

Discourses of Gender Identity and Transition in Later Life

Sarah Jen

Journal of Research
on Women and Gender
Volume 8, Pages 49-64
© Sarah Jen, 2018

Reprints and Permissions:
Email jrwg14@txstate.edu
Texas Digital Library:
<http://www.tdl.org>

Abstract

There is a small but growing field of inquiry exploring the needs and experiences of transgender and gender non-conforming older adults (TGNC). While large, quantitative studies are useful for illustrating differences at the population level, in-depth qualitative research is needed to offer interpretations that reflect the complexity and nuance of individual lives and to better illuminate the reality of living as a TGNC elder. Guided by a social constructionist epistemology, this study reports findings from a Foucauldian Discourse Analysis (FDA) of interviews with two older women who had undergone sexual reassignment or gender confirmation surgery to examine how these women talk about their identities and gender transitions, how their language might be informed by or resistant to their social context, and what they might possibly gain from using language in these ways. These two women presented their gender transitions in different ways, illustrating the potential for wide variation. While one conceptualized a gender transition as a critical aspect of one's identity, the other constructed it as a minor shift in the scope of a larger self-development narrative. They took up the roles of expert, educator, consumer, and transgender woman in differing ways and to differing degrees, demonstrating varied approaches to resilience and resistance. These findings are explored for their potential to inform direct practice and research with older transgender adults.

Keywords

transgender, gender non-conforming, gender identity, aging, gerontology, discourse analysis, narrative

Introduction

As the population size and proportion of older adults in the U.S. rapidly grows (AOA, 2016), healthcare and social service providers must be prepared to tailor services to the needs of an increasingly diverse aging population. In particular, LGBTQ older adults have been recognized as an understudied and underserved minority (Institute of Medicine, 2011). However,

there remains limited information available regarding the distinct, personal experiences of subgroups within this population (Fredriksen-Goldsen & Muraco, 2010). A small but growing body of evidence suggests that transgender and gender non-conforming (TGNC) elders face particular health-related challenges compared to their cisgender counterparts; these differences are associated with risk factors such as higher rates of victimization and discrimination,

higher reports of internalized stigma, fewer financial resources, and trans-specific barriers to accessing healthcare (Fredriksen-Goldsen et al., 2014; Witten, 2016).

While these findings are useful for illustrating differences at the population level, in-depth qualitative research is needed to offer interpretations that reflect the complexity and nuance of individual lives, thereby shedding light on the lived reality of TGNC elders. Guided by a social constructionist epistemology and Foucauldian Discourse Analysis (FDA) method, this study reports findings from interviews with two older women who had

TGNC Elders

In recent years, the umbrella term of ‘transgender and gender non-conforming’ has been applied to a wide variety of identities that share a common bending, challenging, or disrupting of the limited, essentialist binary of traditional Anglophone gender options of “man” and “woman.” This umbrella term encompasses sub-identifiers such as ‘transgender’, ‘agender’, and ‘gender queer’ among others (Witten & Eyler, 2012) and these identities stand in contrast to cisgender identities, held by individuals whose sex assigned at birth aligns with their gender identity. It is worthwhile to note that individuals who identify as TGNC may or may not choose to undergo sexual reassignment or gender confirmation surgery and individuals who have undergone these surgeries may not identify as TGNC. In relation to the broader historical context, TGNC older adults have faced unique barriers to coming out and transitioning due to their age and cohort membership, as the broad array of

formerly undergone sexual reassignment surgery in order to examine how they construct their identities and gender transitions, how their language might be informed by or resistant to their social context, and what they might possibly gain from using language in these ways. This added depth of understanding is needed in order to illustrate what we might learn about *how* and *why* TGNC elders construct their identities in certain ways and what implications those constructions have for researchers and service providers seeking to promote the health and well-being of older TGNC individuals.

available and socially recognized gender identities has only recently grown to encompass more varied options and fluidity in the social construction of gender (Witten, 2016b). As the complexity of identities broadens to encompass more diversity, research is slowly accumulating to shed light on the lived experiences of these individuals in more depth.

