

AT THE INTERSECTION OF GENDER AND SEXUALITY: THE ROLE OF A  
COUNSELOR IN THE CO-TRANSITIONING PROCESS

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**Title**

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OF A COUNSELOR IN THE CO-TRANSITIONING PROCESS

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**MASTER OF SCIENCE**

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## ABSTRACT

Transgender and gender-diverse people experience prejudice, invalidation, and minority stress. There have been strides towards counselor competency when working with this population, however research is limited in exploring how a counselor can help the cisgender partners and partner dynamics. The research becomes scater if the cisgender partner identifies as gay or lesbian. “Co-transitioning” is a term introduced by Theron & Collier (2013) that refers to the adaptation process a partner undergoes alongside their transitioning partner (Theron & Collier, 2013, as cited in Siboni et al., 2023). While a trans individual is transitioning, their partner must also renegotiate different aspects of their identity, as well as navigate a new relationship dynamic. Thus, the cisgender partner is engaging in a transition of their own. With limited evidence-based research available, counselors may not be providing competent services to trans partners. Research suggests that the partners who seek counseling services often experience a lack of psychological support (Van Acker et al., 2023). To combat the lack of research and support, this study aimed to answer the following research question: “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?” The goal of this study was to explore this population's needs and how a counselor may assist these individuals through the co-transitioning process.

*Key words:* co-transitioning process, counselor competency, LGBTQ+, Transgender Theory, Interpretive Phenomenological Analysis

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## **DEDICATION**

This thesis is dedicated to those who have ever questioned their sexual and/or gender identity.

No matter how you identify or where you are in your journey, you are valid, and you are loved.

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# 1. INTRODUCTION

## 1.1. Introduction

According to Brown, 1.6% of adults in the U.S. identify as either transgender or nonbinary, with the majority between the ages of 18-29 (2022). Additionally, 1.3% of the transgender and gender-diverse (trans) population in the U.S. is 30-49, and .3% is 50+ (Brown, 2022). With 98.4% of the trans community being young adults, it is important to acknowledge the continued increase of trans visibility and awareness in future decades. As trans individuals explore their identities and engage in the coming out process, they may be in a romantic and/or sexual relationship with someone who identifies as gay or lesbian. Very little research is available regarding counselors' role in navigating the co-transitioning process for gay or lesbian trans partners. This lack of research is concerning, as there are unique challenges in navigating the complexities of their partner's gender identity, while also managing new prejudices from heterosexual and LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning) communities.

Despite well-known rates of violence and stigma toward trans people, little research has addressed the impact of safety concerns and marginalization on partner relationships (Motter & Softas-Nall, 2021; Platt & Bolland, 2018). Gay/lesbian, cisgender partners of trans individuals are often overlooked, and are stigmatized even amongst their own LGBTQ+ community (Platt & Bolland, 2018). Partners may find themselves constantly explaining and defending their relationship, sexuality, and overall identity, which can result in feelings of invisibility and invalidation. Additionally, partners may often be overwhelmed with complex emotions such as guilt, confusion, loneliness, and resentment (Giammattei, 2015).

Research suggests only half of partners in relationships with trans individuals stay throughout the entire transition process, regardless of the partner's orientation (Meier et al., 2013, as cited in Motter & Softas-Nall, 2021). This is attributed to the complex emotions and

experiences during the transition process for both partners. When a cisgender partner identifies as gay or lesbian, the process can become more difficult as their own identity is questioned (i.e. Am I gay?) This study aimed to start bridging research gaps by answering the following research question: “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?” This study utilized Transgender Theory and Interpretive Phenomenological Analysis (IPA) to explore the needs of trans partners, and how a counselor may be able to assist through this complex process.

## **1.2. Terminology**

In this section, the terminology utilized in this study will be discussed. The primary focus of this study encompasses elements of the “co-transitioning process.” This process is defined as:

The process of adaptation to a new role as a partner...that entails educating themselves on their [transitioned/transitioning] partner’s new needs, adapting to their physical changes, renegotiating gender roles in their relationships, and generally learning how to support and validate the partner (Theron & Collier, 2013, as cited in Siboni et. al., 2023).

As this study concerns both elements of gender and sexual orientation, it is crucial to distinguish between sex, sexual orientation, gender, and gender expression. When it comes to transgender individuals specifically, it is also important to remember the wide array of identities that fall under the transgender umbrella. Transgender identity is complex and individualized, encompassing a range of meanings that vary from person to person. It is important to recognize transgender is an umbrella term including both binary and non-binary identities. Binary transgender identities refer to individuals who identify as either a trans-man or a trans-woman, meaning they do not identify with the gender they were assigned at birth, but still identify within

the male-female binary. Non-binary transgender identities can be more expansive, including a variety of identities such as gender-nonconforming, nonbinary, agender, gender fluid, etc.

*Cisgender*: describes an individual who identifies as their gender aligned with their biological sex, non-trans (Giammattei, 2015).

*Counselor*: in the context of this research, this term pertains to master-level or higher licensed mental health practitioners such as mental health counselors, therapists, psychologists, social workers, etc.

*Co-transitioning process*: a term coined by Theron and Collier referring to changes that occur within the cisgender partner and the relationship during a gender-affirming transition (Theron & Collier, 2013, as cited in Van Acker et al., 2023).

*Female-to-male (FTM)*: refers to individuals assigned female at birth but identify and live as a man (American Psychological Association [APA], 2023).

*Gender Identity*: refers to an individual's perception and understanding of their gender identity. Factors that intertwine with gender include sexual orientation and societal roles. Gender identity includes (but is not limited to): man, woman, trans-man, trans-woman, nonbinary, genderfluid, etc.

*Gender Expression*: encompasses how one chooses to present themselves relative to their gender, such as through pronouns, clothing, hormones, hairstyles, etc.

*Internalized Transphobia*: refers to how some individuals, typically outside of their awareness, internalize and believe the societal stigma regarding the concept of transgender individuals and transitioning (Giammattei, 2015). A common example of this is feeling shame and failure attributed to judging oneself through society's cisnormative bias.

*Intersectionality*: refers to the overlap of social categories such as race, gender, sexual orientation, and class. These different identities create overlapping and interdependent systems of disadvantage and prejudice (Oxford, 2023).

*Male-to-female (MTF)*: refers to individuals assigned male at birth, but identify and live as a woman (APA, 2023).

*Medical Transition*: is when an individual utilizes medical interventions such as hormones and gender-affirming surgeries in their transitioning process (Nova Scotia Health, 2023).

*Sex*: pertains to an individual's biological composition, encompassing chromosomes, hormones, and genitalia. This includes male, female, intersex, and other sexes.

*Sexual Orientation*: is an individual's identity regarding which gender or genders they are sexually attracted to. Sexual orientation includes (but is not limited to): gay, lesbian, bisexual, queer, pansexual, asexual, etc.

*Social Transition*: is when an individual changes their name, pronouns, gender expression, or other aspects of their identity to align with their new gender identity in social situations (Nova Scotia Health, 2023).

*Queer*: a multi-faceted term used to describe non-heterosexual individuals who don't conform to cultural norms surrounding gender and/or sexuality. This was once used as a derogatory term but is now embraced by most of the LGBTQ+ community (Vanderbilt University, 2023).

*Transgender and gender diverse*: encompasses all forms of gender variance, both on and off the male-female binary (Van Acker, et al., 2023).

*Transition:* The transition process may include social changes, such as adopting new names, pronouns, and clothing, and medical intervention, such as hormone therapy or surgery (APA, 2018).

*Transphobia:* refers to the irrational fear of, aversion to, or discrimination against transgender people (Merriam-Webster, 2023).

### **1.3. Importance of Gender-Affirming Care**

While the primary focus of the current study encompasses partners of transgender and gender-diverse (trans) individuals, it is crucial to acknowledge and emphasize the importance of gender-affirming care in the lives of trans individuals themselves, regardless of their partner's experiences. Trans individuals face a significantly higher risk of suicide and self-harm, making it imperative to enable them to live authentically and receive the necessary gender-affirming care as a means of harm reduction (Hughto & Reisner, 2016). Research suggests when trans individuals are validated in their true gender identity, their overall sense of self and their understanding of themselves in relation to others undergoes a remarkable improvement (Hetzl & Mann, 2021). A systematic review composed by Hughto & Reisner (2016) describes how studies infer hormone therapy significantly reduces depression, anxiety, hostility, and other negative psychological factors within 3-12 months of initiating treatment (Colizzi, et al., 2014, as cited in Hughto & Reisner, 2016; Heylens et al., 2014, as cited in Hughto & Reisner, 2016). The same review also indicates that gender affirming surgery together with hormone therapy is strongly associated with improved psychological functioning (Murad, et al., 2010, as cited in Hughto & Reisner, 2016). Whether the transition involves medical procedures, social changes, or a combination of both, it is always valid and deserving of support.

#### **1.4. Statement of the Problem**

The majority of current literature regarding cisgender partners of transgender and gender-diverse individuals primarily focuses on couples who initially started dating as a heterosexual couple, however more recently there has been an increase in literature including couples who identified as same-sex couples at the start of their relationship (see, e.g., Siboni, et al., 2023; Van Acker et al., 2023). Though research in this area is emerging, there continues to be a significant gap. There are multiple counseling competencies and standards for working with trans population that provide guidance for counselors, for example- The American Counseling Association's ALGBTIC Competencies for Counseling Transgender Clients (2009), and The American Psychological Association's Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015). Although these competencies and standards exist, they focus only on the individual trans person, versus exploring their created world including partnerships. Some studies outlined potential implications for counseling for partners of trans individuals, none of the literature to this researcher's knowledge, has directly addressed counseling for partners of trans individuals throughout transitioning. Partners of trans individuals undergo a variety of experiences during the co-transitioning process including intense emotions, shifts in identity, internalized transphobia, marginalization, dyadic stress, and rarely receiving adequate support and validation (Chase, 2011; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Platt and Boland, 2018; Van Acker et al., 2023). Due to the lack of research on this topic, it is difficult to measure and understand counselor competence when working with partners of trans individuals.

#### **1.5. Research Questions**

The primary research question for this study is, "What is a counselor's role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?" More

distinctively, the goal of the current study was to explore how a counselor may help the gay/lesbian, cisgender partner of a trans individual when it comes to intrapersonal exploration during co-transitioning.

### **1.6. Purpose of the Study**

Current literature regarding transgender relationships is limited and has primarily been conducted with couples who identified as heterosexual prior to the co-transitioning process. More recently, studies have started to include same-sex couples; however, literature regarding the role of a counselor for partners of trans individuals is very scarce. The purpose of the current study was to contribute to the literature regarding the transition of one partner in a same-sex relationship, while also focusing on how a counselor can accurately support the gay/lesbian, cisgender partner during this unique circumstance.

### **1.7. Brief Synopsis**

This chapter introduced the current study by highlighting that gay/lesbian, cisgender partners of transgender and gender-diverse (trans) individuals are often left unnoticed. The research question that drives the current study is, “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?” The goal of this study was to uncover how a counselor may be able to help this population, ultimately contributing to research regarding counselor competency. The next chapter will include an in-depth review of the current literature to provide a foundational and current understanding of partners of trans individuals, and the relationship dynamic.



## **2. LITERATURE REVIEW**

### **2.1. Introduction**

The following chapter contains a review of the literature surrounding the co-transitioning process. To begin exploring how a counselor can help gay/lesbian, cisgender partners of trans individuals, it is critical to understand this process. This multifaceted process is labeled co-transitioning as the partner of the transitioning person must also renegotiate and adapt alongside them (Theron & Collier, 2013, as cited in Siboni et al., 2023). Co-transitioning involves the perspectives of a transgender or gender diverse (trans) individual and their partner, explored at an individual and dyadic level. Historically, the perspective of trans individuals takes the forefront in couples counseling, involving discussion of transgender issues, minority stress, and medical intervention (Chapman & Caldwell, 2012; Chase, 2011; Lewis et al., 2021; Motter & Softas-Nall, 2021; Siboni et al., 2023; Van Acker et al., 2023). Although this perspective is vital to the co-transitioning process and relationship, partners of trans individuals often report a sense of feeling invisible, unheard, and overshadowed in therapeutic settings (Van Acker et al., 2023). Additionally, partners of trans individuals are scarcely addressed in research, contributing to their invisibility within society (Van Acker et al. 2023). During the co-transitioning process, the partner is often faced with having to reassess their sexual orientation, gender identity, internalized transphobia, support systems, and a multitude of other factors, while also having to navigate new dynamics of the relationship as a unit (Motter & Softas-Nall, 2021; Van Acker et al. 2023).

