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## “Women’s Work”? Women Partners of Transgender Men Doing Housework and Emotion Work

*Despite increasing family studies research on same-sex cohabiters and families, the literature is virtually devoid of transgender and transsexual families. To bridge this gap, I present qualitative research narratives on household labor and emotion work from 50 women partners of transgender and transsexual men. Contrary to much literature on “same-sex” couples, the division of household labor and emotion work within these contemporary families cannot simply be described as egalitarian. Further, although the forms of emotion work and “gender strategies,” “family myths,” and “accounts” with which women partners of trans men engage resonate with those from women in (non-trans) heterosexual and lesbian couples, they are also distinct, highlighting tensions among personal agency, politics, and structural inequalities in family life.*

In 2002, a Special Status Committee convened by the Council of the American Sociological Association remarked on the discipline’s “deafening silence” regarding scholarship on

transgender issues and lives. Since this time, published scholarship on transgender and transsexual individuals has slowly become more common (e.g., Dozier, 2005; Girschick, 2008; Hines, 2006; Rubin, 2004; Schilt, 2006; Shapiro, 2004). As focus on transgender and transsexual individuals emerges in sociology, partners of transgender and transsexual individuals have not yet appeared as intelligible subjects within published sociological research. To begin addressing this silence, I present research on the shifting nature of contemporary families and family work—expanding sociological knowledge of (non-trans) heterosexual, lesbian, and gay cohabiters and families to include cohabiters and families comprised of transgender and transsexual men (henceforth referred to as “trans men”) and their non-trans women partners (henceforth referred to as “women”).

Transgender individuals, communities, populations, and families are quite diverse and nonmonolithic. As such, I chose to focus on constituents from one particular type of trans family configuration or form (women partners of trans men) because my aims and intention were to establish substantive knowledge on a particular population. Women partners of trans men were chosen as the subjects for this study because of their relative absence across the academic, professional, biographical, and autobiographical literatures. Further, this study focused on non-trans women because this group comprises the largest demographic of partners of trans men (Chivers & Bailey, 2000; Devor, 1993; Lewins, 2002).

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To date, no nationally representative, peer-reviewed data source exists on the lifetime prevalence and growth trends of transgenderism and transsexualism. As such, accurately ascertaining the size and growth of these populations remains difficult at best. Nonetheless, a sociological approach to estimating significance and growth of these communities may usefully include consideration of other social parameters such as media representation and visibility. Once confined almost exclusively to sensationalistic portrayals on television talk shows such as *Jerry Springer* (as chronicled by Gamson, 1998), trans lives and realities are now receiving more serious media depiction and consideration than ever before. The lives of transgender individuals are depicted in films and documentaries such as *Boys Don't Cry* (1999), *Normal* (2003), *Soldier's Girl* (2003), *Transamerica* (2005), and *TransGeneration* (2005).

Over the past 2 years alone, trans individuals and families were featured on three episodes of *The Oprah Winfrey Show* (air dates on May 15, 2007, October 12, 2007, and April 3, 2008), which reaches an estimated 49 million viewers per week in the United States and is broadcast to 117 countries worldwide (HARPO Studios, 2008). Most recently, Winfrey teamed with *People* magazine to profile Thomas Beatie, a pregnant transgender man, and his wife Nancy. According to broadcast ratings, this episode was a season leader in terms of viewership (Albiniak, 2008). Trans issues have also been extensively covered by every major U.S. television broadcast news network and the British Broadcasting Channel. Furthermore, print and Internet media increasingly feature stories focusing on the lives and experiences of trans individuals (e.g., Barkham, 2008; Tresniowski, 2008).

This study responds to an existing gap in the sociology of families literature, in the context of increasing trans visibility and media representation, with regard to women's experiences in transgender family life. In this paper, I use data from a larger study, on women's reported experiences in relationships with trans men, to focus on two particular aspects of family life: household labor and emotion work. Household labor and emotion work were chosen as the foci of the present analysis as these topics constitute a great deal of the existing sociological scholarship on women in families over the past 30 years. This existing scholarship provides a rich (though incomplete) empirical foundation on which to

draw comparisons to women situated within yet unstudied, contemporary family forms.

In this study, I address the following primary research question: What do narratives from women partners of trans men, on the performance, structure, and division of household labor and emotion work within their relationships, reveal about "doing gender" and "women's work" within contemporary families? This research builds on existing sociological literature on families to consider how emotion work may be a useful conceptual framework for understanding the particular forms of labor in which some women partners of trans men engage in the context of their relationships. Learning more about the everyday experiences of women partners of trans men holds the potential to expand not only how sociologists of the family understand and theorize about the work members of this minority group perform within their relationships, families, and communities, but also the myriad understudied ways the work of *women, in general*, constructs and contributes to family life in the twenty-first century.

## BACKGROUND

### *Notes on Language, Concepts, and Terminology*

It should be understood that, as is common to identity-based communities, the following primer on terms and concepts is both incomplete and contested; there is no universally agreed upon set of definitions for lesbian, gay, bisexual, transgender, and queer (LGBTQ) identity and experience. Although this section is intended to provide a cursory overview of terms and concepts as I intend and understand them for the purposes of this study, additional resources are available for those seeking more in-depth information about transgender terminology, lives, experiences and communities (e.g., Devor, 1997; Green, 1999; Namaste, 2000; Serano, 2007; Vidal-Ortiz, 2008; Wentling, Schilt, Windsor, & Lucal, 2008).

For the purposes of this study, "sex" is constituted by a perceived or actual convergence of hormonal, chromosomal, and anatomical factors that lead to a person's classification, usually at birth, as "male," "female," or "intersex" (see Preves, 2003, on intersex identity). "Gender" can be understood as the

vast array of social and cultural constructions (involving bodily comportment, manner of dress, social roles, etc.) that adhere to individuals once they have been assigned to a particular sex category (thus marking an individual as a “girl,” “boy,” “woman,” or “man”). “Gender identity” is a concept that refers to one’s subjective sense of being a boy, girl, man, woman, or some combination thereof. “Gender expression” refers to one’s social presentation of gender in everyday life (through dress, bodily comportment, vocal expressions, etc.). Gender expression may also shift across social contexts depending on perceived safety and risks (Green, 1999). To “transition” is to bring one’s gender expression into closer alignment with one’s gender identity. Transition may involve changes in one’s style of dress, hair, body comportment, pronoun or name use, legal sex or gender status, social roles, hormones (taking testosterone; “t”), or physical anatomy (e.g., bilateral radical mastectomy with chest wall recontouring or reduction mammoplasty [“top surgeries”] and hysterectomy, oophorectomy, metaoidioplasty, or phalloplasty [“bottom surgeries”]).

“Transgender” and “genderqueer” are umbrella terms for those whose gender identity or expression, or both, does not normatively align with their assigned sex. “Transsexual” (a particular type of transgender identity or embodiment) describes individuals who make surgical or hormonal changes, or both, to their body in order to bring it into closer correspondence with their gender identity. “Trans” is an abbreviated term that refers to “transgender” or “transsexual” or both. Individuals designated “female” at birth who come to gender identify as a man or on the masculine spectrum are referred to as “female-to-male” (“FTM”) or “trans men.” It is critical to distinguish between “gender identity” and “sexual identity”—all people have *both*. For example, some trans men self-identify as heterosexual (and partner with trans or non-trans women, or both), whereas others self-identify as gay (and partner with trans or non-trans men, or both), bisexual, or “queer” (those whose sexual identity cannot be neatly classified as heterosexual, gay, or bisexual).

