Title: *Exploring the Dynamics of Transgender People's Relationships*

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Signature: 

Acknowledgments

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Abstract

Transgender people's relationships have the potential to improve everyday functioning, identity, and well-being via specific pathways. While some past research has attempted to conceptualize these pathways, this work has often been theoretical rather than empirical or does not elaborate upon the specific relational experiences of transgender people (focusing on broader groups of marginalized identities instead). This thesis aimed to explore, identify, and test relational mechanisms specific to transgender people. First, potential mechanisms by which relationships influence health and well-being for transgender people are drawn from a meta-synthesis of existing literature. Second, a qualitative study composed of focus groups and interviews elucidates these mechanisms and how they are enacted through the perspective of transgender people, relational partners, and service providers. Third, concerns in imagined interactions between cisgender and transgender women are explored in order to investigate potential differences between these groups. Fourth, a diary study highlights the way in which daily relational factors contribute to positive self-image among transgender people. These studies collectively showed that positive social relationships for transgender people and their relational partners are based around concepts like gender affirmation, reciprocal coping, boosting positive self-image, and reducing the effects of stigma. However, negative relationships involved notions of identity rejection, contributing to stigma, and the forcing of gender concealment from some relational partners. These findings have implications for several domains like policy and therapeutic practice which are discussed at the end of this thesis.

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Chapter 1: General Introduction

This PhD project aims to investigate the dynamics of social relationships between transgender people and their relational partners (e.g., romantic partners, friends, siblings, parents, children, extended family, work colleagues, and educational peers among others), to elucidate the specific and unique factors that influence everyday life. Past research focusing on transgender populations has tended to take a medical focus, investigating topics such as drug use, gender reassignment surgery, physical health implications from hormone usage, and transgender-specific pathology (e.g., cancers that may arise from hormone usage). This research, while important from a medical and psychological perspective, oftentimes neglects the specific aspects of the social environment in which transgender and gender diverse people live. Supportive members of social networks have been suggested to be essential in maintaining health via social support that they can provide (Holt-Lunstad et al., 2010). For transgender people in particular, social support may be even more essential due to the minority stressors they face in daily life, like other marginalized groups (Hendricks & Testa, 2012; Frost et al., 2011). At the same time, transgender people also cope with non-supportive relational partners; this occurs due to the relational partner rejecting transgender identity, expression, and sometimes even them as people entirely (e.g., being asked to leave the home in cases of familial rejection; Robinson, 2018). These forms of rejection, coupled with other forms of stigma (e.g., transphobic remarks), place inevitable strain on relationships thus increasing the minority stressors transgender people experience (Arvind et al., 2022).

Transgender people, while often reported as a “growing” population, still only make-up a small proportion of the overall population, with estimates ranging from 0.02-0.08% in the global population identifying as transgender (Coleman et al., 2022). Exact data on how many people globally identify as transgender is still somewhat contentious; however, past estimations for the UK alone suggest that the number is approximately 44,583 individuals, out of the total of 68,776,723 individuals that reside in the UK (based on usable responses to the Gender Census, an independent annual survey of gender identity in the UK; Cassian, 2022). Moreover, recent UK census data concerning gender identity revealed that 262,000 people (0.5%) do not identify with their gender assigned at birth (Office for National statistics, 2022). While the new WPATH guidelines provide some reliable estimates of the transgender population, these estimates are still likely to undercount transgender people due to those who are forced to conceal their gender identities because of social or relational pressures (Coleman et al., 2022).

Past research with transgender people has often included them as part of the LGBTQ+ (lesbian, gay, bisexual, transgender, queer, plus) community and explored or investigated variables that are important to this group, overall, as a homogenized entity (Gordon & Meyer, 2007). However, the experiences of individuals under the LGBTQ+ umbrella differ greatly in terms of the unique struggles they may face (Gordon & Meyer, 2007; McDougal, 2007; Murray et al., 2011; Tunåker, 2015; Ren et al., 2020). This thesis aims to explicitly investigate and extract data on the unique experiences of transgender people.

1.1 Defining Terms

Several concepts related to gender will be visited in this thesis, making it important to lay out some possible definitions of these terms before exploring them more deeply in the coming chapters. First, it is key to define what is meant by gender identity as well as transgender identity. Gender identity is often conflated with sex and separating the two can be a challenge. One can argue that sex is defined by an individual's biological characteristics, such as genitalia, breasts, or muscle tissue, whereas gender refers to the behavioral, social, and psychological characteristics of masculine and feminine identities (Pryzgoda & Chrisler, 2000). However, this distinction still very much relies on a binary view of sex and gender as male or female, a view that is now recognized as too limited (Pryzgoda & Chrisler, 2000; Nagoshi & Brzuzy, 2010; DuBois & Shattuck-Heidorn, 2020). Disciplines like biology are beginning to broaden their definitions of gender and sex by not just relying on phenotype and secondary sex characteristics but rather looking at how other factors like cortisol influence gender and sex-related biology (DuBois & Shattuck-Heidorn, 2020). Indeed, it is now recognized that gender is diverse—the term gender diversity refers to the overall diversity of gender identities (e.g., transgender men, transgender women, non-binary people, genderfluidity, and genderqueer to name a few) and to the distribution of differences within genders (Harrison & Klein, 2007). This recognition has been accompanied by an expansion in terminology related to gender. For example, gender non-conformity can be defined in several ways, but this is usually some variation of: "*Gender expression (or outward appearance) [that] does not follow traditional gender roles… It can also include [people] who look the way boys and girls are expected to look but participate in activities that are gender nonconforming, like a boy who does ballet*" (Gordon & Meyer, 2007). More generally, gender non-conforming identities can

encompass individuals who identify with genders that are outside of the binary completely (e.g., non-binary people, gender-fluidity, agender, and genderqueer; Pyne, 2014; Fiani, 2018)

Another way of defining gender would be that highlighted by the American Psychological Association, which defines gender identity as “a person’s deeply-felt, inherent sense of being a boy, a man, or a male; a girl, a woman, or a female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person’s sex assigned at birth or to a person’s primary or secondary sex characteristics” (APA, 2015). This APA definition better captures how people experience gender and highlights the diversity seen among people under gender diverse (or gender non-conforming) umbrella-terms—this is the definition we adopt in this thesis.

Transgender identities are contrasted with cisgender identities and can be defined as gender identities that diverge from gender-identities assigned at birth based on an another’s observation of genitalia (Rosenblum, 1999; Coleman et al., 2012; Mardell, 2016). Transmasculine individuals, or transgender men (often identifying simply as men), are usually assigned female at birth (exceptions include intersex individuals who might never be assigned a specific sex) by a medical professional, due to the visibility of biological characteristics that suggest a particular sex (Mardell, 2016). Transfeminine individuals, or transgender women (women) are usually assigned male at birth (again there are exceptions with intersex individuals) and later go on to identify as women later in the life-course (Mardell, 2016). In addition to these binary identities, there are gender non-binary/gender non-conforming people who identify as neither men nor women and often express their gender as such (i.e.,

no consistent gendered clothing and not conforming to gender norms). Like other transgender people, non-binary people are usually assigned male or female at birth based on an observation of their genitalia made by a medical professional (Richards et al., 2016).

Another group included in this thesis are genderqueer and genderfluid individuals. Genderqueer refers to people who identify outside of the traditional gendered labels (sometimes including the transgender label itself). A gender fluid individual tends to frequently vary their gender expression, plausibly from day to day (Vijlbrief et al., 2020). Of note, it is important to highlight that there are also exceptions to these birth-assigned binary identities mentioned within the context of gender non-conformity with some intersex people (people born with ambiguous genitalia; Reis, 2019) also identifying as non-binary/gender non-conforming. However, these individuals were not explicitly included in this thesis' studies to the knowledge of the researcher (von Wahl, 2021). Importantly, non-binary and gender non-conforming individuals do sometimes intersect with transmasculine and transfeminine identities if they wish to adopt more androgynous traits through means of seeking gender-affirming treatment/procedures (Klein & Golub, 2020).

The main reason transgender and gender non-conforming people sometimes seek gender-affirming medical procedures is the experience of gender dysphoria. Gender dysphoria is described as "a marked incongruence between their experienced/expressed gender and assigned gender" which influences specific forms of negative affect related to incongruent characteristics or feelings (American Psychiatric Association, 2013). Gender dysphoria, while not a disorder itself, is something that can be a source of stress for individuals experiencing it. Supportive relationships may help in relieving gender dysphoria

among transgender people, and this is one of the dynamics explored later in this thesis (Nagda, 2006; Farmer & Byrd, 2015; Yang et al., 2016).

Gender transition is something that can be described as a social process with the medical aspects coming in as a complimentary part of transition that not all transgender people seek out (Johnson et al., 2016). Social transition consists of ameliorating distress through addressing aspects of self-presentation like pronouns, name, clothing, and gender role redefinition (White-Hughto et al., 2014; Wong et al., 2019). Medical transition consists of making changes to the body, such as through hormone usage (testosterone and estrogen) and surgical intervention (e.g., facial feminization or genital re-assignment; White-Hughto et al., 2014). While these changes serve to ameliorate dysphoria-related distress, there are still other barriers that transgender individuals may face that could hinder transition, such as non-supportive members of social networks who disapprove of gender-affirming procedures (White-Hughto et al., 2014).

1.2 The Importance of Social Relationships for Transgender and Gender Diverse People

Research has shown that strong and supportive social relationships bolster health both because they can be a sort of joy and because they can help eliminate stressors, as well as help people to cope with them (Holt-Lunstad et al., 2010; Paz Galupo et al., 2014a; Howick et al., 2019). The damage to physical health caused by a lack of supportive relationships has been equated to the damage produced by cigarette smoking, high blood pressure, obesity, and low physical activity (House et al., 1988; Holt-Lunstad et al., 2010). Supportive social relationships have been reported to help in improving

psychological wellbeing, including increasing self-esteem and a sense of purpose in life (Holt-Lunstad et al., 2017). Although causal relationships in this area are hard to ascertain, recent evidence suggests that there is strong causal evidence that social relationships are key to maintaining and bolstering health (Howick et al., 2019).

Social support is likely to be an important need for transgender individuals, due to the stress they experience related to societal responses to gender non-conformity (Hendricks & Testa, 2012). However, research examining the barriers and facilitators of social support for this population is limited (Lewis et al., 2021). For example, research in this area has tended to investigate one relational partner at a time (e.g., just a romantic partner) and has paid little attention to the specific dynamics of these relationships (Fuller & Riggs, 2018; Carlström & Gabrielsson, 2021). Nevertheless, for transgender and gender diverse people, supportive relationships may be more essential when compared to members of dominant groups in society (i.e., cisgender people) in maintaining good health due to the unique marginalization they experience because of their gender non-conformity (Hendricks & Testa, 2012). Cisgender people also experience minority stressors when their identities intersect with other marginalized identities, but these experiences differ from those of transgender people. Indeed, there is evidence that strong and supportive relationships bolster health in transgender individuals, through improving HIV/AIDs treatment adherence, promoting healthy lifestyles, and generally facilitating gender-related care (Muchiko et al., 2014; Mehrotra et al., 2018; McCann et al., 2019).

When examining the social relationships of transgender people, in addition to considering their perspective, there is also their relational partner’s

perspectives to consider. Supportive relational partners experience a shift in how they perceive their significant other's gender identity (i.e., friend, lover, colleague, etc.; Hammack et al., 2019). In addition to this, relational partners can also experience a shift in their own identity. For example, romantic partners of a transgender individual might feel they need to redefine their sexual orientation; parents might go from seeing themselves as the parent of a daughter to see themselves as the parent of a son (Riggs & Due, 2015; Dierckx & Platero, 2018). Moreover, relational partners' responses to the transgender person's transition can shape this transition in both positive and negative ways. For example, if a relational partner is resistant to shifting their perception of a transgender persons' identity, or outright rejects this identity, the transgender person might feel the need to compromise on their gender expression (e.g., detransition; Turban et al., 2021).

Relational partners exist in many forms in the lives of transgender people and can be identified as: family, friends, romantic partners, work colleagues, peers in education, and extended family among others (Paz Galupo et al., 2014a; Paz Galupo et al., 2014b; Paz Galupo et al., 2014c; Frost et al., 2017; Pulice-Farrow et al., 2019; Doyle, 2022). These relational partners all play unique roles in the lives of transgender people. In past literature, friendship is identified as highly important for maintaining and improving well-being among transgender people, however, when friends engage in negative behavior (e.g., microaggressions) these effects are perceived by some to be far more damaging than in other types of relationships and act as barriers to social connection and identity (Paz Galupo et al., 2014a, Paz Galupo et al., 2014b; Paz Galupo et al., 2014c). Microaggressions, for example, can also regularly occur in any form of social relationship, highlighting the importance of these

relational barriers for transgender people (Chang & Chung. 2015; Pulice Farrow et al., 2017; Anzani et al., 2019; Pulice-Farrow et al., 2020).

An important factor in protecting against barriers to identity development are romantic relationships, which have been suggested as important for maintaining self-image among sexual minority individuals for example (Doyle & Molix, 2014a). However, sexual minority romantic relationships can be negatively affected by stigma (Doyle & Molix, 2014b, Doyle & Molix, 2014c; Frost, 2017). These findings amongst sexual minority populations are potentially also applicable to transgender people, but the specific issues (e.g., types of stigma) that affect transgender people and their partners are different (Hines, 2006; Joslin-Roher & Wheeler, 2009). Past research has suggested levels of depression and anxiety are higher among transgender people and their romantic partners when compared to the average population due to the trans-specific stigma they experience both individually and as a couple (Colton Meier et al., 2013). On a deeper level this shared experience of poorer mental health and stigma has been suggested to negatively impact the quality of transgender people's romantic relationships (Gamarel et al., 2014). The implications of poorer mental health among transgender people and their relational partners highlight some of the potential questions that arise about factors such as relationship stability, relationship quality, and more generally what specific issues are contributing to these states of poorer mental health in these populations.

To understand the experiences of transgender people in their relationships it is important to take a broader approach to the notion of relationships as defined in past literature (Frost, 2017; Hammack et al., 2019; Doyle, 2022). In this thesis the expression "*relational partners*" is utilized and

defined as a term that encompasses diverse types of social relationships highlighted here. Past research has largely focused on one specific type of relational dyad at a time (Hafford-Letchfield et al., 2019; Lewis et al., 2021). The current thesis aims to illuminate the dynamics across many different types of relationships for transgender people. These relationships include friendships (where people are choosing their relational partners platonically; Paz-Galupo et al., 2014a, 2014b, 2014c), romantic partners (where people are choosing their partners in a romantic context; Pulice Farrow et al., 2017; 2019), family (the first and often most important relationships formed in early life; Biblarz & Savci, 2010; Chan, 2018), work colleagues (those who are not necessarily chosen but around whom people spend much of their daily lives; Paz-Galupo % Resnick, 2016), and peers in education (similar to work colleagues in terms of relationship status but with fewer rules governing interaction; Hafford-Letchfield et al., 2017; Goldberg & Kuvalanka, 2019). In the current thesis the term “relational partner” is used to encompass these diverse types of relationships at an overarching level.

1.3 Gender Affirmation and Misgendering

Relational partners can facilitate positive outcomes of gender transition by affirming the transgender person’s identity. Gender affirmation consists of validating the person’s gender by using the correct pronouns and preferred name(s) and bolstering gender roles (Seibel et al., 2018). It can also be enacted by supporting and complimenting body image related to gendered characteristics which are in line with the trans persons preferred gender (Bradford et al., 2013; Fuller et al., 2018; Mullen & Moane, 2013). The desire for gender affirmation is closely linked to the process of socially transitioning, in

that having their gender affirmed helps transgender individuals feel that they have transitioned. This is in part why gender affirmation has been shown to have a range of positive outcomes in this population (Doyle, 2022; Hammack et al., 2019). Gender affirmation also helps create a safe environment and prevent mental health problems (Seibel et al., 2018; Andrzejewski et al., 2021; Doyle et al., 2021). Moreover, gender-affirming practices in healthcare environments (e.g., Avoiding asking questions related to gender when it is not relevant to the medical problem) are important for transgender people's engagement with medical interventions (Maiorana et al., 2021). Gender affirmation is a key element in this thesis and is a relational dynamic that, while mentioned in much past research (Seibel et al., 2018; Andrzejewski et al., 2021; King & Gamarel 2021), is oftentimes not fully explored within the context of close interpersonal relationships (King & Gamarel, 2021). One of the aims of the current thesis is to elucidate the ways in which gender is affirmed by supportive relational partners of transgender people.

Although relational partners frequently try to engage in gender affirmation, transgender individuals often encounter misgendering, consisting of misidentifying an individual's gender identity (Currie, 2021; Howanskey et al., 2021; Whitley et al., 2021). Misgendering can occur accidentally or deliberately, in that it can be weaponized against transgender people (Goldberg & Kuvalanka, 2019; Currie, 2021; Howanskey et al., 2021; Whitley et al., 2021). Even the most supportive relational partners will often accidentally misgender the significant transgender person in their life, especially at the initial stage of gender identity transition; however, such events are usually easily resolved between close relational partners (Goldberg & Kuvalanka, 2019). Moreover, individuals in society may accidentally misgender a transgender person due to

assumptions linked to cis-heteronormativity leading to misidentification based on secondary sex characteristics (Whitley et al., 2022). Misgendering can have detrimental effects on transgender people's sense of identity, especially if done deliberately or repeatedly (Howansky et al., 2021). While it is hard to determine exactly who in transgender people's lives will intentionally misgender them it stands to reason that these people can be strangers with anti-trans views, conservative family members, potential romantic partners and the like (Howansky et al., 2021).

1.4 Defining stigma

Transgender people face stigma in their daily lives perpetrated by strangers and sometimes close members of their social networks. Stigma has been defined as an attribute which is deeply discredited by society at large (Goffman, 1963), but here it is recognized that the emphasis needs to be on the stigmatization process, which involves the interaction between that attribute and the perceivers' ideologies (Link & Phelan, 2001). That is, stigma is not a characteristic of an individual, but an interaction between that characteristic and a particular society or social environment. In addition, stigmatization is not one specific process, but a complex set of inter-related processes including labelling, stereotyping, separation, status loss, and discrimination that co-occur in a power situation that allows the components of stigma to unfold (Link & Phelan, 2001).

Stigma has a significant impact on relationship quality and social support (Doyle & Barreto, 2023). Furthermore, stigma can lead to health issues related to both mental and physical domains (Steele et al., 2002; Frost, 2011), further straining relationships. Due to the stigma that marginalized individuals face they

consistently watch out for threats in their social environment, which in turn can lead to threat responses when interacting with others (DuBois et al., 2017). This threat response, while functioning as a protective mechanism, can also hinder relationships through anticipatory coping processes like avoidance, which can lead to social isolation (White-Hughto et al., 2015).

Past research has shown that experiences with stigma negatively affect relationships (Doyle & Molix, 2014a; Doyle & Molix, 2014b). Transgender people experience stigma related to their gender identity which in turn can impair their relationships (Hendricks & Testa, 2012). The pathway between stigma experiences and relationship quality has been shown to be partially mediated by impaired self-image in one study with a sample of sexual and racial minorities (Doyle & Molix, 2014a). Although self-image might be just one part of the stress that influences relationships negatively for sexual and racial minorities, for transgender people, reduced self-image might be a particularly key mechanism, given that the stigmatization they experience is so often linked to a neglect or rejection of their gender identity, as with misgendering (Reyes et all., 2020).

Another study, with a sample of African American individuals, shows that the damaging effects stigma has on relationships is particularly felt for new (vs. established) relationships (Doyle & Molix, 2014b). This suggests that relational partners in more established relationships might be better able to adjust to and support the individual who suffers from stigmatization, whereas establishing and maintaining new relationships might be harder.

1.5 Specific Aspects of the Stigmatization of Transgender Individuals

Transgender individuals experience stigmatization in a range of ways, some of which are similar to the experiences of individuals with other marginalized identities, but others that are more unique (Hendricks & Testa, 2012). As with other groups, transgender people's experiences of stigma often consist of negative depictions in the media (Vipond, 2015; Hughto et al., 2021). A study reported that 97.6% of all transgender people indicate having been exposed to negative depictions of transgender people in general media (Hughto et al., 2021). Although the number of transgender characters in television shows and non-fictional exposure of transgender people in the news and talk shows has increased, this coverage has seldom been positive and therefore does not help reduce stigmatization (McInroy & Craig, 2015).

Some of the specific aspects of transgender individuals' experiences with stigmatization have already been alluded to above, such as misgendering, improper pronoun usage, and incorrect name usage. Other experiences that reveal stigmatization and devaluation are poor and uncoordinated healthcare, limited access to medication, insurance exclusions, inconsistently applied gender re-assignment protocols, and encounters with ignorant service providers (Bauer et al., 2009; Gridley et al., 2016). One important stigmatizing experience of transgender people is the invalidation of their gender by health care providers, including the pressure to halt transition. A survey carried out by Stonewall in the UK showed that 20% of the transgender respondents reported pressure from healthcare service providers to halt transition or de-transition completely (Stonewall, 2022). De-transition is relatively uncommon, with research indicating that it is a decision made by only less than 1% of transgender and gender diverse people worldwide (Coleman et al., 2022). Importantly, although detransition can be driven by internal factors, such as

gender redefinition, it has also been suggested to be often driven by external pressures (Expósito-Campos et al., 2021; Turban et al., 2021).

Transgender and gender diverse people are also subject to unique forms of marginalization which specifically target their gender identity, which differs from societal norms (also referred to as cis-heteronormative; Schilt & Westbrook, 2009). Cis-heteronormativity dictates that all individuals are cisgender and heterosexual; these expectations exclude individuals outside of this concept, specifically LGBTQ+ individuals like transgender and gender diverse people (Farmer & Byrd, 2015). The specific issues related to cis-heteronormativity that transgender people face include assumptions about their gender expression that may not be perceived by others as congruent with their preferred identity, and coping with other people's inconsistency in their correct pronoun use (Bauer et al., 2009; Gridley et al., 2016). The marginalization that arises from the stigma of cis-heteronormativity likely leads to unique forms of psychological distress amongst transgender and gender diverse individuals.

Another common stigmatizing experience for transgender people is genderism, whereby individuals assume that gender is binary (Farmer & Byrd, 2015). Although not all transgender people are non-binary, those who identify as such struggle to affirm their identity when those around them insist on defining them as either male or female. This genderism also affects LGBTQ+ spaces, meaning that even these spaces are not free from stigmatizing societal expectations (Walker & DeVito, 2020). This highlights that LGBTQ+ spaces, which are expected to be inclusive and accepting of transgender people, can be fraught with stigmatizing experiences not dissimilar to those encountered in the wider cis-heteronormative society.

1.6 The Role of Relationships Within Institutional Contexts

Institutions are an inevitable part of transgender people's daily lives. These institutions include the work environment, school environment, and medical contexts, as well as other institutionally mediated factors within society (e.g., government policy, media portrayals; Ryan & Rivers, 2003; McInroy & Craig, 2015; Humphrey, 2016; Martin-Castillo & Jimenez-Barbero, 2020). The position of transgender people in many societal institutions is turbulent in the United Kingdom and in many other countries around the world. In general there has been a wider discussion opened up in the media that aims to question the legitimacy of transgender people as well as their access to certain spaces (e.g., "women-only" spaces; Humphrey, 2016; Horbury & Yao, 2020). Scholars have indicated the year 2018 was a "flashpoint" for the discourse around transgender people following J. K. Rowling's controversial tweets targeting the legitimacy of transgender women's identities (e.g., where she used terms like "*real women*" and "*stood with Maya,*" another person who claimed her identity as a woman was being erased due to recognition of trans identities; Horbury & Yao, 2020). J. K. Rowling herself is a popular novelist with widespread influence and a substantial public voice. Her controversial tweets inevitably contributed to a global media uproar which acted as one of the key drivers in affecting several arms of society (specifically institutions which took time to review their policies, particularly around gender and inclusivity; Finn et al., 2021). This shift in discourse has been suggested to negatively impact transgender people's lives (Horbury & Yao, 2020; Finn et al., 2021). Moreover, misinformed cisgender people who absorbed these poorly constructed arguments against transgender rights may have engaged in more negative behavior toward transgender individuals in their own lives (Chang& Chung, 2015; Gwenffrewi, 2022).

All institutions affect the daily lives of transgender people via direct (e.g., transgender people going to and working in their respective workplaces) and indirect means (e.g., the potential negative influence these institutions have on the colleagues of transgender people; Horbury & Yao, 2020). Exploring institutions is considered to be an important part of understanding transgender people's experiences (Graham et al., 2014; Siegel, 2019);understanding the nature of transgender people's social relationships within these institutions is an important complementary aim. Understanding such relationships may help in ascertaining the experience of transgender people when interacting with those whom they would potentially not choose to interact with otherwise (Nicolazzo, 2016; Siegel, 2019).

Institutions can vary greatly in terms of their overall attitudes toward transgender people. However, there are policies in place that by law must be adhered to in these institutions (e.g., the Equality Act (2010) prohibits the discrimination of individuals based on their identity and/or personal characteristics). However, the individuals in these institutions are not necessarily adherent to these rules and can strategically choose not to follow them, likewise if the rules are negative then they may rigidly follow them, and if they are ambivalent then they may find loopholes that allow for discrimination (Grant, 2011; Graham, 2014; Paz Galupo & Resnick, 2016). These attitudes towards these varying policies could contribute to avoidant behavior among cisgender individuals but for different reasons (e.g., someone who wants to be inclusive may avoid a transgender person to avoid offending them or if they want to be exclusive then they may engage in avoidant behavior to keep transgender people away; Pusch, 2005; Renn & Bilodeau. 2005). The current thesis aims to identify some of the attitudes and behaviors of transgender

people's relational partners within such institutions (e.g., coworkers). However, institutions themselves are not a key focus as they are an external entity as opposed to a specific (or set of specific) relationship(s). Relational contexts provide a nuanced perspective of how transgender people are viewed by others which could then be used to identify how these relationships influence institutional spaces.

1.7 Mental Health and Self-Image

Given the stigma they face, it is not surprising that transgender and gender diverse people have been shown to present with high levels of ill health in comparison to cisgender individuals (Winter et al., 2016). For example, the suicidal ideation rate in this population has been reported as between 42% and 44%, indicating that just under half of all transgender and gender diverse people have contemplated, or completed, suicide in their lives (Toomey et al., 2018). This population figure is often referred to in research to indicate the impact the social environment has on the overall well-being of transgender people (Thoma et al., 2019; Zucker, 2019; Silliman Cohen & Bosk, 2020). In addition, the rate of non-suicidal self-harm among transgender people has been reported to be as high as 51.6%, which is a stark comparison to the rate of non-suicidal self-harm among cisgender adolescents, reported at about 18% (Taliaferro et al., 2019).

The environmental and internal factors that influence psychosocial functioning among transgender and gender diverse individuals include harassment, abuse, discrimination, mental health disorders, and internalized transphobia (Reisner et al., 2016). Internalized transphobia can be defined as the process by which one internalizes negative societal attitudes. Internalized transphobia has a negative effect on everyday functioning for transgender

people (Hendricks & Testa, 2012). With regard to harassment, research suggests that on average 44% of transgender and gender diverse people have experienced either verbal or physical abuse in public (Reisner et al., 2016). As to mental health, an analysis of a large mixed transgender and gender diverse population shows that 64% reported mental health disorders (e.g., depression, anxiety, personality disorder etc.; Reisner et al., 2016) that arose largely because of felt stigmatization in transgender populations.

Poor self-image is also a crucial factor in the lives of transgender people. Self-image can be defined as the overall self-perception of one's own body, personality, and capabilities (Bailey, 2003). Self-image is closely linked to body dysmorphia and gender expression (Allen, 2010). Physical characteristics associated with gender and body size (in terms of weight or proportions, such as breast size) play an important role in transgender people's self-image, which in turn influences their subjective level of psychological distress (McGuire et al., 2016). In recent years there has been greater focus on body- and self-acceptance globally as well as within the transgender population, however social stress associated with appearance remains pervasive for transgender people (Allen, 2010; Strübel & Goswami, 2022). This is probably because this identity, and it's affirmation by others, is so closely associated with appearing a certain way and having that appearance be socially recognized.

The experience of gender incongruence can be an important cause of mental health problems and poor self-image, especially if it cannot be addressed. Those who have the option may wish to engage in puberty suppressing hormones (e.g., gonadotropin releasing hormones) or gender-affirming hormones (e.g., testosterone, and estrogen) to ameliorate the distress they feel as a result of gender incongruence (McGuire et al., 2016).

Transgender individuals who transition much later in life may not have access to hormones or surgeries due to ill health or a lifetime of barriers to transition (Puckett et al., 2018). Regardless, transgender people need to manage the retention of some visible biological sex characteristics (sometimes referred to as natal sex characteristics) and these can lead to feelings of gender incongruence (McGuire et al., 2016).

Another element that can negatively affect mental health and self-image are the shifting psychosocial roles that transgender people must deal with in transition. Some transgender people undergo a redefinition of who they are to others (e.g., a brother could now be a sister to their sibling; Riggs & Due, 2015). This redefinition takes time and is usually less understood by cisgender people due to their lack of shared lived experience with their transgender relational partners, which can lead to misunderstandings and misgendering (McLemore, 2018). These identity-threatening interactions with others could lead to distress (McGuire et al., 2016; McLemore, 2018), indicating that the experience and impact of transgender identity incongruence extends beyond the transgender person's own sense-of-self, which has been hinted at in some recent work (Reyes et al., 2020; Doyle, 2022). A recent review exploring transgender identity development elucidates this extension by highlighting the importance of relational partners in bolstering identity development for transgender people (Doyle, 2022). This reciprocally driven extension of identity affirmation and congruence is one of the driving factors in this thesis, which investigates how relational partners contribute to these factors in relationships with transgender people.

1.8 Epistemological Approach to The Thesis

This thesis employed diverse methodologies, combining qualitative, quantitative, and mixed methods approaches, in order to the explore of transgender people's relational dynamics (Teddlie & Tashakkori, 2012; Heale & Forbes, 2013). This approach included triangulation of methods in the empirical studies in the current thesis to allow for a thorough investigation of the overarching research objectives (Heale & Forbes, 2013).

The qualitative work in the current thesis helps to identify and explore the nuances of transgender people's relationships as reported through their own voices and experiences. The qualitative meta-synthesis aims to identify key elements of transgender peoples' relationships and build upon the current (chapter 2). The qualitative study combining focus groups and interviews aims to explore the dynamics of transgender people's relationships (e.g., using reflexive thematic analyses of participant transcripts with a comparative lens; Chapter 3). These qualitative studies helped to inform the aims and design (e.g., measures) of the quantitative work in the current thesis.

The quantitative works in the current thesis (chapters 4 & 5) took a somewhat narrower focus and aimed to answer more specific questions about transgender people's relational dynamics (in more specific contexts, i.e., work and home). These studies aim to triangulate the approach to the research objective allowing for a more comprehensive overview of transgender people's relationships with the members of their social networks (Casey & Murphy, 2009; Jonson & Jehn, 2009; Heale & Forbes, 2013).

1.9 Overview of thesis

This thesis explores the elements of transgender peoples' experiences in their social relationships to better understand the dynamics within these

relationships and their consequences. The current thesis contains four empirical chapters. Chapter 2 is a meta-synthesis of qualitative literature that focusses on transgender people and the members of their social networks. This chapter aims to provide a literature review of the field in order to build a theoretical base of the current understanding of social relationships as well as highlight gaps in existing knowledge. Chapter 3 reports a qualitative study involving interviews and focus groups. This study enabled me to acquire an improved understanding of the relational landscape of transgender people, including their own perspective as well as that of their relational partners and gender service providers. Chapters 2 and 3 provide a framework from which one can work when designing new research, which was done in Chapters 4 and 5. Chapter 4 reports a novel experimental study that investigated the specific concerns that both cisgender and transgender women may have when interacting with one another using imagined interactions. Chapter 5 is an experience sampling daily diary study with transgender people that aims to investigate daily changes in relational variables and self-image. The thesis closes with a discussion chapter that draws out the main contributions of these studies, as well as their implications for theory and practice.

Chapter 2: Social Relationship Experiences of Transgender People and Their Relational Partners: A Meta-Synthesis

2.1 Introduction

Social relationships are integral to the development and maintenance of health throughout the life course (Bandeira et al., 2018; Rock et al., 2016; Smith & Christakis, 2008), serving a host of functions, such as bolstering health, promoting healthy behaviors, providing support, fostering a sense of kinship, and promoting identity security (Rock et al., 2016; Snell-Rood, 2015). Despite the general importance of social relationships to health and well-being, research investigating social relationship experiences of transgender people and their relational partners (e.g., family, friends, romantic partners, work colleagues) has been relatively slow to develop and remains limited. Yet these social relationships may represent a particularly critical resource for transgender people who continue to face virulent stigma across societies (Budge et al., 2013; Riggle et al., 2011). A synthesis of research concerning social relationship experiences of transgender people would help identify common and diverging points of resilience and strain across various types of relationships, potentially pointing toward areas for therapeutic support and intervention during and beyond gender transition. Therefore, understanding the social environment in which transgender people are embedded is vital to successful healthcare.

For transgender people and other marginalized groups (i.e., groups that are routinely devalued in society), social stigma tied to marginalized identities has clear negative effects on health and well-being (Hendricks & Testa, 2012; Meyer, 2003). These detrimental effects include, among other things, impairments in social functioning (Dentice & Dietert, 2015; Prunas et al., 2018;

Stonewall, 2017), general health (Bouman et al., 2017), and limitations to employment opportunities (White-Hughto et al., 2015). Sometimes even simply being in public spaces can be a negative experience for transgender people due to the risk of being physically or verbally harassed (Stonewall, 2017). Past studies have shown that social stigma can also be present in clinical environments. Health professionals that are untrained or lack a basic understanding of gender identity and variations can be disparaging of transgender identities both intentionally and unintentionally (Levitt & Ippolito, 2014). Negative interactions with healthcare professionals can affect treatment satisfaction and deter transgender individuals from seeking other treatment for common illnesses (e.g., acquiring cold and flu medication) (Eyssel, Koehler, Dekker, Sehner, & Nieder, 2017). Critically, social relationships for transgender people may serve as an important factor in ameliorating the detrimental effects of stigma and boosting well-being (Hughes, 2016; Snapp et al., 2015).