Studies of TGNC elders have found that transitioning carries the risk of negatively impacting one’s employment opportunities, can be financially costly to undertake, and can expose a person to complex health risks, particularly for individuals living with chronic illnesses (Fredriksen-Goldsen et al., 2014; Siverskog, 2014; Witten, 2016a). In the *Aging with Pride* study, the largest study of LGBTQ adults age 50 and older in the U.S., TGNC adults report poorer physical health, higher rates of disability and chronic illness, and higher rates of depression and anxiety compared to non-TGNC participants and these outcomes are significantly associated with higher rates of

experienced discrimination, violence, and internalized stigma (Fredriksen-Goldsen, et al., 2014). Older TGNC individuals also describe a lack of knowledge about TGNC identities among healthcare and social service providers, which puts individuals in the position of having to educate providers and can lead them to avoid accessing services in the future (Siverskog, 2014). In fact, 40% of transgender elders report having been refused or experiencing inferior health care services (Fredriksen-Goldsen et al., 2014) and a similar proportion report fears of accessing healthcare outside of LGBTQ communities (Fredriksen-Goldsen et al., 2011).

Given that TGNC identities are associated with disparate health risks and outcomes, it is crucial that the meaning and impact of these identities is explored in research and practice settings. In one recent study of older transgender- and bisexual-identified individuals, participants reported that being transgender was a more important or impactful for their overall identity than their bisexuality (Witten, 2016) and some qualitative studies have shed light on possible reasons that this might be the case. As a service provider who leads support groups with transgender individuals, Hakeem (2010) describes TGNC people as a marginalized minority within cisnormative societies as well as within the broader LGBTQ population. In this context, Hakeem claims that, “binary gender rigidity stands at the core of transgender status” (2010, p. 141) and argues that if essentialist gender assumptions were to be challenged, if we “could tolerate some fluidity” within our understandings of

gender, there may no longer be a need to physically transition, alter one’s gender presentation, or identify strongly as a man or woman. The basis of this framing relies on Judith Butler’s (1990) claim that gender is a performative effect of society rather than an innate property of individuals. In applying queer theory to conceptualize late life gender transitions, Fabbre (2014; 2015) also challenges cisnormative assumptions of “typical” life sequences and draws on Jack Halberstam’s (2011) text *The Queer Art of Failure* in order to critique the concept of “successful aging,” illustrating how transgender older adults might enact agency by redefining ‘success’ and ‘failure’ in later life. By failing to live up to normative ideals, transgender elders can explore unconventional paths to wellness, emphasizing the authenticity of one’s self-defined identity (Fabbre, 2015).

The Importance of Discourse

Findings from recent studies with TGNC elders point to the possible richness to be gleaned from theoretically informed and in-depth analyses of gender transitions and identities as constructed by TGNC older adults themselves. Discourse analysis (DA) is a particularly powerful methodological tool that has the potential to deeply inform this relatively new and growing body of literature. As a method, DA offers the benefits of exploring narrative possibilities in self-definition and meaning making within a specific societal and cultural context. In the present study, Foucauldian Discourse Analysis (FDA), as described by Willig (2008), was chosen for the usefulness of specific concepts as theoretical tools, particularly including

discursive objects, or objects constructed through language, and subject positions, or the “positioning of subjects within relations of power” (Arribas-Ayllon & Walkerdine, 2011, p. 5). These concepts are especially useful for exploring the complexities of both gender transitions, as a discursive object, and TGNC identities, as a subject position. This analytic method also has the potential to reveal both the broad discourses and specific linguistic tools that older TGNC individuals draw on in making meaning out of their identities, allowing for an analysis of multiple levels of language use.

Discourse, from a Foucauldian perspective, refers to “the production of knowledge through language” (Hall, 1997, p. 72) within a particular historical context and Foucault (1978) saw knowledge as deeply tied to dynamics of power. Because discourse involves forms of communication and constructions of knowledge, discourse analysis has the potential to lay bare the assumed and implicit knowledge/power that is embedded in or revealed by language use (Hall, 1997). A Foucauldian perspective also offers a framework for understanding how power dynamics produce circumstances of domination and resistance (McLaren, 2002). Although both discursive objects and subjects are produced within and subjected to discourse (Hall, 1997), subjects can also influence their own construction by resisting the processes of description, recognition, and classification by which they are defined and socially located (Graham, 2011).