#### *Household Labor in (Non-Trans) Heterosexual and Lesbian Relationships*

For over 30 years, sociologists have made great strides in documenting and theorizing

unpaid household labor performed by women within (non-trans) heterosexual families (e.g., Hochschild, 1989; Oakley, 1974). Despite continuing rises in the numbers of women working outside the home for pay, concomitant with supportive social attitudes for women’s equality (among men and women), women still report experiencing “the second shift” at home (Bianchi, 1995; Kamo, 2000). Despite increasingly liberal gender-role attitudes, heterosexual women continue to perform the bulk of household labor across both cohabiting and marital contexts (Bianchi, Milkie, Sayer, & Robinson, 2000; Smock, 2000). Even more surprising, some research demonstrates that men actually perform *less* household labor once married than when cohabitating with their women partners (Gupta, 1999) or when earning less income than their women partners (Bittman, England, Sayer, Folbre, & Matheson, 2003; Greenstein, 2000).

One of the most lasting lessons from Hochschild’s (1989) study was that men and women who are ideologically committed to egalitarian relationships co-construct elaborate “gender strategies” and “family myths,” describing the division of housework as equal although women actually perform the majority of this labor. Rather than assailing women with claims of “false consciousness” regarding incommensurability between one’s feminist self-understanding and participation in traditional, inequalitarian, sex-typed divisions of household labor and emotion work, this work demonstrates the complexity and function of family myths and gender strategies. These family myths and gender strategies serve important personal and social functions, as they allow individuals and couples to retain and preserve deeply held commitments to egalitarianism and keep relationships and families intact (Hochschild, 1989).

Increasingly, sociologists are studying *sexual minority women’s* patterns and processes of cohabitation, partnership, and family work (for a review, see Patterson, 2000). Survey research often reports that household division of labor among cohabiting lesbian couples is relatively egalitarian (Blumstein & Schwartz, 1983; Kurdek, 2001, 2006, 2007). Some ethnographic qualitative research, however, has suggested that the issue is actually more complex (Carrington, 1999; Moore, 2008). It may also be possible that notions of what constitutes an “egalitarian

relationship” are shifting and multiple (Deutsch, Kokot, & Binder, 2007). For example, some qualitative research reported that lesbian couples structure household labor in “strikingly similar” ways to that of heterosexuals and generate family myths and gender strategies to actively *create the semblance* of egalitarianism in their relationships (Carrington, p. 21). Other research has posited egalitarianism itself (as defined by partners’ relative economic independence and equivalent distribution of child-care and household labor) may *not* be a defining goal among all lesbians. Research with Black, lesbian stepfamilies, for example, revealed that the partner performing the greater share of household labor and child care is often ascribed higher relationship status (Moore).

Just as research demonstrates that household labor among (non-trans) heterosexual couples is often divided along gendered dimensions (Kroska, 2003), we might expect that, even among (non-trans) “same-sex” partners, tasks might still be differentially allocated based upon differences in gender identity or expression between partners. Although same-sex couples may engage in myth making in ways similar to that of heterosexuals, it is critical to note that this myth making may be motivated by factors *particular to* having a lesbian identity or in ways designed to shield partners from potentially stigmatizing social claims connected to gender identity. Among lesbian couples, the partner who assumes *less* responsibility for household labor may be socially shielded by the partner who performs *more* household labor so that the underperforming partner is rendered less vulnerable to accusations of enacting stereotypical masculinity or that the relationship mirrors “traditional” heterosexuality (Carrington, 1999).

It is also important to consider how increasing social support for gender equality impacts social desirability of reporting inequalitarian divisions of household labor on self-report surveys (Kamo, 2000). As such, quantitative, survey-based measures of division of household labor may not fully capture nuanced negotiations occurring between partners within households, particularly among those who are ideologically committed to gender equality. In consequence, some researchers note the critical importance of employing qualitative methods to study households of gender or sexual minority couples (Smock, 2000).

### *Emotion Work in (Non-Trans) Heterosexual and Lesbian Relationships*

The concept of emotion work was first introduced 30 years ago (Hochschild, 1979). The contribution of this concept to earlier sociological thought was that emotion functions not only in highly personal and psychological ways, but is also determined by and through social rules, negotiation, and regulation. “Emotion work” (occurring in the unpaid, private sector of home) is delineated from “emotional labor” (occurring in the paid, public sector of market economy; Hochschild, 1989). Researchers have proposed that emotion work is a critical component of family work and marital satisfaction among (non-trans) heterosexual couples, mediating against feelings of marital burnout—particularly when such work is also performed by men (Duncombe & Marsden, 1993; Erickson, 1993, 2005). Research on emotion work enabled sociologists to better understand how social actors engage in active management of their own and others’ emotions and how this work is gendered in particular, predictable ways.

For example, the knowledge of family members’ tastes and preferences is a form of (primarily) women’s work that treads a thin line between instrumental household labor (such as shopping and cooking) and emotion work (such as keeping family members happy, satisfied, and feeling cared for; DeVault, 1991). Even among same-sex couples, one partner tends to know tastes and preferences of another to a greater extent; this knowledge is generally associated with the partner who most often cooks and shops for the family (Carrington, 1999). Researchers also proposed that, contrary to most sociological work that posits *sex* as the primary determinant of who engages in emotion work within relationships, *gender constructions* (Erickson, 2005) and *gender ideologies* (Minnotte, Stevens, Minnotte, & Kiger, 2007) may actually be better predictors. Conceptualizing emotion work in this way allows us to predict that women partners of trans men may be expected to perform greater or lesser amounts of emotion work than their trans partners on the basis of the way each partner’s *gender* is constructed individually and interpersonally, rather than assuming an egalitarian division based on *sex*. As such, we should not necessarily expect to find egalitarian divisions of household labor and emotion work among “same-sex” couples whose *gender identities* are quite dissimilar.



*Frameworks for Understanding How Gender Is “Done” and Then Explained*

This study is informed by earlier sociological scholarship that sought to understand how people organize, explain, and construct complex social categories and behaviors. West and Zimmerman’s (1987) assertion that sex and gender are independent categories requiring analytic distinction compels this analysis. West and Zimmerman conceptualized “doing gender” as a “routine accomplishment embedded in everyday interaction” (p. 125). In other words, sex and gender can be disaggregated: Being born male or female does not automatically make one a man or a woman. Instead, being or becoming a man or a woman is an ongoing, iterative, interactional, social process. West and Zimmerman wrote, “Doing gender involves a complex of socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine ‘natures’” (p. 126). This study detailed some of these activities and processes among an understudied group, highlighting the work required to accomplish gendered identities that are mutually produced and reinforced. This study also relied on previous sociological work addressing the types of talk in which social actors engage to explain their own actions and behaviors. In particular, this study was informed by Scott and Lyman’s (1968) notion of “accounts,” which is a sociology of talk, the sort of talk in which people engage when their actions or behaviors are perceived to be likely to evoke negative social judgment and evaluation. These “accounts” are functional insofar as they seek to bridge or smooth over the space between one’s own actions and others’ expectations when the two are seemingly inconsistent. Employing this framework is particularly useful when considering the explanations self-identified feminist women offer (particularly when they are offered to presumably similarly identified researchers) for engaging in behaviors that are seemingly inconsistent with their politics.

