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Work, Love and Play

Sex and Gender Diverse Couples Share Their Relationship Experiences

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The partners in this study undoubtedly did far better in the relationship when they had very educated and fluid perspectives about sex, gender and sexuality identity formation.

Abstract

This pilot study interviewed six couples, each of whom have at least one partner who is sex and gender diverse. I asked interviewees questions about the coping and managing strategies that help them have relationships. The analysis of conversational interviews reveals areas in which psychotherapists and relationship counsellors can help those individuals and couples sustain loving relationships.

All the sex and gender diverse people interviewed had at some time been brought up in one sex and gender and then transitioned to another sex and gender in teenage or later years.

Introduction

This is a pilot study qualitatively looking at relationships of people who are sex and/or gender diverse (S.G.D.) and their partners. The description S.G.D. includes people who have certain physical characteristics that medically identify them as intersex, including Androgen Insensitivity Syndrome, Micropenis Syndrome, Klinefelter's Syndrome, Mayer Rokitansky-Kuster-Hauser Syndrome, Turner's Syndrome, 46X females, Progesterone Induced Virilisation, Adrenal Hyperplasia, Male Double XX Syndrome, XYY Syndrome, 5-Alpha Reductase (5 AR) Deficiency, Acromegaly, Bifid Scrotum, Hypospadiac Male, Idiopathic Adolescent Gynaecomastia, Congenital Virilising Adrenocorticism, Cloacal Exstrophy, Denys-Drash Syndrome (also known as Wilm's Tumour) ^[1] and many others.

The study includes people who self-identify as intersex and self-label as transsexual, transgender, androgyne (being more than one sex or gender) and sinandrogyne (being no sex or gender, i.e. neuter) ^[2]

There are many sex and gender diverse identities that have not been mentioned but generally we can classify these groups of people as being those who do not physically, mentally or socially present in society as being typical of the bipolar male and female model previously recognised, mainly within societies of European derivation.

Sex is defined as the anatomical and chromosomal genotyping of people into breeding categories or a person who resembles one of those breeding categories, but who cannot or does not breed.

Gender is defined as the social construction of personal and social performance according to the typical sex type or absence of sex-associated gender identification.

Sexuality is designed as the preference for sexual interaction or its absence. This study focuses on the relationships of people who are self-identified as sex and gender diverse and their partners. Although it asks interviewees about their sexuality and its changing concomitants, the main axis is on the management of relationships where one or both partners are S.G.D..

Aim

The aims of this pilot study are to interview six couples in relationships where one or both partners are sex and gender diverse so that we can learn how they cope with their relationships, what difficulties they encounter, and the outside pressures on that relationship in everyday life. While there have been many autobiographies and biographies published about people who are S.G.D., there has been little study carried out about how those people themselves cope with forming and sustaining close, loving relationships with partners on a monogamous or polygamous basis.

Method

Six couples were contacted who were known to the author and have one or more partners who are S.G.D.. The partner/s who were

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S.G.D. had all at some time been involved publicly with campaigning for the rights of sex and gender diverse people so although most people did not know the person was S.G.D., the person themselves had publicly divulged their S.G.D. to some sectors of society.

The couples were interviewed orally at an appointed time in their own homes, in person or by telephone, when partners were present and each partner could hear what the others were saying. One couple was interviewed long distance by telephone because of accessibility problems.

Each couple was asked a series of approximately ten questions about their backgrounds, previous relationships and families in everyday life. Although there was a general format for the types of questions, sometimes the questions were varied according to what the author thought might be interesting to explore in each case.

