

The impact on relationships following disclosure of transgenderism: a wife's tale

Carol Watts

Pippa Watts

Elizabeth Collier

Russell Ashmore

Accepted for publication in the Journal of Psychiatric and Mental Health Nursing (24 January, 2017).

Accessible summary

What is known on the subject?

- The experiences of transgender people are becoming increasingly more visible in popular culture, biographical literature and the media.
- The topic has received little attention within the psychiatric and mental health nursing literature.
- There is a paucity of literature exploring the impact on relationships following a disclosure of transgenderism.

What does this paper add to existing knowledge?

- A narrative account of the consequences for the wife of one transwoman and their relationships with friends and family following the disclosure of transgenderism.
- The article identifies a range of issues that require further attention in relation to healthcare provision. These include the: mental health needs of partners and spouses; attitudes of healthcare professionals towards transgender issues; and the adequacy of the formal support offered to partners and spouses of transgender people.

What are the implications for practice?

- There is a need for healthcare practitioners to explore their understanding of transgender issues and how these may impact on the mental health of partners and spouses.
- It is important that healthcare professionals provide a hopeful and supportive environment to enable couples to explore their relationships following disclosure of transgenderism.

Keywords: gender, narratives, sexuality, stigma, user involvement.

Introduction

The experiences of transgender people have been portrayed with increasing frequency in popular culture (for example, *Orange is the New Black*) and biographical literature (Jacques 2015). The media have also drawn attention to problems encountered by transgender people. For example, the incarceration of Tara Hudson in Her Majesty's Prison (HMP) Bristol (The Guardian 2015a) and the suicide of Vikki Thompson in HMP Leeds (Armley) (The Guardian 2015b). Both HMP Bristol and HMP Leeds (Armley) are male only prisons in the UK.

Transgender is an umbrella term that describes anyone; "...whose gender expression or identity differs from societal expectations of their assigned sex at birth" (Bailey et al. 2014). It has been suggested that the size of the transgender community is "difficult to capture" (Kritz 2014, p. 12) and that data sources estimating the number of adults in this group are very rare (Gates 2011, Harris 2015). Despite this, the UK transgender population has been estimated to be around 300,000 (Reed et al. 2009). In the US the figure is reported to be between 700,000 and 950,000 adults (Gates 2011, Haas et al. 2014). However, some reports would suggest that these numbers may be far greater. For example, the European Union Agency for Fundamental Rights (2014) reported that one per cent of the population may be transgender or experience some kind of gender incongruence. It is likely therefore that mental health nurses "knowingly or unknowingly" (Aramburu Alegría 2010, p. 910) will care for transgender service users during their careers.

The nursing literature has been surprisingly quiet on the health issues faced by this group. Eliason et al. (2010) reported that between 2005 and 2009 only eight (0.16%) out of nearly 5000 articles published in ten nursing journals focused on LGBT health, none of which discussed transgender issues specifically. A search of the mental health nursing literature also identifies a paucity of material. Of 772 feature articles published in the *International Journal of Mental Health Nursing* between 1999 (volume 1, issue 1) and December 2016 (volume 25, issue 6), two (0.3%) (McCann & Sharek 2014a, McCann & Sharek 2014b) addressed LGBT mental health issues. Again none of the papers focused on transgender problems specifically. Similarly, of 2003 articles published in the *Journal of Psychiatric and Mental Health Nursing* between 1994 (volume 1, issue 1) and December 2016 (volume 23, issue 9-10), four

(0.2%) have addressed transgender issues. One (Weber & Terhorst 2010) focused on LGBT groups collectively and three (Arambura Alegria 2010, Aramburu Alegria 2013, McCann 2015) directly on transgender mental health issues.

The experience of mental health problems by transgender people is significant (Bailey et al. 2014). Therefore, the lack of attention to this aspect of health is surprising considering this group also experience high levels of stigmatisation and discrimination in society that negatively affects their lives at home, in education and at work (McNeil et al. 2012, McNeil et al. 2013). Transgender people report that they avoid mental health services due to poor previous experiences. These experiences include; a lack of transgender awareness among healthcare professionals, and receiving insensitive, negative and prejudicial treatment. Therefore, education is a significant need for staff (McNeil et al. 2013, p. 49).