When discussing transgender people and their relational partners, it is important to define what is often considered one of the most transformative processes in these relationships—gender transition. Gender transition can include medical and/or social components, encompassing the experiences of those who seek medical intervention to affirm their gender by feminizing or masculinizing the body, via hormones or surgery, as well as those who live in their identified gender, full or part-time, with or without medical intervention (Alegria, 2011). The aim of medical transition is physical modification to increase gender congruency, whereas social transition achieves congruency through the self-presentation of a preferred gender identity in one's social environment (which may include, for example, changing physical appearance

such as through binding or tucking, as well as changing legal documents, such as passports, to reflect the preferred gender identity).

Prior studies investigating LGBTQ+ (a term that is used to describe lesbian, gay, bisexual, transgender, queer, and other expressions of sexual/gender identities) people's social relationships, without disentangling the various gender and sexual minority identities of participants, have shown protective effects of social relationships on outcomes such as positive adjustment in adolescence and physical health throughout the life course (Evans et al., 2017; Hughes, 2016; Riggle et al., 2011; Toomey & Richardson, 2009; Twist, Barker, Nel, & Horley, 2017). While such health-protective effects are consistent with the role of social relationships in the general population, given the detrimental effects of broader social stigma on transgender people, along with the stress and trauma that sometimes accompanies the process of gender transition, the need for supportive and well-functioning social relationships may be particularly paramount in this group (Dentice & Dietert, 2015; Holt-Lunstad et al., 2010; Prunas et al., 2018). Furthermore, strong social relationships may open up avenues to positive identity (White-Hughto et al., 2015; Riggle et al., 2011). Past research on social relationships of LGBTQ+ people as a homogenous body, while important in uncovering shared experiences (Beagan & Hattie, 2015; Snapp et al., 2015), lacks nuance when it comes to unique experiences of transgender people (Abbott, 2015; Emslie, Lennox, & Ireland, 2017; Gates, 2015).

One such experience that is unique to marginalized groups and their relational partners is frequent exposure to social stigma, which can have deleterious effects on the quality and functioning of social relationships for these groups (Doyle, Factor-Litvak, & Link, 2018; Doyle & Molix, 2014b, 2015). Social

stigma can be defined as the social process of labelling, discriminating against, and rejecting or demeaning human difference (Link & Phelan, 2001); for transgender people, this is enacted through, for example, physical/verbal assault, misrepresentations of gender in the public eye, not being promoted at work due to gender identity, and negative labelling through terms such as 'sexual deviance' (White-Hughto et al., 2015). While transgender people are the targets of this type of social stigma, cisgender relational partners may also face negative outcomes due to courtesy stigma, or stigma by association with members of marginalized groups (Angermeyer et al., 2003). For transgender people, impairments in close relationship quality resulting from stigma may be driven by mechanisms such as impaired self-image (Doyle & Molix, 2014a) and increased negative affect (Doyle & Molix, 2014c). Moreover, social stigma may cause dyadic stress (Randall & Bodenmann, 2009) for transgender people and their relational partners, with both potentially internalizing elements of the stigma, thus negatively impacting social health and wellbeing. Despite these findings related to impaired relationship functioning, there is also some evidence that social stigma may have specific positive influences on social relationships between stigmatized individuals and their relational partners. For example, social stigma has been shown to increase minority group identification, building a sense of in-group community and protecting well-being against prejudice and discrimination (Branscombe, Schmitt, & Harvey, 1999). Moreover, experiences of social stigma may potentially increase the resilience of transgender people and their relational partners in the face of future adversity (Doyle & Molix, 2014b; Scandurra et al., 2017).

Crucially, existing reviews touching on social relationships in transgender individuals often focus exclusively on stigma or social support and seldom focus

on other relevant experiences within social relationships (Gilbert et al., 2018; Hafford-Letchfield et al., 2017; Jones et al., 2017; McFadden, 2015; Stewart et al., 2018; Valentine & Shipherd, 2018). When social support is mentioned, what support comprises of is often very broad and generalized, especially in the quantitative literature (Abbott, 2015; Emslie et al., 2017; Gates, 2015). More subtle nuances in what support might consist of and how it might be enacted in transgender social relationships are not frequently highlighted by researchers (Hughes, 2016; Riggle et al., 2011; Toomey & Richardson, 2009; Twist et al., 2017). As such, there is as yet little understanding of how support might be enacted reciprocally by transgender people and their relational partners. Furthermore, the provision of support is not unique to social relationships, nor is it their sole function (McFadden, 2015).

One of the ways in which the examination of social relationships should extend beyond support is clarified by social exchange theory, which states that social relationships are reciprocal, with dyadic costs and benefits being evaluated and people working together to achieve collective or personal goals (Lawler & Thye, 1999). The notion of reciprocity is important in gender identity transition. For example, some cisgender partners require time to adjust to both social and medical transition, while at the same time wishing to be supportive of their partners (e.g., a relational partner may be comfortable living with the social transition initially but may need to negotiate the medicalized aspects of transition); as such, transgender people and their relational partners have to work together to achieve collective/dyadic and personal goals (Brown, 2009). Another theoretical model (Branscombe et al., 1999) highlights that when members of marginalized populations experience prejudice and discrimination they can identify more strongly with their in-group as a way of coping with the

stigma. This notion of rejection-identification, while likely true for transgender people, is not as well understood in terms of its effects on their cisgender relational partners. Cisgender relational partners can potentially experience increases in identification with transgender people as well, or these effects might be modified by courtesy stigma (Angermeyer et al., 2003). Such theories are applicable to social relationships between transgender people and their relational partners and may help in identifying the nuances of the reciprocal dynamics within these dyads.

Furthermore, examining different types of social relationships, which may encompass different goals and concerns, can contribute to a better understanding of the role of social relationships in gender identity transition. For example, transgender people's experiences with romantic partners might focus more around issues such as renegotiating sexual identity, whereas family experiences might raise other issues such as supporting transgender people in their negotiations with institutions (e.g., parents contacting schools to help assist in bathroom usage) (Brown, 2009; Field & Mattson, 2016). Given that past reviews have not sufficiently discerned or addressed these varied elements of social relationships for transgender people, the current review aimed to provide a clearer understanding of the common and divergent themes in transgender peoples' dyadic experiences with their relational partners (e.g., family, friends, work colleagues) via a meta-synthesis of the existing themes in selected qualitative literature.

2.2 Method

Inclusion Criteria

Overall, there were six inclusion criteria for this meta-synthesis, focusing on publication date, research topic, relationship types, analysis strategy, publication type and minority identities. The inclusion criteria for the present meta-synthesis were as follows:

1. Only papers published between 1990 – 2018 were eligible for inclusion. Due to rapid shifts in attitudes toward transgender people and changing approaches to healthcare in recent decades (Kanamori & Cornelius-White, 2016), we chose to restrict our search to relatively more recent papers on the topic, with the high numbers of hits in our initial searches already leading to satisfactory levels of saturation.
2. Literature eligible for inclusion had to explicitly focus on topics related to a particular social relationship; this could have been explored from the perspective of transgender people or from the perspective of their relational partners (e.g., interviews with the romantic partners of transgender people).
3. The type of social relationship eligible for inclusion could be any of the following: Romantic partners, family, friends, work colleagues, and/or peers in educational settings. Literature that focussed on interactions between transgender people and healthcare professionals was excluded because this dynamic does not clearly meet the criterion of interdependence integral to the definition of social relationships (Bradbury & Karney, 2019). That is, while these interactions frequently have serious consequences for the life of the transgender person seeking services, there is usually no clear way in which the transgender person can affect the

healthcare professional in a similar manner. Furthermore, a key feature of personal relationships is that people treat each other as unique individuals rather than interchangeable occupants of particular social roles (Bradbury & Karney, 2019), as would generally be the case with a transgender person interacting with a given healthcare professional.

4. To be eligible for inclusion, papers had to include a formal analysis of data surrounding social relationships (e.g., thematic analysis or other similar qualitative methodology that presented clear themes extracted from a dataset, which could then be repurposed for the current meta-synthesis).
5. To be included, papers had to be from published peer-reviewed academic literature. We chose to exclude grey literature from the current meta-synthesis due to logistical constraints and high levels of saturation achieved through review of published academic literature. Specifically, in preliminary searches prior to the formal literature search reported here, we identified a large number of hits solely from published academic literature. At this stage in the research process, we decided to exclude grey literature as an eligibility criterion for the current review in order to boost data manageability given time and resource constraints (Benzies, Premji, Hayden & Serrett, 2006), leaving open the possibility of later incorporating grey literature if saturation was not achieved after the initial formal literature review was completed. However, this was not the case, and so grey literature was in fact excluded from the current meta-synthesis.

6. Research focussed on the experiences of those with broadly defined transgender identities (Liu & Wilkinson, 2017) were eligible for inclusion. Articles that homogenised experiences of LGBTQ+ participants (without drawing distinctions between gender and sexual minorities) were excluded—our focus was on papers that clearly identified transgender experiences (i.e., experiences highlighted as being specific to identities researchers defined as transgender identities). From the perspective of the research team, the terminology 'transgender' encompasses a variety of different gender identities, such as non-binary, gender fluid etc. (Liu & Wilkinson, 2017). However, the focus of the review was on 'transgender' people as defined by the included papers, therefore literature searches did not specifically incorporate these other related identity terms (e.g., non-binary) that are not always strictly associated with being transgender for others (e.g., Warren, Smalley, & Barefoot, 2016).

Search Strategy

The databases searched were: Web of Science, PubMed, Scopus, and the Cochrane Library. Search terms were identified by extracting salient terms from key readings identified in an initial rudimentary search (Appendix A). Some examples of these key terms are: *social relationships, social networks, transgender, trans*, LGBT*,* and *Stigma* (Appendix A). Due to the relatively recent widespread use of "transgender" in academic publications, papers that included the expression "transsexual" were also screened provided that the papers solely focused on identities that would now be considered as

transgender. All hits were uploaded to the reference management program EndNote X8, complete with abstracts. All titles and abstracts were screened by two reviewers (TL and an intern) for eligibility according to our pre-defined inclusion criteria. Secondary and additional readings were identified via the reference sections of initially selected articles. These papers were organized into a literature review flowchart diagram (see Figure 1.1).

Quality Criteria

This review implemented the combined STROBE guidelines for methodologically heterogeneous reviews (Cuschieri, 2019). These guidelines cover cohort, case-control, cross-sectional studies, and qualitative literature. Moreover, a further quality criterion was added to these guidelines for the purposes of this review, which dictated that clear themes had to be present in the reviewed qualitative research for the purposes of meta-synthesis (Butler, Hall, & Copnell, 2016).

Positionality

The researchers used a post-positivist perspective when conducting this meta-synthesis and retained a focus on the semantic aspect of themes when synthesizing the data from past literature. Three members of the research team (TL, DD, MB) are academics and work with marginalized populations as part of their research; moreover, they have conducted prior research with transgender people and their relational partners. DJ works with transgender people and their relational partners in a healthcare capacity and has research experience working with transgender people. In terms of researcher's identities; TL is a mixed-race Black Caribbean and White British cisgender man. DD is a White

gay cisgender man from the United States. MB identifies as a Portuguese cisgender woman. DJ identifies as a White British cisgender woman.

Data Extraction

This review was exploratory so we sought to uncover what a collective body of qualitative research could tell us about the experiences of transgender people and their relational partners via a meta-synthesis of themes in the literature. The meta-synthesis employed for this research collected all the themes from the qualitative studies and collapsed them into a higher level of abstraction (i.e., an overall universal theme was applied to specific extracted phenomena; Butler, Hall, & Copnell, 2016; Korhonen, Hakulinen-Viitanen, Jylhä, & Holopainen, 2013). This interpretative style has been utilized in other systematic reviews, mainly in the nursing domain (e.g., synthesizing patient perspectives of quality of care; Waibel, Henao, Aller, Vargas, & Vázquez, 2011). Themes extracted from the literature were re-coded by the researcher into overarching themes via a series of mind map diagrams and tables (Appendix B). These overarching themes were finally clustered into specific themes and divided according to the specific type of social relationship (e.g., between transgender people and their romantic partners; Table 1.3).

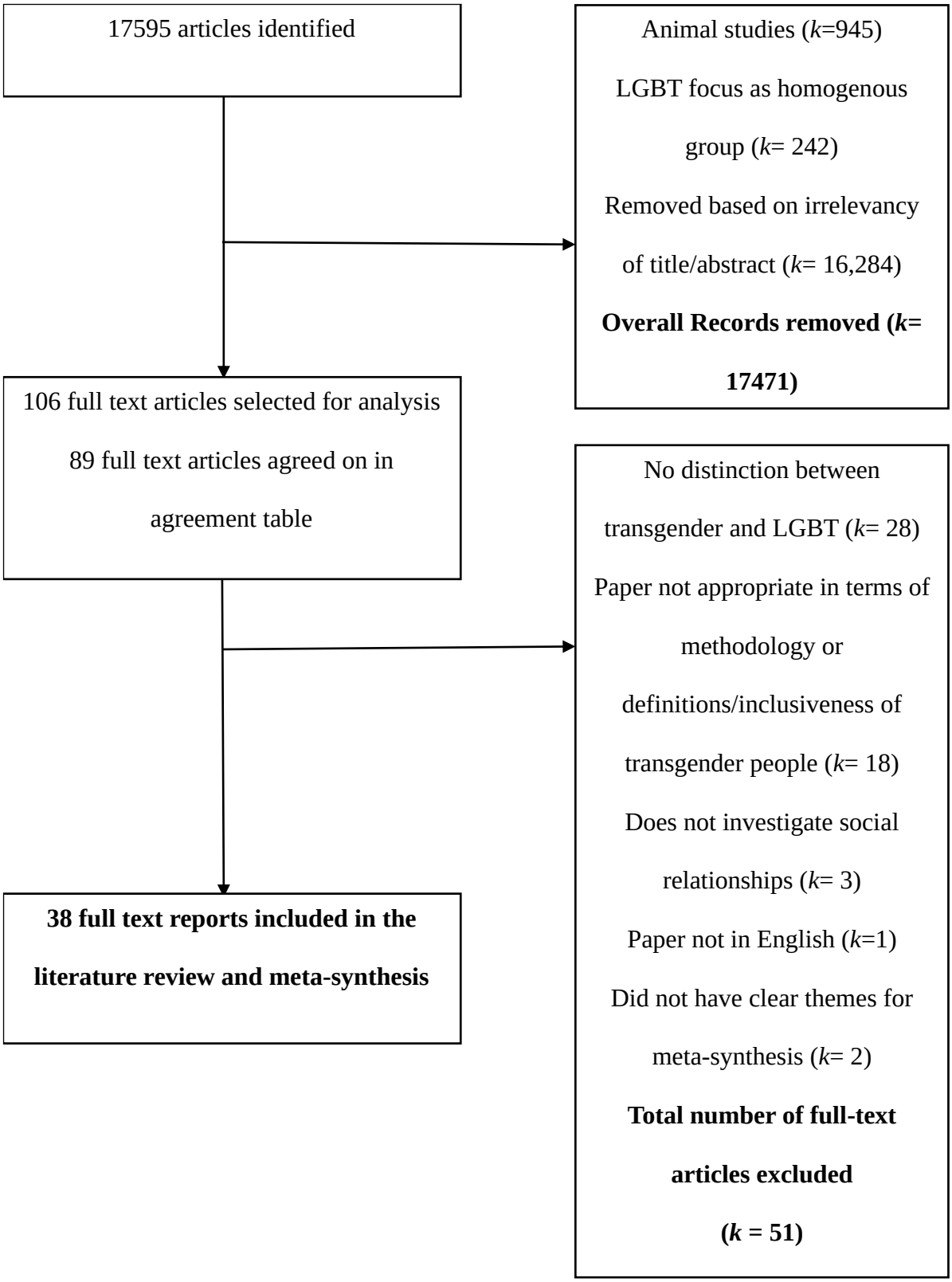
Additionally, the terminology used to describe participant gender identities was extracted verbatim, along with the locations in which the research was conducted. Research aims and designs were paraphrased for the purpose of the literature table (table 1).

The literature review flowchart diagram was completed using a modified approach to the steps highlighted by PRISMA in their guidance documentation (Library, 2019). The modification centered on removing the parts of the

flowchart that related to quantitative studies as they were not the focus of this research (Library, 2019). Records were screened via title and abstract for exclusion criteria and selected based on their quality (Butler, Hall, & Copnell, 2016; Cuschieri, 2019).

Figure 1.1

Literature Review Flowchart



2.3 Results

Table 1.1

All Selected Literature (N = 38)

Id	Author and Year	Design	Aim	Relational Partner	Participants	Location
1	Alegria (2010)	Mixed Methods - Cross sectional Questionnaires and Qualitative interviews	Investigate couple relationships where one person comes out as trans.	Romantic partner	17 Male-to-female trans women and natal female couples	Western USA

2	Alegria (2013)	Semi-structured qualitative interviews	Investigate sexuality renegotiation of cisgender female partners of FTM trans women.	Romantic partner	16 cisgender female partners of MTF trans women	Arizona, California, New Mexico, New York and Washington (USA)
3	Alegria (2018)	Semi-structured qualitative interviews	Explore the parent/caregiver close family relationships and how they are affected when children come out as transgender.	Parent	15 parents of trans children (7 trans female and 5 trans male)	USA
4	Bischof, Warnaar, Barajas,	Semi-structured interview	Understand the experiences of natal female partners using a	Romantic partner	14 cisgender wives of MTF trans people	Unknown (location

	& Dhaliwal (2011)		thematic analysis of accounts from a book written by Erhardt.			anonymised)
5	Brown (2009)	Semi-structured qualitative interviews	Investigate the process of sexual identity renegotiation and its process in previously same sex female relationships.	Romantic partner	20 cisgender partners of trans men (however, one now identified as a trans man)	Toronto, Canada
6	Brown (2010)	Semi-structured qualitative interviews	Examine the experiences of sexual-minority women in romantic and sexual relationships with female-to-male transsexuals.	Romantic partner	21 cisgender partners or ex-partners of trans men (however, one now identified as a trans man)	Canada
7	Budge, Tebbe, & Howard (2010)	Semi-structured qualitative interviews	Explore the work experiences of individuals who have started transitioning from their biological sex to a different gender expression.	Work colleagues	19 trans individuals in two large Midwestern cities (One interview	USA

					excluded due to audio malfunction)	
8	Budge, Chin, & Minero (2017)	Semi-structured qualitative interviews	Examine facilitative coping processes among trans identified individuals.	Friends, family and work colleagues	15 transgender individuals	USA
9	Budge et al. (2018)	Semi-structured qualitative interviews	Explored the development of gender identity journeys and coping strategies of transgender youth in institutions and society.	Family	20 transgender youth	USA
10	Chester, Lyons, & Hopner (2017)	Semi-structured qualitative interviews	Explores the experiences of former and current cisgender partners of people making a gender transition.	Romantic partner	6 current and former cisgender partners of trans people 5 cis women 1 cis man	New Zealand

11	Church, O'Shea, & Lucey (2014)	Mixed Methods - Cross sectional Questionnaires and Qualitative interviews	Described the relationships between parents with gender dysphoria and their children. All accounts were taken from the parents' perspective. Moreover, the paper sought to understand how being a parent affects transitioning from one gender to another.	Parent	14 Parents with "GID" 28 children	Southern Ireland
12	Dierckx & Platero (2018)	Semi-structured qualitative interviews	Experiences of parents and children undertaking a gender transition. All children in these studies were under the age of 18 when their parents transitioned (Belgium).	Family	13 Belgian Children 15 Belgian Parents (7 trans, 8 partners) 15 Spanish Gender variant children 15 Parents	Belgium and Spain
13	Dierckx, Mortelma	Semi-structured	Gain an understanding of the experiences of minor children	Children	13 minor children	Belgium

	ns, Motmans, & T'Sjoen (2017)	qualitative interviews	who were present for their parents' gender transition using the Family Resilience Framework as a guideline.		15 parents (8 cisgender, 7 transgender)	
14	Field & Mattson (2016)	Semi-structured qualitative interviews	Understand the experience of parenting a trans child in a parenting LGBT organisation.	Parent	14 cisgender parents	USA
15	Graham et al (2014)	Narrative interviews	Examine the narratives of black trans individual’s experiences of social support during transition.	All relational partners	10 black trans individuals	Detroit, USA
16	Gray, Sweeney, Randazzo, & Levitt (2016)	Semi-structured qualitative interviews	Examine the experiences of parents raising trans and gender variant children.	Parent	11 parents of GV and trans children	Boston, USA

17	Hart & Lester, (2011)	Semi-structured interview	Investigate how gender is constructed at women's college and the visibility of trans students at a women's college.	Educational peers	246 students, staff and faculty	USA
18	Hill and Menvielle (2009)	Semi-structured interview	Understand the experiences of those parenting gender variant youths.	Family	42 parents of 31 youth diagnosed with GID	USA
19	Hines (2006)	Case studies	Explore intimacy in the context of gender transition: To consider the impact of gender transition upon partnering relationships, and reflect on how gender transition is negotiated within parenting relationships.	Romantic partner	3 trans people	UK
20	Jokic-Begic, Korajlija,	Mixed Methods - Cross	Depict the factors contributing to psychosocial adjustment despite	All relational partners	6 Transgender participants	Croatia, Europe

	and Jurin (2014)	sectional Questionnaires and Qualitative interviews	the poor social and medical circumstances in Croatia.			
21	Joslin-Roher & Wheeler (2009)	Semi-structured interview	Investigate the experience of lesbian partners of trans men.	Romantic partner	9 lesbian partners of trans men	USA
22	Koken, Bimbi, and Parsons (2009)	Semi-structured qualitative interviews	Analyse the experiences of trans women through the lens of the PAR theory (parental acceptance-rejection).	Family	20 trans women	USA
23	Levitt & Ippolito (2014)	Semi-structured	Investigate the common social experiences and minority	All relational partners	17 participants with a variety of trans identities	USA

		qualitative interviews	stressors related to being transgender.			
24	Mohammadi (2018)	Semi-structured qualitative interviews	The purpose of this study is to present a description, theming, and status comparison of transgender people.	Family	18 trans people	Iran
25	Nemoto, Operario, Keatley, and Villegas (2004)	Semi-structured qualitative interviews	Explore the social context of drug use and sexual behaviors that put male-to-female (MTF) transgender people at risk for HIV.	Romantic partner	48 MTF trans people	San Francisco, USA
26	Nicolazzo, Pitcher, Renn,	Semi-structured	Explore the importance of queer kinship for trans people.	Friends	18 trans participants	USA

	and Woodford (2017)	qualitative interviews				
27	Norwood (2013)	Semi-structured qualitative interviews	Explore the reasons why families reacted to transition like it was a living death of their relative.	Family	37 members of families related to trans people	USA
28	Norwood (2012)	Relational dialectics approach	Analyse communication of family members (both transgender and not) about transgender identity and transition via online postings to discussion forums.	Family	Forum posts online	Various (global)
29	Pearlman (2006)	Structured interview	Explore the experiences of mothers of trans men and their emotional journey.	Family	18 mothers of transgender men	USA

30	Pfeffer (2014)	Semi-structured qualitative interviews	Examine queer definitions of sexuality and gender with their transgender partners. How they navigate misrepresentations in social situations and how transgender people build cohesiveness with queer communities.	Romantic partner	50 cisgender women	USA, Canada, Australia
31	Platt & Bolland (2018)	Semi-structured qualitative interviews	Explore the unique elements of the experiences of those who partner with transgender-identified individuals.	Romantic partner	21 intimate partners of transgender people	USA and Canada
32	Platt & Bolland (2017)	Semi-structured qualitative interviews	Examine the unique elements of the trans* intimate partnering experience.	Romantic partner	38 trans* participants	USA

33	Pryor (2015)	Semi-structured qualitative interviews	Examined transgender college student's experiences of the college environment.	Educational peers	5 transgender and genderqueer participants	USA
34	Pusch (2005)	Qualitative - Online data collection from Listserv	Explore the social networks of relational partners that interact with transgender (MTF and FTM) students who outed themselves at college.	Family and friends	8 transgender participants (MTF and FTM)	USA and Canada
35	Riggs & Due (2015)	Mixed methods cross sectional survey - Qualitative and Quantitative	Explore the support experiences of parents and their gender variant children.	Family	61 heterosexual parents	Australia

36	Schilt & Connell (2007)	Semi-structured qualitative interviews	Explore experiences of employee gender transition.	Work colleagues	28 transsexual/transgender	Los Angeles, CA Austin, TX
37	Twist et al. (2017)	Semi-structured qualitative interviews	Examine the support non trans cis partners sought out whilst their partner was transitioning.	Romantic partner	6 Cisgender women	UK
38	Ward (2010)	Semi-structured interview	Explore gender labour in relationships between femme lesbians and their FTM partners in three cities (Los Angeles, San Francisco, New York).	Romantic partner	13 FTMs and 8 Femmes	USA

Table 1.2

Total Number of Papers Focusing on Each Relational Partner Categories (N = 38)

Relational partner	Number of papers related to network (*N* = 38)
Children	1
Educational peers	2
Family	9
Friends	3 *
Parents	4
Romantic partners	14
All relational partners	3
Work colleagues	2

** Overlap of papers on theme e.g., where papers have been initially coded as: "Friends, family, and work colleagues"*

Geographic location and gender identity breakdown of included papers

The papers selected for this review included studies conducted in 44 geographic locations (some papers included data from multiple locations, which are counted separately in table 1.1): 26 in the USA (16 multiple regions, 5 Midwest, 2 North Eastern, 1 Eastern, and 1 Western), 5 in Canada, 2 in the UK (England, Wales, Scotland, and Northern Ireland), 2 in Australia, 2 in Belgium, 1 in Croatia, 1 in Iran, 1 in (Southern) Ireland, 1 in New Zealand, 1 in Spain, 1 unspecified location, and 1 paper that focused on a global population. There were a total of 1073 participants across the combined papers with different gender identities: 505 unspecified cisgender people, 210 cisgender women, 198 transgender women, 74 transgender men, 55 unspecified transgender people, 17 non-binary/gender fluid people, and 14 cisgender men.

Table 1.3

Meta-Synthesis of Second Order Themes (N = 49) Into Their Conceptual Theme Category (N = 5)

Conceptual Theme	Definition of Conceptual Theme	Relational Partner	Characteristics And Examples of The Conceptual Theme	Ref No (See Table 1.1)
Development of relationships through transition and beyond	Detailed the coming out process and development of relationships between cisgender and transgender people over time and throughout	Children of transgender parents	Coming out to children and negotiating the process of gender transition and presentation with them.	22
		Children of transgender parents	Correct pronouns and identity usage by children and the family unit.	13

gender transition and beyond	Children of transgender parents	The structure of the family in light of the parents' transgender identity. This relates to acceptance of identity as well as continuity and communicating as a family.	11, 13
	Educational peers	Coming out on campus to teachers, peers, and other staff.	33
	Family	Developmental stages of the transition in a family context.	12, 27, 35
	Parenting transgender children	Developmental stages of the transition in a parenting context.	3, 14, 16, 18, 22, 24, 27, 29, 35

Parenting transgender children	Caring for the child (e.g., the parent's acceptance of children's gender identity and acting as advocates for them in school and healthcare environments).	3, 14, 16, 24
Family	Positive family identities that positively influence perceptions of transgender identities to others.	16, 24
Romantic partners	Partner's initial responses to transition including partners' psychological state following the "coming out" process and initial concerns for transgender partner's safety.	4, 31, 32
Romantic partners	Stages of partner transition and how this affects relationships.	1, 4, 10, 19, 21, 30, 32

Work colleagues	Coming out in the workplace.	7
Parenting transgender children	Adaptations and shifts in parenting style in light of child's gender identity.	3, 9, 16, 18, 39
Parenting transgender children	Self-evaluative processes concerning child's gender transition included engaging in self-critique and learning about gender identities.	3, 17
Romantic partners	Re-definition of gender roles in the relationship within the context of initial gender transition.	4, 10, 19, ,21, 31

		Romantic partners	Sexual identity renegotiation following the coming out process.	1, 2, 4, 5, 6, 21, 30, 31, 32
Coping strategies of transgender people and their relational partners	Detailed the various coping strategies employed by transgender people and their relational partners	Family	Coping strategies of transgender children such as making friends and vocalising their experiences to confidants.	9, 33
		Family	Family coping strategies (e.g., restructuring the environment to being more transgender-friendly and voicing concerns to one another).	9, 13, 27
		Romantic partners	Coping mechanisms employed by partners (e.g., sexual identity renegotiation and communication).	1, 20, 32

		All relational partners	Coping mechanisms of transgender people such as positive self-talk.	10
		Work colleagues	Transgender people's self-preservation in the workplace (e.g., coping through avoidance and setting career goals).	7
Reciprocal support in social relationships	Reflected the different levels and sources of support for transgender people and their relational partners,	Educational peers	How support varies in education and how it is enacted by peers (e.g., through them supporting and acting as advocates in certain stigmatising situations).	33, 34

including the support given to and received by one another	Family	The wider social experiences of families and how they support one another (i.e., social stigma that families face, poor healthcare, and the legality of trans identities.)	9, 12, 33
	Friends	Interactions with other transgender people and the benefits of these interactions (e.g., having someone present who has been through the same experiences).	26
	Friends	Interactions with LGBTQ+ people online and the benefits of these interactions (e.g., bolstering identities).	26

Friends	The importance of forming supportive friendships generally (e.g., having support networks in place to deal with any potentially difficult situations emotionally).	26
Parenting transgender children	Parent's self-help and coping strategies (e.g., acquiring support from outside sources).	3, 16, 18, 39
Romantic partners	Support for partners in the form of their relational partners and external support networks.	1, 4, 21, 37
All relational partners	Social network support experiences and their bolstering effects on wellbeing.	8, 15, 26

Stigma enacted and ameliorated interpersonally	Detailed the stigma enacted by non-supportive relational partners and how supportive partners helped to ameliorate stigma	Family	Family members' negative reactions to gender identities. Grieving natal gender identities of transgender family member as well as questioning transgender identities.	24, 27, 28
		Parenting transgender children	Parents pathologising gender identity (e.g., searching for a “cause” of transgender identity).	16, 39
		All relational partners	Stigma enacted by LGBTQ+ people and the detrimental effects this has on relationships and individual identities.	8, 15, 29

All relational partners	Experiencing stigma when interacting with wider society (e.g., in shops, groups, etc.).	20, 29
Work colleagues	Stigma encountered when job hunting as a transgender person such as being asked deeply personal questions that are inappropriate.	7
Work colleagues	Encountering stigma in the workplace and its effects on job functioning.	7, 36
Work colleagues	Negative reactions of colleagues to transition in the workplace	7, 36

Work colleagues	Employment challenges for transgender people due to stigma enacted by work colleagues.	7, 29
Educational peers	Stigmatising peer interactions in educational environments.	33
Educational peers	Problematic aspects of the educational environment such as the negative representations of transgender people in teaching materials.	17, 33
Work colleagues	Renegotiating gender identity in the work environment and the challenges this poses in the face of stigma.	7, 36

Influence of stigma on social health and well-being	Reflected the impact of externally experienced stigma on interpersonal relationships and emotional well-being	Parenting transgender children	Direct psychological costs to the parent as a result of social stigma (e.g., provoking fear for transgender children's welfare in school environments).	3, 39
		Romantic partners	Stigma that negatively impacts partners' wellbeing and generates concerns for their transgender partner (e.g., fear for their safety).	4, 5, 10, 19, 23, 31, 38,

Children of transgender parents	Barriers to transition as a parent due to stigma enacted toward children of transgender parents in school. Moreover, the potential to be alienated in certain environments where they would be around cisgender people (e.g., school pick up).	13
Educational peers	Visibility of transgender identity and the problematic impact of high visibility such as tokenism (e.g., people in institutions passing surface level policies to appease transgender people when there are deeper issues).	22

All relational partners	Dating and sex as a transgender person and the barriers encountered in forming new relationships such as a lack of willingness to commit.	19, 23, 24, 32
Family	The negative impact that wider society has on the transgender person (e.g., the frequent social stigma experienced).	12, 33
Parenting transgender children	Negative interactions with wider society and people in organisations that may make transgender children feel stigmatised.	3, 14, 16, 39

Parenting transgender children	Fears parents have for transgender children rooted in social stigma.	3, 14, 16, 18, 39
Romantic partners	How individuals and couples are perceived by those with negative views in public and LGBTQ+ spaces and the impact this has on identity.	1, 8, 21, 30

2.4 Qualitative Meta-Synthesis

This review yielded 38 original studies which were initially assigned to relational partner clusters based on the overarching aims of the individual papers (table 1.1). However, when the meta-synthesis extraction began, certain specific first order themes that were deemed more relevant to specific relational partner clusters were re-assigned, explaining any perceived discrepancies in the themes in tables 1.2 and 1.3.

Data extraction yielded 298 themes related to the experiences of transgender people and their relational partners in social relationships. Original themes were extracted verbatim from the papers then re-assigned and collapsed into more descriptive first order themes (with the quotations from papers taken into account). Once this process was completed, second order themes were then created by analyzing the first order themes and collapsing them based on the commonalities between the first order themes and quotations.

Overall, 49 second order themes were extracted and organized into one of the eight relational partner clusters (e.g., family, friends, work colleagues etc.). These clusters were utilized to: (1) sort the themes into a higher level of abstraction for ease of explanation, (2) help create distinct themes that accounted for the variety of data extracted and, (3) help define themes emerging from the literature that investigate social relationships within a wider context (e.g., a paper that investigates the family may have themes only pertinent to parenting or friends) (see Table 1.3).

