

A Review of Transgender Aging and Older Adults in Research and Media

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## **Introduction**

Every year, all across the world, Transgender Day of Remembrance is observed. Starting in the 1990s with the murder of a transgender woman named Rita Hester, Transgender Day of Remembrance is practiced annually to recognize all of the transgender and gender expansive individuals lost in the past year due to hate-fueled violence (GLAAD, 2016). The outcomes of this violence are so grim that some suggest that the current life expectancy for some transgender people is anywhere between 30 and 35 years old (Murphy, 2012). With such a low life expectancy on top of an already small minority of the population, it is easy to recognize how few aging transgender and gender expansive adults there are, and that there is likely a large need for research to add to the minute accumulation of current literature. With needs and respectability politics surrounding transgender and gender expansive people of all ages also changing, it is imperative that the collections of current literature are looked through with fine-toothed combs to make sure that we are adequately determining needs for updating terminology or even the recognition of research becoming obsolete or even harmful (Schmich, 2016). The reviews and reflection that follow discuss the current literature as well as representation in media surrounding transgender older adults, and the implications these have on the transgender experience as well as the world of aging.

### ***Transgender Aging in Research: A Review of Gay, Lesbian, Bisexual & Transgender Aging: Challenges in Research, Practice & Policy***

As the title of this book would suggest, there is one very important limitation to point out before beginning the review. The title discusses that this book covers the topic of gay, lesbian,

bisexual and transgender aging. This is a limitation the book experiences as a source on transgender aging is simply the fact that it is a more broad exploration that only includes aging for those who are transgender. An issue that is often faced by the elderly transgender community is that when this grouping occurs and their aging is slumped into a general idea of “LGBT” aging, societal context will prioritize certain groups over others, particularly the “L” and “G” categories. When transgender older adults’ unique needs are not entirely erased in the first place, these circumstances often lead people to think that all identities encompassed under the acronym of LGBT have the same needs. Lesbian, gay, and bisexual are all sexual orientations, while transgender is a gender identity. Not only are they two different identities, but they are two entirely different types of identities. It is critical to recognize that while the LGBT aging community has unique needs collectively, the actual needs of LGB older adults differs drastically from transgender older adults in some very important ways. With this information and the limitations of the book in mind, only some sections of it will be focused on for the sake of the topic being explored.

With the limitations and other business out of the way, the main focus of the book should be discussed. This text takes an intersectional approach and looks specifically at the unique experiences of older adults who happen to identify under the LGBT umbrella as one or more of the identities associated with that community. Addressing the unique needs that these people have as well as their particular experiences, the hope was that the information found will both address issues that LGBT older adults face and also educate professionals to create more competency and not allow further negative experiences to perpetuate (Witten & Eyler, 2012).

The first important aspect of transgender older adults' experiences that is touched upon is how their needs differ from those of lesbian, gay or bisexual older adults. They attribute the drastic difference in needs largely to the unique position on healthcare assuming an older transgender or gender expansive person has, at least to some degree, performed a medical transition (Witten & Eyler, 2012). They also recognize in the text that some degree of the difference might also just be in general due to incongruencies in current societal acceptance between marginalized sexual orientations and gender identities.

Pointing out that not all of the differences in experience reported by transgender and gender expansive older adults are caused by particular medical history, Witten and Eyler (2012) point out several other unique circumstances experienced by transgender elders. One of the main issues experienced is fear of being discriminated against because they are transgender, or worse, being discriminated against for a perceived sexual orientation instead of gender identity because the oppressor does not recognize their gender identity as real or valid enough to be discriminated for it. Many have experienced such treatment in the past and are quite terrified that they will experience the same from those who are supposed to be protecting them, such as family, caretakers, or professional staff in a facility setting. One of the experiences that can be sometimes compared to the experiences of non-heterosexual older adults is the "de-transitioning" that can sometimes occur out of fear of this discrimination, mistreatment or abuse. Compared to the idea of "going back into the closet" experienced by gay, lesbian, and bisexual older adults where they are no longer open about their sexual orientation, de-transitioning would be the act of undoing everything that the transgender individual has worked so long to achieve. This can be stopping hormones and allowing the effects of their birth hormones to take back over, no longer

presenting in a way that expresses their correct gender, going back to their birth name and pronouns, and overall hiding who they are. This type of move in later life is very consistent with the stereotypic lifestyle of an aging older adult, and will often come with all the negatives that tend to be by-products of hiding one's self like the stereotypic lifestyle does (Barnett, 2016).