However, there is an even more neglected and invisible group about whom very little is known, that is the significant others (husbands, partners and wives), friends, families and allies (SOFFAs) of transgender people (Joslin-Roher & Wheeler 2009, Arambura Alegria 2010, Arambura Alegria 2013, Theron & Collier 2013). In relation to significant others, Livingstone (2015) has argued that a number of factors may have contributed to this being a neglected area. Historically transpeople were required to divorce their spouse in order to be referred for gender reassignment. Livingstone (2015) suggests that this was based, in part, on heteronormative assumptions. That is, men and woman are attracted to the opposite gender and therefore would not want to stay married to a transitioning person. In addition, surgeons and physicians required evidence of divorce to protect themselves from possible litigation from alienated spouses.

Livingstone (2015) argues that the alternative to divorce was accepting a husband/wife as 'perverted' and/or having their choices interpreted as pathological by the psychiatric professions. Therefore, as marriages and relationships ended it was assumed there was nothing to study (Livingstone, 2015). Although couples are no longer required by law and/or encouraged to divorce or separate from their partner, there still remains very little understanding of significant others' experiences.

Aim

This paper aims to present one wife's (Carol) experiences following her husband's disclosure of being a transwoman.

Method

Carol's narrative was developed iteratively and collaboratively by all of the authors who are family members. It provides an account of her experiences as a wife, following her husband's (Philip) disclosure of being a transwoman. To ensure clarity, please note that Philip is now known as Pippa and is a co-author of this article. Following the disclosure the authors informally discussed its impact on Pippa and Carol's relationship and the consequences for friends and family.

During these conversations Carol and Pippa talked a lot about their mental health and attempts to obtain professional support. Elizabeth and Russell, as mental health nursing lecturers, became aware of their own lack of knowledge around the issues being described to them and the realisation of the absence of attention to this subject within nursing education, an issue recognised in the literature (Levesque 2013; McDowell and Bower, 2016). Carol and Pippa were keen to share their experiences with a wider audience in order to raise awareness of transgender issues and ultimately improve the quality of care in professional services. To this end, Carol (with support from Pippa) wrote an account of her experiences.

Analysis

The account was then read independently by Russell and Elizabeth; this gave rise to a number of questions that were emailed to Carol. Her responses were added to the existing transcript. The final transcript was then configured by Russell and Elizabeth using the steps outlined by Polkinghorne (1995) in his approach to narrative analysis (also see Casey & Long 2002, Kelly & Howie 2007). Specifically, this involved: (1) Arranging the events contained in the narrative chronologically; (2) Identifying the outcome of Carol's account; (3) Reading the account and asking questions of it. For example, "How did this happen?" or "Why did this come about?" This process enabled the development of the narrative's plot; and (4) Undertaking narrative smoothing (Spence 1986) in which elements that did not contradict the plot but were "not pertinent to its development" (Polkinghorne 1995, p. 16) were removed from the

transcript. This process produced a coherent, temporally organised narrative with a beginning, middle and end. This account was returned to Carol and Pippa who, following a small number of minor amendments, approved the narrative.

Some locations, dates, times and names have been changed to protect the anonymity of those referred to. All authors have reviewed and consented to the content and format of this article. References to 'Philip' and 'Pippa' are used interchangeably in the article, either to provide context or where Carol herself alternates between the two.

Carol's tale

I suppose I should start with how I found out. I had been married for 24 years to a man I loved very much and during that time we have been inseparable. In June 2013 I had been away to Liverpool for a 'hen party'. On the fourth of June, a day or so after I got home - I remember the date well because it was the day before our wedding anniversary - I was vacuuming the house and I noticed a long brunette hair in the head of the vacuum cleaner. I showed it to Philip and I asked if he had any idea where this hair could have come from as neither of us had hair of that colour or length. He said; "Sit down; I have something to tell you." Confronted he says by telling me the truth or lying and letting me suspect that he had been having an affair he confessed to being a cross dresser. That hair had come from a hairpiece that he had been wearing around the house whilst I had been away. He told me he began dressing from the age of 12; first in his mother's clothes and then later buying clothes from a catalogue which he had kept hidden under the floorboards of his parents' house. From 12 he continued cross dressing until he met me at the age of 29, although he had had periods when he would purge his wardrobe and not dress for a year or two. However, the desire to continue always returned at some later date, when the acquisition of a new wardrobe would start all over again.

Emotional rollercoaster

All of this came as a shock to say the least because we have been together virtually 24/7 throughout our relationship and I had never suspected anything. At that time I didn't think I had ever met or even thought about anyone being a cross dresser or transgender. After Philip's initial revelation I remember feeling quite calm whilst he

was in floods of tears. I even asked him to retrieve his wardrobe of clothes from the loft where he told me he kept them so that I could have a look at them. I also asked him to show me the photos that he had taken of himself as Pippa. I looked at these with a surprisingly calm and critical eye as though I was looking at another person.

