relationship at some point. I struggle with at what point do I tell them? Because if you tell them right early on, especially men, they tend to do what I did initially, judge me; were you a bad mother, was your child abused and all the stereotypical responses. So it may affect their opinion of me. With men how it affects their own sexuality. If you bring the topic up at the wrong time then you can forget any; it kind of throws them. I am trying to be a bit more blasé about it now, but when they start asking me questions which I really don't want to get into it right now then it is hard for me not to say something. I don't have anyone, one-to-one, to really chat to about this stuff and with whom I can relate.

The story of her unusual loss made her fearful of rejection and blame because her loss was not recognised or validated in her social community of acquaintances and potential intimates, the grief that resulted was disenfranchised (Doka, 2002:xiii).

Furthermore, she feared being considered a bad mother (Stoller, 1985). Stoller's theories were discredited yet still used by some feminist and queer theorists in their analysis of transsexuality (Stryker and Whittle, 2006). Kaitlyn was not able to grieve freely and this constraint may have been emotionally damaging (Green and Grant, 2008).

She was confused and searched to understand the loss of her son:

Kaitlyn: It is kind of weird about postulates [sic] because I had an aunt who had seven boys and I learned later that she had given up a child for adoption, a girl, before she ever got married, back in the forties or whatever. She had seven boys. When I gave up my son for adoption I thought I wonder if I will ever have another boy. When I did get married and have Paul [Daniela], I was very pleased, I had my boy and then I had a girl [Brianna].

Kaitlyn, an unmarried mother, had given her first child, a son, up for adoption, as may have been the usual social custom in the United States during the 1970s. She searched for meaning and attributed a psychic cause to her loss. Metaphorically she regarded her son as dead which she expressed in this utterance:

Kaitlyn: My late Paul.

She attempted to cut her ties with the past but this was not possible if she wished to relate to Daniela who was alive but who identified as a daughter. Kaitlyn's grief oscillated (Walter, 1999; Small, 2001) between seeing her son as dead and being alive as a new second daughter (her first daughter is Brianna, see appendix1). Furthermore, she tried to make sense of her past experience and identified as the mother of her son Paul:

Kaitlyn: At first, because it did not just seem like that there was anything that we would have ever considered to be wrong with him. He was not an effeminate child and there was no sign of gayness or femininity. So looking back you see little things which were not significant, just a kid into transformers, computers and dragons and maybe a bit too much fantasy in his life. Yeah, that was one thing that I started kind of blaming. Maybe he spent too much time in fantasy land because I learned later that he had a weird, supposedly some kind of, online relationship with one of those real life things and he was as female. [um...], I thought he was basing his real life on that stuff.

Kaitlyn struggled and was confused whilst she tried to weave a coherent and reasoned past into the present reality of Daniela's change in identity. Kaitlyn searched for consistency and continuity (Gubrium et al., 1994) and attempted to avoid identity instability (Ricoeur, 1991). However, she was trapped in the fixed sex/gender identity ideological understandings of institutional heterosexuality. Furthermore, Kaitlyn felt that she needed to care, as she perceived that a mother would, about a possible future for her new daughter:

Kaitlyn: Will he ever have a relationship? He has struggled with relationships all his life. How is this going to make; it is not necessarily going to make it any easier. Gay women will not want to be with him, straight women probably won't and gay men; it just seems it's wiped out so many options.

She was concerned and tried to make sense of what might be the implications of the change for Daniela. She struggled to make sense of events concerning Daniela's future partnering opportunities with established heterosexual understandings. She anxiously moved between loss, turmoil and struggle as identified by Lev's (2004) Stages 1 and 2. However, she was powerfully constrained by heterosexual ideology which might also have contributed to her sense of loss and grief.

Extreme emotions and loss

Lynne explained what happened when Sophie revealed that she was a transsexual woman:

Lynne: When I was first told I was absolutely shocked; it came out of the blue one Saturday afternoon. Sophie had thought she had told me before by saying 'she is not like other men,' but I just presumed that was like a new man sort of thing. It was an absolute shock and she was upset having told me because I think she was scared that that would be the end of our relationship. It absolutely shocked me to bits and I stopped sleeping for nearly a year afterwards. I was shocked I think. Well yes, because we were so happy and she's my second marriage; and my first one was horrible. Everything was so wonderful and it came and knocked me off my perch.

Lynne was emotionally traumatised by the shock of Sophie's emergence and she experienced on-going emotional turmoil over 6 years from 2003 until when I interviewed her in 2009. She was fearful of losing her institutional heterosexual identity as a wife of someone she had understood to be a man. Her immediate past experience was fractured. This was especially poignant in the context of a previous abusive relationship with her previous husband, the experience and the isolation (when I interviewed her) might have exacerbated her emotional response to her transitional predicament:

Lynne: I did become ill, quite depressed and not sleeping. I didn't tell my son, by the previous marriage, or anybody else in my family; so I began to feel very isolated.

In 2009 she remained separated from her local community and family. Her loss felt like a nightmare made real by the fractured intimacy with Sophie whose embodiment was changing:

Lynne: At the moment we are together. Sophie had her trans op in January and it was ghastly because it went; it all became undone. So that was the first nightmare and she has just been to Boston and come back with a new face, which was another hard thing to go through. Our problem at the moment is the neighbours; we are totally isolated from them and we get occasional nasty letters. It is not particularly comfortable where we are although we are happy in our home. We shut the doors and it is not easy; we are actually struggling with outer forces. [...] I've not been in a situation where I have known hostility; so suddenly I'm in an odd place and that scares me. I am very, very, scared about violence towards Sophie; it's a fear really.

Lynne (like Kaitlyn discussed above) was isolated and additionally harassed as can often happen to transsexual people and their families (Smith, 2005; Namaste, 2006; Memphisrap.com, 2008; Long, 2009; Namaste, 2009; Stotzer, 2009; Sanger, 2010a). Lynne experienced a number of contingent losses: her identity as a married woman to a man whose body was changing non-normatively, the loss of family and community and the safety she previously had as a wife in heterosexual coupledness with Sophie. In Chapter 2 I discuss how the assumed sexual practices of heterosexual married couples are the minimally stigmatised group in Rubin's hierarchical system of sex values (Rubin, 1984). Lynne experienced grief since her emotional turmoil was on-going and because she was isolated it was disenfranchised (Doka, 2002). Her grief was similar to gay and lesbian bereavements resulting from the death or loss of a same sex partner (Green and Grant, 2008). Furthermore, Lynne was unable to re-construct her identity as a wife in response to Sophie's change in sex/gender identity, she followed a trajectory documented by scholars who identified the difficulty transition caused to marriages (Cummings, 1992; McCloskey, 1999 ; cited in Connell, 2012). This might be explained by the fact that the needs, they expected to have been met in their marriage, were diametrically opposed. Lynne wanted a husband and Sophie wanted to be a woman, an unrealisable dichotomy similar to that identified in Giddens' theory of a 'pure relationship' (Giddens, 2006:241).

Lynne was also angry towards Sophie to whom she attributed to be the cause of her grief (Walter, 1999):

Lynne: She has lost her own face and also she is bald. She has to wear a wig and we have spent so much money on the face, hair transplants and; I mean thousands and thousands of pounds. This is money we probably don't really have; I kind of feel resentful about that.

I included the extract not only because it illustrated Lynne's the anger but it also shows the material and emotional costs that some transsexual women suffer in order to change their identity to make it normative. Because Lynne was partly financially dependent on Sophie they both experienced the material cost of transition as identified by clinicians and scholars (Lev, 2004; Brown, 2009; Rachlin, 2009; Connell, 2012).

However, when I asked Sophie about the future:

Sophie: My future with work? [She is also having considerable difficulties at work because of discrimination.]

Claire: I am more interested in your relationship with Lynne.

Sophie: Well, I feel with Lynne its rock solid [long pause]; I don't think we will ever part.

Both Lynne and Sophie were stuck in the traditional family understanding of heterosexuality's schema for sex/gender and marriage exemplified by Beck and Beck-Gernsheim (1998) but they struggled to renegotiate their identification as a female couple. However, I felt that Sophie was contradictory about Lynne's losses. It might have been argued that transition was destroying their heterosexual marriage and that Sophie was grieving this loss, especially the status as a husband but I felt

that even though the label was lost other aspects of the relationship might have been retained which would have mitigated such a loss of status. However, I sensed that these losses were in tension with the practicalities and worry Sophie experienced (for example, such as the job difficulties that were also on her mind at that time) due to her transition. The apparent neglect of Lynne's feelings by Sophie echoed Lev's (2004) clinical findings which I discuss at the opening of this chapter.

However, as scholars (Jamieson, 1999; Smart and Neale, 1999; Weeks et al., 2001; Crow, 2002; McCathy et al., 2003; Smart, 2007; Gabb, 2008; Jackson, 2008) pointed out resolution of their predicament was constrained by macro-socioeconomic, demographic and geographical determinants. In Sophie and Lynne case they were restrained by the emotional trauma of their grief, their social isolation, and the material cost of transition and heterosexuality's hegemony.

Accommodating transition and a realignment of intimacy

Sandra, Michelle's ex-wife, was aware of Michelle's cross-dressing for some time since the bathroom emergence (see chapter 3); nevertheless, her social understandings were thrown into confusion:

Sandra: I was concerned, at that point, that I had married somebody who was probably gay. We were all so innocent in those days and I couldn't put two and two together and make any number out of it.

The dichotomous interpretation of sex is that the sexes are fixed and natural as male and female but Michelle's transition disrupted this normative reality and the marriage; a situation which was a matter of concern for Sandra. She was shocked and searched for meaning, she associated cross-dressing with homosexuality (Hirschfeld, 2006) because she was heterosexual and she was thrown into confusion and uncertainty. Michelle's cross-dressing continued but in secret:

Sandra: I became aware that Michelle was certainly dressing a lot more but still in secret [...] The reasoning that I had for this was; was when I was doing housework and stuff like that I'd find that clothes of mine were missing, or I hadn't seen something, or I hadn't seen a particular skirt for a while.

Michelle's gender variance had intensified but was ignored and hidden, however, it was 'profound and persistent' and signified a high probability that she was transsexual (GIRES, 2008a:4). Sandra remained troubled:

Sandra: I was upset but mostly because it was all in the corner. We did have quite a few rows about it but again at that point it would have never occurred to me to have said 'well I can't take this you know, you're on your own' or anything. I wouldn't but this again was something we got we've got to work out [...] But there was an understanding between us, 'I am not going to upset you by appearing.'

Sandra and Michelle were in denial and Sandra was upset and emotionally distressed. However, they negotiated a compromise to preserve their marriage. Michelle continued to cross dress in secret and Sandra ignored it at the expense of burying her emotions. The traditional understanding of their marriage had been renegotiated (Beck and Beck-Gernsheim, 1995). Sandra thought about ending her

marriage since it no longer fulfilled her needs (Giddens, 1992) but later when her emotions had calmed some resolution of the situation occurred. Inevitably (because she was transsexual), Michelle decided to progress her transition through surgery and began living as a woman and as a result the married couple separated and became friends:

Sandra: I can't see the future at the moment but we are entirely the best of friends. We are constantly on the phone to each other. The difficulty I have when I come here, particularly, is the fact that this is Michelle's flat now and actually it is nothing to do with me anymore but I can't help interfering. She tells me off because when I said 'when did you last dust this,' she said 'it has got nothing to do with you.' It's finding the transition from being the wife into being the best friend, it's quite difficult, and it's the letting go I suppose [...] I haven't worked out what the future is going to be.

Sandra still searched, emotionally suffered, attempted to come to terms with her loss of identity and tried, as the previous wife, to break the bond with Michelle. Their intimate married relationship eventually re-configured from spouses to intimate friends who lived separately but this was with great difficulty because they still were emotional attached, as Smart (2007) identifies kinship bonds are not easily broken. Michelle and Sandra's data was rich and it typified all issues identified by Lev (2004) in her Family Emergence Stages. However, integration of the intimacy that resulted from transsexual transition was difficult because Michelle and Sandra grieved the loss of their heterosexual marriage and institutional heterosexuality did not allow their situation to be recognised.

Accommodation failure

Sally, the ex-wife of Steven/Stephaney, told me about the discovery of her husband's cross-dressing:

Sally: We got married in 1994, just before we got married we had a huge row because I suddenly realised that when I was away for the weekend, or out with friends, or whatever; he would dress up in my clothes and go out dressed up, or not maybe go out dressed up but put makeup on. It transpired that I had an M & S (Marks and Spencer a large mainly clothes and food UK retail company.) top that I wanted to take back, it had the receipt, it had the label on, and it had makeup on it. That's how I clicked, what was going on [...] I realised that he was obviously cross-dressing in private and I think I found some pictures, some stupid pictures [...] I thought well this is stupid; we've got this big wedding planned. I can't remember exactly how well advanced it was from the wedding but we were planning our life together. Did I break up with him and start all over again? I think I was pretty upset but we actually said, well in the end I was just going to accept it, 'I do not want to have anything to do with this' and he promised that there was no one else involved.

Sally was a pragmatic woman who worked as a project manager in information technology. She quickly reached a temporary resolution of his cross-dressing for the sake of their imminently arranged big family wedding. She was committed to family and marriage as part of institutional heterosexuality (Ingraham, 2005). However, she was angry and reluctantly bargained to resolve their immediate predicament. The

settlement was short lived and their marriage started to break up after a few years. She had become more irritated as Steven/Stephaney continued to investigate his/her gender identity using the Internet:

Sally: He would still play the Lara Croft games, and guess what part he played? [...] He always played the girl in it. He set himself up as a long legged girl with all the leather accessories. He played the girl character and he would just sit on the computer and play games. It was just complete escapism and he just completely irritated me [...] He would rather play on the computer than spend time with me, that was fantastic [said sarcastically].

Sally perceived Steven/Stephaney to be the source of her anger (Lev, 2004); moreover, she simultaneously grieved the loss of identity as a heterosexual wife because Steven/Stephaney increasingly identified as a woman. Moreover, Sally's spouse ended their sex life after the birth of their daughter:

Sally: I seriously thought about walking off at that point; then you think about it, and I think that I have always been a fairly logical person, and you think if I am going to run away where am I going to go to, what am I going to do, and this that and the other. My instinct was to run away and shove two fingers at him and obviously take the baby with me but in practice, in practical terms, I couldn't do that.

Sally seriously considered ending the relationship when sexual relations stopped but again tried to continue pragmatically despite her emotional feelings. She remained committed to being a heterosexual wife regardless of the deterioration of the marriage. The perceived obligation, to remain married, prevented her from following Giddens' (1992) thesis of ending the marriage because it no longer met her intimate sexual needs and she was committed to its heterosexual understandings. However, she remained emotionally angry about her loss but eventually they separated and Sally continued to grieve. She moved between Lev's Family Emergence Stages of loss and anger, through turmoil and struggle to a temporal pragmatic accommodation. She felt that her grief would have diminished when she let go of the bonds with her previous husband. Yet again, she expediently tried reforming them, through limited contact, with Steven/Stephaney; they both retained parental responsibilities to their daughter.

What factors alleviated or exacerbated any emotions experienced during transition

In Chapter 3 I discuss how transsexual people are fearful of emerging. The analysis of intimates' emotional reactions to transition showed that they emotionally grieved the loss of previous identifications, however, intimates variously attempted to accommodate these losses. In this section I discuss what factors alleviate or exacerbate any emotions experienced during transition and I end with an exploration of other experiences that affect transitional emotions.

Alleviating transitional distress

Transgender support/care groups

During transition some of the participants found that transgender focused care and support groups helped them to deal with their losses. These groups have similar functions to groups used in bereavement care. Walter (1999) refers to the latter as mutual help groups (MHGs). In a traditional village or local community the grieving person, who is known, is supported by local people. However, in contemporary late modern anonymous societies MHGs separate its members from family intimates because MHGs' members meet and/or virtually communicate independently of family. Participants often belonged to transgender care/support groups that exploited the anonymity and convenience of the internet since anonymity was important, as discussed earlier, transsexuality was still a stigmatised phenomenon (pfc, 1997-2008; Smith, 2005; Whittle, 2006b; Namaste, 2009; Stotzer, 2009; Sanger, 2010a; Shapiro, 2010) and they welcomed the public and personal privacy that the internet was able to offer. As I pointed out in Chapter 2, transgender people may be geographically separated (Gagne et al., 1997), so using internet based care/support groups facilitates virtual contact with other supportive group members and the groups create a virtual village which echoes Walter's understandings.

Sally used *Depend*, a care group which supports family members, partners, spouses and friends of transsexual people:

Sally: I didn't know anybody, yet again the internet was a good source for me finding the Depend people [...] In a way I've got a support network there and if something frustrating happened it's a good place to vent. I've met up with the girls a couple of times which has been very interesting and that for me is a fantastic thing to do. There is a huge spectrum of people; there are people there who have been with their partners through transition, who have met after transition, who have like me split up, people with kids, people with similar aged kids to mine, but yet again in different circumstances.

Sally tried to look beyond the experience of her own situation to that of other couples who were involved in transsexual transitions. *Depend's* members consisted of a wide cross-section of the cis community who mutually supported Sally both virtually and face-to-face with her transitional grief. Sally and other cis participants told me that they found *Depend* helpful; I included *Depend* because it crucially facilitated access to four participants.

Beth, the partner of a transsexual man, was involved in a transgender internet care/support group composed of a wide range of gender variant people:

Beth: I suppose some people would not want to get into the whole politics of everything but for me that really made sense. Because I had always gone to Pride marches as a lesbian; so kind of understanding how transgender people fit in the community and the history and everything. That really helped me and also joining Trans One which is mostly trans people; there are partners from time to time. But just being able to speak to trans men who had already started hormone therapy and find out what I should expect or what I was just being paranoid about. I think that really helped and I actually felt that I was kind of involved in the transgender community in a way. I am now a moderator on the forum and it makes it all seem a bit more normal. [...] We have got a good mixture. I would probably say that there are still more trans

women but we do get quite a lot of trans men now, especially like younger guys, and then sometimes cross-dressers and gender queer people as well.

Beth used her lesbian experience at Pride marches when she accessed Trans One. (I used the anonymised name Trans One for the internet group to protect Beth's confidentiality since she was well known in the group and where she lived.) It is a support, information, media archive that has a forum and links to other trans resources. Trans One is used by trans-people, their intimates and the caring professionals of trans-people. The group's activities helped Beth to better understand her situation as the partner of a trans-man and her involvement in the group supported her in grieving the loss of her lesbian identity; the group served similar functions to Walter's (1999) MHGs. During transition sex/gender identities are situated outside heterosexuality's schema and identities became unstable. Weeks et al. (2001) noted that friendships become important when normative arrangements become inadequate. Trans One provides a supportive virtual friendship network for its members who not only include trans women but also trans men and other less known gender variant people. It facilitates their recognition and alleviates transitional distress (Lev, 2004; Whittle, 2006a; Rachlin, 2009; Shapiro, 2010) and demonstrates a good example of ethical care for transgender people.

Nigel more fully explained Beth's role in Trans One:

Nigel: She has done more research and reaching out into the trans community than I ever did and I suppose it's her way of trying to understand me and being trans and what to expect. When I started to transition I think she was just preparing herself for that but she is also quite selfless and she does what she can to help other people as well. This has probably led to her continuing her work in the trans community.

Beth used the care/support group to research transgenderism, transition and to gain mutual support from its members. Moreover, Trans One is similar to the non-heterosexual community spaces identified by Weeks et al. (2001) in that it offers an environment that enables trans people to gain self-awareness, acquire transgender information, receive support and explore their identity in safety. Nigel suggested that Beth's involvement in the group was an attempt to understand him but I argue that it might also have been because she was grieving the loss of their lesbian relationship with her female partner. Nigel had previously told me that Beth had struggled with his transition:

Nigel: She had trouble, she found it [...] quite difficult at first because she [...] I think the worst thing for her was to lose her lesbian identity [...] She had been through a lot at school to establish her lesbian identity and being proud of being lesbian despite the nonsense that was going on there. Then comes along me, we are going out we are holding our hands and we looked like a heterosexual couple which annoyed her [...] She did question her own sexual identity and my heterosexual identity, which she cannot accept. So I think that it was quite difficult in terms of the relationship at that point.

This extract supported my argument that Beth was angrily grieving her loss of lesbian identity. Because of this she followed the conventional wisdom that active engagement in work, trans activism in this case, eases grief (Walter, 1999).

However, Walter is uncertain about over engagement in work's potential and makes the powerful point that there is no empirical research to validate its efficacy. Furthermore, he observes, from a postmodern perspective, that there are a multitude of paths through grief and the end point is unclear which I argue reflect Beth's trajectory through her transitional experiences.

Kaitlyn, the mother of a trans-woman, was isolated from her transsexual and other daughter because they both lived in the US and she had moved to the UK. Kaitlyn attended a transgender care/support group for friends, family and young transgender people. She befriended a young trans woman; she invited the woman and some of her friends to her house:

Kaitlyn: I met this young trans woman at this meeting; she really emulated how I would like Daniela to be. I befriended her and so I kind of got myself a surrogate trans daughter, to get kind of comfortable with it. We got together a few times and I had her and another trans kid over here one night and it was just like having my kids here. I think I was trying to accomplish; sensitise myself somewhat so that I would not be dealing with too many issues.

Kaitlyn creatively used the group to learn about transgender issues and familial intimacies in an attempt to re-configure her own transgender family. She began to create a new transgender family following the theoretically identified detraditionalisation of intimacy and familial arrangements argued by scholars (Jackson, 1982; Weeks, 1986; Jamieson, 1998; Smart, 2004; Gabb, 2008; Sanger, 2010b). Kaitlyn's befriending a young trans-woman was a bit like the continuing bond discussed earlier for Deborah; however, in this case it was with her pre-transition son sustained through the adopted surrogate daughter. Both the daughters were at approximately the same in-between stage of transition and their sex/gender presentations of identity would not be normatively recognised. The adoption of a surrogate daughter helped Kaitlyn to grieve the loss of her son. The relationship was mutually beneficial because, in return, the young trans-woman gained a supportive surrogate mother.

Support of Cis intimates

I next consider how Brianna supported her transsexual sister:

Brianna: We spent some time together just the two of us, her as a woman full time, we talked a lot more about how to be a woman and tried to find her clothes that actually looked good on her. It was just really nice because I got to actually spend time with her as a sister. I really got to realise that it was just the same person. We talked about make-up, clothes and stuff like that.

[Brianna also explained what happened when they were in public.]

I haven't noticed too many people looking, I feel like I am a little bit sensitive, because if anybody looks at her wrong I will kick their ass.

Brianna worked to support Daniela in establishing her female gender identity to prevent her from being perceived as a strange male (Kessler and McKenna, 2006). Brianna protected her sister from possible discrimination and violence by anyone who questioned her authenticity as a woman.

Tracy, the partner of Lianne, a transsexual woman, further developed the understanding of how transgender women might have been supported in establishing their femininity:

Tracy: We were visiting the clinics or social events and we seemed to come across a lot who were transitioning from male to female. For want of a better phrase, they really didn't look like they fitted in. They hadn't necessarily grown up as women and hadn't had that experience, they didn't know how to shop, how to dress, how to do make up and how to do their hair. And, although there was support available for voice training, for deportment and walking, there wasn't anything about how to go out and choose clothes, how to apply make-up and how to fit in. It appeared that they were copying their mothers, or somebody older that they knew, and copied their style rather than thinking [...] It was like people being what they thought was ultra-feminine but actually it came across as more of a caricature.

Adopting a new sex/gender identity is more than changing the body's physicality because it requires social gender identity development and this includes both appropriate attire and gender appropriate embodied presentation (Shapiro, 2010). Gender identity is achieved daily through social interaction and endeavour and appropriate gender conformity is reinforced through systems of reward and sanction (Jackson, 2005; 2006; 2007b; Shapiro, 2010). For transsexual women this requires *passing* (Cromwell, 1999; Garfinkel, 2006). Tracy realised, as Garfinkel had established when he coined the word *passing* that transsexual women need to integrate into social interactions within the dominant cis community in a way such that sex/gender is not dissonantly understood. Tracy, as a cis woman, was able to identify the age appropriate everyday activities required to *pass*, such as, deportment, dress, make-up, and hair style. Furthermore, she realised that this might have been best provided by an impartial cis woman who was more experienced in gender appropriate socialisation. Moreover, Tracy might have understood that *passing* is more difficult for transgender women than it is for transgender men (Lev, 2004; Green, 2006; Kessler and McKenna, 2006; Whittle, 2006a; Johnson, 2007) and that greater identity development work is required by MTFs.

Friendships and partnerships

Elizabeth, a transsexual woman, told me about how she had many female friends as a teenager:

Elizabeth: Obviously when you hit puberty a lot of your female friends become potential partners [Elizabeth would be presenting as a boy during her teenage] and I tried to avoid this. I tried just to have female friends, as many as possible really. I found that I could cope with day to day life a lot easier because I could be myself and it [her hidden female sex/gender identity] wouldn't be noticed. It was a big coping mechanism for many years.

Elizabeth struggled to play the masculine role expected of a young male, however, she would be sanctioned if she did not perform this expected role (Bourdieu, 1990; Lorber, 1994). She survived by platonically socialising with females, easing the dissonance between her inner felt sense of female identity and her

masculine embodiment; she felt that by adopting an androgynous gender identity social life would be easier. However, this choice was emotionally difficult because of the tension between her social male role and her felt inner female identity (Smart, 2007). I explored this with her:

Claire: And then you had a partner so, if you don't mind me asking, was that a sexual relationship?

Elizabeth: Yeah, it was very loving, very caring, a very full relationship but we started as friends. I didn't really want a relationship but we ended up becoming very close and moving in together. But I didn't have children; I didn't want to get married, so it was inevitable [that the relationship would end].

Her coping mechanism became threatened when her female friends perceived her to be a potential male partner and pursued their usual heterosexual expectations of Elizabeth. Elizabeth felt that getting married might have been fraught with difficulty because she felt that she could not perform the sexual role traditionally expected of a prospective father. Elizabeth, who was working class and had traditional expectations of marriage as being a basis for reproduction within the family (Stacey, 1981; Morgan, 1996; Giddens, 2006). As a consequence, her coping strategy of reducing distress was partially effective but problematic; however, she pragmatically navigated this tension in her relationships during the early years of her life.

Sally told me that Steven/Stephaney had a new male partner since his/her transition:

Sally: He has had a partner for the same length of time as my new partner. I have never really worked that out; I couldn't work that out in a million years.

Sally explained that her ex-spouse found having a male heterosexual partner helped with his transition. Steven/Stephaney's previous sex/gender identifications had been fractured and his/her transition was contrary to heterosexuality's schema so intimacy was important (Weeks et al., 2001). Having an intimate relationship with a new partner helped him/her to build a psychological sense of self in the new sex and gender identifications (Carsten, 2004). However, Sally couldn't understand this counter-heterosexual action because she had decided (see chapter 3) that Steven/Stephaney was not gay, so why would he/she want a relationship with a man? Her everyday expectation was that since Steven/Stephaney was male then he would have a female partner as this conformed to heterosexuality's schema (Ingraham, 2005). However, Steven/Stephaney found that having a male partner reinforced conventional understanding of being a woman which reduced her transitional distress and enabled her to establish her female identity.

Beth acted as an ambassador for Nigel:

Beth: My little brother was at the time maybe about 10 [...] I didn't so much, go into the medical thing but what happened was he said to me, 'Is *Fa* (the name he used before), is he a boy or a girl,' and I was like, uh, 'a boy.' He said 'mum said she was a girl,' and I thought, God, I am going to have to explain this to him now. Well I just kind of said 'generally there are people who have

the mind of a boy or a girl and they don't have the right body.' This was basically what I said [...] When Nigel was starting on the hormones, I had another little talk with my brother and explained what hormones are, and that it might be a bit like Nigel was a teenager again, and so he might look a bit different, he might have some emotional changes, or whatever. He [the brother] was fine with that.

Beth explained, in age appropriate terms, what transsexuality was and what the effect of hormones might have been on Nigel's body and emotions, she used a simplified form of the biological essentialist theory of transsexual etiology (GIRES, 2008a: see also Chapter 1). Beth's role as Nigel's ambassador to her brother was helpful for Nigel and also supported their endeavour to remain as a familial unit. Beth was attempting, through this ambassadorial action, to expand conventional familial understandings and to reduce everyone's distress. She might have been regarded as pioneering a transgender family similar to the 'new' family or 'family of choice', described by Giddens (2006:235).

Brittany, James' girlfriend, told me how she and her housemates supported James:

Brittany: We live in a house with three other people and one is my brother and two are friends. [...] They all seem very supportive towards him. [...] We had a cross-dressing party for James and we all dressed in other genders to what we were and James really liked it.

Brittany and James were part of a small group of young people who found intimacy and support through living together in shared housing (Heath, 2004). These communities have been shown to forge strong networks of care even though they have no kin/legal ties to each other (Nardi, 1992; Roseneil and Budgeon, 2004; Lynch and Lyons, 2009). Furthermore, they were able to offer a supportive space for their transgender member James (see also Hines, 2007). They affirmed his transitional attempts to establish his new sex/gender identifications (Shapiro, 2010) by temporary transitioning themselves in the party. The party was an affirmation of solidarity with James' situation and reduced his distress.

Money

Having money helped Sally during transition:

Sally: Well, our situation financially has always been fine, everyone has had jobs and we have had many houses. To be honest, that has been a real help because a lot of other people [...] have just not got the money to split up or they haven't got jobs or it's a lot more complicated. [...] Emotionally it has been rubbish but we have not had some of the issues that they have got.

Sally's emotional loss was mitigated by her financial status and the relative ease of being able to separate and divorce when the relationship no longer met her needs (Giddens, 1992). She followed the trajectory of some contemporary married wives of transsexual women (Lev, 2004). However, other less well-off members of the care group did not have this option. Whittle et al. (2007) found in their research that employment is problematic for trans-people and many lose their jobs, as I did, during

transition, this is despite employment protection legislation being in place in the United Kingdom since 1999. Cis women intimates are likely to be financially dependent on transsexual husbands and consequently they may also become impoverished (Giddens, 2006).

Exacerbating transitional distress

Transition may often be a distressing experience for both transsexual people and their familial intimates so in the following section I discuss situations where this distress might be exacerbated. The purpose is to identify those situations which may be avoided or handled differently.

Family

Many of my participants told me of situations where their transitional distress was exacerbated. Sophie, a transsexual woman, told her aunt that she was transitioning:

Sophie: I've got an aunt who is also quite a bitter lady. [...] I phoned her and I said 'do you think you are being nasty?' She said 'I am never nasty' and she was saying things like 'what dress size are you anyway you must be at least a 22.' I said 'I will come up and see you at some stage' and she said 'I don't want to see you, I want to remember you how you were' and when I got tired of it I just said 'you are being really nasty and I don't like it.' She hung up on me and we haven't spoken since.

The aunt had a stereotypical view of transsexual women and through this lens such women are seen as men in dresses who are regarded as seedy and sexually deviant, a sexualisation which conflates transsexual people with drag queens (Ekins and King, 2006). The encounter was distressing for Sophie who traditionally expected that her familial aunt would be a consistent source of support and care (Gabb, 2008). However, the aunt was upholding institutional heterosexual ideology by being hostile to Sophie (Ingraham, 2005; Shapiro, 2010).

When Sandra, the ex-wife of Michelle, told her father that Michelle was transitioning from male to female he reacted malevolently in a similar way to Sophie's aunt by invoking the conventional principles of marriage.

