

The Dyadic Adjustment of Female-to-Male Transsexuals

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Dyadic adjustment, sexual activities, and marital stability in the relationships of female-to-male transsexuals and their spouses were examined. Participants were 22 female-to-male transsexuals who had undergone some form of surgery to alter their anatomical sex, their spouses, and a control group of married or cohabitating nontranssexual men and women. Participants were administered the Dyadic Adjustment Scale and additional items to assess quantitatively their marital relationships. The transsexuals and their spouses were also asked open-ended interview questions concerning marital and life adjustments. Generally, the transsexuals and their spouses reported good and mutually satisfying interpersonal relationships that are in many ways comparable to those of the matched control group. These findings lend support to the previous clinical interview studies that have reported that female-to-male transsexuals form stable and enduring intimate relationships.

KEY WORDS: transsexualism; female-to-male transsexuals; dyadic adjustment; marital relationships.

INTRODUCTION

Previous research, which has been in the form of clinical interviews and reviews of the literature, has shown that most female-to-male transsexuals form stable and enduring intimate sexual relationships with biological women (Pauly, 1974a, b; Green, 1974). These female-to-male transsexuals

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and their partners considered their relationships heterosexual, and most of these couples had married and adopted children. This research has reported that the majority of female-to-male transsexuals have adjusted well to the male role, and their adjustment and marital relationships have been reported to be consistently better than those of male-to-female transsexuals.

Other literature on transsexualism has concentrated on deficiencies rather than on capabilities for growth (Meyer and Reter, 1979; Socarides, 1969). This focus on pathology and deficiencies has obscured the similarities between transsexuals and nontranssexuals, and the strengths that enable female-to-male transsexuals to sustain intimate relationships have been ignored. The purpose of the present study was to examine dyadic adjustment, sexual activities, marital stability, and areas of stress in the relationships of female-to-male transsexuals and their spouses. This study adds to previous research in its use of scaled measures, an equal emphasis on the female partner, and a carefully selected control group.

Selected scales and items were used to assess the transsexuals' relationships quantitatively and to compare them to the relationships of the nontranssexual, heterosexual control group. The Dyadic Adjustment Scale (DAS; Spanier, 1976) was used to measure the quality of the marriages and cohabitations. Spanier defined dyadic adjustment as a process. The outcome of this process is determined by the degrees of (1) troublesome marital difference, (2) tensions between partners and personal anxiety, (3) dyadic satisfaction, (4) dyadic cohesion, and (5) dyadic consensus. The items on the DAS can be grouped into four components of dyadic adjustment: (1) dyadic satisfaction; (2) dyadic cohesion; (3) dyadic consensus; and (4) affectional expression. These four components are empirically verified subscales on the DAS. Spanier (1976) presented evidence demonstrating content, criterion, and construct validity and high reliability for the DAS. The DAS is widely used and is believed to be a significant improvement over other measures of dyadic adjustment. Additional items that assessed marital stability and sexual relationships were included.

The transsexuals and their spouses were also interviewed in order to identify particular areas of stress in their lives and relationships from a phenomenological perspective. The authors were interested in the frequency of transsexualism-related problems and adjustments and the focus that the problems and adjustments take.

METHOD

Subjects

The participants in this study were 22 female-to-male transsexuals and their spouses with whom they had been living for a year or more. The trans-

sexuals in this study were paid volunteers and were not participating as part of an evaluation for further surgical procedures. All of the transsexuals had undergone some form of surgery to alter their anatomical sex. All except one had undergone a mastectomy. (This participant had only had a hysterectomy and a phalloplasty, as mastectomy was not perceived by both patient and surgical staff to be necessary.) While nine of the transsexuals had not had a hysterectomy, 13 had. Five of these 13 had gone on to have phalloplasty. Of the transsexuals who had not had phalloplasty, some said that they would eventually go on to have it, while others expressed reservations about the procedure at this time or said that financial considerations were keeping them from going on.