However, it was not long after the confession that I started on the emotional rollercoaster. The early days were ones of relative isolation for me and I remember sobbing down the phone to my eldest son. I also confided in my daughter and granddaughter but those were the only people who I could talk to about how I was feeling inside. It was like Philip dying with all the grief that would mean, but not being able to tell anyone about it or to publicly grieve.

I felt utterly betrayed. I was angry and depressed about how he had been deceiving me with this 'other woman' for years. I couldn't understand how this could have been going on during our relationship and not known that this 'other woman' had been part of our life together. I did not know where I was expected to fit – or had fitted – into our relationship. The past 24 years together seemed like a sham and my life with him had just hit the buffers. I had doubts about how I could continue our relationship whilst he continued to effectively live life as two people.

Is there anybody out there?

Despite my feelings I was also curious because I knew absolutely nothing about what it meant to be transgender. The internet had apparently provided Philip with the knowledge about why he felt the way he did, it was a place where he could ask the questions that told him that he wasn't alone, and was far from weird, perverse or mentally ill being transgender. It is perhaps no surprise then that was the first place I looked to help me understand and try to find support for me and our situation.

I discovered that there are a lot of organisations and support groups with websites and forums trying to help transgender people, but fewer designed to support the suffering experienced by SOFFAs (significant others, friends, family and allies). At first I found it almost impossible to find a group offering the right kind of support, particularly as I was totally ignorant of what was happening to my relationship and so didn't even know what I was really looking for. The first website forum I encountered

was a SOFFAs group with links to a well-known support network for transgender people. However, my contact with this group was a negative experience. I was left totally depressed and contemplating suicide.

At the time I made contact with them, I was in meltdown mode and did not want to hear about divorce, living separate lives, fights for child custody, recriminations and negative comments that gave me no hope for saving my marriage. Only on one occasion did I hear anyone have anything positive to say; that there is hope for a future together. To me it appeared that new members were encouraged to have a total disregard for the years that couples had spent together. Nor did anyone seem willing to consider that it is possible to still love a transgender partner. The frequent tales of breakdown in a relationship with a transperson does not always paint an accurate picture. Of course it happens but it is not inevitable.

After my relatively short communication with this women's forum I was in a worse state than before so I decided to resort to my General Practitioner. In all fairness to my GP, as I sat there in floods of tears and explained what had brought me to this suicidal point, his help was as much and as little as I could have hoped for. There was the statutory prescription of anti-depressants, which on reading the warning on the information leaflet that they may lead to an increase in suicidal tendencies I decided not to take them. Not all GPs were as sympathetic as this one. On one occasion I went to see another GP on an unrelated medical matter, someone Pippa and I had previously seen when we had needed support. When I went to see him on my own he asked me about Philip and said; "I hope this (my health scare) will help him pulling himself together", referring to our discussion with him about Philip being transgender.

Counselling

My GP referred me to a counsellor. I attended the sessions for quite a while but whilst the counsellor was very pleasant and easy to talk to, she had no experience in dealing with my situation and that is what I craved for. All the feelings of betrayal, anger, desperation and fear for the future I could explain, but did she really know and understand what it was like to suddenly wake up one morning and find the man you married, that you had loved and cherished for all those years, was not the same

person? That he didn't actually want to be the same gender as he had appeared to be and where that left me?

Support groups

Pippa and I decided that we were going to try and work through this situation together. We still loved one another, so although it was going to be hard for us we owed it to each other to try. When Pippa went out to one of the support groups that she had found on the internet I went with her, it helped both of us. These were very turbulent times in our relationship with frequent arguments and there were a lot of times when I thought that we could not make it work, but the thought of losing one another was even more horrendous. I knew it wouldn't be easy as very few couples actually stay together when a partner 'comes out'. During this time I began to educate myself into understanding what it was like to be transgender. I came to see that it wasn't a choice, that for many their lives have actually been a balancing act, trying to keep the two sides of their personality from destroying the other.

Pippa and I found local and regional support groups far more helpful than internet forums. So we found it really annoying that when we approached GP practices they were unwilling to advertise their existence. The organisations are in a better position to deal with trans issues and the mental health concerns that are associated with them. Pippa and I became trustees of a charity that has been supporting the transgender community for years. I even managed to set up a SOFFA group as part of the charities programme and it is now something that is providing help to others to this very day. However, when we attempted to advertise our group through doctors' surgeries we were met with a point blank refusal. We were told that referrals can only be made to other NHS services. So it seems to be a case of keep taking the tablets until your mental condition deteriorates to the point that you need hospitalising or cutting down from a tree.