### **2.2. Language Utilized**

The identities of transgender and gender-diverse (trans) individuals are vast and can be unique for everyone. Recent statistics indicate that 1.6% of all individuals in the United States identify as transgender, with 0.6% identifying with the male-female binary, and 1.0% not

identifying with the binary (Brown, 2022). While both binary and non-binary transgender individuals face similar challenges, they also experience unique issues related to their specific identities. This study employed Transgender Theory as its theoretical framework, which comes from the work of Katrina Roen (Nagoshi, 2010). Roen emphasized the importance of gender fluidity and acknowledged the wide array of identities that fall both within and outside the male/female binary (Nagoshi & Brzuzy, 2010; Roen, 2001). Due to the expansiveness of gender-identities, it is important to recognize not every gender-diverse individual necessarily identifies as transgender. For the purpose of this study, all transgender and gender-diverse individuals are referred to as trans. It is also important to acknowledge that older research utilized in the current study may contain the term transexual. This is an outdated term that is no longer used, as it fails to describe the transgender population in an accurately and respectfully (Giammattei, 2015). The focus of the current study emphasizes the cisgender partner's experience in the co-transitioning process. For this study, all partners of trans individuals discussed fall under a cisgender identity, as they identify as their gender assigned at birth (Giammattei, 2015).

### **2.3. Transgender and Gender-Diverse Population**

The current study primarily focused on same-sex, cisgender partners of transgender and gender-diverse (trans) individuals before transition and their experiences during co-transitioning. To better understand the relationship dynamics during co-transitioning, it is crucial to acknowledge the experiences of transgender and gender-diverse people. The concept of gender holds a significant influence in society, shaping expectations and treatment of individuals. Gender norms are deeply ingrained in culture, making it nearly impossible to avoid them in social situations. Deviating from these norms can lead to confusion and conflict, which is a primary contributor to the discrimination and politicization of trans individuals. A study conducted by Miller and Grollman stated:

The more frequently trans people are read as transgender or gender nonconforming by others, the more they are subject to major and day-to-day discriminatory treatment. In addition, gender nonconformity predicted greater likelihood of attempted suicide, drug/alcohol abuse, and smoking, a relationship that was partially mediated by major and everyday discrimination (2015).

Additionally, the same study endorsed trans individuals who have undergone medical transition experience more discrimination compared to those who have not. This could be attributed to the discrimination they faced prior to transitioning, which may have motivated them to pursue medical intervention. Research also indicates that those who are perceived as “androgynous” receive discrimination simply because they reject gender norms and the binary altogether (Miller & Grollman, 2015). All trans individuals experience discrimination for similar and different reasons, with each unique experience being rooted in intersectionality.

The transgender experience is heavily influenced by the complex intersectionality of identities. These identities encompass factors such as race, socio-economic status, sex assigned at birth, age, disability, etc. When attempting to understand transgender experiences, it is crucial to acknowledge and understand the multitude of intersecting identities an individual may possess. Miller and Grollman (2015) obtained insights regarding the impact of intersecting identities. The research revealed trans individuals belonging to disadvantaged groups (such as racial minorities or low SES) encounter heightened levels of transphobic discrimination compared to trans individuals who do not experience these additional disadvantages (Miller & Grollman, 2015). The study also highlighted evidence of transgender men experiencing male privilege, and therefore receiving less transphobic discrimination than transgender women particularly in professional settings (Miller & Grollman 2015). In addition, research has

suggested trans men are more likely to be accepted as potential partners than trans women (Blair & Hoskin, 2019, as cited in Siboni, et al., 2023).

A major component of the transgender experience is the development of identity. In a recent study conducted by Hetzel and Mann (2021), they explored the significance of Social Identity Theory or SIT (Tajfel & Turner, 1986) in the lives of trans individuals. Social Identity Theory explains how relationships, societal norms, and belonging to various demographic and social groups influence an individual's sense of self (Tajfel & Turner, 1986, as cited in Hetzel & Mann, 2021). For transgender and gender-diverse individuals, the validation of their gender identity often relies heavily on the perspectives of others. A key concept within the framework of SIT is self-verification, which occurs when the external world perceives an individual in the same way they perceive themselves. When an individual comes out to their romantic partner as trans, their presence in the relationship may shift, as they are no longer available to their partner in their prior form (Chapman & Caldwell, 2012). This may put a strain on the self-verification the trans individual is trying to obtain. If the integrity of the relationship is to be upheld, the cisgender partner must attempt to understand their transitioning partner's experience.

#### **2.4. Cisgender Partners of Trans Individuals**

Throughout co-transitioning, cisgender partners undergo a myriad of emotions regarding their partner's transition, spanning from happiness and excitement for their trans partner, to loneliness, grief, and resentment (Giammattei, 2015). Cisgender partners are also likely to undergo safety concerns and minority stress, as they become targets of discrimination alongside their partners (Giammattei, 2015; Platt & Bolland, 2018). Navigating these emotions and concerns can be overwhelming, and often result in approximately half of cisgender partners remaining in the relationship through the entire transition process (Meier et al., 2013, as cited in Motter & Softas-Nall, 2021). Across various studies, cisgender partners indicated the importance

of communication, respect for boundaries, and taking the process one step at a time (Chapman and Caldwell 2012; Chase, 2011; Gunby & Butler, 2022; Platt & Bolland, 2018; Van Acker et al., 2023). In this section, the literature regarding the experiences of cisgender partners is discussed.

Researchers identify grief as a common emotion experienced by cisgender partners of trans individuals (Chase, 2011; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Platt and Boland, 2018; Van Acker et al., 2023). This may be due to mourning the identity of the individual they initially fell in love with, or the life they had before the transition. A study conducted by Van Acker et al. found participants expressed feelings of grief regarding their partner's transition (2023). More specifically, one participant described feeling as if she lost her partner even though she knew he was still present, and this caused her to break down (Van Acker et al., 2023). Another contributor to the grieving process may be the loss of the couple's previous life together. In some instances, the couple may lose support from the LGBTQ+ community due to now presenting as a heterosexual couple. In one study conducted by Motter and Softas-Nall, a couple who previously identified as a lesbian couple described their families as seeming more supportive of their relationship now that they were "passing straight." At the same time, the couple noted the distance they felt from the lesbian community post-transition (Motter & Softas-Nall, 2021). The loss of queer visibility can especially be challenging if the cisgender partner underwent many challenges to claim their gay or lesbian identity (Chase, 2011).

The grief felt by cisgender partners is often accompanied by conflicted feelings, as they are happy their partner is living authentically, while simultaneously missing the partner they built their relationship with (Chase, 2011; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Platt and Boland, 2018; Van Acker et al., 2023). This inner conflict paired with their transitioning partner's excitement may also result in resentment from feeling forgotten, invisible, or lonely in

the relationship during transition. This resentment can create tension within the relationship, resulting in both partners distancing from each other. Distancing is a common phenomenon during the co-transitioning process and is often experienced by cisgender partners of trans individuals (Chase, 2011; Giammattei, 2015).

Distancing experienced by cisgender partners can stem from a multitude of emotions such as confusion, hurt, and denial. Especially if a transition is initiated after the relationship is well-established, the cisgender partner may feel they were lied to or could not be trusted by their partner (Giammattei, 2015). The speed at which the transition occurs can also create distance between partners, as a trans partner may feel a sense of urgency to transition at a faster rate than the cisgender partner is prepared for. A trans partner may also feel hurt or confused regarding why their partner having trouble in a quick transition (Giammattei, 2015; Malpas, 2006). In previous literature, cisgender partners of trans individuals noted the importance of having input in the timeline of the transition, as well as taking time to embrace their own transition process in the relationship (Giammattei, 2015; Gunby & Butler, 2022). Ultimately, cisgender partners of trans individuals may feel they are out of control or that they are being excluded from the transition process (Chase, 2011). This study aimed to diminish the sense of exclusion felt by cisgender partners.

## **2.5. Intrapersonal Development and Exploration**

Merely by going through the transition together, cisgender partners of trans individuals have formed a distinct sexual minority subculture (Chase, 2011). During co-transitioning, the cisgender partner experiences complex challenges primarily encompassing sexual and gender identity, as well as coping with invisibility. There are mixed findings in literature regarding partners' degrees of satisfaction with these shifts in their identities. Some individuals described shifts as a positive step towards personal growth and authenticity, while others struggled with

confusion and a perceived loss of their own identity (Siboni, et al., 2023). Along with understanding their own perspective on identity shifts, cisgender partners must also navigate changes in how they are perceived by others (i.e. family, friends, co-workers, communities they belong to). These shifts require the cisgender partner to engage in intense self-reflection regarding sexual and gender identity, and the discoveries made are a major part of the cisgender partner's transition. In this section, the intrapersonal development and exploration experienced by cisgender partners during co-transitioning will be discussed.

### **2.5.1. Sexual Identity**

During co-transitioning process, researchers suggest renegotiation of sexual identity is one of the most common factors partners struggle to navigate, especially if they identify as gay, lesbian, or heterosexual (Chapman and Caldwell, 2012; Chase, 2011; Giammattei, 2015; Gunby & Butler, 2022; Lewis et al., 2021; Malpas, 2006; Motter & Softas-Nall, 2021; Platt & Bolland, 2018; Siboni et al., 2023; Van Acker et al., 2023). For individuals who identify as bisexual, pansexual, or another sexuality encompassing attraction to multiple genders, this shift was not as difficult and some may feel their sexual identity was strengthened, as they were able to experience sexual attraction in multiple ways (Siboni et al., 2023; Van Acker et al., 2023). For individuals who are attracted to one gender, co-transitioning presents more challenges relating to sexual identity, especially if the individual identifies as gay or lesbian.

A study conducted by Van Acker, et al., identified three dimensions of sexuality that partners of trans individuals struggle with during co-transition: self-identification, sexual behavior, and sexual attraction (2023). Especially for gay/lesbian partners, renegotiating an identity that was challenging to embrace in the first place can be incredibly difficult. Research outlines multiple outcomes in this circumstance; the partner may broaden their sexuality to include their partner's gender identity, they may claim an entirely new label, they may avoid

using labels altogether, or they may keep their sexual identity label, regardless of their current partner's gender identity (Platt & Bolland, 2018; Siboni, et al., 2023).

Research suggests that a gay/lesbian partner of a trans individual may come to the conclusion they are attracted to their partner regardless of their physical characteristics, or they may focus on qualities that have remained consistent across gender presentations (i.e. personality, humor, core values) (Motter & Softas-Nall, 2021; Siboni, et al., 2023). Participants in previous studies commented on how the shift in their relationship provided an opportunity for them to experience their sexuality in a more flexible and less restrictive way and viewed this as a positive development (Platt & Bolland, 2018; Van Acker et al., 2023). Many partners of trans individuals who shift their sexuality during the co-transitioning process struggle initially, but later end up seeing it as intrapersonal growth. Some couples may do away with labels altogether, and only use them when explaining their relationship to others (Gunby & Butler, 2022).