Finally, these 49 themes were re-ordered and collapsed into a higher level of abstraction to generate five overarching conceptual themes which

reflected the experiences that were common across the eight relational partner clusters (see Table 1.3). In the discussion of these themes below, references are made to specific papers, however, please refer back to Table 1.3 for further examples of papers related to each point. These were created by reading and re-reading the 49 themes within the eight clusters to generate data that best reflected common experiences of transgender people and their relational partners. These five overarching conceptual themes were labelled: *Development of relationships through transition and beyond*, *Coping strategies of transgender people and their relational partners*, *Reciprocal support in social relationships*, *Stigma enacted and ameliorated interpersonally*, and *Influence of stigma on social health and well-being*.

2.5 Overarching Conceptual Themes

Development of Relationships Through Transition and Beyond

Development of individual relationships during gender transition varied in terms of positivity and negativity between transgender people and their relational partners. Participants stated that the transition process was a learning exercise—transgender people and their relational partners learned about transgender identities in various ways (Norwood, 2013; Platt & Bolland, 2018). All the relational partner clusters contained themes that related to the experiences of coming out. For transgender people, coming out occurred multiple times in terms of gender and sexuality. Moreover, coming out was noted as challenging in certain contexts, especially within educational and professional domains, where people experienced barriers to presenting as their preferred gender identity (Budge, Tebbe, & Howard, 2010; Pryor, 2015). Additionally, coming out was a somewhat complex process for parents who

identified as transgender due to fears about perceived consequences for their (cisgender) children; namely children being bullied in school by their peers as well as the parents themselves being stigmatized by others at the school gates (Dierckx, Mortelmans, Motmans, & T'Sjoen (2017). Fear of being stigmatized by colleagues and peers in educational and professional institutions led to the feeling that achieving acceptance from these relational partners for transgender people represented an 'impossible dream,' (Budge et al., 2010). Moreover, it created a culture of fear around speaking about transgender identities in work and educational settings due to the potential to 'out' transgender people and lead to negative interactions with peers going forward (Budge et al., 2010; Levitt & Ippolito, 2014).

Following coming out as transgender, many families, parents, children, romantic partners, as well as some work colleagues and educational peers expressed support of gender transition through being emotionally supportive and assisting in gathering information related to the process of transitioning (both socially and medically) (Alegria, 2018; Bischof et al., 2011). In the medical domain, relational partners provided material and emotional support, and together partners learned more about the medical processes involved in gender identity transition (Norwood, 2013; Platt & Bolland, 2018). Relational partners also expressed learning more about themselves and their own gender identities as well as fostering a more considered understanding of gender. Family units specifically underwent a large shift in redefinition when one member transitioned, with roles being redefined (e.g., parents now referring to their daughter as opposed to their son, their sister as opposed to their brother, etc.) (Riggs & Due, 2015). This redefinition often unfolded over time and occasionally came with obstacles, such as the shifting of identities leading to accidental

misgendering (Dierckx & Platero, 2018). Families cited direct communication of feelings as a way of ameliorating the impact of these accidents and obstacles (Dierckx & Platero, 2018).

Though supportive relationships were well represented in the literature, transgender people sometimes faced important challenges when coming out to their families. These challenges centered on apprehensions around familial opinion, such as being unsure about a family member's beliefs around gender identity (Alegria, 2018; Field & Mattson, 2016). Of greater concern, in certain contexts transgender people reported facing violent threats from family members. These reports were generally culture- and context-specific (e.g., in cultures where a gender binary was rigidly conceptualized prior to coming out some families would enact violence towards transgender people) (Koken, Bimbi, & Parsons, 2009; Mohammadi, 2018). To a lesser extent some relational partners reported that they would occasionally pathologise transgender identities (usually early on in the gender transition process, during the period when transgender people may have socially transitioned), only to regret this later from the new perspectives they garnered through educating themselves about the experiences of their transgender loved ones (Gray et al., 2016; Platt & Bolland, 2018).

The development of relationships for transgender people and their relational partners, although reflecting some negative changes, showed mostly positive ways in which relationships developed over time (Alegria, 2018; Budge et al., 2017). This manifested for relational partners as positive redefinitions of gender, which in turn induced positive emotional states, such as feeling supported by the important transgender people in their lives (Alegria, 2018; Budge et al., 2017). While transgender people reported being stigmatized by

society, their in-groups (which included their relational partners) served as sources of comfort and boosted identity in social roles (e.g., family, friendship group, workplace identities) (Alegria, 2018; Budge et al., 2017; Platt & Bolland, 2018).

Coping Strategies of Transgender People and Their Relational Partners

Coping strategies were utilized by both transgender people and their relational partners over the course of their social relationships to manage barriers that they experienced in everyday life. Coping strategies were reported in the literature differently across relational partner clusters, however the literature also showed commonalities in participants' self-regulation of internal emotional states, through the use of their internalized narratives to ameliorate negative experiences.

Actively acknowledging emotional states was important for experiences of direct and indirect stigma, for both transgender people and their relational partners; this regulation was implied to enhance psychological well-being and relationship functioning (Gray et al., 2016; Hill & Menvielle, 2009). Additionally, relational partners (particularly parents of transgender children) reported several internally focused methods of coping, including making time for oneself, coming to terms with the level of help they are able to provide, and clarifying their hopes and dreams for themselves and their child (Alegria, 2018; Budge et al., 2018; Diercx et al., 2017; Pryor, 2015). Moreover, parents of transgender children talked about the loss and grief they felt when their children transitioned, such as noting that one church congregation had a funeral for a child's sex assigned at birth; something which brought a degree of comfort to the parent (Norwood, 2013).

Results related to coping for transgender people showed that transgender people are all different and therefore pursue and experience gender transition (medical and/or social) differently; as such, coping strategies were reflected as unique to the individual. Some examples of strategies included: Positive self-talk, making career goals despite the stigma experienced in work environments, and focusing on positive experiences (Alegria, 2018; Budge et al., 2017; Budge et al., 2010). The personal nature of these coping strategies was reflected in the literature; some individuals felt that removing themselves from their families was an effective strategy for preserving mental health, whereas others chose precisely to increase their involvement with their families in order to bolster reciprocal support (Norwood, 2013).

The analysis revealed that transgender people and their relational partners both referred to communication with one another as the most important factor in buffering negative events and relationship strain (Alegria, 2010; Church, O'Shea, & Lucey, 2014). Communication served as a method of vocalizing concerns and provided space to acknowledge emotions (including negative emotions), as well as negotiate the speed of gender transition for romantic partners (Bischof et al., 2011; Platt & Bolland, 2017). Participants mentioned that healthy relationships were hard work, with communication serving as a key factor for coping in relationships (Platt & Bolland, 2017). Additionally, analysis revealed that treating gender transition as a learning experience for both transgender people and their relational partners served as an important lens to frame the bi-directional aspects of support (with relational partners and transgender people working together on a number of issues, including planning for safety in public spaces) (Alegria, 2010; Dierckx et al., 2017).

Reciprocal Support in Social Relationships

Supporting one another was crucial for the maintenance of social relationships between transgender people and their relational partners. This support was important throughout the gender transition process, maintaining relationships and facilitating self-growth for transgender people and their relational partners. It is important to note that this theme describes different levels of support, which range from full to moderate to none, across the different relational partner clusters.

While papers that focused explicitly on friends were relatively infrequent, there were numerous papers focusing on other relational partner clusters where the importance of friendship groups were mentioned. Making friends was discussed as one of the most important forms of support for both transgender people and their relational partners, particularly for family members, who often cited a need for an outside perspective as well as an escape from the "transgender lens" (a lens through which gendered aspects of life were rightfully questioned) (Brown, 2009; Budge et al., 2017; Gray et al., 2016; Joslin-Roher & Wheeler, 2009). Friendship groups included both formally organized (e.g., support groups) and informal groups (e.g., within the classroom) (Budge et al., 2017; Joslin-Roher & Wheeler, 2009; Pryor, 2015). Friendship groups offered emotional support through providing an open space for transgender people and their relational partners to converse about various topics related to: Living as transgender, living with someone who is transgender, gender identity, and gender transition (Twist et al., 2017). These different types of groups also provided different types of support, which could be, for example, social support in new environments (e.g., going to a support group), gender support (e.g.,

advising on gender presentation), or healthcare support (Budge et al., 2017). Participants talked about reaping benefits of friendship groups, including: Gaining a sense of kinship, learning more about gender identity, being more equal in all relationships (e.g., gender roles redefined, parental roles redefined, familial roles redefined, etc.), knowing that others are going through similar experiences, meeting new people, and having better communication with relational partners (Alegria, 2010; Joslin-Roher & Wheeler, 2009; Pusch, 2005; Pryor, 2015; Twist et al., 2017).

Additionally, other forms of support were provided by organizations for both transgender people and their relational partners, such as healthcare and LGBTQ+ organizations (importantly, the inclusion of healthcare professionals in this theme related to the support transgender people received in terms of information, not their potential social relationships with healthcare providers). One important aspect of support was contact with other transgender people as well as others within the wider LGBTQ+ community (Brown, 2009; 2010; Joslin-Roher & Wheeler, 2009). Contact with the LGBTQ+ and transgender communities provided a series of functions that reflected the multifaceted aspects of support. LGBTQ+ communities assisted in redefining sexuality for both cisgender and transgender relational partners (Brown, 2009; Joslin-Roher & Wheeler, 2009). Moreover, there was a sense of community belonging attached to LGBTQ+ communities and spaces which served to reinforce social relationships between transgender people and relational partners (Budge et al., 2017).

Relational partners often relied on communicating with their loved ones regarding gender transition (particularly the medicalized aspects of transition for romantic partners as well as families), allowing for discussions of their fears and

concerns, in addition to other topics concerning gender, such as giving advice around gendered behaviors (Joslin-Roher & Wheeler, 2009). Moreover, transgender people relied on communicating with relational partners when it came to seeking emotional support as well as the support needed through the social and medicalized aspects of transition (Twist et al., 2017).

Stigma Enacted and Ameliorated Interpersonally

This theme related to the stigma enacted by non-supportive relational partners over a variety of different environments and contexts, as well as how supportive relational partners could help ameliorate stigma in certain environments. Transgender people reported that they experienced verbal abuse from some members of their families, peers in education, work colleagues, romantic partners, and members of the general public during the transition process (Diercx & Platero, 2018; Koken et al., 2009; Mohammadi, 2018; Pryor, 2015). These stigmatizing experiences were corroborated by supportive relational partners of transgender people who gave secondary reports of these experiences (Diercx & Platero, 2018; Koken et al., 2009).

Additionally, transgender people highlighted issues with various people they interacted with in professional and educational institutions (Budge et al., 2010; Schilt & Connell, 2007). Stigma enacted interpersonally in these institutions differed from experiences of stigma in the general public in that it occurred in semi-structured institutional environments and ranged from unequal opportunities in the workplace, lack of recognition/visibility to outright bullying (Budge et al., 2010; Schilt & Connell, 2007). These interpersonally enacted forms of discrimination were evidenced by participant reports of experiences such as being forced to come out in the workplace, experiencing pressures from

bosses and mentors to de-transition, job loss and issues in job hunting (i.e., being fired or not hired because of gender identity), and negative reactions to physical appearance in the workplace (surrounding concepts such as “appropriate work attire” among others) (Levitt & Ippolito, 2014; Schilt & Connell, 2007). This stigma was noted as an overwhelming burden for transgender people due to its persistence and centrality to life/career functioning (e.g., working to progress in a specific career) (Levitt & Ippolito, 2014).

There was also discussion of negative aspects within the LGBTQ+ community, mainly concerning redefinitions of gender and/or sexual identity within the community and the resulting shifts in perceptions of group memberships. For example, there were issues around sexual identity redefinition (and identity loss) (Brown, 2009 Brown, 2010, Joslin-Roher &Wheeler, 2009). Transgender people and their romantic partners in LGBTQ+ spaces who were once perceived as “same sex” couples were redefined by the people in these spaces as heteronormative when one person the relationship transitioned to a different gender identity (e.g., if one person in a lesbian relationship transitioned to identification as a transgender man, people perceived the couple as heteronormative) (Brown, 2009; 2010).

In terms of specific elements of the educational domain, parents of transgender children could provide support in negotiating unfair policies, such as issues around the enforcement of gendered school uniforms (Alegria, 2018; Pryor, 2015). This helped in ameliorating obstacles experienced by transgender people, such as the pressure to halt or delay gender transition or being denied the opportunity to work certain events (e.g., school open days or work events in

or open to the public) due to their appearance (Budge et al., 2010; Hart & Lester, 2011).

The hyper-visibility and/or invisibility of transgender identities in institutions had a negative effect on transgender people due to over- (or under-) exposure in social situations (Pryor, 2015; Schilt & Connell, 2007). For example, high visibility in educational institutions led to overexposure and negative experiences with others in the institution (e.g., verbal assault by peers, insensitive and stigmatizing lectures on topics related to transgender people); conversely, invisibility in this institution limited individuals from being able to voice issues related to being transgender in educational environments (e.g., tackling transphobia in the classroom) (Pryor, 2015; Pusch, 2005). These experiences of stigma affected transgender people's careers and educational progression through avoidance as a coping strategy (Alegria, 2013; Budge et al., 2010; Pryor, 2015). Moreover, difficulties related to wider social integration acted as a pervasive point of concern for transgender people and their relational partners (Alegria, 2013; Budge et al., 2010; Pryor, 2015).

Moreover, the internalized transphobia that transgender people experienced steered career and education choices and negatively impacted their emotional well-being (Alegria, 2013; Alegria, 2018; Budge et al., 2010; Pryor, 2015). This impact was substantiated by relational partners who reported that the transgender people in their lives showed signs of negative affect due to these experiences (Alegria, 2018; Bischof et al., 2011). Relational partners reported that they often felt that they needed to intervene in these situations to support the transgender person in their lives (Alegria, 2018; Bischof et al., 2011). This support manifested as a listening ear or a shoulder to cry on when

stigma and internalized transphobia became overwhelming in the lives of transgender people (Alegria, 2018; Brown, 2009; Bischof et al., 2011).

Influence of Stigma on Social Health And Well-Being

Stigma was reported as having detrimental effects on social health (i.e., the perceived and actual availability and quality of social relationships) (Doyle & Molix, 2016) and well-being for transgender people. This theme differs from the previous conceptual theme as it focuses on how interpersonal relationships with transgender people are shaped by stigma (as opposed to how relational partners enact or support transgender people against stigma). Generally, stigma for transgender people resulted in feelings of isolation, internal gender role confusion, increased risk of suicide, issues around coming out in certain environments, and identity loss in the LGBTQ+ community (Budge et al., 2010; Mohammadi, 2018; Pfeffer, 2014). These experiences were all suggested to lead to detrimental physical and mental health outcomes for transgender people and their supportive relational partners (Budge et al., 2010; Mohammadi, 2018; Pfeffer, 2014).

Crucially, the aforementioned stigmatizing situations enacted interpersonally in educational and professional domains had effects on relationships between transgender people and their relational partners. These stigmatizing incidents, although often having a negative effect on transgender social health, also sometimes bolstered relationships between transgender students and their friends in educational settings by instigating processes such as gender apprenticing (e.g., taking a transgender person shopping for gendered clothes), providing support in the face of adversity, and exchanging information about gender identity (Pryor, 2015; Pusch, 2005). While there were

some positive effects on relationships, such stigma could also lead to low self-esteem and poor well-being, resulting in negative emotional states (e.g., anxiety, depression) that could potentially damage relationships between transgender people and their relational partners (Brown, 2009; Budge et al., 2010; Church et al., 2014; Joslin-Roher & Wheeler, 2009).

As mentioned previously, shifting sexual and gender identities were sometimes framed as a loss of identity as a member of the LGBTQ+ community. This loss of LGBTQ+ identity brought forth feelings of rejection for both transgender people and their relational partners, which had a negative impact on romantic relationships (Brown, 2009; Brown 2010; Joslin-Roher & Wheeler, 2009). Furthermore, identity loss in the LGBTQ+ community led, in these cases, to feelings of isolation for transgender people and their romantic partners (Brown, 2009, 2010; Chester et al., 2017).

In addition, transgender people reported issues in forming new romantic relationships (Hines, 2006; Levitt & Ippolito, 2014, Mohammadi et al., 2018; Platt & Bolland, 2017). These poor dating experiences involved experiencing direct transphobia or a lack of willingness to commit to relationships on the part of the person they were dating (Hines, 2006; Platt & Bolland, 2017). Moreover, the sexual encounters that transgender people reported over relationship development were seen as emotionally complicated experiences; Some transgender people reported that sex exacerbated gender dysphoria in cases where sexual identity had not been fully redefined in relation to gender identity and there were reports that anticipating sexual intercourse yielded anxiety due to potential reactions from cisgender sexual partners (Hines, 2006; Levitt & Ippolito, 2014; Mohammadi et al., 2014). These factors greatly impaired the

self-esteem of transgender people and fostered a reluctance to reveal transgender identities to potential dates and romantic partners.

2.6 Discussion

The results of the current meta-synthesis revealed five conceptual themes that reflected the commonalities of experiences across the eight relational partner clusters, as well as forty-nine second order themes that reflected specific experiences in various social relationships. These conceptual and second order themes reflected the positive, negative, and sometimes ambivalent experiences of transgender people and their relational partners in social relationships, highlighting an overall reliance upon dyadic supportive elements of relationships through positive identity bolstering experiences and more general social support. Additionally, the thematic data show that transgender people and their relational partners shared experiences in terms of stigma, be it direct or indirect.

These conceptual themes reflected the multifaceted experiences of relationships for transgender people and their relational partners. Some of these themes were relatively universal to social relationships in general, while many were unique to relationships with transgender people. An important element of many of the unique experiences across themes was their implications for positive or negative identity. For example, positive experiences (e.g., reciprocal support, improving knowledge) helped in building positive identity for both transgender people and their relational partners throughout the course of their relationships (Riggle et al., 2011). This notion of building positive identity through affirming responses in relationships has been highlighted in the family therapy literature (Edwards, Goodwin & Neumann, 2018); however, its

application is in its infancy, with the results of this meta-synthesis suggesting that it may be particularly beneficial when applied to relationships during and beyond gender transition. Conversely, negative experiences based upon marginalized identities (e.g., interpersonally enacted stigma, identity loss) had detrimental effects on well-being for transgender people and their relational partners, as well as deleterious consequences for social relationships. One such aspect of identity loss even occurred in the LGBTQ+ community, which may be particularly problematic due to the positive effects of LGBTQ+ community participation on self-definitions of identity (Joslin-Roher & Wheeler, 2009; Riggle et al., 2011). However, these negative experiences also seemed to reflect a rejection-identification process; while LGBTQ+ communities/groups excluded some transgender people in some instances, the rejection they experienced could also serve to bolster the romantic couple's relationship identity (Brown, 2009, 2010). The main implication of these findings is that transgender people need more affirming and fewer negative identity experiences, which has been shown to be a critical aspect of positive social transition and, consequently, well-being (Doyle, Begeny, Barreto, & Morton, 2021). One way in which this may be accomplished, particularly for transgender people in more remote or rural areas, is through virtual spaces such as chat groups and social media (Selkie, Adkins, Masters, Bajpai, & Shumer, 2020). Healthcare professionals and support workers should take particular care to point transgender people towards online or in-person support and community groups (Collazo, Austin, & Craig, 2013), including those that incorporate other LGBTQ+ identities. It is critical that these spaces, whether virtual or physical, signal and enact inclusivity by highlighting to members that all LGBTQ+ identities are valid and affirmed (Gamarel et al., 2014).

As is the case with all social relationships, support emerged as a key conceptual theme among transgender people and their relational partners. Support was somewhat present in different forms across all conceptual themes, however, reciprocal support between relational partners was a key finding in this meta-synthesis. Importantly, strong support networks were highlighted as important for both transgender people's and their relational partners' social health and well-being. Additionally, results of our meta-synthesis indicated that transgender people and their relational partners required varying types of support, including emotional, material, and external support (Brown, 2009; Norwood, 2012; Platt & Bolland, 2018). External support took on many different forms: Professional, pastoral, informal, and from those with similar life experiences (Gray et al., 2016; Levitt & Ippolito, 2014). The concept of external support has been discussed as essential to various major life transitions outside of gender transition (Judd, Weissman, Hodgins, Piterman, & Davis, 2004). Given this result, it is essential that social workers, family therapists, and others responsible for providing support receive adequate training on gender identity and inclusive practice in order to adequately serve these populations (Collazo et al., 2013; Edwards et al., 2019). Overall, social support bolsters health and well-being for all people (Holt-Lunstad, 2010) and is particularly critical for marginalized populations, including transgender people. This notion of facilitating support to improve outcomes has been discussed before in the literature on family therapy frameworks for transgender people, however, frameworks for this therapy could be more expansive in terms of the types of relationships incorporated (e.g., educational peers, co-workers, support group relationships, etc.). Additionally, all clinicians that have less contact with transgender people (e.g., general practitioners, nurses, hospital staff etc.)

should be more active in supporting positive relationships between transgender people and their relational partners rather than focusing primarily on educating cisgender relational partners on performing specific tasks such as post-surgical aftercare (Edwards et al., 2019).

While interactions with relational partners were often framed in positive ways, stigma was commonly noted as a concern in interactions with strangers and people outside of close social relationships. These interactions were frequently associated with fears and concerns for transgender people and their relational partners due to the frequency of objectively negative experiences in public. Social stigma and resultant difficulties with integration in society has been discussed in many empirical studies (e.g., Barrow & Chia, 2016; Blosnich et al., 2016; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Clark, Fletcher, Holloway, & Reback, 2018; Earnshaw, Bogart, Poteat, Reisner, & Schuster, 2016; Field & Mattson, 2016; Gonzalez et al., 2018; Herriot & Callaghan, 2018) as posing an explicit challenge to transgender people as well as their relational partners (e.g., via courtesy stigma) (Angermeyer et al., 2003). Concerns tied to social stigma reflect the minority stress that transgender people experience, which has detrimental effects on their health and well-being (Hendricks & Testa, 2012). Furthermore, transgender people may come to expect social stigma in interactions with strangers, which raises barriers in terms of forming new social relationships (including romantic relationships) (Hines, 2006), potentially limiting social health and well-being. Similarly, past literature has also shown that members of majority groups (e.g., cisgender people) have concerns and fears around offending members of marginalized groups in intergroup interactions, for example by saying the ‘wrong thing’ or appearing prejudiced (Bergsieker, Shelton, & Richeson, 2010). However,

intergroup interactions usually go better than expected and focusing on similarities between groups can help to ease anxieties on both sides (Mallett, Wilson, & Gilbert, 2008). Furthermore, greater representation of transgender people and storylines in media may improve attitudes toward transgender people and policies (Gillig, Rosenthal, Murphy, & Folb, 2018).

Limitations of Existing Research and Future Directions

While the papers reviewed here show that relational partner experiences seem generally positive, it is important to note that the literature selected reflects participants who were willing and supportive enough to take part in oftentimes non-remunerated research. This is reflective of a supportive individual who may likely have a positive relationship with their relational partner, be they transgender or cisgender. This is important to highlight because not every culture or social environment is conducive to a positive relationship with (or perception of) transgender people. This has been noted across several cultural contexts and various countries that are especially stigmatizing of transgender identities (e.g., Italy, Iran) (Mohammadi, 2018; Scandurra et al., 2017; Scandurra, Mezza, Bochicchio, Valerio, & Amodeo, 2017), often due to religious and familial traditions and cultural norms. That being said, the majority of papers in this review were conducted in Western societies (specifically the United States) and both gender relations and stigma are culturally bound and defined.

Moreover, numerous papers talked about coming out, which yielded a conceptual theme that incorporated this milestone in transgender people's lives. While this is an important element of gender transition for some people, other clinical work has shown that not all transgender people choose to "come out" as

transgender due to a desire to live their lives in what some term “stealth” (i.e., without disclosing their birth assigned gender and their experience of gender transition) or to “pass” (i.e., to be perceived, received and related to exclusively as their self-identified gender) (Rood et al., 2017). (It should be noted that not all transgender people use the terms “stealth” and “passing,” with some considering these outdated terminologies. GLAAD, 2019). This has implications for the lens through which future research should investigate topics related to transgender people and their relational partners; namely, that individual differences and circumstances should be taken into account in these analyses.

The number of papers that homogenized LGBTQ+ experiences was quite high. These papers were problematic for the current review due to the frequent assumption of a commonality of experiences between gender and sexual minorities. Moreover, some of these papers would use variations on the LGBTQ+ definition, but participants did not span the full spectrum of identities included. Therefore, generalizations were sometimes made beyond those identities that were included in the research. One specific generalization that seems to somewhat link LGBTQ+ identities is the notion of coming out, which is fundamentally different for transgender people compared to the remaining identities subsumed under this term. Indeed, for transgender people there are at least two coming out steps: Coming out and disclosing a gender identity whilst still appearing incongruent with that gender identity to their relational partners, and a second coming out where they begin to outwardly express their identity and signal how they would like to be perceived, received, and related to as an individual (Rood et al., 2017). Additionally, coming out could be further compounded by a potential third and fourth coming out, which would concern a perceived reframing of sexual identity and then coming out again when not

perceived as their true identity by outsiders (Rood et al., 2017). This potentially compounds the ideas of stealth and passing in the sense that while coming out may help someone begin to develop a level of gender congruity there are still complexities related to their sexual identity that shape their overall experiences of stigma. Future work could focus on separating LGBTQ+ experiences in social relationships to clarify points of similarity and difference as well as focusing on LGBTQ+ experiences in relationships (e.g., sexual identity redefinition in light of a partner's gender identity) and investigating where they intersect and how they inform one another.

This review did not incorporate an intersectional approach (Fields, Morgan, & Sanders, 2016) when focusing on the experience of transgender people and their relational partners. This was due to the research aim of generating themes that were more generalizable to transgender people and their relational partners, as well as a lack of past work on transgender populations incorporating intersectional approaches. However, intersectional approaches should be utilized where possible in future work. For example, prior research has shown that ethnic minority LGB people generally have smaller social networks relative to White LGB people (Frost, Meyer, & Schwartz, 2016); therefore, it is likely that the experiences of ethnic minority transgender people in social relationships may differ on average from the experiences of White transgender people. Additionally, the research team working on this meta-synthesis did not include a transgender person, which resulted in a specific standpoint for analyses that does not include those with lived experience and potentially limits critique or understanding of existing research. Moreover, there was a clear lack of research on neurodiversity in transgender populations highlighted in this review. This is an especially important gap in the literature on

transgender social relationships, as there is a high prevalence of autism spectrum conditions in transgender populations and autism is, in and of itself, vulnerable to stigma and related to particular relational difficulties (Glidden, Bouman, Jones, & Arcelus, 2016). Future research should therefore aim to investigate topics specific to neurodiversity, ethnicity, faith, and other intersectional demographics and how they affect transgender individuals' experiences in social relationships.

Finally, future meta-syntheses on this topic could consider adjustments to the methods and inclusion criteria employed here, such as expanding search strategies (e.g., checking authors CVs for further relevant publications, directly taking more inclusion criteria from other existing reviews, and using the results of this review to further refine search terms to make the number of hits more manageable). Furthermore, a future review on this topic should include grey literature in order to gain a fuller insight into the experiences of these populations—something this review lacked due to logistical constraints along with the perceived satisfactory level of saturation in the academically published literature. Benefits of incorporating grey literature include its wealth in terms of potential to include practical and real-world experiences that may not be present in academic literature, which could increase the validity and generalizability of results (Piggott-McKellar, McNamara, Nunn, & Watson, 2019). Additionally, future reviews should focus on being more inclusive and integrating a broader spectrum of gender identities into the search terms rather than focusing on transgender identities specifically as the current review did, potentially neglecting important issues and experiences specific to non-binary people who simultaneously identify as transgender (Twist & de Graaf, 2019). Future reviews should expand search terms to explicitly include *non-binary*, *gender fluid*, and

gender expansive identities; for example, many transgender people identify only or primarily as non-binary, and these studies may have been missed in the current review due to limited search terms (e.g., using terms such as *trans*, and *transgender* expecting to pick up non-binary identities under this umbrella rather than using *non-binary* explicitly).

Conclusion

This meta-synthesis revealed five conceptual themes that show a clear series of experiences that are specific to transgender people and their relational partners. Across these conceptual themes, there was an overarching focus on identity, support, and stigma, with positive and negative experiences in social relationships helping to shape health and well-being for transgender people and their social partners throughout and beyond gender transition. Supportive relational partners facilitated positive outcomes of both medical and social aspects of transition. To bolster these supportive social relationships, it is critical to create inclusive LGBTQ+ spaces (both virtual and physical), adequately train clinicians and support workers in transgender inclusive practice, and increase representation of transgender people in media, among other changes to healthcare and social policy. Ultimately, assistance in building strong and stable social relationships is a key avenue to advancing transgender health.

Chapter 3: Stigma, Identity, and Support in Social Relationships of Transgender People throughout Transition: A Qualitative Analysis of Multiple Perspectives

3.1 Introduction

Supportive social relationships are vital for health and well-being as they serve to ameliorate stress and therefore reduce the likelihood of suffering from disease across the life course, especially for marginalized populations (Frost et al., 2017; Holt-Lunstad et al., 2010). Access to supportive social relationships may be an essential source of resilience and bolster well-being for transgender people, a social group who often experience unique social stress due to their marginalized status and heated societal debates around gender identity transition (Budge et al., 2013; Magalhães, Aparicio-García, & García-Nieto, 2020). Past research has usually taken a unidirectional perspective on relationships between transgender people and their cisgender relational partners (e.g., asking cisgender romantic partners about their transgender partners or asking transgender parents about their cisgender children; Brown, 2009, 2010). The current study is an investigation of multiple perspectives on the dynamics of social relationships between transgender people and their various relational partners (e.g., romantic partners, parents, friends) throughout the transition process, with the aim of highlighting similarities and differences across perspectives through first-hand experiences (transgender people and their relational partners) as well as the experiences of outside observers (service providers). For the purposes of the current research, our definition of transgender is inclusive of non-binary and other gender diverse identities. More broadly transgender consists of ‘an umbrella term for people whose gender

identity, expression or behavior is different from those typically associated with their assigned sex at birth' (National Centre for Transgender Equality, 2009).

Unique social stressors that transgender people are subjected to include concealing gender identity, dealing with gender dysphoria/incongruence, exposure to incorrect pronoun usage, and pathologization of gender identity (Hendricks & Testa, 2012; Lewis et al., 2021). Additionally, forms of discrimination that are common to members of other marginalised social groups are also relevant to transgender populations (e.g., exposure to prejudice and discrimination, microaggressions, and a disproportionately higher risk of experiencing physical or verbal abuse; Hendricks & Testa, 2012). There are stark negative consequences of these stressors for transgender people's well-being, with transgender people reporting higher levels of psychological distress, higher suicide risk, and greater rates of substance abuse compared to general population estimates (Xavier et al., 2005). These disparities for transgender people have often been explained by reference to the minority stress to which they are exposed throughout their lives (Hendricks & Testa, 2012; Meyer, 2003).

Minority stress refers to the extraneous stressors transgender people experience as a result of their marginalized status in society (Hendricks & Testa, 2012). Minority stressors can be broken down into three categories: Environmental stigma (stigma encountered in the physical environment, such as abuse or explicit aggression from others), anticipated stigma (the resultant anticipatory aspects of stigma such as avoiding certain environments), and internalized stigma (the internalization of experienced transphobia). In addition, Link and Phelan (2001) conceptualize stigma as the interplay of labeling, stereotyping, separation, status loss, and discrimination. Moreover, they note

that stigma is enacted in a power structure whereby the individuals who hold the most power (e.g., cisgender people) enact stigma towards the marginalized group (e.g., transgender people).

In contrast to the negative consequences of stigma, positive well-being can be facilitated by social support. A review of sixteen articles focusing on the family strengths model (Defrain et al., 2007) and its most salient components for transgender and gender diverse people suggested that proficiency in family coping ability, appreciation and affection, and positive communication facilitated better well-being outcomes (Brown et al., 2020). For transgender people specifically, other elements of support, such as gender affirmation through familial support and vocalised micro-affirmations of gender, have also been shown to be important to well-being (Bhattacharya et al., 2021; Pulice-Farrow et al., 2019). This evidence points toward the importance of strong and well-functioning social relationships for transgender people.

Relevant to social relationships, stress (including stigma-related stress) experienced by one individual in a dyadic relationship can also have a range of consequences for the other party, such as causing indirect stress (e.g., experiencing stress as a result of a relational partner's distressed state; experiencing vicarious or "courtesy" stigma; see DiBennardo & Saguy, 2018) or taxing support resources beyond capacity (e.g., feeling unequipped to deal with or assist a partner experiencing gender incongruent feelings; Lewis et al., 2021). Furthermore, relational partners of transgender people experience unique challenges in terms of coping with identity renegotiation during gender identity transition (including both gender and sometimes sexual identities; Brown, 2009, 2010). However, these unique experiences in social relationships between transgender people and their relational partners are not well explored

or understood in the literature (Lewis et al., 2021). Moreover, relational partners may be cisgender or share a transgender identity (or be part of the broader LGBTQ+ community; Graham et al., 2014). The current study attempted to capture differing dynamics based upon these shared and distinct identities.

Overall, supportive social relationships may provide transgender people with safe havens free from stigma and allow for the discussion and/or evasion of difficult experiences or feelings (Etzion, 1984; Fuller & Riggs, 2018). These discussions can assist transgender people in processing the additional stress that they face due to their devalued social identities therefore enhancing overall well-being. Moreover, supportive social relationships could potentially aid in identity development (as demonstrated in prior research investigating other marginalised groups, such as racial minorities; Hill & Thomas, 2000), which is a crucial task for transgender people who are in the process of shifting their gender identity in the eyes of their relational partners (Graham et al., 2014). For example, gender apprenticing (i.e., cisgender people providing requested advice about gender expression, such as a cisgender man tying a tie for a transgender man, or a cisgender woman applying make-up for a transgender woman; Schilt & Connell, 2007) can help build gender identity as well as feelings of belongingness to the transgender community, therefore improving feelings of gender congruence and overall well-being (Glynn et al., 2016). Additionally, an accepting environment that allows for exploration with gender identity and expression and promotes the visibility of transgender people has been suggested to greatly improve well-being, feelings of integration, and affirmation (Bhattacharya et al., 2021; Nuttbrock et al., 2009; Schilt & Connell, 2007).