Family and Friends: You lose some, you gain some.

After the initial confession we set boundaries on when Pippa would appear and that would be at home. I think at the time I was hoping that there was no need for everyone else to know. However, these boundaries were soon tested. Philip said that after being trapped and closeted away for years the last thing he wanted was to

be held in the confines of the house; he wanted the world to see Pippa. This confession made me worried about how I would react being seen with Pippa in a public place. I didn't have long to wonder about this as within two weeks of 'coming out', we were in Nottingham city centre pubs with my daughter. To say I was anxious was an understatement, and whereas Pippa was happy to be free I was a nervous wreck, always looking for potential trouble and comments from people.

Although it is not uncommon, we have both said that this was a step too far, done too quickly. I could see – and Pippa has subsequently explained to me – how he had this feeling of absolute relief; the shame and embarrassment of his secret had suddenly been released and had been replaced with one of euphoria. This was tempered by the realisation that his confession had just moved the heavy weight of burden from his shoulders to mine. As a result of this I felt the need and necessity to tell more of the immediate family and friends about our situation. I realised that Pippa was not going to disappear and if our relationship was going to survive then I would have to accept this fact, no matter how difficult. I also realised that at some point our immediate circle of friends and family were going to have to make a choice to accept us or not.

It's now three years since Pippa's confession; most people have been fine with the revelation with only a few of our closest friends and family refusing to accept this new person in our lives. I have tried to explain the torment that being transgender causes. There have been some people we have lost along the way and for both of us this is regrettable. But if for whatever reason they cannot accept Pippa or me for remaining with Pippa, then perhaps we both misjudged them and our lives will be happier because of their absence.

Pippa has lost a friend who knew Philip for nearly 35 years and I think this was the hardest rebuttal that she had. My close family for the most part have been excellent and once again it has highlighted that no matter how we perceive people will react, the reality is usually totally opposite. Even though Pippa is out and proud to family, friends, neighbours and work colleagues there are dynamics to relationships that still throw up the occasional curve ball. Peer pressure towards people in our family circle has caused us to be excluded from a recent event that we had always attended

before Pippa started her Real Life Experience. This has caused both of us to be very upset and emotional. It has though made me realise that if some of my family cannot respect the path I have chosen then that is their problem and not mine. If some of their friends won't like *them* for being with *us* then they are not supporters of us and we don't need them in our lives.

Dealing with the negatives

We have encountered some problems when out. Initially, my reaction when confronted with any negative comments was to fight back. For example, a while ago we were in the supermarket; Pippa and I had gone off down separate aisles. I heard a man's voice saying loudly; "Emma! Emma! Come and look at this". I knew instantly he was referring to Pippa. So I went up to him and said; "Have you got a problem?" He said; "No have you?" I said; "Yes you." By then Pippa had arrived and led me away before it could get any worse. Having listened to others, I now realise that unless seriously provoked it's just not worth it. As Pippa says if we fight everyone who has a negative opinion about us then we will probably get locked up for murder at some point. It is far better to realise that the people throwing the looks and insults are actually the minority group, not the transgender person, and that they are to be pitied for their ignorance.

What's changed?

There are differences. For example, I do find it sad that I used to be always holding hands with Philip when out in public and that is something that doesn't happen with Pippa. The comfort of that closeness is missing and missed, but I do think that one day it will return. The dynamics of our relationship have also changed; in fact it's been turned on its head. I had always taken pride in how I dressed and I suppose I tried like most women do in a relationship to impress him. I was the female in the partnership. Initially I found myself trying to compete with this other woman who had invaded our life, to affirm my position as the wife. In time however I stepped back from this competition, possibly knowing that it was a pointless exercise and my efforts to look nice would not be appreciated. Today, after realising that Pippa is a permanent fixture, my attitude has changed again. I now dress for myself, to make me feel good and give me confidence, in other words to love myself for being me.

Also if some people cannot see past a transwoman going out with me and feel the need to mock and ridicule, then let them do their worse. I used to say that I wasn't a lesbian and I would still say that to some extent, but my partner is. Forget the labels and life becomes easier, unfortunately human nature wants to put us all in neat little boxes, making it simple to describe us all.

Education not medication

So thinking back I suppose I have helped myself more than prescription drugs or the medical profession could ever have done. Education is the key; the more I talk to people and read about transgender issues and relationships the less alone I feel. I also realise that what I am feeling is common to most partners. I just wish it could have been easier to find support groups in the first place, although without the internet I fail to see how we would have made contact at all.