## METHOD

I now extend these conceptual frameworks on doing and explaining gender and the division of household labor and emotion work among both (non-trans) heterosexual and lesbian couples to focus on an emergent and understudied

population in the field of family studies: partnerships between women and trans men. The present study focuses on the primary research question: What do narratives from women partners of trans men, on the performance, structure and division of household labor and emotion work within their relationships, reveal about “doing gender” and “women’s work” within contemporary families? This research question was designed to obtain an in-depth understanding of the various forms of unpaid household labor and emotion work that women partners of trans men report performing in their relationships as well as to tap into the various explanatory frameworks used to describe these forms of work and their division.

*Methodological Approach and Interview Protocol*

To investigate the present study’s primary research question, an interview protocol was developed to address gaps in the sociological literature. Interview questions were developed in conjunction with research positing gender and gendered identities as social accomplishments arising from iterative, interactive practices of doing gender (Goffman, 1959; West & Zimmerman, 1987). The protocol was also developed in accordance with sociological research highlighting the importance of attending to the processes through which individuals make sense and meaning of their own (often contradictory) experiences (Garfinkel, 1967). My intention was to develop a deeper understanding for how research subjects constructed their social worlds through everyday actions and interactions, an approach that may be particularly useful in the context of studying trans lives and families (Rubin, 1998; Schutz, 1967).

Interview participants were consistently probed to expand on what they might only suggest or briefly mention, allowing me to elicit “thick description” (see Geertz, 1973) of how gender is actually done by women within their relationships with trans men (West & Zimmerman, 1987). Respondents were also probed, when giving seemingly contradictory responses, to reflect on (and speak about) these contradictions or tensions in greater depth. Respondents were probed to describe not only what they do, but their partners’ reactions, how they felt about these reactions, or changed behaviors in response to reactions. In accordance with the guiding

frameworks for this study (Scott & Lyman, 1968; West & Zimmerman), which emphasize the important social meaning-making processes that imbue talk and language, the protocol was also developed with considerable attention to the importance of the language women partners of trans men use. In my inquiries, I probe not only actual care-taking activities but also how women felt prepared (or not) to engage in these activities and the emotional and material effects of providing such care.

The interview protocol had six major content sections: (1) Gender and Sexual Identities of Self and Partner, (2) Experiences with a Trans Partner's Gender Transition, (3) Friends and Family Support and Strain, (4) Community and Social Support and Strain, (5) Relationship Form and Structure, and (6) Language and the Body. Not all sections yielded data relevant to this study. A brief sampling of questions relevant to the present study included the following: Is your partner currently in the process of transitioning? (If "yes"): Can you tell me about your partner's transition? What is your role in your partner's transition process (if you have one) and how do you feel about that role (or lack thereof)? Do you and your partner have certain gender roles in your relationship? (If "yes"): How would you describe the gender roles in your relationship and how do you feel about them? How flexible are the gender roles in your relationship? (If "no"): Why do you think you and your partner do not have certain gender roles in your relationship like some other couples do? Can you talk to me about the ways in which you and your partner communicate about important issues?

To get a sense of women's perceptions of division of household labor within their relationships, I asked cohabiting interviewees (as part of the Relationship Form and Structure section of questions) to tell me who has primary responsibility for a list of specific tasks (e.g., cooking, writing grocery lists, knowing a partner's tastes and preferences, fixing things around the house, garbage and recycling, shopping for and sending birthday and holiday presents, decorating, scheduling and attending doctor appointments, child care, elder care, pet care, lawn care, auto care, and driving). I also asked each participant the following questions: Can you tell me your feelings about how the household labor is divided between you and your partner overall? Has the division of household labor ever been a source of conflict and/or

resentment in your relationship? (If "yes"): Can you tell me what happened and how you handled it? (If "no"): Why do you think you and your partner have never had conflict or resentment over the division of household labor?

### *Recruitment*

Eligible participants included both current and former women partners of trans men who had been in a relationship with a trans man for at least 3 months. Three months was chosen as a minimum cutoff point for participation because I wished to gather data on perceived relationship dynamics from individuals across as wide a swath of relationship durations as possible, from those in the early stages of relationship development to those in long-term relationships. It is important to remember that the present study is only one component of a much larger project. As such, cohabitation was not a requirement for participation in the study. I sought to interview both trans and non-trans women as participants and all recruitment materials contained the recruitment phrase, "self-identified women partners." I sought to interview women partnered with trans men at various stages of trans identification and transition, from those who self-identify as "genderqueer," with no intention of taking testosterone or obtaining sexual-reassignment surgeries, to those who identify and are legally recognized as "male," who are taking testosterone and have had sexual-reassignment surgeries.

Women were recruited using List-serv, e-mail group, and paper-flyer postings targeting the significant others, friends, families, and allies of trans men. I employed Internet-based social-network sampling, the primary method of purposeful sampling when targeting sexual minorities and their partners (Patton, 1990; Rosser, Oakes, Bockting, & Miner, 2007). The Internet serves as the primary site for transgender and transsexual community building, social support, and dissemination of gender transition-related information, making it likely that even those who are older and poorer have found ways to access the Internet for these purposes (Shapiro, 2004). I also formed partnerships with local, land-based, social-service agencies serving these populations. In addition, interview participants from geographic regions across the United States and Canada were recruited to

distribute materials to potential participants. Each research participant was paid \$20 per interview unless they declined payment.

### *Data Analysis*

Interviews were transcribed by a professional transcriptionist I trained to recognize unique terms, language, and expressions common to trans communities. Subsequent to transcription, I reviewed each transcript for accuracy and fidelity to audio recordings. I imported all transcripts into a qualitative data analysis software program, NVivo/N8, which assists in the digital organization of large quantities of qualitative data (in this study, approximately 2,000 pages of interview text).

I employed blended inductive and deductive coding techniques, informed by grounded theory methods, to distill emergent themes, patterns, and trends in the data (see Charmaz, 2006; Glaser & Strauss, 1967). I read through all transcripts, creating memos for each. Each memo contained my observations about the interview participant and interview as well as brief notes about strong or compelling emergent themes and potential links to theory. I next began thematic coding across all interviews. Interviews were coded for approximately 30 demographic variables (“attributes”) connected to the participant, interview, relationship(s), and trans partner(s). Examples of attribute coding include participant’s and trans partner’s race, age, gender identity, sexual identity, educational attainment, feminist identification, reported class, household income, trans partner’s transition-related procedures, length of relationship, cohabiting status and duration, marital status, parental status, and interview length.

Interviews were initially analyzed through an open-coding process to discern emergent themes (Charmaz, 2006). Approximately 200 thematic categories emerged through this process. The next stage of analysis involved more focused coding that resulted in a distillation of themes (Charmaz). Through this distillation, broader themes were aggregated and organized into more precise or conceptual subthemes. Focused coding resulted in a final coding scheme of approximately 50 major themes with various subthemes. My coding strategies allowed me to identify and juxtapose data providing confirming and disconfirming evidence for these themes and subthemes.