The ages of the transsexuals ranged from 24 to 50, with a mean of 31.8. The ages of their partners ranged from 22 to 52, with a mean of 30.4. The lengths of their relationships ranged from 1 year to 19 years, with a mean of 3.7 years.

Eight of the transsexuals were in the role of father to one or more children. These children had been either adopted by the couple or were from the wife's previous marriage. Ten of the other 14 transsexuals said that they planned to include children in their families, and the other four said they did not.

All of the transsexuals in this sample were employed. Employment was not a criterion for inclusion in the study.

Of the spouses of the transsexuals, 17 first knew their spouses as men. The other five first knew their spouses as women.

A control group of 22 nontranssexual males and their spouses was used. The control subjects were matched with the experimental group on age, length of relationship, and education.

Procedure

Participants were given the DAS and additional pencil-and-paper measures as part of a larger study of transsexual marriages. After the completion of these measures, the transsexuals and their spouses were interviewed individually. First they were asked to identify the most difficult adjustment they had to make in their lives. Then they were asked to identify the biggest problem that they had faced in their relationships. If transsexualism was not mentioned, they were asked if this problem was related to transsexualism. If they said that it was not, a follow-up question asked the participant to identify the biggest problem related to transsexualism in the relationship. All responses were recorded and later evaluated and categorized by the authors.

For the statistical analyses of the objective measures, subjects were placed into four groups: the transsexual group ($n = 22$), the transsexuals' spouse group ($n = 22$), the control male group ($n = 22$), and the control

spouse group ($n = 22$). To determine statistically significant differences between the transsexual and control male groups, and between the transsexuals' spouse and control spouse groups, t tests were done. The transsexual group was subdivided into three groups: those who had not had a hysterectomy ($n = 9$), those who had had a hysterectomy but not phalloplasty ($n = 8$), and those who had had phalloplasty ($n = 5$). The spouses of the transsexuals were also divided into three groups according to their partner's surgery. F tests were done to examine differences among the three transsexual surgical groups and among the three groups of transsexuals' spouses.

RESULTS

The DAS is a 32-item measure; the possible range of scores is 0 to 151. There were no significant differences between the transsexual group ($x = 110.8$, $SD = 18.7$, $n = 22$) and the control male group ($x = 110.1$, $SD = 17.0$, $n = 22$) on the DAS. There were also no differences between the transsexuals' spouse group ($x = 112.2$, $SD = 19.5$, $n = 22$) and the control spouse group ($x = 107.2$, $SD = 17.3$, $n = 22$) on this measure.

The relationship between surgical level and DAS scores was also examined. One-way analyses of variance showed no significant differences among the three surgical groups or among the spouses of the transsexuals at the three surgical levels. In addition, there were no significant differences between the transsexual group and the control male group, or between the transsexuals' spouse group and the control spouse group on any of the four subscales of the DAS (dyadic satisfaction, dyadic cohesion, dyadic consensus, affectional expression).

Additional items dealt with sexual relationships. One item concerned the degree of satisfaction with sexual activities. There were no significant differences between the transsexual and the control male groups, or between the transsexuals' spouse and the control spouse groups on this item. There were also no significant differences among the three surgical groups or among the spouses of the surgical groups, with all of the group means falling on the "satisfied" side of the scale.

The importance of sexual problems in the relationship was dealt with in another item. There were no significant differences between the transsexual and control male groups or between the transsexuals' spouse and control spouse groups on this item. There were also no significant differences among the three surgical groups or among the spouses of the transsexuals in these groups.

An item concerning marital stability asked about the degree of certainty/uncertainty that the person would be with his or her partner in 10

years. There were no significant differences between any of the groups on this item, with all group means indicating high certainty of stability.

The transsexuals and their spouses were asked to rate the importance of transsexualism in their relationship on a 5-point scale. One of the transsexuals said that it was the "most important" issue, two said that it was "very important," four indicated that it was "sometimes important," nine said that it was "not very important," and six said that it was "never important." One of the spouses responded that transsexualism was the "most important" issue in the relationship, two said that it was "very important," five said that it was "sometimes important," six said it was "not very important," and eight said that it was "never important."