Results

Of the six couples interviewed, their identities could loosely be described as follows:

- A heterosexual couple where the male had been brought up as female until the teenage years when he underwent sex and gender transition. He identified as being a man of transsexual origin. The couple had four children by artificial insemination. Their relationship had lasted over twenty years and at the time of the study they wanted to marry but the law in their country does not permit this.
- What appeared to be a heterosexual couple at first glance, but the female and sometimes androgynous partner had had a sex and gender transition, having been raised as a boy and having gone on to live as female. After transition she moved her self-identification to being sometimes female, sometimes male and sometimes neither or both. The male partner was self-identified as gay. The couple had been married at a community ceremony outdoors, but the law in the State where they lived did not recognise such a ceremony.
- Two gay men, one of whom had been raised as female and had undergone some surgery and hormone treatment to live as male.
- A heterosexual couple who had both been brought up as the opposite sex and who are currently married.
- Two women living together, one of whom had once been the husband in the relationship prior to a sex and gender transition to female. There had been eight children prior to the transition. They were still legally married.
- A lesbian couple with one partner who had been brought up as a male prior to sex and gender transition from male-to-female and had been previously married and had fathered three children.

The above description of these relationships is approximate from the interviewer's perspective and, as will become plain during the discussion of the interview as the interviewees describe their relationships, much more complicated and fluid than the aforementioned descriptions. In advance the researcher apologises to the interviewees for her approximation of the relationships used to assist the reader to have some kind of starting place when considering these couples.

Discussion

In all interviews, the S.G.D. person or persons had undergone a transition from being brought up as one sex and/or gender and then deciding that another sex and gender role was more suitable for them.

What was seen was that S.G.D. people and their partners came from different cultural and social backgrounds. Some had fixed religious belief systems and some were brought up in a more liberal atmosphere concerning sex and gender presentation. In order for the S.G.D. person to go forward to transition in the first place, any rigid belief systems had to be altered in order to accept the personal and social change of physical sex and gender performance.

Post-transition, if the person had been brought up in one sex and/or gender and then that sex and/or gender had been reclassified, the person did better if they were more flexible about their own concepts of their sex and gender fluidity.

Partners also did better in the relationship if their concepts of their own selves and partners were fluid and not rigid. In couple five, the wife was of religious Catholic persuasion and had rejected her husband's sex and/or gender transition, still referring to her as "he" and by the previous male name. Although the couple had genuine affection for each other they seemed to stay together out of fear of being alone rather than a desire to be in that relationship.

From the author's clinical experience she has observed that the rejection of a partner is more likely to occur when a couple have been living together and then one partner transitions or declares their S.G.D. without warning. This tends to make the other partner insecure in his/her own identity and she/he can become hostile and not wish to continue the relationship.

S.G.D. people can end up with a sexuality that they did not even envisage when they first identified themselves as having S.G.D. issues and were sometimes surprised at how they related to potential partners differently. Couple four, who were both S.G.D. were profoundly accepting of each other's sexual exploration and the now male partner talked about his foray into a gay male sexual encounter honestly and openly before his partner.

Couple two were also fluid about the sex, gender and sexuality of the S.G.D. partner who was in a continual state of flux about what his/her sex, gender and sexuality was. The constant changing of the S.G.D. person's identity was not only not a problem for them, it seemed to be something in which they positively delighted.

Potential partners of S.G.D. partners also do not seem necessarily to rule out a relationship with that person upon learning about their

diversity as can be seen from couple six. The lesbian identified partner of this S.G.D. person stated that it was the attitude of the person that she was attracted to and was not put off when in public her partner sometimes identified as being S.G.D.

The absence or presence of anatomical parts was not the most important factor in partners wishing to have relationships with S.G.D. people. Couple three, in fact, started to date at the beginning of the S.G.D. person's transition to male while breast tissue was still present. The gay male partner of couple three still saw his S.G.D. partner as male even though he had not had surgery to create a neo-penis.

With couple one the transmale partner was also seen as a heterosexual male and father even though he did not have a penis constructed well into the relationship and after they had had four children. It can be seen for couple one that a family unit can be formed post-transition, either as a traditional nuclear family or in a more permissive sense. In this case the biological female partner was able to conceive through an I.V.F. program and the absence of fertility was not a big problem for them. This would naturally be more difficult for couples where there might be a sex and gender diverse person who was born biologically male who had a partner who was a biological male.