A brief sampling of major coding themes and subthemes relevant to the current study include the following: Overall Household Labor (participant does more, partner does more, both do roughly equal work, neither does this work), Administration of a Trans Partner’s Testosterone Shots (partner always gives himself shots, participant always gives shots, both give shots, partner not taking testosterone), Communication Between Partners, Division of Household Labor and Conflict (conflict often arises, conflict does not often arise), and Explanations for Perceived Inegalitarian Division of Household Labor (individualist/choice-based, structural/systemic-based). To discern differences in reported experiences across participants, axial coding (Strauss, 1987) was conducted by running multiple data matrix analyses in NVivo, allowing me to sort excerpts on coded themes and subthemes by various participant attributes (such as partner’s stage of transition, participant age, etc.). This axial coding process allowed me to discern differences in reported themes and subthemes between particular groups of participants.

### *Participant Sample*

Women ( $N = 50$ ) completed individual, in-depth, audiorecorded interviews for this study. Interviews were conducted face to face ( $n = 11$ ) and by telephone ( $n = 39$ ). Comparative analyses of the interviews did not reveal considerable differences in respondents providing rich descriptions, expressing strong emotion or revealing intimate personal details between the face-to-face and telephone interview contexts. The 50 participants in this sample provided detailed information on 61 individual relationships with trans men. Most participants ( $n = 42$ ) were currently in a relationship with a trans man, whereas a minority ( $n = 8$ ) were reporting on a former relationship (or relationships) and were not currently in a relationship with a trans man. Of those not currently in a relationship with a trans man, the median time elapsed since termination of the relationship was just under 4 years. Across all reported relationships, relationship duration averaged 2.2 years with a range from 3 months to 11 years at the time of the interview.

Of the 61 reported relationships, more than half ( $n = 38$ ) were cohabiting, with an average cohabiting duration of 1.5 years. Several participants ( $n = 4$ ) were in legally recognized,

opposite-sex marriages (all in the United States) with their partner, and several others ( $n = 4$ ) were engaged to be legally married and 1 participant was in a legally recognized same-sex marriage (in Canada). A few ( $n = 2$ ) participants were actively engaged in raising children in the home with their partner and several others ( $n = 4$ ) reported formerly raising children or involvement with raising children who did not live with the couple. Interview length averaged 103 minutes and ranged from 47 to 150 minutes. Interviews were digitally audiorecorded with participant consent.

Participants include women from 13 states across the United States and 3 Canadian provinces, greatly expanding existing work on sexual and gender minorities that tends to focus almost exclusively on only a few states (namely, California and New York) in the United States. The geographic diversity of this sample also closely mirrors that of the largest survey of trans men conducted to date, indicating that this sample consists of participants from most of the geographic regions in the United States with the highest proportions of trans men and also includes two much understudied regions with regard to studies of sex and gender minorities, the Midwest United States and Canada (Rosser et al., 2007).

The women in this study self-identified as “queer” (50%), “lesbian” or “dyke” (22%), “bisexual” (14%), “bisexual/queer” (4%), “heterosexual” (4%), “undefined” or “unsure” (4%), and “pansexual/omnisexual” (2%). According to the women I interviewed, their trans partners identified as “queer” (48%), “heterosexual” (34%), “heterosexual but bi-curious” (8%), “bisexual” (8%), and “gay” (2%). Approximately 30% of participants were in a lesbian-identified relationship with their partner prior to his transition. None of the participants I interviewed considered their relationship with a trans partner “lesbian” once their partner began the transition process. In terms of gender identity, 30% of the women I interviewed self-identified as “femme.” Trans partners were said to gender identify as “a man” (59%) or as “a trans man or genderqueer” (41%). In terms of feminist identity, 93% of the women I interviewed self-identify as “feminist” and 77% responded that their partner also identifies as “feminist.” Despite aiming for a racially diverse sample, this sample reflects greater variation on age of participants (29 years

on average with a range from 18 to 51 years) than on race or ethnicity. Participants in this study are largely White ( $n = 45$ ), with non-White participants self-identifying as multiracial ( $n = 3$ ), Black ( $n = 1$ ), and Latina ( $n = 1$ ). The sample does reflect somewhat greater variation in race or ethnicity when considering race or ethnicity of trans partners of participants (e.g., 19% were identified as “multiracial”).

Participants reported higher than average levels of education (59% have at least a Bachelor’s degree and 26% have a postgraduate degree), but household incomes were well below the national average (nearly 80% made \$50,000 or less in combined annual household income with nearly 40% reporting less than \$25,000 in combined annual household income). The trans men partners of the women participants were slightly younger than participants (27 years of age, on average) and, like the participants, were highly educated (though less so than their women partners), with 49% holding a Bachelor’s degree or higher and 13% holding postgraduate degrees. Trans men partners of the women I interviewed were at various stages of sex or gender transition or both, with most being just a bit over 2 years into the process. Most were taking testosterone (69%), a considerable minority had had top surgery (38%), and a very slim minority had had bottom surgery of any kind (7%). Likely because (in large part) of testosterone, the majority (63%) of trans men partners of participants reportedly are “always or almost always” “read” in social contexts as male. Approximately 80% of women were involved with their trans partner’s hormonal or surgical transition process, or both, over the course of their relationship.

## RESULTS

### *‘It’s Not Because of Gender Issues for Us’: Women Doing and Explaining Household Labor*

Most participants in my sample (93%) and their trans men partners (77%) were feminist. As documented in the previous literature review, one of the primary contributions of feminist social research, over the past 30 years, has been to document striking inequalities in division of household labor between men and women. The feminist women I interviewed were not immune to these same social trends, often reporting



inegalitarian, gender-stereotyped divisions of household labor between themselves and their trans men partners. It is important to consider the ways in which these feminist-identified women negotiated and explained perceived inconsistencies between their personal politics and everyday family lives. Despite strong feminist self identification, the family myths and gender strategies that participants generated to explain these inconsistencies most often focused on individual choice and preference rather than systemic and structural gender inequalities.

Women frequently spoke about inegalitarian division of household labor, but rationalized the reasons for this division. Ani stated: “I do the dishes; but I’m so neurotic about having a clean house and he is not . . . I definitely do more than he does but, again, I’m the one that happens to be a neat freak.” Linda offered a similar description, echoing the direct reference to personal preferences, rendering the pattern more idiosyncratic or personal rather than a reflection of traditional gender roles: “I think I would play a little bit more of an active role in laundry because it’s one of those things that I have to have my way. Like if he was doing it, for example, everything just gets tossed in, whereas I have to do it my special way.” Lilia discussed some of the ways she experiences gender in relation to her partner and to household work:

I feel very female when I’m cleaning up his room. He doesn’t ask me to clean up his room, he’s just very messy. So I clean up on my own free will and try and take care of him, which, sometimes he’ll *let* [my emphasis] me do . . . It makes me feel very female.

Some women partners expressed annoyance with (what they felt was) their partner’s misperception about the division of household labor. Ani stated: “Cooking is definitely me, but he thinks he does more.”