These Foucauldian concepts provide a useful point of departure for researchers and practitioners who aim to

increase their understanding of TGNC lives in the context of later life. By framing TGNC elders as subjects positioned within societal dynamics of power, we can account for the ways in which their identities and experiences are socially constructed, while also acknowledging the active role these individuals play in constructing the narrative of their own gender transitions and their lives more broadly. This analysis will contribute crucial information for researchers and service providers who seek to support older TGNC clients in developing strategies of self-definition, self-advocacy, and a critical awareness of their own role in constructing and making meaning out of their experiences

Method

This study draws on semi-structured interviews completed in the winter of 2013 with two women who participated in a larger study on older women’s sexual narratives (Jen, 2017). The original study criteria were that participants were age 55 or older and identify as a woman at the time of the interview. The study procedures were approved by the Human Subjects Division of University of Washington. Participants were recruited from an urban area through the distribution of study announcements using email lists of aging service organizations and social networks of service providers. Recruitment flyers were also posted in senior centers, retirement communities, and assisted living facilities. In order to increase potential for diversity among the participants in terms of their sexual identities, announcements were also distributed through the mailing lists of

organizations serving LGBTQ individuals. The full sample included 13 women whose ages ranged from 55-93 years. Semi-structured interviews traced each participant's experiences of sexuality over the life course, including how they perceived their gender, age, and living situation as affecting their sexuality over time. Interviews were audio recorded, transcribed, and analyzed for emergent themes. For a full description of the methods and findings, see Jen (2017).

Two of the 13 participants had undergone gender confirmation surgery after the age of 40. Their narratives showed both commonalities and distinctions from those of the other participants. This analysis allowed for an in-depth examination of their life narratives in focus, as case studies of later life gender transitions. Life narratives serve as a useful unit of analysis for examining identities, as they offer a means to "express our sense of self...and negotiate it with others" while also allowing us to "claim or negotiate group membership" over the course of one's life (Linde, 1991, p. 3). Therefore, examining language use in these two narratives allowed for an analysis of the ways in which participants constructed and performed their gender transitions and TGNC identities during the interview as well as how they examine these experiences retrospectively.

There are inherent limitations in generalizability or transferability when examining the life narratives of two participants; however, expanding these findings to the larger population was not the intent of this analysis. Rather, these interviews offer in-depth portrayals of

language use among two women who drew on very different discursive strategies in constructing their gender transitions and identities. The analytic method was guided by four questions that were adapted from Willig's (2008) six-step approach to FDA and were applied to each interview: 1) How does the participant construct gender transitions as a discursive object? 2) To what subject positions does the participant actively orient to or take up? 3) How does the participant situate her own narrative within broader discourses of gender transitions and transgender identities? 4) What could the participant possibly gain from these discursive strategies?

In presenting the findings, I first summarize notable characteristics of each participant and how I came to interview them. I then present a narrative version of the findings, describing the discursive object of gender transitions, key subject positions each participant does or does not take up, how these constructions might be interpreted in the context of surrounding discourses, and what might be gained by using language in these ways. In the transcript excerpts presented below, the interviewer's comments are preceded by 'I' while participants' comments are preceded by initials of their assigned pseudonyms ('A' for 'Alice' and 'G' for 'Gretta'). Underlined portions of the transcript indicate segments that are of particular interest for the analysis.

Findings

Alice

Alice introduced herself as a transgender woman in her first email to me. Our interview lasted 2.5 hours and it

seemed that Alice was practiced at sharing her life story as she easily spoke for long periods without interruption or prompting. Alice had struggled with depression and suicidal ideation earlier in life, issues that she connected to confusion around her gender. She had attempted suicide as a young adult, leaving her with ongoing issues with pain and physical limitations. Alice had been married to a woman for 20 years, but this relationship ended in divorce due to several marital conflicts, one of which was Alice's choice to transition. Alice was in her late 60's, Caucasian, and living alone in a condo at the time of the interview. She was also in the process of exploring polyamorous relationships, but had one primary partner at the time, another woman who was also disabled. As Alice identified as transgender, I use this term in interpreting her interview.

I was led to believe that being transgender was an important identity for Alice, as she introduced her transition as a discursive topic within the first two minutes of the interview:

Excerpt 1

A: Before that I lived in [city] and I lived there for 14 years.

I: Were you also living alone there?

A: No um, I transitioned from male to female, I mean well, there isn't one moment in time when there is a transition, there's a lot of steps and uh, before I transitioned I was living as a male and I was married and my wife and I lived in that house.