Even though this is a small pilot study it seems that people can form successful relationships with people who are S.G.D. people and vice versa. Partners of S.G.D. people, however, seem to do best when they abandon and dissolve any rigid stereotype concept of sex and gender-identity in order for that relationship to work.

One of the major problems that S.G.D. people and their partners suffered was that they encountered prejudice and ignorance about their identities. Relatives, society and the law often rejected them, misperceiving the S.G.D. as a form of sexual perversion and demonising the S.G.D. person and her/his partner. This can amount to discrimination, social excommunication and at times violence.

Sometimes S.G.D. people and their partners can be in a position of having to put up with discrimination and prejudice, as although laws often state that such people should not be discriminated against, in reality such discrimination is enshrined in many of our cultures and legal systems.

Certainly being in a position where the law says you are a man in one State and a woman in another leads to disadvantages for S.G.D. people and their partners in the areas of marriage, parental, medical, pension and personal rights, and this can even at times lead to denial of access to common social spaces.

Study Critique

Because of the many identities that are covered by the description S.G.D., the author's observations were limited by the small number of couples interviewed.

One major problem that emerged during the collection of data was the accessibility of people who were willing to talk about their S.G.D. identity and its relevancy to their relationships. At the present time there is great suspicion and paranoia in the many S.G.D. self-help networks of professionals in medicine and psychological disciplines carrying out research into S.G.D. people. This has historically arisen because of the many years of clinical abuse that has taken place by many medics and psychologists in attempting to force people to live as stereotypical male or female identities which were other than the person themselves believed would make them happy.

Many intersex people were operated on at birth by surgeons to change their sex and gender presentation without their permission and this practice has led to many intersex people becoming hostile against the scientific community today. This leads to a general paranoia in the intersex community when researchers from the scientific community try to interview them and led in this case to difficulty in assessing information about couples in other intersex relationships.

Another difficulty that this pilot ran into is that it interviews only people who were open about their S.G.D. identity to their partners. The author knows from her own clinical practice that in fact many S.G.D. people do not tell their potential or current partners about their S.G.D. identity, therefore living a secret life with a secret past.

This makes this population of S.G.D. people almost impossible to interview when they have gone into relationships as they live in fear of discovery.

A future study

Wild estimates as to how frequently S.G.D. people occur in the general population can indeed be sourced from many different scientific disciplines.

What we do know is that genetic, physiological and psycho-social anomalies occur in at least one to two percent of the population that are other than typical male and female.

I will now go on to expand the study to cover a greater number of couples so that the coping strategies developed by more S.G.D. people in relationships can be further examined.

Conclusions

Whether a person identified is strictly male, female, androgynous or neuter was not a deciding factor in whether those people could make good, trusting, loving relationships work for them. No matter how sex and gender diverse a person was, there seemed to be potential partners who were willing and happy to have relationships with those people.

Neither was the fact that someone passed socially as their desired identity in society a deciding factor as to whether they were able to have good relationships. What is more likely is that interpersonal and social skills are the deciding factors that enable all people to engage with potential partners.

Someone having had a relationship or not, pre-transition, was also not a deciding factor as to whether they were able to have a good relationship post-transition. Previous abusive relationships could, however, have a bearing on the trust factor that all relationships depend on.

Recommendations for Therapists

Psychological and relationship counsellors who find themselves dealing with S.G.D. people and their relationship need to educate themselves about their clients' personalised identities. Although in many cases the client may have a clearly identified medical condition, other clients may reject the medical model and define themselves within the personalised social and philosophical concepts of their own sex and gender expression.

Other S.G.D. people may be extremely confused about their S.G.D., ignorant of such things and may need help from a therapist to work towards self-exploration. This may also be true for partners who will also have to adjust the way they see their own identities.

Non-S.G.D. partners in those relationships who have been unexpectedly exposed to their partner's announcement of S.G.D. will find they need a considerable time of adjustment to their own emerging identity and that of the S.G.D. partner. Some never do adjust and prefer to leave relationships or seem to stay under sufferance, feeling victimised.