Despite the potential importance of supportive social relationships to transgender health and well-being, relatively few studies have examined the intricacies of social relationships for transgender people and their relational partners, aside from a few that focus on specific health behaviors, such as sexual health behaviors (e.g., pre-exposure prophylaxis usage), and in specific relational clusters, such as with parents (Biblarz & Savci, 2010; Hines, 2006; Mehrotra et al., 2018). As mentioned previously, it is uncommon for research on this topic to include more than one perspective on relationships, which leads to limitations in terms of reporter biases and the extent to which specific issues are echoed by various parties (Biblarz & Savci, 2010; Hines, 2006). Furthermore, past research has shown that investigating a given topic from multiple perspectives allows for greater nuance in elucidating interactional or social phenomena (Vogl et al., 2018) and may be particularly useful in shaping real-world interventions (Hughto, Reisner, & Pachankis, 2015).

For relational partners of transgender people, past research has often focused on their experiences *with* their transgender relational partners, whereas transgender people themselves are often asked to report on their internal states *within* relationships (Alegria. 2010; Hines 2006). Both of these research perspectives tend to gloss over the interactional aspects of relationships, as well as the partner's perception of the responses of the broader social network. However, it is exactly in these interactional aspects between relational partners that many of the problems in relationships are rooted (Hines et al., 2019; Stadler et al., 2012). The gender transition journey can be fraught with misunderstanding and lengthy periods of adjustment for both members of the relationship dyad (Lewis et al., 2021). Furthermore, the perspective of an outside observer (e.g., service provider working with transgender people and

their relational partners) may further triangulate these experiences in relationships, helping to highlight relevant aspects of functioning.

3.2 The Current Study and Aims

The current study aimed to understand the relationships between transgender people and their various relational partners through collecting experiential accounts of transgender people, relational partners, and gender service providers (who provided an “outside observer” perspective on these relationship dynamics). This research was part of a larger coproduced project with the transgender community, which aimed to identify desired outcomes of gender identity transition and stimulate future research agendas. The specific goals of this study were to investigate the experiential accounts as well as triangulate the common and divergent experiences and interpersonal relationship dynamics of transgender people and their relational partners. Understanding the nuances of these dynamics through triangulating methods and perspectives can help pinpoint the areas that may be sources of strain on these relationships, as well as identify the characteristics of effective social support, something which has been acknowledged but not well explored in the literature.

3.3 Method

Positionality

All three members of the research team (TL, DD, MB) are academics and work with marginalized populations as part of their research. Moreover, they have conducted prior research focusing on transgender people and their relational partners which has been qualitative in nature (e.g., Lewis et al., 2021).

In terms of researchers' identities, TL is a mixed-race Black Caribbean and White pansexual cisgender man from the United Kingdom, DD is a White gay cisgender man from the United States, and MB identifies as a Portuguese cisgender woman. We utilised a reflexive process whereby we as researchers asserted that we come to the data with pre-existing biases and therefore needed to consider how our perspective may have impacted the research (Shaw, 2010).

Related to reflexivity, there were a series of advantages and disadvantages related to the authors' social identities. For example, the fact that two of the authors identify with the LGBTQ+ community allowed for a somewhat shared understanding of some of the issues that transgender people may experience in society (e.g., shared marginalization). Furthermore, past work with this population has influenced each of the researchers' insights on the topic. However, the authors' position as cisgender individuals did limit lived experience and expert knowledge of some of these issues. Therefore, we attempted to ameliorate this by discussing the transcripts with a member of the transgender community who volunteered briefly on the project. Additionally, the authors met at different points to discuss the interpretation and provide accountability for one another's potential biases.

Design

This research involved an interpretive phenomenological qualitative methodology, utilising the participants' personal perceptions of their own experiences rather than the assumption of a single objective underlying "reality" (Smith & Osborn, 1999; Willig, 2019). We also drew upon existing theoretical knowledge from past literature on topics such as stigma and interpersonal

relationships (e.g., Hendricks & Testa, 2012; Lewis et al., 2021) to inform our interpretation. Interpretation based upon past theory as well as personal phenomenological perspectives of participants allowed us to build a rich reflection of the relationship experiences of transgender people and their relational partners situated within past research on this topic. Moreover, we were also influenced by elements of post positivism, whereby we could utilise the participants' discussions to inform our exploration of their experiences and present a version of the truth rooted in their accounts. Postpositivism, as opposed to strict positivism, allows for the natural ebb and flow of subjective narratives of participants to be freely explored by researchers without a particular goal (i.e., the participants' perspectives and experiences influence the outcome rather than seeking "objective" data to confirm a prespecified hypothesis or model; Panhwar, Ansari, & Shah, 2017).

Ethical approval for this research was granted by the Department of Psychology Research Ethics Committee at the University of Exeter. Participants read a detailed information sheet, prior to providing written informed consent. This information sheet informed about what was involved in participation and reassured participants of the confidential nature of their responses, of their right to withdraw their data at any time (i.e., during the focus groups / interviews and afterwards), and of how the data would be used. We conducted 3 focus groups (one each with transgender participants, relational partners and service providers) as well as 9 interviews to gain a deeper understanding of participants' experiences in a group and individual environment. Observing participant responses in a group vs. individually allowed for the unpacking of felt experience when alone vs. felt experience as a collective; something that has been deemed important in research on social relationships (Hutchinson et al.,

1994; Powell & Single, 1996). This combination of focus groups and interviews improved the richness of the data and allowed for a more comprehensive view of how individuals may differ in a group vs. individual context; thus adding a level of richness to the phenomena discussed through triangulation of the data (Lambert & Loiselle, 2008). While there are some potential shortcomings of this methodology (e.g., the "qualitative quagmire," whereby an abundance of information potentially becomes a hindrance to the research process; Barbour, 1998), our aim was triangulation across methods and perspectives (allowing for a richer dataset than one source or format might enable).

Participants were recruited via advertisements placed around the city of Exeter and circulated among various support groups in southwest England. Participants were selected based on their relational status so were asked to specify whether they were transgender or the nature of their relationship to a transgender person prior to the focus groups and interviews. Semi-structured schedules were utilised in both focus groups and interviews, which allowed for wider exploration of topics participants raised and underlined the aspects that were relevant for them and us as researchers. Moreover, *the participants who attended the focus groups were also invited to the interviews and some agreed to do so.*". Participants were asked questions about pre-defined interpersonal relationships (Appendix C, e.g., How have your relationships with your family/friends/partner/colleagues been since you made them aware you are a trans individual?), but the researcher remained flexible to follow up on participants' responses. Moreover, as part of the larger project described earlier, participants were asked questions around the topics of desired outcomes (e.g., How satisfied are you with your transition process so far?), and future research agendas (e.g., what research areas do you think would benefit

trans people?). While these topics that were part of the larger research project were not explicitly investigating relationships, some relational data could still be gleaned from participant responses to these questions (and follow-ups). These relational data were extracted in the instances whereby participants mentioned interpersonal relations within the context of another topic (e.g., desired outcomes). All focus groups and interviews were recorded on at least two audio recording devices (Dictaphones) and were subsequently transcribed by a paid professional transcriptionist.

Participants

A total of 26 participants were recruited for the current research. In total, there were 17 participants in the focus groups, including 8 transgender people, 6 relational partners (1 romantic partner, 1 parent, 1 sibling, 2 friends, 1 aunt), and 3 service providers (1 gender clinician, 1 charity worker who identified as a cisgender romantic partner of a transgender woman, 1 charity worker who identified as a transgender woman). All participants were given demographics forms where they were asked to self-identify their gender through a variety of tick boxes, which included the options: cisgender, transgender, woman, man, non-binary, gender-fluid, and other (please specify). For the interviews, there were 9 participants, consisting of 3 transgender people, 3 relational partners (1 friend, 1 romantic partner, 1 parent), and 3 service providers who also incidentally had identities that intersected with the other two groups (1 gender clinician who identified as cisgender, 1 charity worker who identified as a transgender woman, and 1 LGBTQ+ therapist who identified as non-binary). Participants were remunerated with £20 for their participation.

Analysis

We implemented reflexive thematic analysis using the six-step approach developed by Braun and Clarke (2006), situated within the postpositivist interpretive phenomenological perspective outlined earlier. We chose this approach as the best way to triangulate experiences between transgender people, their relational partners, and service providers. Acknowledging the phenomenological realities underlying the subjective experiences of participants in the various groups helped clarify common and divergent experiences and highlight where the participants' accounts sat within the identified themes (Braun & Clarke, 2006). Our analyses were reflexive and informed by our own experiences as well as understanding of past research and theory. Data were reflexively coded by TL and other members of the research team, reviewed frequently at various times over the course of analysis, and pragmatically adjusted where it was deemed necessary. Transcripts were coded using a first order coding strategy where the raw data were selected section by section over the 3 focus group and 9 interview transcripts; the data were coded using the participants' expressions in the transcripts to label the initial sections; during this process we highlighted whether quotations came from focus groups or interviews. Once the first order codes were completed, data were reviewed by second coders and finalised in a meeting where agreement was reached, and second order codes were created. Second order codes were created by looking at the first order codes and sorting them into a higher order of coding inclusive of groups of first order codes; this second order process involved the interpretation of some participant experiences. Then codes were organised into higher order themes by the research team using the second order codes as clusters under each theme. The emerging themes were mainly those that arose from participant accounts, however, some elements of the themes, particularly

at the interplay between participant groups, drew on a priori knowledge of the research team from past theory and research (as highlighted in the introduction). Whether the data came from interviews or focus groups was highlighted in the analysis to elucidate the context in which a participant made an account, allowing us to observe whether there were any differences between the group and individualised context; this was reflected in the write up of the analysis. From a technical perspective, all thematic analyses were conducted in NVivo software using the nodes as first order themes, which were then sorted into second order themes, and then finally into conceptual overarching themes, with some flexibility between the different stages (Braun & Clarke, 2006).

3.4 Results

There were four overarching themes in the data: (1) *Coming out and identity management*, (2) *Reciprocal support in relationships*, (3) *Social transition and gender identity affirmation*, (4) *Experiences in the LGBTQ+ community*. Issues of stigma, identity and support were present throughout the four themes, as well as descriptions of generational differences in themes 2 and 3 (e.g., the differences in experiences during transition between older and younger transgender people).

Coming Out and Identity Management

Participants discussed their experiences with coming out and managing their identities, as well as the relational complexities that arose during these processes. Some of these complexities were a matter of perspective, with relational partners often prioritizing their personal desires in lieu of the well-being of the transgender person following their coming out. This was highlighted

by many of the service providers, who discussed the less supportive aspects of relationships for transgender people. "*I've got a friend who is like this right now. The wife says 'No way are you going to live with me dressed in women's clothes. And so I'm going to leave you, and I'm going to take your children with me and you're not going to see them again'.*" This quote from Bridget (a service provider in focus group 3) reflects just one aspect of the rejection transgender people potentially open themselves up to when coming out. Brett (interview), a transgender man, supports this idea when talking about coming out but before gender transition: "*When you're out but not transitioning, you're now actively being in potential danger of transphobia at any time. And you're now possibly actively being misgendered on purpose."* Additionally, Bridget, the service provider, illustrated the potential barriers with relational partners and the complexity of managing coming out with advancing age: "*It's usually the problem… where the trans person has been struggling with this for a long time and then finally decides to transition at which point they've got partners. They've got kids perhaps.*"

On the topic of relational partners, Sally (focus group 3), a service provider, noted the differing perspectives of non-supportive relational partners (specifically spouses) over the course of gender identity transition: "*A lot of them can't see their spouse's distress so much as they see the inconvenience and the disruption to their own life, and their expectations.*" Shauna echoed this in her interview when describing the relational rejection she experienced as a transgender person from her siblings: "*… The other [siblings] were silent [regarding my transition]. So my second sister is very, very religious and I… don't think the Christians understand transition quite frankly… My fourth sister she's achieved her lifelong ambition of marrying a very rich man, a very*

successful individual. So she has the house and whatever… so she's done very, very well. Which is what she wanted. I've never really connected with her." Shauna's reflection on her sibling's attitudes ties into the idea of relationships and how they function to bolster (or hinder) aspects of identity—here the identity of sister.

The consistency between these perspectives on stigma associated with coming out is represented by the fact that service providers highlighted practical examples of rejection in specific social relationships and transgender people talked about their fear of multiple rejections in various social situations. For the relational partners in our sample, we observed some key differences from transgender people and service providers when it came to describing how they handled the process of coming out. Relational partners mainly focused on the "*things they could do,*" with one relational partner (Doris, a romantic partner in focus group 2) talking about their need to research transgender identities following their partner's coming out: "*I knew that my partner was [transgender], they came out non-binary and it was a very hard journey for them to sort of come out fully. So I kind of always knew, [even when] they weren't on testosterone [or] anything at all. It was just this feeling that I need to start looking at [gender identities].*"

With regards to identity management, the majority of evidence was relayed by transgender people themselves, with some relevant quotes from relational partners and service providers. One aspect of transgender people's desires in identity management was the desire to live a life authentically in their preferred gender identity, which was conveyed by Shauna, a transgender woman in her interview: "*I want to feel the joy I feel right now of being who I am all the time. Without the boxes, the constraints, that society tries to keep me in.*"

Shauna's desire reflects a change in how she presents her social identity that she believes would benefit her well-being. While Shauna highlighted her desire to feel authentic in her self-presentation, one relational partner, Marie, talked about changes in self-expression that her young transgender child went through in her interview: "*I think you're more introverted now than you [the child] were prior to that transition. I think you are because you used to be a little bit crazy, a bit out there.*" Marie's quote could be interpreted in many ways, but in the context of the situation described, Marie appeared to be highlighting her child's comfort and contentedness with living in their preferred gender identity and how that shaped their personality in positive ways. The possibility of sacrificing relationships following stages of gender identity transition was raised by service providers as an important aspect to keep in mind when considering the needs of transgender people (i.e., concealment and identity suppression can be so painful that relationships may have to be reconsidered if the other person may act in vehemently transphobic or non-affirming ways).

Tying into identity management was the concept of passing, which was described as both a positive and negative aspect of transitioning. Janet, a transgender woman, highlighted this in her interview when she talked about how initially "*[passing] can be a privilege and it can be the oil that prevents the friction in society,*" but then went on to say that, "*Actually passing is another closet.*" She said this in light of her experience asking another transgender woman about why she chooses to identify as such even though she passes as a cisgender woman, to which she then replied, "*I've spent my life in a closet, why would I want to get into another one?*" The complexity of passing as an aspect of gender identity management was further revealed by other participants who discussed how their perceived identities came with

assumptions, such as Kit (focus group 1), who talked about how they were perceived as a heterosexual cisgender man when in reality they are a non-binary person with what they implied to be a fluid sexuality.

The aim of reaching identity congruence has been traditionally portrayed in the medical literature as requiring hormonal or surgical intervention (Al-Tamimi et al., 2020). Participants mentioned initially endorsing this goal, with Brett epitomising this aim in the following quote during his interview: "*Most of my dysphoria was [linked to] my voice and my chest. So I knew that hormone therapy would change my voice, which it has so I'm happy with that.*" Brett's reflection shows the frequent necessity of hormonal and surgical intervention for the well-being of transgender people and its role in affirming gender identity.

Additionally, medical intervention was related to the idea of passing. As Brett stated, "*… a lot of passing is to do with confidence and those were the things that were really knocking my confidence…*" Brett was speaking about his surgery and hormone usage and how it facilitated his identity congruence and affirmed his gender. Tying into this idea of passing was this perspective from Shauna, a transgender woman, who said they were "*realistic*" about their aims in medical transition and had accepted their physicality for what it is during their interview: "*I am quite realistic about my best case outcome. I've had testosterone coursing through my body for 39 years… I'm powerfully built so as and when I get onto HRT that is going to drop off me but my skeletal structure is going to stay the same. My hair is receding. My face is covered in scar tissue... Massive hands. So I have to be realistic about things. So I don't expect to pass and I'm okay with that.*" Shauna, as a transgender woman, was transitioning later in life and therefore had come to terms with the fact that she had been through a masculinising puberty process in her earlier years. This highlights a

potential barrier someone transitioning later in life faces, plausibly increasing the level of difficulty in achieving gender congruence and leading to greater stigmatizing treatment from others in close relational networks and wider society (i.e., in public).

Relational partners also described undergoing transformative experiences during their partner's gender identity transition, particularly supportive relational partners. Sexual identity was acknowledged by participants as something that shifted when one member of a relationship dyad came out as transgender; this was exemplified by Bridget (focus group 3): "*Yeah for us it [gender transition] kind of woke us up to the fact that we realised we were bisexual.*" Bridget went on to talk about assumptions about her own self shifting, where she conveyed a deeper thought process than previously: "*Yeah it's quite earth shattering because [a partner's gender transition] calls into question all your own assumptions about yourself as well.*" Bridget implies that there is potentially a reconsideration of one's assumed cisgender identity, as well as challenges to personal beliefs that individuals may hold about perceived gender roles (e.g., masculine and feminine roles and how these may be more fluid than previously thought or even need breaking down altogether).

Reciprocal Support in Relationships

Social support in relationships was described as reciprocal in nature and participants acknowledged many processes through which support was enacted. Instrumental support was one of the more prominently discussed aspects by participants. Service providers often talked about how transgender people would bring supportive members of their relational networks with them to appointments in clinical (e.g., gender identity clinics, therapy and surgical

appointments) and support group environments (e.g., charity led support, transgender support groups, support groups for cisgender relational partners).

Another positive outcome of support in relationships was that it could bolster gender identity through working toward gender-affirming social environments together. Transgender participants, such as Kit in focus group 1, talked about "*creating environments in which everybody who I interact with can see me as my eternal gender.*" Kit carefully selected the members of their social network via their level of acceptance toward their gender identity. The way this influences well-being was highlighted by Hilda, a transgender woman and service provider, who talked about how acceptance led to positive outcomes for one transgender person they know in her interview (as opposed to her focus group 3 contributions): "*One of my [Charity 1] facilitators, her daughter used to be her son, her daughter is now 14 years old and you could not meet a happier family. The mother has fully accepted that her son is now her daughter. And they're just so lovely to be with. And everybody at school accepts this person is now a girl instead of a boy. And the whole thing is just a picture of happiness."* Hilda then went on to note the important aspects of forming social bonds with others from her perspective as a transgender woman and service provider: "*It's a relationship of confidence and mutual respect. When they first come and see me they are worried and insecure. And my immediate aim is to make them feel relaxed and accepting that I understand them and will not judge them no matter how they present themselves in terms of clothes and other aspects of their presentation. And so the relationship in most cases becomes one of strong emotional attachment I suppose. We have a common bond, we have a common enemy.*" Hilda shows that relational partners can bolster health through improving feelings of acceptance and security.

Relational partners also expressed their own needs when attempting to provide support. Cisgender members of transgender people's relational networks emphasized sympathetic but difficult experiences whereby they expressed their understanding of their transgender relational partners' experiences and concerns, as exemplified by Doris, a cisgender woman and romantic partner of a transgender person: "*Nine times out of ten I felt just desperately sad that I couldn't help him. All I could do was a listening ear for him.*" Through Doris' quote we see a snapshot of her needs. She wants to see her partner happy, but feels like being a listening ear is not enough, when in reality listening is a cornerstone process of stress relief (Jones, 2011). Doris did also go on to highlight a negative experience in focus group 2: Her partner had expressed a wish to mutilate himself rather than wait for surgery: "*He was making himself safe because [he told] me. He's saying… I'm not going to [do it] but this is how it makes me feel. It was almost like I needed a mentor to say how do I break this down? How do I get my head around this?*" Doris expressed a desire to be mentored so that she could be a better source of support for her transgender romantic partner, which shows a great deal of care for her spouse but also highlights the idea that she finds feeling ill-equipped for such situations difficult, and thus her own well-being was likely to suffer as a result. Even highly supportive relational partners can find aspects of providing emotional support very stressful, which potentially has detrimental effects on the well-being of transgender people in addition to the supportive relational partners themselves.

Similarly, stigma experienced in relationships was described as being very harmful to the well-being of both transgender people and their relational partners. One service provider in focus group 3 (Bridget) who is also married to a transgender person made the following point about this: "*I think certainly for*

me back in the late 90s when my partner was transitioning, I was really nervous taking them clothes shopping and things like that. It's [this feeling] that whole world is going to be looking and judging and they're going to know. It's some sort of internalised transphobia or shame or something you have that society has somehow given you and it's horrible." Doris talked about the looming spectre that is internalised transphobia and how it contaminates basic experiences like shopping for clothes. The fear of judgement is something that both transgender people and their relational partners experience, but for relational partners it is frequently the potential visibility of, and negative reactions to, their transgender partners that evoke anxiety in these situations. This was further corroborated by another service provider during an interview (Justice) who talked about the manifestations of transphobia: "*Yeah there's a lot of transphobia out there. Ranging from kind of just glances walking down the street to outright abuse. Violence, some of my patients had been beaten up and things. That was seemingly very much related to their gender of being trans. So it's difficult.*" This transphobia becomes so internalised that relational partners like Clementine (focus group 2), who is a mother of a transgender child, observes the differences between her perspective and that of her child: "*I think the professionals we met have been appropriately cautious and my young person thinks they've been obstructionist. So I know if [Kit] were here they would say 'Mum, it didn't feel like that to me, it felt like they were just again… putting blocks up'*" The differing perspectives of Clementine and Kit are likely due to their experiences of stigma and transphobia shaping their perceptions of the way medical staff talk to and treat transgender people in their gender transition. Of course, internalised transphobia can also lead to negative outcomes for relationships with transgender people; for younger transgender

people in particular there was a notable absence of father figures, who sometimes physically or emotionally abandoned their children, in part due to their lack of acceptance of identity, as Kit (non-binary) reflected in focus group 1: "*My mum is the utter best, I'm very happy to say that. I don't know with my dad and I don't have loads of contact with him so he's kind of a moot point.*" Kit went on to talk about how their father could not accept Kit's felt gender identity and as a father erroneously preferred the identity assigned to them at birth. This ties back into the idea of generational differences: where older transgender people talk about how it may be "easier" for younger transgender people, forgetting that there are unique forms of abandonment for younger transgender people, such as the parents' lack of capacity to support and affirm gender identity.

Exposure to transphobia is unfortunately a prominent part of transgender people's lives (Hendricks & Testa, 2012), but relational partners can work together to reduce the harm this transphobia has on them, which is where reciprocal support becomes particularly relevant. Transgender people and their relational partners develop reciprocal coping mechanisms, such as protecting and asserting social identities, which was illuminated by Doris (focus group 2): "*He [and I do not] want the assumption that we're a [cisgender] couple. And I think that's about our ego, actually we want to be a bit different, we don't want to be seen as the norm. Because when I talk about my partner as 'he' people make [the] assumption that he's a man and that's how it should be. But, there's always that part of [the conversation]: 'Yeah, but you don't understand, he's not just a man…'*" Doris also went on to define her own and her partner's non-heterosexual identities. Doris' affirmation of her sexual orientation and partner's gender to others signals a deep-rooted desire to not lose their gender and

sexual identities, as these are paramount to Doris' and her partner's dyadic well-being.

Social Transition and Gender Identity Affirmation

The order in which elements of gender transition occurred was raised by participants as something that held great importance in the context of transgender identities. As Brett pointed out in his interview: "*You have to do the social transition first before you start medical transition.*" This is frequently true in many systems and is the route transgender people take in their transitions in the UK (although some transition socially only). Social transition can be fraught with obstacles and strains for transgender people, as Brett also pointed out: "… *that was kind of the lowest point when you don't have any way to pass other than binding and maybe trying to deepen your voice without hormones, which is horrible.*" Brett's reflection shows the strain that achieving perceived congruence in society can have on transgender people early in their transition, and he reflected this by actively acknowledging in a later quote that social transition is the "*bigger one*" when compared to medical transition. A number of other participants also acknowledged that social transition can represent a greater strain without medical intervention, echoed in earlier quotes on the complications of passing without surgery or hormones.

Another transgender participant, who was also a service provider (Hilda; focus group 3), expressed a desire for social progress in perspectives on sex and gender, which they felt would help in the societal debate and plausibly also in the experience of social transition: "*The words gender and sex get mixed up and conflated by people. The word woman is mixed up with the word female. I'd love academic society to be able to pin down more accurately what all these*

words mean and then we can go forward with the debate. But at the moment there are just people shouting from the rooftops, 'You can't be a woman because you've got a male body' and you say 'Can you define what a woman is?' and they go 'It's an adult human female' and then that erases… 70 years of the existence of trans women." Hilda shows a frustration here with the hindrance that rigid use of terminology plays in the existence of transgender people (specifically transgender women). Her desire to see a clearer definition agreed by society reflects a semantic issue that she feels is pertinent to the existence of transgender people and is frequently used to dismiss or erase the historical aspects of gender diversity.

Generational changes were particularly pertinent to this theme, with some older transgender and cisgender relational partners speculating that social transition is easier for younger transgender people, given the perceived greater acceptance of gender diverse identities among younger generations. Beyond relying solely on medical transition, creating social environments in which one's gender is affirmed by others was acknowledged as vital to social transition, identity congruence, and psychological health and well-being (Doyle et al., 2021).

Stigma, which participants describe as taking on many forms, was also presented as a barrier to social transition. Hilda (focus group 3) mentioned a stigmatising challenge that transgender women in particular face: "*There's been a massive backlash by the feminist movement. Specifically feminists who call themselves gender critical or transgender exclusionary. And they complain about trans people are beginning to erase women's hard-fought rights and equalities, which is basically rubbish. But that's what we're up against now.*" These attitudes towards transgender people could plausibly discourage people

from coming out and pursuing gender transition, which would ultimately have a powerful negative effect on their mental health. Unfortunately, “transgender-exclusionary radical feminists” are just one of a few social groups that pose as a hindrance to social transition.

There are also a number of institutional hindrances, including bureaucratic obstacles to obtaining gender recognition certificates (or GRCs, which transgender people in the UK require to transition; UK Public General Acts, 2004). This was highlighted by Doris (focus group 2), a cisgender romantic partner of a transgender person: “*With the [GRCs] when my partner's came through it [the associated number] was only 5000 something. I'm working on the assumption that's the number of people that have GRC. That's low. I'm really shocked at that. I was expecting it to be a lot higher. And that is a really difficult process to go through to get that.*” The low number of people with GRCs is somewhat telling of the complexities one has to go through to acquire one.

Another barrier to transition was stressed by Justice (interview), a non-binary service provider: “*Increased visibility in the media, this kind of thing. I'm sure that is helpful. But it's not going to eliminate prejudice. It's going to help but I don't know, I think about how prejudice operates differently in different sectors of communities [e.g., schools, workplaces, healthcare settings].*” Justice emphasized the diversity of context-specific issues that transgender people have when transitioning; a specific example of this is a concern raised by Brett in his interview, who talks about how others look at transgender identities: “*Because there is still that idea that it's like a phase.*” This hand waving from others and treating identities like a phase ties into the issues of identity invalidation/erasure that Hilda raised earlier in her focus group (i.e., erasing transgender women’s history through denying legitimacy of gender identity),

which again could contribute to delays in social transition and reflects the infamous narrative about transgender people's identities being subversive, as often reported in the media.

Gender affirmation in social networks for transgender people is tied into normalization of transition and shifting identities. This was evidenced by the comments of one transgender participant, Kevin (focus group 1), who spoke about an interaction they had with their mother: "*[My mum said] 'I'm also going to find out why you're trans' and I was like 'You don't need to, you can just accept this is happening'*" This interaction shows a faux pas on Kevin's mothers part where she wanted to find "*a cause*" for Kevin's gender identity, when in reality identification of a "cause" is inconsequential or even potentially damaging to Kevin's' sense of well-being and familial integration. Participants suggested several ways in which normalization could be achieved, such as normalizing chosen pronouns, as was highlighted by Hope in focus group 1 (transgender people): "*A pronoun box on forms. That would make a big difference.*" Relational partners (specifically Clementine, a mother of a non-binary child in focus group 2) also supported this notion, but acknowledged the complexities of navigating pronouns in the initial stages: "*If I'm talking about (Kit) in the third person, I usually have a response of confusion because of their preferred pronouns of 'them' and 'they': 'So is it just one person? I thought you had several'. So I think in the imaginary situation I would be taking an opportunity as quickly as possible to really name that confusion.*" Clementine also raised that she struggled initially, and this quote exemplifies the semantic and vernacular struggles relational partners may have when adjusting to perceived shifts in transgender people's identities.

Experiences in the LGBTQ+ Community

LGBTQ+ communities were acknowledged as one of the key relational networks for transgender people and their relational partners. Many participants made note of the fact that the majority of their friendship group was comprised of LGBTQ+ individuals. Doris, a cisgender romantic partner of Carl (a transgender man), highlighted this in her interview: "*Most of our friends are LGBT. One of my very dear friends she is [cisgender] and she is a mature lady. She's been very respectful. I think she does find some things difficult to process. Not in a 'how could you?' but in a 'I don't understand.' But as I say she's always very respectful. I don't think in her heart of hearts she gets it. But she sees my partner as a friend and no one has ever been-- people that I know haven't been disrespectful.*" Doris noted how her friend did not understand her partner's identity but accepted it anyway because of her shared LGBTQ+ identity with Doris and Carl. Transgender people sometimes reported that experiences with members of the LGBTQ+ community were on the whole very positive. Often, friendships and memberships in LGBTQ+ social networks were integral to exploring and affirming one's gender identity, which Brett (a transgender man) emphasized in his interview: "*And once I started engaging with [LGBTQ+] people I also gained a lot of friends, and that was a big turning point, to meet other people with the same experiences.*"

Unfortunately, the LGBTQ+ community was not always mentioned by participants in a positive light. Transgender people experienced negative reactions from those with other, often more "dominant," minority identities (e.g., white cisgender gay men) in LGBTQ+ spaces. Janet, a transgender woman, said in her interview, "*So often that community it's a bit of a pressure cooker and often negative views and all of that within those communities can hurt more than outside. You're so sort of close to each other that there's often scuffles*

between those sorts of groups." Unfortunately, exposure to prejudice and discrimination in society can lead to internalised transphobia, biphobia, or homophobia, which not only negatively influence mental health but also increase the likelihood of relationship strain in LGBTQ+ spaces (Morrison, 2010).

This stigma within LGBTQ+ communities can lead to social isolation, with Kit (non-binary; focus group 1) underlining that it is not only transgender people that suffer in these spaces and that the internal politics are quite complex and unpleasant to experience: "*I think what you're saying about gay male space, it is specifically gay men because I've got [cisgender bisexual] mates who are dudes and they say they are kind of equally isolated in that situation because people are attracted to them as well and the kind of repulsion thing about what's perceived as a female body in queer cultures is really strange and not very nice a lot of the time.*" The exclusion that transgender people face, sometimes at the hands of more dominant identities in the space (in this case gay men), could plausibly weaken feelings of belongingness within the LGBTQ+ community for transgender people.

Another form of strain that transgender people and their relational partners collectively faced were the shifts in perceived identity by other members of the LGBTQ+ community. Doris highlighted her experience with her transgender partner Carl in her focus group (focus group 2). "*In my experience which is quite in the queer world, I'm 50 and my partner is a similar age and [I'm a] cis female, we both identify as pan, but within the LGBT+ community there was an assumption that we were a heterosexual couple.*" This need to defend their collective identity shows the threat of identity loss within the LGBTQ+ community when people are mistakenly perceived as a heteronormative couple.

Protecting identities is shown to be highly important for both members of this romantic dyad because they are not in fact involved in a heteronormative romantic relationship.

3.5 Discussion

The results of this study demonstrate the importance of understanding stigma, identity, and support in the social relationships of transgender people throughout the process of gender transition. Importantly, unique aspects of transgender social relationships were highlighted, such as the processes of (1) Coming out and identity management, (2) Reciprocal support in relationships, (3) Social transition and gender identity affirmation, (4) Experiences in the LGBTQ+ community. Stigma and rejection were salient features of transgender people's experiences in relationships, some of which coming from family and (former) friends, but these were somewhat ameliorated by the earnest intentions of supportive relational partners. Moreover, the role that relational partners played in affirming and bolstering aspects of identity was paramount in the supportive relationships observed in these data, which is consistent with past literature on transgender identity (Bhattacharya et al., 2021; Graham et al., 2014; Pulice-Farrow et al., 2019). Generational differences were also prominent in the themes, with older transgender people perceiving a greater ease in the experiences of younger transgender people, whilst at the same time younger transgender people reporting having to deal with unique forms of stigma from their relational partners.

Additionally, this study included insights on transgender social relationships from three differing perspectives, those of transgender people, their relational partners and service providers, who could reflect on a wider

number of experiences they had encountered in their professional lives. There were interesting differences in specific issues that were raised from each of the perspectives, with transgender people focusing more on issues of felt gender identity, relational partners on coping (on the part of themselves and their transgender relational partners), and service providers on their observations of relationships between gender diverse people and their relational partners. Moreover, the data reflected tensions across different relational perspectives: For example, relational partners talked about their supportive intentions whereas service providers talked about instances where transgender people do not receive support from members of their social networks. This is plausibly due to the sample used in this study, because relational partners wanting to get involved in such research were likely already relatively supportive and therefore willing to assist transgender people in their day-to-day lives (Schilt & Connell, 2007), whereas the service providers have an outside perspective on transgender people's close relationships and can provide a more diverse range of observed experiences. Furthermore, transgender participants did not talk at great length about stigma and rejection from within their own social networks (save for a few relational partners, including fathers and strangers), but rather focused more on their closer and relatively supportive social relationships for the majority of the time.