When looking at all of this, it is very consistent with the information provided in course lecture that Barnett (2016) provided about the experiences of LGBT elders and other literature's research on the topic. Course lecture talked often about the concerns of LGBT older adults such as discrimination, mistreatment, etc. While the course talked about this broadly over a presentation, Witten & Eyler (2012) hashes it out much more in depth. The book uses interviews and news articles to give a comprehensive glance at the immense threat experienced by transgender people, which completely validates why older transgender and gender expansive adults would be worried about potentially getting mistreated in any sort of setting, including that of facilities. All of the accounts are horrifying, including a string of anti-transgender murders in Washington, D.C. and a filmed attack of a transgender person at a local McDonald's. Additionally, Witten & Eyler (2012) discuss the history of anti-transgender sentiment, bias, and discrimination in the realm of healthcare, a system whose record has not been the cleanest when it comes to the topic. One of the major examples of mistreatment in a clinical setting is that of people who are transgender experiencing the pseudo-science known as "conversion therapy," a mistreatment that creates a significant and deep history of mental and emotional trauma for any person who experiences such an approach, whether voluntarily or involuntarily.

The findings brought forward by Witten & Eyler (2012) also has been quite congruent with several already-existing pieces of literature, as well as research that has come after. Ansara

(2015) discusses cisgenderism in the aging care sector and particularly addresses the large issue of mistreatment and subtle bias that older transgender and gender expansive adults face in facility settings. Some of those mentioned by Ansara (2015) include pathologising patient's genders, misgendering them, marginalising them, and what they called "coercive queering," which can be considered placing (unwillingly) labels on transgender and gender expansive older adults that they might not wish for, including a queer label when they might identify as heterosexual or straight, or labeling them as LGBT and insinuating that older adults of each identity under that umbrella all experience the same thing and have the same needs. The research also highlights a more severe form of cisgenderism that transgender and gender expansive older adults experience, which is the denial of hormones and removal of other things in place for the individual to present their correct gender, such as clothing and haircut. Several accounts that are highlighted talk about orders to stop hormones and the family playing the individual's transness off as a mental illness and would talk to staff about dressing her in men's clothing and using male names and pronouns. Another account talked about staff assuming the gender of a patient and being confrontational when corrected.

Other research has concurred with the findings thus far, but have also brought in more information on focused areas, such as mental health. The mental health experiences of older transgender and gender expansive adults is, by far, a grim one, showing a third or more of LGBT older adults experiencing some sort of mental health issue in their lifetime (McCann, Sharek, Higgins, Sheerin, & Glacken, 2013). Prominent issues experienced by older LGBT adults in the study showed disproportionately higher rates of suicide and self-harm, substance misuse, and experiences of violence. Alarmingly, almost half reported an experience of violence which

provides a large context to the aforementioned extreme mental health issues. Another impact on the mental health of LGBT older adults that is especially focused on in this research is the effect of loss and its disproportionate impact on LGBT people, including a unique insight into the loss and subsequent emotions following deaths during the AIDS crisis (McCann, et al., 2013). A third piece of literature reiterates the idea that transgender older adults have unique issues that largely go ignored both in practice and research (Fredriksen-Goldsen, Cook-Daniels, Kim, Erosheva, Emlet, Hoy-Ellis, Goldsen & Muraco, 2013). Once again, the factor of a “fear of accessing services” was a very large part of the experience of transgender older adults, especially in the realm of healthcare, which can be a matter of life or death for an older transgender or gender expansive person (Fredriksen-Goldsen, et al., 2013). A large portion of the fear that Fredriksen-Goldsen, et al. (2013) suggested is consistent with all aforementioned research suggests that the fear is stemming from previous or secondhand experiences of violence or discrimination, and in an act of self-preservation, they avoid that violence again at all costs.