While some partners expand their understanding of their sexual identity or become more flexible, others decide to maintain their sexual identity, regardless of how their partner identifies. Coming to this conclusion involves in-depth self-reflection, as one's sexual orientation and the gender identity of their partner are typically expected to correspond. This may lead to challenges or conflicts in the relationship. For example, a participant in a previous study noted that sometimes asserting her own queer identity led to challenges with respecting who her partner was as a trans-man (Motter & Softas-Nall, 2021). However, other research outlines how some couples embrace complexity and successfully navigate the relationship. In an article by Siboni, et al., researchers reflect on how assuming the correspondence of one's sexuality and the gender identity of their partner may be an oversimplification of the construct of sexual orientation (2023). Sexuality encompasses a variety of factors at both individual and relational levels and some partners of trans individuals believe reconsidering their sexual identity to match their



partner's gender identity may cause their relationship to lose a complex variable that makes it unique (Van Anders, 2015, as cited in Siboni et al., 2023). Conversely, other research has suggested partners may decide not to change their sexual identity because they are not attracted to people who have the same gender identity as their partner (Van Acker et al., 2023). For example, a participant in a previous study noted that though she kept her identity as a lesbian, she still falls more in love with her partner every day as he becomes more in tune with his authentic self (Van Acker, et al., 2023). Another individual who maintained their sexual orientation throughout the co-transitioning process stated, "You love the person, not their genitals" (Siboni et al., 2023).

### **2.5.2. Gender Identity**

Another factor a cisgender partner of a trans individual may find themselves reflecting on is their own gender identity. Living in a cisnormative society typically involves cisgender identities being assigned in retrospect, meaning cisgender identities are only acknowledged if transgender identities are present (Malpas & Glaeser, 2017, as cited in Siboni et al., 2023). When an individual has a partner who transitions, it compels them to define what their own gender identity means to them, whether it is cisgender or another identity. Some individuals have reported being partnered with a trans individual allowed for a broadening of their perception of gender, as both a psychological and social concept (Platt & Bolland, 2018). This typically resulted in the partner strengthening their relationship with their own gender identity and exhibiting this through their gender expression. It also led some partners to explore beyond how they previously conceptualized their gender identity, leading to new discoveries of their gender identity.

During the co-transitioning process, trans individuals typically embrace stereotypical forms of gender expression to feel validated in their gender identity (Chase, 2011). When this

shift in gender expression takes place, it can lead cisgender partners to emphasize their own gender expression as well. It has been observed some cisgender women will lean into stereotypical feminine forms of gender expression to replicate a heteronormative dynamic to affirm their transmasculine partner's identity (Siboni et al., 2023). Another reason some partners of trans individuals accentuate and express their cisgender identity is to highlight the aspect of privilege. A cisgender woman who participated in a previous study stated:

In my activism work, I will say that I am a cis-gendered female. Not so much to differentiate myself from my trans-sisters, but to point out that I have privilege that I was born with and that I will use that privilege to help those that don't have it, those that weren't born with it (Platt & Bolland, 2018).

In some cases, this intrapersonal exploration may lead partners of trans individuals to discover they do not align with a cisgender identity. In one study, two participants noted the acceptance of their partner's transition allowed them to explore their own gender identity and motivated them to come out as transgender too (Siboni et al., 2023). Although this phenomenon does not appear common, it highlights the impact co-transitioning has on the gender exploration of cisgender partners.

### **2.5.3. Invisibility**

A sense of invisibility is a common phenomenon for partners of trans individuals during and after co-transitioning. This is often due to the perceptions and assumptions of their surrounding community. When a trans couple appears to be "straight passing" (present in a heterosexual manner) or seen as gay or lesbian, they are often assumed to be like every other couple in that category (Giammattei, 2015). This section is focused on trans couples who appear heterosexual after transition and lose their visibility within the LGBTQ+ community.

The loss of queer visibility has a significant impact on partners of trans individuals, as after transition they are perceived as heterosexual in straight and LGBTQ+ communities (Chase, 2011; Giammattei, 2015; Gunby & Butler, 2022; Platt & Bolland, 2018; Siboni et al., 2023). When a trans couple experiences decreased queer visibility after transition and is perceived to be heterosexual, gay/lesbian partners of trans individuals may lose a sense of belonging related to their unique experience, or feel marginalized (Platt & Bolland, 2018). Gaining hetero-privilege can also lead to negative experiences within the LGBTQ+ community. For example, a participant in a previous study expressed she hesitates to hold her partner's hand at pride events, because in that context they have hetero-privilege (Platt & Bolland, 2018). In these circumstances, partners who once identified or still identify as gay or lesbian may have their authenticity questioned, fostering rejection and malevolence for partners in previously safe identified spaces (Siboni et al., 2023). This stigmatization within the LGBTQ+ community can be incredibly hurtful to a cisgender partner and a trans partner, as the LGBTQ+ community is composed of oppressed individuals based on sexual orientation and gender identity (Tompkins, 2014, as cited in Platt & Bolland, 2018). Because co-transitioning is a unique experience, partners of trans individuals may struggle to find a sense of community and feel understood in their own process during and after co-transitioning.

Partners of trans individuals may experience a sense of invisibility because their experience is dismissed, ignored, or not openly represented. It is common for the experience of a trans individual to be the primary focus, which further contributes to cisgender partners' sense of invisibility. One participant in their study stated:

You sort of put a lot of pressure on yourself to just be the support and be the pillar that's going to, you know help you through this and, we kind of just disregard

ourselves throughout a lot of it...as your partner transitions, what you're going through is a transition of your own (Platt & Bolland, 2018).

While another participant described feeling as though her sexuality and experience in the transitioning process were “eclipsed” by the transition her partner was undergoing and endorsed a sense of not having a voice (Platt & Bolland, 2018). Learning how to navigate feelings of invisibility at both the individual and relational level are an important part of the intrapersonal development and exploration that takes place during co-transitioning. The next section will go further in-depth regarding relational aspects.

## **2.6. Dyadic Process**

The Standards of Care for the Health of Transgender and Gender-Diverse People (version 8), states “the inclusion of sexual and/or romantic partners in the transition-related health care can facilitate the process of “co-transitioning” and can also support sexual growth and adjustment in the individual as well as the relationship” (Coleman, et. al., 2022, as cited in Van Acker et al., 2023). Additionally, researchers consistently described gender-affirming transitions as joint processes involving each partner individually and as a coupled dyad (Giammattei, 2015; Gunby & Butler, 2022; Malpas, 2006; Motter & Softas-Nall, 2021; Platt & Bolland, 2018; Van Acker, et al., 2023). In the dyadic process, trans couples negotiate and assess intimacy, internalized transphobia, marginalization, and changes in identity (Giammattei, 2015).

While both partners individually experience stressors throughout co-transitioning, they also experience stressors as a trans couple. The Dyadic Stress Theory suggests stress experienced within a relationship has effects on the mental and physical health of both partners and has been found to coincide with co-transitioning (2023). The dyadic stress experienced by trans couples can be further confounded by minority stress, discrimination, concerns associated with power, privilege, and identity, and dysphoria and distance between partners (Gunby & Butler, 2022).

Although co-transitioning can strain a trans couple's relationship, literature also suggests there are positive outcomes of co-transitioning. In a study conducted by Motter & Softas-Nall, participants indicated co-transitioning resulted in better communication, increased affirmations, a strengthened sexual relationship, and a positive redistribution of power within the dyad (2021). Furthermore, communication, honesty, and openness have been identified as key factors in maintaining relationship integrity throughout co-transitioning (Gunby & Butler, 2022; Platt & Bolland, 2018; Van Acker et. al., 2023). Platt & Bolland suggest persevering through the co-transitioning process may help partners become more educated and allow them to embrace social advocacy to support other individuals in transgender relationships (2018). Social advocacy may also allow trans couples to find a renewed sense of community, especially if their sense of community was challenged during the co-transition.

### **2.6.1. Sexual Intimacy**

A romantic relationship stands apart from other social and emotional connections due to the inclusion of physical attraction, partner selection, a strong relational bond, and often the potential for sexual involvement (Van Acker et al., 2023). When looking at dyadic elements affected by co-transitioning, researchers identify sexual intimacy as a common challenge for trans couples (Chapman & Caldwell, 2012; Chase, 2011; Gunby & Butler, 2022; Malpas, 2006; Platt & Bolland, 2018; Van Acker et al., 2023). The Interpersonal Exchange Model of Sexual Satisfaction [IEMSS] (Lawrence & Byers, 1995, as cited in Emond et al., 2021) proposes that sexual satisfaction is influenced by four key factors: 1) the balance between sexual rewards and costs, 2) how these rewards and costs compare to one's expectations, 3) perceptions of fairness in terms of one's own rewards and costs compared to those of their partner, and 4) the overall quality of the relationship between partners. Rewards encompass pleasurable experiences, intimacy and positive emotions associated with intimacy. Costs may involve negative emotions,

aversion to certain sexual practices, or sexual dysfunction (Emond et al., 2021). When one partner in a queer relationship comes out as trans, this can create an imbalance of rewards and costs in the sexual relationship. Jean Malpas emphasizes the importance of recognizing that sexuality is influenced by gender, and gender is intertwined with romantic relationships (2006). Sexual desire and erotic experiences are shaped by real or imagined scenarios that are constructed based on the gendered aspects of our own and our partners' bodies and identities (Malpas, 2006). Because erotic desires can be influenced by gender categories and roles, the transition of one partner can bring forth more sexual challenges than those solely regarding sexual orientation.

Body dysphoria for both cisgender and trans partners is common (Chase, 2011; Gunby & Butler, 2022; Platt & Bolland, 2018; Van Acker et al., 2023). In a study conducted by Van Acker et al., participants indicated their partner's transition had a great impact on sexual intimacy and findings suggested physical changes introduced dissonance and discomfort during sexual intimacy (2023). While earlier researchers suggested medical transitions could alleviate gender dysphoria and enhance sexual experiences within the relationship (Brown, 2010, as cited in Van Acker et al., 2023). In addition, some individuals who had medically transitioned continued to experience body dysphoria post transition due to comparing their bodies to their partner's body (Moran, 2012, as cited in Gunby & Butler, 2022). Moreover, trans individuals who have not undergone medical transitions are more likely to experience body dysphoria, particularly when their genitalia does not align with their gender identity (Platt & Bolland, 2018). The body dysphoria experienced by a trans individual has the potential to affect their partner through relational body image, as the discomfort with their own body can influence how their partner perceives themselves (Pfeffer, 2008, as cited in Chase, 2011). Given the potential impact of sexual intimacy on the body image of both cisgender and trans partners, couples must engage in

open communication about their sexual desires and boundaries, negotiate sexual practices, and express their feelings before, during, and after sexual encounters (Gunby & Butler, 2022).

In addition to body dysphoria, lack of counselor competence when working with trans couples has a significant impact on their sexual intimacy. Researchers report though many cisgender partners maintain a strong emotional connection with their trans partner; their sexual attraction and experience of intimacy are significantly affected (Nealy, 2008, as cited in Chapman & Caldwell, 2021). Trans couples endorse sexual intimacy to be very different during and after co-transitioning, and a need to find new ways to meet each other's sexual intimacy needs (Van Acker et al., 2023). Given the prevalence of sexual changes and concerns experienced by trans couples, it is likely they will seek counseling services to address sexual intimacy concerns. A study conducted by Emond et al. explored the nature of sexual issues and sex-related goals in relationship counseling and found counselors expressed feelings of discomfort and inadequacy when addressing sexual issues (2021). Furthermore, counselors were five times more likely to discuss sexual issues only if the client initiated the conversation (Emond et al, 2021). On average, counselors question 22% of their clients about sexual issues (Miller & Byers, 2012, as cited in Emond et al., 2021). It is important to note this study included 168 heterosexual couples and one lesbian couple, no trans couples were included in the study (Emond et al., 2021). Consequently, it can be inferred cisgender partners of trans individuals are less likely to receive support regarding sexual issues based on minority stress research for LGBTQ+ people and research exploring therapeutic challenges for cisgender partners of trans individuals (Giammattei, 2015; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Van Acker et al., 2023).