Importantly, relational partners in this study talked a lot about the support they provide for the transgender individuals in their lives, however, in and amongst these narratives was a sub-narrative that highlighted the relational partners' need for some form of support themselves. This was particularly pronounced for a few participants, all of whom shared a cisgender (as well as what was perceived by others to be a heterosexual) identity. This finding

highlights the need that relational partners have for some form of external support outside of the close relational unit; some suggested professional support (e.g., counsellors, support groups for specific relational partner types etc.), whereas others suggested support from the wider family unit/friendship network as a whole. If relational partners' support needs were met from people in these other domains, it is possible that they could better support the transgender individual(s) in their lives. This finding is consistent with the work of DiBennardo and Saguy (2018), who highlight the role of experiencing collective stigma and the coping strategies relational partners employ.

Data from the current study also highlighted the ambivalent nature with which transgender people and their relational partners perceived the LGBTQ+ community. It is tempting to assume that the LGBTQ+ community would be a safe haven for transgender people (i.e., that LGBTQ+ spaces would be supportive as is demonstrated in a lot of prior literature: see Gamarel et al., 2014; Gower et al., 2019; McContha, 2015). However, when discussing this community, some participants heralded LGBTQ+ friendship groups as paramount in developing their identities whereas others talked about how these environments had their own complex power structures and opened the door to unique forms of stigma, such as being isolated from groups and spaces that are ostensibly portrayed as inclusive to gender and sexual minorities. This finding has implications for policy in LGBTQ+ spaces to reduce the impact of perceived or enacted power structures between sexual and gender minorities (something that is often overlooked when considering how institutional policies can best protect transgender people). Moreover, it extends the current understanding of how these LGBTQ+ spaces can fluctuate in terms of support.

Related to social stigma, this research expanded the idea and concept of transgender-specific minority stressors (Hendricks & Testa, 2012), such as stress arising from perceived identity incongruence and the sometimes difficult interactions with cisgender individuals who may misgender transgender people unintentionally through inconsistent or erroneous pronoun usage. Indeed, two of the most prominent aspects that bleed through in transgender people's experiences of stigma are the notions of separation stigma and perceived status loss (Link & Phelan, 2001). The consequences this stigma could have on relationships was highlighted in the analyses of the transcripts with non-supportive relational partners abandoning relationships (e.g., fathers) and issues arising from transphobia, such as relational partners not affirming gender via pathologising transgender identities (separation stigma). Denial of parental access to their children was also highlighted by participants (status loss). These consequences to relationships reflect the inequalities that transgender people face in society, with the cisgender person in the relationship dyad holding considerably more power over various interdependence situations, plausibly due to the perceived "change" in the transgender person's gender identity being viewed as the source of the "problem" by those who hold transphobic views.

There are a number of findings from this study that support past literature investigating transgender people's social relationships. Supportive relational partners are important sources of stress reduction/amelioration for transgender people, illustrated through the practical examples given by the participants, which is consistent with the literature on minority populations and their relational networks more broadly (Barbir et al., 2017; Harkness et al., 2020). It is also evident that stigma plays a role in the day-to-day lives of transgender people and their relational partners; while courtesy stigma has been documented in

relatives of those who identify as LGBQ (DiBennardo & Saguy, 2018), it is clear from these data that future research should also examine transgender people's close relational partners through the lens of courtesy stigma. Close relational partners were also a vital source of gender identity affirmation, which can support identity clarity for transgender people as well as bolster well-being in the face of stigma (Doyle et al., 2021). Gender affirmation is paramount for transgender people's sense of well-being and a greater understanding of affirmation could lead to better informed public and occupational policies. Such policies could include, in the UK, for example, extending the rights afforded to transgender people under the Gender Recognition Act (GRA) (something that is currently being debated in Parliament). For example, the possibility of gender recognition certificates (GRCs) being blocked due to lack of spousal consent seems particularly problematic. As the current research highlights, initial responses in romantic relationships may be ambivalent, and require time and growth, but this should not prevent transgender people from receiving legal or medical gender identity affirmation.

Furthermore, there is a need to conduct research that investigates the unique concerns that arise between transgender and cisgender people in social interactions (including well-intentioned and supportive relational partners). A better understanding of these concerns could inform clinical policies on working with relational partners and providing access to training and support (e.g., gender diversity training, family therapy). This may be particularly important for those who have had minimal prior contact with transgender individuals throughout their lives.

One limitation of the current study was that in terms of diversity of perspectives, the individuals recruited for this study were from a very

concentrated urban area of southwest England, which made for a somewhat homogenized set of experiences. Future research would benefit from sampling further and wider to gain a more diverse perspective on these experiences in social relationships. Moreover, the interviews were conducted in a local community center, which was chosen due to the sense that it may be a neutral space, but this might or not have been the participants' perceptions. Future research could focus on conducting focus groups and interviews in spaces participants consider inclusive, such as settings for transgender specific support groups and settings that are for cisgender relational partners like support groups. Additionally, future work might wish to examine relational dynamics over a period of time, using for example diary methodologies and quantitative methods.

Although considered of great utility for the current study, another potential limitation was the combined focus group and interview data. Combining these data can potentially lead to over-saturation of specific topics or in the worst case scenario these data could threaten the trustworthiness of these findings (Lambert & Loiselle, 2008). However, these data in the current study reflect the differences between contexts for the participants here who are experiencing marginalization from differing perspectives (e.g., anticipatory stigma, social stigma, courtesy stigma etc; Angermeyer, 2003; Hendricks & Testa, 2012). Experiencing marginalization from these differing perspectives could potentially lead to less disclosure in group contexts and more disclosure in an individual context (or vice versa). The collection of these different contexts in the current study means that this method of combining the methods was likely useful for the research objectives (Peek & Fothergill, 2009). Moreover, the triangulation of the different participant data was an important part of

understanding different perspectives in the current study. Nevertheless, future studies could implement quality criteria for qualitative research to help improve future triangulation of similar data (Moutinho Abdalla et al., 2017).

In sum, this research has implications for understanding how transgender people and their relational partners support one another in the face of stress and stigma. This work also highlights areas of research that have not been focussed on in prior literature, such as the complexities of the LGBTQ+ community for transgender people and their relational partners and the specific needs of relational partners (notably cisgender relational partners and their need for external support). Moreover, this research points toward a need to prioritize healthcare and policy that can potentially bolster such support (e.g., including family and relational therapy in gender clinic services and extending the rights of transgender people in policies such as the GRA in the UK). This work could inform interventions as well as the clinical/counselling setting going forward, emphasizing the role of social relationships in a healthy and successful gender transition process.

Chapter 4: Investigating Concerns in Imagined Inter- and Intragroup Interactions of Cis- And Transgender Women

4.1 Introduction

Past research has shown that members of dominant and marginalized groups have a variety of concerns about interacting with one another prior to contact (e.g., in interactions between different racial groups; Shelton & Richeson, 2005; Mallet et al., 2008; Mallet & Wilson, 2010). Transgender people (i.e., those who do not identify with the gender assigned to them at birth; Seelman & Poteat, 2020) are a marginalized group who also make up a small minority of the population (an estimated 0.05-1.3%% of people identify as transgender; Zucker, 2017). For this reason, contact between trans- and cisgender people (i.e., those whose gender identity corresponds to the gender assigned to them at birth; Cava, 2016) can range from very minimal to none (Boccanfuso et al., 2021). Therefore, interactions with transgender people represent uncharted territory for many cisgender people, leading to a potential sense of anxiety when the opportunity to engage in such an interaction occurs (Mallet et al., 2008; Boccanfuso et al., 2021). In turn, transgender people may have experienced a range of stigmatizing experiences when interacting with cisgender people in the past and, as such, may enter new intergroup interactions with their own unique concerns that have likely developed due to anticipatory stigma (Mallet et al., 2008; Boccanfuso et al., 2021). To contribute to an improved understanding of these mutual concerns, the current study aimed to investigate the concerns that cis- and transgender women have when imagining interacting with one another.

Intergroup Interaction Concerns

Interactions between cis- and transgender people involve several potential barriers that may impair or prevent relationship formation (Logie et al., 2012). Previous research on intergroup interaction concerns (primarily focusing on interactions across race) has shown that members of dominant groups (e.g., Whites) do in fact report concerns/anxieties about interacting with marginalized group members (e.g., Blacks; Mallet et al., 2008). For example, Crawley (2006) showed that members of dominant racial groups are often worried about "saying the wrong thing" and causing offense or being regarded as prejudiced. Past research also demonstrates that dominant and marginalized groups have diverging concerns around being liked versus respected in intergroup interactions (Bergsieker et al., 2010). Specifically, Bergsieker et al. (2010) investigated the respect and liking goals of White and Black Americans in their interactions with one another. They found that Whites were more concerned with being liked (than respected) by their Black interaction partners, whereas Black participants were more concerned with being respected (than liked) by their White interaction partners. These studies reflect the concerns between marginalized and dominant groups.

Marginalized group members' concerns are likely to derive from the devaluation inherent to negative stereotypes and stigma, which they worry they will experience in intergroup interactions (Plant et al., 2008; Shelton et al., 2005). In turn, dominant group members' concerns are likely to derive from the fear of behaving or being seen as prejudiced, given that many people are motivated to maintain an egalitarian self-image (Frey et al., 1986; Moskowitz & Li, 2011). Importantly, these interactional concerns can determine whether an interaction is even initiated in the first place, as well as the quality of the experience for both individuals in the interaction (Mallett et al., 2008; Plant &

Butz, 2006). Interactions between cis- and transgender women may be characterized by similar concerns as those that have been identified with dominant and marginalized racial groups.

Interactions Between Cis- and Transgender Women

While past research has examined intergroup interactions based on race, we are not aware of work directly examining concerns in intergroup interactions (including imagined interactions) between cis- and transgender women. Notably, transgender people experience elevated levels of stigma in many countries (Bockting et al., 2013; Scandurra et al., 2017; Hibbert et al., 2018). The stigma encountered by transgender people has been categorized as environmental stigma, anticipated stigma, and internalized transphobia (Hendricks & Testa, 2012). Environmental stigma refers to the objective and verifiable negative events transgender people experience in their environment (e.g., abuse and assault that threaten safety and security), anticipated stigma encompasses the burden that vigilance necessary to avoid stigmatizing experiences has on transgender people, and internalized transphobia is the application of negative attitudes to the self (Hendricks & Testa, 2012). These varying manifestations of stigma have been shown to lead to health problems such as mood disorders, suicidal ideation, and physical health problems (Budge & Adelson, 2013; White-Hughto et al., 2015; Dolan et al., 2020).

Research and personal accounts have shown that environmental stigma towards transgender individuals is primarily enacted by cisgender people towards transgender people (Stonewall, 2017; Stotzer, 2009; Johnson, 2013; Valentine et al., 2017). These types of experiences include healthcare discrimination, workplace discrimination, family rejection, hate crimes, sexual

assault, and physical assault (White-Hughto et al., 2015; Winter et al., 2016). Living in anticipation of these experiences also has concrete negative effects on health (e.g., experiencing discrimination in healthcare settings could lead transgender people to avoid accessing health services even in the most pressing circumstances; Dolan et al., 2020). Moreover, the cisgender people who do hold transphobic beliefs often fit a specific demographic in Western societies, such as White, high in conservativism, and high in religiosity (Rye et al., 2019). Moreover, stigma ties into the politicization of transgender identities which has been linked to the devaluation of transgender people (e.g., by trans-exclusionary radical feminists [TERFS] and their philosophical allies; Yavorsky, 2016).There are many cisgender people who express a sincere interest in interacting with transgender people, but the stigma that transgender people experience is frequent enough for them to anticipate experiencing stigma in most interactions (Schmitz & Tyler, 2018). While many transgender people would plausibly welcome more cisgender friends and allies (e.g., to advance transgender people's rights and to receive social support; Chan, 2018; Cayari, 2019), cisgender people sometimes ask inappropriate or awkward questions of transgender people that they would not ask of others (e.g., asking deep personal questions about medical history or using terms that are inaccurate or offensive; Allen, 2021).

Regarding how cisgender people might experience these interactions, cisgender people are a dominant group and therefore hold greater power in interactions with transgender people (Boccanfuso et al., 2021; Lewis et al., 2021). Cisgender people with minimal prior contact with transgender people may have biased ideas of how transgender people should embody their identity (e.g., driven by stereotypical portrayals of transgender people in fictional media

or sensationalist stories in the news; Boccanfuso et al., 2021). Moreover, due to the very fact that transgender people are fewer in number, cisgender people are less likely to have experienced interactions with cisgender people than are transgender people to have experienced interactions with cisgender individuals. Importantly, cisgender individuals who have less contact with transgender people may have more negative intentions and attitudes towards transgender people than cisgender people who do have regular contact with transgender people (e.g., those cisgender people with less contact will be more likely to avoid transgender people or refuse to befriend them; Barbir et al., 2017).

Although some cisgender individuals might have biased views of transgender individuals, some cisgender people might (in addition, or instead) be anxious about interacting with transgender people because of fear of accidentally offending or stigmatizing transgender people when conversing with them (Williams, 2004; Koch et al., 2021). Indeed, cisgender people who possess some level of understanding of the stigma transgender people experience know that asking about sex, pronouns, preferred names, and other gender related topics could trigger negative emotions (Lewis et al., 2021). Conversely, some transgender people will aim to avoid cisgender people to avoid experiencing any potential stigma (Hendricks & Testa, 2012; Lewis et al., 2021). Such social barriers between cis- and transgender people arise because of the lack of contact between groups (Mallet et al., 2008). This lack of contact with the outgroup builds on negative expectations over time for individuals leading to them expecting interactions to have the worst possible outcome. However, when these interactions do actually occur they often go much better than expected with little if any negative consequences. This disparity in

expectation vs actual interaction has been referred to as the ‘intergroup forecasting error’ (Mallet et al., 2008).

Women in the Workplace

One place where stigma is enacted toward transgender people and inequalities are observed, is in the workplace, where cisgender individuals and ideals dominate the space in terms of policy and intergroup dynamics (Köllen & Rumens, 2022). Past research has shown that transgender people do not have “*a voice*” in the workplace as historically many companies have not acknowledged the existence of transgender people (Beauregard et al., 2018). This lack of voice increases transgender people’s invisibility in the workplace and further exacerbates the stigma they experience (Beauregard et al., 2021). Transgender people have been suggested to live in a state of anticipatory stigma in the workplace, expecting to experience harassment and social exclusion from customers / clients, and coworkers alike.

There is also evidence that suggests that cisgender women feel devalued in the workplace, with statistics showing that cisgender women earn less than men and have fewer opportunities to progress in their careers (Webber & Giuffre, 2019). Transgender women are victims of the same sexism that cisgender women experience, but additionally they experience unique forms of discrimination due to being transgender (Yavorsky, 2016). Specifically, transgender women experience similar oppression to cisgender women in the workplace, such as verbal harassment, sexual harassment, being hushed, and not being considered for career enhancing opportunities (Beauregard et al., 2018), while they also suffer from other unique stressors, such as misgendering and intrusive questioning, that have further detrimental effects on productivity,

morale, and aspirations of transgender women in employment (Meyer, 2003; Hendricks & Testa, 2012; Beauregard et al., 2018). Additionally, transgender women experience cissexism in the workplace (cissexism is defined as the assumption that all individuals are cisgender and/or that cisgender people are "superior" to transgender people; Köllen & Rumens, 2022). The current study aims to understand and explore the concerns that underpin this potential anticipatory stigma.

4.2 The Current Study

The current study built upon past research on concerns in intergroup interactions (e.g., Shelton & Richeson, 2005; Bergsieker et al., 2010; West et al., 2016) to examine whether these operate in relation to the interactions between cis- and transgender women. We chose to focus on women only to simplify our research design and because the "*typical transgender person*" is often identified as a transgender woman by cisgender cohorts (Winter et al., 2008; Norton & Herek, 2013).

This study explored anticipated concerns between trans- and cisgender women using a quasi-experimental method in which trans- and cisgender women imagined engaging in inter- and intragroup interactions in the workplace. Based on previous literature, we examined two types of concerns in this study: Those that are typical of intergroup interactions in general and those that are more specific to interactions between trans- and cisgender women. Intergroup anxiety, concerns about being respected, concerns about being liked, appearing dominant, non-verbal behaviors and lacking empathy were all considered "*typical*" intergroup interaction concerns. Conversely, concerns about saying the "wrong" thing, appearing feminine, using correct pronouns,

body image, concerns about appearing to have good mental health, and disclosing personal information were considered more "*specific to the interactions between transgender and cisgender women.*" Due to the exploratory nature of the outcomes in the current study it was expected that in general concerns would be significantly higher in imagined intergroup interactions when compared to imagined intragroup interactions for both trans and cisgender women.

4.3 Method

Design

A quasi-experimental paradigm was utilized for this study, inspired by past research on intergroup interactions between Black and White Americans (Bergsieker et al., 2010). We used a 2 (participant identity: trans- vs. cisgender) x 2 (vignette character identity: trans- vs. cisgender) design, with random assignment to the second factor. Dependent variables were categorized into two distinct sets of concerns "typical concerns" and "specific concerns." Typical concerns were defined as intergroup anxiety, concerns about being respected, concerns about being liked, appearing dominant, non-verbal behaviors and lacking empathy. Unique concerns focused on the variables more specifically related to interactions between cis- and transgender people and were defined as concerns about saying the "wrong" thing, appearing feminine, using correct pronouns, body image, concerns about appearing to have good mental health, and disclosing personal information.

Participants

An a priori power analysis was conducted using G*Power version 3.1.9.4 (Faul et al., 2007) to determine the minimum sample size required to test the study hypothesis. An effect size of $\eta^2 = .02$ was estimated based on the interaction between participant race and vignette character race reported in Study 1a of Bergseiker et al. (2010). Results indicated the required sample size to achieve 80% power, at a significance criterion of α = .05, was *N* = 387 for two-way ANOVA.

A total of 315 participants (214 cisgender women and 101 transgender women) were recruited via social media sites (Facebook, Twitter, and Instagram) as well as Prolific Academic. Participants recruited via social media were entered into a raffle for a £50 voucher and participants recruited via Prolific received remuneration for their time according to this crowdsourcing platform's guidelines. The study was described as an investigation of "*how women approach social situations with one another*" and participants were entered into a prize draw of one £50 voucher.

Table 2.1

Demographics Table (N = 315)

	Cisgender (*n* = 214)				Transgender (*n* = 101)			
	n(%)	*M*	*SD*	Range	*n*(%)	*M*	*SD*	Range
Age	214	25.65	9.96	18-74	100*	31.00	13.92	18-69
Ethnicity								

White	182 (85%)	85 (84.2%)
Hispanic	6 (2.8%)	6 (5.9%)
Asian	10 (4.7%)	6 (5.9%)
Mixed race	12 (5.6%)	2 (2.0%)
Black	0 (0%)	1 (1.0%)
Other	4 (1.9%)	1 (1.0%)
Religion		
Non-religious	142 (66.4%)	83 (82.2%)
Church of England	28 (13.1%)	4 (4.0%)
Roman catholic	23 (10.7%)	4 (4.0%)
Other religion	10 (4.7%)	5 (5.0%)
Jewish	3 (1.4%)	4 (4.0%)

Other Christian Denominations	2 (0.9%)	0 (0%)
Hindu	1 (0.9%)	0 (0%)
Buddhist	1 (0.5%)	0 (0%)
Muslim	1 (0.5%)	1 (1.0%)
Church of Scotland	1 (0.5%)	0 (0%)
Employment		
Student	134 (62.6%)	27 (26.7%)
Employed	62 (29%)	37 (36.6%)
Self-employed	4 (1.9%)	4 (4.0%)
Military	1 (0.5%)	0 (0%)

Unable to work	12 (5.7%)	30 (29.8%)
Retired	1 (0.5%)	3 (3.0%)
Political ideology		
Left Wing	65 (30.4%)	68 (67.3%)
Center Left	72 (33.6%)	18 (17.8%)
Center	33 (15.4%)	4 (4.0%)
Center Right	38 (17.8%)	10 (9.9%)
Right Wing	6 (2.8%)	0 (0%)

*Data for one participants' age was missing

Procedure

Participants were randomized to read one of two vignettes that detailed starting work with a new office mate in an imagined contact paradigm like that utilized in past research on intergroup dynamics (e.g., Carvalho-Freitas & Stathi, 2017; West et al., 2017). The vignettes both detailed interactions with a

woman who was either trans- or cisgender. The vignette with the transgender character read: "*Imagine you have started a new job and you're going to be sharing an office with a colleague that you have not yet met for the duration of your time at the company. You have heard from other colleagues that your new office-mate is a hardworking* **transgender** *woman who is always punctual for her meetings. She takes the train to work and in her spare time she likes to read. She also enjoys cooking well-balanced meals and a colleague has mentioned that she often brings these to work for lunch. You've also heard that she loves to travel and enjoys spending time with her pets."* The cisgender vignette character identity was identical, however the "*transgender*" label was changed to "**cisgender**."

Measures

All measures were scored on a Likert-type scale from 1 (strongly disagree) to 7 (strongly agree).

Typical Intergroup Interactions Concerns

Intergroup anxiety was measured with three items adapted from Briones et al.'s (2009) work on self-efficacy. The items were: *I would feel nervous engaging in conversation with my new office-mate, I would worry that my new office-mate doesn't think I understand and accept their personal views,* and *I would feel comfortable taking part in a variety of social activities with my new office-mate (reversed)* (α = .622).

Concerns about being respected were measured with three items adapted from Bergsieker et al (2010). However, while in the original study these items were answered in bipolar scales (respected vs. liked), in our study we

focused on the extent to which participants were concerned about being respected. The three items did not yield a good alpha score (α = .392) so correlational analyses were conducted and two of the items, which correlated significantly with one another (r = .486, p < .001), were averaged for further analyses: *It is important to me to feel respected by my new office mate*, and *It is important to me to be respectful when speaking to my new office-mate*.

Concerns about being liked were also adapted from Bergsieker et al (2010). Again, we replaced the original bipolar scale to assess the extent to which participants were concerned with being liked. Due to a poor alpha score (α = .498) correlational analysis was conducted and two items, which correlated significantly with one another (r = .407, p < .001), were averaged for further analyses: *It would be important to me that my new office-mate likes me*, and *I would make an effort to emphasise their positive qualities*.

Concerns about appearing overbearing were assessed with three items created for this study, however due to a poor alpha score (α = .454) correlational analyses were conducted, which yielded a significant positive association between two of the items (r = .277, p < .001). These items were averaged for further analyses and were: *I would be cautious about coming across as overbearing when interacting with my new office-mate (reversed)*, and *When interacting with my new office-mate, I'd try my best not to dominate conversation (reversed)*.

Fear of lacking empathy was one item selected from two that were originally created for this current study. Only one item was selected due to poor correlation of the items (r = -.150, p < .001). The selected item was: *I would*

endeavour to empathise with my new office-mate as best I can when I interact with them.

Concerns about non-verbal behaviors (α = .697) were assessed with three items: *I would be concerned about non-verbal behaviors to my office-mate when we are interacting*; *I would feel tense, rigid and struggle to maintain eye contact with my new office-mate*, and *I would be hyper aware of where I am looking during interactions with my new office-mate* (Conley et al., 2002).

Concerns Specific to Interactions Between Transgender and Cisgender women

Concerns about body image (α = .703) were measured with three items: *When meeting my new office-mate, I would be conscious about my appearance*; *I would be concerned about what my new office-mate thought of my feminine features*, and *I would be concerned about my weight when interacting with my new office-mate* (Scheier & Carver, 1985).

Concerns about "saying the wrong thing" were assessed with three items (α = .646): *I would be cautious of unintentionally using language that may be perceived as offensive by my new office-mate*, *I would be hesitant to broach certain subjects due to a fear of saying the wrong thing*, and *I would be hesitant in general conversation when speaking with my new office-mate*.

Concerns about appearing to have good mental health were assessed with one item created for this research: "*It would be important to me to come across as having good mental health to my office mate.*"

Concerns about appearing feminine (α = .850) were assessed with five items: *I would be hyper aware of my femininity when speaking with my new*

office-mate, *I would attempt to subdue my femininity in a conversation with my new office-mate (reversed)*, *I would attempt to exaggerate my femininity in a conversation with my new office-mate*, *It would be important to me to be perceived as feminine by my new office-mate*, and *It would be important for me to exert my femininity when interacting with my new office-mate* (adapted from Gaudreau, 1977).

Concerns about using the correct pronouns were assessed by two items created for this research, which correlated significantly ($r = .571$, $p < .001$): *I would be concerned about referring to my new office-mate using the wrong terms*, and *I would be cautious about using relevant pronouns when talking to my office mate.*

Concerns about disclosing personal information ($\alpha = .807$) were assessed with three items adapted from Lee et al. (2008): *I would be hesitant to disclose personal information to my new office-mate*, *It would be important to me that my office-mate does not bring up any personal information when interacting with me*, and *I would be open about sharing my personal information about myself with my new office-mate (reversed)*.

Open Question

Additionally, participants were asked an open-ended question after completing the closed questions. The question asked about any other concerns they would have in the interaction depicted in the vignette. These questions were coded using Glasser (2009) open-coding guidelines.

Analysis

These data were initially analyzed using 2x2 MANOVA to determine if a significant overall effect was present due to the multiple testing of individual concerns. The quantitative data were analyzed using 2x2 ANOVAs to identify the main effects of participant identity, vignette character identity, and the interaction between the two independent variables on intergroup concerns. Moreover, independent samples t-tests were used to further probe simple effects when a significant interaction between participant identity and vignette character identity was present. Importantly, the current study employs individual testing of the concerns in these analyses (i.e., the effect of the independent variables is tested individually across the dependent variables in the current study via follow-up two-way ANOVA's; Rubin, 2021). Open measures were coded using content analysis. Themes were identified using the participant responses and were framed within a concerns-focused lens.

4.4 Results

Two-way MANOVA

A two-way MANOVA was conducted on all dependent variables, revealing a statistically significant interaction effect between participant ID and vignette character ID on the combined dependent variables, $F(3, 245) = 3.41$, $p < .001$; *Wilks'* $\Lambda = .847$.

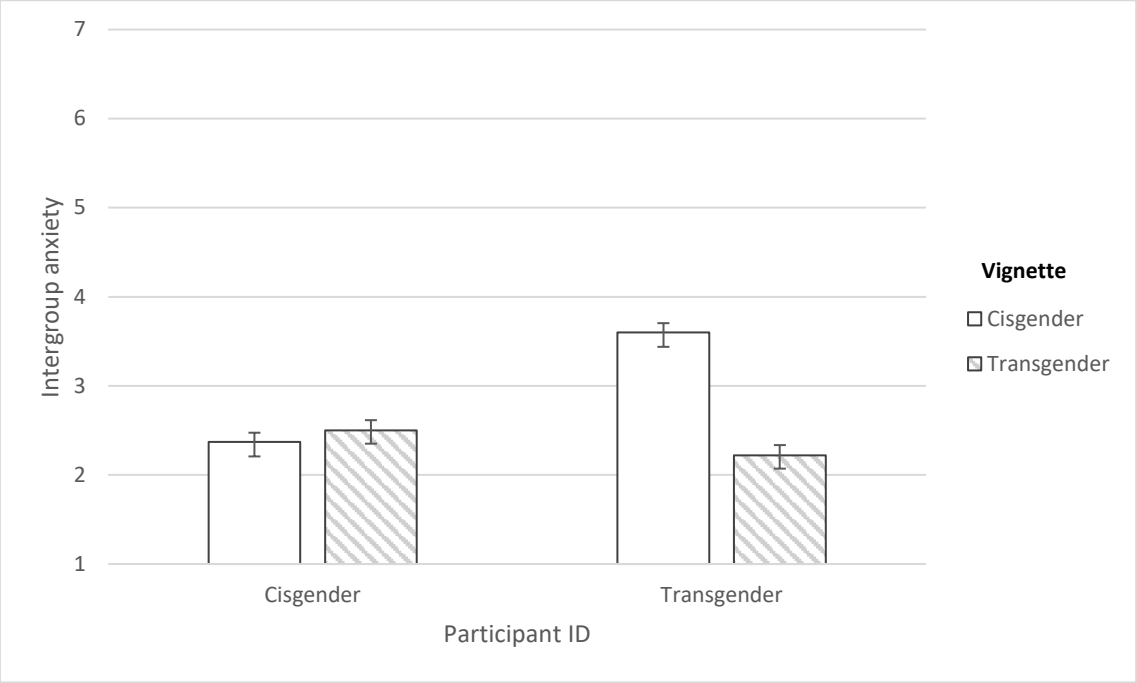
Typical Intergroup Interaction Concerns

Intergroup Anxiety

Transgender women (*M* = 2.90, *SE* = 0.110) reported significantly higher intergroup anxiety than cisgender women (*M* = 2.44, *SE* = 0.08), *F*(3,287) = 11.88, $p < .001$, $\eta^2 = .040$ (see Figure 2.1). Moreover, participants reported greater intergroup anxiety when imagining interacting with a cisgender woman (*M* = 2.98, *SE* = 0.10) as compared to when imagining interacting with a transgender woman (*M* = 2.36, *SE* = 0.09), *F*(3,287) = 20.56, $p < .001$, $\eta^2 = .067$. These main effects were qualified by a significant interaction between participant identity and vignette character identity, *F*(3, 287) = 30.17, $p < .001$, $\eta^2 = .095$. A follow-up independent samples t-test *t*(94) = 5.61, $p < .001$, *d* = 1.15 showed that transgender women's intergroup anxiety was higher when imagining interacting with a cisgender woman (*M* = 3.58, *SE* = 0.10) as opposed to a transgender woman (*M* = 2.22, *SE* = 0.11). Another follow-up independent samples t-test of *t*(193) = -0.87, *p* = .382, *d* = 0.25 showed that cisgender women's intergroup anxiety was not significantly different depending on whether they imagined interacting with a cisgender woman (*M* = 2.37, *SE* = 0.09) or a transgender woman (*M* = 2.50, *SE* = 0.11).

Figure 2.1

Interaction Between Participant Identity and Vignette Character Identity on Intergroup Anxiety (N = 291)

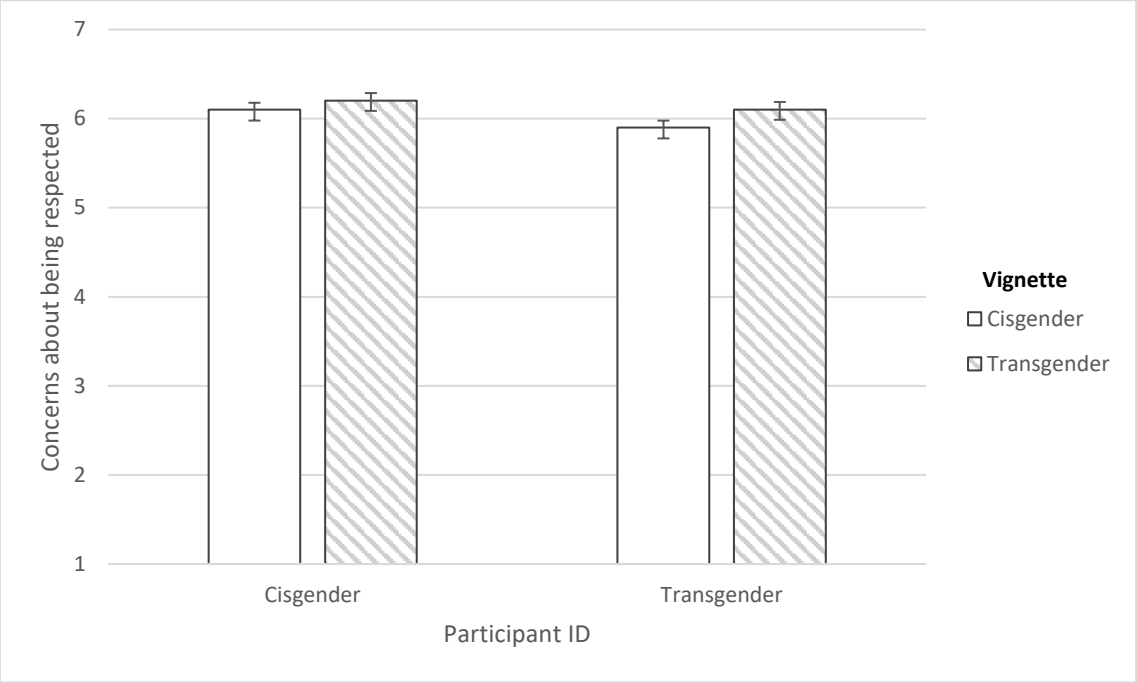


Being Respected

Transgender women (*M* = 6.04, *SE* = 0.06) and cisgender women (*M* = 6.12, *SE* = 0.08) did not differ in how concerned they were about being respected, $F(3,287) = 0.55$, $p = .459$, $\eta^2 = .002$ (see Figure 2.2). Moreover, there were no significant differences in concerns about being respected for those who imagined interacting with a cisgender woman (*M* = 6.00, *SE* = 0.07) compared to those who imagined interacting with a transgender woman (*M* = 6.16, *SE* = 0.07), $F(3,287) = 2.59$, $p = .109$, $\eta^2 = .009$. Furthermore, there was no significant interaction between participant identity and vignette character identity on these concerns, $F(3, 287) = 0.137$, $p = .711$, $\eta^2 = .000$. Notably, however, all participants reported very high concerns about being respected (with an overall average score of 6.09 on a scale ranging from 1 to 7).