All in all, a particular area of interest in research on transgender and gender expansive older adults that is brought up in the book but needs to be explored more is the idea creating not only trans-accepting clinical (and otherwise) spaces for older adults, but creating spaces that are *affirming* of transgender and gender expansive identity, and work to advocate for older individuals that experience these intersections of being older and being non-cisgender. Now that unique experiences and needs of transgender and gender expansive individuals in late adulthood are discovered and – to some degree – understood, what can be done to address and correct these circumstances and even create positive and constructive experiences?

**Transgender Aging in Media: A Review of *Transparent***

Amidst the growing trend of online streaming services such as Hulu and Netflix coming out with their own original content and giving the success of television networks a run for their money, the popular shopping-website-turned-one-stop-shop Amazon released ten episodes of a new television series, *Transparent*. A play on the words, “trans parent,” this show was one of many original concepts in the inaugural run of Amazon’s successful attempt to join other streaming websites in becoming legitimate and prosperous pseudo-television networks. Following the life and many trials of the Pfefferman family, this show was deemed controversial by both ends of the spectrum. Many condemned the show for featuring a largely LGBT range of characters with a large focus on characters of transgender experience. On the flip side, some in the realm of LGBT advocacy criticise the casting of Jeffrey Tambor, a cisgender man, to play the transgender matriarch Maura in the television show. Putting problematic casting aside, many consider *Transparent* to be a very honest and sometimes even blunt portrayal of what it’s like to be transgender, which is no doubt due to the fact that, since the show has started, there are now several people who identify as transgender on the panel of writers for the show (Villarreal, 2015).

The television show, which is now on its third season, follows Maura Pfefferman, a 68-year-old Jewish trans woman, who begins to come out and live her truth at the very beginning of the series. It also follows the lives of her adult children: Sarah, Josh, and Ali, who are all dealing with their own issues including fluid and questioning sexuality, finding love and the ability to settle down, and even identity crisis thinking that transness might run in the family. In addition, the show features other major characters such as Shelly and Len, ex-spouses of Maura



and Sarah, Tammy, Sarah's old *and* new flame, as well as Raquel (the family's rabbi that Josh eventually falls in love with), and Davina, a transwoman who takes Maura under her wings and shows her the ropes of transitioning.

What has been considered by many to be revolutionary about *Transparent* is how the show is so candid and honest, on top of showing the experience of an older, Jewish, lesbian trans woman, something that has never been represented on television before in such a comprehensive and intersectional way. However, while there are many intersections of oppression that Maura experiences in her identity, Maura still holds a large amount of privilege, which has been a large criticism of the show. At the end of the day and despite the oppressed identities, Maura is white, educated, and perceivably wealthy. These identities create a lot of access to things that Maura needs, but other trans people cannot access as easily, if at all. The main problem with this is that, as far as a representation issue, it doesn't create a comprehensive look at how difficult it is to transition when one does not have the privilege that she does, and makes transitioning look very simple and easy. This issue of white and wealthy transgender people making transitioning appear to be quite easy when it is much more difficult has been an issue that has been brought up before with the likes of Caitlyn Jenner and her coming out (Steinmetz, 2015).

Maura in *Transparent* provides a really unique opportunity in media to show the intricate nature of transitioning while aging. So many times when media shows someone transitioning, it is a teenager or young adult that is transitioning, and if there is any sort of transgender older adult representation, it is of the mentor figure who transitioned and has been living their truth for decades. While representation at all is important, it is critical that opportunities for comprehensive and intersectional representation are being presented. With at least some other

marginalized identities including age and religion, *Transparent* does exactly that. There are so many important and honest details that the show delivers to its viewers. An older transgender or gender expansive person seeing Maura struggle with learning to walk more femininely because she has knee issues might be something that gives them the opportunity to say “that’s me,” and feel as though they are being understood and heard (Soloway, 2014). The series also helps families grow together when a loved one transitions by showing some of the hard but important conversations that will have to happen. From “daddy, what do we call you now?” to how to explain transness in an appropriate way to grandchildren, there are so many open conversations that *Transparent* works to facilitate with families and loved ones of older transgender and gender expansive adults. Without this facilitations, so many families will not be able to have as positive of outcomes when these conversations happen, and uncomfortable and even tragic circumstances like that of Maura and her family early on in the series will continue without getting better as they did in her case.