Sandra: Evan was saying things like 'I don't know why you bloody married him in the first place' and I said 'because I didn't know,' and 'once you found out why didn't you leave him' and I said 'the answer to why I didn't leave him is sitting beside me on the sofa here; because my mother brought me up to stick to the promises that I had made; when I made a promise that this marriage was for better and for worse' [...] He couldn't understand and take it at all and he has never seen Michelle since.

Evan was Sandra's Welsh father from the South Wales Valleys; he sustained the hegemony of traditional understandings of sex and gender. He discursively recreated the established understanding of the linkages between male sex, masculine gender and marriage (Atkinson and DePalma, 2009). When Michelle

broke this linkage Evan socially ignored her and purged her from his life which resulted in both she and Sandra being distressed.

Gender Identity Clinics (GICs)

Kaitlyn, at some point between Daniela's emergence in 2007 and the interview in 2009, turned to Charing Cross GIC to ask for support in dealing with her daughter's transition:

Kaitlyn: They didn't have any information and support for families.

When I interviewed Kaitlyn my analysis of her data showed that she was grieving and greatly distressed so she was looking for support and found none at the GIC. None of the cis intimates I interviewed received the support they needed from a GIC. Furthermore, Sophie and her wife Lynne had been sent by a GIC to see a psychiatrist:

Lynne: She wanted to counsel us together. Basically, I saw her as being someone who was on Sophie's side. She said that 'I needed to get used to the idea,' so that didn't go down well and I was very upset.

Other extracts from my interview with Lynne showed that she was distressed by her husband's transition and that she needed support and help which was frequently denied. Tragically, Lynne and Kaitlyn's experiences reflect that of Michelle 28 years earlier. She told me that she had been referred to a GIC in about 1980. Michelle had begun transitioning under the care of a local psychiatrist who had begun her hormone treatment; he then referred her to Charing Cross hospital where she had a consultation:

Michelle: I went down there when that bastard, who, whatever his name, I've forgotten his name now. That kind of shit, who turned out to be a, not even in the closet but in your face transvestite and how the hell he thought he was going to be able to cope with people like us when his condition was to do with male sexuality. [...] It was just a horrible, horrible, experience and he made me feel like I was a bloody freak. I came home and spent a lot of time crying my eyes out. I was so ashamed of being different after having had that experience with him.

Michelle's encounter was extremely distressing and she was still angry about the experience when I interviewed her many years after the consultation. Pre-transition she would have had many distressing emotions, as discussed earlier, but this experience at the GIC exacerbated these feelings. Campaigners (pfc, 1997-2008) using experiences like Michelle's caused practice at GICs to improve towards the contemporary ideal protocol and ethics of care towards trans people and their intimates (GIREs, 2008a). I did not investigate transgender people's more recent experiences of GICs as I felt it was outside the scope of my research questions. However, there are still funding problems for access to treatment and waiting times for medical intervention have not improved in the UK NHS (Whittle et al., 2007).

Other transsexual experiences

Counselling/psychotherapy

Christina, Kimberly's wife, had psychodynamic training as a counsellor. She insisted that Kimberly went for counselling whilst transitioning:

Christina: That really helped us in the trans-journey. [...] It gave her a space where she could begin to explore all the issues that came up, and she was able to articulate what was going on, and that was really good.

Kimberly suffered from an emotional breakdown and was under the care of a consultant psychiatrist. Christina's training enabled her to see the value of counselling for Kimberly because she felt it would have allowed Kimberly to articulate her transitional story and tell of the loss of her previous identification as a man real (Walter, 1999). Furthermore counselling might have reduced Kimberly's transitional distress, facilitated communication with Christina and increased their intimacy

Kaitlyn's family were helped by a counsellor in a different way. Daniela and the mother Kaitlyn, sought mediation by a counsellor to help the family during Daniela's transition:

Brianna: She [the counsellor] had mentioned that Daniela was very different without my mother and me around. She was much more open and comfortable with herself and had a stronger character. The therapist had said that my mum and I had more dominating characters and would take over a conversation and have stronger opinions or something like that. So we tried to sort of shut up and listen. Daniela was saying that she was experiencing a lot of depression at the time (for the few years that she was thinking and figuring out what was going on). I don't think she had ever really considered suicide or anything like that but she said she was depressed. She was figuring out what was wrong and it was scary for her too. [...] I started thinking that I love my brother so much that I would much rather have a sister than no brother at all.

The consultation facilitated conversation about Daniela's pre-transition distress and supported the family's understanding and emotional responses to Daniela's emergence. Brianna realised that she could accept Daniela's emergent identity and she went on to use the encounter to mediate between Daniela and her mother:

Brianna: My mum would call me, probably about once a week, she would be working out a lot more issues and she expressed a lot of her fears and a lot of her anger. [...] I tried to be the mediator because Daniela would get offended by something mum would say and mum would be angry and upset about that. I would always try to play devil's advocate for both of them.

Brianna absorbed some of her mother's grieving anger and fear; furthermore she buffered the anger of Kaitlyn and Daniela's exchanges. The original therapeutic encounter facilitated the reduction of the three actors' emotional distress.

Seeking emotional help from a counsellor made matters worse for other participants. Lynne and Sophie told me of their experience:

Lynne: We have been to lots of counsellors. We have found a really good joint counsellor but the trouble is that it gets quite expensive after a while;

there is just nothing on the National Health.

Sophie: It was one of the police ones [a counsellor], there was no beef with her and she said one day 'when are you going to split up?' And I said 'well we are not,' and she said 'but you have got to,' and I said 'well why?' She said 'you will want to start your new life; and Lynne will need to get off with a new life.'

This counsellor had no contemporary experience of working with transsexual people and was operating on the previous clinical understandings that transition could only be successful if a pre-transition couple separated (Lev, 2004). Counselling failed to help Lynne and she remained distressed at interview.

Debbie told me that her sister had gone to a counsellor for help:

Debbie: After 3 sessions the counsellor said 'I have got a problem with transsexuals,' so that was the end of that.

Help was refused and this may have been because the counsellor adhered to the ideology of institutional heterosexuality which refused to acknowledge Debbie's existence as a transsexual woman who was of low heterosexual value (Rubin, 1984).

Steven was homeless when he approached a counsellor and the experience left him angry. He had previously viewed potential rental accommodation where the man he met 'thoroughly and brutally sexually assaulted' him. Steven told me about what had happened with the therapist:

Steven: He was absolutely useless because I told him about some of the things that had happened. For example, anal fist fucking, and he said well 'some people enjoy that,' so I kind of thought that I need to see someone who is going to help me.

The assault on Steven was compounded by the inappropriate and damaging practice of this counsellor. The counsellor heterosexualised Steven's assault and positioned it as more important than his emotional distress (Woodward, 2008; Shapiro, 2010).

The church

Transition was facilitated for transgender people through seeking information and support from other transgender people (Lev, 2004). Kimberly explained how she was supported when she went to the Metropolitan Community Church:

Kimberly: I have a Christian background and I have a Christian faith. [...] It was the first time that I had heard of transgendered people who were Christians. [...] That really helped my own acceptance of myself as transgendered. Prior to that, I had been unable to reconcile my faith with being transgendered.

The Church (Churches, 2010) is affirmative of LGBT people and helped Kimberly to increase self-acceptance and facilitated the work required to establish her identity as a Christian woman (Shapiro, 2010).

Christina, Kimberly's wife, told me that the clergy at the cathedral they attended were also supportive:

Christina: We had a conversation with one of the clergy this evening. Kimberly and I are having new rings made before Kimberly goes in for surgery. They offered to blessing those rings and having a service of prayer for us.

Both Christina and Kimberly were helped through transition by the actions of these clergy.

Sandra used the church as an outlet for her grief over the loss of her husband:

Sandra: I prayed a lot. I also, at that point, had a friend that I confided in and so we prayed because it seemed that God would find a way to sort this thing out. [...] I was with people there who were nice to me and I felt that I was within something. But, it did cause some sorts of tensions because Michelle just saw it as my thing and I saw her side as her thing.

Sandra was searching for the meaning of her husband's transsexualism and the loss she experienced the friendship offered by the Church enabled her to grieve (Walter, 1999). However, turning to religion may have weakened her intimate bond with Michelle who chose not to get involved with the enterprise.

An in-between sexual object

Melissa is a transsexual woman who identified as lesbian. Other women saw her sex as in-between, neither quite conventionally male nor female:

Melissa: After I had transitioned, very quickly, I developed a really good social life. I found a lot of women were hitting on me because I was a trans woman. I don't know if you have heard the term bi-curious (see glossary on page 273) before? It is for people interested in and may be trying a same sex relationship. That put me off and made me a bit more wary.

The women used Melissa to explore their sexual preferences. This was distressing for Melissa because her lesbian identity was not fully recognised by these intimates who might still have seen her as partly male. She was regarded as a sexual object, similar to Steven discussed above, and her identity was not recognised. The recent empirical research studies, see literature review, (Hines, 2007; Brown, 2009; Sanger, 2010b) explored the sexuality of transgender people but trans people's sexuality is outside the scope of my research questions.

What are the factors that influence recognition by close intimates of a transsexual person's new identifications?

This section moves on from studying the emotional reactions to transition and how these might have been alleviated or exacerbated to conclude examination of the impact of transition on familial intimate relationships. Maintaining familial intimacy during and after transition is important to trans participants because it helps them to develop their sense of personhood in their new sex/gender identifications (Carsten, 2004). It further allows both transsexual and cis intimates agency to negotiate transsexual familial reconfigurations (Weston, 1991; Finch and Mason, 2000). Recognition of the new transitional sex/gender identities is facilitated by allowing both cis and transsexual people the space and the opportunity to adjust their identifications in response to the transitional changes. Maintaining new contextual patterns of intimate relations requires work to make them sustainable (Smart, 2007). However, as Weeks et al. (2001) optimistically points out, as a result of their research, there is the possibility that life changing moments might allow intimacies to flourish; transsexual transition was one such juncture. This section advances the empirical narrative research of other scholars working in the field of sexuality, *Transgender Studies*, intimacy and family studies (see Chapter 1).

The factors that influenced recognition by intimates of the transsexual person's desired sex/gender identifications were investigated. The data was analysed using the theoretical framework of institutional heterosexuality, the postmodern conceptualisation of identity and the knowledge of intimate relationships developed in the literature review.

A rupture of embodied intimacy

This sub-section now considers how recognition is influenced by embodiment. Lynne was the wife of Sophie, a transsexual woman. Lynne repeatedly told me about the platonic nature of their relationship:

Lynne: We are together and we are happy because we are like sisters. We are really good friends and we just like being together. We've got our security together and everything. I mean that it's not like we are a married couple, there's no sex involved, but we're just comfortable in each other's company. We are affectionate and hold hands if we are in a cinema, it's because we always have done; we still share a bed; it's habitude.

Lynne had a traditional expectation of her marriage, that it would be both a sexual and a romantic bond (Giddens, 2006). However, Sophie's transition coerced their relationship into having a residual platonic intimacy. Lynne regretted this change and the lost expectations:

Lynne: The sad thing is that the romance has gone and you can't be romantic. I don't actually feel anything beyond that. I cannot imagine life without her; our pensions are tied up and all our finances are tied up.

Even though Lynne was fearful for her financial future she found the whole experience of Sophie's embodied changes awful. Lynne's traditional sexual expectations had gone because she found the emergent Sophie unattractive. Sophie had just undergone face feminisation surgery in the US and her face had not healed, Lynne described it as horrible. Lynne experienced a tension between the loss of the romantic and sexual expectations of her marriage and the need for

financial security. This left her torn between staying in the relationship and ending it because it no longer met her needs (Giddens, 1992; 2006; Gabb, 2008). Furthermore, she was powerless to resolve these contradictions so she became anxious and distressed (Smart, 2007). Her feelings were exacerbated because she was partly dependant on Sophie's money (Giddens, 2006). They were in a desperate situation because Sophie's job was precarious due to harassment at work. This job insecurity was not unusual because Whittle et al. (2007) identified that transitioning transsexual people are often harassed in their workplace.

Sexual intimacy was also a problem for Sally, the wife of a transsexual woman. She recalled how her relationship with her husband developed after they had their first child:

Sally: Sex life, not interested, a million excuses, and all I got from him was 'you're too stressed, we're not going to have any more children.' That was it; we were just a platonic couple running around after the child.

Sally had traditional marital expectations of a sex life together with children (Morgan, 1996). However, her transsexual spouse did not want to have a sexual relationship, the situation was not unusual since Gurvich (1991) interviewed the wives of transsexual women and found a similar disinterest in sexual intimacy. Sally was angry that her presumptions of their marriage were not met. Sally and Steven/Stephaney had colliding interests; his/her desire to change sex/gender and her expectations of a sexual relationship. Steven/Stephaney blamed Sally for this lack of sexual relations but failed to negotiate the marital situation with her (Giddens, 1992). Steven/Stephaney did not address her expectations of their marriage which eventually ended because neither Steven/Stephaney nor Sally's expectations were met (Beck and Beck-Gernsheim, 1995).

There was a close intimate relationship between Sandra and Michelle her transsexual ex-husband. Sandra believed in romantic love and saw her role as a wife to be supportive of her husband (Giddens, 1992):

Sandra: I didn't want to do it [have a civil partnership] as I have lived my entire life doing everything for Michelle, supporting her and encouraging her. We had our rows but that was because of ignorance. [...] I felt this is actually my time. I want to do my own thing because I haven't been my own person for the last 40 years. The night after her second op, when everything was well and truly done and dusted, I can remember going out to the balcony and thinking where does this leave me now. I said to her 'we've got to separate our finances from now on because this is your life now.' [...] I want us to do our own thing really, but that was a pretty tough thing to do.

In this emotional extract Sandra made many pauses and deliberations over her words. She was able to support and care for Michelle because she considered that they were an intimate family unit, she did what was expected of a wife (Hochschild, 1989; 2003a; Lynch and Lyons, 2009) Loyalty to her husband was more important than rejection of Michelle, a transitioning transsexual woman. But they eventually dissolved their marriage in order for Michelle to get a gender recognition certificate. However, the dissolution paved the way for a possible civil partnership as a same sex couple (Sandland, 2005:43) but Sandra chose not to take up this option. She grieved the loss of heterosexual marriage having tried, at great cost, to retain it

because she had gone beyond customary expectations and supported Michelle through sex reassignment surgery. Heterosexual ideology positioned relations of the body and sex as paramount (Woodward, 2008; Shapiro, 2010) so when Michelle finally had a penectomy and vaginoplasty (GIRES, 2008a) Sandra began to question her status as a dutiful wife. The change in Michelle's sexual embodiment precipitated an appreciation of Sandra's own needs outside the marriage, she proactively managed the situation when she decided not to have a civil partnership (Bauman, 2003). However, as Bauman and Smart (2007) predicted, this left her in a position of anxiety, trying to reconcile her conflicting feelings and desires. These were of letting go of being a traditional wife and meeting the needs of her new status as a single woman.

The matrix of institutional heterosexuality

Transgender people disrupt the usual relationships between the biologically sexed body and socially performed gender Stryker (2006), both foundational to the institution of heterosexuality. James identified as a trans man and he lived in a close friendship circle of young people who were accepting of his gender variant status:

James: The friends I have are untypical of the average young person. They are open minded, outcasts, into alternative media; maybe they were bullied at school or may be gay.

James's friends did not easily fit into a traditional understanding of a heterosexual family because they were a diverse grouping of minority categories; they might be considered as a new family (Plummer, 1995; Roseneil and Budgeon, 2004; Giddens, 2006). Moreover, they might have coalesced because they were searching for intimacy and support in a shared community where the commonality was that their transgressions challenged the ideology of institutional heterosexuality (Ingraham, 2005; Gabb, 2008).

Sometimes people are forced by life events to accommodate a positioning outside of heterosexuality's ideological framework. Elizabeth told me that her mother struggled initially with her new transsexual identity:

Elizabeth: She found it very hard at first, I think partly because we were a broken-up family because she has had two illegitimate children before me and the whole family, all four of us, have had problems of one kind or another. She thought I was the perfect one who never had any problems and all of a sudden I come out with all this lot. I think it was more because of her environment and perhaps a bit of a disappointment. In the long term, she has seen it has made me a happier person and she has seen how it has affected me. She is absolutely fine now.

Elizabeth's mother had a life history situated outside the ideological family norms of heterosexuality (Ingraham, 2005). Her experience of having two illegitimate children had already disrupted the traditional understandings of family as part of institutional heterosexual ideology (Morgan, 1996). At first she struggled to accept Elizabeth's transgressive change of sex/gender identification (Cromwell, 1999; Monro, 2010). Even though the mother had infringed heterosexuality's norms herself she still saw the transitional family as a powerful and attractive institution (Gross,

2005). However, this positioning was in tension with Elizabeth's violation of normality and it might have been the cause of the mother's emotional distress and disappointment (Smart, 2007). Nevertheless, she eventually realised that her maternal caring role as a mother was more important than this ideal (Gabb, 2008).

Debbie, the lesbian sister of a transsexual woman, had eventually accepted her sister's transition; she reflected upon the experience:

Debbie: I don't know if it was the right decision; it was certainly a right decision if you see what I mean. [...] She has got through the transition successfully, she hasn't had surgery yet, but apart from that she lives successfully as a woman.

Debbie was initially ambivalent about accepting her new sister, Samantha, but when she saw that her new sister functioned successfully as a conventional woman she accepted the situation. Furthermore, Debbie identified as a lesbian so she transgressed the norms of heterosexuality, but her violation, like Elizabeth's mother's, did not initially allow the further possibility of transsexuality. Debbie's difficulties were intensified because lesbians were more acceptable in normative society than transsexual people (Rubin, 1984; Plummer, 1995) so it seemed that a transsexual woman was too disruptive of Debbie's ideological positioning within heterosexuality as a lesbian. Alternatively, she might, as a lesbian, initially have followed Raymond's (1979) anti-transsexual thesis (see literature review) because, as I argue there, the issue of transsexual women still remains unresolved (Connell, 2012). Furthermore, her change of view might have been because of kinship affinity with her new sister (Smart, 2007).

Kaitlyn, the mother of a transsexual woman, told me elsewhere that she had transvestite and gay male friendships; nevertheless, she struggled to accept her new transsexual daughter Daniela:

Kaitlyn: There is so much you can do to support him but it is still very hard to tell him, and I have, 'I can't be a cheer leader and I can't support you in that way. I'll give you my kidneys, I still love you but I can't.' [...] I am now at a point where I am struggling a bit. [...] I can't encourage, 'I can't wait until you get your penis chopped off,' I can't do that.

She still referred to Daniela using a male personal pronoun and was greatly disturbed by Daniela's disruption of her male embodiment. Kaitlyn was torn between her ideological understanding of a conventional sexual embodiment and her loyalty and traditional care role as Daniela's mother (Hochschild, 1989; 2003a). She was a mother who had a son and was unable to conceive how Daniela could re-sex her body because such action defied traditional heterosexual understandings. The mother's tolerance of gay and transvestite friends did not extend to the changes in embodiment required by Daniela. Heterosexuality positions relations of the body as paramount (see page 48) so she acted like the other intimates discussed above, she allowed some disruption but this did not include transsexuality.

Life at the borders of heterosexual theory

The positioning of transsexual people beyond the discourse of gender, sex and sexuality is theoretically problematic, (Cromwell, 1999; Gabb, 2008; Sanger, 2008; Hines and Sanger, 2010; Monro, 2010). Furthermore, transsexual people disrupt the usual heterosexual relationships between the biologically sexed body and socially performed gender (Ingraham, 2005). Transsexual people challenge the institutional set of patterned behaviours and rituals meaning to be 'straight' acting and thinking, the basis for hegemonic heterosexuality. However, Sanger (2010b) found that transsexual people may be accommodated in the day to day lived experience of intimate relationships. Familial intimates, in this research, found that the negotiation of this repositioning was not easy; however, some achieved and lived with it.

Nigel, a transsexual man, told me that his lesbian partner, Beth, had initially struggled to accept their new intimate relationship as a woman and a transsexual man. However, their relationship settled:

Nigel: We look like a heterosexual couple and she doesn't mind it so much now. Whenever people ask, right from the start, I have been happy to say that Beth is a lesbian and people give quizzical looks. I am trans and it doesn't make sense but we work.

Beth struggled to reconcile her lesbian identity within the context of their intimate relationship as Nigel shifted from being publically perceived as a woman towards being seen as a man. Nicola Brown (2009), in her study of the lesbian partners of transsexual men, reported that their sexuality shifted significantly in the course of their partner's transition. Beth reflected on being perceived as a heterosexual woman as a result of Nigel's public changes. (There was the possibility that their sexual activities might have been open to change (Whittle, 1996; Cromwell, 1999; Lev, 2004; 2006; Brown, 2009; Sanger, 2010b) but we did not discuss this.) Their lived reality was beyond both every day and contemporary heterosexual theoretical understandings. However, they may be understood as being engaged in negotiation of reconfigured family forms and sexual life (Hite, 1994; Jamieson, 1998; Roseneil and Budgeon, 2004; Williams, 2004b; Gross, 2005).

Christina initially grieved Kimberly's transition into a woman because she was losing her identity as a wife (see chapter 3). She had told me that their new relationship was being seen as a lesbian relationship, she explained what she thought about this public perception:

Christina: I don't do anything to dissolution them most of the time. Sometimes, when we get to know people much better than we, if they haven't already worked out questions about what is going on, might choose to explain. But, I just choose to let people think what they want really. As long as we are comfortable in our identities together and our individual identities then we are quite happy.

Christina grieved her loss but later recognised that their relationship together was important. She moved from grief to accommodate the benefits for her of a different intimacy with Kimberly. This relationship might have been perceived to be a lesbian coupling but it was between a woman and a transsexual woman. The arrangement was not explainable in everyday terms but it was lived by Christina and Kimberly. Even though they struggled to identify themselves within a wider contemporary

understanding of a plurality of sexual identities these actors made sense of their situation, it was their daily extant reality. They reflected Nigel and Beth's experience, they were all adapting to a more inclusive new understanding of families (Weston, 1991; Giddens, 1992; Spencer and Pahl, 2006). Whittle (Stryker and Whittle, 2006) alerts the reader to the struggle and the disruption that transsexual people cause to sex and gender theory (discussed at many places in Chapter 1). The transsexual people and their intimates, considered above, lived with the tension between theoretical understandings and their everyday lived reality.

Intimate relationships silenced

The section next considers the marginalisation and silencing of trans people's intimate relationships. 'Queer theorists directed their attention to the ways in which "heteronormativity" rendered alternatives to heterosexuality "other" and marginal' (Jackson, 2005:22). In this quote Stevi Jackson draws attention to that which heterosexual ideology excludes: the *other*, the marginalised; the failed heterosexual lives which are silenced (Hockey et al., 2007). Gay and lesbian liberation activists have recognised this silence for a long time (Stacey, 1991). Stryker illuminates this silencing of the *other* specifically for transsexual people. She refers to Michael Foucault's (2003) "insurrection of subjugated knowledges," (cited in Stryker, 2006:12-3) and she interprets this to mean different types of knowledge. Firstly: 'Historical contents that have been masked or buried in functional coherences or formal systemisations,' (2006:13). In the context of transgender people this means the historical erasure of transsexual lives. Secondly, again drawing on Foucault who Stryker interprets as referring to:

[...] a whole series of knowledges that have been disqualified as nonconceptual [sic] knowledges, as insufficiently elaborated knowledges, naive knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity [sic] (Stryker, 2006:13).

Contemporary transgender people's embodied experiences and their relationships are inferior knowledges. They are excluded by the discourses of the institutions in which they are situated. Their discourses are less than the dominant discourse of heterosexual relations.

Samantha, a transsexual woman, was silenced and her sister told of the situation in their family:

Debbie: We have achieved a sort of English happy medium; everyone is perfectly happy on the outside but we are not going to talk about the inside.

So the family accepted Samantha as long as her transition was not talked about. The family regarded Samantha to be a woman and that was all there was to it; her male past and transsexual history were erased along with any emotions that might have been associated with Samantha's transition.

The public-private dichotomy of intimacy

The section next considers how, when publically sex/gender identities are changing, privately there is a more intimate negotiation taking place. I argue (in Chapter 1) that identity is forged by social interaction within various networks of others rather than being an intrinsic core property of the self. Furthermore, I argue that we were dependent on each other (Rose, 1991; Lawler, 2008; Connell, 2011), that the various identifications that we take up are socially and politically important as a basis for self-recognition. Moreover, the process of identification facilitates conceptualisation of the interface between the personal and the social (Woodward, 2006).

Beth considered the affect that Nigel's changes in embodiment (male pattern hair growth and muscular development) had upon their relationship:

Beth: Like physical changes like I suppose in time he got more muscle and, well he has even now not much facial hair, so they don't tend to be very hairy and he said his dad was not very hairy so we were not expecting it you know to grow a big beard or anything, [um...], that has been quite slow I suppose the facial hair. [...] I don't feel any less attracted to him, [um...], you know, like I said that was, something that worried him, [um...] and, I don't think it has really made a big difference to me, [um...] It is just like the same person, it is still, you know, who I find really attractive.

Nigel was of Far Eastern origin and there was the assertion that such men did not tend to be too hairy, Beth was bemused about the stereotypical embodiments of Eastern and Western expectations (Louie and Edwards, 1994). However, she maintained that she still saw Nigel as the same person and that it was important that the core aspect of Nigel's personality did not change despite his slow embodied metamorphosis. As discussed earlier, in this section, they both appeared to be able to re-establish their intimacy despite the transition. In his relationship with Beth, Nigel moderated his public masculine identification and presented to Beth a more feminised male embodied identity and he emphasised the dichotomy to preserve their intimate relationship. However, as a couple they appeared to contradict normative expectations. Identifications based on sex/gender was decentred and given less prominence whilst identifications based on other personal social characteristics were foregrounded; a phenomenon found in another study of transsexual transition (Roseneil and Budgeon, 2004). Moreover, Alcoff (2006) argues, quite rightly I think, that in reality neither the public identity nor the lived private subjectivity of the person are entirely separate and distinct but are more subtly interdependent upon each other.

Authoritative sources of knowledge

The psycho-medical treatment for transsexuality is based on a bio-etiological understanding (Dean, 1998; GIRES, 2008a). This explanation was used by Nigel to support his mother and sister in coming to terms with his transition:

Nigel: [laugh] I did sort of call them up and say that 'this is what is happening I am going to transition [um...], I have sent some information for you in the post' [laugh], [um...], you know, recommended reading should she want it and I said look 'at the end of the day if you want to disown me well it's entirely in

your right' [um...] and, I said 'I hope you don't [um...], well at the end of the day I am still the same person.'

Nigel supplemented his telephone announcement by sending simplified etiological medical information, to his mother and sister:

Nigel: I just sort of mentioned about [um...], the changes in maternal hormones and things like that and I sort, it is due to medication some of that and environmental hormones, and, [um...], which I knew my mum wasn't using any hormones at the time and all that, [um...] and the other thing was about [um...], the brain development and how it is hardwired and all that, [um...] and the research from the Netherlands [see page **Error! Bookmark not defined.**], that was it and I distilled it quite a bit so that they could understand it.

He was medically qualified so this gave him institutional power which enabled him to explain the psycho-medical etiology of transsexuality and use it to advance his transitional project. He hoped this ameliorated his family's concerns about his transition and that it might have facilitated their acceptance. I argue that his frequently nervous laugh, during the interview, suggested that he was worried; he feared that his family would abandon and reject him when he announced his intention to transition. The possibility of rejection was frightening (see chapter 3) but he decided to risk the possible pain and social stigma of transitioning (Green, 2006). He took care not to blame his transsexuality on his mother by avoiding the 'mother blame' psychoanalytic thesis (see chapter 1). Nigel tried to normalise transsexuality as a natural biological variation rather than it being perceived as a cultural deviation:

Nigel: in the Far East this is a deviant culture, [um...], whereas I am just trying to, I suppose in a way trying to normalise it as a sort of variation, of being human, at the end of the day.

He told me elsewhere that the family were aware of 'lady boys'; well-known gender variant women in Thailand, who are an especially stigmatised Far East Asian group (Long, 2009). He wanted to avoid offending his family and counter their traditional understandings of dichotomous sex/gender. Nigel later told me that his approach seemed to have a positive effect on his mother's acceptance.

Brittany explained why she supported her transsexual friend James:

Brittany: I think it is important to be open minded about stuff like this [...] it is like a medical condition [...] I can't imagine what it must feel like, you know, you have got to understand that person. I think it is really important being there for then it is kind of supporting them and kind of listening to them and trying to understand. [...] It is not just like they are coming out with any old thing.

Brittany and James were co-habiting friends and she felt committed to care about him (Roseneil and Budgeon, 2004). This care was facilitated by their adoption of the psycho-medical etiology of transsexuality. This understanding is given credibility by the powerful medical ideological underpinnings of institutional heterosexuality (Ingraham, 2005). Seen through a psycho-medical lens James' transsexuality is a problem that might be medically corrected (Benjamin, 1966).

Researchers in Sweden found that younger people, who adopted a biological causation, had a more tolerant and open attitude towards transsexual people

(Landen, 2000). (Young academics would be more inclined to favour a queer approach to transgenderism (see chapter 1 and Plummer, 2011).) I extend Landen's research findings and used Nigel's experience above to posit that there is the possibility that this normative understanding might help acceptance of transsexual people by older cis people. The medical discourse of transsexuality aims to normalise transsexual people post-transition by making them conventional men and women. Furthermore, transsexual people espouse this medical discourse because it gives them agency in securing access to the medical treatment they require (Hausman, 1995; Bolin, 1998; Cromwell, 1999; Stone, 2006).

An end to a relationship

The section now moves to consider relationships that did not survive post-transition. Lianne, a transsexual woman, explained what happened when female intimates became aware of her cross gender/sex identifications:

Lianne: I have had several female partners and I'd gone through a few and the female partners I was with knew I dressed up and we went off and did things, they were aware of my dressing up and [*um...*] the relationships broke down, because of it, eventually, because they realised that, that wasn't really I think they thought it was going to go away and they couldn't deal with it eventually so, yeah I went through several relationships.

When Lianne failed to meet the usual expectations of her intimate partners they ended the relationship. Pre-transition Lianne needed to identify with the opposite sex and gender to which she has been assigned at birth and she initially did this through cross dressing. Children and younger trans people learn to attribute their own and others' sex and gender on the basis of clothing (Cahill, 1989) and they find cross-dressing as an accessible means of gender exploration (Gagne et al., 1997). However, Lianne's intimates wanted a normal relationship with a man and were not able to tolerate cross-dressing although they might have regarded it as a strange behaviour (Rubin, 1984; Gagne et al., 1997). Acceptance of Lianne's behaviour and her deeper intentions conflicted with their normative desires. Eventually this conflict could not be resolved and the relationship ended (Giddens, 1992; Beck and Beck-Gernsheim, 1995; Bauman, 2003; Gabb, 2006).

Melissa's parents did not accept her transsexuality:

Melissa: My younger brother [...] was gay, he got cancer and he died [...] He could never tell my parents that and to me that was one of the saddest things of him constantly having to lie. [...] What really finished my relationship with my parents was, their criticism of me starting to working for LGBT organisations [...] and people with HIV. [...] My mum she never hid her disgust, particularly with working with LGBT people and [...] I found out that she was lying about what I was doing with other people, uh, she criticised me behind my back, you know at family dos and things like that and it just was really damaging, you know when you are trying to get yourself well and trying to sort your mental health problems out and faced with such criticism. [...] My dad was that, ever since I, you know he was so violent, I still have very, very, violent nightmares and flash backs about that abuse, it was very difficult, you know my sleep has been really disturbed in the night and I am feeling rotten, excuse me, I have had such terrible vivid nightmares about my dad. [...] My parents did want to control everything, whether it was the job I had,

where I lived, who I saw, they were always critical of partners of mine who they did not like, they wanted to control everything, which was again why it was such, a difficult thing to do to tell them about my transition.