## **2.7. Therapeutic Intervention**

The current study focused on the counselor's role in helping gay/lesbian, cisgender partners navigate co-transition. There is limited literature available exploring this specific experience; however, the scant available literature informs implications regarding what may be helpful in a therapeutic setting for gay/lesbian, cisgender partners. Research supports cisgender partners of trans individuals may require assistance in various aspects of their individual and dyadic processes throughout co-transitioning (Van Acker et al., 2023). The majority of cisgender partners who seek counseling services report they do not feel their needs were met during counseling due to lack of counselor competence, being overlooked, lack of psychological support, feeling misunderstood or invalidated, and lack of social support outside of counseling (Giammattei, 2015; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Van Acker et al., 2023). Furthermore, cisgender partners reported counseling predominantly focused on trans-related matters, particularly discussions regarding their trans partner's medical transition (Gunby & Butler, 2022; Van Acker et al., 2023). This can be invalidating to cisgender partners seeking counseling, as they are often not given a voice to express their personal experiences in professional settings.

When working with cisgender partners of trans individuals or a trans couple, counselors must make diligent efforts towards sexual orientation and transgender competency and recognize unique strengths and challenges accompanying co-transition (Giammattei, 2015; Motter & Softas-Nall, 2021). Additionally, counselors should avoid making the trans experience the sole focus of treatment if it is clear the trans couple's challenges are unrelated to the trans partner's status or transition (Giammattei, 2015). It is also vital counselors ask clients for their name, pronouns, gender description, and sexual orientation and honor the language they use when discussing their concerns and circumstances (Giammattei, 2015). By asking these questions and



being intentional about language in documentation and greetings, counselors can validate their clients and reduce harm (Giammattei, 2015; Motter & Softas-Nall, 2021). It is also important to consider intersectionality, as clients with intersecting identities are more at risk for experiencing an increased amount of discrimination and having less access to resources (Giammattei, 2015). If counselors can become competent in working with gay/lesbian, cisgender partners of trans individuals and trans couples, clients have a greater chance of receiving support for their feelings of loss, having their experiences normalized, addressing internalized transphobia, improving communication between partners, and navigating shifts in their individual and couple identities.

## **2.8. Review Summary**

This chapter reviewed the current literature on the co-transitioning process including stressors, additional contributing factors, and therapeutic intervention. Co-transition is a complex journey involving both partners in a trans couple, individually and as a dyad. Traditionally, counseling trans couples has primarily focused on the perspective of the trans partner. While this perspective is crucial, cisgender partners often feel overshadowed in therapeutic settings. Partners experience challenges in renegotiating their sexual orientation, dealing with internalized transphobia, lacking support, intense emotions, and changes in relationship dynamics. Research to this time has rarely addressed the experiences of cisgender partners, particularly when partners identify as gay or lesbian. This lack of research negatively affects counselor competency, ultimately contributing to further marginalization of gay/lesbian, cisgender partners of trans individuals.

### **3. METHODOLOGY**

#### **3.1. Introduction**

The following chapter discusses the methodology for the current study. This chapter contains information regarding theoretical framework, research design, participant recruitment, and protocol for procedures and data analysis. The current study utilized Transgender Theory as the theoretical framework and Interpretive Phenomenological Analysis (IPA) as the research design, both of which are contemporary concepts.

#### **3.2. Theoretical Framework: Transgender Theory**

The primary focus of the current study revolved around gay/lesbian, cisgender partners of transgender and gender-diverse (trans) individuals, as they undergo various shifts and challenges throughout co-transitioning that may be difficult to confine into specific labels regarding gender and sexuality. The theoretical framework of the current study is Transgender Theory, because it acknowledges the significance of both the self and socially constructed aspects of identity, primarily by drawing from experiences of individuals with fluid and/or intersecting identities (Nagoshi et al., 2023). The roots of Transgender Theory are Feminist Theory and Queer Theory, as evidenced by the significance of gender and sexual identity. Feminism combated the social dominance of males by questioning the assumption that women are inferior in social relationships (Nagoshi & Brzuzy, 2010). Queer Theory emerged from feminist and deconstructivist theories, emphasizing that heteronormativity is merely a social construct (Nagoshi & Brzuzy, 2010). Transgender Theory came from the work of Roen (2001), who emphasized the importance of gender fluidity and acknowledged the wide array of identities that fall both within and outside the male/female binary (Nagoshi & Brzuzy, 2010; Roen, 2001). This theory recognizes the concept of gender, along with the body, are important in shaping one's identity, as gendered behaviors are a major part of social performance (Nagoshi & Brzuzy,

2010). Additionally, this theory emphasizes the importance of self-constructed aspects of identity that come from lived experiences of the individual such as personality traits, core beliefs, and abilities (Nagoshi & Brzuzy, 2010).

In summary, Transgender Theory acknowledges the embodiment of gender and sexuality are important to the identity, while also recognizing the dynamic nature of individual experiences and how they contribute to one's self-identity and social identity (Nagoshi et al., 2023). The agency and space for authenticity this theory provides to participants is precisely why it was chosen as the research paradigm for the current study. This theory emphasizes the importance of diversity and lived experiences which aligns with Interpretive Phenomenological Analysis, the research design chosen for this study, which is further outlined in the following section.

### **3.3. Research Design**

The current study utilized Interpretive Phenomenological Analysis (IPA). IPA is a qualitative research design in which the researcher closely analyzes the lived experiences of participants without any theoretical presumptions (Smith & Osborn, 2015). The flexibility allows for this research design to prioritize the diversity of unique experiences, allows freedom to elaborate and expand, and examines the participants' relationships with their own lives (Chan & Farmer, 2017, as cited in Miller et al., 2018; Smith, Flowers, & Larkin, 2009, as cited in Miller, et al., 2018). IPA is becoming more frequently utilized to explore questions related to counselor training, including topics specifically related to the LGBTQ+ population and other diverse communities (Chan & Farmer, 2017, as cited in Miller, et al., 2018; Farmer & Byrd, 2015, as cited in Miller et al., 2018).

IPA is grounded in three core principles: phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014, as cited in Miller et al., 2018). With phenomenological research, the goal is to explore how participants make meaning of experiences by assessing details that may

often be overlooked (Finlay, 2011, as cited in Miller et al., 2018). This process essentially consists of researchers interpreting how participants interpret their own lived experiences through applying the concept of hermeneutics (Smith & Osborn, 2015). In traditional phenomenological research, commonalities among participants are prioritized and often generalized, resulting in a lack of focus on the individual lived experience (Finlay, 2011, as cited in Miller et al., 2018). To combat generalization and focus on the details of each unique experience, IPA utilizes ideography to equally accentuate the unique aspects of each case before comparing themes across cases (Miller et al., 2018). Following detailed analyses of each case, prevalent themes should be identified with both intentionality and transparency (Miller et al., 2018). Due to the intensity of the research, IPA researchers must build rapport with clients to facilitate a constructive and respectful interview process, as well as prepare for rigorous analysis procedures (Smith et al., 2009, as cited in Miller et al., 2018).

### **3.4. Research Questions**

The focus of the current study was to investigate how counselors can help gay/lesbian, cisgender partners of transgender and gender-diverse (trans) individuals during the co-transitioning process. Specific aspects of this process include self-exploration, dealing with internalized transphobia, managing dyadic stress, coping with invisibility, and navigating complex emotional reactions. To achieve this, the primary research question leading the current study is, “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?” Previous research suggests many partners of trans individuals who seek counseling experience a lack of support and misunderstanding (Giammattei, 2015; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Van Acker et al., 2023). The literature also indicates the renegotiation of sexual orientation is one of the most common challenges for cisgender partners of trans individuals during co-transitioning (Chapman and

Caldwell, 2012; Chase, 2011; Giammattei, 2015; Gunby & Butler, 2022; Lewis et al., 2021; Malpas, 2006; Motter & Softas-Nall, 2021; Platt & Bolland, 2018; Siboni et al., 2023; Van Acker et al., 2023). Additionally, most of the research conducted has been based on trans couples who identified as heterosexual prior to transition, and not based on trans couples who identified as gay/lesbian prior to transition.

### **3.5. Reflexivity Statement**

When conducting qualitative research, it is important for the researcher to reflect on their own perspective. The reflexivity of the researcher forms a lens through which the research is conducted, therefore it is crucial to understand possible thoughts, reactions, and feelings the researcher may have (Stake, 1995, as cited in Hays & Singh, 2012). For the current study, the researcher identifies as a 25-year-old white individual who is pursuing a master's degree in clinical mental health counseling. Additionally, the researcher identifies as both female and nonbinary (demigirl) and uses she/they pronouns. The researcher also identifies as a lesbian and has been open about her sexual and affectional orientation for approximately 6 years.

The researcher strongly believes in equal rights regardless of sexual orientation or gender, and primarily has a social circle of LGBTQ+ individuals. Additionally, the intersection of gender and sexual orientation has occurred multiple times in the researcher's life. For example, being questioned whether they are truly a lesbian since they partially identify as non-binary, as well as knowing several gay and lesbian individuals with transitioning partners. Professionally and academically, the researcher has previously studied LGBTQ+ issues in-depth, facilitated an after-school program for trans youth, volunteered at pride events, and has clinical experience with LGBTQ+ clients.

### **3.6. Participants**

The participants involved in the current study were recruited through the use of convenience and snowball sampling. This was done through the use of social media, advertisements in the Fargo, ND/Moorhead, MN area, inquiry with colleagues, and word-of-mouth amongst various members of the LGBTQ+ community. Participants needed to meet the following inclusion criteria: a) at least the age of 18+, b) identify as cisgender, c) has been or is currently in a relationship with a partner who transitioned during the relationship, d) identified as gay/lesbian prior to partner's transition, and e) has attended counseling to address concerns related to co-transition. To ensure inclusion criteria are met, the potential participants were questioned on the criteria upon contacting the researcher. Additionally, the researcher asked participants to complete a demographic survey before interviewing. Consistent with IPA, it was recommended that masters-level researchers recruit a smaller sample size (approximately 3-5 participants) to accommodate the amount of time, resources, and in-depth analysis that this research design requires (Pietkiewicz & Smith, 2014, as cited in Miller et al., 2018).

### **3.7. Procedures**

The current study utilized a semi-structured interview to collect data. This approach is consistent with IPA as it allows researchers to build rapport with clients, as well as engage in real-time, in-depth conversations (Pietkiewicz & Smith, 2014, as cited in Miller et al., 2018; Rubel & Okech, 2017, as cited in Miller et al., 2018). Before conducting the current study, the researcher obtained IRB approval from North Dakota State University. Once approval was granted, the researcher recruited potential participants according to the following criteria: a) at least the age of 18+, b) identify as cisgender, c) has been or is currently in a relationship with a partner who transitioned during the relationship, d) identified as gay/lesbian prior to partner's transition, and e) has attended counseling to address concerns related to co-transitioning. As

previously stated, participants were recruited using social media, advertisements, and through inquiry with colleagues and various members of the LGBTQ+ community. After participants verified meeting inclusion criteria, they were provided a copy of informed consent along with a demographic survey. Once these initial steps were completed, participants received the list of semi-structured interview questions.

The semi-structured interviews were conducted via video conference and were between 60-90 minutes in length. Before the interview, participants were reminded of the parameters of the study, and verbal consent was obtained. In order to further protect the identity of participants by not linking their identifiable information to this study, an informed consent waiver was requested during IRB submission. The interview consisted of 10 open-ended questions regarding participant experience during the co-transitioning process, specifically with counseling. Interviews were recorded, transcribed, and reviewed by both the researcher and the participant to ensure accuracy. Throughout the recording and transcription process, all data was password protected and kept confidential on the researcher's laptop and destroyed upon completion of the data analysis. Pseudonyms were also assigned to ensure participant confidentiality, and all identifying information was altered before data analysis. Once data analysis was completed, the researcher engaged in member-checking to ensure credibility.

### **3.8. Data Analysis**

Consistent with IPA, the current study utilized a two-phase model for data analysis. The purpose of the first phase is to develop a good understanding of the participants' perspectives (Larkin, Watts, & Clifton, 2006, as cited in Miller et al., 2018). This consists of examining certain events, relationships, values, and other matters that seem important to the participants (Larkin & Thompson, as cited in Miller et al., 2018). In the current study, the researcher used this initial phase of data analysis to explore each participant at an individual level. While reading

the transcript for each participant, the researcher noted elements of each story that stood out. This was done without comparing similarities between participants, focusing solely on the stories of each individual.