Several women went to some lengths to assure their partners (and me) that choices they made were based *not* on gender stereotyping or roles, but on autonomous personal decisions. Veronica told me:

I’ve been working full-time for a couple years now. My musical career has gone by the wayside because of that. So, for me, my own personality, I think I would be happier being at home, making a home, being able to work on my own, being able to practice and have that sort of freedom. And we

were discussing it a lot and I made it very clear that if I do adopt those traditional roles, it’s not because of gender issues for us, it’s just because the nature of our own sort of goals and just the nature our own selves.

Linda echoed some of this same sentiment:

I would say he’s definitely more of an outdoors person than I am. Like I don’t know how to drive a car, I don’t have my driver’s license where he’s driven cars from a young age. He fixes the car outside. He’s the one who scoops up the dog poo. He putters around in the garden. I cook a little bit more than he would though I don’t think we do things like that because we feel we have to but that’s just what our personal interests are.

Kendra offered another individualist explanation for what some may see as gendered roles:

I’m the one who’s always cooking, and I’m definitely more of a nurturer . . . I could see how someone from the outside could say we have very gendered roles in our relationship, but I don’t know that they’re really that gendered. He’s definitely going to be the bread winner, but that’s because he’s going to get his doctorate and I really have no desire to . . . But I don’t feel bad about it because he likes to do it.

These statements reflected a general unwillingness—or, in some cases, outright refusal—to link women’s personal preferences, at least in the area of household labor, to women’s gender roles or socialization. In the quotes above, interviewees either never discussed gender or gender roles or expressly rejected any connection between inegalitarian division of labor within their homes and women’s traditional gender-role socialization. These quotes revealed a conceptual disjuncture of the personal from political, as they suggested traditional division of household labor was a rather unremarkable matter of individual free will outside the realm of gender-role socialization and imperatives. Women’s narratives on the division of household labor in their families also did gender as they reflected predominant cultural scripts for men and women dividing household labor in accordance with seemingly “natural” tastes and preferences. Given the scarcity of alternative cultural models for enacting nonhegemonic male and trans male identities, adherence to existing, predominant, and normative social models remains unsurprising.

Matrix analyses (axial coding) of participants' quotations revealed some interesting contrasts among participants. Women whose relationships began prior to a partner's transition and whose relationships were initially considered "lesbian" were more likely to report that they performed more household labor than their trans partner. They were also more likely to offer choice and free-will-based explanations for perceived inequalitarian divisions of household labor. Women whose relationship was never understood as "lesbian" and whose partner transitioned prior to the beginning of their relationship were the least likely to report performing more household labor than their partner and also the least likely to offer individualist, choice, and free-will-based explanations for perceived inequalitarian divisions of household labor.

*"Boy Energy": The Emotion Work of Managing Gendered Roles and Communication*

Emotion work often involves not only managing one's own emotions, but the emotions of others as well. The women I interviewed often detailed elaborate routines of attending to (and being accountable for) both the mundane and extraordinary organization of the details of their partners' personal and emotional lives in ways that revealed traditionally gendered roles. For women with deep commitments to feminism, enactment of traditionally gendered roles within a relationship can be conceptualized as yet another form of emotion work that can result in personal and interpersonal stress and strain.

Michele offered one of the clearest examples of a woman partner's investment of physical, psychological, and emotion work for a trans partner's primary benefit. When I asked Michele about how much of her life, would she say, is comprised of taking care of her partner and issues related to his transition, she replied: "A lot. I would say, percentage wise—and this is something I've been trying to change because I see it being a problem—I would say about 70% of my life. That's scaled back from what it was—which was, like, 80%." When I asked Michele to reflect on what this has meant for her in her own life, she stated:

I provide an enormous amount of support around maintaining the household, doing domestic tasks. I have assimilated massive amounts of [my partner's] own work—school work—to assist him

in completely his work. [This is in addition to] a huge amount of emotional time spent in processing transitioning, family, frustrations around the transition process, . . . a huge amount of work. I'm supposed to be writing a dissertation . . . . My own work has been very neglected . . . . I put it off since [my partner] started transitioning.

In this example, Michele described an emotional process of neglecting and postponing her own personal and educational goals and work in order to assist her partner in completing his, serving almost as a proxy or personal assistant during her partner's transition. Nina discussed her own involvement with organizing and managing both the mundane details of her partner's everyday life and his emotional lability:

I remind him to do a lot, and am the planner and really sort of controlling about a lot of things. He is the one who is super flaky and forgetful . . . . His mood changes every 30 minutes. So the dynamic is me trying to keep on the ball about things and him assuming that I'm going to take care of it. Then, him not being on the ball about a lot of things and me assuming he's not going to take care of it.

Nina described this process as an exhausting, dynamic cycle.

When describing taking primary responsibility for organizing tasks and responsibilities, many participants' accounts portrayed these behaviors as a matter of personal style or a reflection of roles that were intrinsic or natural. For example, Charlene told me: "I sort of call myself the secretary because he has trouble keeping that sort of stuff straight. It's a personality-type thing—I'm very organized-sort-of-minded. One thing that he remarks is that I make lists all the time and he is more scattered that way. So I tend to keep track of that stuff." Robyn discussed the discrepancy between her and her partner's involvement in one another's lives:

I guess that's, like, one of the female roles I take as his partner—someone who will always support him. I'm helping him do his trans stuff and he doesn't really look at the stuff . . . . He doesn't participate with my stuff so much—which kind of falls into the . . . me-being-the-one-to-come-to-him a lot of the time [pattern]. Not that he doesn't always express appreciation for that, but it's the way things happen.

Robyn's description revealed a relatively unidirectional investment of emotional resources

that she clearly understood as a gendered aspect of her relationship with her partner and one in which she (as the one occupying the “female role”) got the short end of the stick.

Managing differences in communication styles and facilitating emotional expression between partners emerged as other examples of women’s emotion work and clear manifestations of how gender is done within their relationships. Veronica stated: “I think that we’re pretty much egalitarian. I think that . . . I’m probably more of the one who gets us to talk about things. So I kind of have to be the provoker . . . I have to be the one who gets him to say things. I kind of have to egg him on a little. I think that I help him be more expressive and he helps me to calm down my brain.” Anna described a similar pattern:

I think he compartmentalizes. So he just doesn’t like to talk about things. And not because they’re things related to gender, but just like, “I don’t like to process,” kind of issues. I think about a whole huge range of issues. You know—his surgery coming up. I asked him, “Are you nervous?” He doesn’t wanna talk about whether he’s nervous. And his reaction is not just, “Oh honey, darling, I don’t feel like talking about that,” but kind of snappish like, [in a very annoyed voice] “Uggh, I told you already I don’t want to talk about that.” So yeah it feels like there’s a whole huge universe of things that are off limits.

Lilia discussed some of the ways she felt her trans partner manifested what many might describe as male privilege: “He’s very forgetful and he doesn’t take care of himself and he’s messy and all this other stuff . . . I feel like he’s very specifically like a boy in this way. Like, this boy energy—being messy, not neat, being clumsy with my feelings sometimes.”