Figure 2.2

Interaction Between Participant Identity and Vignette Character Identity on Being Respected (N = 291)

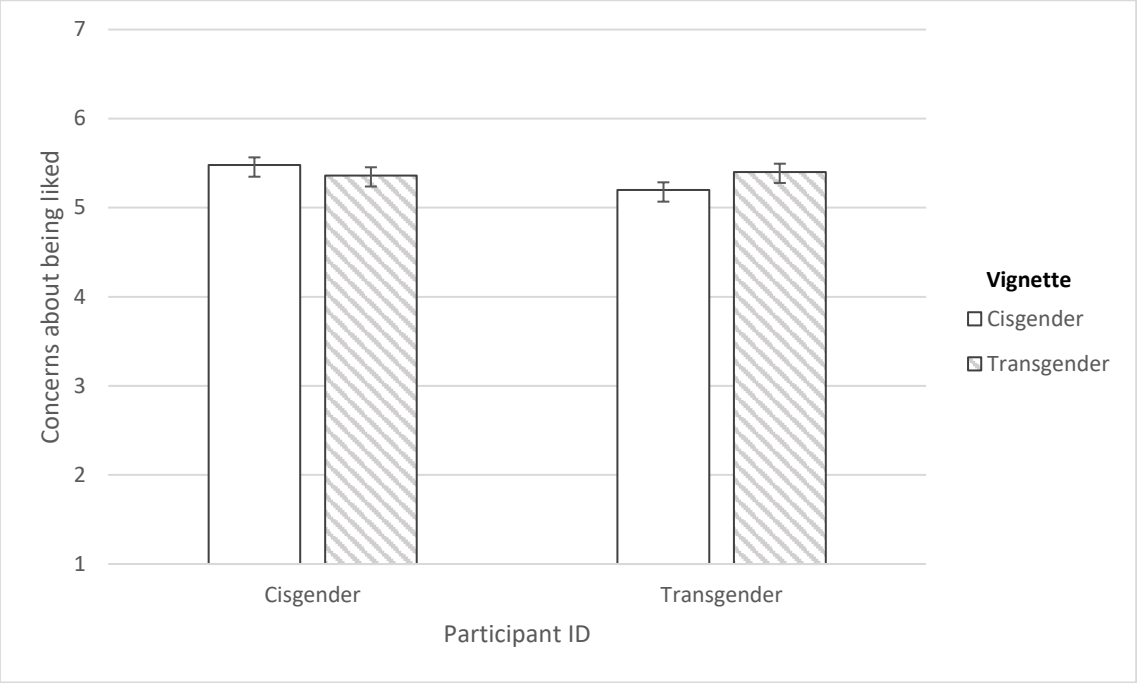


Being Liked

Transgender women (*M* = 5.30, *SE* = 0.09) and cisgender women (*M* = 5.42, *SE* = 0.06) did not differ in the extent to which they were concerned about being liked, $F(3,287)= 1.22$, $p = .270$, $\eta^2 = .004$ (see Figure 2.3). Moreover, there were no significant differences in concerns about being liked between those who imagined interacting with a cisgender woman (*M* = 5.39, *SE* = 0.08) compared to a transgender woman (*M* = 5.37, *SE* = 0.8), $F(3,287) = 0.19$, $p = .657$, $\eta^2 = .001$. Furthermore, there was no significant interaction between participant identity and vignette character identity, $F(3, 287) = 2.16$, $p = .142$, $\eta^2 = .007$.

Figure 2.3

Interaction Between Participant Identity and Vignette Character Identity on Being Liked (N = 291)

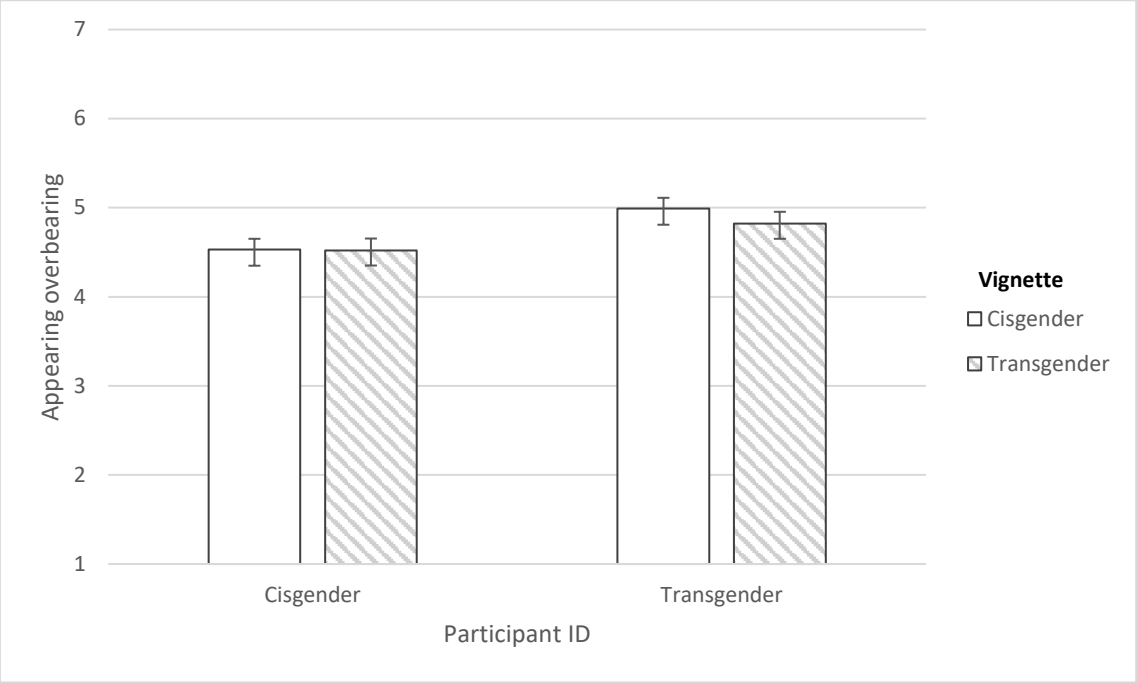


Appearing Overbearing

Transgender women (*M* = 4.89, *SE* = 0.12) reported significantly higher concerns about appearing overbearing when compared to cisgender women (*M* = 4.52, *SE* = 0.09), *F*(3,268)= 6.15, *p*=.014, η^2 = .022 (see Figure 2.4). There were no significant effects of vignette character identity, with participants reporting similar levels of concern about appearing overbearing when imagining interacting with cisgender women (*M* = 4.67, *SE* = 0.11) and with transgender women (*M* = 4.63, SE = 0.11), *F*(3,268) = 0.35, *p* = .556, η^2 = .001. Additionally, there was no significant interaction between participant identity and vignette character identity *F*(3,268) = 0.26, *p* = .609, η^2 = .001.

Figure 2.4

Interaction Between Participant Identity and Vignette Character Identity On Concerns About Appearing Overbearing (N = 271)



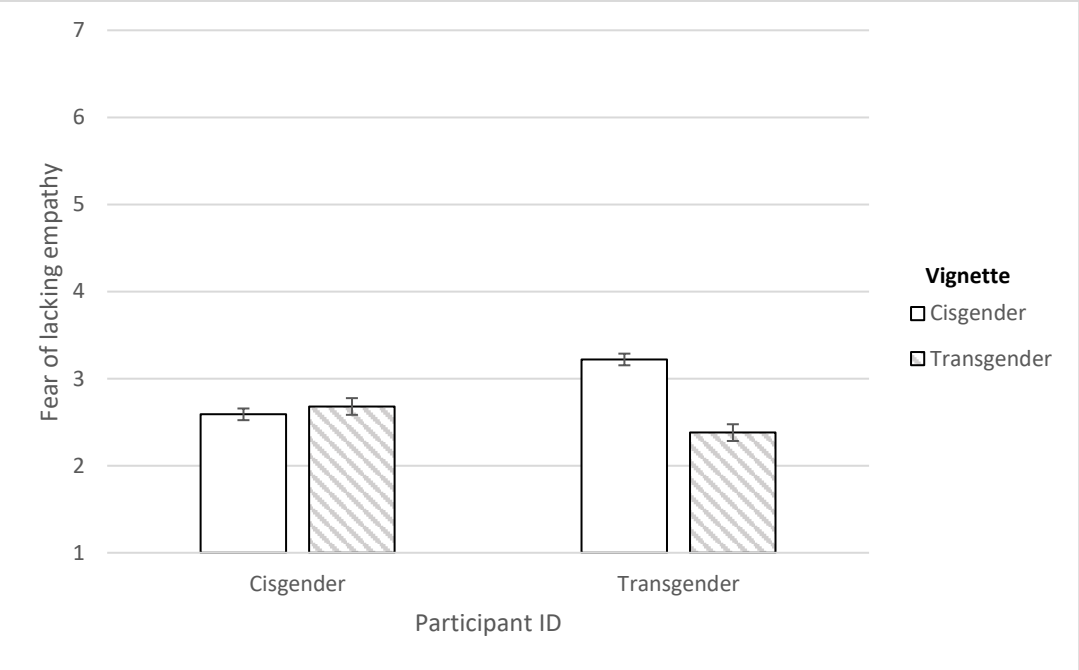
Appearing to Lack Empathy

There were no significant differences between cisgender women (*M* = 2.63, *SE* = 0.07) and transgender women (*M* = 2.77, *SE* = 0.10) on their fear of appearing to lack empathy, $F(3,287) = 2.00$, $p = .158$, $\eta^2 = .007$ (see Figure 2.5). However, all participants reported a significantly higher fear of appearing to lack empathy when imagining interacting with a cisgender woman (*M* = 2.78, *SE* = 0.08) compared to when they imagined interacting with a transgender woman (*M* = 2.57, *SE* = 0.08); $F(3,287) = 10.48$, $p = .001$, $\eta^2 = .035$. These main effects were qualified by a significant interaction between participant identity and vignette character identity, $F(3, 287) = 15.61$, $p < .001$, $\eta^2 = .052$. A follow-up independent samples t-test $t(94) = 4.06$, $p < .001$, $d = 0.83$ showed that transgender women reported greater fear of appearing to lack empathy when imagining interacting with a cisgender woman (*M* = 3.22, *SE* = 0.15) as compared to a transgender woman (*M* = 2.38, *SE* = 0.14). Another follow-up independent samples t-test $t(193) = -0.65$, $p = .518$, $d = -0.93$ showed that

cisgender women did not report significantly different levels of fear of appearing to lack empathy when imagining interacting with a cisgender woman (*M* = 2.59, *SE* = 0.08) or a transgender woman (*M* = 2.68, *SE* = 0.10).

Figure 2.5:

Interaction Between Participant Identity and Vignette Character Identity on Fear of Appearing To Lack Empathy (N = 287)



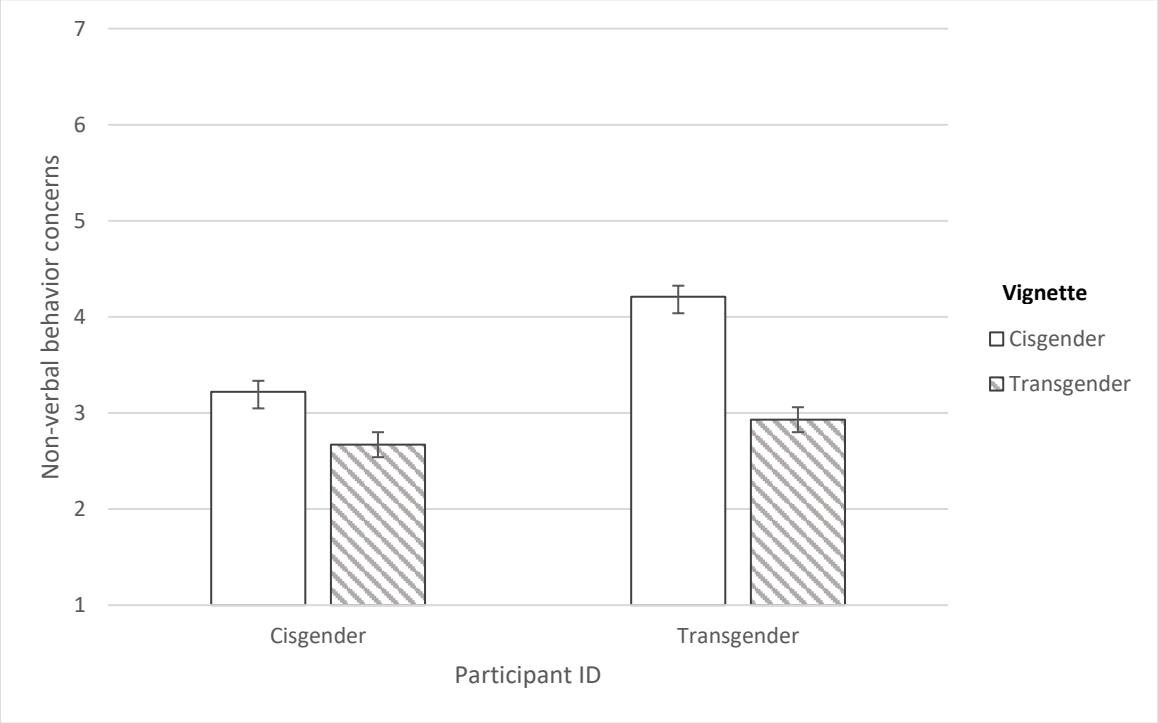
Non-Verbal Behaviors

Transgender women (*M* = 3.53, *SE* = 0.12) reported significantly higher concerns about their non-verbal behavior compared to cisgender women (*M* = 2.98, *SE* = 0.09), $F(3,268) = 17.93$, $p < .001$, $\eta^2 = .063$ (see Figure 2.6). Furthermore, participants reported higher concerns about non-verbal behavior when imagining interacting with a cisgender woman (*M* = 3.53, *SE* = 0.10) compared to when they imagined interacting with a transgender woman (*M* = 2.77, *SE* = 0.10); $F(3,268) = 39.06$, $p < .001$, $\eta^2 = .127$. These main effects were qualified by a significant interaction between participant identity and

vignette character identity $F(3,268) = 6.23$, $p = .013$, $\eta^2 = .023$. An independent samples t-test $t(92) = 5.33$, $p < .001$, $d = 1.10$ showed that transgender women reported significantly higher concerns about non-verbal behaviors when imagining interacting with a cisgender woman ($M = 4.22$, $SE = 0.17$) when compared to a transgender woman ($M = 2.93$, $SE = 0.17$). Another independent samples t-test $t(176) = 3.21$, $p = .002$, $d = 0.48$ showed that cisgender women also reported significantly higher concerns about non-verbal behaviors when imagining interacting with a cisgender woman ($M = 3.22$, $SE = 0.12$) when compared to a transgender woman ($M = 2.68$, $SE = 0.13$), i.e., greater concerns in *intra*group interactions.

Figure 2.6

An Interaction of Participant Identity and Vignette Character Identity on Non-Verbal Behavior Concerns (N = 271)



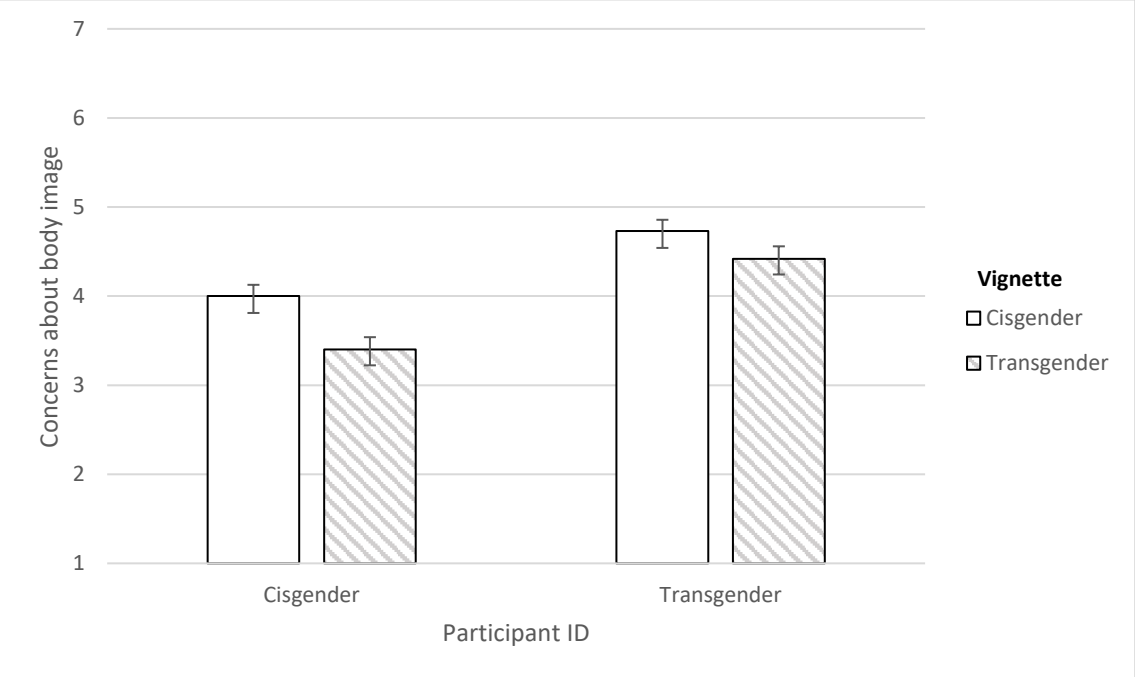
Concerns Specific to Cis- and Transgender Interactions

Body Image

Transgender women (*M* = 4.56, *SE* = 0.13) reported significantly higher concerns about body image compared to cisgender women (*M* = 3.73, *SE* = 0.09); $F(3,269) = 29.70$, $p < .001$, $\eta^2 = .099$ (see Figure 2.7). Moreover, participants reported higher concerns about body image when imagining interacting with a cisgender woman (*M* = 4.23, *SE* = 0.11) compared to when imagining interacting with a transgender woman (*M* = 3.79, *SE* = 0.11), $F(3,269) = 7.98$, $p = .005$, $\eta^2 = .029$. There was no statistically significant interaction between participant identity and vignette character identity $F(3,269) = 0.81$, $p = .367$, $\eta^2 = .003$.

Figure 2.7

Interaction Between Participant Identity and Vignette Character Identity on Body Image Concerns (N = 273)

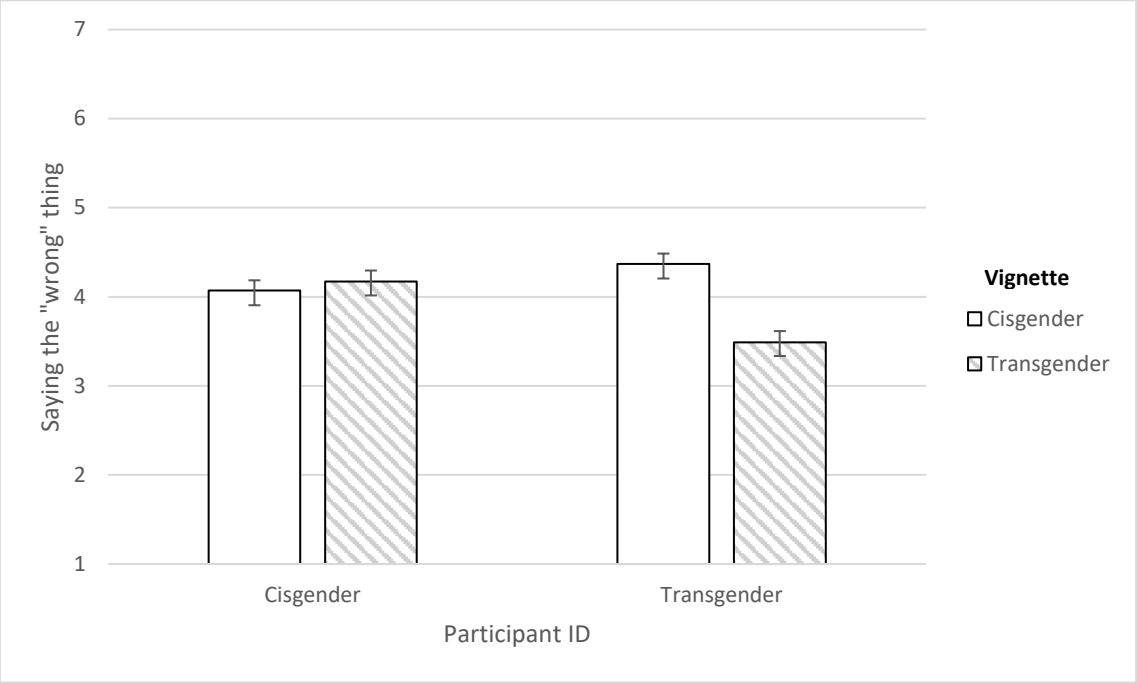


Saying the "Wrong" Thing

There were no significant differences between cisgender women (*M* = 4.11, *SE* = 0.09) and transgender women (*M* = 3.90, *SE* = 0.11) in concerns about saying the “wrong” thing, $F(3,257) = 1.70$, $p = .194$, $\eta^2 = .007$ (see Figure 2.8). However, participants reported higher concerns about saying the “wrong” thing when imagining interacting with a cisgender woman (*M* = 4.16, *SE* = 0.10) compared to when imagining interaction with a transgender woman (*M* = 3.89, *SE* = 0.10); $F(3,257) = 7.56$, $p = .006$, $\eta^2 = .029$. Furthermore, this main effect was qualified by a significant interaction between participant identity and vignette character identity $F(3,257) = 11.99$, $p < .001$, $\eta^2 = .045$. An independent samples t-test $t(91) = 3.52$, $p < .001$, $d = 0.71$ showed that transgender women reported more concerns about saying the “wrong thing” when imagining interacting with a cisgender woman (*M* = 4.37, *SE* = 0.16) compared to a transgender woman (*M* = 3.50, *SE* = 0.19). Another independent samples t-test $t(165) = -0.64$, $p = .523$, $d = -0.10$ showed that cisgender women reported no difference in concerns about saying the “wrong” thing when imagining interacting with a cisgender woman (*M* = 4.06, *SE* = 0.10) compared to a transgender woman (*M* = 4.16, *SE* = 0.11).

Figure 2.8

Interaction Between Participant Identity and Vignette Character Identity on Concerns About Saying the “Wrong” Thing (N = 260)

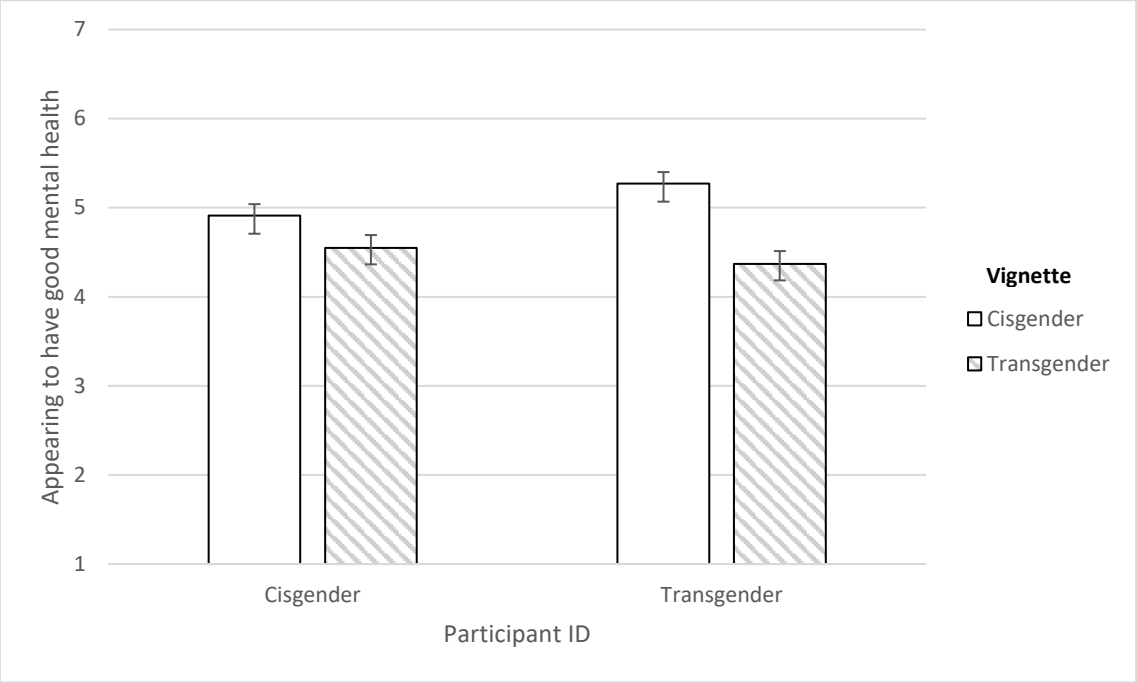


Appearing to Have Good Mental Health

There was no significant difference between cisgender women (*M* = 4.74, *SE* = 0.10) and transgender women (*M* = 4.78, *SE* = 0.14) on concerns about appearing to have good mental health, $F(3,287) = 0.31$, $p = .580$, $\eta^2 = .001$ (see Figure 2.9). Participants reported greater concerns about appearing to have good mental health when imagining interacting with a cisgender woman (*M* = 5.09, *SE* = 0.12) compared to imagining interacting with a transgender woman (*M* = 4.46, *SE* = 0.18), $F(3,287) = 14.29$, $p < .001$, $\eta^2 = .047$. There was no significant interaction between participant identity and vignette character identity $F(3,287) = 2.65$, $p = .105$, $\eta^2 = .009$.

Figure 2.9

Interaction Between Participant Identity and Vignette Character Identity on Concerns About Appearing to Have Good Mental Health (N = 290)

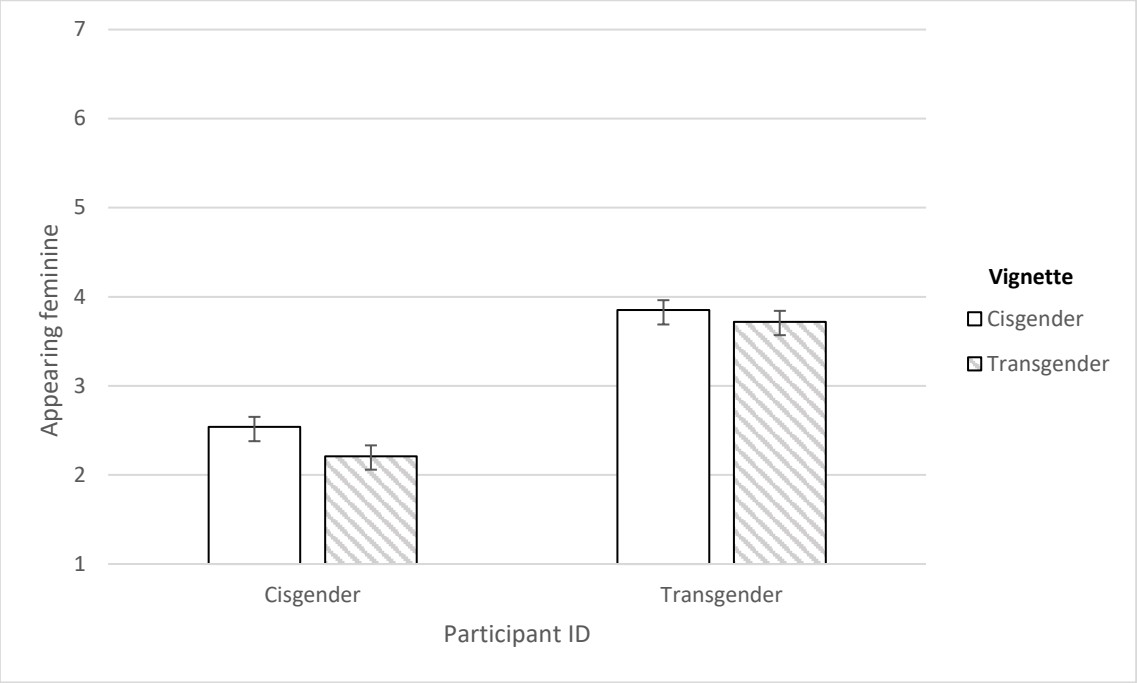


Appearing Feminine

Transgender women (*M* = 3.78, *SE* = 0.11) reported higher concerns about appearing feminine when compared to cisgender women (*M* = 2.39, *SE* = 0.08); $F(3,257) = 105.01$, $p < .001$, $\eta^2 = .290$ (see Figure 2.10). There were no significant differences between those who imagined interacting with a transgender woman (*M* = 2.81, *SE* = 0.10) or a cisgender woman (*M* = 2.97, *SE* = 0.10); $F(3,257) = 2.81$, $p = .095$, $\eta^2 = .011$. Moreover, there was no significant interaction between participant identity and vignette character identity $F(3,257) = 0.49$, $p = .487$, $\eta^2 = .002$.

Figure 2.10

Interaction Between Participant Identity and Vignette Character Identity on Concerns About Appearing Feminine (N = 260)

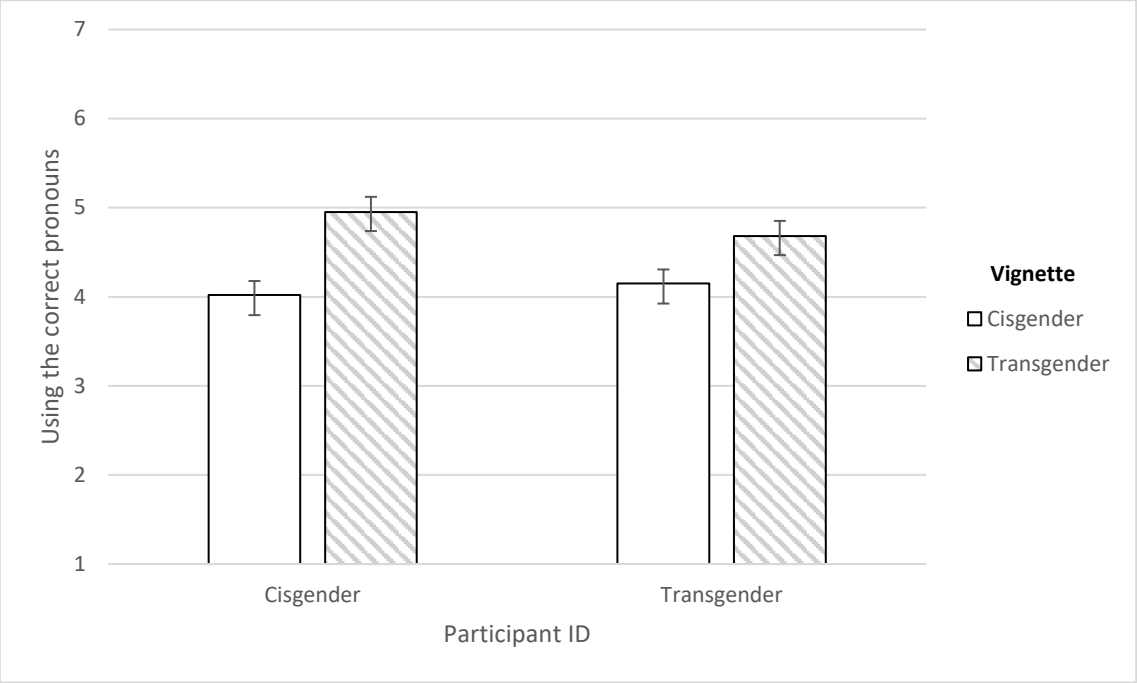


Using the Correct Pronouns

Transgender women (*M* = 4.43, *SE* = 0.16) and cisgender women (*M* = 4.44, *SE* = 0.12) reported similar concerns about using the correct pronouns, $F(3,257) = 0.13$, $p = .713$, $\eta^2 = .001$ (see Figure 2.11). Participants reported higher concerns about using the correct pronouns when imagining interacting with a transgender woman *M* = 4.84, *SE* = 0.14) compared to when imagining interacting with a cisgender woman (*M* = 4.05, *SE* = 0.14); $F(3,257) = 14.35$, $p < .001$, $\eta^2 = .053$. There was no significant interaction between participant identity and vignette character identity $F(3,257) = 1.09$, $p = .287$, $\eta^2 = .004$.

Figure 2.11

Interaction Between Participant Identity and Vignette Character Identity on Concerns About Using the Correct Pronouns (N= 260)



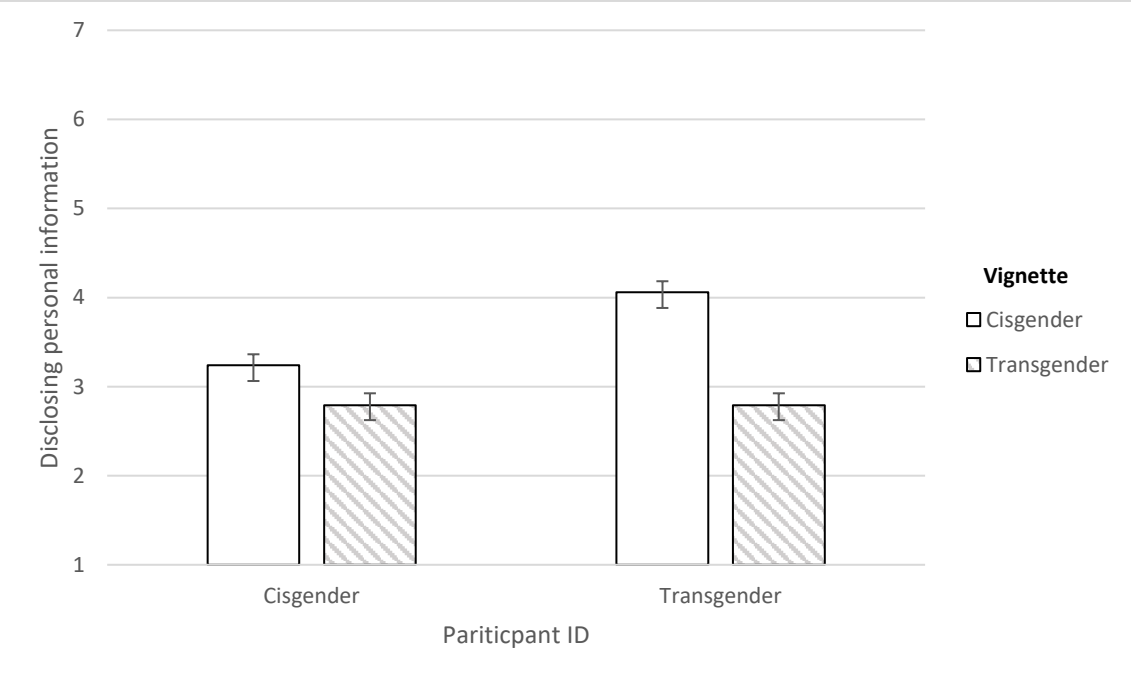
Disclosing Personal Information

Transgender women (*M* = 3.38, *SE* = 0.12) reported higher concerns around disclosing personal information when compared to cisgender women (*M* = 3.03, *SE* = 0.09); $F(3,260) = 7.28$, $p=.007$, $\eta^2 = .028$ (see Figure 2.12). Participants reported higher concerns when imagining interacting with a cisgender woman (*M* = 3.50, *SE* = 0.11) compared to imagining interacting with a transgender woman (*M* = 2.78, *SE* = 0.11); $F(3,260) = 32.15$, $p < .001$, $\eta^2 = .111$. These main effects were qualified by a significant interaction between participant identity and vignette character identity $F(3,260) = 7.38$, $p = .007$, $\eta^2 = .028$. An independent samples t-test $t(92) = 4.53$, $p < .001$, $d = 0.93$ showed that transgender women reported significantly higher concerns about disclosing personal information when imagining interacting with a cisgender woman (*M* = 4.06, *SE* = 0.20) compared to a transgender woman (*M* = 2.78, *SE* = 0.20). Another independent samples t-test $t(165) = 2.73$, $p = .007$, $d = 0.42$ showed that cisgender women also reported significantly higher concerns about

disclosing personal information when imagining interacting with a cisgender woman (*M* = 3.24, *SE* = 0.10) compared to a transgender woman (*M* = 2.78, *SE* = 0.12), i.e., greater concerns in intragroup interactions.