That was then, so what about now?

About a year after Philip came out he told me that Pippa was going to be a permanent feature in our lives and that he wanted to transition. I had accepted the coming and going of the female part but following this once again the feelings of anger, deceit and uncertainty came flooding back. In reality, it was perhaps not as surprising as it seemed to be at the time. I had seen Pippa when she had to remove the mask and revert back to Philip, the joy and life just disappeared from her whole body.

Pippa has been living as a woman and taking hormones for a while now and her body is changing. Since Pippa began transitioning I have been accompanying her to the appointments at the Gender Identity Clinic (GIC), approximately every three months for the last two years. As well as showing the psychologists that Pippa is adapting well to her new role it has helped me understand more about the process. It also shows that we are facing her transitioning together, which I consider to be vital for her and is something that so many transgender people do not have the chance of when their close relationships break down.

Attending appointments together was recommended by the GIC. In June 2016 Pippa had two appointments with different psychologists which resulted in her being

referred for surgery. Unfortunately, I was told that I couldn't attend these appointments. I felt a little let down by the GIC after being encouraged to attend previous appointments with Pippa and then to be asked to step back at this moment.

It has done us both good to attend the clinic together but I really think that they should have a dedicated team to interact with SOFFAs. As a SOFFA I know how important it is to support someone who is transitioning and also how difficult it is. Therefore, any help and support for SOFFAs is important and should be made available from an early stage in the 'coming out' process to help keep any relationship intact. Funding should be found somewhere for what amounts to an easy and cheap option of support for SOFFAs and their transgender partners, for the benefit and well-being of all those involved in the process.

Finally, we are taking it one day at a time. The emotional rollercoaster has slowed and is on a gentler track, but we both realise that in the future there will be some more hurdles to cross when the ride may get scarier once more. But we love one another and that should help us overcome any difficulties.

Discussion and implications for practice

Family support is essential in achieving successful outcomes following disclosure of being a transgender person (Royal College of Psychiatrists 2013). Therefore, it is important that we have a clear understanding of partners and spouses' experiences of the impact of disclosure on them. Carol's story has provided one first-person account of a wife's experiences following her husband's disclosure of being a transwoman.

Consistent with previous research (Joslin-Roher & Wheeler 2009, Aramburu Alegria 2011, Aramburu Alegria 2013, Bischof et al. 2011, Livingstone 2015) Carol's initial response to Pippa's disclosure were feelings of shock, numbness, anger, confusion and betrayal. Carol's experiences appear to mirror recognised stages of grief (Kubler-Ross 1969, Worden 1983). Such feelings, as Buxton (2006, p. 325) notes; "Most spouses take three to six years to work through".

Carol's despair at the time of disclosure was compounded by Pippa's euphoria. As Livingstone (2015, p. 10) observes; "...what promotes one partner's happiness causes the other upset..." The apparent polarisation of Carol and Pippa's needs at the time of disclosure is one key aspect of the above story. Having 'come out', the eagerness (something Samons (2009) refers to as the 'flood stage') with which the transgender person aims to achieve their goals can be too quick for partners and spouses who are still grappling with the shock and confusion of the disclosure. This division is where "great suffering" is experienced (Royal College of Psychiatrists 2013, p. 42), yet it has been suggested professionals have insufficient awareness of the impact disclosure can have on family members (Buxton 2006).

Carol talks of their first public outing together, done too soon, where she was anxious and a "nervous wreck". Spouses need time to make sense of the situation in order to negotiate and have their own needs validated (Salmons 2009, Aramburu Alegría 2010, Theron & Collier 2013). Aramburu Alegría (2010, p. 915) has suggested that a "...healthy amount of self-interest is advisable" and that it is acceptable for the natal (a person's identified sex at birth) female to "...put limits on partners' *en femme* presentation". Aramburu Alegría (2010, p. 915) goes further and argues that such limits are not detrimental to the relationship but are a recipe for success, a "pro relational intervention". Furthermore, during this period of crisis receiving appropriate help and support can make the difference between relationships surviving or failing (Samons, 2009). Understanding this can help mental health nurses become more effective, both in offering the right kind of support and also in nurturing good relationships between service users and families. Both are essential for good mental health (McKay 2010).