*Transparent* continues to defy stereotypes that are consistent with lecture information surrounding ageism that suggests a large feeling of slowing down or stopping associated with ageism and ageist beliefs (Barnett, 2016). Transitioning is a large change to go about in one’s life, and Maura continues to do it flawlessly despite how one would view ageing as static rather than dynamic. Additionally, despite disengagement and gerotranscendence theory suggesting that there is a more inward approach instead of an external one experienced by older adults and their social lives, Maura continues to expand her circle of support since starting her transition.

In other literature, there is also consistencies with Maura’s journey as well as with course material. In Fabbre (2015), one of the major findings discussed in how transgender people

struggle with the concept of failure in their lives when they spend years upon years “making things work.” In *Transparent*, Maura spent years of her life suppressing her femininity, then spent more years after that trying to make it work thinking she just had a sexual fetish for dressing in women’s clothes (and trying to make it work with her then wife), and eventually she was in her late 60s and had been long divorced before she realized that she was transgender. When Maura talked to her wife about the “cross-dressing,” her wife accepted it at first and tried to be supportive, even though she gossiped with her sister about the “biggest cameltoe [she] had ever seen.” Shelly started to struggle more when she realized while talking to her sister that this isn’t something everyone experiences. When Maura asked Shelly to attend a cross-dressing camp for a weekend with her and told her how wives were welcomed, Shelly took that as the last straw and eventually the two were divorced, adding to the stress Maura was already under trying to make everything work and further suppress her transness. Another piece of literature finds congruence with *Transparent’s* portrayal of Maura’s developing social network. LGBT older adults show a disproportionately higher tendency to have social networks that are less diverse than the younger cohorts of LGBT individuals (Erosheva, Kim, Emler, & Fredriksen-Goldsen, 2016). In *Transparent*, Maura continues to have the social network of her family, but as far as new relationships formed after she begins to transition, almost all of them are transgender or gender expansive. Despite being in such a diverse area as Los Angeles, being in such a large urban area also provides access to resources such as the LGBT center Maura frequents. Here, she can go to LGBT events and particularly a transgender support group that she attends regularly. When those are her circumstances, it is no surprise that a majority of the networks she’s making are transgender or at least some other sort of LGBT identity. One issue that has not been brought

up in *Transparent* (or at least, the first one-and-a-half seasons) that has been shown is research is the intersection of gender-affirming surgeries and age-related health conditions. As Siverskog (2015) highlights, many transgender and gender expansive older adults hit snags in their transition when there is an unexpected conflict that prevents gender-affirming surgeries – usually because of a pre-existing condition that might cause complications. When it is already difficult to access medical transition because of potential discrimination, getting through to a consultation only to be told it's not safe and will not happen can be heartbreaking and devastating. That is why it is imperative that the intersection of aging-related and transition-related healthcare be explored more and more, so that advancements in science and medicine can bring an end to this obstruction in transgender and gender expansive people accessing life-saving and identity-confirming procedures.

As mentioned previously, the intersection age and transition-related medicine is particularly fascinating. While earlier episodes of *Transparent* do not discuss this issue, writers have addressed this and begin to introduce the topic in season 3 of the series with Maura exploring and entertaining the thought of gender confirmation surgery. Regardless, this area needs to be explored more. On top of making these needed procedures more accessible in financial and geographical senses, advocacy must continue for accessibility for all or most people despite pre-existing condition.

### **The Intersections of My Aging, My Journey, and My Transness: A Concluding Reflection**

Coming into my transness, there have been a lot of different assumptions that come with it. One of the most overarching themes was that this is going to be the best decision of my life

for the sake of my personal journey, my identity, and my truth. But as far as my personal safety, access to things, and overall chances of happiness day-to-day, this decision would prove to be one of the worst. This is what our society tells our transgender and gender expansive youth every day. With the issue of personal safety being a large component of my everyday life, it is fair of me to assume the correctness of all of the low-transgender-life-expectancy statistics out there. With that in mind, frankly, I've spent a lot of my transgender years (even though there's only two them) coming to terms with an idea that I might never grow up to be an older transgender adult, and thinking that the population does not exist in a marginal amount because of the violence and suicide rates.

