Gender variant experience is not simply an internal psychological process that needs to be navigated by transgender and transsexual people, but it is also a relational and systemic dynamic that intimately involves family, friends, loved ones, and all social relationships. Family members have been viewed as extraneous to the process of evaluation and treatment. The literature offers very little hope that marriage or partnership to a gender variant person could be emotionally fulfilling, or that marriages and families can mature through gender transitions.

Gender variant people are embedded in a complex matrix of familial and societal relations and their unique relationship to their sex and gender identities impact family members in numerous ways. Parents struggle to understand the issues facing gender variant children and youth, and children often need to address the concerns of parents who are facing gender transitions. Spouses of transgender and transsexual people—husbands, wives, partners, and lovers—are often thrown into emotional chaos following the disclosure of a desire to transition; this is equally true for gay, lesbian, and bisexual spouses as it is for heterosexuals. Brothers, sisters, aunts, uncles, adult children, and grandparents all struggle with trying to make sense of and come to terms with transgender identity and/or transsexual sex changes in their loved ones. Until very recently family members have managed these emotional upheavals in their family life cycle with little actual “help” from helping professions.

Unlike LGB people, transgender people cannot “come-out” (to themselves) and remain closeted if they are to actualize themselves. Many LGB people are “out,” have partners, but live discrete lives for professional or personal reasons. Transgender, and certainly transsexual, people need to “re-make” themselves physically and socially in order to express their gendered sense of self. Trans people who chose to transition are also dependent on the medical profession in a way that LGB people are not. Finally, when transgender and transsexual people cross-dress, or transition, their gender expression impacts the lives of their loved ones. Having a parent go from being a daddy to a mommy is very confusing for children, not to mention their friends and their teachers. Having a daddy, who only wears a dress sometimes, is hardly less confusing. Having a husband who feels his inner self is really a woman, does not only impact a wife’s social and professional life, but also her sexual life. It can raise questions about her own sexual identity, as well as how she is perceived, even if she is very secure about her own sexual identity. Being involved with a transsexual can shift the meaning of one’s own sexual orientation and cause tremendous interpersonal and marital problems.

Just as transgendered and transsexual people move through a developmental process of Emergence, of coming-out and coming into their authentic selves, the family members of gender variant people also experience developmental processes. The family Emergence model depicts the developmental processes of the whole family system, and is viewed within a lifecycle framework. Family Emergence involves a complex interaction of developmental and interpersonal transactions. It is an adaptive process, one that family members are often unwilling participants in, and in which they may feel somewhat like hostages on another person’s journey. There is an important distinction between engaging in one’s own transgender Emergence because there is an inner pull to live more authentically, and being “forced” to cope with another person’s emergent transgendered feelings. Family members often express resistance, avoidance, and denial about even beginning the process. The four stages are listed below:

1. Discovery and Disclosure: When a partner or spouse is disclosing transgenderism, there is often a sense of shock and betrayal experienced by their partner. Doctor (1988) outlines four basic areas of concern for spouses, including security issues (i.e., “What will the neighbors think?”), marital tension caused by the cross dressing, concerns regarding the children, and effects on their sex life.

2. Turmoil: Following the disclosure, discovery or revelation of transgenderism, is often a time of high stress filled with marital and familial conflict. It is not unusual for loved ones to become shut down and cold; refusing to discuss the gender issues, and in some cases pretending that nothing has been revealed, as if ignoring it will make it go away. Other unsolved issues in the family often begin to surface including financial problems, health issues, past extra-marital affairs, in-law problems, career conflicts, and parenting disagreements. Sometimes the Turmoil stage is delayed, with family members appearing supportive, open, and even inviting of the transition.

3. Negotiation: This stage is noted by the realization that the gender issue will not simply “go away,” and will have to be adjusted to in some manner. The Negotiation process often involves questions of whether or not they
4. Balance: Balance does not necessarily infer transition; it does not infer permanent resolution of the gender issues. It means that transgenderism in no longer a secret, that the family is no longer in turmoil and has negotiated the larger issues involving transgenderism. The family has learned that there is a difference between secrecy and privacy; they will negotiate their own unique balance of revealing information if privacy is a concern, but they are not sworn to a painful secrecy. Balance means the family is now ready to integrate the transgendered person—as a transgendered person—back into the normative life of the family.

Families that are capable of moving through their fear, shame, and ignorance regarding gender variance, are often able to find contentment and satisfaction in their daily family lives. As more people are recognizing and coming to terms with their gender issues, family members will be seeking support from clinicians. It is essential that clinicians remember—and help family members remember—that transgender people are as precious and valuable as any other family member. Transgender emergence involves the whole family, and should be treated as any other lifecycle transition—difficult, challenging, frightening, but ultimately rewarding. Clinicians must believe that families can successfully negotiate these changes in order to assist people in productive and healthy transitions. Transgender Emergence is a family affair, a family emergence, and loving families can make it to other side together.

Reference

TransPanthers: The Graying of Transgender
Tarynn M. Witten

My friend John, a 64 year-old female-to-male transsexual stared at a healthcare survey he had recently been asked to fill out. It asked his gender and then gave him the choices of male and female. John looked at me and said, “I think they mean sex, but that wouldn’t even work and even then they didn’t include the options of intersex and transsexual as a choice. Moreover, if they meant gender, then the choices should have been masculine, feminine, and transgender at least.” John’s resignatory comment illustrates the ongoing demographic invisibilization process transgender individuals undergo during the course of their journey (Witten & Eyler, 1999). Couple this with the typical marginalization suffered by the elderly in the U.S. and you are faced with a growing population of persons (Witten, 2003) who suffer from significant degrees of healthcare (Witten & Eyler, 2004) and eco-socio-political injustice and inequity (Witten, 2004a; 2004b; Witten & Whittle, 2004).

Within the worldwide older adult population, transgendered, transgenders, cross-dressers and other persons whose gender expression or identification is other than the “traditional” male or female represent a substantial minority group. In an era in which forecasting the health of elder populations is increasingly more important and where issues of healthcare inequity (Institute of Medicine, 2003) are being touted as critical to address, discussion of quality of life issues faced by mid-to-late life transsexuals and other gender minority persons should not be deferred. It is difficult, unfortunately, to provide data-based information about many of the healthcare and related issues faced by elder transsexuals, as this group is particularly “epidemiologically invisible” (Witten & Eyler, 1999), with many of its members preferring not to reveal their natal sex due to perceived and real risks and stigma associated with being “out.”

Transgender elders face not only the normative problems of aging but also, due to their contragender hormone use and other possible gender re-alignment surgeries, face problems evolving from the conflation of such alterations with the normative aging processes. Confounding these biomedical processes are a constellation of psycho-social and eco-legal-political factors that further exacerbate the biomedical condition due to numerous factors such as elevated stress, loss of social network support, loss of income, divorce, and loss of children (Witten, 2004b; Witten & Whittle, 2004).

Biomedically, little is known about long-term effects or morbidity and mortality risk changes from the use of contragender hormones and genital or other surgery. Their relationships with age-related conditions, such as osteoporosis, cancer (breast and prostate), cardiovascular and

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