Although consistently reported in the literature (Buxton 2006, Joslin-Roher & Wheeler 2009, Bischof et al. 2011, Aramburu Alegría 2013, Theron & Collier 2013, Bauer & Hammond 2015) one unanticipated consequence of Pippa's disclosure for Carol was that it led to her questioning her own sexual identity. This is evident when Carol observes that; "I used to say that I wasn't a lesbian and I would still say that to some extent, but my partner is." We would argue that this demonstrates an emerging fluid understanding of her sexuality and a shift in the way she viewed

sexual orientation, something that is congruent with findings reported by Theron & Collier (2013).

In addition, Carol's advice to "forget the labels" suggests an attempt to manage questions about her heterosexuality and also the apparent need of others to categorise sexual orientation (Aramburu Alegría 2013). Similarly, Bischof et al. (2011, p. 23) reported that wives of male-to-female transgender partners resisted; "...being labelled in terms of their sexual orientation..." and instead described; "...their attraction towards their individual partner, suggesting an orientation towards a specific person rather than to an entire gender." Participants in Aramburu Alegría's (2013, p. 147) study described themselves in these circumstances as a "situational lesbian" or "heteroflexible". Helping people manage this transition in their identity is something that mental health nurses can and should help with as it is a significant challenge to mental health (Alder 2012). Providing receptive environments for open communication on sexuality is important in achieving this (Aramburu Alegría 2013).

Another key issue evident in Carol's story was her difficulty in finding appropriate support, even within the transgender community itself. What Carol needed was to hear hopeful stories at the time she felt entirely hopeless, to see that there was potential for her marriage to remain intact. Carol's negative experiences encountered as part of the online peer support group and from her visits to her GP threaten her attempts to maintain her relationship with Pippa. At such times positivity is needed to maximise the chances of people staying together (Aramburu Alegría 2010). Although some couples might decide to separate following disclosure (Salmons 2009), 'relationship maintenance activities', for example counselling and support groups, can enable couples to maintain and strengthen relationships through their challenges (Samons 2009, Aramburu Alegría 2010). What we can take from Carol's story is the need to provide a hopeful environment where it is not assumed that the relationship will fail and the needs of each person are acknowledged (Buxton 2006). More positive stories are needed and this paper offers one such example.

Gamarel et al. (2014) have reported that the mental health of partners and spouses may be affected following disclosure and during the process of transition (also see Joslin-Roher & Wheeler 2009). The risk for suicide is clearly indicated in Carol's

story, and is an important issue for which there are no statistics. What is striking in the narrative is the 'self-help' nature of how Carol managed these issues. This was only enabled by personality and family support, however the latter is not always available or guaranteed (Baptist & Allen 2008, Aramburu Alegría 2010). The professional help sought was at worst harmful and at best limited, an issue clearly pointing to the need for transgender awareness for the helping professions.

Alongside emotional turmoil, the spouse/partner's need for information and finding effective peer support relies on identifying with others in relation to sexual identity, age, language, culture and geographical location (Theron & Collier 2013). An activist community may be a more immediate source of support than family relationships and Carol's new found activism is not an uncommon response to the 'coming out' of a transgender partner (Baptist & Allen 2008, Aramburu Alegría 2013, Theron & Collier 2013).

Lastly, it is important that mental health and other healthcare professions develop a hopeful environment to support transgender people and SOFFAs. To minimise the negative impact of a person's disclosure on their or their partner's mental health, and/or their relationship with friends and families it is suggested that practitioners:

Ask themselves:

- What are my attitudes to transgender people and how might they help or hinder the person and their significant others?
- What knowledge and skills do I have/need to have to help the transgender person and their significant others?

Ask the transgender person and their significant others:

- Are you experiencing any psychological distress related to your/your partner's disclosure?
- What impact is the disclosure having on your relationship(s)?

- What support do you need from me/this service?

Conclusion

Mental health nurses and other healthcare professions will “knowingly or unknowingly” (Aramburu Alegría 2010, p. 910) care for transgender service users, their significant others, friends and family. Carol’s narrative provides insights into the impact of Pippa’s disclosure on her, their relationship with one another and also with friends and family. It also raises awareness of the discrimination and relationship stigma (Gamarel et al. 2014, Bauer & Hammond 2015) experienced by transgender people and their significant others every day and, perhaps more importantly, at times when both are emotionally vulnerable. In addition, the narrative illuminates healthcare professionals’ lack of awareness of and negative attitudes towards the issues encountered by transgender people and their partners. This would suggest the need for inclusion of material on the issues identified in this article in both pre and post-registration curricula for all healthcare professionals. It is unclear what the long-term outcomes are for partners’ mental health for those who attempt to maintain their relationships with their transgender significant others. This article points to the need for further research and practice development on this particular topic. Finally, we hope that this article will encourage mental health nurses and other healthcare professions to consider the issues present above and what they mean for their own practice.