Melissa's parents rejected her brother's gay identity and tried forcibly to prevent her transsexual identity development; they might have chosen to negotiate with Melissa and her brother but chose not to do this. In their attempts to maintain power and control they dehumanised the marginalised groups with which Melissa worked (Connell and Messerschmidt, 2005). Melissa and her brother's identifications were outside the parents conventional understandings of how their family ought to have been so they were austere sanctioned (Gabb, 2006). However, Melissa expected her parents to have behaved caringly but their attempts to socialise her into an adult male (Parsons and Bales, 1995; Morgan, 1996) were incongruent with her sense of female identity. Ideally they should have understood and cared but they chose to be critical, violent and controlling in their endeavours to socialise her and her brother into heteronormative social order. Melissa's needs were unmet and she became distressed and when the situation became intolerable she ended the parental-child relationship because it no longer met her needs (Giddens, 2006). Melissa told me elsewhere that her father was a fundamentalist Christian minister so to examine this relationship in more detail and for further analysis I briefly review religious fundamentalism.

Fundamentalist purging

Fundamentalism is seen by many as a generic form of opposition to modernity (Armstrong, 2004; Sardar and Davies, 2004; Sim, 2004) and a psychological phenomenon. It is as an attempt to search for security in a period of bewildering change, an attempt to hang on to a misplaced nostalgia. The characteristics of the fundamentalist personality are: 'A desire for certainty and for the power to enforce that certainty over others' (Sim, 2004:29). Christian fundamentalists in the US, since the late 1970s, have attacked feminists and homosexuals whom they regard to be responsible for America's decline (Armstrong, 2004; Sim, 2004). In this context it seems reasonable to suggest that religious and particularly Christian fundamentalist people want to enforce institutional heterosexuality. Therefore they oppose transsexuality because it was traditionally associated with homosexuality (von Krafft-Ebing, 2006) and/or because it transgresses conventional binary understandings of sex and gender (Genesis 1:27).

Melissa became distressed when she talked about her family because she had been estranged from her mother and father since she began transition five years previously. At first, they thought Melissa's change in identity was just a phase, but when they realised it wasn't, the relationship deteriorated. I was interested to try to understand more about her parents and to find out why they rejected Melissa:

Melissa: Their behaviour goes; went much further than, even any of the right wing or evangelical Christian groups which are currently, a lot of them in America and setting up in the UK. My mum is the most judgmental person that I have ever met [...] I was so terrified of their disapproval, [*um...*] and that's why it took so long for me to transition. They are just the most repressed people I have ever met. [...] It's taken all that courage to come out and transition and then it was then never mentioned; I dread to think what they thought about my sex life or who I was attracted to.

Melissa appeared to be still distressed by their behaviour whilst she reiterated her mother's disgust and intolerance of marginal people and her work with them. She described how she also considered that they suppressed discussion and thoughts about sex. They exhibited the characteristic, associated with fundamentalists, of being essentially homophobic (Armstrong, 2004; Sim, 2004). Furthermore, Melissa added, as I argue above, that they were transphobic. In their attempts to control Melissa they used gratuitous violence and humiliation:

Melissa: I first realised that there were transgendered people out there when I was about, 6 or 7, it was about 1973, and there was a story about April Ashley [(Ashley and Fallowell, 1982) ...] I remember my mum saying 'oh that's disgusting' [*um...*] but that was the first time that I really identified as being transgender. [...] She wasn't saying it was disgusting the way that April Ashley was treated, she said 'it was disgusting that men pretended to be women'; those I think were her exact words.

My dad used to give me a thick ear and tell me 'don't be so stupid that's not going to happen,' and one of his comments that has always really stuck with me was 'you are an abomination if you alter the body that God gave you.' [...] Well, as far as violence is concerned it was much more than just a smack it was belting, being slammed against walls and grabbed by your throat and things like that and pretty much everything; that seemed to be my dad's response to anything. [...] My dad caught me a couple of times [cross-dressing] and really he, he humiliated me on a regular basis in front of the family. [...] The violence it was terrifying.

Melissa saw her GP, when she was 19, who referred her to a GIC, however, she did not transition until she was 30 because she still felt so bad about their ill-treatment. The parents were fundamentalists and violently tried to control her deviations from the established heterosexual order.

Gareth was the eldest of Michelle's two brothers and was a highly successful executive in the corporate world of capitalist finance:

Michelle: Gareth, he has always been a terrible shit, he has been incredibly successful, [...] he's got where he's got by basically knifing half his colleagues in the back and climbing over their poor bodies as he climbs further up the corporate ladder. And he has always despised me because I've not wanted what he's wanted. [...] I am sure that Gareth has got a hidden feminine side which is deeply repressed and which makes him uncomfortable even to acknowledge. [...] He is obviously very concerned that if somebody suddenly finds out that he's got a transgender brother/sister. [...] He was terrified that that would impact on his corporate rise.

Gareth was portrayed as quite an unsavoury character who searched for self-advancement within corporate finance and was motivated by money which he saw as necessary for his lavish lifestyle. He was terrified that Michelle's transsexual transition might have jeopardised his executive position and expensive lifestyle. Michelle speculated that Gareth may have been antagonistic towards her because he also had a suppressed femininity. Michelle worked to keep her previous masculine identity dominant (see page 108) but eventually the feminine gender 'surged up within her' to take over and become her dominant identification (Connell, 2010:3). I maintain that we all have a range of gender identities available to us from

which we might identify; however, as advanced in Chapter 1 and 2, these are considerably restrained by institutional heterosexual hegemony. Transsexual people, who transition, undertake a major project of identity work to establish their new gender/sex embodiment (Overall, 2009; Shapiro, 2010). Usually cis people learn and then involuntarily portray the gender identity associated with their assigned biological sex whereas transsexual people on the other hand learn to suppress their cross gender identification (see chapter 3). They, like cis people, adopt the gender identity which preserves the expected correspondence between their assigned sex and gender.

Michelle's transition brought the unconscious normative sex and gender arrangements into, her brother, Gareth's awareness (Ahmed, 2004). He became frightened that his masculine identification would be destabilised from a position that Michelle suggested was precarious in the first place. Gareth acted to reduce his fear and this threatened instability by withdrawing from its cause, namely Michelle. Gareth rationalised this threat to his masculine identification as being a risk to his corporate career so he mercilessly purged Michelle from his life, as he has done with colleagues who threatened his corporate ascendancy.

Recalling that Melissa's father was a fundamentalist Christian, and she said he had violently suppressed Melissa's transsexual identity, the obvious result was that Melissa was forced to remove herself from his life. The father and mother were both cruel and hard hearted in this enterprise. I argued that Gareth was equally ruthless in his endeavour to free himself from Michelle. Gareth and Melissa's father shared a common zeal in their actions. Islamic scholar Akbar S Ahmed (2004) identifies this commonality between corporate finance and market fundamentalism with the religious variety and their requirement that individuals are zealous in the pursuit of their respective ideologies. Gareth was a corporate fundamentalist and Melissa's father a religious fundamentalist; both were fervent in pursuing their ideological beliefs.

Heterosexuality destabilised

The section next considers how transition destabilises heterosexual hierarchies and the effect it has on recognition. Debbie, the sister of a transsexual woman, spoke about their father's reaction to Samantha's transition:

Debbie: I think he has insecurities himself but I don't know about what. [...] He was never any good at sport; [um...] I wouldn't say effeminate because he wasn't but, to use the jargon, not sort of hegemonic masculinity. It [the transition] tapped into his insecurities which none of us knew about and none of us understood. [...] He suffers from quite serious depression which was worse in the mid-eighties and I think he was made redundant once or twice. [...] I remember he sort of shouted at my mum and would walk out of the house and that sort of thing; it is pretty frightening when it happens.

Debbie seemed to be defensively advocating that her father was not effeminate or like women. However, I would suggest that Debbie was at least considering his masculinity. Using Raewyn Connell's understanding of hegemonic masculinity Debbie's father was not tough, competitive and able to 'stand the heat' (Connell, 2002:102). In Connell's understanding he would have been complicit in preserving patriarchy and situated amongst subordinated men. Furthermore, Debbie was fearful of his masculine power over her and her mum, their fear emanated from their

subordinate and inferior position to men. Samantha's sex/gender transition posed a threat to her father's masculine positioning and consequently he found her transition difficult to accept. Debbie told me that eventually he accepted Samantha as a woman:

Debbie: He has found it a lot better, post-transition, the reason is that we have been out in *Rymond* [anonymised] together and he has commented on how much a young woman looks like Rachael. [...] Yes, she [Samantha] is successfully *passing*.

When the father discovered post-transition that Samantha was socially acceptable he felt no longer threatened by this new recognisable and subordinated woman. Their relationship eventually settled down as father and daughter and his fragile masculinity and manhood were re-established.

Lianne told me about her mother's difficulty with her transition:

Lianne: I think she has got a lot of issues herself about feeling quite masculine. She often used to say, after coming back from shopping, that she felt people were looking at her because she was a man. [...] I think she finds it difficult to accept; she blames herself. [...] She said to me once I would have preferred it if you were gay.

Tracy, Lianne's partner, also gave me her perceptions of Lianne's mother.

Tracy: She is very concerned about what other people think; her biggest thing is, what the neighbours think and what would so-so think. [...] In the past, she discovered some female items of clothing in Lianne's room and had just gone ballistic about it.

So it seemed that Lianne's mother was questioning her own sex/gender embodiment and Tracy suggested she was also questioning her sexuality. Lianne's transition might have made her more conscious of these insecurities because her heteronormative understandings were troubled especially the normal linkages between sex, gender and sexuality (Epstein, 1996; Richardson, 2007; Sanger, 2010b). The mother's sex/gender/sexuality was unsettled and destabilised by Lianne's transition (Connell and Messerschmidt, 2005). Her historical identity confusions were reinforced and she felt threatened.

Children and recognition

Finally this section considers how children respond to transsexual transition. Sandra told me about friends' reactions to the discovery of Michelle's transsexuality:

Sandra: I was going to an evening class with a friend. [...] She and I were walking home together; we just got on to something about children. [...] She said 'did you never want children?' And I said 'no, not particularly, they do not figure in our lives at all' and she said 'is that because Michelle wants to be a woman?' [...] I just burst into tears and everything. She took me home to her house and her husband was waiting there. And they got a little boy, he was about three at the time, and she shared with Peter what had happened. And then Peter said to me the most devastating thing, he said 'and what about Matthew [the little boy]?' Suddenly, I realised that if people found out about Michelle they would totally not understand Michelle's situation and that they were frightened for their children.

[This experience was not unique, later she told me that neighbours had also been hostile]

The people who lived further on, again they have got two children, and their attitude has been exactly the same as, all those years ago, with Peter; they said 'you know, there is a pervert living next door.'

Years later these memories were still distressing for Sandra. The clinician, Arlene Lev, stated that: 'If children are involved, concerns about the children can produce a protective and antagonistic reaction' (Lev, 2004:252). Lev addressed the situation of children in transitioning families but this experience is reflected more widely, beyond the immediacy of the family since transsexual transition is outside everyday heteronormative understandings. There is a paucity of family research literature, concerning the effect of an adult's transition on children. However, parallels might be drawn with the more extensive research conducted into children in lesbian and gay families since lesbian and gay parents transgress sexuality and sometimes gender norms. Research shows that no harm is done to children raised in these family structures (Golombok et al., 1983; Bozett, 1987; Patterson, 1994; Bailey and Zucker, 1995; Flaks et al., 1995; Patterson, 1995; 1996; Weeks et al., 2001). There is one study of transsexual parents that shows no negative effects on children (Ettner and White, 2000; cited in Lev, 2004).

Sally, the wife of Samantha, a transsexual woman, took her young daughter to the NHS family support unit. Sally wanted to have their assessment of the effect the transition was having on her daughter:

Sally: Their assessment was that Samantha was fine. She is five or six, she is the world's most laid back person about the whole situation; to her it is the way it is, Daddy is a woman and she is very accepting. [...] Steven/Steph, my ex, as a parent to her there is no comparison. He's there twice a week every week for her, touchy feely, being hands on for homework. You know what I mean, 10 out of 10 for parenting.

The psychologists found that Samantha had not been affected by her father's transition and this was confirmed by Sally's assessment of her daughter. The findings reflect Lev's proposition which suggests that transition is similar to divorce and separation. Young children may have an easier time coping with the transition than adolescents might have because they are more fluid around gender variance; normally gender identity does not become fixed until about five years old (Kohlberg, 1996). Young children 'play with and against the gender dichotomy itself', (Epstein, 1996; Connell, 2002:15). At adolescence, young people usually begin to explore sexuality (Cole, 1998) and reinforce their gender identities. Teenagers might interpret transsexuality as disrupting the normative linkages between these. Furthermore, Lev points out that therapists have also extrapolated their experience of separation and divorce to suggest that a key issue concerning how children manage their distress is dependant on how parents themselves handle transition and particularly their own grief and feelings of loss (Ettner and White, 2000).

Sally regarded Steven/Stephaney to be a good parent and was confident that her daughter was unaffected by the transition. Sally further addressed her sister's fears about Steven/Stephaney's transition:

Sally: Her little boy is nearly 5. 'What will; how will, I explain to him that Samantha hasn't got a Daddy?' And I went 'well, she has got a daddy.' But

'what shall I say that the daddy has gone away?' [Exasperated] 'Well I don't know;' she is speculating on what her son will ask. So I just said 'why don't you just let Samantha handle it, she has got a very good grasp of the situation, Samantha will handle her little cousin, we'll just let her handle it.'

Sally proposed that her daughter Samantha would be capable acting as an ambassador to their young nephew on behalf of Steven/Stephaney. In this extract Sally talked about her sister's fears but these were unfounded. I conclude that transition does not appear to distress younger children (I have argue above that older adolescent children might react differently.) and this knowledge might help adults associated with a transition. However, the claim that transition adversely affects children was used by Sandra's, friends and neighbours as an excuse for their adult fears and prejudices.

Summary of the impact of transition on familial intimacies

This chapter investigated the impact of transsexual transition on familial intimacies. The chapter had three main sections which reflect the last three of my research questions which are, what is the nature of the emotional reactions experienced when identifications change during transsexual transition, what factors alleviate or exacerbate any emotions experienced during transition and what are the factors that influenced recognition, by close intimates, of the transsexual intimate's new identifications?

The first section explored the nature of the emotional reactions experienced during transition. Here I revisited the understanding (used by participants) of transsexual transition, as a change of the sex and gender dichotomous identifications. Cis intimates experienced the change in identifications as a loss. The losses examined were as a brother, son or husband. In order to understand this loss and its associated emotional responses I outlined a short review of the literature loss and grief. I reviewed a sociological analysis of bereavement and the culture of grief. I argued that pain, suffering, numbness, yearning, searching, anger, disorganisation, despair, reorganization, denial, bargaining, depression and acceptance were expressions that might have suggested that grief might have been occurring. Lev (2004) proposed a stage model for the reactions of family to transsexual transition which I used to help with data analysis but I remained alert to the critiques of the model so I only used her stages to identify what might have been happening because I was mindful that familial intimates might have reacted to transsexual transition in complex, contradictory and in messy ways.

I discussed how intimates maintained and/or cut their bonds with the transsexual transitioner and how they oscillated between letting go and maintaining a proxy for the pre-transition identity. I next considered how the loss of identity as a wife was accommodated by adopting new identifications post-transition. When the transitional loss could not be publically acknowledged grief was more difficult. Transition was accommodated by one married couple who separated and became platonic friends; however, the loss of the marriage was emotionally difficult to bear. In all these cases

grief was a significant response to cis intimates' losses during transsexual transition¹⁰.

Some intimates were not able to continue an intimate relationship post-transition and the relationship fractured. These ruptures of intimacy resulted in the transsexual participants being excluded from the cis peoples' lives and were often accompanied with denial. However, there were attempts to ease the emotions of loss by maintaining weak bonds with the pre-transition identifications. Loss of identity as a wife resulted in identity uncertainty and instability, a finding supported theoretically by Woodward (2006). Transition caused heterosexuality's schema to be disrupted, furthermore, sexuality began to be questioned, a finding also confirmed empirically by Sanger (2010b). A temporal resolution of the transitional changes in identification was achieved by some participants. This settlement needs to be researched further in a longitudinal study (for example see Gabb, 2008).

When a relationship was reconfigured post transition the structure of institutional heterosexuality was challenged. Disenfranchised grief (grief that could not be publically acknowledged) was evident for both Kaitlyn and Lynne and this was harmful to participant's wellbeing and might have had long term significance. Furthermore, even though some intimates attempted to accommodate transitional changes in identification they were constrained by institutional heterosexuality and sometimes by financial costs. Accommodation of transition was difficult and traumatic for some, yet they attempted to do this. However, the new bonds of intimacy were different and were usually weaker than pre-transition.

The subject of the next section was an investigation of what factors alleviated or exacerbated any emotions experienced during transition. The announcement that a person is transsexual and that they intend to transition was often a traumatic experience for both the transsexual participant and their cis intimates because the transitional changes in sex and gender identities which heterosexuality posited were fixed and ontological changed and intimates became confused. The changes in sex and gender were often perceived as identity losses and I was interested to know how these losses might be ameliorated or made worse. I began with a consideration of the social position of those who suffered identity losses. Internet based transgender support/care groups (Hines, 2007) have similarities with Walter's (1999) mutual help bereavement groups. This is because transgender groups offer geographically dispersed intimates anonymity and social contact. I argued that such transgender groups may also be described as tertiary care groups (Lynch, 1989) because they may additionally provide for members the opportunity of engaging in solidarity and political activism.

Depend is a transgender support/care group employed by some cis participants; other participants used different support groups. A mother utilised a group to creatively engage in solidarity with a surrogate daughter with whom she developed a more intimate friendship. A cis partner of a trans man participated in the transgender political activist work of *Trans One*. The transgender support/care groups enabled these intimates to creatively reduce their transitional losses and the ensuing distress.

¹⁰I interviewed participants from 15 transitions and in 13 (87%) of these there was evidence of grief by one or more individuals. The length of the grieving period varied and was contextually situated. I have not included much of this data as it was repetitive.

Some participants attempted to alleviate distress by gaining transgender information using transsexual literature and autobiography¹¹. I next turned to study how some cis participants more directly supported their trans intimates in developing their new sex/gender identifications. They helped with practical issues such as gender-appropriate attire and embodied presentation. It has been generally recognised that this gender identity work is more difficult for transsexual women than for men (Lev, 2004; Green, 2006; Kessler and McKenna, 2006; Whittle, 2006a; Johnson, 2007). Institutional heterosexuality requires that transsexual women are not dissonantly understood as being different from cis women. Transsexual participants were motivated to pass effectively because this reduced distress and the risk of adverse reactions (Garfinkel, 2006). Other strategies used to reduce transitional distress included platonic friendships, cis intimates acting as an ambassador for a transsexual intimate and friends living together in a household where heterosexual practice was less prominent.

I next considered situations where transitional distress was exacerbated. Some of the participants spoke of situations where wider family members avoided and denied the transsexual familial member's new identifications with the result that the transsexual intimate was erased from their lives. The cis family members enforced heterosexual hegemony and relationality was lost so grief and distress increased. Some cis participants expected help from GICs to support them in their grief and loss but this was not a priority for the clinics and help was denied.

Finally, in this second section, I examined other transsexual experiences and their impact on the emotions experienced during transition. Counselling facilitated the maintenance of intimate relationality during transition for three women. However, other participants experienced counsellors who made their distress significantly worse. These damaging experiences suggested that counsellors need to adopt an appropriate ethics of care for transsexual people and their familial intimates. The following recommendations are proposed based on the analysis of the data and the literature. Counsellors needed: to be made aware of transsexuality and the therapeutic needs of both transsexual people and their cis intimates; to have appropriate bereavement counselling to meet the needs of trans and cis intimates; to understand that transsexual people might have successful relationships post-transition; to appreciate that transsexuality was a sex/gender embodiment issue and was not necessarily related to sexual desires, practices and preferences.

The final section of the chapter began by identifying the factors that influenced recognition of the transsexual person's new sex/gender identification. To do this I developed the argument that transsexual transition is: an enterprise submerged in risk, anxiety and uncertainty; contingent on the mutual understandings of intimates; simultaneously embedded within the prevalence of tradition with its everyday understandings of institutional heterosexuality; nevertheless an opportunity for intimates to re-negotiate their relationships post-transition; an event which allows re-

¹¹Sources cited included: (Feinberg, 1996; Nataf, 1996; Califia, 1997; Nestle et al., 2002; Boylan, 2003; Rudacille, 2005). I did not include the participant data extracts since they didn't add anything further.

evaluation of intimate's mutual expectations. Furthermore, I argue that intimate relationships are important for transsexual and cis people's sense of self identity and wellbeing.

Some participants were forced to re-evaluate their embodied intimacy during transition, but loss of the previous intimacy was difficult to accept. There was a tension between the needs met by the pre-transition intimacy and the unmet sexual desire during and post-transition. Financial considerations were also important in resolving these tensions. Sex reassignment surgery raised significant problems for some married intimate sexual relationships. For one couple the marriage ended but they remained close platonic friends. I argue theoretically that the sexual difficulties experienced by couples resulted from the heterosexual ideological positioning of relations of the body as paramount (Woodward, 2008; Shapiro, 2010). Participants' desire for conventional intimacy was set against the transsexual changes in embodiment and ultimately these demands became irreconcilable, causing significant emotional distress (Smart, 2007)

Cis intimates who were situated outside the norms of heterosexuality, for example, because they themselves were gay or lesbian or they knew of other non-heterosexual arrangements, facilitated acceptance of the transsexual person's transition. However, there was a tendency to try and normalise post-transition transsexual identities (Gabb, 2006; Atkinson and DePalma, 2009). I argue that these cis intimates, who had experienced transgressions of heterosexuality's norms in other ways, might be theoretically understood as positioning transsexual people at the shifting ideological boundaries of heterosexuality (Hockey et al., 2007).

The dominant discourse of sexuality was also important in transitions. Institutional heterosexuality posits that relationships of the body are given primacy above all other forms of human interaction (Woodward, 2008; Shapiro, 2010), so it would seem that transition was made sense of within normative embodied discourse. On the one hand, transsexual people situate their identities within the discourse of sex and gender (Chapter 1) and regarded sexuality as less prominent in the work of identity development (Shapiro, 2010). Whereas, on the other hand, cis people tend to frame transition within the more common discourse of sexuality. In this positioning cis people are attempting to make sense of transsexual people's identity transgressions within the constraints of conventional understandings (Gagne et al., 1997).

In the literature review I show how theorising about transsexuality is contested and unresolved. The data shows that these debates might not be fully appreciated by participants and they were left feeling that they were submerged in a tension between the theoretically problematic and their daily lived experiences. One participant renegotiated their lesbian identity to accommodate their partner's change in sex/gender identity, a finding reflected in Brown's (2009) empirical research of the lesbian partners of trans men. This intimate relationship and that of another couple were re-configured post-transition to accommodate the transsexual person's changes in identity, the familial intimates built re-configured families (Weston, 1991; Giddens, 1992; Spencer and Pahl, 2006).

A transsexual woman's past was silenced by the various actors present in their familial constellations; silencing allowed them to recognise the transsexual woman's emergent sex/gender identities. The erasure of the past sex and gender identities allowed institutional heterosexuality to be re-confirmed post transition, the silencing

of non-conformity was reported by other scholars (Stacey, 1991; Stryker, 2006; Hockey et al., 2007).

For one couple there was a negotiation taking place between the cis and the transsexual actor. This working out of transition was set within the contemporary possibilities that were available to couples (Beck and Beck-Gernsheim, 1995). The public and private aspects of the transsexual person's identity relationships were separated. Publically the transsexual person was changing their sex/gender identities but privately there was a more intimate negotiation taking place in these identifications so that intimacy was preserved. In these more intimate negotiations, the centring of identities based on sex/ gender were de-emphasised whilst identifications based on other personal social characteristics were foregrounded, a finding also identified by Roseneil and Budgeon (2004).

The authoritative psycho-medical explanation for the etiology of transsexuality is a biological essentialist understanding (see chapter 1) and this explanation was used by younger participants to reduce transitional distress. The understanding facilitated acceptance of their transsexual intimate's new sex and gender identities. Use of the psycho-medical explanation in this way by younger people is confirmed by Swedish empirical research (Landen, 2000). I argue that there is a possibility that affirmation of transsexual people using a psycho-medical model may also extend to older cis people because it chimed with institutional heterosexuality.

I chapter next turned to consider relationships that did not survive transition. One transsexual woman's pre-transition intimate relationships with a series of cis partners ended because transition conflicted with the normative expectations of sexual coupling. This finding echoed contemporary arguments that when intimate couplings cease to meet mutual expectations they end (Giddens, 1992; Beck and Beck-Gernsheim, 1995; Bauman, 2003; Gabb, 2006).

In order to examine two further transitional cases I reviewed the literature on fundamentalism. I argued that Christian fundamentalists enforced heterosexuality and opposed transsexuality. In one case parents who were Christian fundamentalists used gratuitous violence and humiliation to suppress their son's transsexuality. Another cis subject who was a financial market fundamentalist ruthlessly rejected his transsexual sister. I maintain that her transition destabilised his insecure masculine identity (Connell and Messerschmidt, 2005). The anxiety caused by this unsettling and a perceived career threat resulted in a rupture of the sibling relationship. The fundamentalists, both market and religious, caused their transsexual intimates to be purged from their lives.

This discussion of fundamentalism is important to my reflexive understanding of transition and its effect on the acceptance of my changes in sex/gender identification and part of the motivation for this research. I was an intimate male friend of James and Paul (pseudonyms) for 30 years pre-transition, our friendship started when we entered secondary school. Over the years we shared life experiences of school, university, relationships, families, politics and our cultural background in the South Wales Valleys. They both had extremely successful careers, James rising to the position as an executive of a national bank and later chief executive of an overseas bank and Paul, retiring recently from the position of chief executive of a large health authority. They, like Gareth (above) were ruthless in their climb to these positions of corporate power. When I transitioned our friendships ended. Reflecting on our history together I was struck by the depth of our intimacies which I felt were untypical

of normative male bonding. I wondered whether my new identification as a woman destabilised their masculine identities. I had shifted from being a complicit man, in relation to them, to being the female other (Connell and Messerschmidt, 2005). They became frightened and consequently I, like Michelle, was then heartlessly, how it felt to me, removed from their lives.

The chapter returned to show how one cis father's insecure masculine identity and another cis mother's female identity were destabilised by transition. Finally, I discussed how young children responded to transition suggesting that children's acceptance was premised on how adults behaved.

This final section of the chapter shows how the study of recognition post-transition extends knowledge of contemporary theoretical and empirical understandings of intimate relationships. Intimacy was central to transition for both cis and trans participants. The viability of intimacies was not easy to negotiate because attempts to reach a compromise were often distressing for participants, a finding echoed by earlier sections of the chapter.

Chapter 5 Thesis conclusion

This chapter brings together discussion of the thesis. It begins by outlining the main points of how the theoretical schema of institutional heterosexuality is challenged by transsexual transition and how transition affects theoretical and conceptual understandings of familial intimacy. It then moves to reflect on the research design used in the thesis and how this was employed to investigate the research questions. The chapter next reflects on how transsexual participants negotiated their transitions with familial intimates. The following three sections of the chapter consider the knowledge gained of the impact of transition on familial intimates by firstly focusing on the emotional responses of intimates, secondly how these might be alleviated or exacerbated and finally what factors influence recognition of the transsexual person's new sex/gender identification. The chapter ends by summarising the knowledge gained and how this might have utility for the transgender community, its allies and academics interested in trans/gender issues; and by reflecting on what future research might ensue. During the discussion generalisations are made predicated on theoretical understandings developed in the thesis and with other relevant empirical findings of transgender scholarship.

Institutional Heterosexuality

Institutional heterosexuality posits that those who are sexed as male will have a masculine gender and that those who are sexed as female will have a feminine gender. The transsexual participants studied recalled that when they were children they did not conform to these mappings of dichotomised sex and gender, this realisation is because of the ideological power of normative expectations of sex and gender. Participants' data showed that in its most extreme form, the hegemonic regulatory power experienced, included emotional and physical violence. As children transsexual participants were therefore forced to keep this understanding of difference secret and hidden, especially from those close to them. In doing this they followed a trajectory which is similar to Gagne et al.'s (1997) empirical findings for FTMs and other clinical findings for transsexual people (Brown and Rounsley, 1996; Lev, 2004).

Adult transsexual participants feared that they would lose their close familial intimates if they transitioned. In response to this trepidation of loss and the pressure to suppress their inner sense of identity they became distressed. If the resulting trauma is contained it can lead, in its most severe form, in attempts to end life. (Recent research in San Francisco showed a prevalence of 32% attempting suicide amongst a sample of 392 MTF and 123 FTM transsexual people (Clements-Nolle et al., 2006).) Most of the transsexual people studied did not suffer this suicidal reaction, which corresponds to GIRES (2008a) understanding. Instead the distressed feelings eventually precipitated transition. The announcement that a transsexual participant was transsexual and that they intended to transition was often a traumatic experience for both the transsexual person and their cis familial intimates. The distress was because transition disrupted normative regulatory understandings of the dichotomy of sex and gender.

The transitional erotic sexual difficulties experienced by some of the couples studied might be conceptualised as resulting from the normative ideological positioning of embodied relations as paramount (Woodward, 2008; Shapiro, 2010). The desire for conventional erotic intimacy was set against the transsexual changes in embodiment and ultimately these demands became irreconcilable, causing significant emotional distress (Smart, 2007). Despite this transition was made sense of within normative embodied discourse. Interestingly, transsexual people subjectively situate their identities within the discourse of sex and gender (chapter 1) and regard sexuality as less prominent in the identity development work required to establish their novel sex/gender (Shapiro, 2010). Cis people on the other hand tend to frame transition within the more common discourse of sexuality. In this positioning they are attempting to make sense of transsexual people's sex/gender identity transgression within the constraints of conventional normative understandings (Gagne et al., 1997). For instance, data analysis showed that loss of identity as a wife resulted in identity uncertainty and instability, a finding supported theoretically by Woodward (2006). Participants' transition caused heterosexuality's schema to be disrupted, furthermore, sexuality began to be questioned, a finding also confirmed empirically by Sanger (2010b). A temporal resolution of the transitional changes in identification was achieved by some participants, however, this settlement needs to be empirically researched further in a longitudinal study such as used by Gabb where individuals are positioned 'along the continuum of the lifecourse. Experience is not seen as individuated and/or as a series of discrete events, but as part of a larger, extended, generational narrative.' (2008:35) Such a lifecourse approach has the advantage that it will support transsexual people and their intimates in building novel trans families because it has the potential to step outside the normative life trajectory of heterosexual courtship, marriage and nuclear family life (Beck and Beck-Gernsheim, 1995; Weeks et al., 2001).

Even though some intimates attempted to accommodate transitional changes in identification their resistive act was thwarted by heterosexuality's regulatory forms and fictions (see literature review) and possible financial cost. Although they endeavoured to do it, accommodation of transition was difficult and traumatic for some; the innovative bonds of intimacy formed were different and were usually weaker than pre-transition. Even when a relationship was reconfigured post-transition the social structure of institutional heterosexuality was still challenged.

It has been generally recognised that establishing a new gender identity is more difficult for transsexual women than for men (Lev, 2004; Green, 2006; Kessler and McKenna, 2006; Whittle, 2006b; Johnson, 2007). The regulatory forms and fictions of sex/gender embodiment require that transsexual women are not dissonantly understood as being different from the normative category of women. As a consequence, transsexual participants were motivated to pass effectively because this reduced distress and the risk of adverse reactions (Garfinkel, 2006).