She constructed her transition as a process that unfolded over time, but with specific turning points throughout. In particular, she described two specific moments, a spiritual retreat and reading an article about a well-known transgender woman, and it was in these moments that "the eggshell wrap around [her] gender got a crack in it." Alice portrayed these moments as activating a three- or four-year process of self-reflection through engaging in therapy, discussions with her wife, and experimenting with living and presenting as a woman:

Excerpt 2

A: I saw the psychiatrist for 3 years. Maybe it was 4. And at about the 2-year mark, it was all just talk still and the reason was that I was scared to step out into the world, presenting as a woman. And he basically said, "You know we can talk about this and you can read about it all you want, but you're not going to know what the actual experience is like until you try it." And that was good, but I wasn't quite ready. But then I got to the point where I was out...uh, and I loved it. And I was scared the first time and a little less scared each consecutive time, but I loved it. And very quickly couldn't get enough of it and some people call this going from gender dysphoria to going to gender euphoria. And I got to the point with the psychiatrist that I found that I was teaching him more about gender than the other way around.

In Excerpts 1 and 2, Alice constructed her own transgender identity, transition, and related experiences against the backdrop of a broader, shared transgender narrative. By referencing “a transition” as opposed to “my transition” and referring to what “some people call” gender euphoria, she also constructed her own experience of an ongoing transition process as being an accepted or common way that transitions occur. By using conversational tactics of referencing gender transitions at large and clarifying how her story aligns with a common narrative, she subtly took on the role of educator or expert, sharing her own knowledge of transitions with her interviewer, paralleled by the expert role she describes taking on in therapy. Unsure of my level of knowledge of transgender issues, Alice also placed her suicide attempt in this broader framework:

Excerpt 3

A: Well the next year, my wife and I went to a human development workshop and um... I was able to unwrap some shame around a new topic, which I will now introduce: my suicide attempt [...]. So, um, you may know this or maybe you don't, but transgender people especially young ones have a very high rate of suicide attempts and I didn't know it at the time.

By referencing what I may or may not know, Alice contrasts her own knowledge with mine. She also contrasts her current knowledge with her past awareness, stating, “I didn't know it at the time,” positioning herself as an expert at the

time of the interview. At the locutionary, or surface level, we can see Alice's conversational tactics as those of a good storyteller (Austin, 2014). By providing contextualizing details, she adds coherence to her story, fulfilling my assumptions as a conversational partner that her speech will remain relevant and provide the information necessary for understanding.

Another possible reading of Alice's narrative is at the perlocutionary level, accounting for power dynamics implicitly embedded in language (Austin, 2014). This reading might portray her coming out and transition as an ongoing process of increasing education and self-awareness whereby the experience of transition makes one an expert in transgender experiences. In this way, Alice's performance of an expert subject position in the context of this interview might align with the goals of empowering and participatory research, in which participants are seen as experts in their own experience (Cameron et al, 2010). However, Alice's orientation to an expert role goes beyond her own experience to those of a larger marginalized population. This discursive strategy is likely shaped by the broader discourse around transgender individuals having to educate both their own social networks as well as service providers they interact with due to a societal lack of awareness, the maintenance of harmful misconceptions, and limited exposure to transgender individuals and narratives (Siverskog, 2014). Alice may have found it helpful in the past to portray herself as an expert in order to embrace or find meaning in taking up the necessary role of educator, to deflect contrary claims or definitions of her experience, or to take

ownership of her story. She may also find comfort or meaning in placing her story within a broader discourse of transgender lives, in order to give herself a sense of community, belonging, and support.

While Alice's transgender identity is closely linked to the position of an expert, Alice's construction of herself as a woman reveals that she may perceive the need to justify, explain, or defend her claim to womanhood and her authority and expertise when speaking as a woman. One possible strategy to validate her claims to womanhood is to rely on essentialist notions of biology and her physical embodiment of a transition through gender confirmation surgery. For instance, Alice described her post-surgery orgasms in detail:

Excerpt 4

I: So you found out you *can* have orgasms.

A: Yeah. In fact I have very good orgasms. And I have long, I have female orgasms. Well I've been on hormones for six years now. So the orgasms I have are, they go up for a while, plateau, stay there for a while, orgasm, come back down to a plateau, maybe orgasm again or just sort of one continuous orgasm, sometimes it's hard to tell when you're in that state. My therapist is a gay guy and you know, I've described some of this to him and he's like, huh, jealous.