Figure 2.12

Interaction Between Participant Identity and Vignette Character Identity on Concerns About Disclosing Personal Information (N= 260)



Additional Concerns Mentioned in Open-Ended Question

Coded responses to the open-ended question revealed concerns that were already established in this study, such as anxiety and being respected/liked. There were also additional concerns highlighted by participants (shown in Table 2.2). These additional concerns were mentioned by only a few participants but are worth reflecting upon given the unique insights that they provide.

Additional *intra*group concerns for cisgender women tended to center around status in the workplace. These concerns included issues around hierarchy as well as appearing ignorant or the coworker being too overbearing (as opposed to the concern regarding appearing overbearing oneself as measured in the current study). Additional *inter*group concerns for cisgender women mostly related to being judged because of differences in identity and ideology. Potentially reflecting shifts in attitudes toward transgender people between generations, one participant mentioned being concerned about ageism (assuming that a transgender coworker would be younger). Others mentioned general concerns around being judged or fear of being judged for political beliefs.

Additional *intra*group concerns for transgender women reflected either a fear of conflicting ideologies or the risk of negative effects of shared minority status (e.g., triggering trauma for one another and increasing risk of other colleagues targeting them because of their transgender identity). In one of the most mentioned concerns, four participants reported a fear of encountering other transgender women that supported transgender exclusionary feminists (TERFs). Another participant wrote about a fear of a contradicting ideology

which they further qualified by saying that the other person may be a "*transmedicalist*" while they themselves are not (transmedicalist or transmedicalism refers to the belief that if one is transgender then they must seek gender affirming medical procedures; Konelly, 2021). Additional *inter*group concerns for transgender women largely centered around fears of transphobia or lack of gender identity affirmation (e.g., their coworker using the wrong pronouns on purpose). Two participants reported concerns about a fear of appearing performative in their gender to their new coworker.

Interestingly, both cis- and transgender women reported concerns regarding their own neurodiversity when imagining interacting with a transgender woman (but not when imagining interacting with a cisgender woman). This may reflect a lay association between transgender identity and neurodiversity that made this issue more salient for participants.

Table 2.2

Open Questions: Coded Data

	Cisgender vignette character	Transgender vignette character
Cisgender participant	Fear of coworker being overbearing Concerns about hierarchy in the workplace Fear of appearing ignorant in any way	Neurodiversity as an obstacle in communication Being judged as closed minded Fear of an abnormal conversation Fear of coworker being ageist Political mismatch
Transgender participant	Fear of coworker being prejudiced	Supporting TERFs

	Fear of being perceived as performative of gender	Neurodiversity as an obstacle in communication
	Gender affirmation concerns	Concerns about treatment from other colleagues
	Being referred to by the wrong pronouns on purpose	Fear of triggering trauma
	Coworker's pre-existing knowledge of personal transition	Fear of clashing ideologies

4.5 Discussion

This study examined the typical and unique concerns that cis- and transgender women imagine having in interactions with one another. Overall, intergroup concerns were most prominent for transgender women (as opposed to cisgender women) across several different measures, as evidenced by significant interactions between participant identity and vignette character identity. Specifically, transgender women reported greater intergroup concerns around being perceived as lacking empathy, nonverbal behaviors, saying the "wrong" thing, disclosing personal information and general intergroup anxiety compared to cisgender women. These heightened intergroup concerns for transgender women may reflect the stigmatization and transphobia that they have come to expect when interacting with cisgender people (Hendricks & Testa, 2012). This perspective was further supported in additional concerns volunteered by transgender participants, for whom imagined intergroup interactions raised fears of being intentionally misgendered or subjected to other forms of stigma. However, even when cisgender people are well-intentioned, these interactions may still be experienced as stigmatizing for

transgender women. For example, transgender women's heightened concerns around disclosing personal information may be driven by the fact that transgender people are often asked questions by cisgender people that are driven by mere curiosity or even a desire to better understand transgender identity, but which are experienced as too intrusive by transgender individuals, as they often pertain to their sexual organs and or sex lives (Hendricks & Testa, 2012). Therefore, transgender women may be guarded when interacting with cisgender women irrespective of their partner's levels of bias.

In addition to these specific intergroup concerns, transgender women in the current study reported greater concerns about body image, appearing feminine and being perceived as overbearing compared to cisgender women irrespective of the gender identity of the interaction partner. What we observed regarding transgender women's self-presentation concerns is consistent with past research (e.g., Witcomb et al., 2015; Jones et al., 2016). Transgender women typically experience gender incongruence because of their physical features, meaning that self-presentation is central to their psychosocial well-being (Witcomb et al., 2015). Our results further suggest that these self-presentation concerns experienced by transgender women are not exclusive to interactions with cisgender individuals, but that they are also present when they imagine interacting with a transgender coworker as well, suggesting that ingroup spaces may not inherently eliminate such concerns for transgender women. In addition, the analyses for transgender women's interactions with cisgender women showed large effect sizes of their higher concerns when interacting with cisgender women on intergroup anxiety, fear of lacking empathy, non-verbal behaviors, and disclosing personal information concerns.

These results indicate that there is a greater magnitude on these concerns for transgender women when imagining interacting with cisgender women.

Patterns of results for cisgender women were less consistent overall. There were no concerns measured in the current study that were elevated for cis- relative to transgender women on average. While this may reflect a true pattern, it is also important to acknowledge that social desirability bias may have driven cisgender women in the current study to respond positively respond when imagining interacting with a transgender woman; this is also possible given the demographic composition of the sample, which was mostly politically left-leaning (Kováts, 2018). Interestingly, the only concern that emerged as specifically *inter*group for cisgender women was about using the correct pronouns. However, this concern was also elevated for transgender women who imagined interacting with another transgender woman, revealing that concerns about pronouns seem to be relevant for everyone when interacting with transgender women, irrespective of their own gender identity.

Of note, among cisgender women in the current study, concerns about nonverbal behaviors and disclosing personal information were elevated when imagining interacting with another cis- as opposed to transgender woman (i.e., in *intra*group interactions). These findings are consistent with additional concerns mentioned by cisgender women in intragroup interactions, which centered around status and social hierarchies. On average, women may feel more guarded when interacting with a cis- as opposed to transgender woman, potentially because a transgender woman is assumed to hold a lower social status. However, it is important to note that the analyses of cisgender women's imagined interactions showed smaller effect sizes in their concerns overall

compared with transgender women indicating that the magnitude of these results was not particularly high and therefore any concern observed in the current sample might be of limited strength (Cohen, 1988).

While the workplace is ultimately not the sole focus of this study, typical power dynamics in the workplace are present in the current study and as such need to be discussed within the context of these results. As previously established, generally speaking cisgender women hold greater power relative to transgender women (Yavorsky, 2019). The pattern of results observed in the current study reflects this well, with transgender women reporting more concerns overall, but also cisgender women reporting greater concerns when imagining interacting with a cisgender woman (i.e., *intra*group interaction) than with transgender women on several measures. Transgender women, as the marginalized group, have more at stake than cisgender women if they say the wrong thing due to their lack of power, which may lead to ostracization in the workplace (Beauregard et al., 2018). Conversely, cisgender women may be more concerned about making a good impression on other cisgender women in the workplace, as these other cisgender women may hold higher social status in the workplace especially when compared to transgender women (Beauregard et al., 2018; Webber & Giuffre, 2019). Cisgender women also experience difficulties in male-dominated spaces, which impact their well-being (Tafvelin et al., 2020). Furthermore, workplace intragroup conflict between cisgender women is usually driven by issues such as burnout, stress, and feelings of tension (Tafvelin et al., 2020). Elevated concerns for all women when imagining interacting with another cisgender woman may be due to these distinct issues of well-being (and overriding sexism) in the workplace. Addressing these power dynamics and championing equality and diversity could help to bolster

relationships between cis- and transgender women, creating a greater sense of allyship (Chan, 2018; Cayari, 2019).

Finally, both cis- and transgender women in the current study reported similarly high levels of concerns around being liked and being respected, indicating that it is an overall salient concern but not a diverging one in terms of intergroup processes. This pattern of results for concerns about being respected and liked in intergroup interactions is not consistent with past research that has conceptualized such concerns on a bipolar forced-choice scale ranging from liked to respected (e.g., Bergsieker et al., 2010). This difference in findings could be due to the differences in the scales used or to genuine differences in intergroup interactions between ethnic groups as opposed to gender identity groups.

Limitations and future directions

The current study did not describe the type of company in which participants would be working (e.g., is it a traditionally male-dominated space?). Therefore, assumptions made by participants about the type of workplace may have influenced the results. There is evidence from past research to suggest that female participants are more likely to imagine a male-dominated workplace due to the typical conceptualization of such spaces (Heilman, 2012; Suiter & Wilfong, 2019). Furthermore, women may imagine very different types of people when picturing the new coworker in the vignette. A visual image of the coworker accompanying the vignette would have controlled for this mental imagery and any effects it might have on concerns (e.g., due to assumed gender stereo-typicality of the coworker). Regarding the participants themselves, the sample in the current study was mostly left-leaning politically and was mostly non-

religious, suggesting that they may have held relatively inclusive social attitudes overall and therefore may be subject to social desirability bias when imagining interacting with someone from a devalued social group (Prusaczyk & Hodson, 2019). Future research could aim to recruit from more diverse sources, including people who do hold trans-exclusionary radical feminists (TERF) views, as expressed in the additional concerns of transgender women in the current study.

Importantly, while there were several significant results in the current study there were imbalances in the sample itself (i.e., there were more cisgender than transgender women). Future research could address this sample imbalance by balancing the sample to potentially probe these concerns (Sullivan & Feinn, 2012; Lyderson, 2023). Balancing the sample may elucidate upon the magnitude of the concerns in imagined interactions of cisgender women because it would allow for greater precision in the estimation of effects for transgender women (Sullivan & Feinn, 2012). However, pragmatically it would be difficult to balance a sample; a solution to this would be to recruit fewer cisgender women to account for the lower prevalence of transgender women or to remove them from the analysis entirely and focus on these transgender women's interactions only.

Conclusion

In conclusion, the current data shows that transgender women experience heightened concerns in intergroup interactions with cisgender women overall. In general, cisgender women also appear to experience more concerns when imagining interacting with other cisgender women (i.e.,

*intra*group interactions). Thus, the current study underlines the power hierarchies between cis- and transgender women in intergroup interactions, with transgender women being more concerned overall but their opinion being potentially of less consequence to both cis- and transgender women (at least in the workplace). This study therefore provides initial insight into the complexity of intergroup interactions between trans- and cisgender people, which is certainly a topic that warrants further investigation.

Chapter 5: Daily Diary Study: Investigating the Association Between Relational Factors and Self-Image in Transgender People

5.1 Introduction

Self-image has been identified as an important factor for transgender people and is facilitated by supportive relationships with others (Bradford et al., 2013; Mullen & Moane, 2013; Fuller et al., 2018). Self-image serves an important function in transgender people's well-being, boosting both mental and physical health (van den Brink et al., 2020). While this thread is evident in past research (Bradford et al., 2013; Mullen & Moane, 2013; Fuller et al., 2018) there has been very little work on the link between daily experiences of relational functioning and self-image. Moreover, living with a supportive family may particularly intensify this positive relationship. This final empirical chapter focuses on identifying the association between relational factors (i.e., relationship quality, social support, and loneliness) and self-image factors (gender dysphoria, self-esteem, and body image) among transgender people on a daily basis. Moreover, we aimed to investigate how living with family (or not) may influence these associations in order to further highlight the function of familial relations in transgender people's daily lives.

The Importance of Self-Image for Transgender People

Self-image has been defined as the overall self-perception of one's own body, personality, and capabilities (Bailey, 2003). Research investigating transgender self-image often focuses on the associations between body image and disordered eating patterns especially among populations of transgender women (Witcomb et al., 2015; McLain et al., 2016; Nobili et al., 2018; Brewster

et al., 2019). While focusing on transgender women and body image is important, there are other factors that tie into self-image for transgender people, such as self-esteem, self-concept clarity and gender dysphoria, which are also worthy of attention (van de Grift, 2016; McLemore, 2018; Doyle, 2022). Therefore, the current study will focus on self-esteem, body image, gender dysphoria and self-concept clarity as indicators of overall self-image.

Body image is an important aspect of transgender people's self-image and is one of the best investigated topics in this area of research (McGuire et al., 2016; McClain & Peebles, 2016; Owen-Smith et al., 2018). One qualitative study focused on investigating the experience of body image satisfaction and dissatisfaction in a sample of transgender youth (McGuire et al., 2016). This study showed that body image for transgender people is comprised of intersecting self-perceptions of gendered characteristics, such as having feminine breasts and genitalia and long hair. Indeed, issues of body image are of high concern for some transgender people, as also reflected in the gender-affirming medical procedures that are sought as part of improving gender congruence (Owen-Smith et al., 2018).

Gender dysphoria refers to the negative affect resulting from an incongruence between biological sex assigned at birth and gender identity (American Psychiatric Association, 2013). Gender dysphoria is inherently an important aspect of daily self-image for transgender people due to its pervasive nature (van de Grift et al., 2016). Several studies have identified a pathway from high gender dysphoria to poor mental health (Harry-Hernandez et al., 2020; Thompson et al., 2022). One study showed evidence of negative associations between gender dysphoria and other positive self-image factors, such body

image, reflecting its relationship with physical presentation (van de Grift et al., 2016).

Self-esteem is another component of self-image assessed in the current study; self-esteem can be seen to consist of self-confidence, self-respect, and the overall view of oneself in terms of positive and negative traits (Abdel-Khalek, 2016). For transgender people, self-esteem is an important part of their overall self-image and has been shown to increase when gender congruence is attained (van den Brink et al., 2020). Additionally, another study has shown that when genital self-image is self-reported as high by transgender individuals, self-esteem increases, which indicates that self-esteem is also directly related to physical self-image (and particularly gendered physical appearance) among transgender people (Sharp, 2021).

Self-concept clarity is the final aspect of self-image assessed in the current study. Self-concept clarity refers to the confidence one has in knowing oneself and has been suggested to be an important contributor to adaptive functioning (Campbell, 1996), including for transgender people (Doyle et al., 2021). Past research has shown that positive self-concept clarity is an integral part of self-image as it encompasses factors that are strongly related to greater self-esteem and body-image (Vartanian, 2009; Kawamoto, 2020). For transgender people, one past cross-sectional study has shown that greater self-concept clarity is negatively correlated with internalized stigma (Reyes et al. 2016). Self-concept clarity is also improved via gender identity affirmation by others (Doyle et al., 2021).

The Role of Social Relationships in Self-Image

Past research has proposed associations between relationship factors and self-image in various forms, but empirical tests of these associations remain minimal (Tsang, 2021; Strübel & Goswami, 2022). One sociological paper posited the idea that body image issues are an interpersonal process for transgender men, suggesting that issues of self-image are associated with the interpersonal connections in ones' life (Pfeffer, 2008). As previously mentioned, what limited research does exist tends to focus on body image as the key outcome variable, potentially neglecting other aspects of self-image that are facilitated by relationships (Tsang, 2021; Strübel & Goswami, 2022). Understanding relational processes, such as loneliness, social support, and relationship quality, can help improve our understanding of how these factors function in relation to self-image (Lakey & Cohen, 2000).

Loneliness is important to the wellbeing of transgender people as it is to others in general. Feeling a sense of connectedness with others can help to reduce feelings of internalized transphobia for transgender people (Austin & Goodman, 2017). Understanding specific associations between loneliness and aspects of self-image among transgender people is complex due to a lack of research linking these concepts; work that explores links between these constructs is largely conceptual and theoretical in nature (e.g., Hammack et al., 2019; Allen et al., 2021A; Shan, 2021). One study that investigated the association between self-image and loneliness among transgender people showed that higher levels of loneliness were associated with lower levels of body image satisfaction—however, the focus of this study was on investigating these variables as predictors of mental health and not their relation to one another (Fernández-Rouco et al., 2019).

Social support for transgender people is highly important, as demonstrated in past work on other populations as well as on transgender people (Doyle et al., 2021), however, transgender people tend to receive less social support compared to cisgender people on average (Munoz-Plaza et al., 2002; Muchiko et al., 2014). Social support functions as an integral predictor of self-image among transgender people, with transgender youth especially likely to seek social support to help boost feelings of body image via reassurance from relational partners (Muchiko et al., 2014). Qualitative research has shown that gender-affirming social support is highly important for boosting body image—for example, when members of transgender people's support networks provide feedback on aspects of appearance (e.g., giving advice on clothing which indicates that these relational partners care enough to assist in matters of gender expression and identity), this in turn boosts body image (McGuire et al., 2016). Moreover, one cross-sectional experimental study that investigated the links between gender-affirmation and well-being showed that social support via gender identity affirmation increased self-concept clarity in a transgender sample (Doyle et al., 2021). Additionally, it has been demonstrated that supportive relationships might ameliorate the link between gender dysphoria and poor mental health (Levitan et al., 2019; Sievert et al., 2021).

Relationship quality is distinct from social support as it refers to the overall quality of a relationship across multiple components (e.g., trust, commitment, and satisfaction), whereas social support can take on a more functional or instrumental role (Hajli, 2014). One study conducted among transgender youth found that high relationship quality with parents was significantly linked to higher body image satisfaction (Rezeppa et al., 2021). However, similar to the other relational concepts highlighted here, research

exploring the associations between relationship quality and self-image is sparse among transgender people. This sparseness in the literature is a primary impetus for the current study, which aims to explore associations between these relationship factors and wider aspects of self-image highlighted here.

Living With Family

For transgender people, living with supportive family members has been suggested to assist in everyday functioning in some empirical studies and reviews. For example, family members can assist in the development of a positive identity and improve psychological resilience in transgender populations (Mullen & Moane, 2013; Lewis et al., 2021). Supportive family members are one of the strongest predictors of transgender well-being according to a meta-synthesis of the qualitative literature (Lewis et al., 2021). Moreover, there are studies that show strong familial relations support identity affirmation, psychological resilience, and even physical health (Bradford et al., 2013; Mullen & Moane, 2013; Fuller et al., 2018). Familial relationships provide a strong support network for transgender people given their existence prior to gender transition (Zamboni et al., 2006). While strong family relationships are certainly beneficial for well-being, work relating these relationships to self-image among transgender people remains minimal.

Some past work has shown that when familial relationships are absent or strained, there are negative consequences for transgender peoples' health (Scandurra et al., 2019; Gamio Cuervo et al., 2022). Familial rejection has been linked to suicidal ideation, suicide attempts, substance misuse, isolation, loneliness, and homelessness (Yadegarfard et al., 2014; Klein et al., 2016; Hafeez et al., 2017; Robinson, 2018). One study showed that one aspect of

strained family relations (when living with family) is identity concealment, which is entangled with self-image and has negative effects on well-being, but also serves to help evade stigma and violence within the home (Gamio Cuervo et al., 2022). Moreover, there is another cross sectional study that investigated familial rejection and self-image showed that rejection leads to poor self-image (Scandurra et al., 2019). Moreover this study showed that rejection was enacted via the forcing of concealment from family members, abuse (verbal/physical), and experiencing genderism from family members (genderism is the belief that identities that are not cisgender are somehow "wrong").

Familial support may be key for transgender peoples' self-image and well-being (Bradford et al., 2013; Mullen & Moane, 2013; Fuller et al., 2018). Conversely, when this support from family is not present the effects on self-image are likely detrimental (Yadegarfard et al., 2014; Klein et al., 2016; Hafeez et al., 2017; Robinson, 2018). These past studies informed the additional objective of the current study to explore whether living with family (vs. not) influenced the pathway between relational factors and self-image (e.g., whether living with family is protective of the negative effects of loneliness).

The Importance of Daily Data and Past Transgender Diary Research

Diary methods capture the particulars of daily experiences, something that is not possible using more traditional research approaches (e.g., cross-sectional designs; Bolger, 2003). The multiple timepoints included in daily diary studies allow for an analysis of the fluctuations in a specific set of variables, providing researchers with dynamic data that captures the spontaneity of everyday life. Due to transgender people's marginalized status (Hendricks & Testa, 2012), they are more likely to experience stigma but this not necessarily

true for every single day. Conversely, transgender people's positive experiences are not necessarily daily occurrences either. Diary-based methods allow for the capturing of these positive, negative, and ambiguous nuances within people's experiences over time.

Past diary research that has included transgender people has largely grouped them with other LGB+ identities (Livingston, 2017; Anderson & Fowers, 2020). While there is assumed to be similarities of experiences across sexual and gender minorities, their experiences can be very different. In the current research transgender experiences are attended to separately from this LGBTQ+ umbrella (Lewis et al., 2021). The few past diary studies that focused on transgender people exclusively tended to focus on substance abuse and its relation to psychological well-being (Wolford-Clevenger, 2021a, b); while this research is important it does not focus on the social factors that may be central to shaping self-image for transgender people daily.

Aims of the Current Study

The aim of this study was to investigate the daily associations between relationship factors (relationship quality, social support, and loneliness) and self-image aspects (gender dysphoria, body image satisfaction, and self-esteem) within participants. Moreover, this study aimed to investigate whether living with family or not influenced these associations.

Hypotheses

H1: More positive experiences on relational factors (higher relationship quality, more social support, and less loneliness) are likely to be associated with

better self-image (higher self-esteem, more positive body-image, lower gender dysphoria and greater self-concept clarity).

H2: Living with family is likely to strengthen the association between relational factors and self-image.

5.2 Method

Design and Procedure

This study utilized an experience sampling paradigm within participants over the course of ten days. Participants filled out a series of measures each day that related to both their external and internal daily experiences (e.g., experiences shared with others and internal feelings). Participants attended an online orientation session where they were shown an introductory presentation and given the opportunity to ask any questions they may have had regarding the study itself. Participants also were given a demonstration of how to download the PIEL survey application to their smart device and upload the diary. Once the orientation session presentation was complete, participants were asked to complete an online demographics form via Qualtrics (Appendix D). Participants were then sent links to the PIEL survey and their diary file (formatted as a text file with a "*.survey*" extension) for them to upload to their smart devices. The diaries were programmed to notify participants every day at 7pm to fill in their surveys and they were given until midnight to complete the measures. Once the ten-day period ended, participants were prompted by the application to email the research lead their data in a spreadsheet format. Following the receipt of the data, participants were paid for their time. Participants were remunerated up to £40 for their participation over the ten-day

period, the payment structure worked as such: £10 for the orientation session and demographics, £2 per day for ten days (adjusted for missing days), and a £10 bonus for completing all ten days. Importantly, the notion of time-points in the current study is nested within the individuals to better model individual variation on a day-to-day basis. Data were collected over a three month period and the time between each participants responses varies.

Participants

Participants were recruited via convenience and snowball sampling methods via a poster and social media recruitment methods. A total of 41 transgender people were recruited overall, however one participant was excluded due to not returning their diary and another was excluded due to only submitting demographic data, making the total 39 overall. One participant did not complete their demographics form, but their diary data was included in the analyses. The sample consisted of 29 non-binary identifying individuals and 10 binary individuals (i.e., transfeminine or transmasculine). Participants self-identification of their gender reported 6 transgender women, 7 transgender men, 14 non-binary, 2 agender, and 11 identifying as other gender identities (e.g., where more than one identity intersected e.g., trans-masculine and non-binary). Participants were aged 18-53 *M*= 24.45 (*SD* = 9.17). Participant sexuality was an overlapping field (i.e., participants could select more than one answer) comprising of: 10 gay/lesbian, 9 aromantic, 9 pansexual, 7 bisexual, 13 queer, 3 questioning/unsure, 2 other sexual identities and 1 heterosexual identifying individual. 10 participants indicated that they lived with their families.

Overall, there were 39 participants responding to items over 10 days (although not all participants completed 10 days; the minimum number of days

submitted by one participant was 5 and another participant submitted 15 complete days due to a user error on their part; this data was kept in the final analysis).

Measures

Relational Factors

Social Support. One item with good face validity was adapted from Zimet et al.'s (1988) multidimensional scale of social support: "*Overall, how supported did you feel by your social network today?*" Responses were provided on 4-point scales (A lot, Moderately, A little, Not at all).

Loneliness*.* Loneliness was measured with three items taken from the UCLA loneliness scale (Russell, 1965). The items were: "*Today, how often did you feel that you lack companionship?*", "*Today, how often did you feel alone?*", and "*Today, how often did you feel that people were around you but not with you*" and were scored on a 4-point scale (Never, Rarely, Sometimes, Always). Cronbach's Alpha scores for this measure indicated high reliability (α = .99).

Relationship Quality*.* This measure consisted of one item with good face validity that asked participants to consider their overall sense of relationship quality (Fletcher et al., 2000). The item read: "*Today, how happy were you with your relationships with others in your life?*" and was scored on a 5-point Likert-type scale (Extremely, Very, Moderately, Slightly, Not at all).

Self-Image

Gender Dysphoria. This measure consisted of one item with good face validity adapted from McGuire et al (2020). The item read: "*Today, I felt that my overall sense of gender dysphoria was high,*" and was scored on a 7-point scale (from 1 = Strongly disagree to 7= Strongly agree).

Body Image. This measure consisted of one item related to body image satisfaction with good face validity adapted from Cash et al (2002). The item read: "*How satisfied did you feel with your body's appearance today?*" This item was scored on a 7-point agreement scale (from 1 = Very dissatisfied to 7 = Very satisfied).

Self-Esteem. This measure consisted of two items taken from the Rosenberg personal self-esteem scale (Rosenberg, 1965). These items were adapted into daily measures and read as: "*On the whole, I was satisfied with myself today,*" and "*Today, I wish I could have had more respect for myself (reversed).*" These items were scored on a 7-point scale (rom 1 = Strongly disagree to 7 = Strongly agree). These items correlated significantly with one another $r(352) = .53$, $p < .001$ and were averaged for further analyses.

Self-Concept Clarity. This measure consisted of one item with good face validity adapted from Campbell et al. (1996). The item was adapted as such: "*Today, I had a clear sense of who I am and what I wanted in general.*" The items was scored on a 7-point agreement scale (from 1 = Strongly disagree to 7 = Strongly agree).

Orientation data– Living with family

Orientation session measures included a series of questions about who participants lived with. Participants were allowed to select yes/no responses from multiple categories in this measure to indicate exactly whom they lived with including: Parents, siblings, children, romantic partners, friends, children, and flatmates. These data were then recoded to indicate whether a participant lived with their family (1) or not (0). Due to the variability in romantic relationships in terms of length (how many years) and type (married, unmarried, polyamorous etc.) these were not counted as familial relationships. Overall there were 10 individuals in the sample living with their families and 30 who did not live with family.

Analytical Strategy

To address study hypotheses, potential effects of daily relational factors (relationship quality, social support and loneliness) on self-image factors (self-esteem, body-image, gender dysphoria) among transgender people were tested via multilevel models using RStudio. Additionally, in these models we tested whether daily relational factors interacted with living with family to predict self-image. Because the daily data was nested within participants, Level 1 equations referred to daily levels of self-image and relational factors while Level 2 referred to participant level factors (i.e., whether they lived with family or not).

Models were calculated using the outcome level (self-image) with the respective covariates (relational factors). Living with family was entered in the analyses as an interaction with the covariates. Mean and standard deviation scores were calculated for the data within participants (Table 3.1). Before modelling, all relational factors were group mean centered using arithmetic

calculations between daily scores and means calculated for each individual participants completed diary.

5.3 Results

Table 1 displays means and standard deviations of all measures.

Table 3.1

Descriptive Data of Measures Within Participants

Variable	*M*	*SD*	*Possible range*
Social support	4.07	0.85	1-5
Loneliness	2.08	0.88	1-4
Relationship quality	3.67	0.99	1-5
Gender dysphoria	4.56	1.69	1-7
Body image	3.66	1.84	1-7
Self-esteem	3.94	1.52	1-7
Self-concept clarity	3.90	1.47	1-7

Gender Dysphoria

Greater daily relationship quality was associated with lower daily gender dysphoria, $b = -0.29$, $p < .01$, while greater daily loneliness was associated with higher daily gender dysphoria, $b = 0.39$, $p < .001$ (see Table 3.2). Living with family (vs. not) did not moderate any of the associations between relational predictors and gender dysphoria.

Table 3.2

Variable	*b*	*se*	*df*	*t*	*Pr(>|t|)*
Intercept	4.39	0.25	35.79	17.28	< .001 ***
Relationship quality	-0.29	0.11	303.98	-2.76	0.01**
Social support	-0.10	0.11	304.38	-0.93	0.35
Loneliness	0.39	0.08	330.98	4.86	< .001 ***
Living with family	0.72	0.49	37.32	1.46	0.15
Relationship quality x living with family	0.14	0.40	320.53	0.35	0.72
Social support x living with family	0.12	0.33	310.12	0.36	0.72
Loneliness x living with family	-0.03	0.26	308.09	-0.11	0.91

P = <. 001 '***', < .001, '**' < .01, '*' < .05

Body Image

Greater daily relationship quality was associated with greater daily body image satisfaction, $b = 0.35$, $p < .01$, and greater daily loneliness was associated with lower daily body image satisfaction, $b = -0.36$, $p < .001$ (see Table 3.3). Living with family (vs. not) did not moderate any of the associations between relational predictors and body image satisfaction.

Table 3.3

The Impact of Relational Factors on Body Image

Variable	*b*	*se*	*df*	*t*	*Pr(>|t|)*
Intercept	3.82	0.29	36.10	13.26	< .001 ***
Relationship quality	0.35	0.11	317.31	3.297	0.01 **
Social support	-0.01	0.11	317.88	-0.11	0.92
Loneliness	-0.36	0.08	338.12	-4.36	< .001 ***
Living with family	-0.81	0.55	36.21	-1.47	0.15
Relationship quality x living with family	-0.29	0.35	308.71	-0.82	0.41
Social support x living with family	-0.37	0.30	309.09	-1.21	0.23
Loneliness x living with family	0.09	0.26	316.41	0.35	0.73

P = <. 001 '***', < .001, '**' < .01, '*' < .05

Self-Esteem

Greater daily relationship quality, $b = 0.29$, $p < .001$, and greater daily social support were associated with higher daily self-esteem, $b = 0.17$, $p < .05$. Additionally, greater daily loneliness was associated with lower daily self-esteem, $b = -0.47$, $p < .001$ (see Table 3.4). The association between daily

relationship quality and daily self-esteem was moderated by living with family (vs. not), b = -0.71, p < .01. Follow-up analyses revealed that greater daily relationship quality was associated with higher daily self-esteem for those not living with family, b = 0.30, p < .001, but for participants that were living with family, there was no statistically significant association between these variables, b = -0.42, p = .100.

Table 3.4

The Impact of Relational Factors on Self-Esteem

Variable	*b*	*se*	*df*	*t*	*Pr(>|t|)*
Intercept	4.02	0.24	36.52	16.64	< .001 ***
Relationship quality	0.30	0.08	318.87	3.57	0.01 ***
Social support	0.17	0.08	319.50	2.090	0.04 *
Loneliness	-0.47	0.06	332.09	-7.396	< .001 ***
Living with family	-0.32	0.46	36.54	-0.69	0.50
Relationship quality x living with family	-0.71	0.27	309.16	-2.642	0.01 **
Social support x living with family	-0.09	0.23419	309.60	-0.399	0.69

Loneliness x living with family	-0.38	0.20	317.87	-1.92	0.06

P = <. 001 '***', < .001, '**' < .01, '*' < .05

Self-Concept Clarity

Greater daily relationship quality, *b* = 0.25, *p* < .01, and greater daily social support, *b* = 0.24, *p* <.01, were associated with greater daily self-concept clarity (see Table 3.5). Additionally, greater daily loneliness was associated with lower daily self-concept clarity, *b* = -0.47, *p* <.001. Living with family (vs. not) did not moderate any of the associations between relational predictors and self-concept clarity.

Table 3.5

The Impact of Relational Factors on Self-Concept Clarity

Variable	*b*	*se*	*df*	*t*	*Pr(>|t|)*
Intercept	5.16	0.22	35.67	23.511	< .001 ***
Relationship quality	0.25	0.09	315.35	2.75	0.01 **
Social support	0.24	0.09	315.83	2.609	0.01 **
Loneliness	-0.47	0.07	343.01	-6.81	< .001 ***
Living with family	-0.53	0.42	35.92	-1.26	0.21

Relationship quality x living with family	0.37	0.30	308.23	1.24	0.22
Social support x living with family	-0.36	0.26	308.54	-1.39	0.16
Loneliness x living with family	0.39	0.22	314.60	1.78	0.08

P = <. 001 '***', < .001, '**' < .01, '*' < .05

5.4 Discussion

The findings of the current study show the ways in which specific daily relational factors, if positive, improve components of self-image. Pathways can be drawn from the current data that show how transgender people reflect upon their relationships day-to-day in association with their own self-image. The current study showed that daily gender dysphoria was lower among those who reported greater relationship quality. Moreover, this model indicated that higher levels of loneliness were associated with greater gender dysphoria. This finding supports Hypothesis 1, which predicted that positive daily relational factors (higher relationship quality, more social support, and less loneliness) would be associated with better self-image (higher self-esteem, greater self-concept clarity, more positive body-image, and lower gender dysphoria). Several past studies acknowledge gender dysphoria but do not conceptualize it as potentially

influenced by daily relational factors (Sievert et al., 2018). This is likely due to the assumption that gender dysphoria is a clinical diagnosis that is part and parcel of transgender identities; instead, our findings underline that gender dysphoria is also influenced by interpersonal factors that maintain and affirm (or not) self-image (American Psychiatric Association, 2013; Bockting et al., 2016; van de Grift et al., 2016; Hammack et a., 2019; Turban et al., 2020). This specific finding shows that the practical daily elements of relationships (relationship quality) contribute to reducing transgender people's sense of day-to-day gender dysphoria.