Charlene, Robyn, Veronica, Anna, and Lilia all explicitly linked behaviors such as messiness, carelessness with others’ feelings, not being able to “process” or discuss important issues, and lack of self-care to male gender roles and to their trans partners. They each discussed the extra emotion work and household labor in which they engage in order to draw their partners out or to care for them. These narratives were strikingly similar to those offered by women partners of non-trans men (DeVault, 1991; Hochschild, 1989), extending theoretical contributions that doing gender is a social rather than biological process (West & Zimmerman, 1987).

*“You Have Bleeding, Oozing Stuff!”: Women Doing Medical or Health Care Emotion Work*

Although the women I interviewed discussed engaging in a wide range of emotion work within their relationships, one of the most compelling, frequent, and sociologically relevant activities they discussed was the provision of both basic and complex medical or health advocacy and care. Although women whose partner transitioned over the course of their relationship reported providing the most transition-related support for their partners, women whose partner had largely completed his transition prior to the start of the relationship still reported providing a great deal of transition-related support (in the form of emotional support, advocacy, bimonthly testosterone injection administration, etc.). Indeed, transition should be considered an iterative, relational, and lifelong process. The women I interviewed revealed their multiple roles as personal advocate, mediator, and emotional supporter for their partners, especially in terms of dealing with a partner’s medical and health needs. Samantha stated:

I’ve always been very active in his medical care. I’ve always known when his doctor’s appointments are, known what they’re for, made sure he’s gone to them, found doctors in the area. I think it’s sometimes hard for him to deal with the actual bureaucracy of things. I think I’m a lot better dealing with it.

Samantha continued by describing an encounter her partner had with an inept medical practitioner:

[His doctor] was a recommendation from his pediatrician . . . She sort of blew off his gender, . . . didn’t acknowledge it. As soon as he told her that he was trans, she wouldn’t look him in the eye and he just felt like she rushed through his exam and did everything she could to not be around him. So he came out of it crying. He was really upset . . . I’m very proactive . . . and so I was ready to call the office and speak to somebody about it and educate them on their trans issues . . . But he was like, “No, no it’s okay, it’s okay.” . . . He was really depressed . . . He was suicidal.

Samantha was not the only interviewee who described emotion work invested in trying to help a partner with depression or even suicidal ideation. These testimonies indicated the level of involvement some women had in providing

emotional support to (and advocacy on behalf of) their trans partners, sometimes at times of great personal crisis. Women described serving as islands of support during times when trans men wished to have little outside contact because of privacy, job security, or personal safety considerations or a combination of these.

Women offered many stories about feelings connected to administering a trans partner's testosterone shots. Linda stated: "The first time, I was terrified that I was going to hurt him more than anything. Really, really scared. I've never given anyone a needle in my entire life. Yeah, my main fear was that I was going to fuck it up really bad and hurt him or hit a nerve or something like that. But now it's fine." Kendra also spoke about giving her partner testosterone injections: "He kind of developed this fear of needles and so he couldn't inject it any more. So I've done it for quite some time now. . . . At first, I was really nervous about it. You know, if you do one thing wrong, you could kill him; but it's just routine for me now." These comments revealed that (at least in the beginning) administering testosterone injections could be events imbued with anxiety about one's own adequacy as well as fears of hurting, potentially seriously, one's partner. These quotes also revealed how performing medical care for a trans partner became a routinized aspect of everyday life. Interviewees discussed that their involvement with their trans partner's medical care sometimes extended far beyond the administration of testosterone injections.

Some of the most evocative and compelling aspects of women's narratives focused on their partners' surgical transitions. Interestingly, many of these narratives highlighted trans *partner's* experiences, despite me specifically asking women to reflect on *their own* impressions of the transition process, providing detailed descriptions of their *personal* involvement throughout. Samantha replied:

Right now, we're trying to find a doctor in the area and we're looking at pictures of their results. And we're also trying to figure out how on earth to pay for it. We're basically in the beginning stages of it . . . . It was a decision that I already decided a long time ago that I would definitely help him pay for it.

Samantha's use of the collective "we" and "we're" at numerous points in her narrative reflected the degree to which she felt involved with her partner's transition on multiple

levels—including economic. Samantha's narrative was one of many illustrating how tentative and artificial divides between intimacy and economics can be within families (see Zelizer, 2005, for further discussion). Although some women reported discussions and negotiations with partners regarding details connected to transition surgeries, this was not always true.

Teresa discussed her sadness and frustration in connection to being left out of most of her partner's surgical transition decisions:

In trans community, it's the idea that I will support my partner and will do cartwheels whenever he decides to [physically alter] his body and that I'll be really happy about it. Whereas, really, when my partner had chest surgery . . . [the] process for me [was] that a body I had always known changed. I think it's important to let partners have that grief. I don't feel like I was given space to really feel things that I was feeling because there was this expectation that I just was going to support it wholeheartedly. That was really hard.

Kendra described her feelings about her partner's impending surgery:

I was really concerned. . . that he would need someone to help him with a lot of things after surgery . . . . I was just like, "If you're expecting me to help you with this—which I'm more than willing to do—then you need to help me help you. I need to know these things so I can help you." And so that was frustrating.

These comments revealed that some women were concerned about their trans partner's surgical transitions in terms of the support *they* would be *personally* expected to provide. Women also expressed fears or concerns about their partner's risk of death during surgery, ways their partner's body might change and/or the fact that they loved their partner's body as it was. Tiffany discussed emotions connected to her partner's impending top surgery:

It's kind of weird because you get so used to somebody's body being a certain way—especially somebody you're close to. You get to a point where you memorize every single part of their body. And so it's very difficult when something changes—especially that quickly . . . . It's something that's important for him to do; so by the time he gets it, I'll be ready for it and I'll be supportive. But I really wish he didn't have to . . . . Having that piece of him cut off and tossed away is very difficult.



Despite the numerous concerns women reported in being excluded from surgical decision-making processes, considering possible negative surgical outcomes, and mourning the loss of a partner’s familiar and beloved body, women still described enormous personal involvement with partners’ surgeries and postoperative care. Willow told me: “Oh God. It was like being an advocate for him, getting him food, helping him with the pain stuff, helping him get dressed, keeping him company, just being there, helping him sit up, helping him walk to the bathroom.” Gail offered a particularly visceral recollection:

I remember it [top surgery recovery] being totally intense. It’s like blood—and the smell was so intense—and that was the first time I was like, “Whoa—you have bleeding, oozing stuff!” And just feeling kind of like you’re just kids taking care of each other. You’re twenty-four [years old] and it’s weird because you have no nurse or anyone telling you what to do . . . It’s so major. Someone just cut their body, had it reconstructed . . . I didn’t feel confident in it [taking care of her partner] . . . I get kind of queasy and stuff and I remember the smell being really intense . . . We were basically locked up in this room for three days . . . I felt really disconnected from the outside world.

In this not uncommon example, an interviewee described involvement in postsurgical caretaking for what is generally considered major (yet outpatient) surgery. This caretaking may take mental, physical, and emotional tolls. Further, the pain and helplessness some trans men experienced after surgery was sometimes taken out, in frustration, on their weary partner. Veronica said: “The person who is going through the medical transition is really wrapped up in their own issues. And the person who is giving the support feels neglected.”