In this excerpt, Alice illustrated three possible strategies to validate her

sexual experiences as those of a woman or female-bodied person. First is the simple act of labeling her orgasms "female orgasms," a naming which may imply that she and I (as a young woman) would have a shared understanding of what that means. Second, she goes on to describe her orgasms in detail, as if to prove our shared understanding. Third, she contrasts her orgasms with the experiences of her male therapist, who she describes as being "jealous" in response. We might see these justifications of female orgasms as Alice's response to having her gender identity questioned, attacked, or dismissed as untrue or unstable in the past. In the context of this interview, she might also be read as taking advantage of a rare opportunity to share about and celebrate her womanhood and sexuality in a way that may not arise in daily conversation.

Gretta

While Alice's straightforward style of storytelling allowed for very little confusion on my part as the interviewer, Gretta's interview was more complex in terms of coherence. Gretta and I had spoken briefly on the phone to arrange our in-person meeting and she did not inform me that she had undergone gender confirmation surgery at the time nor did she identify herself as transgender. I remember she seemed almost amused by my project, saying she was interested to see what I would ask her and what she would say. When we met in person she was instantly friendly and we bantered easily while I walked her through the consent process. We talked for a little over an hour. Gretta was in her early 70's, Caucasian,

single, and living alone at the time of the interview. She first walked me through her sexual attractions to girls and women in early life and then described significant sexual relationships with women in adulthood. This included her marriage of over 20 years to a woman from whom she had been divorced for several years. This narrative led me to believe that Gretta had identified as a lesbian or a woman-loving woman for most of her life. However, more than halfway through the interview, Gretta informed me that she had undergone gender confirmation surgery in her 40's and that, similarly to Alice, her gender transition had been a key factor in initiating the divorce. It was at this point in the interview that I had to reassess my previous assumptions of Gretta as having been perceived as a girl or woman in her earlier life, requiring that I reorient myself to her early life experiences. Gretta explicitly stated that she does not identify herself as transgender, therefore I do not identify her with this term, although her story is contextualized within the broader discourse around TGNC identities and gender transitions.

After discussing Gretta's current living situation, her early sexual attractions, and important intimate relationships of her early life, I began asking questions that revealed my assumption that she had always been perceived as a girl or woman:

Excerpt 5

I: So you knew that you were attracted to women early on in your life?

G: Mmhmm. I've always been attracted to women.

I: There was never a question about it for you. Have you received a lot of support?

G: Yes, especially here, [City]? Come on. [City]'s a good place for all of us and our chosen family.

My line of questioning constructed Gretta as a woman attracted to other women who might have varied experiences of support around identifying with a marginalized sexual orientation and she did not challenge this assumption in her answers. One might expect that Gretta would introduce her gender transition at this moment to ensure my own understanding of her story, but for many possible reasons, she chose not to. In this moment, our interview lacks coherence, as I, as an interviewer and audience, did not have all of the necessary information to properly interpret her story (Bublitz, 2014) due to my own mistaken assumptions. The possible expectation that her gender transition would be relevant information to ensure coherence on the part of her audience renders Gretta's silence on the topic a noticeable and interesting one.

Gretta introduced her gender transition and the way she identifies her gender in the context of explaining her divorce:

Excerpt 6

I: Yeah, so what was your marriage like? You say it started out exciting

and then kind of fizzled...after a while...

G: Well the marriage itself was good. It was okay. And probably at this point in the conversation I should point out to you that I had a gender reassignment in uh, [year] which was...two years after the divorce. Um...and that was the reason for the divorce. Um, [my wife] didn't want to be a lesbian. And, I don't know why not. It's perfectly good.

By describing her surgery in the context of a relationship, she framed her gender confirmation surgery not so much as an event in and of itself, but as part of the larger storyline around a significant relationship. Gretta also used indirect or non-specific language to describe the effect of her surgery on her body and sexuality. For instance, when asked how her sex life had changed, she stated that "obviously it's a geographical change" and when describing her orgasms post-surgery she described with little detail a slow, building process "rather than fireworks and cannons going off." One might assume that speaking bluntly about sexual experiences and one's genitals is considered inappropriate in the context of conversation with a stranger and while we may interpret Gretta's imprecise language as abiding by social norms of conversation, we might also see her use of language as revealing that she does not see the specifics of her "geographical change" as central to the issue at hand. Throughout her narrative, she frames her sexual experiences

in the context of relationships and self-discovery, emphasizing interpersonal dynamics and her own individual development rather than the physical aspects of a transition.