Data analysis showed that cis intimates who resisted the norms of institutional heterosexuality, for example, because they themselves were gay or lesbian or they knew of other non-heterosexual arrangements, facilitated acceptance of the transsexual person's transition. However, there was again a tendency to try and normalise post-transition transsexual identities, a proclivity identified by Gabb (2006) and Atkinson (2009). These cis intimates, who had experienced the queering of heterosexuality's norms in other ways might have been theoretically and

conceptually understood as positioning transsexual people at the shifting ideological boundaries of heterosexuality (Hockey et al., 2007).

In one instance, the various actors in familial constellations silenced the past history of their transsexual family member, allowing them to recognise the transsexual woman's emergent sex/gender identities. The erasure of the past sex and gender identities allowed institutional heterosexuality to be re-confirmed post transition, the silencing of non-conformity has been reported by other scholars (Stacey, 1991; Stryker, 2006; Hockey et al., 2007).

In two transitional cases fundamentalists enforced regulatory forms of sex/gender in their opposition to transsexuality. In one case, parents who were Christian fundamentalists used gratuitous violence and humiliation to suppress their son's transsexuality. Another cis subject who was a financial market fundamentalist (see fundamentalist purging discussion in chapter 4) ruthlessly rejected his transsexual sister because her transition destabilised his insecure masculine identity (Connell and Messerschmidt, 2005). The anxiety caused by this unsettling and a perceived career threat resulted in a rupture of the sibling relationship. The fundamentalists, both market and religious, caused their transsexual intimates to be purged from their lives and hegemonic normative understandings to be retained.

In the literature review I showed that theorising about the etiology of transsexuality was contested and unresolved. Echoing this, participants felt submerged in a tension between the problematic regulatory forms and fictions of sex/gender and the complexities and contradictions of their daily lived experiences. However, the data revealed that some intimates were able to continue living with the fluidities and contradictions of trans lives whilst subjected to the tyranny of institutional heterosexuality.

Transsexual transition was an enterprise submerged in risk, anxiety and uncertainty, contingent on the mutual understandings of intimates and simultaneously embedded within the dominant culture with its everyday understandings of the regulatory forms and fictions of sex/gender dichotomy. It offered an opportunity for intimates to re-negotiate their relationships post-transition, an event which allowed re-evaluation of intimates' mutual expectations. Maintaining intimate relationships was important for transsexual and cis participants' sense of self identity and wellbeing since as Sanger (2010b) has identified the new familial intimacies resist and queer traditional and normative understandings.

In summary this empirical study helps to extend theoretical analysis of institutional heterosexuality and its associated intimate relationships it shows how this normative regulatory social structure may be challenged and extended by intimates as they manage the tensions of liminal living with innovative post transition relationships. The venture contributes to the development of *Transgender Studies* and the sociology of transgender by: exploring how trans people might occupy positions beyond the hegemonic normative binaries of sex, gender and sexuality which are all the constituents of the hegemonic normative dichotomous framework of heterosexuality.

Familial intimacy

Heterosexual and non-heterosexual intimate relationships have received significant attention over the past twenty years. In contrast, trans intimacies have only recently come under the gaze of scholars such as Hines(2007), Brown (2009) and Sanger (2010b). This

omission of trans familial patterns of intimacy caused difficulties for familial intimates, me and many of the participants in this study as we did not have a reliable road-map to follow as our transitions proceeded. Nevertheless, throughout this period, understanding of *the family*, whilst subject to both empirical and theoretical scrutiny, remained tenaciously fixed in public understanding, retaining its normative power (Morgan, 1996; Jackson, 1997; McRae, 1999; Laslett, 2004; Gabb, 2008). This research captured the tensions between this powerful everyday notion of *the family* and scholarly critical analysis.

Participants negotiated with normative understandings of the family which were in tension with their realities. Subjective experience of transsexual transition ruptured the traditional heterosexual life trajectories of heterosexual courtship, marriage and nuclear family life. Participants often followed a path, identified by scholars such as Beck and Beck-Gernsheim (1995) and Weeks et al. (2001), which involved creating their own non-heterosexual biography and family life. For instance, one participant renegotiated her lesbian identity to accommodate her partner's change in sex/gender identity, Brown (2009) also found in her empirical research that some of the lesbian partners of trans men bargained in this way with their sexuality. During transition, these lesbian women were considering a reconfiguration of their sexuality to accommodate their partners' change in sex/gender identity, opening a possibility for new forms of erotic intimacy. In this way, they should receive wider acclaim for building re-configured families (Weston, 1991; Giddens, 1992; Spencer and Pahl, 2006). Early work and conceptualisation focused on a naturalistic, reproductive and biological understanding of *the family* and was situated in the private sphere of family life. In this study, the participants found reliance on the biological and naturalistic understandings of sexual embodiment difficult and in tension with their realities. To some extent there was a return to the private and secret interiority of contemporary transsexual families as exemplified by issues of intimacy and the access difficulties discussed in the methodology chapter. This empirical venture has therefore offered further insight to the critical study of family life by revealing how participants, often with difficulty, developed new sexualities and novel familial arrangements. In doing this they extended the work of other scholars working in the field of intimacy (Jamieson, 1998; Roseneil and Budgeon, 2004; Williams, 2004a; Gross, 2005).

Reflections on methodology

When transsexual people announced to others that they intended to change sex/gender cis intimates became confused and disorientated because sex/gender are normally understood to be fixed, coherent and stable. A study of the sociological understandings of identity indicated that the innovative sex/gender identity adopted during transsexual transition was narrated into being through familial intimates' discursive interactions. The social world of transition was complex for intimates who had multiple subjectivities. The nuances of these identity confusions was investigated using a qualitative methodology which interrogated fragments of participants' auto/biographic narratives relevant to these experiences (Morgan, 1996; Elliott, 2005). This methodological approach, greatly influenced by Plummer's (1995) empirical study *Telling Sexual Stories*, enabled understanding of the messy experiences and complexities of transition for familial intimates. Furthermore, the research design allowed conceptualisation of the interface between the personal and the social experiences of intimates; it illuminated their personal and psychic

investment in conventional sex/gender identifications and extended knowledge about the pre-emergence discomfort of transsexual people.

The stories were profitably analysed using Plummer's (1995) ideas of asking sociological questions about participants' data: how participants constructed their stories; how they were understood; what agency they possessed within their social context; how they evolved; what was their wider political influence? Czarniawska's (2004) guidelines were additionally useful for data analysis and Nvivo was employed effectively to record the categories and codes within the framework of theoretical and conceptual understandings of institutional heterosexuality, postmodern constructions of identity and how transition was negotiated and what was its impact. Plummer's study highlighted the fact that transsexuality is surrounded by a veil of secrecy because of hegemonic and regulatory forms of sex/gender identity and consequently there was awareness that the telling of these stories was difficult for participants.

This research is significant because it was carried out by a transsexual woman who used parts of her autobiography in the research. Such use has wider acclaim in the transgender community especially as I am a role model for transgender academic women; transgender women's voices are seriously absent in sociological empirical studies (Whittle, 2006a). Whittle compared trans women's absence from the scholarly research and teaching at universities with that of trans men and proposed that accessing academia might be more difficult for trans women because of their increased visibility as non-normative women. However, my inclusion in this study demanded that I paid attention to the feminist body of methodological literature concerning reflexivity. Furthermore, the disclose of my transitional subjectivity to participants facilitated the telling of their stories through access to their worlds (Oakley, 1981). In the methodology chapter I discussed how the impressionist type of writing engages the reader in an open and participatory chronological encounter with the research text as experienced by me the fieldworker (Van Maanen, 1988). I invited the reader to participate in the interpretation where I was just one of the characters in the text, this offered the reader a way of evaluating my subjective understandings following reliability principles used by Hollway and Jefferson (2000) and discussed in chapter 2.

The methodological literature draws attention to the conceptualisation of research interview as a site for the production of knowledge which might be sociologically theorised as a joint production by me, the interviewer, and the participant interviewees (Elliott, 2005). The interviewing practice adopted in this research emancipated participants and helped to make their narratives more coherent and valid. Such a process was helped by a focus on the specific event of transsexual transition rather than on participants' wider extended life experiences and interviewing skills such as good listening and empathy. These were interview strategies suggested by other researchers (Hollway and Jefferson, 2000; Wengraf, 2001) that empowered participants to tell their stories. However, the interview was situated in the wider negotiated social world of institutional heterosexuality's regulatory forms and fictions of sex/gender and its set of hegemonic discourses (Linde, 1993; Potter and Wetherell, 1994; Ochs and Taylor, 1995; Plummer, 1995; Gubrium and Holstein, 1998; Elliott, 2005) which potentially moderated the emergent story. Investment of participants in pre-transitional auto/biography was an important indicator of the viability of post-transitional intimacies. Moreover, the transitional

narratives illuminated how new identifications were received by others and how they impacted upon non-normative gender practices.

The 15 cases studied had the following analytic feature, they were close familial intimates who were either transsexual or cis people who had familial experience of transsexual transition (Punch, 1998). The knowledge obtained, using qualitative methods, from a small number of cases was generalised to increase understanding about transsexual transition in a larger population (see discussion in chapter 2 and Silverman, 2010). To be generalisable the findings obtained from analysis of participants' auto/biographical stories of transition were compared with findings from other similar studies, for example: Hine's (2007) *Transforming gender, transgender practices of identity, intimacy and care*, Sanger's (2010b) *Trans people's partnerships* and Brown's (2009) *The Sexual Relationships of Sexual-Minority Women Partnered with Trans Men* and Weeks et al.'s (2001) exploration of *Same Sex Intimacies*. Furthermore, the research sample of 15 cases was selected by criteria based on theoretical understandings of transition and the more ethereal conceptions of identity and familial intimacy. Attempts were made to further extended the number of cases studied using these theoretical determinants, firstly by widening the range of identities to include more men (both cis and trans) and secondly by looking at cases where period of time of since transition had begun was longer (to explore if the time since beginning transition influenced recognition). Using theoretical sampling in these ways enabled further generalisations to be made from the 15 cases (Charmaz, 2006).

In summary, the knowledge gained was generalised to extend concrete context-dependant theoretical and conceptual knowledge about how the participants involved with transsexual transition resisted regulatory forms of sex/gender embodiment, how transsexual people negotiated emergence as transsexual with familial intimates, what was the emotional impact of the transitional change in sex/gender identity, how any emotional reactions might have been alleviated or exacerbated and what factors influenced recognition.

However, there were limitations to this empirical exploration. The political and logistical difficulties of gaining access to participants through GICs was discussed and it was explained why this was abandoned in favour of access through internet based groups (support/information and campaigning) for trans people and their intimates. Even so, there remained a small number of cis people and trans men who were willing to talk to me, only 7 out of the original 77, 9% of respondents, had someone else who would be interviewed about transsexual transition. The sample had 3 trans men and no cis men despite additional attempts to increase men's participation through recruitment. Conflicts within masculinity and trans men's invisibility might account for this limitation. Furthermore, participants were enlisted through internet based transgender groups and should have been relatively easy to locate. Meezan and Martin (2009b), draw attention to groups of trans-people where access is less easily attained as part of the research population. These include: trans-people who chose not to identify as part of the LGBT community (many trans-people chose to identify normatively as women and men post-transition); less financially resourced and less well educated trans and cis people who might not access the internet; people who are identified as Black or Asian might find trans identification culturally more difficult than for those who identify, or are identified as white. The small numbers of willing respondents might also have been due to the sensitivity of this research because of the hegemony of institutional heterosexuality. Many (De Cuyperea et al., 2006; Whittle et al., 2007; Brown, 2009; Lim and Browne, 2009) have identified that almost half of familial relationships do not survive

transition so this population was underrepresented. This research did not investigate the longevity of initially recognised relationships post-transition.

To what extent and in what ways do transsexual people negotiate transition with their familial intimates?

This section of the chapter summarises how transsexual participants negotiated their transitions with familial intimates. During the discussion of the findings generalisations are made predicated theoretical understanding of the regulatory forms and fictions of institutional heterosexuality, postmodern concepts of identity, the variety of transgender identification, and contemporary familial structures. Comparisons are also made with transgender and other non-heterosexual empirical scholarship.

Transsexual transition is potentially a more social process than gay/lesbian *coming out* because transsexual people have to tell their close familial intimates if they wish to preserve these relationships. Usually gay/lesbian people form intimate relationships outside the family but for transsexual people emergence as a transsexual person is more of a familial affair. Moreover, an accepted transition requires that familial intimates reconsider their identifications, for example, Sandra and Sally (both cis) had to reconsider their identity as a wives; Nigel's (FTM) mother as a mother of a son rather than a daughter; Kaitlyn and Mary as mothers of a daughter rather than a son; Tracy and Kimberly (both cis) as partners of a woman rather than a man; and Beth (cis) as a heterosexual partner of a man rather than with an apparent lesbian woman.

All the relationships changed when the transsexual person began transition. Debbie (cis), a lesbian and Samantha's (MTF) sister, on receiving the announcement that her sister was a transsexual woman was a notable exception which might be attributed to the her own transgressive lesbian sexuality and because she and her sister had not been erotically intimate. Debbie was also helped because she was bound up with the other non-transsexual identifications of her sister, which were as a film lover and a Chelsea football team supporter. Debbie foregrounded these identities over Samantha's new sex/gender identifications. In this way she diminished the normative primary significance of changes in sex/gender, moreover, she offered a more nuanced challenge to my argument against Overall (2009) that changes in sex/gender identification are primary transformations.

When transsexual participants first hinted about their transsexuality to intimates, the latter did not usually suspect the transsexual identification but often assumed homosexual identifications since transsexuality was still frequently conflated with homosexuality as was Hirschfeld's (2006) historical understanding. Furthermore, when cis intimates reacted emotionally on disclosure this was because they experienced the loss of their previous, pre-transition, identifications with their transsexual familial intimate.

As discussed above, the tyranny of heterosexuality forced participants, whilst children, to keep their understanding of difference secret and hidden, especially from those to whom they were close. On the one hand they feared that they would lose their close intimates and on the other hand they desired a counter-normative sex/gender identity; they were in a state of tension and as Smart (2007) argued they became distressed. The pre-transition contained emotions of some transsexual

participants were released creatively, for example, Steven (FTM) used music and Michelle (MTF) used storytelling and film as a means of discharge. Eventually, the emotions became overwhelming and steps were initiated to change sex/gender identity; for these transsexual participants the hegemonic framework of institutional heterosexual collapsed.

Samantha, Michelle and Steven/Stephane (all MTF) disclosed their transsexual status either through an explicit statement or indirectly through non-heterosexual activities possibly intended to reveal the identity. These unusual activities were cross-dressing, experiments with minor embodied modifications, or visiting LGBT websites. However, there was no data in my study which validates previous empirical research (Gagne et al., 1997) and clinical findings (Brown and Rounsley, 1996) which posit that revelation was received better by the cis intimate if the transsexual person had prepared in advance (this preparation might have included letter writing to intimates and/or role playing beforehand). This is not surprising since I have argued that the emotional reaction of cis familial intimates is primarily a result of the loss of pre-transition sex/gender identity; these techniques would not seem to be a recognised way of mitigating grief. (I wrote a letter following this advice, both to my close family and separately to my extended family which did not change the transitional estrangement.)

Nigel and James (FTMs) struggled to come to terms with their gender/sex situation and oscillated between the hegemonic normative binary of gender whilst they did this (neither Nigel nor James had made any significant attempts to modify their bodies). Nigel was trying to balance his need to transition against his commitments to family and career. Hines (2007) found a similar response amongst participants in her empirical research. James was struggling to explore masculine lines of inquiry. I argued that James might have had sedimented knowledge of 'brain sex' theory (GIRES, 2008b) and the 'wrong body' narrative (Stone, 2006:231). Oscillation between the taken-for-granted gender binary was easier for Nigel and James, as FTMs, than it was for Daniela (MTF) as discussed earlier in this chapter. Michelle (MTF) also attempted some oscillation at various times during the long pre-transition period of her life but found that cis intimates glossed over and erased her queer transgressions (Stacey, 1991; Hall, 1996; Stryker, 2006; Hockey et al., 2007: see also chapter 4).

Lianne (MTF) adopted a boyish lesbian identity whilst she integrated her novel sex/gender identifications into her more public social interactions. In doing this her change in sex/gender identification was facilitated by her apparent public sexuality; normative linkages between these identifications were disrupted confirming the academic understandings of scholars drawn from some strands of post-structuralist feminism (Hird, 2002; Hines, 2005; Heyes, 2007; Monro, 2007; Sanger, 2008; Sanger, 2010b).

Kimberly (MTF) and Nigel socially interacted with their familial intimates in an attempt to engage them in the revelation of their transsexual identity. Kimberly used art work and her dissertation to present a socio-biological argument for her transsexuality and Nigel, who had a medical background, ritually involved his partner in the materiality of his transition explaining it in terms of the medical pathologisation of transsexuality. These intimates illustrated how gender identity was constructed at an interpersonal level through discursive social interaction here they followed the conceptual understandings of Butler (1990) and Atkinson (2009). Furthermore, researchers have theoretically argued that social practices,

such as those of Nigel and Kimberley, bring gender into being which then becomes the ground for new practice and so on (Kosik, 1976; Connell, 1987).

Finally spatial separation of intimates facilitated an opportunity for a protracted readjustment to the changes in sex/gender embodiment of the transsexual person. Intimates were able to retain their relatedness (Smart, 2007), personal autonomy and their familial obligations whilst maintaining independent flexibility and choice within their daily lives. Transition was facilitated by frequent telephone conversations, a slow gentle approach to the transitional embodied changes in sex/gender and a reduced commitment to the transsexual person's pre-transitional identifications.

When transsexual people announce to others that they intend to change sex/gender then the various intimates are often thrown into crisis because sex/gender are normally understood to be fixed, coherent and stable. The next three sequential sections of this chapter reviewed how transsexual transition impacted on relationships with familial intimates; the study used the remaining three research questions as the empirical focus and made theoretical and empirical generalisations as referred to above. The first section considers the emotional reactions experienced by intimates as a result of transition. The second section moves to consider how any emotions experienced by both trans and cis intimates were alleviated or exacerbated. The final section is an examination of the viability of cis intimates' relationships with the transsexual person.

What is the nature of the emotional reactions experienced when identifications change during transsexual transition?

Participants understood transition to be a challenge to the regulatory forms and fictions of dichotomous sex/gender identifications. Cis intimates experienced the change in identifications as a loss of the transsexual familial intimates' previous sex/gender identifications: the losses were as a brother, son or husband. In order to understand this loss, and its associated emotional responses, I critically reviewed the sociological literature analysing conceptualisations of loss/grief by drawing on Small's (2001) theoretical study. I used his contemporary postmodern understandings of grief and argued that pain, suffering, numbness, yearning, searching, anger, disorganisation, despair, reorganization, denial, bargaining, depression and acceptance were expressions that might appropriately be used to indicate that grief might have been occurring. Furthermore, Lev (2004) proposed a stage model for the reactions of family to transsexual transition which I used to help with data analysis but I remained alert to the critiques of the model so I only used her stages to identify what might have been happening because I was mindful that familial intimates might have reacted to transsexual transition in complex, contradictory and in messy ways.

Some intimates were not able to continue an intimate relationship post-transition and the relationship fractured and the bonds of intimacy were broken. These ruptures of intimacy resulted in the transsexual participants being excluded from the cis peoples' lives and were often accompanied with denial. However, there were attempts to ease the emotions of loss by maintaining weak bonds with the pre-transition identifications. Cis intimates oscillated between letting go and maintaining a proxy for the pre-transition identity. Loss of identity as a wife resulted in identity uncertainty and instability; however, it was eventually accommodated by adopting innovative identifications post-transition, a finding

verified theoretically by Woodward (2006). In one situation the transitional loss could not be publically acknowledged which made grief more difficult. Transition was accommodated by another married couple who separated and became platonic friends; however, the loss of the marriage was emotionally difficult to bear.

Participants were interviewed from 15 cases of transsexual transition and in 13 (87%) of these there was direct evidence of grief. This finding based on theoretical and conceptual understandings of grief and a postmodern perspective of multiple changing identities of sex/gender during transsexual transition is a novel achievement of this research which extends the research literature of grief and loss and transsexual transition.

What factors alleviate or exacerbate any emotions experienced during transition?

Non-heterosexual patterns of care, primarily among gay men, developed as a result of the HIV/AIDS crisis in the West in the mid-1980s (Weeks, 1995; Hines, 2007). These patterns also developed with 'ostracised groups of black people, women and haemophiliacs' (Weeks et al., 2001); these groups became politicised communities and resisted the hegemony of institutional heterosexuality. Similarly transgender support groups began to form which set the foundations for internet transgender organisation and personal and community development. The growth of transgender support and care groups was inhibited by the policies of GICs (discussed earlier) and were somewhat neglected because they had not been recognised by feminist analysis, even though non-heterosexual care has been investigated (Hines, 2007; Brown, 2009; Sanger, 2010b). Eventually the transgender groups snowballed during the 1990s and, subsequently, as a result of the exponential increase in use of the internet by trans people (Shapiro, 2010). Digital communication enabled contemporary internet based transgender organisations to provide practical support and care for transgender people (Hines, 2007). These web based-groups are usually formed with unknown trans people and familial intimates where they provide less intense less intimate levels of care (tertiary care relations (Lynch and Lyons, 2009)). They have similarities with Walter's (1999) mutual help bereavement groups in that the transgender groups offered geographically dispersed intimates anonymity, social contact and a means of alleviating transitional distress. Furthermore, these groups can be involved in 'solidarity work' (Lynch and Lyons, 2009:43) where there is a coincidence of interest in trans issues of care, and often political activism. However, it is important to remember that many trans subjects are unaccounted for, such as, poor, homeless, older and non-English speaking transgender people do not have internet access and are thus further marginalised from society (Shapiro, 2010).

Depend is a transgender support/care group which was used by some cis participants whilst other participants used different support groups to alleviate their distress and source practical help with transsexual transition. A tertiary transgender care group of this kind was used by a mother to support a surrogate transgender daughter with whom she subsequently developed a more caring, intense and committed intimate friendship typical of a relationship of primary care. A cis partner of a trans man participated in the transgender political activist work of *Trans One*. In these ways, the support/care groups enabled participants to creatively reduce their transitional losses and the ensuing distress.

Some cis participants more directly supported their trans intimates in developing their new sex/gender identifications. This primary care work or 'love labour' (Lynch and Lyons, 2009:43) had observable intended outcomes, used complex skills and required time. For example, some cis participants helped with practical issues such as gender-appropriate attire and embodied presentation. As previously discussed, these cis intimates recognised that this gender identity work (Shapiro, 2010) was difficult for their transsexual women (Lev, 2004; Green, 2006; Kessler and McKenna, 2006; Whittle, 2006a; Johnson, 2007). These cis participants had supplied support and care which involved commitment, mental, physical, and cognitive work to help their transsexual intimate develop their innovative sex/gender identification which enabled them to survive in a normative world.

Forming platonic friendships/partnerships helped to reduce another transsexual woman's distress but this was problematic for the pre-transition woman because a cis intimate had normative sexual desires. Another cis partner acted as an ambassador for her transsexual intimate supporting their mutual endeavour to remain as a wider familial unit by building an innovative understanding of a transsexual family or new patterns of intimacy as identified by Gabb (2008) in her exploration of intimacies in families. Some cis friends set up an attentive, committed, affectionate gender variant community, a space free from conventional gender/sex tyranny, to affirm their trans man's identity building. In this way they extended the meaning of the traditional family and mirror the communities identified in the earlier empirical work of Roseneil and Budgeon (2004). A MTF used a counsellor to explore her transitional emotions and validate her experiences, communication with her partner was facilitated which assisted their intimacy. Another MTF used a counsellor as an advocate with her mother and sister. All of these participants engaged in 'love relationships' which exhibited a high level of interdependency and were maintained through 'love labour' (Lynch, 1989).

Whereas counselling facilitated the maintenance of intimate relationality during transition for some participants this was not always the case, for instance, other participants experienced counsellors who exacerbated the transitional distress experienced. These damaging encounters suggested that counsellors needed to adopt appropriate care for transsexual people and their familial intimates. (Counsellors who work with people affected by transsexual transitions need: to be made aware of transsexuality and the therapeutic needs of both transsexual people and their cis intimates; to have appropriate bereavement counselling to meet the needs of trans and cis intimates; to understand that transsexual people might have successful relationships post-transition; to appreciate that transsexuality was a sex/gender embodiment issue and was not necessarily related to erotic desires, practices and preferences.)

Furthermore, distress was exacerbated by a transsexual woman's aunt and a cis wife's father who were unable to cope with transsexual transition. They resisted, avoided and denied the transsexual familial member's innovative identifications. The cis intimates enforced heterosexual tyranny so there was a loss of the normative expectation of care from family intimates which was grieved and distress increased.

What are the factors that influence recognition, by close intimates, of the transsexual intimates' new identifications?

To identify the factors that influenced recognition of the transsexual person's new sex/gender identification. I developed the argument that transsexual transition was an enterprise submerged in risk, anxiety, uncertainty and contingent on the mutual understandings of intimates. For intimates, transition is simultaneously embedded within the prevalence of tradition with its everyday understandings of institutional heterosexuality. However, heterosexuality is not monolithic, transsexual transition does create an opportunity for intimates to re-negotiate their relationships post-transition and allows re-evaluation of intimate's mutual expectations. Intimates were motivated to preserve their relationships because they are important for transsexual and cis people's sense of self identity and wellbeing.

Some participants were forced to re-evaluate their embodied intimacy during transition, but loss of the previous erotic relations was difficult to accept. There was a tension between the needs met by the pre-transition intimacy and the unmet sexual desire during and post-transition. Financial considerations were also important in resolving these tensions. Moreover, sex reassignment surgery raised significant problems for some married intimate erotic relationships. For two couples the pre-transitional marriage ended, however, one couple remained close platonic friends. Theoretically the carnal difficulties experienced by couples resulted from the heterosexual ideological positioning of embodied relations as paramount (Woodward, 2008; Shapiro, 2010). The desire for conventional intimacy was set against the transsexual changes in embodiment and ultimately these demands became irreconcilable, causing significant emotional distress (Smart, 2007) and a rupture of the familial relationship.

For one couple there was a negotiation taking place between the cis and the transsexual actor. This working out of transition was set within contemporary imaginings available to couples (Beck and Beck-Gernsheim, 1995). The public and the more subjective private aspects of the transsexual person's identity relationships were separated. Publically the transsexual person was changing their sex/gender identities but privately there was a more intimate negotiation taking place in these identifications so that intimacy was preserved. In these more intense negotiations, the centring of identities predicated on sex/ gender were de-emphasised whilst identifications based on other personal social characteristics were foregrounded, a finding also identified by Roseneil and Budgeon (2004).

The authoritative medical/psychoanalytical discourse of the etiology of transsexuality is predicated on a biological essentialist understanding (as discussed in the literature review) and this explanation was used by younger participants to reduce transitional distress. Adoption of this conceptualisation facilitated acceptance of their transsexual intimate's new sex and gender identities. Use of the medical/psychoanalytical explanation in this way by younger people was confirmed in empirical research undertaken by Landen (2000) in Sweden. Affirmation, established through use of the medical/psychoanalytical model of transsexual etiology, may also extend to older cis people because it chimes with the regulatory forms and fictions of dichotomous sex/gender.

As previously discussed some intimate familial relationships did not survive transition because of loss of sexual intimacy. This finding echoed contemporary arguments that when intimate couplings ceased to meet mutual expectations they ended (Giddens, 1992; Beck and Beck-Gernsheim, 1995; Bauman, 2003; Gabb,

2006). Furthermore, a cis father's insecure masculine identity and another cis mother's female identity were destabilised by transition. However, the young children referred to by some intimates accepted the transsexual person's new sex/gender identification suggesting that their acceptance was conditional upon adults' reaction to transition.

The investigation of the factors that influence recognition by cis people of their intimate's transition has extended knowledge of contemporary theoretical and empirical understandings of intimate relationships. Preservation of intimacy was a concern for both cis and trans intimates during transition, however, the viability of intimacies was not easy to negotiate because the transitional negotiations were often distressing for intimates.

Concluding discussion

This empirical study extends theoretical analysis of institutional heterosexuality and its associated intimate relationships it shows how this normative regulatory social structure may be challenged and extended by intimates as they manage the tensions of liminal living with innovative post-transition relationships. The venture contributes to the development of *Transgender Studies* and the sociology of transgender by: exploring how trans people might occupy positions beyond the hegemonic normative binaries of sex, gender and sexuality which are all the constituents of the hegemonic normative dichotomous framework of heterosexuality. Furthermore, the study develops the work of other contemporary scholars (Jamieson, 1998; Roseneil and Budgeon, 2004; Williams, 2004a; Gross, 2005) working in the field of intimacy by revealing how participants, often with difficulty, developed new sexualities and novel familial arrangements which resisted the hegemonic forms and fictions of institutional heterosexuality.

The methodological approach used, was greatly influenced by Plummer's (1995) empirical study *Telling Sexual Stories*, enabled understanding of the messy experiences and complexities of transsexual transition for familial intimates. It critically allowed conceptualisation of the interface between the personal and the social experiences of intimates and it illuminated their personal and psychic investment in conventional sex/gender identifications. In this way it develops the use of the psychologically informed approaches of Hollway and Jefferson (2000) and Wengraf (2001) which are beginning to be used to study intimacy by sociologists, for instance, by Gabb (2008). More concretely, the methodology embedded this knowledge in the materiality of the pre-emergence discomfort experienced by transsexual people. The research design is significant because, as a transsexual woman, I included parts of my autobiographical transitional account in the study following the pioneering by Smart (2007) of personal life. My inclusion broadened qualitative understanding of the messy complexities of transsexual transition. However in doing this I was acutely aware of the need to be reflexive as one of the characters situated in the text. In response to this heightened level of reflexivity, I asked the reader to participate in the interpretation of my data which was an effective

way of evaluating my subjective understandings. I followed reliability principles used by Hollway and Jefferson (2000) and Van Maanen's (1988) propositions of reflexive writing. The knowledge gained using this methodology was generalised to extend theoretical and conceptual knowledge about how the participants involved with transsexual transition resisted the tyranny of hegemonic institutional heterosexuality in a familial context. The understandings gained were concretely and contextually situated in the complexities of how transsexual people negotiated emergence as transsexual with familial intimates, and in the narratives told of the impact on these intimates of the challenging transitional change in sex/gender identification. The structural positioning of the research within the hegemony of institutional heterosexuality made it a sensitive undertaking evinced by the fact that nearly half of familial relationships do not survive transsexual transition (De Cuyperea et al., 2006; Whittle et al., 2007; Brown, 2009; Lim and Browne, 2009).

When transition by transsexual people was negotiated with familial intimates the research revealed a number of significant findings. Firstly, a lesbian participant foregrounded a transsexual woman's other identifications over sex/gender identification; this was counter to the normative practice of setting relations of the body, especially those associated with reproduction, to have social and political primacy above all other forms of human interactions and values theoretically identified by Shapiro (2010) and Woodward (2008). This finding suggested that those who themselves have a non-heterosexual experience and a non-erotic familial relatedness were able to accept transsexual emergence and continue intimacy. Secondly, when intimates reacted emotionally to the disclosure of transsexuality this was because they experienced the loss of their previous, pre-transition, normative identifications with their transsexual familial intimate. The next finding was that some transsexual participants balanced the need to transition against commitments to family and career which is verified by Hines' (2007) empirical research. The next finding was that change in sex/gender identification was facilitated by an associated and apparent counter-normative public sexuality where the institutional heterosexual structural linkages between sex, gender and sexuality were disrupted confirming the academic understandings of other scholars (Hird, 2002; Hines, 2005; Heyes, 2007; Monro, 2007; Sanger, 2008; Sanger, 2010b). Furthermore, participants illustrated how gender identity was constructed and brought into being at an interpersonal level through discursive social interaction confirming the understandings of Butler (1990), Connell (1987) and Kosik (1976). Finally spatial separation of intimates during transition allowed relatedness (Smart, 2007) between familial intimates to be retained.