Coming into this research, having that mentality was a really hard experience and it needed to be addressed really quickly. Watching *Transparent* took care of a lot of those negative assumptions rather rapidly but some still remained. Especially with Maura transitioning late in life (which will obviously not be my circumstance at all), it was hard to take her story and think of it as hopeful for the survival of my transgender family. However, the series provided hope for me in other ways as well. As someone currently dealing with a lot of family issues right now, it was positive to see the happy medium of an honest portrayal of family not being very great or respectful at first and then the optimistic portrayal of the family turning around and starting to get it together as far as how to treat Maura with respect. Additionally, any sort of honest and respectful (mostly, with the exclusion of the cis-male casting) representation of transgender or gender expansive people that isn't used as a joke is, to be quite honest, refreshing. Seeing disrespectful portrayals of transgender people and using them for humor at their expense is one of the most hurtful things I can think about when it comes to my experience with media. People

learn from media, as much as we hate to admit it, and I can't bear the idea of people taking these jokes of representation and thinking this is how transgender people deserve to be treated. Also one of the major thoughts I had watching *Transparent* is just the idea of Maura's LGBT apartment complex and how much I would love to have such an arrangement when I am older.

As far as my reactions to the book, it was a bit more conflicted. At first, I was very relieved to see a book of LGBT aging that actually broke the acronym down and went through each identity instead of grouping all identities together under the guise of LGBT when they really only talk about gay and lesbian cisgender men and women. So having the chance to look at trans-specific sections and not have to hope and/or assume that they meant transgender at least a little bit when they talked about all of this information. On the other hand, reading this information gave me a really unique feeling of hope and fear at the same time, which it is intriguing to say the least that I had such a reaction when none of this information was news to me. On one end of the spectrum, this information made me really terrified for what life was going to be like as a transgender older adult when I have another identity that works against me (assuming once again that I make it that far). I don't want to have to go back into any closet or de-transition and go back to the male identity I was forced into growing up. Additionally, if I were to go on hormones at some point in my life, which is something I explore occasionally and am definitely interested in, the idea of them being taken away from me is terrifying. With all the work that I've had to put in and all of the prices I've had to pay to be myself, I would rather die than de-transition. On the other end of the spectrum of this weird feeling I had, I felt an overwhelming sense of (really contradictory) hope. Recognizing how much time that will pass before I am in late adulthood, I thought of all of the things that we can advocate for and what

victories we can continue to strive to achieve. This feeling was really complex and complicated, but that was a very powerful experience I had reading the research on transgender older adults.

As mentioned previously, my ability to become a transgender older adult has not been something that I have been the most confident in, and it has been something that has definitely been challenged by this work. I have begun to feel a lot better about the idea that I can make it to late adulthood despite all of the statistics about transfeminine people, murder, and suicide. I look forward to continuing to work in diminishing these statistics, especially so that I may continue to grow old with all of my friends and loved ones without an overwhelming sense of worry about my safety and physical wellbeing.

The biggest takeaway from this research for me personally has been to “keep on keepin’ on.” It is imperative that there is progress made in advocating for transgender and gender expansive people of all ages, but especially those in late adulthood. While things definitely are continuing to improve thanks to all of the efforts of researchers, advocates, and allies across the world, there are most certainly an immense amount of deep-rooted issues that transgender and gender expansive older adults experience, especially with the intersections of transphobia, cisgenderism, cissexism, transmisogyny, and ageism. I must continue to fight and work for this progress, even if just simply for a self-preservation tactic. I will (hopefully) one day be an older transgender adult, why on earth would I not want to advocate and make sure I’m not going to have to deal with an obnoxious amount of problems because I’m trans and old? It would be simply ludicrous and not even self-serving in the slightest to not continue pushing for this work

and to see progressive changes in our country and in the world for all transgender and gender expansive people.



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