The majority of the responses to the interview questions were unique and difficult to categorize. However, the responses given and the categories that were developed from them help identify the potential areas of difficulties in transsexual relationships. Couple numbers (1 through 22) appear in parentheses following the transsexuals' and their spouses' responses to give the reader a way to compare the husbands' and wives' responses.

Out of the 22 responses of the transsexuals to the question on the biggest problem in the relationship, 10 were related to transsexualism and 12 were not. Two of the responses related to transsexualism focused on the spouse's family's lack of acceptance of transsexualism (8, 9). Three responses pointed to the difficulties involved in the secrecy from family and/or society that must be maintained in many transsexual relationships (12, 15, 20).

Three of the responses were related to the sex-reassignment surgery; however, they focused on different aspects of the surgery. One mentioned that his wife felt left out during the surgery because he needed a lot of time alone (4). Another surgery-related problem was that the pain from the pubic irrigation tube, which was in place for 10 days, caused the transsexual to be in a bad mood, which, in turn, created problems in the relationship (16). The other surgery-related problem was the financial burden that the surgery put on the couple (18).

Another transsexual mentioned not being able to have natural children as the biggest problem (14), while another responded that his biggest problem was telling his wife about his transsexualism (19).

The 12 responses unrelated to transsexualism seemed typical of intimate relationships (i.e., financial problems, problems with children, communication problems). The follow-up question about the biggest problem that is related to transsexualism was asked of these 12 transsexuals, and again there was a variety of responses. Three of the responses dealt with the difficulties of first telling their spouses about their transsexualism (2, 11, 13). Two others mentioned the emotional strain that resulted from the role

change and surgery as the biggest relationship problems (6, 7). One mentioned that not being able to have sex at the beginning of their relationship was a problem for him, though he said that his wife did not see it as a problem (1). Another responded that not being able to have children naturally was a problem for the couple (5). Another said that his spouse had to bear all the financial responsibilities during his recovery, and he saw this as their biggest problem (10). One transsexual responded that his wife's child by a former marriage would not accept him and that this caused difficulties (17). Another responded that the biggest problem was that his wife wanted children and he did not (21). One felt that waiting for the last stage of surgery was a problem (22), and one said that there had been no problems due to transsexualism in the relationship (3).

The same interview and evaluation procedures were used for the spouses of the transsexuals. Eleven of the responses to the relationship problem questions that were asked of the spouses were related to transsexualism, and eleven were not. Again, the problems mentioned were unique to each relationship; however, some general themes appeared: the sex reassignment surgery, general adjustment to their spouses' transsexualism, and the acceptance of transsexualism by family and society.

One of the five spouses whose responses were related to the sex reassignment surgery mentioned that getting through the operation was a problem because of the worrying that was involved (1). Two spouses mentioned that there were special difficulties with their husbands' operations that caused physical distress (9, 16); both added that things had improved, and one of these spouses added that the surgery seemed long and drawn out (16). Another spouse mentioned that her husband's nervousness prior to and about the surgery had been a problem (11), while another said that the expense of surgery had been their biggest problem (12).

Three of the spouses mentioned difficulties concerning adjustment to a relationship with a transsexual. One said that it took time to adjust to the relationship (2). Another mentioned that the amount of little problems involved (i.e., the legal paperwork) added anxiety to the relationship (10). The third spouse said that, in the beginning, she had a problem proving to her transsexual husband that she would not reject him (13).

Three spouses said that the reactions of family or society had been the biggest problem in their relationships. Two of them said that society's reactions were a problem (8, 20), and the other said that the reactions of her grown-up sons were a problem (17).

The eleven responses that were unrelated to transsexualism were unique to each relationship and seemed typical of many intimate relationships. The follow-up question asked about problems related to transsexualism.