The change in normative sex/gender identification during transsexual transition was experienced as a loss by participants and they grieved; there was direct evidence of this grief in 87% of the transitional cases studied. This is a novel empirical finding, the extent of the grief (and depth in some cases) across cases illustrated the hegemony of the structural forms of institutional heterosexuality.

However, there were various attempts to ease the emotions of loss by maintaining weak bonds with the pre-transition identifications, oscillating between letting go and maintaining a proxy for the pre-transition identity; these behaviors reflected the contemporary understandings of grief and loss described by Small (2001) and Walter (1999). Transsexual transition was found to precipitate identity uncertainty and instability amongst intimates but the adoption of innovative post-transitional identifications mitigated this precariousness.

The web based transgender support/care groups used by participants to respond to their transitional losses provided them with tertiary levels of care (Lynch, 1989); one participant found it helpful to extend use of such a group to engage in transgender political activist work. The groups had similarities with mutual help bereavement groups (Walter, 1999). Another cis participant engaged with a transgender member of one such group in a more caring, intense and committed intimate friendship which was typical of a primary care relationship (Lynch, 1989). Furthermore, transitional distress was alleviated when a participant lived in a supportive shared community of intimate friends, this community reflected the new familial intimate living arrangements identified by Roseneil and Budgeon (2004); the meaning of family was extended to include transgender people in 'love relationships' which exhibited a high level of interdependency maintained through 'love labour' (Lynch, 1989).

Recognition of transsexual peoples new sex/gender identification was facilitated through the use of the psycho-medical model of transsexualism reflecting Landen's (2000) empirical research amongst younger people. In other situations recognition was made easier by de-centring the normative heterosexual practice, theorised by Woodward (2008) and Shapiro (2010) and empirically identified by Roseneil and Budgeon (2004), of foregrounding identities predicated on sex, gender and sexuality. However, when this did not happen, as was the case with some couples, distressing recognition difficulties occurred which in some situations ruptured the relationship precipitating a loss of sexual intimacy.

The discussion now turns to consider how this research knowledge gained might be used by various interest groups and users. Potential users are those who directly collaborated in the access process: Depend, Transsexual UK, FTM Network, Equality Network, Press for Change and the Gender Trust and the other groups who were sent copies of the research advertisement (see appendix 8).

I sent a trifold leaflet by email (see appendix 12) to each participant and all the interest groups, the leaflet set out the research findings. The pamphlet was in simplified language and had columns with summaries. There were five columns: how I did the research; how transsexual people came out; transition caused family members to grieve; surviving transition and helping transitional distress. Recipients were invited to contact me if they had any comments. I had 2 comments from care and support groups and 5 from individuals (the extracts are anonymised).

The comments from the groups were:

1. Your findings are most valuable. Thank you for sharing them with us. We are pleased to see that an understanding of the biology of gender variance is helpful. We find this too in our training and policy development work.

This comment is not surprising since this UK support group is committed in its publications to the psych-medical model of transsexuality (discussed in the literature review and developed from the early work of Harry Benjamin (1966)) which it foregrounds over the transgender model which views gender as a continuum and allows for positions outside the dichotomies of men and women (Monro, 2007; 2010).

And

2. So many families feel real grief, which often their trans loved ones do not understand.

This is a helpful recognition of my research finding that cis intimates grief the loss of pre-transitional sex/gender identification of their transsexual intimate. It also reflects my initial failure to appreciate the extent of the loss experienced by my familial intimates, recognised by Lev (2004) in her clinical practice and discussed in chapter 4.

The comments from participants were:

1. I too found it hard to recruit men to this empirical study, I also critically reviewed some of the frankly transphobic extant literature and I had to consider some of the same issues about not using face-to-face interviews.

This participant studied transition for a psychology master's degree and it is reassuring that she encountered the same access issues as I encountered and discussed in chapter 2. However, I am not clear what issues she is referring to in the second part of the extract since I used telephone interviews primarily because of the geographic dispersion of my sample, not primarily because of any identified transphobia.

2. I'm sorry but not entirely surprised to read that the GICs were not very helpful. Gaining access to what would be considered 'clinical populations' is notoriously difficult for the non-medical researcher!

This is a reassuring comment about the access issues I experienced with GICs as was discussed in chapter 2.

3. I find it surprising that you describe my feelings as being about loss and grieving, which although often comes up in the standard

partner/family narrative (if there is such a thing) I wouldn't have ascribed that to myself.

This participant may not have experienced the change in sex/gender identity as a loss (I discussed Small's (2001) critical review of theories of loss/grief in the first section of chapter 4), however, it might have been that she had a distressing reaction which she did not associate with grief since this is in every-day situations usually linked to a death.

4. I did find our interview helped clarify my thoughts about what had been happening inside the family, so thank you for that.

This is an endorsement of the utility of this study which addresses the lack of a road-map of transition for transsexual people and their familial intimates as discussed earlier in this chapter.

5. So life does go on.

I identified this cis person as deeply grieving when her interview was analysed, nevertheless she gave the impression of being a resourceful and strong woman. This utterance is reassuring in that it reflected my impression and may indicate her distress had diminished.

Peripheral beneficiaries of the research might be interested academic/clinical groups. For instance, GICs (the Porterbrook Clinic in Sheffield), GIRES, University Researchers interested in transgender issues, The World Professional Association for Transgender Health (WPATH), Nottingham University Hospitals and counselling organisations. Traditionally research knowledge is disseminated to other researchers through journals and books (Silverman, 2010). However, this knowledge does not easily find its way into organisations and clinical practice because there is a wide gap between knowledge and action (Ward et al., 2010), six years have elapsed since the inception of this research and its possible utility. Practical users quickly want to see relevant evidence and easily understandable knowledge, however, The Porterbrook Clinic, Nottingham University Hospitals and CIC Nottingham (a community counselling organisation) have circumvented the time lapse and used this research.

The understanding of transsexual people and their intimate relationships needs to be extended in further research which would enable those affected by transition to reflect on their experiences and 'anticipate the way ahead' (Brown, 2009:123). A focus for such research should be on:

- post-transition intimacies with the siblings, parents, partners/spouses and intimate friends of transsexual people;
- children's exposure (both cis and trans) to transgender issues;
- the intersection of transgender affirmation with age;

- those familial intimates who refuse recognition of their transsexual person's change in sex/gender identity;
- an investigation of transition involving transsexual people who do not identify as part of the transgender community;
- female-to-male transitions (which are still under researched);
- what is the impact of transition on cis men;
- the social issues that affect recognition other than those associated with institutional heterosexuality , for instance, children's loyalty to a cis parent (many acquaintances have speculated that may be why I am estranged from my children);
- comparing transsexual transition with other significant identity changes during the life course, for instance, with those considered in the discussion of Overall's (2009) theoretical analysis of identity changes, joining a 12 step programme, migrating geographically or joining a religious order (for instance, are losses of a significant identity grieved?);
- what happens to those intimate relationships which are maintained immediately post-transition, a lifecourse approach might be used which has the advantage that it will support transsexual people and their intimates in building novel trans families because it has the potential to step outside the normative life trajectory of heterosexual courtship, marriage and nuclear family life previously identified by scholars such as Beck (1995) and Weeks (2001).

These empirical studies will extend this investigation and the knowledge gained from previous studies of gay, lesbian intimacies, for instance by Weeks (2001) and trans familial intimacies by Brown (2009), Hines (2007) and Sanger (2010b).

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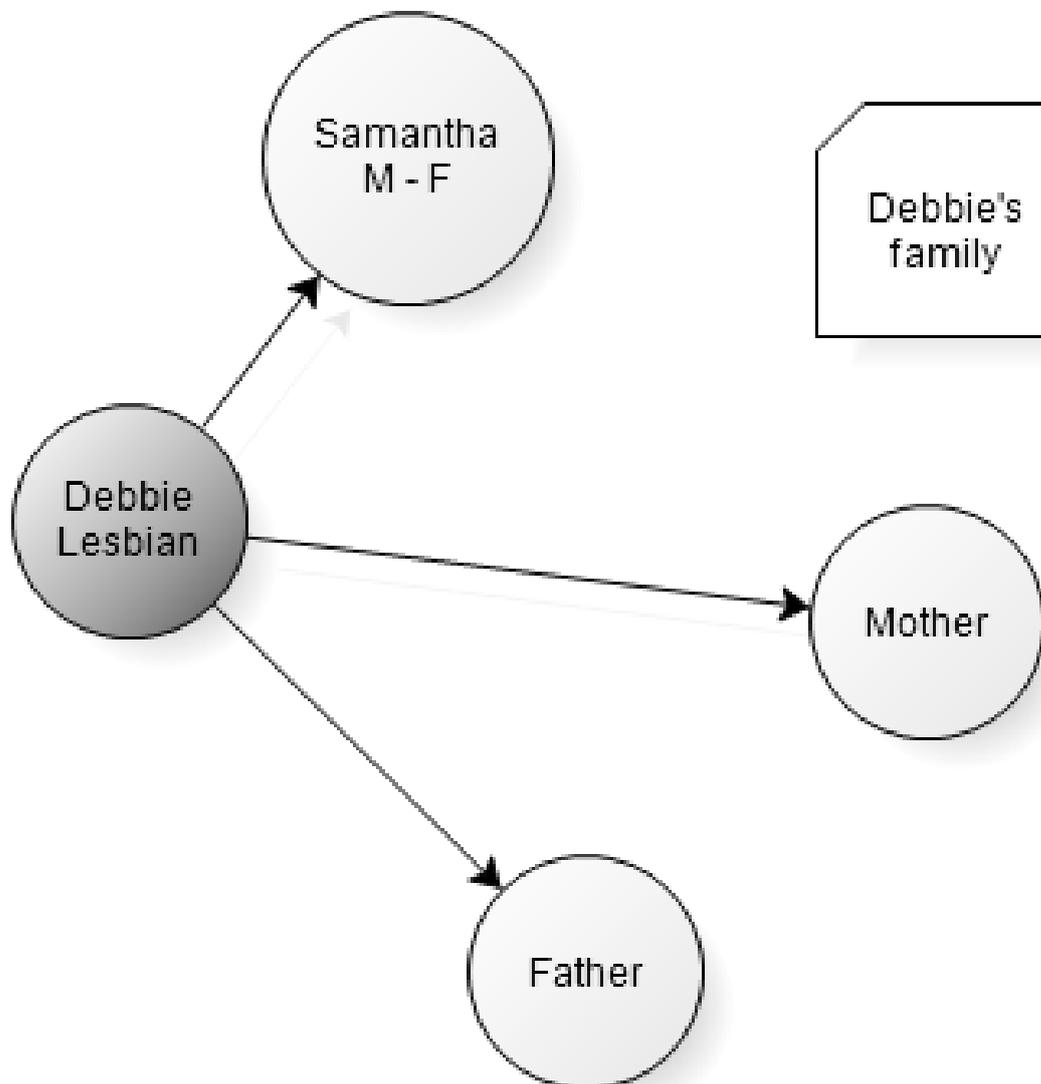
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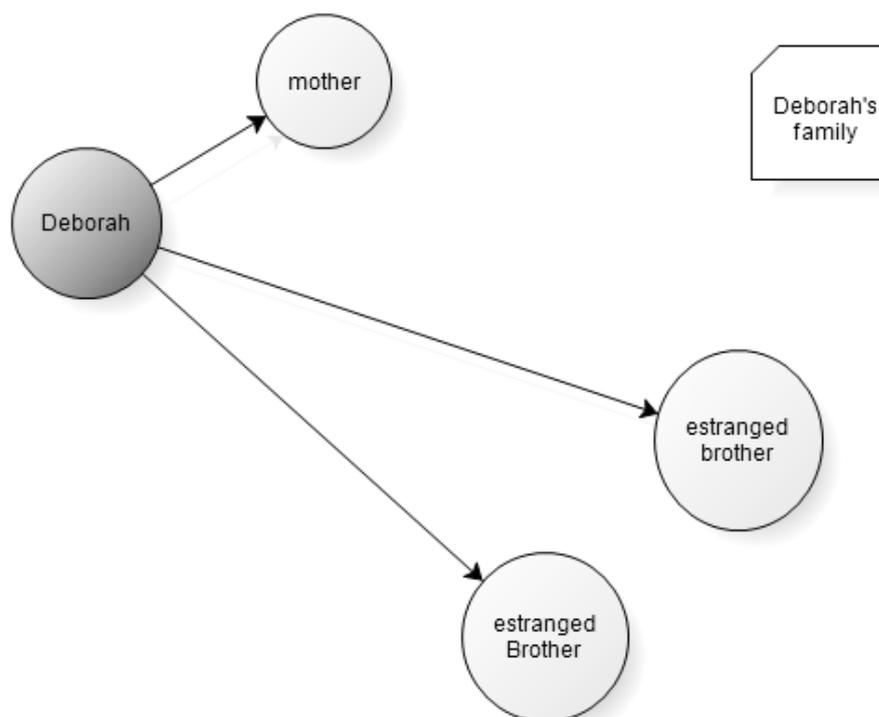
Appendix 1 Models of each case of intimates (In alphabetical order of initial contact in each case)

Debbie



This model shows Debbie a cis woman who lived in the South of England. She is the sister of Samantha a transsexual woman who began transition 3 years previously. I was only able to interview Debbie as she felt the situation in her family was too sensitive. She agreed to be interviewed to increase the amount of information available about transition and to support others affected by transsexuality.

Deborah

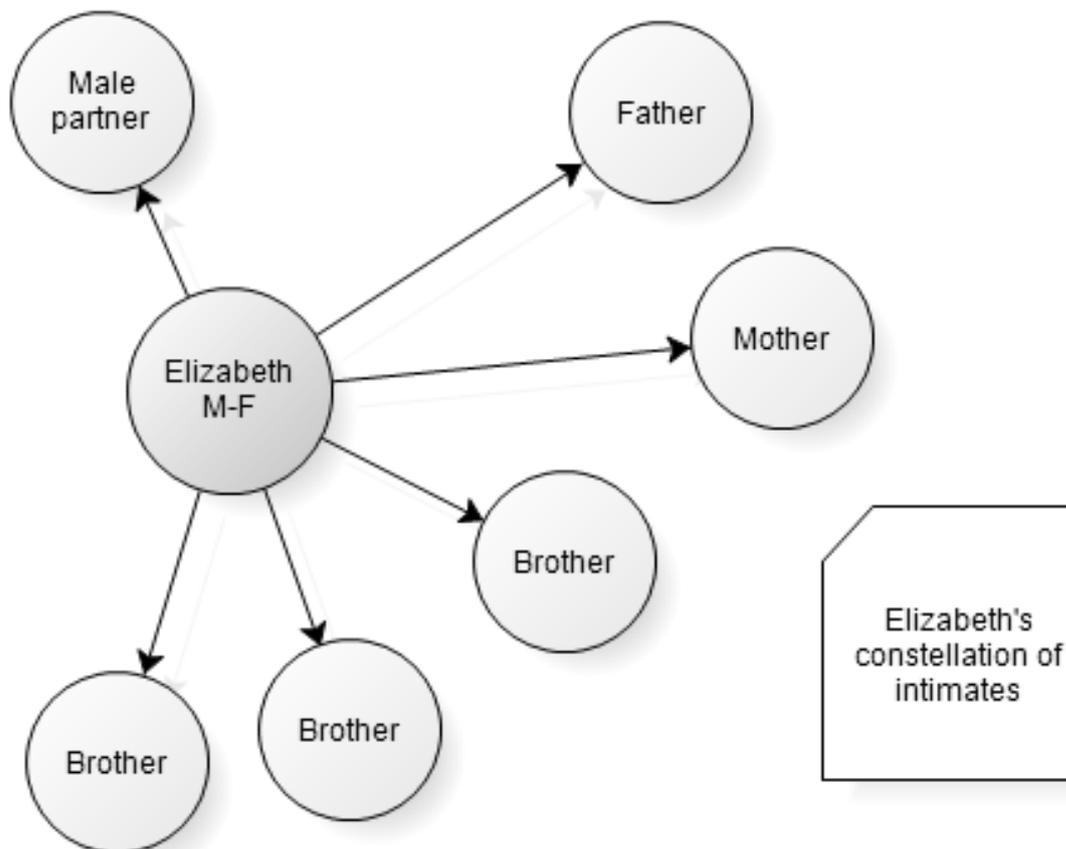


The model shows 53 year old Deborah's family constellation. The situation is best described in an extract from an email that she sent me whilst we were negotiating her participation in the research (see page 137). I felt this was significant because it is data about a family that has almost cut off total contact with Deborah post-transition. I was also drawn to including Deborah as a research subject because her estranged situation from her birth family mirrored mine. Furthermore, she represented the 37 (N=77) trans-people who responded but had no one else in their family or amongst friends who was willing to talk to me.

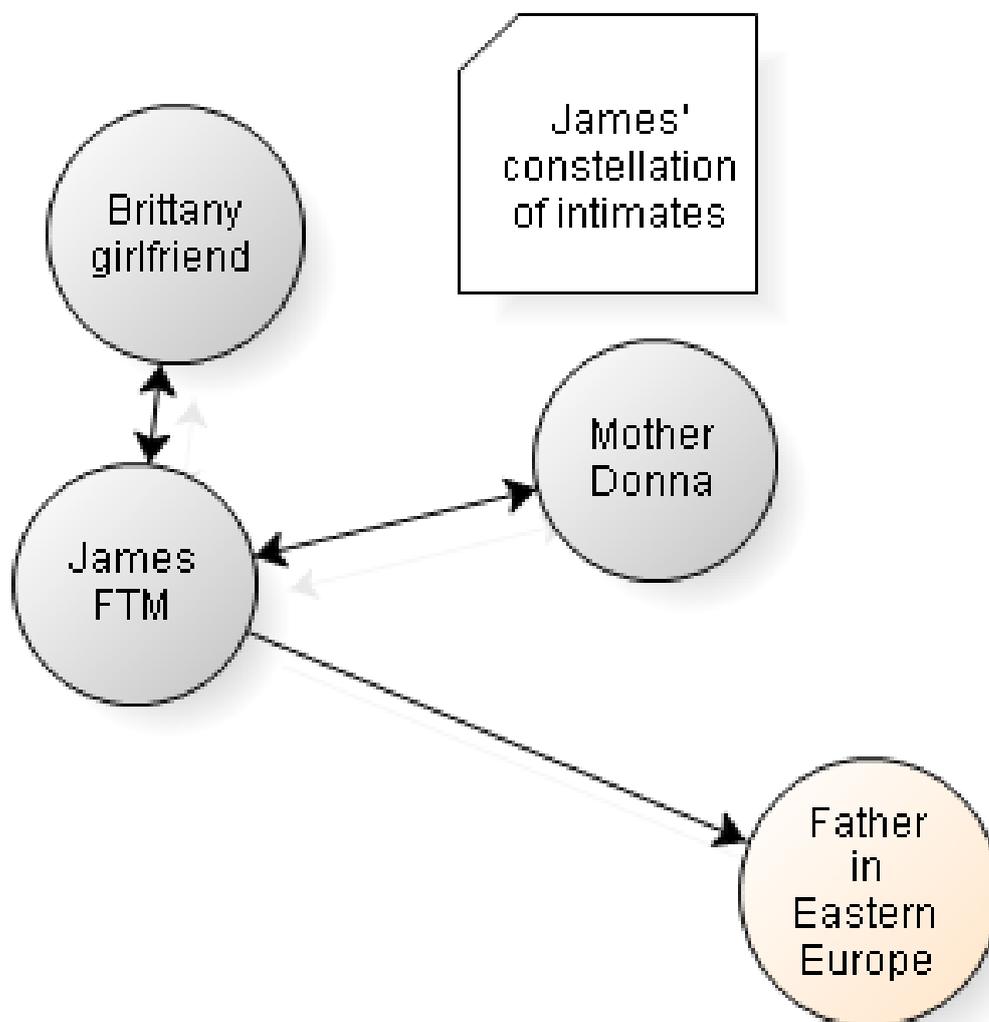
Deborah identified as a lesbian and was 22 years post-transition. She lived in the North of England. She was unemployed and contacted me through Transsexual UK. She wanted to help understanding of transsexual people.

Elizabeth

Elizabeth was a 35 years old MTF. She began transition 12 years previously. She lived in the South of England and identifies as bi-sexual. No one else in her familial intimates was willing to talk to me. She was employed in the film industry and wanted to support others.

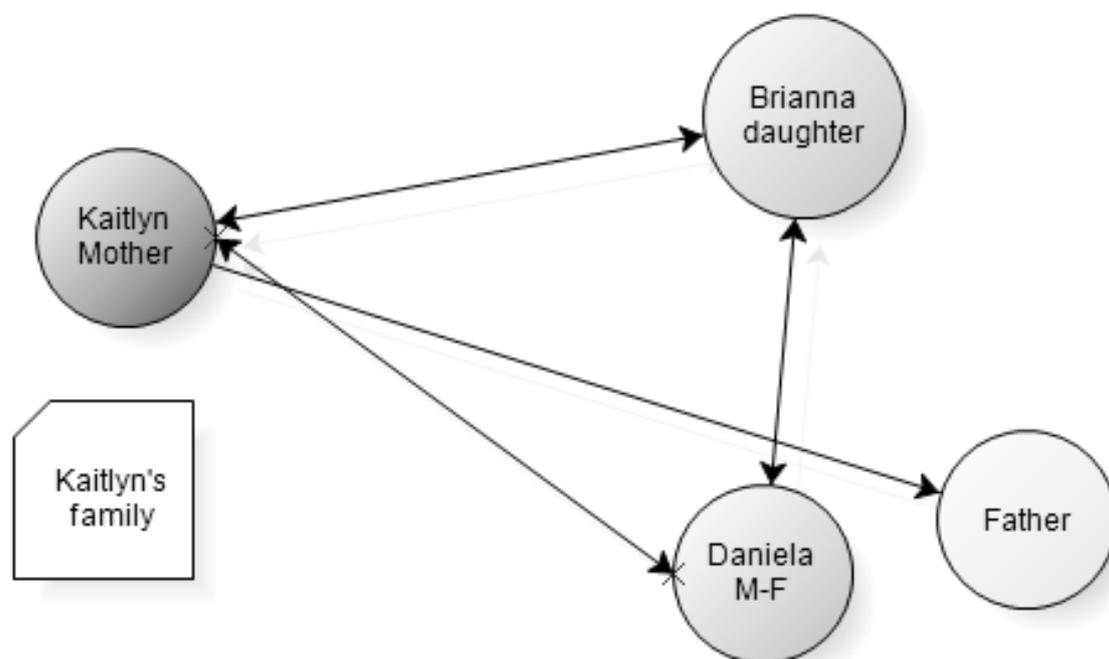


James



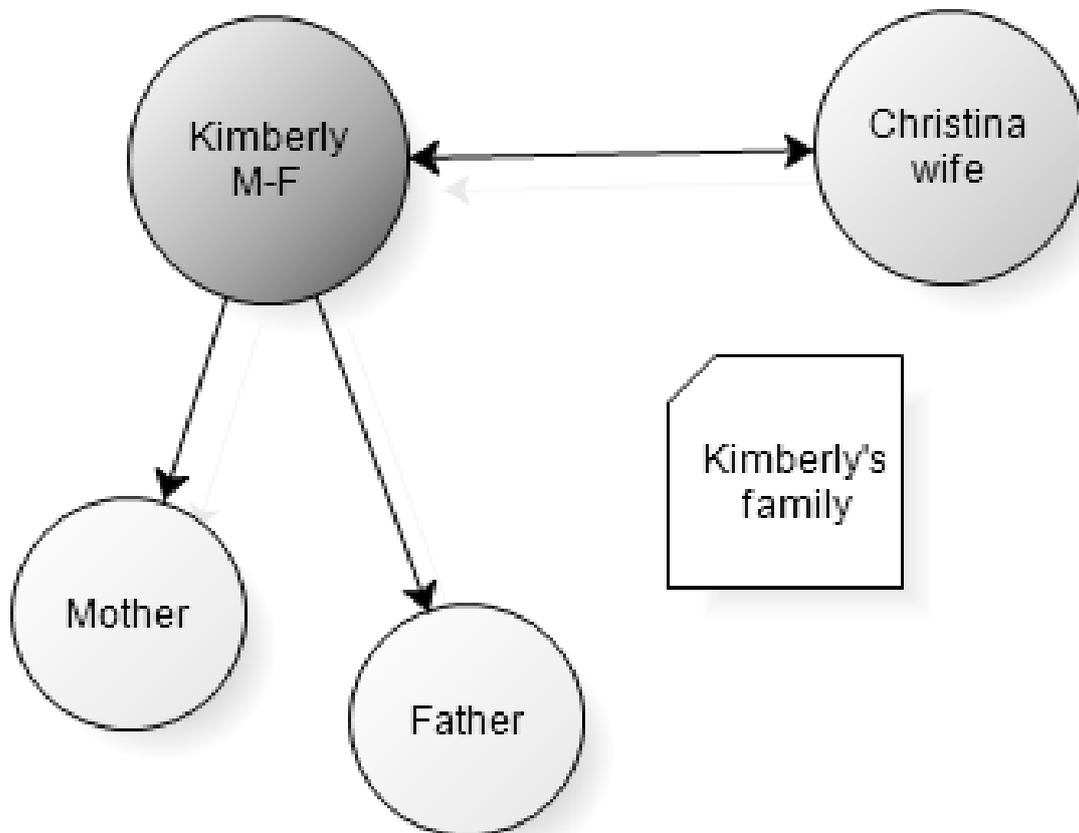
James identified as a FTM transsexual man. He emerged as transsexual to his intimates and was exploring transition. He was 23 years old and lives in the West Country. He also identified as bi-sexual and contacted me through the FTM Network. He was unemployed and wanted to increase information about transsexuality and support others affected. I also interviewed his mother Donna and girlfriend Brittany. Brittany was 23 years old, female and shared accommodation with James and others. She identified as bi-sexual gender queer. James asked her to be interviewed. She worked in a café and wanted to increase information about transsexuality and support others affected. Donna, James' mother, was 59 years old, identifies as heterosexual and was asked to participate by James. She was unemployed and suffered from depression. The father was in Eastern Europe and was too ill to interview.

Kaitlyn, Brianna and Daniela



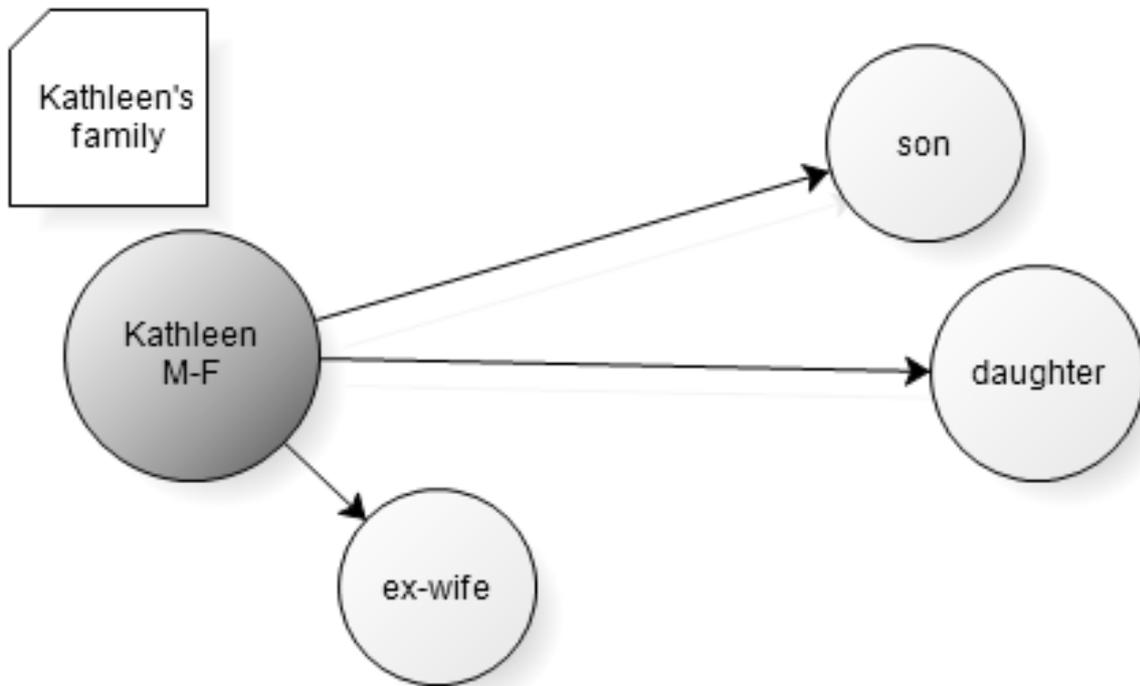
The model shows Kaitlyn's family. Kaitlyn was a 56 years old American cis woman who lived in London. She is the mother of Daniela a transsexual woman. Kaitlyn identified as heterosexual, she contacted me through Depend and was a social worker. She wanted to find out more about transsexuality and share her experience with others. She was divorced from Daniela and Brianna's father who lived in the USA. Brianna was 28 years old, female and lived in the USA. She is Daniela's sister, identified as heterosexual. She agreed to be interviewed when her mother asked her. She was a clerical assistant and classical musician and wanted to help with my research. Daniela was 31 years old and 2 years post-transition. She lived in the USA, identifies as bi-sexual and lesbian. She agreed to be interviewed when her mother asked her. She was a software engineer.

Kimberly and Christina



Kimberly was a 36 years old MTF transsexual woman. She began transition 4 years previously, she lived in the North of England, identified as a lesbian and she contacted me through PFC and The Gender Trust. Kimberly was a social worker and thought that my research was a wonderful idea. Christina was Kimberly's wife. They did not want to get divorced in order to preserve their Christian marriage. Christina refused to accept labelling. She lived with Kimberly and agreed to be interviewed when Kimberly asked. She was a music therapist and wanted the positive voice of a partner to be heard.