Additionally, body-image was significantly improved by greater relationship quality and lower levels of loneliness. This finding supports the notion that interpersonal factors related to the overall quality of relationships are salient for maintaining and improving well-being (Rezeppa et al., 2021). Furthermore, all positive relational factors (greater social support, higher relationship quality, and lower levels of loneliness) played a significant role in increasing both daily self-esteem and self-concept clarity. These findings are consistent with past research that showed positive relationships have a beneficial influence on self-esteem and self-concept clarity (Doyle et al., 2021; Sievert et al., 2021) as well as past research that shows stronger relationships are generally beneficial for transgender people's sense of well-being, inclusive of body-image (Bradford et al., 2013; Fuller et al., 2018; Mullen & Moane, 2013).

These findings also contextualize the literature that demonstrates that familial acceptance is important for improving self-image and more general well-being among transgender populations (Zamboni, 2006; Bradford et al., 2013; Mullen & Moane, 2013; Fuller et al., 2018; Lewis et al., 2021). Research has established that supportive families are protective of minority stressors

(Bockting et al., 2016). Studies that include familial support do not tend to investigate its relationship with self-image factors, rather they treat these measures as a separate construct (Jackman et al., 2018). One cross-sectional study used both familial support and gender dysphoria as predictors of non-suicidal self-injury, but did not consider the association between both factors (Jackman et al., 2018).

Although living with family had, by itself, no significant impact on any indicator of self-image, it significantly interacted with relationship quality to predict self-esteem. Follow up analyses of these results elucidated that, in the current sample, for those who lived with their family, relationship quality was not associated with self-esteem; by contrast, for those who did not live with their family, the analyses revealed a positive association between relationship quality and self-esteem. Due to these findings, Hypothesis 2 was not well supported in the current sample. This is likely due to there being similar associations between overall daily relational quality in relation to the self-image factor observed in each model. The fact that living circumstances (living with family or not) did not significantly interact with any other relational factor or predict any other aspect of self-image suggests that the positive impact of relationship quality on self-image emerges irrespective of whether or not participants live with family. It must also be noted that several participants either lived with people they considered friends, or with romantic partners, and they might have considered these to be a ‘chosen family.’ In general, members of the LGBTQ+ community sometimes make a distinction between chosen and biological family members and asking this question too may help in elucidating how transgender people conceptualize their family members (Hammack et al., 2019; Jackson Levin et al., 2020). Living with family, by itself, did not predict self-esteem,

suggesting that it is potentially not a salient determinant of self-esteem in this population, although specific daily relationship factors (with family and others) do provide positive influence on self-esteem.

Greater relationship quality for transgender people has been suggested to manifest in aspects such as consistency of support via using the correct pronouns, avoiding deadnames, help in redefining gender identity, gender apprenticing, and coping together through creating mechanisms reciprocally (Hammack et al., 2019; Lewis et al., 2021). Regardless of the overarching non-significant interactions with living with family across the models in this study (excluding self-esteem), these current findings can still be used to help inform therapy targeting relationship quality in several relationship domains (including familial therapy) to help in improving daily self-image among transgender people.

Limitations and Future Research

One limitation of the current study is that we were unable to differentiate between the experiences of binary and non-binary identifying transgender people. This means that there could be associations specific to these identities that have not been teased out in the results. Future research could aim to focus on one of these identities explicitly or perhaps collect data from a larger sample to help in conducting a wider comparative analysis between these groups. Another limitation relates to the aspects of self-image assessed in the current study; future research should aim to seek out more information regarding which aspects of self-image are most salient for transgender people. This could be best executed in a qualitative study probing the aspects of salient self-image among transgender people and how significant they are for them. Assessing

more aspects of self-image among transgender people could help make future research more reflective of transgender peoples' self-image factors.

Furthermore, only ten participants lived with their families in the current sample meaning that statistical power may be too low to analyze the impact of this factor. Future research should aim to recruit explicitly from populations of transgender people living with their family's vs not. Moreover, these results do not account for the nuance among the people that participants live with (e.g., there were some participants who lived with their families, friends, and in some cases romantic partners all in the same household; these were counted as living with family in the current study). Future research planning to employ a similar paradigm should present participants with a measure that asks them explicitly whether they live with family or not (rather than deciding this based on a specification of the individuals people live with) allowing for a self-reported wider conceptualization on the participants' part.

Conclusion

In conclusion this study shows that in general specific positive daily relational factors influence positive self-image in transgender people. This study contributes to the wider literature base by making explicit links between the specific concepts of relationships and making direct associations with specific elements of positive self-image. These specific relational and self-image links in the current study can be used to help improve understanding of the associations between transgender people's daily conceptualizations of their relationships and how they relate to their self-image. Moreover, these results have implications for understanding how supportive relational partners can further boost self-image which strengthens the understanding of how these

factors can be put into practice in a wide number of domains. These practices include creating spaces that boost self-image in policymaking and informing therapists to use these findings to improve relationships through boosting self-image via the relational mechanisms highlighted in the current study.

Chapter 6: General Discussion

6.1 Initial Summary

The current thesis has explored the dynamics of social relationships for transgender people and their relational partners. A central theme of this thesis was examining how transgender people and their relational partners navigate their relationships together and which dynamics are most salient in daily interactions. In the best circumstances, these relationships involve reciprocity in support between partners (Hammack et al., 2019; Doyle, 2022). Chapter 2 revealed potential relational themes (i.e., the development of relationships through transition and beyond, coping strategies of transgender people and their relational partners, reciprocal support in social relationships, how stigma is interpersonally ameliorated, and Influence of stigma on social health and well-being) that relate to the buffering role of social relationships for the health and well-being of transgender people and their relational partners. Issues of social stigma were highlighted across results of the studies in this thesis, with these experiences reported by transgender people themselves as well as their relational partners. These results were consistent with the notion of courtesy stigma, which refers to the stigmatization of those who have close relationships with members of marginalized groups (Mak & Cheung, 2008; Werner & Shulman, 2013). The deleterious effects of stigma on transgender people's relationships were further highlighted by gender service providers in Chapter 3.

Results from these studies further revealed that open, communicative social relationships had positive effects on self-image and identity for transgender people, which were found to protect against the damaging effects of stigma, consistent with past research conducted with members of other

marginalized groups (e.g., ethnic minorities; Frost, 2011; White Hughto et al., 2015; McLemore, 2018). Chapter 3 showed that supportive interpersonal relationships helped in reducing feelings of stigma, improved identity via the pathway of identity affirmation, and elucidated the kinds of support salient to transgender individuals. Furthermore, Chapter 3 revealed that receiving gender identity affirmation from supportive relational partners was essential for transgender people, which is consistent with findings from past research (Glynn et al., 2016; Seibel et al., 2018; Goldenberg et al., 2019; Doyle et al., 2021). Chapter 4 indicated that in imagined social interactions with a stranger who either had a transgender identity or did not, transgender (vs. cisgender) people were particularly concerned about their self-image regardless of with whom they were imagining interacting. Finally, Chapter 5 elucidated the role of relational factors (i.e., relationship quality, social support, and loneliness) in daily self-image for transgender people as well as testing whether these were significantly moderated by living with family or not. This chapter showed the specific daily relational processes that contributed to positive self-image among transgender people. For example, greater relationship quality was associated with lower gender dysphoria, greater body image, higher self-esteem, and higher self-concept clarity. These results were consistent with past research (Bradford et al., 2013; Mullen & Moane, 2013; Fuller et al., 2018; Sievert et al., 2018; Rezeppa et al., 2021). However, living with family or not did not significantly interact with any of the relational factors, excluding self-esteem, where greater relationship quality significantly predicted higher self-esteem for those not living with family.

Across all empirical chapters in this thesis (2-5), issues specific to relationship processes for those who identify as transgender and gender

diverse were identified, such as passing, gender affirmation, body image concerns related to gender expression, forms of transgender stigma, and gender identity concealment. These specific issues all play a vital role in the relationships of transgender people regardless of whether these relationships are close or distal. These findings indicate that all members of transgender people's social networks and those that they interact with on a temporary basis are important for feelings of identity congruence, gender affirmation, and other transgender identity-specific concepts highlighted in the current thesis.

6.2 Development of Transgender Identities and the Roles of Affirmation, Support, and Reciprocity from Relational Partners

Transgender people's identities, like all identities, develop over time (e.g., via information seeking; Levitt & Ippolito, 2014). For transgender people, this process of identity development appears to accelerate following disclosure of preferred gender identity to family, as evidenced in Chapters 2 and 3. Results contained within the meta-themes identified in Chapter 2 support Levitt & Ippolito's (2014) model of identity development, where close relational partners (e.g., parents and close family) provide a significant role in affirming identity to help it develop. Levitt and Ippolito's work has been widely cited, however further work to develop the ideas within their initial study had not been conducted. Chapters 2 and 3 support this model by demonstrating the role of members of relational networks (friends, peers, romantic partners etc.), who all play an integral part in assisting identity development through processes such as gender affirmation and gender apprenticing (whereby someone provides tutelage on gendered behaviors and/or actions such as tying up a tie, shopping

for gendered clothing, or getting a gendered haircut; Chapters 2 and 3; Doyle, 2022; Hammack et al., 2019; Pryor, 2015; Pusch, 2005).

Changes and development in identity were not unique to transgender people themselves, but also experienced by their relational partners. Redefinition of roles within relationships were discussed by transgender people and their relational partners in Chapters 2 and 3. These redefinitions also included using new gender labels, such as parents referring to a daughter instead of a son (for a transmasculine person), or simply referring to a child (as a non-binary person preferred in Chapter 3). Moreover, romantic relational partners talked about "*awakenings*" in terms of their own sexual identity, which shifted during the process of their romantic partners' gender identity transition (e.g., one participant in Chapter 3 talked about how she and her transgender partner began to identify as bisexual following identity disclosure). Moreover, collective identity was an important aspect for some relational partners, with mothers reframing their gendered children as "child" to reflect their gender fluidity and romantically involved members of the LGBTQ+ community still identifying as such despite a perceived heteronormative shift in their identity as perceived by others. This reinforces the research on identity renegotiation in transgender romantic relationships (Brown, 2009), however it also highlights that renegotiation extends beyond romantic relationships; this has been alluded to in past research but not framed in this way (Alegria, 2018; Field & Mattson, 2016). Such labels are important for transgender people as they allow for the development of identity and establishment of a strong sense of self (Hammack et al., 2019; King & Gamarel, 2021). Such actions also aid cisgender people in their close relationships as they can shift perceptions of the individual who has recently come out to them as transgender, improving their own sense of identity

in terms of the previously mentioned identity renegotiation in cases where relational partners are supportive (as demonstrated in Chapter 3).

Another important part of identity development is developing a sense of shared or communal identity through forming relationships with other transgender people, again highlighted in Chapters 2 and 3. Groups of transgender peers can help create a sense of community, which is particularly important for the well-being of transgender individuals (Morgan et al., 2012). These spaces (i.e., those dominated by in-group members) allow for the exchange of unique information relevant to gender transition and navigating relational dynamics (particularly familial dynamics). One participant in Chapter 3 mentioned that their transgender friend was integral to their own gender transition and identity development because the friend could provide information about procedures to them as well as their family, who may have previously had concerns about gender affirming procedures related to a lack of information and understanding. This is reflective of the importance of connections among transgender people at various stages of transition; these types of intragroup relationships facilitate identity development for transgender people (Pflum et al., 2015).

Another key factor regarding identity development was observed in the quantitative work in the current thesis (Chapters 4 & 5) where aspects of self-image were measured. Chapter 4 highlighted the importance of others in maintaining transgender women's self-image through the reported higher concerns about self-presentation in their imagined interactions. These concerns were consistently high when transgender women imagined interacting with either cisgender or transgender women. The results from chapter 4 have implications for the importance of the pathway between imagined gender

affirmation from relational partners and identity development which have been acknowledged as important in recent literature (Doyle, 2022).

Chapter 5 complements the findings in this thesis by explicitly investigating the differing aspects of relationships of transgender people living with family vs not and how they contribute to self-image. This chapter highlighted that transgender people's positive relationships with others were integral to maintaining and improving the elements of their own reported self-image (self-esteem, self-concept clarity, gender dysphoria, and body-image). However, living with family or not had no effect in this sample due to there being fewer participants living with their families in the current study. Regardless, the implications of these findings highlight the salience of daily positive relations and the role they play in identity development through boosting self-image.

In parallel, cisgender relational partners (usually parents or romantic partners, but potentially also children) might also need in-group support from other cisgender people with transgender loved ones. Chapter 3 found that cisgender members of transgender people's social networks sometimes find comfort in confiding with one another earlier in the transgender persons' transition. Over time, the role of relational partners of transgender people seems to change, sometimes going from information seekers earlier in transition to mentors to other cisgender individuals later in transition. Such findings also support the necessity of services specifically for cisgender relational partners so that they can gain the skills and knowledge to assist their transgender relational partners in identity development as well as develop in their own definitions of gender identity; a finding mirrored in recent work (Doyle, 2023). Interestingly, chapter 4 makes an important adjacent contribution to this notion too with cisgender women reporting greater concerns about using the

correct pronouns comparable to that of transgender women when imagining their interactions with transgender women). This concern around pronouns has implications for cisgender women's (and by extension cisgender people's) potential need for support early in a significant transgender persons' transition (i.e., cisgender people may need support in adjusting to and understanding pronouns early on in their relationship with a transgender person).

Chapters 2 and 3 demonstrated the importance of supportive relationships for effective coping of transgender people and their relational partners. Effective coping strategies were generally reciprocal in some way and relational coping was suggested to shift at different points in the development of transition (which subsequently indicated shifts in the development of relationships). Chapter 3 showed a marked effect of relationship stage on coping mechanisms, particularly in the case of romantic partners. Positive inputs from romantic partners helped transgender people protect, preserve, and assert social identity in the face of adversity. Chapter 4 shows that cisgender women are more concerned when imagining interacting with other cisgender women when compared to their imagined interactions with transgender women in a workplace context. Expanding this lens, this finding highlights that cisgender women may in general may be more comfortable with affirming transgender women's identities through gender confirmatory language due to the lower concerns observed in this group within this chapter. This finding is consistent with past research which suggests that cisgender women are more likely to affirm transgender people's gender identity (Conlin et al., 2021). Lastly, Chapter 5 shows that through the bolstering effects of positive relational factors on self-image transgender people and their supportive relational partners have to some extent co-developed their own coping strategies; this finding relates

back to Chapters 2 and 3. These notions tie into the idea of dyadic coping whereby supportive romantic partners (and by extension relational partners) and transgender individuals work together in a transactional sense (Bodenmann, 1995). The specific findings from this study when mapped on to dyadic coping dimensions show: cognitive (individual and dyadic appraisals of minority stress, shared minority stress, and individual/dyadic coping resources), emotional (shared emotions such as empathy for transgender partners and reciprocally understanding the perspective of cisgender partners), physiological (shared arousals such as partners identifying with one another's sexual identities), and behavioral aspects and processes (e.g., overt stress management activities, active listening to the partner's minority stress-related issues, gender affirmation).

6.3 Interacting with Strangers has Implications for Transgender Identity Congruence

Much past research on transgender peoples' experiences has focused on the stigma they experience and where they tend to encounter it (Hendricks & Testa, 2012), however very few studies have investigated the role that strangers play in transgender people's well-being. Strangers are those outside the transgender person's social network. Strangers play a key role in identity expression for transgender people, including influencing gender affirmation, passing, and gender concealment. Chapters 2, 3 and 4 elucidate upon the role that strangers have on these factors; strangers that do not affirm gender are detrimental to transgender peoples' immediate well-being and functioning whether their lack of affirmation is intentional or unintentional. In recent years, there has been an uprising of transgender exclusionary feminists (TERFS)

spearheaded by individuals in the public eye who use their influence to push their own anti-trans agendas (Chudy, 2022). The media coverage of TERFs has the potential to influence public perception of transgender people. If cisgender people are misinformed about transgender identities, then their perceptions and attitudes may be more likely to be informed by negative stereotypes and prejudice, which has detrimental effects on the transgender people they meet (Boccanfuso et al., 2021; Lewis et al., 2021). Close relational partners can help prevent such negative experiences for transgender people by educating others on transgender identity, which is an indirect form of social support (Chapters 2 and 3). Another way in which transgender people are protected in their relationships is through direct identity protection via the pathway of using language such as correct pronouns, names, and other gender affirming practices like giving solicited advice on clothing, etc. (Chapters 2 and 3).

A related issue for transgender people is the level of appropriateness in terms of questions that cisgender people with minimal contact ask when interacting with a transgender person (or in some cases their relational partners). Several transgender participants in Chapter 3 highlighted that strangers in certain spaces felt it was appropriate to ask deep and pointed questions about surgeries, hormones, sexual intercourse, and a range of other sensitive questions. In Chapter 3 these types of questions were shown to have deleterious effects on the relational partners of transgender people, who consequently keep a certain level of defense up when entering heteronormative spaces. This was also confirmed in Chapter 4 where transgender women reported greater intergroup anxiety and disclosing personal information concerns when imagining interacting with a cisgender woman.

Concerns related directly to interactions with strangers were reflected in the intergroup interactions experiment (Chapter 4) where the paradigm focused on the imagined interactions between and within cis- and transgender women. Interaction concerns were generally highest for transgender women when imagining interacting with cisgender women. This was attributed to the power dynamics between trans- and cisgender women, where it was inferred from these results that transgender women's opinions were of less consequence to both groups of participants. However, despite this being the overall pattern there were diverging concerns between transgender and cisgender women. It was noted that transgender women when imagining interacting with cisgender women vignettes reported higher concerns about being perceived as lacking empathy, nonverbal behaviors, saying the "wrong" thing, disclosing personal information, self-presentation concerns, and general intergroup anxiety. These findings could be a result of transgender women's internalized transphobia which likely increases their overall concerns when interacting with cisgender women (Hendricks & Testa, 2012). These concerns may contribute to a reduction in transgender women's salience of their own opinions and those of other transgender women as concerns when interacting with transgender women were lower in this sample overall (Beauregard et al., 2018; Yavorsky, 2019). Moreover, these findings from Chapter 4 highlighted that transgender people's self-presentation is not necessarily determined exclusively by the perceptions of cisgender people, as some past research has implied (Schilt & Westbrook, 2009) due to the observed higher self-presentation (body-image and femininity) concerns among transgender women when interacting with either imagined cisgender or transgender women. These findings from chapters 2, 3, and 4 did inform the research objective of chapter 5 where the link

between relational factors and self-image was investigated. Importantly, the findings from chapter 5 show the importance of supportive relationships in transgender people's lives, particularly in improving or maintaining elements of self-image, which is discussed in the next section.

6.4 The Role of Self-image in Relationships and How Relational Partners Bolster Self-Image for Transgender People

Self-image was a key aspect of interpersonal relationships highlighted in this thesis; its influence in relationships can be seen throughout all four studies. Chapter 2 and 3 showed that supportive relationships were key for bolstering aspects of self-image, framed mainly through the lens of gender affirmation (Doyle et al., 2021). Chapter 3 provided evidence that good quality relationships with relational partners assisted in reducing feelings of gender dysphoria, by reducing feelings of body related stigma, both of which are part of self-image (Mullen & Moane, 2018; Rezeppa et al., 2022). Chapter 4 demonstrated that transgender women reported greater concerns about their self-image regardless of with whom they were imagining interacting when in a shared environment. These self-image concerns were related to issues of body-image satisfaction and femininity among transgender women. Finally, Chapter 5 explicitly investigated the link between relational factors and daily self-image, showing that specific relational factors were salient for certain daily aspects of self-image (e.g., that greater relationship quality and lower levels of loneliness predicted lower gender dysphoria scores).

The unique aspect of gender dysphoria as a component of self-image for transgender people was alluded to in Chapters 2 and 3. As gender dysphoria emerged as a key concept in these earlier studies, it became a central measure

in Chapter 5, which explicitly utilized gender dysphoria as an indicator of daily self-image. These findings indicated that greater social support and relationship quality were markers for lower gender dysphoria. This finding helps in linking the findings from the earlier studies in this thesis (Chapters 2 and 3) with more practical daily concepts of relationship factors and their function in improving aspects of self-image.

Chapter 5 additionally looked at the outcomes of self-esteem, self-concept clarity, and body-image. The findings for these measures showed that main effects of greater social support, lower feelings of loneliness, and greater relationship quality related to greater positive self-image (lower gender dysphoria, higher body-image, higher self-esteem, and higher self-concept clarity). These findings show that in general most positive relational factors will improve aspects of self-image; more importantly they show how the individual relational dynamics in transgender people's day-to-day lives influence specific aspects of self-image—for example, specifically that lower levels of loneliness and greater relationship quality improve feelings of gender dysphoria. The patterns in these findings support the cross-sectional and review-based literature (Bockting et al., 2016; van de Grift et al., 2016; Hammack et a., 2019; Turban et al., 2020; Rezeppa et al., 2021), but elaborate upon daily experiences, which have not been considered before in past research. The finding that living with family protects against loneliness and low self-concept clarity supports the notion that familial support is key for transgender and gender diverse individuals, especially if they do not have access to other sources of support (Seibel et al., 2019).

However, it is important to also highlight that Chapter 5 showed that in general living with family did not protect against the impact of greater loneliness

on negative self-image measures. Generally, whether participants lived with family or not, self-esteem was lower when participants reported greater loneliness scores. Conversely, greater loneliness scores were negatively associated with self-image related factors overall (e.g., higher gender dysphoria, lower body-image, low self-esteem, and poorer self-concept clarity). This was posited to be a result of a reflection of the pervasive nature of loneliness which can persist even in the company of others (Barreto et al., 2022). The effects of greater levels of loneliness on poorer self-image observed in Chapter 5 are posited to be a result of the loneliness transgender people suggested to feel due to their marginalized status (Wilson & Liss, 2022; Hermann et al., 2023).

The findings in this thesis for the most part further support the literature concerning the roles of positive relationships in improving self-image and vice versa (Allen, 2010; McGuire et al., 2016; Strübel & Goswami, 2022; Doyle, 2022). In many respects Chapters 2, 3, 4 and 5 provide a basis for the notion that self-image serves as a key aspect of transgender people's daily lives; positive relationships were alluded to help in improving self-image in Chapters 2 and 3 where both the literature and interview participants elaborated upon the needs of transgender people regarding their self-image—for example, ameliorating stigma via gender affirmation, which is in many respects an element of social support for transgender people (Amand et al., 2011; Boza & Perry, 2014). The results of these studies reflect the bidirectional pathway between self-image and relationships highlighted in past studies where improved self-image increases relationship factors and relationship factors improve self-image (Doyle, 2022). Chapter 4 shows potential concern among transgender women regarding their self-presentation, specifically femininity and

body-image, when they imagine interacting with others. Chapter 5 then elaborated upon the specific daily relational factors and how they related to specific aspects of self-image on a day-to-day basis. These findings have utility in informing therapy targeted toward improving relationships between transgender people and their relational partners. For example, if a transgender person presents in relational therapy with poor self-esteem these findings would suggest that therapists can work with their relational partners to help improve relationship quality via improvements in gender affirmation (Lewis et al., 2021; Lewis et al., 2022; Zamboni et al., 2006).

6.5 The manifestation of stigma across empirical chapters

The studies in the current thesis addressed several aspects of stigma and revealed findings that elucidated upon the way stigma is experienced by transgender people in their daily lives. Chapters 2 & 3 highlighted the experiences of stigma in transgender people's own words, chapter 4 potentially showed the mechanisms that may drive stigma via concerns among cisgender people, and chapter 5 explored the potential consequences of stigma on well-being and social functioning among a gender non-conforming sample.

Chapter 2 synthesized qualitative literature focusing on relationships; within this chapter several aspects of stigma were highlighted. The literature showed that transgender people experience specific forms of stigma such as intentional misgendering, dead-naming, and members of social networks who were perceived to be selfish in terms of refusing to shift their perception of the transgender person's gender identity. Moreover, these specific forms of stigma were reported to be prevalent across a number of contexts including: in the home with relatives, with friends, and in wider LGBTQ+ spaces. These results

reflect the way in which stigma is enacted toward transgender people in the literature as well as the surprising context of anti-trans sentiments in LGBTQ+ spaces (White-Hughto et al., 2015; Serano, 2016; Worthen & Herbolsheimer, 2022).

Chapter 3 explored similar aspects to chapter 2 but aimed to do so using qualitative methods to capture experience in the participants' own voice as opposed to gleaning this from past literature. These perspectives were multiple in terms of who was speaking (transgender people, their relational partners, service providers), meaning that the results of this study are triangulated and therefore potentially more applicable to diverse real-world settings (Heale & Forbes, 2013). Participants reported similar issues to those highlighted in Chapter 2 but elaborated more explicitly on the way in which stigma had been enacted towards transgender people such as identifying the key perpetrators of stigmatizing attitudes in their lives (e.g., strangers, cis gay men, and fathers/male partners). Participants also noted that although they understood that some stigmatizing behavior was unintentional it did not necessarily lessen the impact this has on their overall sense of identity or well-being. Unintentional stigma has been shown to impact transgender people negatively in past literature, with people reporting experiencing this type of stigma frequently in medical spaces with professionals (Goldberg & Kuvalanka, 2019; Dolan et al., 2020; Calleros et al., 2022).

Chapters 4 and 5 complemented the qualitative work of prior chapters. Chapter 4 specifically focused on exploring the elements of concern between cisgender and transgender women in social interactions. This chapter showed that transgender women experience greater concerns overall in their imagined interactions; this overarching sense of concern is reflective of the anticipatory

stigma they experience on a daily basis. Moreover, this chapter may elucidate the specific concerns that relate to transgender women's experience of stigma (e.g., the mechanism of self-presentation concerns suggests that stigma is rooted in appearance for transgender women when imagining interactions with others). Chapter 5 further developed on the notion of self-presentation stigma highlighted in chapter 4 by measuring the association between relational factors and self-image factors in daily life. Chapter 5's results show that positive relationship factors contribute to better self-image among transgender and gender non-conforming participants (TGNC). The implications of these findings for stigma show that positive relationships are essential in protecting self-image which in turn helps in ameliorating stigmatizing experiences related to appearance, something that has been acknowledged as essential in recent work on transgender people's identity development (Doyle et al., 2021; Doyle & Barreto, 2022).

These empirical chapters all convey results which can be directly or indirectly linked to transgender people's experiences of stigma. One point of interest between these chapters was the notion of experiencing stigma in LGBTQ+ spaces, which many might assume would be a protective environment (Farmer & Byrd, 2015; Veale et al., 2017). Understanding why this occurs is likely due to the assumption of cis-normativity as well as cis-sexual attraction among some LGB people (Pollitt et al., 2021), potentially leading to an environment where transgender people feel unwanted or excluded. Another aspect of stigma highlighted across all the chapters is self-image and self-presentation; these elements of transgender people's identity are paramount to gender congruence (Hendricks & Testa, 2012). However, when stigma is enacted towards transgender people, appearance is usually one of the first

aspect targeted by perpetrators (Hendricks & Testa, 2012; Vipond, 2015; Hughto et al., 2021). The results from the empirical chapters in the current thesis illuminate the minutiae of transgender people's experiences of stigma in relationships in daily life and provide direction for future research that can better target specific forms of stigma for intervention.

6.6 Limitations and Future Directions

The studies in this thesis highlight several salient dynamics in transgender peoples' relationships and how they relate to various aspects of identity and well-being. However, there are also limitations to the studies in these chapters that need to be addressed, and which may provide directions for future research.

First, geography plays an important role in these studies; all participants recruited for the studies above were generally from the South-West region of the UK. Moreover, the intersections in terms of race and ethnicity were lacking as the samples across studies in chapters 2-5 were mostly white British. These factors may influence these results as the data obtained for this body of work may reflect a more localized view of transgender people's experiences. Future research conducted among transgender samples should make greater efforts to utilize recruitment in gender clinics to complement similar bodies of research. Expanding the recruitment base would serve to better reflect the experiences of transgender people in the United Kingdom and in turn help inform UK based policies and inform therapy that is culturally sensitive (e.g., factoring in UK specific behaviors like the stiff upper lip phenomenon; Boyce, 2012).

Moreover, myself and other members of the supervisory team do not currently identify as transgender which could be a limitation in terms of our

approach to the research and the data. Our perspectives are from a diverse range of backgrounds but our experiences are those of cisgender researchers and therefore may bias the interpretation of the data in specific ways (e.g., there could be a bias to report the negative aspects in more detail which may ignore the positive elements of the findings). Moreover, this thesis is interpreted and written via my own perspective meaning that there is a lens here that could be construed as informed by cis-normativity. This was considered at various points in the studies reported here (e.g., chapter 2's results were circulated among the transgender participants at one stage of analysis and some interns that identified as transgender assisted with various studies in other chapters). While the process of writing this thesis aims to give voice to transgender people future work could endeavor to consistently include a transgender person or group of people throughout the entirety of the research process to feed back on the work conducted.

Additionally, this thesis when first conceptualized took a broad approach to the notion of relationships and other factors related to transgender people. At the time, empirical research on transgender people's relationships was minimal and the work that did exist was either theoretical or qualitative. This lack of work required a specific synthesis of this literature which opened up several pathways to explore among transgender people. The identification of self-image as a salient factor occurred after conducting Chapters 2, 3, and 4 which informed the work in chapter 5. Future research could use these chapters to help inform investigations into other aspects that are more uniquely applicable to transgender people's daily lives—such as exploring the wider contributing factors to gender affirmation and self-image to help highlight the salient constructs of both.

Statistically, there were some limitations with the samples in the current thesis. Of note there were a small number of participants in the diary study (Chapter 5) that actually lived with their families. This low number may have contributed to the lack of statistical effect seen in the models when including the interaction of living with family or not. Future research should aim to balance the sample more when using a diary-based method. One such method would be to balance the sample as 1:1 ratio (e.g., recruit 20 living with family and 20 not living with family). On a deeper level, future research could pursue many different pathways using the chapters here. One such pathway is identity. Work on this is already underway with research exploring the pathways between hormones and psychosocial outcomes among transgender people (Doyle, 2022; Doyle et al., 2023). This work could include relational factors too and investigate the role relationships have in hormone adherence practices among transgender people. Another potential pathway of investigation is the specific analysis of rejection and its effects on development. More specifically it would be important to investigate whether parental rejection in adolescence affects identity development among transgender people (Phinney, 1989; Guerra & Braungart-Rieker, 1999). Understanding the impact that rejection has on identity could help better inform therapeutic practices that target rejection-based trauma.

6.7 Concluding Summary

A main conclusion drawn from this thesis is that supportive relational partners play an integral role in affirming gender identity among transgender individuals, which in turn supports health and well-being in this population. Moreover, these empirical chapters provide evidence in support of the idea of

how identity is managed as individuals as well as reciprocally in relational dyads (e.g., alone vs presenting as a romantic couple). Supportive relational partners assist in navigating the varying experiences that interactions with strangers could elicit for transgender people (both good and bad). This thesis reveals the primacy of supportive familial relationships and their role in bolstering self-image and identity among transgender people.

The results from the current thesis have practical implications for several domains in clinical practice and familial settings. The results of Chapters 2 and 3 illuminate the dynamics of transgender peoples' relationships; these studies show the everyday role of affirmation, support, identification, and identity management which have merit as targets of treatment in therapeutic settings (Wahlig, 2015; Zamboni, 2006). Moreover, the results of Chapters 2 and 3 show how our understanding of these dynamics can help in understanding the processes underpinning the processes that boost identity from a relational partners perspective. These results from Chapters 2 and 3 can help better inform the therapeutic environment and help therapists translating theory into action in these spaces via improving specific aspects of relationships to help in boosting elements of daily self-image. The results from Chapter 4 show that imagined intergroup concerns related to anxiety, fear of lacking empathy, self-image, and language are salient for transgender and cisgender people. These results have implications for understanding the concerns that people have in intergroup environments with both cisgender and transgender people. Workplace policy and supportive relational partners could use these findings to help reinforce positive self-image in their transgender relational partners through improving aspects of relationship quality and social support using

training in these areas. Moreover, the bolstering of self-image among peers could inform workplace policy by implementing strategies that aim to improve peer to peer relationship quality and support. Other findings in this thesis further support this by showing a link between living with supportive family and amelioration of loneliness, which improves self-concept clarity among transgender people. Bolstering self-image as a supportive relational partner would help in reducing the impact of societal beauty standards on transgender well-being (and potentially improve other gender affirming aspects; Sharp, 2021).

6.8 Conclusion

Ultimately the goal of this thesis was to explore the dynamics of relationships for transgender people. The findings from these studies show that processes of gender affirmation, social support, relationship quality, loneliness, and other processes highlighted in this thesis play a vital role in the lives of transgender people. Positive and supportive relationships and relational networks have been shown to contribute to ameliorating minority stressors like gender concealment, misgendering, and discrimination among transgender people. Moreover, the studies here highlighted the concerns in several different forms of relationships from multiple perspectives (e.g., transgender people, romantic partners, family members etc.), demonstrating that supportive relational partners have concerns about the overall affirmation and well-being of their transgender relational partner. Conversely, transgender people hold concerns regarding acceptance and their overall self-presentation in the eyes of others. In conclusion, transgender people’s close interpersonal relationships

encompass specific processes that improve, maintain, and facilitate gender identities and expressions.

7 References

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