References

- Adler, J.M. (2012) Living Into the Story: Agency and Coherence in a Longitudinal Study of Narrative Identity Development and Mental Health Over the Course of Psychotherapy. *Journal of Personality and Social Psychology* 102, 2, 367–389.
- Aramburu Alegría C. (2010) Relationship challenges and relationship maintenance activities following disclosure of transsexualism. *Journal of Psychiatric and Mental Health Nursing* 17, 10, 909-916.
- Aramburu Alegría C. (2013) Relational and sexual fluidity in females partnered with male-to-female transsexual persons. *Journal of Psychiatric and Mental Health Nursing* 20, 2, 142-149.
- Bailey L. & McNeil J. (2013) Monitoring and promoting Trans Health across the North West. Report published by Equality Inclusion and Human Rights NHS North West, England. Available at: https://www.lancashirecare.nhs.uk/media/E&D/Useful_Links_Docs/Trans%20Health%20GP%20Practices%20Report%20March%202013.pdf (accessed 25 August 2016).
- Bailey L., Ellis S.J. & McNeil J. (2014) Suicide risk in the UK trans population and the role of gender transition in decreasing suicidal ideation and suicide attempt. *Mental Health Review Journal* 19, 4, 209-220.
- Baptist J.A. & Allen K.R. (2008) A Family's Coming Out Process: Systematic Change and Multiple Realities. *Contemporary Family Therapy* 30, 2, 92-110.
- Bauer G.R. & Hammond R. (2015) Towards a broader conceptualization of trans women's sexual health. *The Canadian Journal of Human Sexuality* 24, 1, 1-11.
- Bischof G.H., Warnaar B.L., Barajas M.S. & Dhaliwal H.K. Thematic Analysis of the Experiences of Wives Who Stay with Husbands who Transition Male-to-Female. *Michigan Family Review*, 15, 1, 16-34.
- Buxton A.P. (2006) When a Spouse Comes Out: Impact on the Heterosexual Partner. *Sexual Addiction & Compulsivity* 13, 2-3, 317-332.
- Casey B. & Long A. (2002) Reconciling voices. *Journal of Psychiatric and Mental Health Nursing* 9, 5, 603-610.
- Eliason M.J., Dibble S. & DeJoseph J. (2010) Nursing's Silence on Lesbian, Gay, Bisexual and Transgender Issues: The Need for Emancipatory Efforts. *Advances in Nursing Science* 33, 3, 206-218.
- European Union Agency for Fundamental Rights (2014) Being Trans in the European Union Comparative analysis of EU LGBT survey data. Available at: http://fra.europa.eu/sites/default/files/fra-2014-being-trans-eu-comparative-0_en.pdf [accessed 10 September 2016].

Gamarel K.E., Reisner S.L., Laurenceau J.P., Nemoto T. & Operario D. (2014) Gender minority stress, mental health, and relationship quality: a dyadic investigation of transgender women and their cisgender male partners. *Journal of Family Psychology* 28, 4, 437-447.

Gates G.J. (2011) How many people are lesbian, gay, bisexual, and transgender? The Williams Institute, Los Angeles, CA. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf> (accessed 20 May 2016).

GIRES (Gender identity research and education society) (2015) Terminology. Available at: <http://www.gires.org.uk/assets/Research-Assets/TERMINOLOGY%202015%20April.pdf> (accessed 31 May 2016).

Haas A.P., Rodgers P.L. & Herman J.L. (2014) Suicide Attempts among Transgender and Gender Non-Conforming Adults Findings of the national transgender discrimination survey The Williams Institute American institute for suicide prevention. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf> (accessed 25 May 2016).

Harris B.F. (2015) Likely Transgender Individuals in U.S. Federal Administrative Records and the 2010 Census. Working Paper #2015-03. Center for Administrative Records, Research and Applications, U.S. Census Bureau, Washington, D.C. 20233. Available at: https://www.census.gov/srd/carra/15_03_Likely_Transgender_Individuals_in_ARs_and_2010Census.pdf (accessed 25 May 2016).

Jacques J. (2015) *Trans: A Memoir*. Verso Books, London.

Joslin-Roher E. & Wheeler D.P. (2009) Partners in Transition: The Transition Experience of Lesbian, Bisexual, and Queer Identified Partners of Transgender Men. *Journal of Gay & Lesbian Social Services* 21, 1, 30-48.