The women partners of trans men that I interviewed played critical roles in their partners’ continuing journeys from female-to-male identity, embodiment, and social status. Interviewees discussed extensive involvement in processes of sex and gender transition; they served informally (and sometimes at great personal cost) as personal assistants, medical aides, and advocates on a partners’ behalf. Women described these ways of doing gender and relationships as simultaneously exhausting, rewarding, challenging, unprecedented, and transformative. Feelings of nervousness or worry in connection with a partner’s transition were reported almost universally

across participants whose partner underwent hormonal or surgical transition, or both, over the course of their relationship. Axial coding revealed that, among participants whose partners largely completed their transition prior to the beginning of their relationship, 60% reported ongoing transition-related anxiety.

## DISCUSSION

### *Feminist Self-Identified Women Doing and Explaining Household Labor and Emotion Work*

In accordance with previous sociological research, women partners’ explanations for inequalitarian divisions of household labor and emotion work might best be understood as instances of family myths or gender strategies that allow them to continue functioning within particular roles and relationships with relatively little reported discord or threat to their identities as feminist or nontraditional or both (Hochschild, 1989). What was less expected, however, was that these feminist-identified interviewees employed a distinct type of family myth or gender strategy predicated on ideals of individualism, free will, and choice. Further, participants whose relationships with their partner initially began as lesbian and those who went through a hormonal or surgical transition process, or both, with their partner over the course of their relationship were more likely to offer these individualist, choice-based, and free will explanations than those whose partner’s hormonal or surgical transition was largely completed prior to the start of their relationship. These unexpected findings require further consideration and analysis.

The vast majority of interview participants (82%) were ages 35 or younger. As such, these individuals came of age in the socio-historical context of Third-Wave rather than Second-Wave feminism. Although it might be reasonably argued that the feminist “wave” metaphor is overly simplified and reductive, I argue that it may also serve as a useful heuristic when considering the sociohistorical trajectory of contemporary transgender identity and communities in North America. The Second-Wave feminist era existed from the early 1960s to the late 1980s. This era of feminism, focused on collective action and “sisterhood,” was largely devoted to securing social gains for women

across the areas of equal pay, reproductive rights, sexual freedom, and equality within the family (Henry, 2004). Third-Wave feminism arose in the early 1990s as a reaction (in part) to Second-Wave feminist politics (Reger, 2005). Third-Wave feminist founders often claim that Second-Wave feminism advanced gender essentialist politics and was relatively insensitive to differences connected to gender, race, and sexual identities (Heywood & Drake, 1997). Third-Wave feminism is grounded in notions of individualism, free will, choice, performativity, personal power, sex positivity, and belief in the constructedness of gender, sexuality, and race (Henry; Heywood & Drake; Reger).

Some consider transgender and transsexual identities and communities critical outgrowths of Second-Wave feminism and vital components of Third-Wave feminism. Rubin's (2004) exploration into the lives and identities of transsexual men, for example, traced the multiple disconnects between transgender identities and communities and Second-Wave feminism. Rubin (2004) asserted that transsexual men began to form coherent subcultures and identities once they intentionally disassociated themselves (and were pushed away) from Second-Wave lesbian feminist politics of "sisterhood" and the "woman-identified-woman." Third-Wave feminist politics of gender performativity, choice, personal power, and individualism may serve as more welcoming to trans men's identities and communities (which include women partners).

Further, the tenets of Third-Wave feminism may be particularly compelling for women partners of trans men whose relationships began as lesbian or who were with their partner prior to and throughout his gender transition. By focusing on individualism, free will, and choice, it becomes more possible for this group of women to simultaneously acknowledge stereotypically gendered inegalitarian divisions of household labor within their relationships and to explain this inequality away by focusing on the specificity and exceptional nature of their *current* trans relationship in ways that are less likely to fundamentally challenge one's overall conception of self and behavior as "feminist" or "lesbian" or both. It is in this context of Third-Wave feminist discourses of individuality, free will, personal power, choice, and performativity that these women participants' explanatory frameworks for assuming gender-stereotyped or disproportionate amounts of household labor

and emotion work can be better understood. Of course, to better understand and situate these explanatory frameworks does not absolve them from critique. Instead, we might call into critical question the problematics involved in feminist politics that obscure the mechanisms and processes of family inequalities under assertions of personal power and performativity. It may be time to reevaluate particular family dynamics to call for greater equality between *partners* (rather than "*the sexes*"). Indeed, this research demonstrates that sharing a particular chromosomal sex pattern with one's partner does not negate the powerful social pull and processes of *gendered* inequalities within the family.

Scott and Lyman (1968) offered another useful conceptual frame for understanding women's narratives about doing gender (*vis-à-vis* doing household labor) within their trans families. According to Scott and Lyman, individuals manufacture socially accepted verbal "accounts" to explain socially unacceptable behaviors to others. These accounts arise in two primary forms, either as "excuses" or "justifications," intended to neutralize social judgments of stigmatized or unexpected behaviors (Scott & Lyman, pp. 47–52). In excuses, a social actors admit that they have engaged in behavior that might be negative or unexpected, but they excuse this behavior by denying full culpability. One excuses such behavior by explaining the ways in which this behavior was not under his or her direct control. In justifications, one admits he or she has engaged in behavior that might be negative or unexpected, but justifies this behavior by verbally minimizing the seriousness of the perceived transgression. In the context of women's accounts for stereotypically gendered inegalitarian divisions of household labor and emotion work (when speaking with someone presumed to hold negative valuations of such behaviors—the interviewer), justifications were most frequently invoked by study participants. More specifically, the women in my study employed the use of "self-fulfillment justifications" (Scott & Lyman, p. 52), in which they simultaneously *acknowledged* inequities in the division of household labor and emotion work in their relationships and *neutralized* the negative social stigma associated with such inequities by focusing on assertions of their own free will, personal power, performativity, and choice to act in such ways. Of important sociological consideration, these verbal justifications function to absolve

social actors and behaviors from potential social critique.

As demonstrated through these analyses, gender and gendered identities are relational, social accomplishments arising from iterative, interactive practices of doing gender (Goffman, 1959; West & Zimmerman, 1987). The women partners of trans men that I interviewed reported acting in critical ways to shape, support, reflect, and coproduce seemingly normative forms of masculinity and femininity in ways that deserve more focused sociological exploration and consideration. We must remain cautious, however, that we do not make overly simplistic or reductive assessments about these women participants and their relationships. Without readily available, socially sanctioned and supported models for how to do (trans)gender and trans partnerships in counternormative ways, these couples are navigating relatively uncharted territories. Further, scholars and trans community members have noted that it is irresponsible to place a disproportionate burden on those who are trans-identified (and, by extension, their partners) for reforming the entire gendered social order (Serano, 2007; Wentling et al., 2008). The women I interviewed are no more and no less responsible for (or necessarily desirous of) the maintenance or overthrow of the gendered social order within the family than those whose lives have been more fully studied and documented by sociologists of the family over the past 30 years.