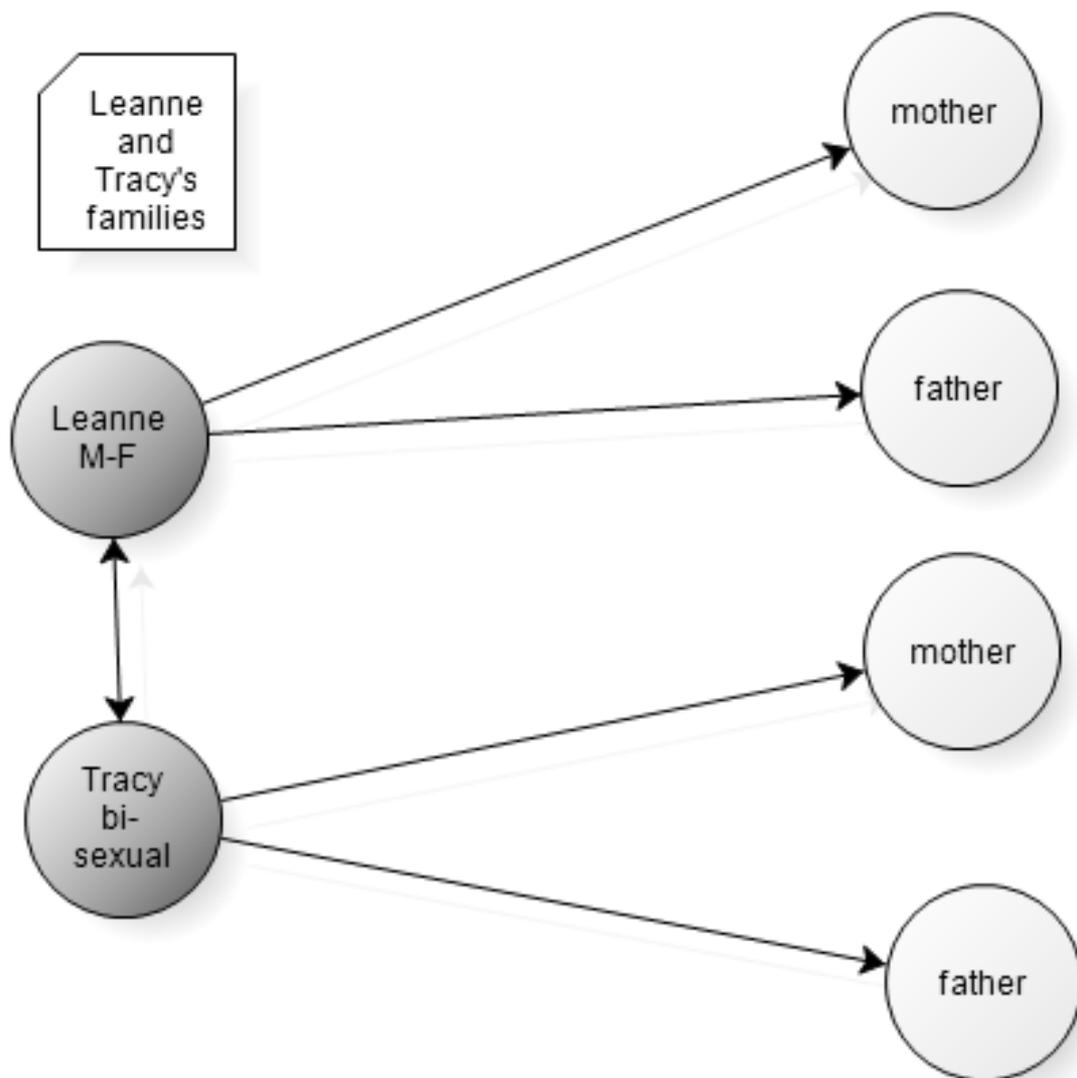
Kathleen



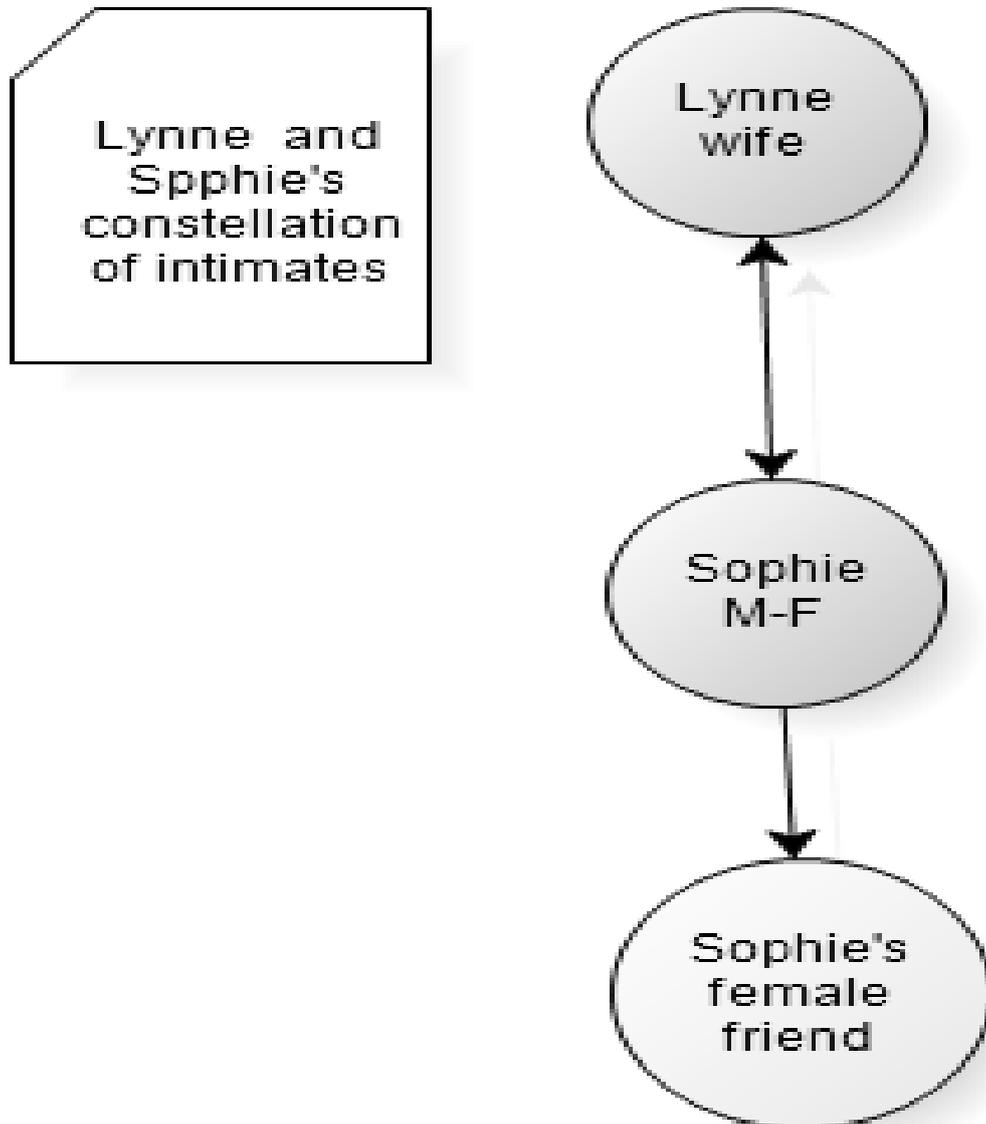
The model illustrates Kathleen's intimates. Kathleen was 63 years old and a MTF transsexual woman who contacted me. She was the only person willing to talk with me from amongst her intimates. Information about the family was obtained from Kathleen. She had an ex-wife, adult son and daughter. Kathleen lives in the North of England. She transitioned 7 years previously. She worked as an exam marker and magistrate and agreed to be involved in the research because she knew and trusted me.

Leanne and Tracy

The model shows Leanne and Tracy's families. Leanne was 39 years old and transitioned from MTF 8 years previously. She lived in Scotland with her partner Tracy. Leanne identified as a lesbian. She contacted me through Press for Change. She worked as a nurse and agreed to be interviewed to support others. Tracy was her partner and was 37 years old. She identifies as bi-sexual and was asked to participate by Leanne. She was a lecturer and wanted to support others.

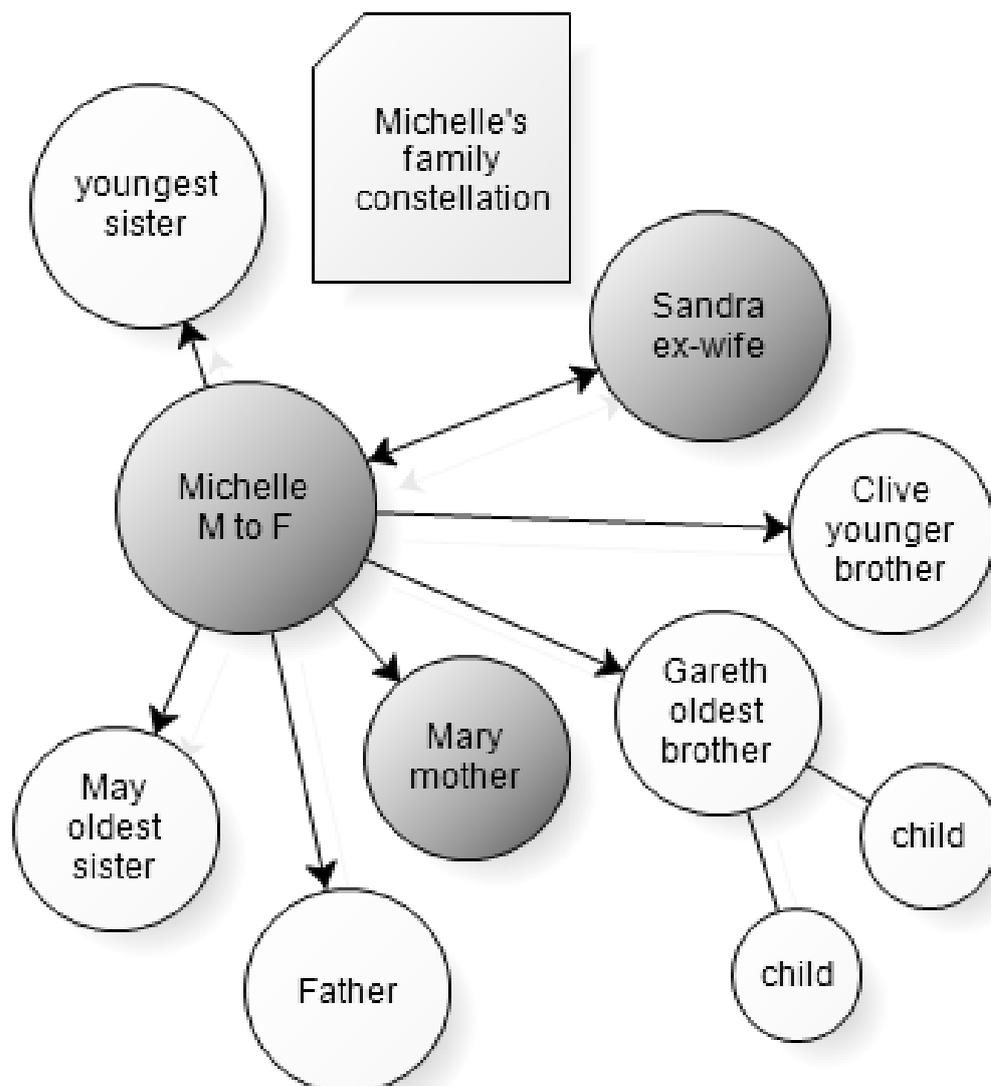


Lynne and Sophie



Lynne was 57 years old and a cis female. She identified as Sophie's wife and as heterosexual. She worked as a GP receptionist and lived in the West Country. She contacted me through Depend. Sophie was 58 years old and a MTF transsexual woman. She transitioned 1 year previously. She lived with her wife, was a police support officer and was asked by Lynne to be interviewed. Sophie had a cis woman friend who lives in London.

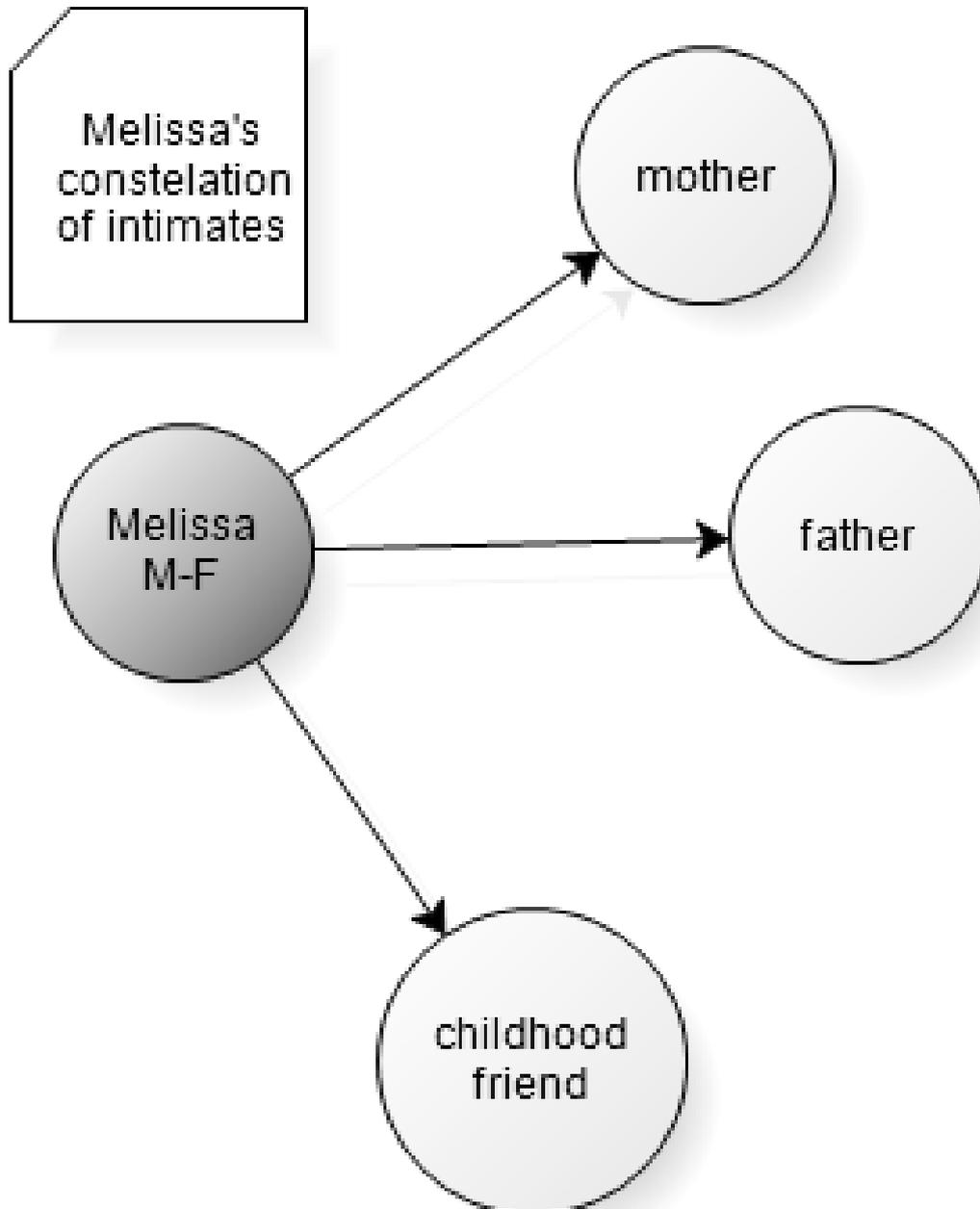
Michelle, Sandra and Mary



Michelle was 60 and transitioned from MTF 5 years previously. She lived in the Midlands, contacted me through Press for Change, was retired and wanted to tell me about the positive response she received from family and friends.

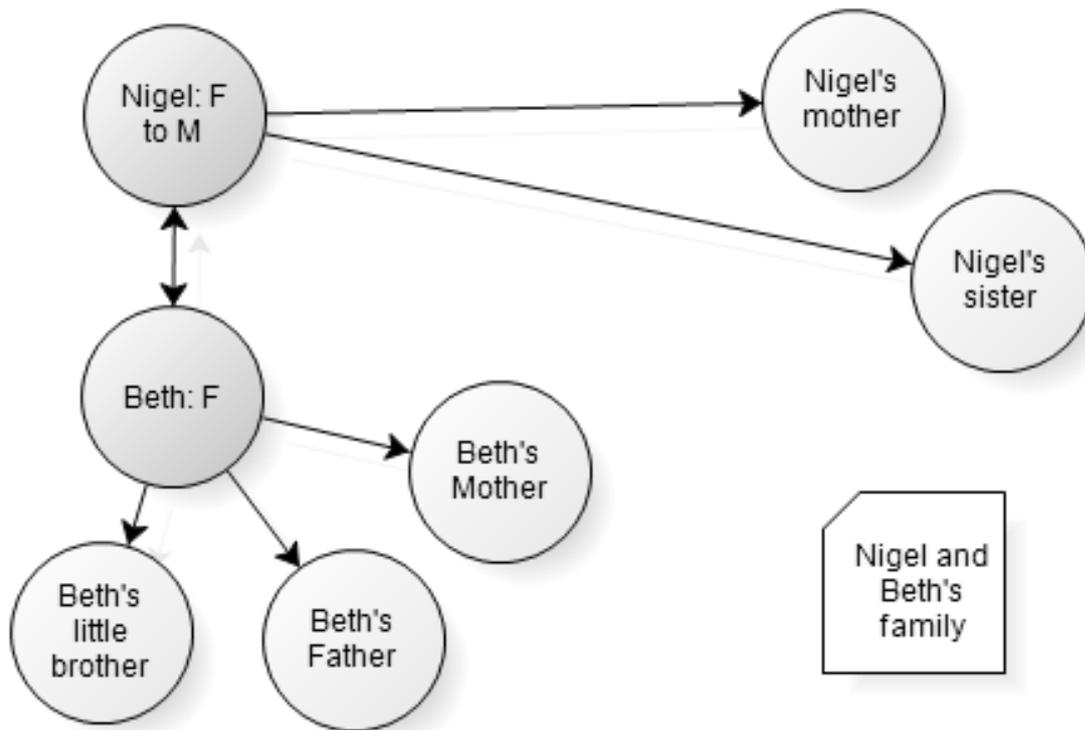
Sandra was 59, lived in London and was the ex-wife of Michelle, identified as heterosexual, was asked by Michelle to be interviewed. She worked in book publishing and wanted to support others.

Mary was 80, lived in the South of England, was Michelle's mother, identified as heterosexual and was married to Michelle's father. She was asked by Michelle to be involved in the research and she was retired.

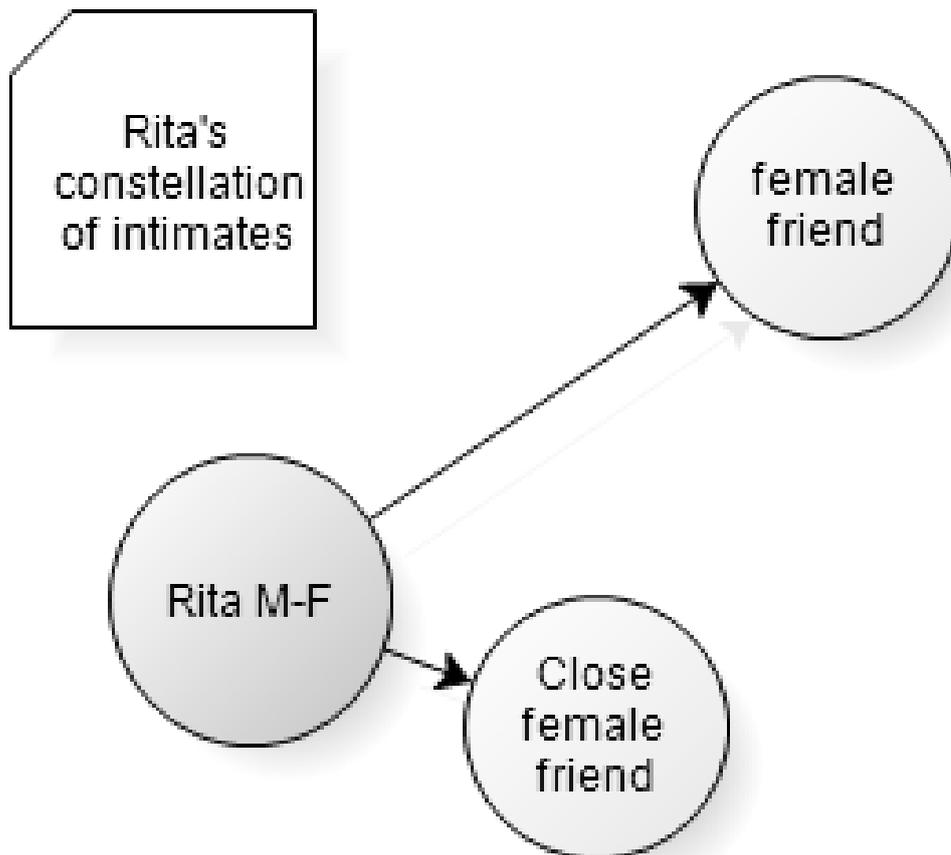
Melissa

Melissa was 42, transitioned 10 years previously from MTF, she lived in Scotland, identified as a lesbian, was estranged from all of her intimates. She contacted me through Equality Network Scotland, was a criminal justice consultant and agreed to be interviewed because she felt not enough people tell their story about transsexuality.

Beth and Nigel

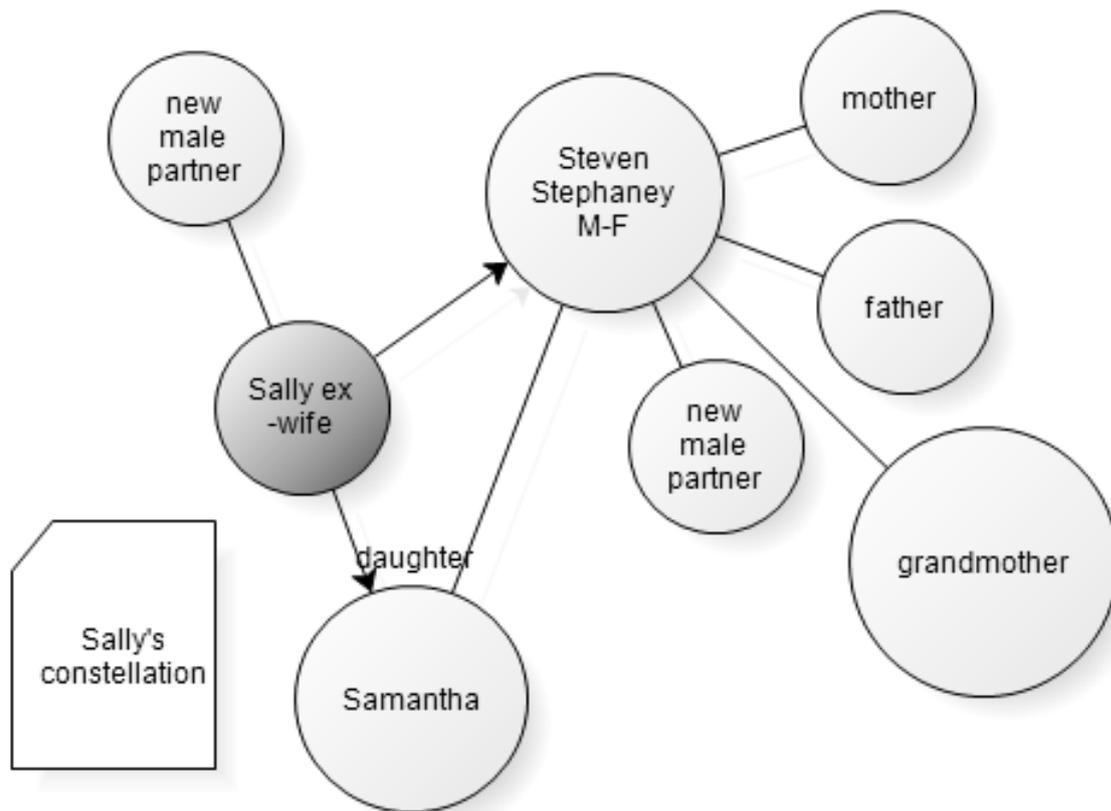


The model describes Nigel and Beth's constellation of intimates. Nigel was a 25 year old FTM transsexual man of Far Eastern origin. He lived during his medical transition with his lesbian partner Beth. She was also 25. They had been together for 6 years. He began his transition 3 years previously. Beth now identified as queer. They lived in a UK city. Nigel's mother and sister lived in the Far East. Nigel and Beth were both interviewed. I was first contacted by Beth through Depend. Information about the mother and sister was obtained through Nigel. Beth referred to them but it was not clear whether this was primary information from them or obtained from Nigel. Beth agreed to be interviewed in order to allow the voice of positive partners to be heard. Nigel wanted to help my research.

Rita

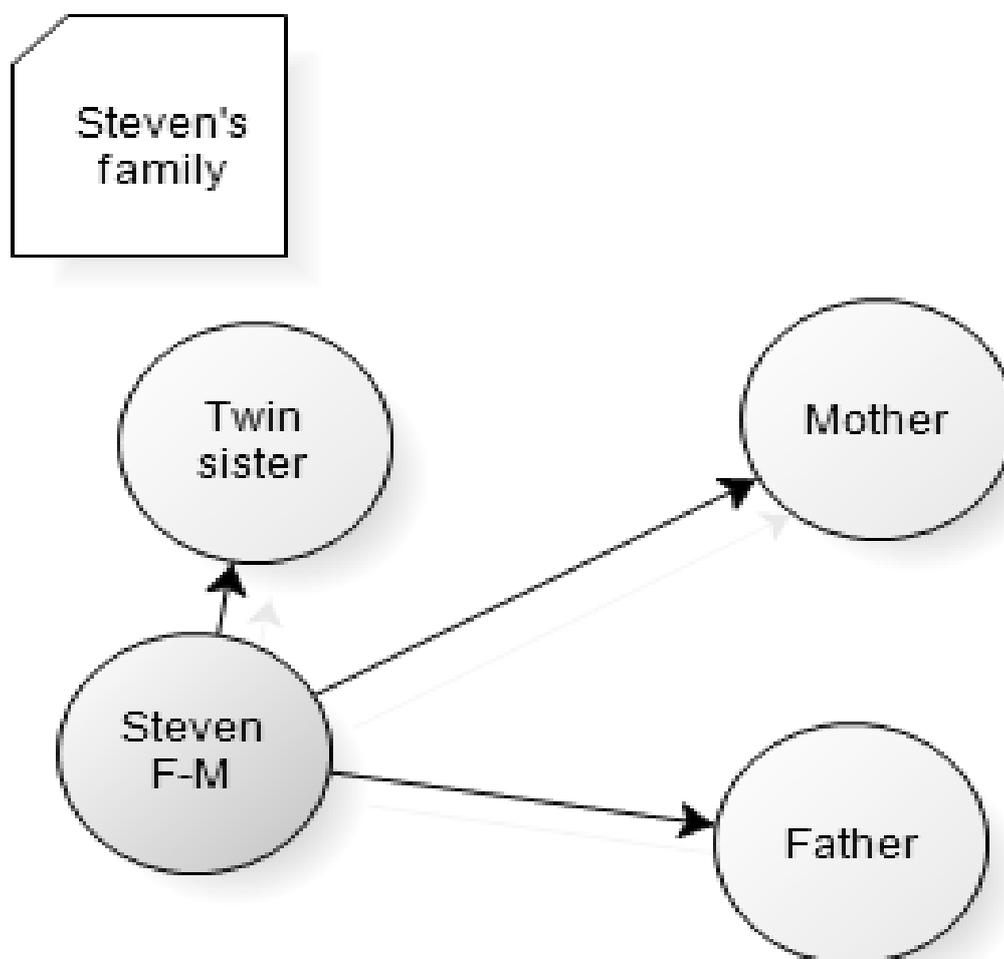
Rita was 63 years old and transitioned from MTF 5 years previously. None of her intimates were willing to talk to me. She lived in the Midlands, contacted me through a Yahoo notice board. She was unemployed and wanted to support others.

Sally



Sally was 43, cis female and lived in the South of England. She was the ex-wife of Stephen/Stephane a MTF transsexual woman. Sally identified as heterosexual. She was a project manager in IT. She promised that others would speak to me but this did not happen. She contacted me through Depend. She wanted to find out more and share her experience with others.

Steven



Steven was 34 years old. He identified as a FTM transsexual man who transitioned 10 years previously. He lived in the North of England. None of his intimates were willing to talk with me. He contacted me through *Press for Change*. He was a school music teacher. He wanted to be involved in the research because he felt there were not enough transsexual people willing to talk; he also wanted to tell his story.

Appendix 2 Access letter to a GIC (anonymised)

200 Never Street,
Nottingham,
15th April 2008.

(Address removed for anonymity.)

Dear Dr CG,

I first met you when I attended your gender identity clinic some ten years ago prior to my gender reassignment surgery, which I had in 1999. Since then I have successfully re-established my life and career in Nottingham. During 2004-6, I studied for a MA in Globalisation, Identity and Technology at Nottingham Trent University and graduated in the autumn of 2006. My MA dissertation investigated a text concerning transsexual transition. Last year I began research for PhD at Sheffield University which is proceeding very well. I began this work by undertaking Education and Social Research Council research training during the first semester, 2007-2008.

I write to ask if you are able to help with my research. The focus of this social research is to critically consider transsexual transition within the context of intimate relationships with family and friends. The research asks the question how transsexual people might best negotiate transition in order to maintain these relationships and also how the psychological and social distress experienced as a result of relationship breakdown might be diminished. The desire to undertake this research has grown out of my own experience of transition and as a result of reviewing the literature, which highlights the paucity of social research concerning transsexual transition.

I would be most grateful for your help with identifying suitable research participants who might be under your care. I am looking initially to interview about seven transitioning transsexual people and then a few of their friends and or kin. I realise that this supervised work will raise challenging and complex ethical issues and that these will need to be articulated and addressed using either the university's or NHS ethical procedures.

The outcome of the research will extend academic understanding of transsexual issues and will more specifically enhance transsexual people's relationship outcomes during and post-transition.

I would be most pleased if we were able to meet and discuss this further. I am able to supply the full research proposal and any other relevant information.

Yours sincerely,

Claire Jenkins.

Appendix 3 Advertisement inviting participants to be involved

Transsexual transition, effect on relationships with family and friends.

You are being invited to take part in this investigation, which is a study of transsexual (trans) people who decide to or have undergone transition from male to female or female to male; it also involves their family and or friends.

In most cases transition can be a positive experience where trans-people are fully supported through a difficult time in their lives and emerge as better functioning people in the sex of their choice. Unfortunately a previous study has also shown that transition causes problems for family and friends. The aim of this investigation is to find out why some family and friends may be supportive and why others are not. The results will help people in future transitions.

Individual interviews with those involved are an effective way of finding out about what happens during transitions.

If you decide to take part you will be interviewed twice for about 1½ hour each.

The first interview will enable us to get to know each other, explain my reasons for wanting to do this research and give you the opportunity to tell me the story of your experience of transition.

Your views about transition will be respected and you will not be pressurised to say more than you want to.

The second interview will allow for follow up of any issues that have arisen in the first interview and will give you the opportunity to reflect on what has been said.

I am a 9-year post-transition woman, who is conducting this investigation as a doctorate study at the University of Sheffield, in the department of Sociological Studies, under the supervision of Dr Victoria Robinson.

An initial enquiry will not commit you in any way; you will be sent an information sheet explaining the investigation in more detail and your rights, the sheet will also explain how information given will be treated as strictly confidential. You will have time to consider and the opportunity to discuss the information sheet further.

If you were interested in taking part please would you initially contact me by:

Mobile: **07954163124**, email: **claire.e.jenkins@shef.ac.uk**, or at: **University of Sheffield, Department of Sociological Studies, Elmfield, Northumberland Road, Sheffield. S10 2TU**

Thank you for considering this, Claire Jenkins.

Appendix 4 Information sheet for participants

Information Sheet: Transsexual transition effect on relationships with family and friends.

You are being invited to take part in this research project. Before you decide, it is important for you to understand why the research is being done and what it will involve.

- Please take time to read the following carefully and discuss it with others if you wish.
- Ask me if there is anything that is not clear or if you would like more information.
- Take time to decide whether or not you wish to take part.

This is a research study of transsexual (trans) people who decide to or have undergone transition from male to female or female to male. The study is focused on the intimate relationships of a trans person with their close family and friends. In most cases, transition can be a positive experience where trans-people are fully supported through a difficult time in their lives and emerge as better functioning people in the sex of their choice.