Kelly T. & Howie L. (2007) Working with stories in nursing research: Procedures used in narrative analysis. *International Journal of Mental Health Nursing* 16, 2, 136-144.

Kritz B. (2014) The Global Transgender Population and the International Criminal Court. *Yale Human Rights & Development Law Journal* 17, 1, 1-38. Available at: <http://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1120&context=yhrdlj> (accessed 25 May 2016).

Kubler-Ross E. (1969) *On death and dying*. Touchstone/Simon & Schuster, New York.

Levesque P.J. (2013) Nurse practitioners' knowledge, attitudes and self-efficacy for working with transgender patients. *Clinical Nursing Studies* 1, 4, 93-100.

Livingstone T. (2015) Relationships in the Melting Pot. *Healthcare Counselling and Psychotherapy Journal* (July) 15, 3, 8-15.

McCann E. & Sharek D. (2014a) Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland. *International Journal of Mental Health Nursing* 23, 2, 118-127.

McCann E. & Sharek D. (2014b) Challenges to and opportunities for improving mental health services for lesbian, gay, bisexual, and transgender people in Ireland: A narrative account. *International Journal of Mental Health Nursing* 23, 6, 525-533.

McCann E. (2015) People who are transgender: mental health concerns. *Journal of Psychiatric and Mental Health Nursing* 22, 1, 76-81.

McDowell A. & Bower K.M. (2016) Transgender Health Care for Nurses: An Innovative Approach to Diversifying Nursing Curricula to Address Health Inequities. *Journal of Nursing Education* 55, 8, 476-479.

McKay E.A. (2010) 'Rip that book up, I've changed': unveiling the experiences of women living with and surviving enduring mental illness. *British Journal of Occupational Therapy* 73, 3, 96-105.

McNeil J., Bailey L., Ellis S., Morton J. & Regan M. (2012) Trans Mental Health Study 2012. Available at: http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf (accessed 22 August 2016).

McNeil J., Bailey L., Ellis S., Morton J. & Regan M. (2013) Speaking from the Margins: Trans Mental Health and Wellbeing in Ireland. Available at: <http://www.teni.ie/attachments/5bdd0cd5-16b6-4ab6-9ee6-a693b37fdbcf.PDF> (accessed 21 April 2015).

Polkinghorne D.E. (1995) Narrative configuration in qualitative analysis. *Qualitative Studies in Education* 8, 1, 5-23.

Reed B., Rhodes S., Schofield P. & Wylie K. (2009) Gender variance in the UK: prevalence, incidence, growth and geographic distribution. Gender Identity Research and Education Society. Available at: www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUKreport.pdf (accessed 21 April 2015).

Royal College of Psychiatrists (2013) Good practice guidelines for the assessment and treatment of adult with gender dysphoria. College report 181, Royal College of Psychiatrists London. Available at: http://www.rcpsych.ac.uk/files/pdfversion/CR181_Nov15.pdf (accessed 31 May 2016).

Salmons S.L. (2009) Can this marriage be saved? Addressing male-to-female transgender issues in couples therapy *Sexual and relationship Therapy* 24, 2, 152-162.

Spence D.P. (1986) Narrative smoothing and clinical wisdom. In T.R. Sarbin (Ed.), *Narrative psychology: the storied nature of human conduct* (pp. 211-232). Praeger, New York.

The Guardian (2015a) Transgender prisoner at HMP Bristol 'being sexually harassed'. Available at: <http://www.theguardian.com/society/2015/oct/29/transgender-prisoner-tara-hudson-sexually-harassed-hmp-bristol> (accessed 19 December 2015).

The Guardian (2015b) Transgender woman Vikki Thompson found dead at Armley jail. Available at: <http://www.theguardian.com/society/2015/nov/19/transgender-woman-found-dead-in-all-male-prison> (accessed 19 December 2015).

Theron L. & Collier K.L. (2013) Experience of female partners of masculine-identifying trans persons. *Culture Health and Sexuality* 15, S1, S62-S75. Available at: <http://dx.doi.org/10.1080/13691058.2013.788214> (accessed 12 July 2016).

Weber S. & Terhorst, L. (2010) Does the currently accepted RADS-2 factor structure apply to LGBTIQ youth? *Journal of Psychiatric and Mental Health Nursing* 17, 7, 621-627.

Whittle S., Turner L. & Al-Alami M. (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination, *The Equalities Review*. Available at: <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf> (accessed 31 May 2016).

Worden J.W. (1983) *Grief Counselling and Grief Therapy*. Tavistock Publications Ltd., London.