In contrast to Alice's orienting clearly and definitively to the identity of a transgender woman, Gretta stated that she does not consider herself to be transgender while discussing her previous experience in a public position that had made her story a topic of local media:

Excerpt 7

G: ... my gender reassignment was blasted all over all the newspapers everywhere, I had nothing to hide anymore. There was no little secrets [...] I just figured everybody knew and everybody does. And everybody realizes and this, this you can quote this too, I do not consider myself transgendered.

I: Okay.

G: That was during the four and a half hours of surgery. That was when I was transitioning. I'm on the other side now. I'm not transitioning. I'm a designer model now. [laughs]

I: [laughs] It's good to know where you stand.

Gretta couched her rejection or denial of a transgender identity within a political narrative, thereby positioning her identity as a political statement. One could argue that the direct nature of her statement

as well as the lead in of “you can quote this too,” indicate that she expected that statement to be surprising and therefore, she delivered it bluntly, allowing time for me to respond afterward. My brief response of “okay” might be read as an interviewer’s punctuation, invitation to continue, or effort not to reveal any emotional reaction. However, I recall using it as a linguistic tool to confirm or validate an understanding of the importance of the statement. I expected, in the moment, that this statement was not only a rejection of a transgender identity, but also a claiming of an identity as a “true” woman that was important to Gretta’s self-expression.

Additionally, Gretta did not take up the role of expert or educator in quite the same way as Alice. She did not seem to be educating me about anything other than her own personal experience, although she did describe a lack of knowledge about transgender issues among healthcare providers:

Excerpt 8

G: But yeah, the acceptance is everywhere. The only time it gets, it gets a little difficult is when you have to go to the doctor and you know, I go to [medical provider] and every year it’s a different doctor so I have to educate another doctor, and “while you’re in there, check my prostate,” you know. I’ve had to argue with insurance companies that say, “well you’re a woman you can’t, you can’t, you can’t charge for this benefit.” Yes, I can. Trust me. So you know, ongoing education in

the medical field, but otherwise it’s fine.

I: Have you come up against very much un-acceptance? With the doctors you’ve seen, has educating been a good experience for you?

G: Um, I don’t mind them as long as they, I mean, you know, a lot of them are ignorant, but as long as they understand I am a customer, I pay your salary. The customer is always right, do it.

Although Gretta clearly educates the service providers she interacts with and displays expertise in advocating for her own needs, she also appears to downplay her role as an educator as a minor hassle of daily life, as opposed to a role she embraces or performs intentionally. Instead, she approached the topic from the positioning of a consumer, which is similar to the way she spoke of her surgery. While she did not describe specifics of her orgasms to the same degree as Alice, Gretta did say of her first orgasm after her surgery that, “it confirmed for me that paying for the best surgeon is a good idea.” By orienting to the role of a consumer, Gretta highlights her right to receive high-quality services, constructing surgery as a product with economic value. Therefore, medical professionals may require education in order to serve her medical needs properly, but so long as they offer quality care to consumers, she does not seem to have a high stake in altering their awareness or understanding of transgender health-related issues.

Discussion

A discursive analysis of these two interviews allows for a critical reading of the ways in which women make discursive choices to actively take control of their own narratives in regard to the experiences around gender transitions and identities (Willig, 2008). By recognizing points of disagreement within their stories, we can also interpret ways in which their positioning “involves construction and performance of a particular vantage point” (Arribas-Ayllon & Walkerdine, 2011, p. 17).

The participants placed their experiences differently within a broader discursive context; while Alice’s story placed her own transition within a common narrative, Gretta positions her transition in the context of her own personal development. These constructions give different meanings to gender transitions as a discursive object. On one hand, Alice’s transition was drawn out over three to four years and may be read as a key event in her life, a defining moment in a longer process that quelled confusion and offered feelings of “euphoria.” While Gretta’s transition was also drawn out over several years, she provided almost no detail about what those years entailed, choosing instead to focus on other aspects of her life thereby placing the transition off-center in her narrative. These constructions have implications for the positioning of each participant. Alice’s construction of a shared experience among a community of individuals allowed her to be an expert in the transition process who acts as educator or ambassador to others, while Gretta, in contrast, downplayed her performed role of

educator and instead demonstrated expertise in her personal experience through self-definition and self-advocacy.