Therapists also need to help educate people entering into relationships with S.G.D. diversity to embrace sex and gender fluidity with a positive attitude. The partners in this study undoubtedly did far better in the relationship when they had very educated and fluid perspectives about sex, gender and sexuality identity formation.

References

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- [2] O'Keefe, Tracie. *Sex, Gender and Sexuality: 21st century transformations*. Extraordinary People Press, London, 1999.

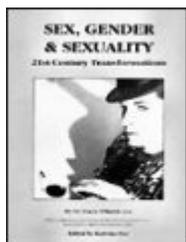
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From Tracie O'Keefe's website:  Tracie O'Keefe is a qualified and registered clinical hypnotherapist (A.S.O.C.H.A., psychotherapist, counsellor, mental health professional and trainer, working from a naturopathic perspective in Sydney, Australia. She trained at a post-graduate level with the National School of Hypnosis and Advanced Psychotherapy in London, U.K. U.K.C.P.-recognised school). Her degree and doctorate were earned at the American Institute of Hypnotherapy in the U.S.A. and issued in co-ordination with the Bureau for Private Post-Secondary and Vocational Education in California. She has been a family and couples therapist, a sex therapist and addictions therapist for many years and a qualified naturopath and medical herbalist, who trained in nutritional medicine with the Australian Institute of Applied Sciences. She holds a Bachelor of Health Sciences Degree in Complementary Medicine from Charles Sturt University. She is also an internationally published researcher, author and editor of the following books. [Read more about Dr. Tracie O'Keefe at her website](#) 



Trans-X-U-All: The Naked Difference
Author: Tracie O'Keefe and Katrina Fox Publisher: Extraordinary People Press (1997)
I.S.B.N.-13 978-0952948209.

From Google Books:  This fresh and concise work takes an exciting look at the world of transsexuals. It explains the whole gender reassignment process from start to finish and includes deeply moving stories written by transsexuals themselves, their lovers, families and friends. Scientific, factual, informative, it provides, in accessible language, a comprehensive guide to the world of transsexuality.



Sex, Gender & Sexuality: 21st Century Transformations
Author: Tracie O'Keefe and Katrina Fox
Publisher: Extraordinary People Press (1999)
I.S.B.N.-13 978 0952948223

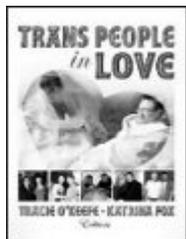
From Google Books:  This book dispels much of the mysticism around physical sex, gender constructs, and the diversity of sexuality. As well as considering gay, lesbian, transsexual and transgendered identities, it also looks at the intersex groups, such as hermaphrodites, and people who identify as androgynous or as being without sex or gender.

Finding the Real Me: True Tales of Sex and Gender Diversity
Author: Tracie O'Keefe and Katrina Fox
Publisher: Jossey-Bass (2003)
I.S.B.N.-13 978-0787965471

From Google Books:  *Finding the Real Me* is an extraordinary collection of real-life stories told by



a wide-range of sex and gender diverse people. These healing tales of struggle and transformation reveal just how creative, resourceful, and adventurous the individuals in this community can be and also helps to bridge the gap between ignorance and understanding. As each incredible story unfolds we become part of the author's journey to self-acceptance and join the celebration of their new life. Page by page, we laugh, cry, and learn to appreciate these wonderful courageous people and the road they walked to be their true-selves. *Finding the Real Me* is a landmark book that encourages us to embrace diversity, to never fear our differences, and to remain always in awe of our amazing possibilities.



Trans People in Love
Author: Tracie O'Keefe and Katrina Fox
Publisher: Routledge (2008)
I.S.B.N.-13 978 0789035721

From Google Books:  *Trans People in Love* provides a forum for the experience of being in love and in relationships with significant others for members of the trans community. This honest and respectful volume tells clinicians, scholars, and trans people themselves of the beauty and complexity that trans identity brings to a romantic relationship, what skills and mindsets are needed to forge positive relationships, and demonstrates the reality that trans people in all stages of transition can create stable and loving relationships that are both physically and emotionally fulfilling.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.