Unfortunately previous research headed by Professor Stephen Whittle of Manchester Metropolitan University has also shown that after transition:

- Just under half of family relationships break down.
- Just over a third of trans-people find that they end up excluded from family events and have family members who no longer speak to them.
- About one fifth of trans-people find they become informally excluded from their local community.

The aim of this research is to find out why some family and friends may be supportive and why others are not. Individual interviews with those involved are an effective way of finding out about what happens during transitions. The research is a three-year project, which began in October 2007 and will continue until June 2010. The interviews will mainly take place during autumn of 2008 and early in the spring of 2009.

It is anticipated that about 10 trans-people will be interviewed, along with some family and/or friends, so that in total about 40 people will be interviewed. The trans person, a family member or a friend can initiate involvement in the research. They will be invited to take part through a range of organisations which offer trans-people and their families /friends information and support. People will be selected to take part so that the research is representative. There will need to be a mixture of family and friends who are both supportive and unsupportive. They will be involved at different stages of the transition, during and at various times afterwards.

- ***It is important that you realise that it is up to you to decide whether or not to take part.***
- ***If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.***

- ***You can still withdraw at any time without it affecting any benefits that you are entitled to in any way.***
- ***You do not have to give a reason for withdrawal.***
- ***Should new information arise during the research that might be relevant to your continued willingness to be involved you will be asked to consider re-consent.***

If you become involved you will be interviewed twice. The first interview will enable us to get to know each other, explain my reasons for wanting to do this research and give you the opportunity to tell me the story of your experience of transition. Your views about transition will be respected. You will not be pressurised to say more than you want to.

The second interview will allow for follow up of any issues that have arisen in the first interview and will give you the opportunity to reflect on what has been said.

Each interview will last from about 1 to 1½ hours.

At present, I am funding this research so unfortunately, I am unable to refund your expenses but I will try to meet interviewees at a place that will minimise your expense.

The focus of the research is on transition and relationships so you will be expected to talk about your experience of this during the interview. In everyday life most people expect that if they have a male body then he will behave and grow up like a man or if you have a female body then she will grow up and behave like a woman, this is not the experience of trans-people. I am proposing that non-trans-people will have these everyday expectations for trans-people and expect relate to them in the usual way, so this mismatch between non-trans and trans expectations is the cause of relationship difficulties. This is what I will be investigating when I analyse the interviews.

I expect that those who agree to take part in this research will not find it easy. We will be exploring your deepest and intimate feelings about sex, gender and personal relationships. I will take responsibility to work with you honestly and seek to develop a trusting and respectful relationship between us. I will also offer a supportive environment for us to work within. I will have available details of support organisations, should we feel that you need these.

- At all times your confidentiality will be of uppermost importance and when interviews are written up you will be given a false name to protect your identity.
- I will take responsibility not to convey to one member of the friendship/family circle what I have learned from another member of that circle.
- There may be some risk of distress in taking part but you will have the right not to answer particular questions, to stop the interview or to withdraw at any point during the research.
- I also will alert you immediately to any unexpected discomforts, disadvantages and risks that become apparent, you will then have the opportunity to reconsider your involvement.
- This research is to enable a better social and informed understanding of transsexual transition.

- It is designed to identify recommendations that will produce better quality and supportive relationships between transitioning trans-people and their friends and families.
- The research will also contribute to minimising the distress caused by transition to those involved.
- The research findings will be published in medical, caring and social journals.
- The interviews will give the opportunity to talk about feelings, thoughts and reflections, which might therefore have immediate benefit for your own situation, but this is not guaranteed, you will be helping those involved in future transitions.
- If for some unforeseen reason the research stops the reasons for this will be fully explained.

If something goes wrong and you wish to complain you should first contact me the researcher, if the outcome of this is then still unsatisfactory you may contact the Academic Secretary: Dr CLAIRE BAINES

Academic Secretary and Head of the Academic Division The University of Sheffield, New Spring House, 231 Glossop Road Sheffield, S10 2GW

Tel: +44 (0)114 2221211 Fax: +44 (0)114 2221069 email : c.e.baines@sheffield.ac.uk

All the information that I collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications.

The transcripts of the audio recordings of your interviews made during this research will be used only for analysis and for illustration in conference presentations, lectures academic and medical publications. No other use will be made of them without your written permission and no one outside the research will be allowed access to the original recordings. The information will be kept in a secure locked cabinet. Interview data will be destroyed 5 years after the research has finished.

The results of the research will be published in the autumn of 2010 and you will be able to see a full copy of the research in the library at the University of Sheffield, I will also make available a short version of the results, which you can obtain, from me on request. You will not be identified in any report or publication.

This research is entirely funded by me.

This research has been ethically approved via The Department of ethics review procedure.

The contact for further information is: Claire Jenkins, University of Sheffield, Department of Sociological Studies, Elmfield, Northumberland Road, Sheffield. S10 2TU

Mobile: 07954163124 email: Claire.e.Jenkins@shef.ac.uk

This research is supervised by Dr Victoria Robinson at the department of Sociological Studies, email: Vicki.Robinson@sheffield.ac.

Thank you for agreeing to take part in this research, your participation is very valuable since the research could not happen without your help.

Appendix 5 Email consent form

Title of Project: Transsexual transition effect on relationships with family and friends.

Name of Researcher: Claire Jenkins.

Participant Identification Number for this project:

Please delete yes or no as appropriate for each statement

1. I confirm that I have read and understand the information sheet dated 19th May 2008 for the above project and have had the opportunity to ask questions.

YES NO

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. Contact Claire Jenkins on 07954163124

YES NO

3. I understand that my responses will be anonymised before analysis. I give permission for members of the research team to have access to my anonymised responses.

YES NO

4. I agree to take part in the above research project.

YES NO

Name of Participant Date
(or legal representative)

Name of person taking consent Date
(if different from lead researcher)

Claire Elizabeth Jenkins
Lead Researcher Date

To be signed and dated in presence of the participant

Copies:

Once this has been completed by all parties using email, the participant should receive a copy of the dated participant consent form, the information sheet and any other written information provided to the participants. A copy for the dated consent form should be placed in the project's main record (e.g. a site file), along with the return email, which must be kept in a secure location.

Appendix 6 Interview prompt sheet

Admin

1. Check that the research participants agree to be digitally recorded.
2. Ask them to complete a consent form, send this as an attachment for telephone interviews.
3. Confirm that they have read information sheet and ask if they have any queries about it.

Interviewee questions

1. Can you describe your situation with partner at present?
2. Establish demographics: age; identity; ethnicity; and occupation.
3. Ask how they found out about my research.
4. Ask why you wished to be involved in the research.
5. Tell me in your own words your experience of your transition especially how it affected those close to you at the time.

Appendix 7 My transitional history

- Where I was born and my age now.
- The schools I attended.
- The university I attended and how when I arrived at university I started to investigate why I felt different from my cis peers.
- Explain that I got married to Dianne in 1971.
- Tell them that we have four children: a boy 34, a boy 32, a girl 31 and a boy 28.
- Tell them that I started to transition at about 1985 when I was aged 36.
- Talk about my referral to Charing Cross GIC.
- I saw Russell Reid, the consultant psychiatrist at the hospital.
- Explain why my transition took 14 years from 1985 to 1999.
- Tell them that Dianne and I separated in 1999, when I left the family home.
- We got divorced in 2007.

Appendix 8 Internet based support groups contacted

a:gender: www.agender.org.uk

Support for staff in government departments/agencies who have changed, or who need to change permanently, their perceived gender, or who identify as intersex.

The Beaumont Society: www.beaumontsociety.org.uk

For those who feel the desire or compulsion to express the feminine side of their personality by dressing or living as women.

DEPEND: www.depend.org.uk

Free, confidential, non-judgemental advice, information and support to family members, partners, spouses and friends of transsexual people.

FTM Network: www.ftm.org.uk

Advice and support for female to male transsexual and transgender people and to families and professionals; 'buddying' scheme; newsletter - 'Boys Own'; annual national meeting.

The Gender Trust: www.gendertrust.org.uk

Advice and support for transsexual and transgender people and for partners, families, carers and allied professionals and employers; has a membership society; produces magazine - 'GT News'.

Gendered Intelligence: www.genderedintelligence.co.uk/index.html

A company offering arts programmes, creative workshops and trans awareness training, particularly for young trans-people.

GENDYS Network: www.gender.org.uk/gendys

This is a network for all who encounter gender problems personally or as family members, lovers or friends and for those who provide care; quarterly journal; biennial conferences.

GIRES: www.gires.org.uk

Promotes and communicates research; provides information and education to help those affected by gender identity and intersex conditions. Offers range of literature, e.g. to help families deal with 'transition'. GIRES will adjust these to a family's circumstances on application.

Mermaids: www.mermaids.freeuk.com

This is a group that offers support and information for children and teenagers who are trying to cope with gender identity issues, and for their families and carers.

Press For Change: www.pfc.org.uk

This group campaigns for civil rights for trans-people. Provides legal help and advice for individuals, information and training; newsletter and publications.

Appendix 9 Email to *Depend*: Attempts to access cis intimates who would discuss transition

I made contact with a committee member of the Depend support group for friends and families of transsexual people; I have known this person for a number of years as the parent of a trans daughter. I emailed her and spoke with her in an attempt to enlist cis research participants; this is a copy of the main body of the email;

Nice to hear from you and thanks very much for your quick response. I am concerned that trans-people might act as gatekeepers to families and friends and have thought about it. I have as a pilot study analysed *Between Ourselves* broadcast in July on Radio4 and also 'She's a Boy I Knew', a documentary film where these issues became very apparent. For this research to be meaningful I certainly need to talk with non-supportive people, it is essential. The problem is how can I access such people directly; if *Depend* can help with this I would be delighted.

I assume that you and *Depend* people are aware of the broadcast but might not be aware of the film, which was excellent and has won awards in Canada and shown at the London LGBT film festival this year, it will be released on DVD in December I think. The film was made and directed by Gwen Haworth herself a trans-woman and she did a video diary type film of her transition, which included parents, sisters, wife and also her best male friend. Not all were supportive and some struggled with much hurt and pain over Gwen's transition particularly her father. Gwen who is from Vancouver stayed with me overnight whilst in the UK in exchange for giving me a DVD copy of the film and permission to use it. I should be more than pleased to show the film and have a seminar discussion with you and *Depend* people if that will help. I would also be able to discuss my early findings from the film and radio broadcast. I believe that this research is vital having experienced first-hand the pain and distress that transition can cause to loved ones and I hope others will share my motivation for the research. Any positive suggestions and help are vital to its success. I will ring you either later today or tomorrow so we can have a chat about these issues.

I feel I made a reasonable attempt to access cis others who would talk to me about transition, I did not record the telephone conversation but in it I enlisted this key committee member in support of my research which she recommended to *Depend* members through their email list, Beth, Kaitlyn and Lynne responded.

Appendix 10 Michelle's transcript and its analysis

I critically read through Michelle's transcript identifying extracts using the method of analysis discussed in Chapter 2 (see page 81). The extracts are in italics.

[Research number: L 14; date of interview 20102008, 1000-1130 approximately; duration of interview 1hr 23:16 minutes.]

We discussed the technology of my digital recording. [This helped to put Michelle at ease and build rapport]

Michelle: It's an age thing I think, but for me it certainly is. I shall be 60 next month, oh God, I know we can't keep still. I mean there are lots of reasons to be young, but there are lots of reasons not to be quite so young really and I think probably the thirties actually is the best time, but not for me, because that was before I transitioned. So the fifties; I was 54 when I started on my journey.

Claire: Well good, that's what we need to talk about.

Michelle: Yes.

Claire: I think you've read the information sheet.

Michelle: Yes.

Claire: What I am looking at is to focus is mainly on your relationships with other people.

Michelle: Yes.

Claire: Not so much on the medical because having been through it myself.

Michelle: Yes.

[I now introduce my transitional story, the section in italics]

Claire: Is there anything you want to know about me before we start?

Michelle: You can tell me what you choose to tell me. Who you are, where you come from, and you're back ground.

Claire: Yeah, I'll give you a very quick background to myself.

Michelle: Yeah.

Claire: Well, I was born in South Wales.

Michelle: I can hear the Welshness.

Claire: I went to school and then to university.

Michelle: You went to uni in Wales?

Claire: Pardon?

Michelle: Did you go to uni in Wales?

Claire: Yes, Cardiff University.

Michelle: Alright yeah.

Claire: I did my degree with difficulty because I was struggling to try and understand myself because there was something different about me; you probably recognise that.

Michelle: Yeah.

Claire: It wasn't really until about thirty five that I recognised that I was transsexual.

Michelle: Yes.

Claire: I wanted to.

Michelle: Do you like that word?

Claire: No.

Michelle: Probably not, but what other word do you choose that's the thing isn't it.

Claire: Yes it's a very medicalised word.

Michelle: Yes.

Claire: I tend to use trans.

Michelle: Yes.

Claire: I tend to identify myself as a trans-woman most of the time, if I am talking about it.

Michelle: Yes.

Claire: I started the transition in about 1985, around about that time I went to Charing Cross in London and saw Russell Reid.

Michelle: Was he still at Charing Cross then; still within the NHS?

Claire: He was just about.

Michelle: Yes.

Claire: Yes he certainly was when I went.

Michelle: A nice man he was.

Claire: He was lovely, and I had children; three boys and a girl.

Michelle: Yes.

Claire: I was married and that was problematic because my partner Dianne resisted my trans all along.

Michelle: Yes.

Claire: Anyway it took; I suppose I was a long time in transition, about 15 years, before I actually went full time and had surgery in 1999.

Michelle: All right and where did you go?

Claire: Leicester General.

Michelle: Alright so who did the op then?

Claire: Tim Terry.

Michelle: Right, yes, I've heard the name.

Claire: He is a lovely surgeon though. I mean he does a good job. I won't go into all the ins and outs of it. My marriage eventually split up a couple of years previously, in 1999, I got divorced and I haven't seen much of them really since.

Michelle: That's very sad.

Claire: Yes.

Michelle: How old are they now?

Claire: Well, my youngest is 28 and my eldest is coming up

Michelle: Is that their choice as well?

Claire: I don't know? I think

Michelle: You're ex-wife probably.

Claire: Yes, so that's basically my quick potted history.

[End of my story where I feel that I have slowly got alongside Michelle jointly building both our confidence and rapport.]

Michelle: Yeah, there are lots of comparisons there between you and me and I guess between most of us really.

Claire: Yes, so tell me, in a bit more detail, about your own transition.

Michelle: Yes, I shall be sixty next month.

[This is a bridging moment between me and Michelle where the emphasis shifts from me to her.]

Claire: Yeah.

Michelle: In November, yes, that makes me a Scorpio, a nice Scorpio basically. *I was married for 37 years to Tina and she knew from the very outset that I had a problem. I was struggling with it [here there is a disruption where the text fails to continue and changes from struggle to marriage, one of Czarniawska's guidelines.] though we got married just the same. Part of the discussions we had, all the way through, we decided that we wouldn't have children and we never changed our minds, both of us [does this mean that their relationship was platonic, one of Czarniawska's guidelines.] . Since my transition I have, once or twice, tested the water to see whether in fact there might be any regrets on her part. Not there are any; she is a successful career woman.*

Claire: Yes.

Michelle: *I can get, when I look at a mother with a young baby sometimes, I have to leave the room. [Michelle is constructing this sentence to show the pain she experienced because she was a pre-transition transsexual woman, one of Plummer's guidelines.] For us in our relationship, at the time, that wasn't something we decided was a good idea because we didn't have anywhere to go with it.*

[This section I coded as a characteristic of surviving relationships]

I went to a grammar school, passed the 11 plus because, I stayed at school till I was 16. I was aware that I was a bit weird, a bit nerdy, but I was lucky because I had a secret weapon which I didn't know I had until suddenly I was able to use it. I played the drums and there weren't many, I think two other guys in the school (that was a seven hundred pupil school), that played the drums. I was by far the best so they needed me basically, whatever they might have thought of me.

Claire: Yeah, who were they then?

Michelle: Well my peer group, the people in my class. The grammar school was in South Bucks, Mangley Grammar school, in a mixed area. In the mid-fifties the council moved about 20,000 poverty-stricken Londoners to two huge new estates. One was Langley and they got a grammar school, and the other was the other side of town at Critwell village. The town itself was a working class town but always a very affluent town with full employment. All the villages surrounding it were very

pleasant and there were lots of posh houses and the attitudes that go with it. And the new grammar school at Mangley therefore had a mixed catchment area. Then most middle class people chose to send their kids to state schools.

Claire: Yeah.

Michelle: And so, in my class there was a really good mixture of people, a really good mixture of values and all the rest of it. There was a good mix outside the school, not just for the sport fixtures that we played, but also in the interaction; more so then than there would be now. I suppose there was no sort of, our school culture verses the other school, except when you were playing competitive sport. We always knew people in the other school. The band that I was in, half of them came from my school and the other half from the town, and I was a good drummer.

Claire: Yeah.

Michelle: They may have had questions about my sexuality or something else; but of course we were all much more innocent then. Anyway I wasn't bullied

Claire: Are you are referring to your difference?

Michelle: Yes.

Claire: Is that something you understood?

Michelle: We, all of us, have different takes on this. I didn't know what it was for a long time but I knew from the age of about 3 or 4 that it wasn't right somehow.

Claire: I suppose what I mean is, were the other people around you, at that time, and were they aware that something was different?

Michelle: No.

Claire: Yeah.

Michelle: How able we are to keep it completely hidden depends, I suppose, on other people's perception but also on what's out there in society at the time. In the early 60s there was not a label for people like me. And I mean my grandparents, my mother's parents, were very working class. She was a cook in one of the posh houses and my granddad was like a game keeper. They were, because of their age and generation, not well educated people. They certainly had skills but in terms of the things that they chose to do, or were able to do, in their leisure time they weren't like my parents. My dad was very middle class and so things like the *News of the World* and the *People on Sunday*. *I remember every Sunday we had to go around my gran's for Sunday tea. It was a nightmare; I was there bored out of my skull really, one Sunday afternoon, and I picked up their paper, which is not one my parents had in the house, and there was something in there about some really early trans person who was trying to persuade the world that actually this happened spontaneously to them; suddenly they were growing breasts or whatever. It struck*

me that there was enough in there for me to identify with them immediately. So that's what I was.

Claire: At what age was that?

Michelle: I was 11.

Claire: Yeah.

Michelle: But I knew before then that things were not right because I used to dress up in my sister's clothes all the time. There were a couple of incidents, at home, when I was, sort of, found out by my mother. My mother knew; she was in denial really because she said she couldn't cope with it very well. I did it even more.

[This I coded as early realisation of transsexual identity.]

Because, like most of us, I guess, when you are different and you are female essentially. Well if our gender is that way then however much this is part of who we are or is a process of socialisation, who knows? But, most *women want to be liked, want to be loved and I was frightened to death that if I identified and presented as different too much then your love would be withdrawn. I couldn't see then that a mother's love is usually unequivocal. So I lived, like most of us do, through childhood and certainly adolescence. Living with shame, guilt, fear, terrified that people would find out and that they would not love me anymore. This is not a nice place to be. But I was lucky enough to be able to stick most of that in a box and then lock the box and push it right to the back of my head really.*

[This I coded as pre-transition psychological discomfort.]

I have never been one who necessarily believes that therapy, where we discuss everything, is for all of us and is a good thing. I had, like most of us, a breakdown just before I decided that I couldn't do this anymore; that was when I was in my fifties.

Claire: Right.

Michelle: I did attempt to transition when I was in my mid-twenties. I met Tina my wife when I was 18ish and she was a year younger. It was love at first sight; it was I guess for me. Because I wanted her company so much I was pretending to myself, or I believed, that I was coping with being different and I could control it.

Claire: Yes.

Michelle: But nevertheless, she was aware of it and so on the basis of that plus the fact that she loved me as much as I loved her we got married. But of course I couldn't control it and as time passed along it got more and more difficult to keep it hidden or to keep it under control or whatever.

[This I coded as a characteristic of a surviving relationship.]

I left school at 16 with O-levels but I did go back as a part-time student to take my A-levels and my original plan was to go to Library College and, in fact, I had a place in Marlborough. This was back in 1960 whatever but over one summer I took a part time job in the local bookshop and I was seduced away [said romantically] from librarianship into book selling. I chose not to take up the library place that was offered and I trained to be a book seller. Then I was 21 or 22 by this time, the Open University had just started. I regretted not going to university but I had a hot period of about 5 years, I guess. Sandra and I were not long married and I got my first proper management post and we were relocated to a city in the Midlands. I opened the Opingham University bookshop and worked there for seven years. Sandra managed to get a good job at Opingham Poly, as it was then rather than Opingham University. We had a nice income, we moved from the south east where everything was hideously expensive to the East Midlands where everything is not so expensive. We couldn't even afford a little flat in the southern town but we bought a three bed-roomed detached house in Cingham on £3000 plus a year. It was incredible the difference, we had a nice house and we both had good jobs. I got my degree, then I took my library qualification and then I got a special award from the Booksellers Association; all of this within the space of about five or six years.

Claire: So that is what you meant by a hot spot?

Michelle: *Yeah* and I felt I was invincible. As part of that invincibility I decided I can do anything; I can transition like we all want.

Claire: Yes.

Michelle: So this would have been about 1974 I guess; but I was terrified of being identified as such and so I found a way to get a referral without going through my local GP. This was because, I was thinking at that time that I knew it was what I wanted to do but I didn't want it all over my medical records. There used to be, on Nanfield Road, a sort of community support centre or whatever you want to call it. And I managed to have a chat with a very nice young woman social worker there. She was quite interested in my case, I suppose, and she knew a kindly doctor who wasn't my own doctor, a GP somewhere in Barnold actually. He had an interest himself in this area and I went to him basically. Therefore I circumvented my own GP and nothing was therefore down, as far as I know, on my records.

Claire: I understand.

Michelle: And I got a referral to Dr Andrews who was running the psychiatry centre at the old Nap Hospital.

Claire: Yes.

Michelle: I poured my heart out to him and he referred me to Charing Cross and I went down there when that bastard who, whatever his name, I've forgotten his name now, that kind of shit who.

Claire: *Michael is it?*

Michelle: No, it was before him.

Claire: Right.

Michelle: The guy who turned out to be a, not even in the closet but in your face, transvestite; and how the hell he thought he was going to be able to cope with people like us when his condition was to do with male sexuality, I don't know, but he was the guy I saw. It was just a horrible experience and he made me feel like I was a bloody freak. And I came home and I couldn't do it. I'd been on hormones for about 6 months or so.

Claire: Yes.

Michelle: He made me feel dirty and unclean and I was ashamed; I was much more ashamed having gone down to him than I had ever been before.

Claire: Did your wife know about this?

Michelle: Yes, as everything that I went through, at every time, she was part of it.

Claire: Yes.

Michelle: So I came back from that and brooded and was very unset for a month or six weeks. I spent a lot of time crying my eyes out and in the end I went. [...] I was so ashamed of being different after having had that experience with him; he was the only person and that was the only clinic then at Charing Cross

Claire: Yes.

Michelle: And so I couldn't do it, I would have to grin and bear it, so I had my little breakdown. Then I basically flushed all the pills that I had remaining down the loo and I never went back to see anybody at the hospital.

[This I coded as pre-transition psychological discomfort.]

When I did go back, 30 years later, my medical records were still there, so when I went to see Francis in Mono Clinic [a GIC] he found them.

Claire: Oh right.

Michelle: And then they were mould spots on very brittle paper. I guess they were still in the file somewhere, thirty years later. So I had my hot period and my attempted transition in my early twenties. I run away from it and couldn't do it. [...] And then basically I put it on ice, as much as I could for another twenty five years or so.

Claire: Gosh, that must have been difficult.

Michelle: But I couldn't completely deny it so there were times when I just had to let it out in various ways and that included occasionally dressing up and stuff. But

basically in denial really and during all that time both of us had careers and changes and all the rest of it. We were still together, still happy and then when I got to the age of about 53 something [...] This was something; this is where you make it up, your own truth, and we all of us have our own versions of the truth, because none of this was medically tested, then or indeed since. What makes me comfortable is therefore my truth on this, my take on this, that when I reached that sort of age, my interpretation of what it is for me to be transgender. [...] There has always been some sort of in-going or on-going fight within my body between male and female, less than hormones; everything is in the melting pot. [...] When I reached that age and probably part of reaching that age as well I guess; I suddenly, or it suddenly started to come out again and I went out of control. I was far less in control than I had ever had been and I had to address it properly and substantially. [...] I mean talk about how weird these things can be, and I guess it is your own subconscious pulling the strings as well as much as anything else. *I can remember the part of this from which everything else then followed. Sandra had a new job and she was away a lot; she was in charge of all the medical bookshops for Clarkwells basically. So she was up and down the country and away a lot during the week so I had more of my own company.*

Claire: Yes.

Michelle: I had been restless for months and months and knew something was going to happen and I didn't know quite what I could do to stop it or anything, and suddenly, mid-week one week, it was round about my birthday, which might partly be in it as well I guess, [...] and I was 53, I think. I came in from work one evening and I just knew, I just, you know, just knew, that after I had had something to eat I knew I had to sit down and watch a film that I had seen about ten times; one of my favourite films; [...] some classic girly romantic comedy starring Meg Ryan and Tom Hanks. [...] Tom Hanks I had always found him an attractive man and Meg Ryan was a woman that, [...] in the roles that she played, the slightly drippy but kind humane woman. She was the sort of woman I had always wanted myself to be and this was the film called 'You've got Mail' in which she runs a bookshop [...] and sold children's books; and there were lots and lots of parallels in this film.

Claire: Yeah.

Michelle: Between that and my actual life; [...] for instance, in the film the Tom Hanks' character played the Ken Yeast character. He's got one of the big monolithic book shop chains and her little shop is squeezed in the middle and eventually has to close. Now I for several years, I was the manager of a T and I bookshop in a city in the Midlands which was in the council house.

Claire: Yes.

Michelle: And then bloody Tim Yeast opened a bookshop just around the corner and in spitting distance of my shop. [...] He over extended financially and was actually bailed out by W H Smiths who was the holding company who owned us. We traded completely separately but W H Smiths owned T and I bookshops and there was another group of bookshops; [...] they also had Beech's records there and they ended up buying Yeasts; so in about 10 towns across the UK they were two shops

competing shops owned by the same company; too close together. [...] It was obvious from that point that they were going to be looked and my shop was closed down but we were still making lots of money, [...] but the other shop was bigger than mine which was a big shop but Yeast's was much bigger and had more room for expansion. Basically I was told that they were going to close me down. [...] and I was, my shop. It was the best job that I had had and the job I most enjoyed. In terms of the position of the shop, and the staff I had that was a big thing. I suddenly lost it because of something outside of my control. This was in this film, she lost. [...] it was her mother's bookshop which she taken over and in the big bad wolf comes and destroys it. All these parallels in this film and between my life. There's one part in the film where she's closed the shop for the last time and she goes for the first time into the big, the big, new horrendous bookshop that was around the corner from where her little bookshop was. And she goes up into the children's department, it's nice, it's lively, it's full of kids who are sitting down reading books, she is overwhelmed, she sits down in front of the camera and looks almost directly into the camera. [...] If she hadn't sat down she would have fainted away, she was overwhelmed by it. [...] She is sitting down there and a middle aged woman comes in, approaches the young man, a very pleasant young man who is one of the assistants, but basically he does know what he is talking about. This woman is asking this young man about a book that she wants for her grand-daughter. Then again, it is so true and central to real life because this happened every day, people come in and they can't remember a title or the author and they try and describe it. We are supposed to be a magician and know what it was. So this woman comes in and is describing this book and it's a Noel Stretfeild old book. [...] Now of course, when you're a boy you would never dream of reading those books. I read them all of course because my sister had them. Then it was another little secret, which we were not allowed to admit to. [...] So this woman comes in and Meg Ryan sees the young man struggling and says to the woman and by this time the tears streaming down her face, 'The Circus is Coming' by Noel Stretfeild or 'Ballet Shoes'. Then she wheels her off in secret and says that's the good one to start with because it is the first one in the series and then this one and then that one but you cannot get this one because it is out of print. [...] Meanwhile, all the tears are. And I normally whenever I got really emotional I was able to hold it in again and put that in a box. And what happens was that she in character crying on the screen, with all these parallels with my life, suddenly it all came out and I had no control and I started to cry for her and her character and then it was very obvious that I was crying for me.

Claire: Yes.

Michelle: And I never cried like that, I've never cried like that since I came back from Charing Cross 25 years before. This was worse completely out of control and I couldn't stop it. Every time it subsided, then it started up again within a minute and this went on for hours and I my whole body hurt because of the pain of being screwed up. [...] It was horrible, horrible, and I guess the fact that I was on my own was important for me as well to be able to do this with Sandra not being there. [...] I cried for hours on and off, so I went and had a bath, cried in the bath, went to bed, woke up crying; it happened to me it woke me up. Bloody hell, that was the start; I just knew that I had to sort myself out.

[This I coded as pre-transition psychological discomfort.]

Claire: Yes.

Michelle: *So when Sandra came back I did broach the subject and it was very upsetting and we both cried but that was the start of my transition.*

Claire: *How did you broach it with Sandra?*

Michelle: *Well initially I didn't want to say anything. I wanted her to work it out without me having to verbalise it. [...] I came back from Charing Cross, went into denial and I grew a beard.*

Claire: *I understand.*

Michelle: *And I had a beard for all this time and I never shaved the beard off. [...] If you look at the photographs I was incredibly bushy and sometimes it was cut more than it was always there. [...] At the very initial stages of my transition it became suddenly overnight or in the space of a couple of weeks not much more than designer stubble. I was obviously shaving it off and I was hoping that by cutting it back Sandra would slowly work out that.*

Claire: *Something was going on.*

Michelle: *And of course she did and that's when we started to talk about it. [...] She got very upset and we both cried. But she knew that I just had to try again, so that was when, that was my, if you want to call it a red letter day. To me it was a major day when I knew that change had to happen.*

[This I coded as nature of disclosure, how Michelle came out to Sandra.]

Claire: This would be about seven years previously?

Michelle: No, it was actually five years previously. We were actually looking at some photographs yesterday, she is a wizard at all this stuff, and she got all the stuff on her laptop. [...] We were looking at some American photographs from when we went away. I had obviously just started because initially I was terrified of being identified. [...] I researched it, not that I needed to do much research because obviously I got my secret files and stuff already. I guess we all have these [...] and I bought hormones through the internet. The photographs showed I had only just started; I wanted to be in control of it myself without having to get it medicalised. That was 2003 and I by then the beard was off and I was growing my hair but it was still in a fairly masculine style, it was longer but it wasn't properly cut. These photographs were when we were in America and that was actually in 2003 and you can see that my breasts were beginning to develop a bit. We went to South Carolina in the following year 2004 immediately after I had transitioned so it was in that year.

Claire: So your body started to change?

Michelle: Yeah and then I thought that I needed to get it sorted and I heard about the Barny Clinic which a private clinic in Manchester. And so I went to see them

because I still didn't want to get involved in the NHS. I thought this was a proper clinic but they were wankers basically.

Claire: Yeah.

Michelle: When they say they have a doctor on their payroll it is part-time. Under the alleged auspices of the doctor they formalised a hormone regime.

Claire: Yeah.

Michelle: I still hadn't told anybody, apart from Sandra, and I was still my original self at work [...] and this went on for about 6 months. Then, I decided I would have to formalise myself and went down to see my GP who was and is a charming man and very supportive; but he had no understanding, very few GP's do. I had no idea then that there was a local clinic; I assumed that I would be referred to Charing Cross.

Claire: Right.