Understanding how these participants do or do not take up the subject position of transgender woman and what they have to gain from that action also offers an explanation of why each might have presented their transition and identity in particular ways. Alice named her transgender identity in our very first contact, perhaps giving me the opportunity to decide if my research would include her experience. This may appear to be a valid question, given that a primary and communicated goal of the study was to identify how a participant’s gender impacted their experience of sexuality and one might expect that individuals perceived as men for a significant portion of their lives would experience the impact of their gender in very different ways than those perceived as women over the full course of their lives. Gretta’s relatively late revelation of her transition did not present me with the option of ruling out her experiences as relevant to the study at hand; her identity as a woman was understood to justify her inclusion. These divergent presentations may serve as a lesson in the importance of self-definition and a cautionary tale for researchers and practitioners, like myself, whose assumptions of cisgender status as a default may obscure their understanding of the full context of the lives of participants and clients.

Alice’s construction is likely a more commonly understood approach to TGNC narratives, considering that large studies often assess the age at which individuals “came out” or transitioned, suggesting that

transitions are a key life event in and of themselves (Witten, 2014). However, Gretta's story reminds us that not all individuals who undergo gender confirmation surgery will identify as TGNC and this distinction may also be reflected in research methods, such as surveys that assess an individual's current gender identity, their sex assigned at birth, and their current sex as a means of identifying individuals who do not use the label of "transgender" but have undergone a gender transition at some point (Cook-Daniels et al., 2014). However, by continuing to focus on coming out sequences as a key life event, researchers may maintain the idea that coming out and gender transitions are important life events within the broader context of a life narrative, which may not be true for all individuals. Future quantitative research may also assess variation in the importance of transitions by asking participants to rate the importance of life events on a scale or assigning the order of importance when key life events are assessed in survey form. These insights related to identity measurement or operationalization may also be useful for practitioners and administrators seeking to reflect gender identity in paperwork, such as intake forms and biopsychosocial assessments. Additionally, practitioners should take care to assess the importance of a transition in the life of clients without making assumptions about how and to what degree this experience might impact the client's service needs.

Finally, we can assess what each woman has to gain from the way they construct and utilize gender transitions,

subject positions, and broader discourses. Both women offer possible scripts for enacting resilience and resistance. Alice seems to find comfort in her place within a community, creating new possibilities for her sense of belonging. By emphasizing this group membership, she is able to place herself within a counter-culture in opposition to cisnormative influences. While Gretta's strategy of denying group membership may appear to be a negative adaptation or a sign of internalized stigma, her rejection of this identity might also be interpreted as a rejection of categorization or radical resistance that allows for more creative possibilities of self-definition outside of normative expectations (McClaren, 2002). Both of these possibilities suggest future directions for practice and research. Providing education to counter internalized stigma, particularly among older populations, is crucial to supporting an individual's ability to embrace a TGNC identity while supporting one's positive sense of self, which is protective for mental health-related outcomes and promotes social engagement in later life (Fredriksen-Goldsen et al., 2014). Additionally, exploring possibilities for resisting categorization indicates a need for added theoretical and conceptual creativity in informing research on later life, including lessons from feminist and queer literature that can account for the political implications of identity politics (Fabbre, 2015) within a perspective that balances social constructionism with materialism.

Conclusion

Throughout this analysis, I was reminded of Smith and Watson's (2001) suggested question to inform analyses of life narratives: "What is at stake historically (in the larger society) in having this text accepted as a 'truthful' account of life?" (p. 173). In this case, it may be worth asking what is at stake in having Alice and Gretta's stories accepted as 'truthful' accounts of life? As a social worker and researcher, I see the potential of these stories to reveal truthful accounts of the wide variation in experiences of gender transitions and believe that these accounts have important implications for social and healthcare providers who work with TGNC older adults. Service providers would benefit from an awareness of how individuals who have undergone gender confirmation surgery may self-identify in different ways and by acknowledging the role of social construction in developing and maintaining relatively fluid versus essentialist notions of how gender is and can be experienced. Embracing fluidity and enhancing an individual's right to self-identification requires widespread educational efforts to ensure that diverse narratives of TGNC individuals are acknowledged in practice with older adults. These narratives also reveal the potential for creative, resistive, and resilient adaptations in how women participate in constructing their own realities, offering a welcome balance to the emphasis on health risks and disparities that often drives research around marginalized elders' experiences. ■

Address correspondence to: Sarah Jen, School of Social Work, University of Washington. Tel: 616.334.6594. Email: srjen@uw.edu