Three spouses said that waiting for the completion of surgery was a problem in their relationships (18, 21, 22). Another spouse mentioned the

money and time demands that the surgery put on the relationship (7). Another said that her husband wanted to be alone at the time of his surgery, while she wanted to be with him (4).

Four of the spouses focused on problems around their husbands' adjustments to transsexualism. One of these spouses mentioned that her husband became upset with himself and that this affected the family (3). Another said that her husband was sometimes uncomfortable about his transsexualism and that she comforted him (5). One spouse's husband started seeing another woman after his surgery; however, she felt that this was part of his adjustment to his new role (15). Another said that her husband was hesitant about going ahead with surgery because he was unsure about her reaction, but she supported him through it (19). One spouse said that she needed time to adjust to the relationship (6), and another said that there had been no problems related to transsexualism in their relationship (14).

The responses to the question concerning the most difficult life adjustment were also evaluated by the authors. Eighteen of the responses of the transsexuals were directly related to transsexualism, one response was judged to be indirectly related, and three responses were not at all related.

The 18 responses that were related to transsexualism fell into one or more of four categories: living as a woman, the conversion from woman to man, adapting to the masculine role, and telling the family about transsexualism or the family's acceptance of it. Nine of these 18 responses were totally or in part concerned with living as a woman. Of these nine transsexuals, five mentioned only living as a woman as their most difficult life adjustment (2, 6, 8, 10, 14), two mentioned both living as a woman and conversion from woman to man (7, 11), and two mentioned both living as a woman and adapting to the masculine roles (4, 19). Two transsexuals mentioned only the adaptation to the masculine role as their most difficult life adjustment (9, 16). One transsexual mentioned both the conversion and adaptation (1).

The other six responses that were related to transsexualism all concerned telling their families about transsexualism and/or their families' acceptance of their transsexualism (12, 13, 15, 18, 20, 22). The response that was judged to be indirectly related to transsexualism concerned problems with self-esteem (3). The three unrelated responses involved the loss of a family member (5, 17, 21). None of the 22 responses to the life adjustment question involved the relationship.

The spouses of the transsexuals were also asked about their most difficult life adjustment. Ten of their responses were related to their husbands' transsexualism, and 12 were unrelated.

Of the ten spouses who gave responses related to transsexualism, one mentioned her husband's sex reassignment surgery as her most difficult life adjustment (4), and two mentioned not being able to have their husbands'

children as a difficult adjustment (6, 14). Three responded that the secrecy that they maintained from society about the transsexualism was a difficult adjustment (7, 12, 16). One spouse mentioned the secrecy she maintained from her family (15), and another spouse mentioned explaining her relationship to her grown-up son (17). The other two spouses mentioned general adjustment to their relationship as being their most difficult life adjustment (8, 10).

DISCUSSION

The present study of 22 female-to-male transsexuals and their spouses was an attempt to provide information on the quality of these relationships. Generally, the transsexuals and their spouses reported good and mutually satisfying interpersonal relationships.

The dyadic adjustment and marital stability of these relationships, as perceived by the transsexuals and their spouses, are comparable to those of a matched control group. In spite of the anatomical problems, the transsexuals' perceptions of their sexual relationships were still positive. In addition, the spouses' perceptions of the sexual relationships are comparable to those of the control spouses.

This study only asked the transsexuals and their spouses to identify the biggest problems in their relationships. This methodology necessarily obscured the fact that there are other difficulties in these relationships both related and unrelated to transsexualism. An in-depth, follow-up study can use the present findings to ascertain the degree to which the problems mentioned here affect all transsexual relationships. These findings can also help couples where one member is a transsexual, and clinicians who deal with these couples, to identify and deal with potential areas of difficulty before or as they arise in the relationships.

In conclusion, the findings presented here lend support to the previous clinical interview studies that have reported that female-to-male transsexuals form stable and enduring intimate relationships. In spite of the additional social, psychological, and physical pressures on these couples, their relationships are qualitatively similar to those of nontranssexual, heterosexual couples.

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