During the second phase, researchers begin to interpret through viewing stories within cultural, social, and theoretical frameworks (Miller et al., 2018). This phase is also when researchers attempt to interpret how the participants are making sense of their own experiences (Smith et al., 2009, as cited in Miller et al., 2018). In the current study, the researcher read each transcript again while looking through applicable frameworks. During this phase, the researcher maintained focus on the individual participant, while also making connections between participants. The researcher took notes of their findings. It is important to keep in mind that such interpretations are conjectural and should not be presented as fact (Smith, 2004, as cited in Miller et al., 2018). To maintain this perspective, the researcher paid attention to their own reflexivity by considering their own interpretation process and consulting with other researchers involved in the study.

Once both phases were completed, the researcher engaged in a two-step coding process. First, the researcher coded each individual interview for themes. Then, all interviews were coded together to identify superordinate themes. As previously stated, IPA studies prioritize the comparing and contrasting of participants in order to gain a clearer understanding of the participants' perceptions (Allan & Eatough, 2016, as cited in Miller et al., 2018; Pietkiewicz & Smith, 2014, as cited in Miller et al., 2018). The data collected was displayed through the use of a table and thick description from participants. The goal of the data presented is to provide insight into how a counselor can help gay/lesbian, cisgender partners of trans individuals throughout the co-transitioning process.



### **3.9. Priori Limitations**

When conducting this study, there were several priori limitations. To be consistent with IPA, it is recommended masters-level researchers have a small, homogeneous sample. Due to data being collected in this manner, the findings were not generalizable. The geographic location of this researcher was also a limitation, as the amount of LGBTQ+ visibility is lower than in other parts of the United States. Additionally, the data collected did not contain information regarding the training, credentials, and theoretical perspectives of the counselors who worked with participants.

Lastly, because society is cisnormative and heteronormative, it is possible participants were desensitized to certain types of oppression. For example, gay/lesbian individuals may neglect to acknowledge their partner's transition during counseling because they assume their counselor lacks knowledge regarding the co-transitioning process. Also, it is possible the sexual orientation of the cisgender partner was ignored by the counselor due to the loss of queer visibility following co-transition. Throughout the conduction of research, analysis, and reviewing data, it was important to keep these priori limitations in mind.

### **3.10. Trustworthiness**

This study utilized several strategies to increase trustworthiness. First, this study involved member-checking to ensure accuracy of data. After recordings were transcribed, the researcher allowed participants to read the transcript of their own interview. Following data analysis, the researcher presented findings to each participant individually. Secondly, this researcher employed thick description, which involves providing a comprehensive image of a phenomenon including relevant psychosocial, affective, and cultural undertones (Geertz, 1973, cited in Hays & Singh, 2012). The depth of thick description manifests quality, thorough data.

Lastly, this researcher monitored their own bias through documenting their own impressions throughout the data collection process, and bracketing assumptions prior to data analysis. Throughout data collection and analysis, findings were reviewed by the chair to triangulate data. The chair of this study identifies as queer and has ample experience regarding research and clinical work with the LGBTQ+ community. The use of bracketing and data triangulation enhances the design by increasing trustworthiness and validity.

### **3.11. Summary**

This chapter encompasses the methodology utilized for the current study. Both the theoretical framework and research design chosen for this study cultivate authenticity by prioritizing the diversity of lived experiences. Transgender Theory recognizes that socially constructed elements such as gender and sexuality are important to identity, while also highlighting the importance of the self-constructed aspects of identity that are gained through lived experiences. Interpretive Phenomenological Analysis (IPA) coincides with Transgender Theory as it employs phenomenology, hermeneutics, and ideography to emphasize the importance of the individual experience, as well as how one makes sense of their own circumstances. The primary question this study aimed to answer was, “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?” Once IRB approval was obtained, the procedures and analysis process of this study remained consistent with both Transgender Theory and IPA, ultimately capturing the uniqueness of each experience while providing agency to each participant.

## **4. FINDINGS**

### **4.1. Introduction**

The following chapter presents the findings of the current study. This chapter includes an in-depth description of both the participants and data. The researcher employed thick description and utilized a table to present findings. In total, the researcher identified 5 superordinate themes, along with 3-5 individual themes for each participant.

### **4.2. Research Question**

The goal of the current study was to explore counselor competency when working with gay/lesbian, cisgender partners of transgender, and gender-diverse (trans) individuals during the co-transitioning process. The following research question guided all processes and procedures of this study, “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?” The researcher explored this question by conducting and analyzing semi-structured interviews (Appendix A) with 3 participants.

### **4.3. Participants**

Participants for the current study were recruited using social media, advertisements, and reaching out to LGBTQ+ community members and colleagues via email. All methods of recruitment involved a description of the study with inclusion criteria and contact information (Appendix B), along with a flier outlining the study (Appendix D). Individuals interested in participating were asked to contact the researcher via email and fill out a demographic survey to ensure eligibility. In total, the researcher acquired 15 responses, 4 of which were deemed eligible. During the interview process, one of these participants was omitted, as it was discovered they were not eligible to participate in the study due to them being attracted to all genders. Most of the individuals who did not meet the criteria were excluded because they did not attend

counseling during co-transition. The current study included 3 female participants: Jada, Marianne, and Carrie.

The first participant, Jada, underwent co-transition with her partner in 2001-2006, and they had been dating for approximately one year before her partner started transitioning. She identifies as a cisgender female, and at the time of the transition, lived in the northeastern region of the United States. Jada reported “always identifying as queer,” both before and during co-transition. When asked how she defines queer, Jada stated, “I am fluid in who I date and have relationships with, but I have never, nor would I ever date or be in a relationship with a cisgender male.” Jada reported having no prior experience with counseling before her co-transition experience and stated she attended counseling for approximately 6 months during co-transition.

The second participant, Marianne, underwent co-transition with her partner during the years 2021-2022, and they had been dating for approximately 3 years before transitioning. She identifies as a cisgender female, and at the time of the transition, indicated living in the southwestern region of the United States. Marianne reported identifying as a lesbian, but during co-transition, she labeled herself as queer. Marianne described having established a relationship with her counselor in 2020 and feeling comfortable confiding in her counselor regarding the co-transition in 2021.

The third participant, Carrie, started undergoing co-transition with her partner in 2022 and is currently still in the process. She and her partner have been together for over 20 years and have been married for approximately 9 years. Carrie identifies as a cisgender female and is currently living in the southern region of the United States. She reported identifying as a lesbian from a young age and is currently trying to navigate labeling her sexual orientation during co-transition. Carrie described already having an established relationship with her counselor when

the co-transition started. She is continuing to see her counselor as she navigates the co-transitioning process.

#### **4.4. Procedures & Data Analysis**

After obtaining IRB-approval for the current study, this writer conducted semi-structured interviews with participants then analyzed them using Interpretative Phenomenological Analysis. The researcher recruited participants through the following methods: social media, advertisements, and reaching out to LGBTQ+ community members and colleagues. Once eligibility was confirmed using a demographic survey, participants were asked to review the informed consent form and the interview questions. The researcher coordinated interview times with each participant via email. The 60-90-minute interviews were individually conducted and recorded via video conference. Before each interview, the participant provided verbal consent to participate in this study. The interview consisted of 10 open-ended questions regarding participants' experiences with co-transitioning and counseling. Once interviews were complete, recordings were transcribed and reviewed by both the researcher and the participant through member checking to ensure accuracy. All data was securely stored on the researcher's password-protected laptop and was destroyed once analysis was completed. In total, there were 3 female participants who participated in this study.

Consistent with IPA, the findings of the current study were identified through using a two-phase approach. The first phase involved focusing on the story of each participant individually, without comparison to other participants. The second phase consisted of viewing each story within cultural, social, and theoretical frameworks (Miller et al., 2018), while also beginning to compare and contrast participants' experiences. Once this was completed, the researcher engaged in a two-step coding process. The first phase of the coding process involved identifying themes and superordinate themes for each case, while the second phase involved

coding interviews together to find connections between participants. This step generated superordinate themes that were present across all interviews.

#### 4.5. Findings

In this section, the findings of the current study are presented using a table to highlight both individual and superordinate themes. Additionally, thick description is employed to illuminate these themes. Through this process, 5 superordinate themes emerged consistently across all 3 cases: counselor competency, support, relationship dynamic, perception, and conflicting emotion. Additionally, the individual themes of invisibility, intimacy, and grief were present, as seen in the table below.

**Table 1**

*Participants with corresponding Individual Themes and Superordinate Themes*

<b>Participant</b>	<b>Individual Themes</b>	<b>Superordinate Themes</b>
<b>Jada</b>	Invisibility Perception Conflicting Emotion Intimacy	Relationship Dynamic Perception Conflicting Emotion Support
<b>Marianne</b>	Counselor Competency Intimacy Grief	Counselor Competency Relationship Dynamic Conflicting Emotion
<b>Carrie</b>	Counselor Competency Perception Invisibility Grief	Counselor Competency Perception Support Conflicting Emotion

Note: Table presents prominent themes identified in each individual case and their connection to the superordinate themes relevant across all cases.

In this section, the researcher explores how these findings address the research question, “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?”

#### 4.5.1. Theme One: Counselor Competency

The first superordinate theme is counselor competency. This theme encompasses helpful and unhelpful interventions in counseling, discusses both supportive and unsupportive therapeutic relationships, and describes how equipped participants perceived the counselors to be regarding co-transitioning. Two participants endorsed having a counselor they deemed as supportive and competent, while the other did not have a beneficial experience with counseling.

Jada explained how her counselor did not worsen the situation, but she did not benefit from counseling. She felt her counselor was uninformed, ill-equipped, and unable to empathize with any of her concerns. Jada explained how the interventions presented by the counselor were not necessarily applicable to what she was going through and denied experiencing any helpful interventions:

I don't feel like anything was particularly helpful, but I didn't feel harmed by it because I was perhaps dismissive of her, right? I was like, 'This lady doesn't know anything about my life and how could this person help.' So, I wasn't harmed by having an expectation, because I didn't have one. But, I had the feeling of this person being like, 'I have no idea what I'm doing.. and so this week, we're going to do this diagnostic test, and I'm going to ask you these questions and rate this scale, and then next week I'm going to check in and see if you're self-harming less or more, and then next week I'm going to suggest sleep hygiene.'

As Jada described it, she attended counseling in the "early aughts." Due to this, knowledge regarding queer couples and trans individuals was scarce. Jada described not benefitting from counseling due to having to educate her counselor and defend her relationship:

I remember distinctly telling them that my partner is trans, and here's what that means. To be frank, I probably wasn't emotionally connecting. It was more like,

let me pull out a whiteboard, and provide the educational, intellectual concept of this, and the first thing they said to me was like, ‘wow, they're so lucky to have you’ ... So then at that point, you're, like, defending your partner. You're not like, let me tell you about some things that are really hard about this ... I realized that was not a space that I could access support from and sometimes I'd try to talk around it. Like, I need help with this, but I need to remove this part so that this person can understand or they're not focused on that component of it. And it never worked. You show up to a space and you want to be like, ‘I'm uncomfortable and things are vulnerable and I need help,’ but you can't.

Jada mentioned multiple times throughout the interview feeling as if the transition was a “forbidden secret.” She also described being unable to find any information related to her experience, “There was heaps of weird stuff in [town] during that time, and we were part of lots of groups and organizations, and it was never discussed.”

Contrary to Jada’s experience, Marianne indicated feeling heard and validated by her counselor. She explained how her counselor helped her feel confident in her identity, “She reassured me that whatever I’m thinking or feeling about any gender or sexual expression is valid to who I am...it’s okay if it fluctuates.” Marianne also explained how her counselor gave her space to process and acknowledge her own needs, while also balancing them with her partner’s needs. Marianne explained how shame reduction work was beneficial throughout the co-transitioning process:

And then also a lot of shame reduction work so I wasn't beating myself up for being like, ‘well, I don't know how to engage with you now because you don't want to be touched, really, at all’ ...being able to open up that conversation with a



partner at the time helped me realize ‘okay don't go automatically because it's a personal thing, it's literally not about you.’