*Women Doing Medical or Health Care Emotion Work in the Context of Managed Care*

Sociological research on families often focuses on women’s performance of emotion work across the areas of child care and elder care (e.g., DeVault, 1991, 1999; Hochschild, 1989). A growing body of literature in the medical sociology subfield documents women’s increasing involvement as unpaid, untrained, amateur nurses for aging or ailing nuclear or extended family members (e.g., Glazer, 1990; Guberman et al., 2005). In many instances, women are called on to provide care for family members’ chronic and acute health conditions or crises. This shift of patient care and aftercare from hospitals (and paid, trained, medical personnel) to families (and, disproportionately, women) is theorized as “work transfer” (Glazer, 1990, 1993) under managed care. This scholarship calls rigid distinctions between

public and private spheres and commodified and uncommodified labor into question as it situates women’s provision of unpaid medical and health care family labor as an integral component of contemporary capitalist modes of production (Glazer, 1990). Results from the present study expand this scholarship by introducing a previously unexamined population: women serving as a trans partner’s unpaid and untrained personal medical and health care advocate, therapist, assistant, and nurse.

Results from the present study are unique insofar as they focus on performance of medical and health-care-based emotion work within families whose members (both care providers and recipients) are relatively younger than those reported in the medical and health care “work transfer” literature. Furthermore, the medical and health care procedures (testosterone injections, top surgeries and bottom surgeries) described herein are frequently considered elective and are not covered expenses under most medical insurance plans. This places enormous emotional and material burdens on trans families.

The experience of assisting a partner with transition-related medical and health care was one shared by 80% of study participants. The tasks to which women reported attending included researching trans-friendly health care providers; scheduling and attending a trans partner’s medical appointments; advocating on behalf of one’s trans partner in the instance of encountering inept health care practitioners; obtaining medical insurance and negotiating with medical insurance companies; saving, raising, and contributing funds for transition-related medical procedures not covered by insurance; juggling family disclosures about transition-related procedures; arranging for time off from work or school to provide medical and health care services; administering testosterone injections; and providing aftercare for major surgical procedures (e.g., changing dressings, administering pain medications, monitoring surgical sites for signs of infection and milking fluid drainage tubes from surgical sites, and measuring, tracking, and disposing of their outputs). The work performed by these women constitutes critical involvement in a trans partner’s medical and health care that has previously been invisible and undocumented in both the medical sociology and family sociology literatures.

This study also documents the personal and emotional costs of “women’s work” in providing unpaid, untrained medical and health care for a trans partner undergoing transition-related medical procedures. Women’s reports of providing care are frequently tinged with feelings of anxiety, frustration, fear, and inadequacy. Study participants reported feeling alone, sad, disgusted, terrified, angry, exhausted, unsupported, neglected, confused, and unprepared. Furthermore, participants described how providing transition-related medical and health care and dealing with the attendant emotions (both one’s own feelings and the feelings of a trans partner) can become a consuming process that draws time, energy, and focus away from other activities such as work, school, friends, family, and self-care. Given most of these participants were providing medical and health care for trans partners during developmental time periods critical to personal educational and career success (their 20s), implications of such emotional and material investments in another’s medical and health care deserve greater sociological attention, consideration, and inquiry.

#### *Limitations*

As previously discussed, this sample of women partners of trans men is comprised, primarily, of non-trans White women. Subsequent research on this population should seek to expand this sample to include a greater number of trans women and women of color to discern how their perspectives are similar to and different from those of non-trans White women partners of trans men. Greater sample diversity could be obtained through the use of stratified purposive sampling on gender identity, race, and ethnicity (Patton, 1990) as well as through links with social-service sites serving lesbian, gay, bisexual, transgender, and queer persons of color and establishing “key informant” contacts with trans women and women of color who are partnered with trans men and who are socially connected to similar others.

Some may express concern that this study, relying on self-reports from women partners, does not capture an “objective” understanding of the work that is done in these relationships or how women do (trans)gender and work within their relationships and with their partners, or both. Much sociological work on women, household labor, and emotion work, however, focuses

exclusively on women and their self-reports of their own and partners’ contributions. Further, some may express concern that both former and current partners of trans men were included in the study. It could be hypothesized that a bad break-up might negatively affect accurate perceptions (and subsequent reporting) of equitable division of household labor and emotion work in one’s relationship. I would argue that, although this is possible (among the minority of participants reporting on a past relationship), we should not dismiss the alternate possibility that those reporting on current relationships may be motivated to *underreport* inequalities in their relationships.

Indeed, I assume that participants are guided by multiple, competing motives as they share their stories about their former and current relationships, and my analysis approaches these narratives as reports or accounts rather than unequivocal facts (Scott & Lyman, 1968). Nevertheless, I do attend closely to the details of the reports that participants provide, and collecting reports on events that may have occurred years ago entails some degree of risk that events will be forgotten or misremembered because of the passage of time, or both. Although such an approach certainly has its limitations, it carries the advantage of ascertaining women’s *perceptions* of their own and partners’ contributions and feelings, which some (e.g., Frisco & Williams, 2003; Yogev & Brett, 1985) suggest play more critical and complex roles in relationship satisfaction and quality than actual *performance* of these important aspects of family and personal life. For example, *perceptions* of equality or inequality within relationships may affect relationship stability and dissatisfaction (see Kurdek, 2007).

#### *Significance and Contribution*

Despite potential limitations of this study, this research fills an important gap in the sociological empirical and theoretical literatures on women, families, relationships, LGBTQ communities, household labor, emotion work, and work transfer under managed care. Although it is not possible to judge the representativeness of samples of women partners of trans men, given that there has been no systematic study of this population to date, the data reported herein reflect a geographically nonlocalized sample with relatively high geographic variation, making this



study the largest, most comprehensive study of women partners of trans men conducted to date. The qualitative research undertaken in this study provides a rich foundation for subsequent quantitative and qualitative studies, which may be developed from emergent themes, to further expand empirical knowledge on this vastly underresearched population. Building on this study, I intend to conduct research utilizing ethnographic, multimethod approaches (such as those employed by Hochschild, 1989, and Carrington, 1999) to study trans families, their members, and dynamics.

Trans men and their significant others, friends, families, and allies are becoming increasingly visible within both mainstream and LGBTQ social life. As communities and families with trans members continue to grow and develop, it is critical for researchers and theorists of the family to learn not only about the trans members of these communities but about those closest to these individuals as well. Indeed, as this study reveals, it is often the persons closest to trans individuals who are called on to provide the greatest support and understanding. Although outsiders may conceptualize or misunderstand these relationships as lesbian, the women I interviewed (and their partners) self-identify, primarily, as queer. Under sociology’s current typological approach to family studies (e.g., cohabitating vs. married, heterosexual vs. lesbian vs. gay), this contemporary family form remains “queer” indeed—a wayward outsider receiving little to no research consideration as a distinct and important family type.

Sociological knowledge about doing gender, cohabitation, families, identities, and work is developed, expanded, and challenged through studying experiences, everyday family practices, gender strategies, family myths, and accounts of women partners of trans men. This research also provides further evidence, useful for the subfield of medical sociology, for increasing displacement of medical and health care provision onto (mostly women) family members in the context of managed care. Further, it actively responds to calls (e.g., DeVault, 1999) for greater sociological research into hidden and taken-for-granted forms of gendered emotion work occurring within families (such as facilitating communication). Bringing experiences and perspectives of women partners of trans men into dialogue with existing sociological theory and research on women, gender, relationships,

families, household labor, and emotion work enables more complete and nuanced understanding of these important areas of sociological inquiry on our 21st century social landscape.

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