References

- Administration on Aging. (2016). *A profile of older Americans: 2016*. Administration on Aging and U.S. Department of Health and Human Services.
- Arribas-Ayllon, M., & Walkerdine, V. (2011). Foucauldian discourse analysis. In C. Willig & W. Stainton-Rogers (Eds.) *The SAGE Handbook of Qualitative Research in Psychology*, p. 91-108. SAGE Publications Ltd.
- Austin, J. L. (2014). Chapter 2: How to do things with words. In A. Jaworski & N. Coupland (Eds.), *The Discourse Reader* (3rd Ed., p. 51-61). New York, NY: Routledge.
- Bublitz, W. (2014). Chapter 9: Cohesion and coherence. In A. Jaworski & N. Coupland (Eds.), *The Discourse Reader* (3rd Ed., p. 154-165). New York, NY: Routledge.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York and London: Routledge.
- Cameron, D., Frazer, E., Harvey, P., Rampton, B., & Richardson, K. (2014). Chapter 7: Ethics, advocacy, and empowerment. In A. Jaworski & N. Coupland (Eds.), *The Discourse Reader* (3rd Ed., p. 128-141). New York, NY: Routledge.
- Cook-Daniels, L., & Munson, M. (2010). Sexual violence, elder abuse, and sexuality of transgender adults, age

- 50+: Results of three surveys. *Journal of GLBT Family Studies*, 6(2), 142-177.
- Fabbre, V. (2015). Gender transitions in later life: A queer perspective on successful aging. *The Gerontologist*, 55(1), 144-153.
- Fabbre, V. D. (2014). Gender transitions in later life: The significance of time in queer aging. *Journal of Gerontological Social Work*, 57(2-4), 161-175.
- Foucault, M. (1978). *The History of Sexuality: An Introduction*, volume I. New York, NY: Random House, Vintage Books.
- Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H. J., Erosheva, E. A., Emler, C. A., Hoy-Ellis, C. P., ... & Muraco, A. (2014). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist*, 54(3), 488-500.
- Fredriksen-Goldsen, K. I., Kim, H.-J., Emler, C. A., Muraco, A., Erosheva, E. A., & Hoy-Ellis, C. P. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle, WA: Institute for Multigenerational Health.
- Fredriksen-Goldsen, K. I., & Muraco, A. (2010). Aging and sexual orientation: A 25-year review of the literature. *Research on Aging*, 32(3), 372-413.
- Graham, L. J. (2011). The product of text and 'other' statements: Discourse analysis and the critical use of Foucault. *Educational Philosophy and Theory*, 43(6), p. 663-674.
- Hakeem, A. (2010). Deconstructing gender in trans-gender identities. *Group Analysis*, 43(2), 141-154.
- Halberstam, J. (2011). *The queer art of failure*. Durham, NC: Duke University Press.
- Hall, S. (1997). Foucault: Power, knowledge, and discourse. In S. Hall (Ed.) *Representation: Cultural representations and signifying practices*, p. 72-81. London: SAGE.
- Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.
- Jen, S. (2017). Older women and sexuality: Narratives of gender, age, and living environment. *Journal of Women & Aging*, 29(1), 87-97.
- Linde, C. (1991). *Life stories: The creation of coherence*. NY: Oxford University Press (p. 3-19).
- McLaren, M. A. (2012). *Feminism, Foucault, and embodied subjectivity*. Suny Press.
- Siverskog, A. (2014). "They just don't have a clue": Transgender aging and implications for social work. *Journal of Gerontological Social Work*, 57(2-4), 386-406.
- Smith, S. & Watson, J. (2001). *Reading autobiography: A guide for interpreting life narratives* (p. 165-179). University of Minnesota Press.
- Willig, C. (2008). Foucauldian discourse analysis. *Introducing qualitative research in psychology*, 2nd Ed., 112-

131. Berkshire, England: Open University Press.
- Witten, T. M. (2014). End of life, chronic illness, and trans-identities. *Journal of Social Work in End-of-Life & Palliative Care*, 10(1), 34-58.
- Witten, T. M. (2016a). Aging and transgender bisexuals: Exploring the intersection of age, bisexual sexual identity, and transgender identity. *Journal of Bisexuality*, 16(1), 58-80. doi: 10.1080/15299716.2015.1025
- Witten, T. M. (2016b). The intersectional challenges of aging and of being a gender non-conforming adult. *Generations*, 40(2), 63-70.
- Witten, T. M., & Eyler, A. E. (2012). *Gay, lesbian, bisexual, transgender and intersex aging: Challenges in research, practice and policy*. Baltimore, MD: The Johns Hopkins University Press.