Similarly, Carrie felt her counselor validated her identity and provided a safe space for her to voice her thoughts about co-transition. She described having a hard time processing the co-transition at first, and her counselor helped her through this, “She helped me to really just feel anything, or to start talking about how I felt. I think she was able to ask questions that helped me feel safe to talk about this.” Carrie described feeling resistance throughout the co-transitioning process, as she did not want anything to change. She identified her counselor as normalizing changes occurring in the marriage:

Things change in a marriage, of course, this is a huge thing, this isn't just like some simple thing...she tried to make me feel comfortable, as far as ‘I'm not alone.’ Although she couldn't fully understand because has never really gone through it, I think she really just wanted to create a safe space.

Carrie described stress surrounding how to label her sexuality, and her counselor helped her feel validated through patience and avoidance of pressure:

I think she supported and validated my identity because when we talk about how I categorize myself... Am I gay? Am I straight? Am I bisexual? Whatever, she still to this day talks about, ‘maybe you don't know. Maybe you're not going to know for a while. Maybe this is just kind of different, and this is your person, whatever that means.’ So she really doesn't push me to define myself, and I think it just validates that this is a very hard thing to go through, and it's okay to take the time that I need to figure out who I am.

Carrie described goal setting as being a helpful intervention presented by her counselor, “I think the goals really overall were to just process, learn how to accept, learn how to ask

questions.” She explained how goal setting allowed her to take the co-transition one step at a time and avoid feeling overwhelmed. Several participants identified feeling overwhelmed because of the loneliness of this process and identified support groups being very helpful. Carrie explained how she wished she had joined a support group earlier in the co-transition:

What I wish I would have had sooner is support from people who are going through this. While my therapist is great and my friends are great, nobody understands what this transition is like except for the partners who are actually going through it. And I actually ended up finding one support group and she found me another, but that was well into it... You feel comfortable talking to your therapist, but also you still feel a little bit alone, because she can say all the things, or you could talk about everything that you're thinking or feeling or what may come up in the future. But nobody gets it unless they're going through it.

#### **4.5.2. Theme Two: Support**

The second superordinate theme is support. This theme encompasses all aspects of support participants experienced from friends, family, partners, and their community. An individual theme connected to support is invisibility, which is defined as the lack of support and/or community. The individual theme of invisibility was present in both the cases of Jada and Carrie. All participants indicated benefitting from the support of those around them, specifically from other queer individuals. However, participants noted that even other queer individuals could not truly understand what co-transition was like unless they went through it themselves. Jada stated, “I felt like it’s like, ‘you two against the world’ in a way, so, you can’t split off from that, because then you’d have no support.” Although participants felt supported by other queer individuals, two of the participants also described feeling a loss of community at the same time. Jada explained how seeking support from others during co-transition was difficult at times:

I lived in the south end, which is like the gay neighborhood, so no one got it, but no one didn't get it at the same time...but the other part was more just like not knowing, and feeling like you don't want to tell on your partner when they're already part of a rather marginalized group, and you feel like you've got to be like the face of a happy, functional trans couple...And the same way, there are some things that you don't talk about outside the queer community to the straight community, and that you're a little bit uncomfortable talking about inside the community because you don't want to tell on yourself... no one was mortified and I didn't feel like I got negativity inside the community. It was like, lots of questions...so, nothing negative, but nothing like a deeper, real understanding. And then you can't go there yourself, right? Because it's hard to unpack by yourself.

Both Marianne and Carrie described feeling fully supported by their friends. Marianne explained, "I had my friends, specifically my roommate, and then most of my support people are queer, so we're all pretty close and open with our lives." Carrie endorsed feeling very supported by her co-workers because they asked questions about her specifically, "they ask me, 'Are you getting the support that you need?' 'How are you feeling?' Not necessarily about the whole couple or the transition, but more about me." Although Carrie felt supported by the close people in her life, she reported feeling that sense of invisibility due to heteronormativity:

You would think sometimes, because it's like a heterosexual relationship, it should be kind of like "normal." That's the main thing in society. But it's not for me. It's very odd and still a little bit uncomfortable, really...oddly enough, it feels more uncomfortable to kind of be out in public, seen in a heterosexual

relationship, than a gay relationship right now. It's still not quite comfortable for me.

Jada also indicated feeling invisible, and at times felt she needed to be dating a femme-presenting individual to feel validated in her sexuality, “it felt validating when you're with someone who's queer, but also you're like, am I not queer enough on my own?” She explained how her partner was validated by the queer community for transitioning, but not being able to fit in lesbian spaces made her feel invisible. Jada also explained how both heteronormativity and male-privilege affected her:

Once you got through the safety part because that's like a pretty scary time...I felt like I needed to be like the protector in a way, because I'm not threatening, right? But then that switches and you know, not that I'm not grateful to have someone look out for me, but I don't know, it's uncomfortable to be like, ‘thanks, male privilege, for keeping me safe.’

#### **4.5.3. Theme Three: Relationship Dynamic**

The co-transitioning process involves many changes at both the individual and dyadic levels. The third superordinate theme is relationship dynamic, which encompasses all relationship dynamic changes that come with co-transition. An individual theme connected to relationship dynamic is intimacy, which involves relationship dynamic related to sex and sensed closeness. Two of the 3 participants reported struggling to come to terms and accept the change in relationship dynamics. Carrie explained she had to convince herself to overcome her resistance and tell her counselor:

I knew, but I couldn't even tell her because.. almost like I didn't really know how to process it. And if I said it out loud, that would mean that it's true and it's happening. And so I ended up just telling myself, like, ‘Today is the day you're

going to do it.’ And so I really started the session with, ‘Okay, I just need to tell you, I just needed to get it out.’

Marianne explained how she was nervous to talk about it, even though she knew her counselor would be understanding:

I think I was more nervous to talk about it for my own coming to terms with the way that our dynamic was changing pretty rapidly rather than what she's going to say or how she's going to respond because she gets it.

The primary changes in Marianne’s relationship dynamic revolved around intimacy, dysphoria, and relational body image:

Sex is a tricky time because he started to become very dysphoric about his chest. And so, I didn't always know how to engage with him sexually without making him feel uncomfortable, and I just felt like our desires weren't lining up, so it ultimately led to us not having sex very much at all. And it kind of just fueled my own body issues, too, because I'm like, ‘Am I not desirable? Am I the problem?’

Marianne reported her counselor helping her through this dynamic change with shame-reduction work and reassuring her that her body is not the reason for her lack of sex, “I'm cognitively aware, but my body is not.” Marianne’s counselor also encouraged collaboration and motivated her to open a dialogue with her partner to discuss the shift in sexual dynamic, “those sessions helped me have more tools to have these types of conversations.”

Jada reported the increased testosterone causing major changes in their relationship dynamic. She explained how the “puberty phase” was very difficult and is often a phase in transition that is overlooked. Jada explained how the testosterone made it difficult to relate to her partner:

I didn't date men and I don't have brothers, so it was so foreign to me. Maybe if someone else went through what I went through and they had brothers or maybe dated men first or queer and whatever, they would have an understanding or explanation, but I was just like, I felt so lost. And I could no longer understand my partner because I don't have testosterone like that in my body.

The increased testosterone also affected intimacy, and Jada felt this was the most difficult part to talk about with her support system:

Like before, he's caring, loving, GGG, and then it's like.. 'I could literally not be here right now' kind of feeling... like, the second I come home from work, right? I've gone to school and commuted and I've come home from work, and before, I'd be like, 'hey,' and we'd connect and be affectionate. Now, they're literally like, 'Oh, I thank goodness you're home, because I need release and you exist.' Not that I exist for that, but my brain is now in that space, right? And not in a negative way, because that's the other thing- I know he wasn't socialized in that way, the way that a lot of men are. So it's like, I know he was not socialized in that way, nor did he think that before transition, it was more like 'my hormones are overriding any capacity for self-thought or reflection or whatever because they're screaming. Please attend to my needs,' kind of thing.

Carrie also experienced relationship dynamic changes related to intimacy, and she noted these changes impacting the way she perceived her own sexual identity:

I think at first it was a little challenging, intimacy-wise, or even really just being close because I felt like I had to get to know a whole new person, and because I was still feeling like, who am I? What am I? And I think sometimes intimacy is hard because... I don't really know how to define myself.

#### **4.5.4. Theme Four: Perception**

Co-transition often affects the way individuals perceive themselves and how they are perceived by others. Perception is the superordinate theme that encompasses the way these partners see themselves, the way others perceive them, and the way they assume others perceive them. All participants indicated co-transition forcing them to look at how they defined themselves. Marianne explained her partner's transition having more of an effect on her language rather than her sexual orientation, "I went through the bisexual to lesbian pipeline, and I was very much leaning into the more queer side of things rather than lesbian...I was like, okay, I need to use less harmful language about my relationship." She realized she could no longer define herself as a "lesbian" as this could invalidate her partner's new identity.

Jada reported being heavily impacted by the perception of others. She noted difficulty accessing care and having to overcome safety concerns. She also explained having to educate people on her relationship and having mixed feelings regarding the assumptions of others:

I've been queer and out since like, 15, so I never felt not queer. Quite frankly, I don't know, I hate to be like, 'I felt more queer,' but maybe, right? So I don't know. I don't think it changed how I saw myself or how I felt about myself.

Although once he started passing, it did change the way people who didn't know us, whether they be in the queer community or not, saw us, and in some ways for the better in some ways for not.

Jada also endorsed a shift in her perception of herself, as she blamed herself at times for how counseling was going, "I had no knowledge then to advocate for myself or have pushed back."

Carrie endorsed talking to her counselor about the perception of others right away, as this was something that initially had a big impact:

I think the first concern that I had was... probably a little selfish because it was about me and how this transition is going to affect me. And how would I tell people? And what would people think? So I think that was at the beginning. And then, once, I guess, I became more comfortable with it, the support groups that I attended became a really safe space. And now that, at least in this moment where we're at, I'm okay and I'm comfortable with the changes.

Carrie talked about how growing up in a very conservative family made it hard to come to terms with her initial identity as a lesbian. She noted after being out of the closet for 20 years, it was very difficult for her to appear in a hetero-presenting relationship:

I grew up in a very conservative family in Texas. It's very republican and so, really it took a very long time for me to be comfortable being a lesbian and saying it and not really caring what other people think and really kind of being comfortable in my own skin and with my marriage...I don't really feel like myself in a heterosexual relationship, even though that's what it is. That's just kind of hard for me to process still. And I struggled to say... I call it the 'h-word' because 'husband' is very odd to me. And I use words like 'spouse' right now just because... It still just sounds very uncomfortable.

#### **4.5.5. Theme Five: Conflicting Emotion**

Conflicting Emotion is the final superordinate theme. This theme encompasses the many emotions existing and conflicting with one another during co-transition. An individual theme connected to conflicting emotion is grief, as this is a prominent emotion participants endorsed feeling in a variety of ways. All participants indicated feeling emotions such as excitement, anxiety, love, and both grief and anticipatory grief. For example, Marianne reported feeling excitement for her partner but identified losing attraction, "I'm more attracted to femme



presenting people and specifically women, so there were kind of moments where I was like.. 'Okay, it's very attractive to me that he feels more confident in himself,' but it's not necessarily my type." Marianne also indicated feeling stuck between wanting to accept the transition and feeling discomfort. These conflicting emotions contributed to her feeling shame, "I think it came with some shame for the partner who's not transitioning, just like, 'I want to just fully embrace and let's go.' But there are some things that come up that don't feel good." Jada also reported feeling both shame and guilt regarding how her emotions conflicted with her partner. She also described keeping her feelings to herself to avoid hurting her partner:

Once you got through the first year of treatment to be prescribed hormones, the next bit was the transition part. And that was, I think, I can't speak for him, but I think it was exciting and validating for him. And, in an effort to perhaps be validating as to how you're feeling, ends up like cutting down your partner, and then you're just defending them instead of having a space to say, 'This is really hard, and I don't want to change things.'