Michelle: And, even then, this was 2003 /4 or so, there was a wait for about 6 months before I saw Dr Francis. But, then he said that the whole process was starting medically within the NHS. In the next 6 months [um ...] I was diagnosed to their satisfaction and they weren't happy with me taking hormones already. But, I managed to get over that and so from that point on and now I am still registered with that clinic. They then formalised, within the NHS, my hormone regime and we then started to go through that path, which we all go through, if we stick with the NHS.

Claire: Were you on this path alone or with Sandra?

Michelle: She was holding my hand with me.

Claire: Was anybody else involved?

Michelle: No, at this early stage we told nobody. It was six months after when I told my parents. Sandra and I discussed this and we decided then they had to know because it was going to happen and my body started to show signs. And, we always spend Christmas with my parents and her parents but most of it with mine. We agreed that over that Christmas we would tell my mother but then I bottled out. On December the 27th after being bullied horrendously by Sandra I did manage to tell to share it with my mother. Yeah, and of course we both cried and both were upset. And there again, she knew from my childhood. I had had the most hideous time when I was about 14 when she had caught me and I nearly burned the house down. [Michelle continues to humorously tell the story of early cross-dressing, setting the chimney alight, and her mother dramatically discovering her cross-dressing. The mother is alleged to have repressed this knowledge until Michelle told her, during this account at Christmas, when Michelle was about 50 years old]. I was terrified about telling my father.

Claire: During what year did this happen?

Michelle: At 7 am on December 27th 2003

Claire: And, over a few hours?

Michelle: Yes, and Sandra had to go to work, she bullied me, she said 'you are going to have to sort this before I come back.' And, she was going to a city in the South of England which was the HQ for Clarkwells Booksellers. [...] So she made me do it basically and as soon as mam came in with a cup of tea I said 'I need to tell you something,' and the tears suddenly came and she sat down. Sandra disappeared to give us plenty of space. She came back about half an hour later just as she was leaving to go to work. [...] She then went to work and another half an hour later my mother had been told. And everybody else was still asleep, bearing in mind half the family was in my parents' house. [...] And we came back to it during the day when things had quietened down and people went out because the sales were on. I told her in more detail and I told her what was happening and what I planned to do; I told her the whole story basically [...] And then she said 'I'll tell dad, I know I'll be able to choose exactly the right time to tell him but don't be afraid it will be alright I promise you.' [...] Then over the next three months all of the rest of the family were told either by me or by my mother.

[This I coded as nature of disclosure, coming out to family.]

Claire: Yes.

Michelle: And Sandra and I, between us, told all our friends.

Michelle: [She describes in detail how they told friends]. I was so humbled obviously but I lost a lot of people, everybody does, but more people understood and were kind than I thought were going to be. And it just shows you, and they weren't always the people I thought would be supportive.

Claire: That's interesting.

Michelle: So the email and the letters were sent and I didn't expect to get any responses at all until we came back when I expected to find things waiting for us. Every single person phoned me up in half an hour or so of them getting the emails. [...] [She continues and then tells of the only person who had previously worked out that she is transsexual; this was Kate a friend who she reckons accepted because she was in therapy. Michelle then goes on to colourfully describe how she had a party at work for the colleagues who were close her at the book shop when it was closed down. I think she told me this tale because she grieved the loss of her job.]

Michelle: Sandra was up last weekend and we are going on holiday to Portugal in November. We have not had sex for 20 years before; if she had been a very sexual woman then she would have gone years and years before, but she didn't.

Claire: Yes.

Michelle: The fact that we are now living separate, in terms of our relationship it is no different to what it was in the previous 10 years of our marriage except that my body is different.

Claire: I understand.

Michelle: You will need to get her take on this as well as mine. But in essence, we are as together now emotionally as we were before, if not more so.

Claire: We left off where you had sent this email out and then you went off to the States on holiday. How are your parents now?

Michelle: Well they're fine with it now and [...] I've got two brothers and two sisters but I am much closer to my two sisters than ever I was before. Melanie was a year younger than me and Melanie has always been the mother type.

[Characteristic of a surviving relationship.]

All of us apart from Kay have been people who have been happier keeping our emotions in check. [...] Her marriage had its ups and downs but she is still married to Tony and has been for 40 years. The kids have left home and they have actually become closer together. *Mel knew [about Michelle's transsexuality] when I was a kid she caught me; she knew I was wearing her clothes but she never told my mum. She's, as far as I know, completely comfortable with my transition. [...] Kay my youngest sister, who is about 10 years younger than me [...] I mean she was over the moon about me honestly; she thought about having another sister [...] She is the only one in the family who is truly emotional and because I am now just as able to cry at the drop of a hat she loves it because she is now not the only one. Whenever I go down there, we watch some classic girly film on the tele, and then within minutes both of us are sobbing our socks off. This is good because there is another person there so she wasn't the only one crying [...] [In the past] I would be crying inside but not showing it. She must have felt incredibly foolish sometimes but now that I am so less controlled and of the same disposition there is a major bond for both of us. So my two sisters are absolutely really comfortable with it.*

[Characteristic of a surviving relationship]

My younger brother Clive [...] it begs the question of how much these things that causes transgender is created by biology and all the rest of it. But in my opinion Clive has got a damn sight more female hormones or whatever in him than is good for him but not enough to upset the balance. He is a very attractive man as well, a very handsome man and completely comfortable with within his masculinity. And because of his feminine side, which is he is also comfortable with, he is very happy to show his feminine side. So he has got the best of both worlds, and actually he is a very charming man as well, and he is adored by both men and women. I thought it is going to be a doddle with Clive [...] He's fine with it now but he struggled a bit in the beginning.

Claire: Alright.

Michelle: The first time we went on holiday with the family; I mean Sandra and I had been on holiday loads and loads of times with my parents and Clive. He is younger than me and we decided we would all go together as a family. [...] Sandra and I

became S and S tours and we were tour leaders and we produced an itinerary of where we went with the family. Clive and Petra his wife and my parents all six of us had about 5 big family trips to Canada and America. *And the first trip we had after I transitioned, he was terrified that either I would be read. He was asking lots of questions, but I mean everybody asked, but he would be worried about what loo are you going to use in America and what if and what if. And he said to my mother on the quiet, and of course it was going to be hot, it was July, and we were going to be in Arizona [...] He said 'Michelle is not going to wear a skirt is she, please don't let her.' He was really tearing his hair out. But, not so much for him, but in terms of embarrassment for me if things went wrong. And I said to my mum 'sod Clive I am going to wear what I like and he will have to put up with it, I am the tour leader and he can't go anywhere without me and he would have to put up' [...] It was alright.*

Claire: You were a bit shocked by that?

Michelle: Well.

Claire: That he didn't take it as well as your sisters?

Michelle: Yes I was surprised, not so much shocked, but I was surprised that he was struggling a bit with it.

[This is coded as gender policing of institutional heterosexuality.]

Michelle: But I suspect it is always the blocks who struggle hardest with it. But my middle brother, he is my eldest brother now, Gareth; he has always been a terrible shit. I mean he has been incredibly successful Gareth. He retired, luckily for him just before the credit crunch because he was the financial director of the Crap Building Society; he is a millionaire, my little brother. And he's got, and I'm not saying he's not got; he's got a master's degree and all the rest of it. But he's got where he's got through by basically knifing half his colleagues in the back and climbing over their poor bodies as he climbs further up the corporate ladder. And he has always despised me because I've not wanted what he's wanted. And he can never understand why I don't want to be like him. And I mean he's really struggled with this; I mean he can't ignore me since everybody else in the family is on my side. But he he's not at all comfortable and his wife Nellie; but there is a God because he's got a house the size of Derbyshire, the kids go to private school, and they've never wanted for anything, but he's married a bitch from hell. So thank God [...] She hates me as well, so again I do not have much to do with them. But they despise everybody else in the family. My parents were middle class people but Gareth he considers himself to be a cut above that, so we hardly ever see them, which is a shame for my parents because of the two grandkids. But they've removed themselves because they're hob knobbing with the aristocracy as they see it. I don't miss their company but I am fully aware that they are not comfortable with me. But, says me 'fuck them' because everybody else is. I see them [I fail to interrupt] twice a year Christmas and perhaps for a day before he buggers off to his second house, or when they go skiing in France, or whatever.

Claire: So if you think about that, have you got any idea why he might be like that?

Michelle: Yeah, because like Clive I am sure that Gareth has got a hidden feminine side as well which is deeply repressed, which makes him uncomfortable, even to acknowledge.

Claire: I see.

Michelle: Plus the fact also, the other side of it is that he is obviously very concerned that as a high flying executive, and given that he has made so many enemies, that if somebody suddenly finds out that he's got a transgender brother stroke sister or whatever they would want to call me [...] He was terrified I think that would impact on his rise, his corporate rise. [...] I am sure that, well I mean he would never admit it admit that I am sure, that's my take. And you could speak to other people and that would be their take also. And he said 'no way on this Earth would he speak to you, no way, never, not at all.' But the two kids are comfortable enough, they adore me, they treat me like some [...] And of course I play on it as well, I play this classic maiden aunt basically and they love me to bits because I am seen as slightly dotty. It's great, I love it, and of course I am winding up Gareth and Nellie at the same time. It's like a double, it's a bit naughty of me but I can't help myself.

Claire: Yes, but how do you know that he wouldn't speak to me then?

Michelle: Sorry?

Claire: How do you know, for so certain, you said never ever on this earth would he speak to me?

Michelle: Well, I just know some things, well yes I can't say 100% but of course I can't, but I would bet, if I had a million pounds and I wanted to make a killing, I would bet that million quid on the fact that Gareth would never talk about it to anybody, least of all, anybody who is doing research. He just wouldn't [...] There are five of us I am the eldest [...]

[This is coded as gender policing of institutional heterosexuality.]

3 out of the 4 are on my side and really comfortable with me and (.2) Gareth isn't. And in terms of my aunts and uncles and cousins, everybody seems to be reasonably OK with it. I have certainly never been ostracised at family gatherings or anything like that.

Claire: So we've, you've ended up where your parents are comfortable.

Michelle: Yes, when I say comfortable my dad was terrified in the early days that every time I went out I was going to be read or beaten up on the streets or whatever [...] None of that ever happened. [Michelle continues to talk about how we pass as transsexual people in society, about making new friendships, whether to tell or not and then contemplates her sexuality and sexual relationships.]

Appendix 11 How I coded transcript extracts

To indicate how I arrived at the child nodes/codes I will analyse one chapter of my thesis, Chapter 3, Transsexual transition and familial intimacies. I analyse one of its sub-headings/child nodes: Androgynous presentation of sex/gender (see 14 Table), reproduced here:

Category	Extracts
Transgender emergence	13
Fear/anxiety	20
Just announcing new sex/gender identifications	11
Androgynous presentation of sex/gender	9
Moderate change in sex/gender appearance	4
Involving cis intimate in emergence	6
Putting cis intimate at ease	4
Fluidity of gender presentation later in transition	4
New sex/gender identifications become normalised	2
Geographic separation of cis and trans intimates during transition	3
Oscillating between the binaries of sex/gender	1

As I read each transcript using the same criteria as for Michelle above I ended up with 20 pages of extracts related to Renegotiation of intimate Relationships from all the transcripts. I re-read these and then organised them into the 11 subheadings/child nodes shown in table 14.

These are: Transgender emergence; Fear/anxiety; Just announcing new sex/gender; identifications; **Androgynous presentation of sex/gender**; Moderate change in sex/gender appearance; Involving cis intimate in emergence; Putting cis intimate at ease; Fluidity of gender presentation later in transition; New sex/gender identifications become normalised; Geographic separation of cis and trans intimates during transition; Oscillating between the binaries of sex/gender;

I now had the following sections from the transcripts which I had now coded as **Androgynous presentation of sex/gender**; they are as originally transcribed; that is they are still verbatim. I scored each extract on a scale 1 to 5 where I think 5 best illustrates androgyny and 1 least illustrates.

<Internals\Fieldwork\A 46> - § 3 references coded [3.75% Coverage]

Reference 1 - 2.01% Coverage

C: so how did it appear to you then how did his appearance change was it did he, have a masculine appearance before that

A: u:::m ,,,, he was sort of androgynous looking because obviously he was trying to appear as a girl because you know for social reasons , but at the same time he wasn't comfortable ,, you know looking really girly , never wore what I would call girls

clothes or make up or [not had surgery yet ?] , and his hair was kind of ,, you know *shortish* you know sometimes people thought he was a guy anyway ,, yeah and if we went to a restaurant who knows if they are going to call him sir or are they going to call us ladies you know it could have been either really

[I scored this as 3 and did not use it as I didn't think it added further to the analysis discussion.]

Reference 2 - 0.76% Coverage

so then when I said that L would be changing his name , he wasn't too keen on this idea , he was like well I am still going to call him C and L said that was ok , he was actually that's part of his [far eastern name] name and he was keeping it as a middle name ,

[I did use or score this because I felt it didn't add anything new and it might compromise confidentiality I have just used initials and deleted some detail to anonymise which diminishes the impact of the extract.]

Reference 3 - 0.98% Coverage

It's C [pronounced like xxx, C] , its C, you know like paying a xxx, , yean C is like a far eastern name so he was you know , for his family's sake he was keeping that as his middle name , so he wasn't overtly bothered if people still wanted to use it , as long as people used the correct pronoun , was what mattered kind of thing ,

[I did not use or score this for the same reasons as extract 2.]

<Internals\Fieldwork\A 46 M46> - § 1 reference coded [10.88% Coverage]

Reference 1 - 10.88% Coverage

C: so your mum and sister were they living in the UK then

N: no no they were both in Malaysia

C: um, what they didn't see you then you were just communicating with them was it

N: yeah , I mean they did see me during the summer holidays when I went home um and , I had the usual short hair , I tried to grow my hair longer to please my mother and not give her a heart attack but , you know and I did try and conform , in a female role as much as I can when I am back in Malaysia , um , so I suppose that didn't help with them thinking that this was a phase , um , I was trying to make things better for them ,

C: yeah, I know that one yeah, [both laugh] yeah ok

N: um so , that was that was sort of late 1990's early 2000

C: so I suppose in summary they I suppose you were kind of straddling the genders

then , on occasions presenting one or perhaps androgynously male , so it was kind of between androgynous and male ,

N: yeah yeah I mean , I used to get hauled up when I was in hostels with old style consultants dragging me to one corner and going ‘ son where is your shirt and tie’ [both laughing] ‘ I’m a girl’ [both laughing] ‘oh I am sorry ‘ [both laughing]

C: you have got to laugh at it sometimes,

N: yeas you have to otherwise you’ll just be completely down honestly

C: [both still laughing] yeah,

N: ah so yeah, so I suppose at the end of the day it was, yeah there was that sort of duality where, with close friends I could be comfortable with being much more androgynous in a male role um, but in a sort of more um, in university and with family you presented yourself as something a bit more palatable

C: yeah yeah, ok, so where did you go from there then, that was that kind of intermediate stage, what happened?

N: I just sort of carried on that way um because , well I did try seeking help when I was at university through the health centre and , they eventually said well , um you know um , I think it was Sandiford they said to go to but , the other advice they had given me was that to um , in order to make life a little bit easier for myself was actually getting , in terms of my career was to actually get myself registered on the GMC first of all and then consider transitioning , um , because you never know someone may be a little bit funny somewhere in the GMC and deny my registration because of that , so well I though that that was pretty sound advice , um , because um , well I suppose in my head , my career came first before anything else , so I was in limbo for years until , about two thousand and :: 4 , 2003 20004 I had just finished a year of being house officer and I had registered , with the GMC and I thought well hey , lets get something sorted and I went to Sandyford in Glasgow um and was advised to go full time as male and that was *coming out* to colleagues , *coming out* to , old university friends , um , which to a lot of them wasn’t a big surprise , um and then trying to come out to my family again ,

[I scored this as 5 which I thought this really well illustrates how Nigel presents female and male identities to suit his purpose and have discussed this further in the chapter.]

<Internals\Fieldwork\C103 27032009> - § 2 references coded [1.42% Coverage]

Reference 1 - 0.69% Coverage

then at the beginning of 1984 I finally accepted that I just had to do this , I had to do it um , because I just couldn’t get away from it , um , so it was a long slow process

um , first of all I just started being more androgynous , allowing myself to experiment more with my presentation ,

Reference 2 - 0.72% Coverage

lets see between , about , I suppose I must have visited them in eighty four , but I was only , beginning to change my appearance quite gradually at the time , [plot time line] and so in 84 they probably wouldn't have notice anything , I was just like a bit of a hippy you know , nothing new there

[I scored both of these as 3 because I felt that nothing new was being added to the discussion and I did not use them.]

<Internals\Fieldwork\D 40 29042009 57> - § 1 reference coded [1.76% Coverage]

Reference 1 - 1.76% Coverage

C: right

D: I think the ting is that I am so deep in my shell , u::h what has actually kind of happened is , because I was deeply in the closet before , I built up a thing , its shameful to do this it is wrong to do that its wrong to be that and I , have actually still got that , I wont express my femininity I am very unisex , very jeans and you know I am very , I wont push myself at all and and it's on the one hand , that's what a lot of women do anyway , on the other hand maybe I need to express , myself a little bit more , be more confident in myself but , unfortunately that's something which , I am slowly getting there with ,

[I scored this as 4 but felt it did add anything new to the discussion on androgyny even though I think it was also illustrating transitional fear which I have discussed fully elsewhere. I didn't use it.]

<Internals\Fieldwork\H 100> - § 1 reference coded [12.12% Coverage]

Reference 1 - 12.12% Coverage

H: um I think (.2) yeah when I first um watched the documentary sort of a few years before that (.2) I was trying to fit into the female role and I had been sort of dressing quite girly and sort of (.2) I started to like kind of (.3) accept more that I was a bit tomboyish sometimes but it didn't really let that () it didn't fit into a girl being tomboyish in a fashionable way I can't really explain it an acceptable way really and I thought I could be like a strong woman and and come across like that and then I had a girlfriend at the time and um (.4) and I guess () my sexuality (.2) yeah and I watched this documentary and I started to (.3) kind of think that's really (.3) made me realise and stuff (.2) and um I (.3) I started experimenting and different stuff and wearing (.1) I think I cut my hair a different way (.3) slightly more tomboyish style (.2) and then I don't know I kind of kept going the last few years kind of getting more slightly more and more male clothes (.3) and the::n (.2) I was trying to experiment

with my personality as well (.2) I kind of felt like for so long I had rewired my brain (.2) like to act like a girl how to walk like a girl (.2) and then u::m it was almost like (.3) really really confusing for a long time because I didn't know how much of it was me and how much of it was programmed into my brain (.3) so um to find out because I hadn't really been a boy for so long or hadn't let myself be me that I didn't know how to be me and so um I think (.2) I didn't know what being male meant in a way because I knew it was what I was but I didn't know how to (.2) um (.1) so I kept experimenting and I kept flirting with the idea of like transitioning but I didn't know how much (.2) it was like a very nice idea (.1) fantasy but I didn't know how much I was taking it seriously because I didn't know (.1) I don't know is it safe to think about it too much you know and (.3) I don't know it just kept being (.2) in a way of being more and more inevitable and I would have to do something about it because it wasn't going away and I wanted to (.2) how could I live my life and not do it (.1) and regret it so (.4) so u::m (.3) yeah and then (.2) I think (.3) um (.2) sorry yeah (.2) I think for a while I wasn't sure whether I was androgynous or male or (.3) how far to go with it and I kind of realised that (.1) for me I feel like (.2) being um (.3) in a boy's body and um feeling that as a boy I will be happiest (.2) that's the way (.1) I was a bit confused (.3) with trying to be a girl

[I thought that this was a very good example of how transsexual people experiment with aspects of their appearance and behaviour which is characteristic of the desired gender and embodied identity, please see my discussion and analysis of this in the relevant chapter compared to the other extracts I graded this as 5.]

<Internals\Fieldwork\J25 A25> - § 1 reference coded [2.25% Coverage]

Reference 1 - 2.25% Coverage

and Kimberly is very lucky in that she has got a brilliant figure and has never liked male clothes particularly so she had already started wearing female jeans, she just walks into a shop and puts on a pair of size 10 jeans and looks brilliant , um so she had already been wearing female clothes for a year , it wasn't a sudden shock I suppose is what I am trying to say , these little things you know I had known about the gay relationships , since we were 17 and in 1990 um , what would it have been in 1996 , I had seen these pictures of her with both sexual characteristics , then she began to wear female clothes , but still identifying as male and then she began to talk about being gay again and then when she talked about and then there had been talk about third gender and then so when she talked about being transgendered it was just like another step on the journey [I need to revisit this is Kimberly deceiving C1 or are they both deceiving me] , I suppose

[This section does illustrate presentation of a female identity pre-transition but it also illustrates confusion around sexuality, I decided early on not to focus on sexuality as it was outside my research questions and also since it had not

C: do you know what I am getting at in that sense (0.1) some trans-people talk about being a bit fluid but um

S: no I think (0.2) I think she likes to look like a gay woman that's what she is after (0.2) she's not but definitely female (0.2) yeah not androgynous (0.2) she's almost (0.2) in some ways she's almost after a very slight sort of um very very slight androgynous role (0.2) but in a sense that goes with some gay women trying to () that sort of image

C: like a kind of boyish look

S: yea::h yeah (0.2) but at the same time (0.2) it may be a boyish look but definitely you would know that she is a woman [think about what is going on here is see Plummer's book End-Note]

C: Yeah x 5 which is as you say a lesbian and androgynous look yeah (0.4) and ()

[I thought this was important and scored it as 5, it illustrates a new issue that post-transition transsexual women can experiment more with gender identity as long as sex identity is normatively read, I have also discussed this in the relevant chapter.]

Appendix 12 Copy of trifold leaflet (reformatted for thesis layout)

Appendix 12



A research study of **Transsexual Transition** and its effect on **families spouses/ partners**

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1 How I did the research

Advertisements were sent to internet support groups for families friends and transsexual people , these included:

[a:gender](#) Website:
www.agender.org.uk [The Beaumont Society](#) Website:
www.beaumontsociety.org.uk
[DEPEND](#) Website:
www.depend.org.uk [FTM Network](#) Website: www.ftm.org.uk
The Gender Trust Website:
www.gendertrust.org.uk
[Gendered Intelligence](#) Website:
www.genderedintelligence.co.uk/index.htm
[GENDYS Network](#) Website:
www.gender.org.uk/gendys
[GIRES](#) Website: www.gires.org.uk
[Mermaids](#) Website:
www.mermaids.freeuk.com [Press For Change](#) Website: www.pfc.org.uk

77 people responded but **only 7 of these were able to find anyone else in their family who was willing to talk to me.**

25 people were asked to tell me the story of their experience of the transition.

The people were involved with 14 different transitions and included: **7 individuals; 4 families with 2 people; 3 families with 3 people.**

These included **10 MTF, 3FTM and 12 cis people**; no cis men were interviewed.

The **age range** was from 23 to 80 years and the average age was 44 years.

The period since *coming out* as trans varied from **0 to 22years post transition.**

People were from: **Scotland 5; USA 2; London 3; North 5 and South of England 4; West Country 4; and the Midlands 2.**

2 How transsexual people came out

In this research transsexual people learned when they were children that they were different from their cis peers and they invariably hid this difference because of fear and shame; often this causes them to become distressed. They were eventually forced to consider between transitioning and risking the fear of rejection by those close to them.

When they decided to transition they managed this in many ways, some:

Just announced it to others;

Some did prior preparation;

Others experimented with androgynous gender/sex presentation;

Some engaged in moderate cross-gender appearance;

Some engaged their close cis people in the transitional process;

Some felt they needed to earn acceptance by cis others –putting cis needs first;

Felt that they needed to pass to be accepted by cis others;

And some found that their transition was facilitated if they separated from their families.

3 Transition causes close family members to grieve

In this study cis people felt that they had lost the identity of the transsexual person pre-transition, this was as a: lesbian partner; brother; girlfriend; son; or husband.

- The loss caused them to grieve. Some signs of grief were: pain; suffering; numbness; yearning; searching; anger; disorganisation; despair; reorganization; denial; bargaining; depression; and acceptance.
- The loss was worse when a family member was isolated from their community usually this was because of the stigma associated with transsexuality.

A key finding was that: at least one or more of the family members in each of the transitions considered experienced loss and was grieving.

4 Surviving transition

Intimacy was important for research participants.

Being away from family members/partners enabled trans and cis people to retain: personal autonomy and family obligations; independence, flexibility and choice within daily life.

Some research participants were forced to reconsider their sexual intimacy, some relationships survived others did not.

Previous experience of trans/gay/lesbian/open families helped cis people accept transsexual transition, especially if the trans person subsequently passed.

It was possible to renegotiate sexuality post transition.

Some families accepted transition if it was not talked about afterwards and the trans person passed.

Negotiation of transition had both private and public aspects.

Making sex/gender less important than other personal characteristics helped.

A biological understanding of the cause of transsexuality helped.

Religious fundamentalists, in this study, found transition very difficult to accept.

Cis people, who themselves had insecure gender/sex identities found acceptance of transition difficult.

5 Helping transitional distress

Support groups, often internet based, helped both cis and transsexual people reduce their levels of distress, *Depend* helped many cis people in this study. Passing is more difficult for transsexual women than for men; so help with how to dress, how to do make up, how to do hair and voice training helped reduce MTF distress.

The Metropolitan Community Church helped a Christian transsexual woman in this study.

Having platonic friends was helpful.

Supportive family members helped other cis family members to accept transition.

Cis people, in this study, who asked for support from Gender identity clinics failed to get it .

How parents handled transition affected how children responded.

Counselling can help families but counsellors need: to be made aware of transsexuality and the therapeutic needs of both transsexual people and their cis family members; to have appropriate bereavement counselling to meet the needs of trans and cis people; to understand that transsexual people can have successful relationships post-transition; to appreciate that transsexuality is a sex/gender and bodily issue and is not necessarily related to sexual practices and preferences.

Glossary

These terms may be challenged because of unanticipated meanings, exclusions and limitations (Enke, 2012)

Bi-curious	Bi-curious is a term used to refer to someone who does not identify as <u>bisexual</u> or <u>homosexual</u> but feels or shows some curiosity in a relationship or sexual activity with someone of the same sex (Morgan and Morgan-Thompson, 2006). The term can also apply to a person who generally identifies as homosexual but feels or shows some interest in having a relationship with someone of the opposite sex. The terms homo-flexible and hetero-flexible are also applied to bi-curiosity.
Bi-gendered	Bi-gendered is a term used for the tendency to move between masculine and feminine gender-typed behaviour depending on context, expressing a distinctly male persona and a distinctly female persona. Bi-gendered people tend to identify as having both genders.
Cis	Cis people are people who are not transsexual people and who have only ever experienced their subconscious and physical sexes/genders as being aligned, (Shapiro, 2010).
<i>Coming Out</i>	<i>Coming out</i> is a term used by gay and lesbians to inform others of their sexuality or their same sex sexual preference.
FTM/MTF	These are normative terms which are a short hand way of referring to a female-to-male transsexual man and a male-to-female transsexual woman.

Gender/identity/Sex	<p>I have adopted Shapiro's US understanding. Gender is a social status and personal identity, defined in the United States as woman or man. As a social status gender is a set of values, beliefs and norms (rules for behavior) that are created and enforced by society and assigned to individuals on the basis of birth sex. As a personal identity gender refers to an individual's sense of self as a man, woman, or alternative gender. Sex is the socially interpreted meanings of chromosomes, genitalia and secondary sex characteristics. In the contemporary United States sex takes the form of male, female and intersex. (Shapiro, 2010)</p>
Gender queer	<p>Genderqueer is most commonly used to describe a person who feels that his/her gender identity does not fit into the socially constructed "norms" associated with his/her biological sex.</p> <p>Genderqueer is an identity that falls anywhere between man/boy/male and woman/girl/female on the spectrum of gender identities. (Nestle et al., 2002)</p>
Gender Recognition Act (GRA)	<p>The Gender_Recognition_Act_2004, gives transsexual people legal recognition as members of the sex appropriate to their gender (male or female) allowing them to acquire a new birth certificate, affording them full recognition of their acquired sex in law for all purposes, including marriage (Kingdom, 2004). The two main exceptions are a right of conscience for Church of England clergy (who are normally obliged to marry any two eligible people by law) and that the descent of peerages will remain unchanged. Additionally, sports organisations are allowed to exclude transsexual people if it is necessary for 'fair competition or the safety of the competitors'. According to Hines (2007; 2010a) concerns about the Act have been raised by supporters of transsexual rights, particularly regarding Marriages and Civil Partnerships. The Act requires people who are married to divorce or annul their marriage in order for them to be issued with a Gender Recognition Certificate.</p>
Gender variance	Gender variance refers to those who diverge from what is

	<p>most common, usual, or expected; it does not assume, however, that what is normative is necessarily healthier, more functional, or in any way more honourable, [sic] (Lev, 2004)</p>
Genre	<p>A genre can be defined as a recognisable and familiar narrative pattern, recognisable by an audience and which also serves as a template for the author (Elliott, 2005).</p>
Intersex	<p>Intersex people are today considered to be people who have a mixture of male and female body parts, (Fausto-Stirling, 2000). Defining intersex is controversial the Intersex Society of North America take a pragmatic approach to the question of who counts as intersex (Chase, 2006).</p>
Lady Boys	<p>These are well known gender variant women in Thailand; a stigmatised Far East Asian group (Long, 2009).</p>
Non-heterosexuals	<p>People, who self-identified as: "non-heterosexuals" that is "homosexuals", "lesbians", "Gay men", "bisexuals", "queers" and the range of other possible labels which people adopt to represent the dissident sexual identities and sense of belonging' (Weeks, 2001).</p>
Nvivo	<p>Nvivo is a computer software package for qualitative data analysis http://www.qsrinternational.com/ [accessed 28/10/2012].</p>
Oscillating	<p>Oscillating is a term coined by Ekins and King in <i>The Transgender Phenomenon</i> which 'entails a mode of transgenering that involves moving backwards and forwards across the gender border, only temporally resting on one side or the other' (Ekins and King, 2006).</p>
Passing	<p>Passing is a term originally coined by Garfinkel (2006) in his classic study of Agnes an early medically recognised transsexual. Passing is the act presenting sex/gender identifications so that they are not dissonantly understood.</p>
Prevalence	<p>Reed et al, (2009), estimate that 20 in 100,000 people presented with gender dysphoria in the UK in 2009, http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf [accessed 29/01/2011]</p>
Queer	<p>An umbrella term for people who identify with non-hegemonic</p>

	gender and sexualities.
Sex	See Gender/Gender Identity/Sex above
Somatechnics	"Somatechnics" is a newly coined term used to highlight the inextricability of soma and <i>techne</i> , of the body. This term, then, supplants the logic of the 'and', indicating that technologies are not something we add to or apply to the body, but rather, are the means in and through which bodies are constituted, positioned and lived. As such, the term reflects contemporary understandings of the body as the incarnation or materialization of historically and culturally specific discourses and practices, (Macquarie University & Mansfield, 2007).
Transgender/trans	This is a 'broad term, a transgender person crosses the conventional boundaries of gender; in clothing; in presenting themselves; even as far as having multiple surgical procedures to be fully bodily reassigned in their preferred gender role. [...] the term 'trans-people' [is used] to describe those people who might be described as falling broadly within this context, as it has become the term of normal use [...] [the terms] transvestite, transgender and transsexual – are very simplistic, [...] trans-people often have complex gender identities and may move from one 'trans' category into another over time [...]' (Whittle, 2007:6)
Stonewall	Stonewall is a lesbian, gay and bisexual charity http://www.stonewall.org.uk/about_us/ [accessed 17/09/2012]
Ze	According to Sanger (2010a) <i>Ze</i> is a gender neutral pronoun. It refers to someone who does not fit into the gender binary.