Carrie also spoke on how her emotions sometimes conflicted with her partner's, and how grief was involved with her experience:

It's almost like as the transition goes for him, he's more excited and more happy and more comfortable with himself and I kind of, in a way, grieve each of these changes, and so my counselor really is like, a huge safe space that I could just say what I need to say or get mad, get frustrated. And also kind of work through sometimes the grief process with some of these changes.

All three participants endorsed undergoing the grieving process to an extent. Participants indicated grieving along with the process, feeling anticipatory grief regarding the future of the transition, and grieving their relationship dynamic before transition. Marianne described grieving

while also feeling uncertainty regarding the future, “I’m like grieving something that will no longer be. And now I have to move through that into whatever’s coming next and I don’t know what that looks like.” Although Marianne is no longer with her partner who transitioned, she explained how she sees the pre-transition version of her partner when she reflects on the relationship:

Even now, when I’m reflecting back on the relationship, my vision of him is like long hair. That is the version of the person that I fell in love with. So it’s like, just like a very huge cognitive dissonance, because we still live in the same town, and he has, like, a beard now and, like, short hair, and his voice is low and I’m like, wow. That person is straight-up dead. They are no longer.

All participants endorsed being respectful and supportive of their partner’s transition and occasionally felt guilty for grieving. Jada described missing the pre-transition version of her partner while still in the relationship, “there were times where I was like, ‘I miss my girlfriend.’ I don’t not want to be in this relationship, but I don’t know how to relate to someone who has raging testosterone. I don’t know what that is.” Carrie reported benefitting from grief work with her counselor. She explained how her counselor helped her navigate having conversations with her partner regarding her feelings of loss:

So I think it’s really been like all of the things and then really, each time with the testosterone, with the surgery, and really with the name change, that was a big one for me. Like it was a loss each time. And so I really had to process that loss, but it was hard because I didn’t want to process it in front of my partner, because I didn’t want him to think that I wasn’t supportive or accepting, so it was, kind of a lot of thoughts and feelings that I kept to myself until I could learn how to speak them without thinking I was going to upset him.

#### **4.6. Summary**

This chapter presented the findings of the current study using a table to highlight individual and superordinate themes and thick description to illuminate themes. The researcher conducted semi-structured interviews with three participants and employed Interpretive Phenomenological Analysis to gather the data. Five superordinate themes emerged across all three cases: counselor competency, support, relationship dynamic, perception, and conflicting emotion. Additionally, the individual theme of invisibility was connected to support, intimacy was connected to relationship dynamic, and grief was connected to conflicting emotion. In the following chapter, the researcher discusses how these findings answer the research question, “What is a counselor’s role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?”

## **5. DISCUSSION**

### **5.1. Introduction**

The following chapter discusses the findings of the current study while also connecting and reinforcing the data with previous research. This chapter includes a discussion of the findings, limitations, and implications for counselors and future research. The researcher organized the findings into two parts, outlining the participants' experiences with co-transitioning and their experiences with counseling.

### **5.2. Discussion of Findings**

The purpose of the current study was to answer the research question, "What is a counselor's role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?" To answer this question, the researcher asked participants questions related to several aspects of their experience with co-transitioning, as well as their experience and feelings regarding receiving counseling services during co-transitioning. To answer the research question thoroughly, the researcher has divided the findings into two parts: a.) participant experience with co-transition, and b.) participant experience with counseling.

#### **5.2.1. Participant Experience with Co-transition**

To fully understand participant experience with co-transition, the researcher asked the following questions: 1.) Describe your experience throughout your partner's transition? 2.) When you found out your partner wanted to transition, how did it impact your sense of sexual orientation, if at all? and 3.) What kind of support did you have/experience outside of counseling? As explained in the previous chapter, all participants identified experiencing conflicting emotions, relationship dynamic changes, shifts in perception, and various experiences regarding support. Dyadic stress theory is highlighted in previous literature, and this phenomenon suggests the mental and physical health of both partners can be impacted by the

stress experienced within a co-transitioning relationship (Van Acker, et al., 2023). All participants endorsed undergoing dyadic stress either through experiencing invisibility, relational body-image, and/or the renegotiation of sexual identity.

Previous research has suggested that minority stress, discrimination, concerns associated with power, privilege, identity, dysphoria, and distance between partners can magnify this dyadic stress (Gunby & Butler, 2022). For Jada, this was experienced particularly through undergoing safety concerns before and during the beginning of her partner's transition. Once her partner started passing, she explained feeling a sense of invisibility and invalidation. Jada explained how she and her partner no longer fit in lesbian spaces, and this created a loss of community. Similarly, Carrie also identified struggling to validate her identity, as well as occasionally feeling "uncomfortable" in a hetero-passing relationship. This discomfort aligns with previous research, as it is explained that gay or lesbian partners in a hetero-passing relationship may have their authenticity questioned, resulting in rejection and/or loss of community (Siboni et al., 2023).

For Marianne, her primary concerns revolved around intimacy problems that came with the change in relationship dynamics. This is parallel with previous research, as body dysphoria and difficulties with intimacy are shown to be prevalent within co-transitioning couples (Chase, 2011; Gunby & Butler, 2022; Platt & Bolland, 2018; Van Acker et al., 2023). Marianne also indicated her body image was affected by her partner's dysphoria through relational body image. This phenomenon refers to the body dysphoria of one partner affecting how the other partner perceives themselves, and previous research has suggested this can be prevalent in co-transitioning couples (Pfeffer, 2008, as cited in Chase, 2011). All participants indicated co-transitioning affected intimacy, as they endorsed a sense of adjusting to a different person. Participants indicated changes in relationship dynamics affecting intimacy, as well as changes in sexual needs. In a study conducted by Van Acker et. al., co-transitioning couples have identified

sexual intimacy to be very different during and after co-transitioning, and a need to find new ways to meet each other's sexual intimacy needs (2023).

All participants identified feeling conflicting emotions. One of the most prevalent emotions felt by all participants was grief. As explained in previous research, grief felt by cisgender partners is often accompanied by conflicted feelings, as they are happy their partner is living authentically, while simultaneously missing the partner they built their relationship with (Chase, 2011; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Platt and Boland, 2018; Van Acker et al., 2023). All participants noted being happy for their partner and supportive of the transition. However, the transition also brought grief, shame, and anxiety for the partners interviewed in this study. For participants, this conflict in emotions manifested feelings of guilt. Particularly in Jada's case, she explained how defending her partner and educating others inhibited her ability to feel validated in her own experience. Marianne identified her partner's increased confidence as attractive, however, masculinity was "not (her) type." Carrie explained being nervous to talk about her difficulties with the transition, as she did not want to come off as angry or unsupportive. While she was happy for her partner, she described feeling grief with each milestone.

### **5.2.2. Participant Experience with Counseling**

To understand participant experience with counseling during co-transition, the researcher asked the following questions: 1.) Describe your overall experience with counseling during co-transition, 2.) Describe any emotions or thoughts regarding counseling you had prior to attending your first appointment, 3.) How would you define your presenting concerns and goals of counseling during co-transition? 4.) What did your counselor focus on during the sessions? 5.) Describe your counselor and the relationship you had with them, 6.) Describe the interventions used, and what was helpful or unhelpful, and 7.) How did your counselor validate and support

your identity? As noted in the previous chapter, 2 out of the 3 participants endorsed experiencing counseling as beneficial. These participants described their counselor as helpful with navigating the process, as well as validating their identity. The other participant reported having a poor experience with counseling, as she believed her counselor was neither equipped nor competent to help her through co-transition. This may be attributed to the contextual timeframe she attended counseling (approximately 2001) as strides have been made in counselor competency over the last two decades.

Although most participants in this study benefited from counseling, this collides with previous research stating that the majority of cisgender partners who seek counseling services report they do not feel their needs were met during counseling. Researchers attributed this to a lack of counselor competence, being overlooked, lack of psychological support, feeling misunderstood or invalidated, and lack of social support outside of counseling (Giammattei, 2015; Gunby & Butler, 2022; Motter & Softas-Nall, 2021; Van Acker et al., 2023). However, 2 participants' counselors in this study may help understand this incongruence. Both Carrie and Marianne noted their counselors normalizing fluctuating identities, avoiding pressure to label or come to conclusions, and focusing on the importance of an individualized timeline. Carrie specifically noted feeling validated by her counselor's "patience" and "softness." Marianne experienced a great impact through her counselor's reassurance.

In Jada's counseling experience, she did not experience validation. She explained how her counselor "meant well," and "didn't have any homophobic vibes." However, Jada felt her counselor was unable to understand her experience, and this affected her ability to share her true experiences in counseling. She felt her counselor could not understand because they were not queer, she had to educate them on what "trans," meant, and she found herself having to defend her partner during the session. Jada described, "I never felt like I could be fully honest." She

explained how her counselor ran diagnostic assessments, made “impossible suggestions,” talked about sleep hygiene, and monitored her self-harming. Although these interventions may be beneficial across multiple situations, Jada did not feel her needs were being met.

Dissimilar to Jada’s experience, Carrie and Marianne explained how their counselor provided a safe space, and encouraged honest and open communication. Their counselors also encouraged communicating their needs with their partners. According to previous research, communication, honesty, and openness have been identified as key factors in maintaining relationship integrity throughout co-transitioning (Van Acker et. al., 2023; Gunby & Butler, 2022; Platt & Bolland, 2018). Findings from both the cases of Carrie and Marianne align with this previous statement, as both individuals reported benefitting from gaining communication tools in counseling. Specifically, Marianne expressed wishing her partner would have also seen a counselor to enable deeper conversations.

All participants identified lacking support from individuals who have had the same experience. Participants noted that although they felt supported by the people in their lives, none of them truly understood what they were experiencing. Jada specifically mentioned a lack of resources for individuals who have experienced co-transitioning, even to this day. Carrie specifically reported greatly benefiting from support groups, and she wishes she had been a part of one sooner. These findings highlight the importance of finding and creating resources, conducting research, advocating, and increasing support for this population.

### **5.3. Limitations**

While conducting research for the current study, several limitations were encountered. To align with the principles of Interpretative Phenomenological Analysis (IPA), it is advised the researcher, as a master’s level researcher, use a small sample of 3-5 (Pietkiewicz & Smith, 2014, as cited in Miller et al., 2018). Consequently, the findings of this study are not generalizable. In



addition, this researcher did not gather information about the counselors (i.e, qualifications, education, theoretical orientation) or the participant's partners. Challenges were also encountered in recruiting specifically male participants, as only female participants responded to the call for participants. This may be due to fewer males undergoing co-transition or fewer males seeking counseling services. It was also difficult to find individuals who sought counseling specifically for co-transition, as this was a key criterion that some interested individuals did not meet. Moreover, societal norms that favor cisgender and heterosexual identities may have desensitized participants to certain forms of discrimination.

#### **5.4. Implications for Counselors**

Through the process of analyzing the findings of the current study, several implications for counselors emerged based on the 5 superordinate themes: counselor competency, support, relationship dynamic, perception, and conflicting emotion. Implications were also inspired by the needs and suggestions of participants. The current study indicates 4 implications for counselors: 1.) cultivating client agency, 2.) encouraging open and honest communication, 3.) normalizing change, and 4.) promoting client acceptance. In previous research, cisgender partners of trans individuals noted feeling out of control or excluded from the transition process (Chase, 2011). Literature also indicated the importance of cisgender partners having input in the speed of the transition, as well as taking time to embrace their own transition process in the relationship (Giammattei, 2015; Gunby & Butler, 2022). In the current study, participants noted the importance of having an individualized timeline. To combat feeling left behind, out of control, or excluded from the transition process, counselors can cultivate client agency. This can be done by reminding the client of their power to instigate change, make decisions, and use their voice. Counselors may cultivate client agency through reminding them of what they can and cannot control. For example, clients in this situation cannot control what their partner wants to do, but

they can control their reactions, how they define their own identity, how they cope with change, and how they communicate with their partner. A counselor may use the “Circle of Control” exercise to provide clients with a visual representing the control they possess. Counselors should work hard to avoid pressuring the client to identify and label themselves prior to when they are ready to do so. Counselors can also cultivate client agency through the use of CBT techniques. Providing the client with education on how thoughts, behaviors, and emotions all affect one another may enable the client to feel more grounded and in control. Furthermore, counselors can cultivate agency through unconditional positive regard, helping the client explore options, and reassuring the client of their support.

Encouraging open and honest communication is another important implication for counselors. Initially, counselors must encourage open and honest communication between themselves and the client. This is done through building rapport, asking clarifying questions, broaching topics that may be unfamiliar, and ultimately creating a safe space for the client. Counselors should work hard to avoid making it solely the client’s responsibility to provide education on these topics. Additionally, counselors should be mindful of heteronormativity and how incorporating these biases into practice can be invalidating to the client. A crucial element to creating a safe space for the client is becoming familiar with the ALGBTIC Competencies for Counseling LGBQIA Individuals (Harper et. al., 2013). The ALGBTIC is now known as SAIGE, which is a specialty branch of the American Counseling Association. Once a trusting therapeutic relationship has been solidified, counselors may encourage open and honest communication between the client and their transitioning partner. The current study found communication to be vital during the co-transition process, especially regarding hard topics such as intimacy. For example, previous literature indicates how couples must engage in open communication about their sexual desires and boundaries, negotiate sexual practices, and express

their feelings regarding sexual encounters to navigate intimacy (Gunby & Butler, 2022).

Counselors may encourage open and honest communication through role-play, establishing boundaries, practicing active listening and assertive communication, and providing education on healthy communication for couples. An example of this would be exploring Gottman's four horsemen and their antidotes, which outline how to combat criticism, contempt, defensiveness, and stonewalling (The Gottman Institute, 2024). While encouraging honest and open communication between partners, it is important for counselors to keep the client as the focus of counseling. Counselors should avoid focusing solely on the client's partner, as this may inhibit the client's ability to navigate this process on an individual level.

To promote agency and communication, counselors must normalize change. Two of the three participants reported feeling validated when their counselors normalized fluctuating identities, and 1 participant described feeling a sense of safety when her counselor explained the commonness of changes occurring in a marriage. Counselors may normalize change by encouraging self-reflection, mindfulness, and avoiding pressuring the client to define their identity and/or what they want the future of their relationship to look like. Counselors can also help clients navigate the emotions that come with change such as grief and anxiety. Two participants reported benefitting from engaging in grief work with their counselor. They described the importance of grieving at their own pace and their counselor allowing them the time and space to do so. Allowing clients to grieve the change at their own pace ultimately allows the client to accept changes in their relationship.

The final implication for counselors is to promote client acceptance. All 3 participants indicated having trouble coming to terms with the transition, with 2 participants describing resisting the transition to some degree. Participants also described feeling a sense of shame and guilt regarding their trouble with acceptance. Counselors may help clients address this using

ACT techniques such as thought diffusion, confronting avoidance, and encouraging psychological flexibility. Carrie specifically mentioned her counselor helping her accept through offering other perspectives, such as allowing her to understand her partner's perspective or explaining the situation from a general outside perspective. Additionally, counselors may help clients accept through encouraging self-compassion and exploring their own values.

### **5.5. Future Research**

Due to the limited amount of research available regarding this topic, researchers need to keep exploring how to assist individuals who are undergoing the co-transitioning process. Future research may be qualitative, quantitative, and may or may not require participants to have gone to counseling to address their difficulties with co-transition. During the interview process, several participants identified grief work as beneficial; it may be helpful for future research to focus specifically on grief counseling with this population. Additionally, research regarding couples counseling with these clients and their partners may be useful. It may also be beneficial to explore the impact of specific interventions, rather than counseling as a broad concept. Furthermore, standards need to be explored and updated to ensure counselor competency when working with this population as SAIGE has not published updated guidelines for working with sexual minorities since 2013 and gender identities since 2010, nor have they created guidelines inclusive to couples or families.

### **5.6. Conclusion**

The purpose of the current study was to answer the following research question: "What is a counselor's role in helping gay/lesbian, cisgender partners of trans individuals navigate the co-transitioning process?" This study utilized transgender theory and Interpretive Phenomenological Analysis (IPA) to explore the needs of co-transitioning partners, and how counselors can assist in the navigation of this process. The following superordinate themes emerged from this research:

counselor competency, support, relationship dynamic, perception, and conflicting emotion.

These subthemes were also present: Interventions, Invisibility, Intimacy, Identity, and Grief.

Based on these findings, several implications were made regarding how counselors may be able to help these individuals. Counselors can help by cultivating client agency, encouraging open and honest communication, normalizing change, and promoting client acceptance. Taking these findings and integrating them into counseling sessions will help individuals through this complex and multifaceted situation. Increasing counselor competency regarding this population will ultimately result in harm reduction, repaired relationships, and the validation of a misunderstood and marginalized group of individuals.

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## **APPENDIX A. INTERVIEW QUESTIONS**

1. Describe your experience throughout your partner's transition.
2. When you found out your partner wanted to transition, how did it impact your sense of sexual orientation, if at all?
3. What kind of support did you have/experience outside of counseling?
4. Describe your overall experience with counseling during co-transition.
5. Describe any emotions or thoughts regarding counseling you had prior to attending your first appointment?
6. How would you define your presenting concerns and goals of counseling during co-transition?
7. What did your counselor focus on during the sessions?
8. Describe your counselor and the relationship you had with them.
9. Describe the interventions used, and what was helpful or unhelpful.
10. How did your counselor validate and support your identity?

## APPENDIX B. RECRUITMENT SCRIPT

Hello (name),

I am a Clinical Mental Health Counseling graduate student at North Dakota State University, and I am currently working to complete my graduate thesis under Dr. Jessica Danielson. I am conducting research regarding gay and lesbian individuals who have been partnered with someone who transitioned during the relationship. More specifically, I am exploring the role of a counselor in working with said individuals. I invite you to share this information with individuals who may be interested in participating in a 60-90 minute interview with me to discuss their experiences with counseling during their partner's transition. The purpose of this study is to contribute to the literature regarding the transition of one partner in a same-sex relationship, while also focusing on how a counselor can accurately support the gay or lesbian, cisgender partner during the transition they undergo alongside them.

Individuals are invited to participate if they meet the following inclusion criteria: (a) at least the age of 18+, b) identify as cisgender, c) has been or is currently in a relationship with a partner who transitioned during the relationship, d) identified as gay or lesbian prior to partner's transition, and e) has attended counseling to address concerns related to their experience during the transition process. I am including a flier that can be shared with individuals who may be interested in participating in this study. I also invite you to share this flier with colleagues who may know individuals that may be interested in participating. Individuals who are interested can contact me to schedule an interview using my contact information on the flier. I am also providing my contact information below.

Thank you so much, your time and help is greatly appreciated!

Sara Simenson

Graduate Student- Clinical Mental Health Counseling | North Dakota State University

sara.simenson@ndus.edu | ###-###-####

## APPENDIX C. DEMOGRAPHIC SURVEY

Please fill out the following demographic information.

- Age:
- Gender identity:
- Race/ethnic identities:
- Sexual/affectional orientation (currently):
- What license, credentials, or title did your counselor hold?:
- Approximately how many counseling sessions did you attend?:
- Type of counseling (e.g. family, individual, couples):
- Counselor orientation (if known) (e.g. DBT, CBT, feminist theory, solution-focused, etc):

## APPENDIX D. ADVERTISEMENT FLIER

### **Have you had a partner transition during your relationship? Are you LGBTQ+? Then you're invited!**

Researchers from the NDSU Clinical Mental Health Counseling graduate program are looking to find out how counselors can help gay and lesbian partners as they co-transition alongside their trans partner.

**Who can join?:**

- Participants must be 18+, identify as cisgender, have been in or are currently in a relationship with someone who has transitioned during the relationship, must have identified as gay or lesbian prior to partner's transition (or still identify as gay or lesbian), and must have attended counseling to address concerns related to co-transition.

**What will participants be asked to do?:**

- Participants will initially complete a survey to ensure they meet criteria for participation. If participants choose to give informed consent, a 60-90 minute interview will be conducted to discuss their experience with counseling during their partner's transition.

**Why join?:**

- This study aims to contribute to the limited research on the transition of one partner in a same-sex relationship, while also focusing on how a counselor can accurately support the gay or lesbian, cisgender partner during the transition they undergo alongside them. This is important research for the LGBTQ+ community! Tell your friends!

**Interested?**

Contact me, Sara Simenson, using either option:

Phone: [REDACTED]

Email: [sara.simenson@ndus.edu](mailto:sara.simenson@ndus.edu)





During the transcription process, any names or personal information will be altered in order to protect your privacy. Any identifiable information will only be known by the primary researcher, and all data will be stored on a password protected laptop belonging to the primary researcher. Complete privacy cannot be promised, however the primary researcher will put measures in place to increase confidentiality. Quotes and experiences will be utilized in the final product, but no identifying information will be published and pseudonyms will be used. Once your interview is transcribed, you will be asked to review it for accuracy prior to data analysis. This is to ensure accuracy of the information that is being interpreted.

### **What will I be asked to do?**

If you choose to participate in this study, you will be asked to complete the following:

- Complete a demographic survey in order to ensure eligibility.
  - Engage in a 60-90 minute interview about your experience with co-transitioning and the support and counseling you received during this time. There will be 10 open-ended questions.
  - Read the transcript of your own interview to insure that the information is accurate.

### **Where is the study going to take place, and how long will it take?**

The study will take place in a private space on the NDSU campus. If participants prefer an interview over the phone or via zoom, the interview will either be held in the same private space on campus, or in the privacy of the primary researcher's home. The entire process should take no more than 2 hours to complete.

### **What are the risks and discomforts?**

Every study comes with potential risks and benefits. Though it is impossible to identify every potential risk, safeguards have been taken by the researcher in order to minimize these risks. Please keep in mind that mild-moderate emotional distress or discomfort may occur due to the sensitive topics involved in this study. You also have the power to withdraw from the study at any time.

### **What are the expected benefits of this research?**

Though you are not expected to directly benefit, you may benefit from this study because you will be given the opportunity to share your experiences. Research pertaining to counseling gay or lesbian partners of transgender individuals is minimal, therefore the insight provided by this study could benefit both you and other members of this community.

This research has the potential to benefit society by uncovering how a counselor may be able to help this specific population, increasing counselor competency. If counselor competency is increased, more gay or lesbian partners of transgender individuals will be able to get the support they need. Transgender partners will also benefit, as the increase in support may enhance the integrity of their relationship.

### **Do I have to take part in this study?**

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to

which you are already entitled. If you withdraw before the research is over, your information will be removed at your request and we will not collect additional information about you.

Additionally, if you decide to participate in this research, you will have the opportunity to read and review the proposed article prior to submission for publication. The preliminary article will be e-mailed to you and you will have the option to communicate concerns and changes prior to the article being submitted for publication. You will have the option to withdraw from the study until the article has been submitted for publication.

### **What are the alternatives to being in this study?**

Instead of being in this research, you may choose not to participate.

### **Who will have access to my information?**

Any identifiable information will only be known by the primary researcher. All information gathered from the interview process will be de-identified prior to analysis and consultation with other researchers.

### **How will my information be used?**

The information you decide to disclose in the interview will be de-identified and analyzed for themes. The themes identified will be used to determine how a counselor may be able to help this population. Demographic information will only be used to ensure you are eligible to participate in the study. After the study is complete, all information will be destroyed and will not be used for any future research. If any changes occur regarding use of information, you will be immediately informed and asked whether or not you consent to these changes.

### **What if I have questions?**

Before you decide whether you'd like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Sara Simenson at ###.###.#### or sara.simenson@ndus.edu.

### **What are my rights as a research participant?**

You have rights as a research participant. All research with human participants is reviewed by a committee called the *Institutional Review Board (IRB)* which works to protect your rights and welfare. If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB office at 701.231.8995, toll-free at 855-800-6717 or via email ([ndsu.irb@ndsu.edu](mailto:ndsu.irb@ndsu.edu)).

### **Documentation of Informed Consent:**

You are freely making a decision whether to be in this research study. Your consent to participate indicates:

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You will be given a copy of this consent form to keep.