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Trans Temporalities and Non-Linear Ageing

'[T]ransgender lives may require mixed strategies—not only healing and an achieved coherence but also the ability to represent and to inhabit temporal, gendered, and conceptual discontinuities.'

- Kadji Amin

At the time of writing, I am 10 years old, 14 years old, and 30 years old.

I was born 30 years ago; in chronological terms, I have lived for 30 years. Chronological time is, however, just one means by which ageing might be understood (Baars, 1997). When we talk about age in terms of chronological time, we make a number of assumptions. Most importantly, we assume that our journey through the life course is linear, progressing from birth (at the beginning of the journey) to death (at the end). But my age can also be understood in terms of *trans time*. As a trans woman, I have experienced non-linear temporalities of disruption, disjuncture, and discontinuity.

By temporality, I refer to 'the *social* patterning of experiences and understandings of time' (Amin, 2014: 219, emphasis mine). Through conceptualising time as a social phenomenon, we might think about other beginnings and other ends, as well as wider temporal shifts and discontinuities across the lifecourse. It is not unusual for trans people do this: for example, through talking about age in terms of *trans years* in addition to years since birth. What if we were to regard my coming out at the age of 16 as a beginning (and, for that matter, as an end to my 'previous' life)? In this case, I might say that I am 14 years old in trans years. This does not, of course, change my chronological age: I am both 14 *and* 30. Or, we might regard my commencement of hormone therapy as a beginning, in which case I am 10 (but also 14 and 30, still).

Importantly, trans years are not necessarily linked to chronological years. For instance, two different trans people who are both aged 80 in chronological years might have aged quite differently in trans years: perhaps one of them came out many decades ago, while the other has only been out for a couple of years. These individuals are likely to have had vastly different trans temporal experiences, which belie their apparently similar chronological age.

In this chapter I explore the consequences of trans temporalities for ageing. Non-linear ageing is not simply a matter of theory, but an approach which can enable us to 'do justice to the complex ways in which people inhabit gender variance' (Amin, 2014: 219). As Bailey and colleagues note in the previous chapter of this book, trans people tend to face a range of specific challenges as they age, and may fear accessing mainstream forms of care, such as mental health services. It is therefore vital that academics and service providers alike understand how temporal phenomena such as trans years can shape trans identities and experiences.

I begin by outlining theories of queer and trans temporality that help to make sense of community terminology such as 'trans years'. I then show how trans people may experience ageing in a variety of quite different ways, drawing on a range of literature as well as findings from two qualitative research projects. Finally, I detail two common features of non-linear trans ageing:

anticipation, and delayed adolescence. These discussions draw primarily on evidence, issues and challenges that have been identified in Western European and North American research.

Straight, queer, and trans temporalities

What does a 'normal' lifecourse look like? Experiences differ enormously from individual to individual. However, in the West we tend to assume that certain life events will (or otherwise *should*) take place at key points in a person's life, according to a linear narrative that progresses alongside chronological ageing. As a child, the 'normal' individual will be brought up by their (heterosexual) parents and educated within an institution. As an adolescent, they will explore new feelings and experiences, and learn to become independent. As a young adult, they will take a job. Maybe they will also fall in love (typically, with a single person of the 'opposite' sex), in which case they can be expected to marry their lover, settle down together in a shared home, and eventually have their own children in turn. In later life, they will enjoy retirement, and may require specialist care in their final years.

Within this model, it is apparent that many things will change irreversibly as a person ages; the individual can anticipate these seemingly inevitable changes in their life through imagining a future that is bound to follow from their experience of the present. However, certain other aspects of the self – such as sexuality, gender, and sexed embodiment – remain fixed. This linear, (re)productive temporality has been described as *straight time* (Muñoz, 2007). While a great many individuals' lives deviate from the constraints of straight time, this model provides a normative narrative by which we might frame our expectations and assumptions about the lifecourse.

Queer time helps to make sense of what may happen when a person's life can no longer be understood through these 'temporal frames of bourgeois reproduction and family, longevity [...] and inheritance' (Halberstam, 2005: 6). Queer time is an asynchronous temporality, in which ageing and experience do not necessarily proceed according to normative expectation. For instance, Halberstam (2005: 153) describes how childless queers might experience a 'stretched-out adolescence' through long-term involvement in subcultural activities such as punk music and fashion, thereby challenging 'the conventional binary formulation of a life narrative divided by a clear break between youth and adulthood'.ⁱ

Trans individuals often experience asynchronous disruptions of the life course, leading them to inhabit queer temporalities. Halberstam (2005) explores the example of Brandon Teena, who departed from normative anticipations of heterosexual ageing associated with being raised as a girl in a small, rural American settlement, by moving to another town and starting a new life as a man. In constructing this new life for himself, Teena also created a new history, in which he'd been born and raised as male. However, his assigned gender was later discovered by acquaintances, leading to his murder at the age of 21. Teena's life departed from the linear norms of straight time in numerous ways, with new beginnings, a reimagined past, and his life cut tragically short before any opportunity to age as an adult. While he died young, many trans people continue to experience queer temporal discontinuities into later life.

Fabbre (2015) notes that discourses around 'successful' ageing tend to assume not only that older people are heterosexual and cis,ⁱⁱ but also that they have lived heterosexual lives in accordance

with the gender they were assigned at birth. These are *cisgenderist* discourses (Ansara, 2015). Like heterosexism, cisgenderism describes how even unintentional and well-intentioned assumptions and practices can work to shut down certain possibilities with regards to gendered and sexual expression on a *systemic and structural* level; this contrasts with transphobia, 'which emphasises individual hostility and negative attitudes' (Ansara, 2015: 15). If a chronologically older individual underwent significant social and/or physical changes at an earlier age, through *transitioning* to their preferred or felt gender from that which they were assigned at birth, their experiences stand in contrast to the cisgenderist norms of straight time. Others may challenge normative expectations of ageing by experimenting with their gender, changing their appearance and/or transitioning in later life.

Halberstam's (2005) conceptualisation of queer time tends to emphasise the present rather than the future, looking to the moment rather than anticipating what might yet come to be. However, other accounts of trans temporality emphasise anticipation, futurity, and/or the continual interplay of past/present/future. In her empirical study of trans video blogs, Horak (2014) describes how individuals undergoing a physical transition construct alternative narratives of temporal progress, which she describes as 'hormone time'. Hormone time 'begins with the first shot of testosterone or HRT pills (hormone replacement therapy) and is measured against that date, even years afterward' (Horak, 2014: 579). In this sense, it describes a similar phenomenon to that of trans years, in which trans people employ an alternative chronology to make sense of their lives. By contrast, Carter (2013) highlights the potential non-linearity of social and bodily change through his account of 'transitional time', which describes how the trans body might carry traces of a differently gendered past and/or anticipate a differently gendered future. In inhabiting transitioning or transitioned bodies, trans people can be understood to engage in 'dynamic and relational negotiations of wrongness', in which '[a]nticipation, retroflexion, and continuity co-exist in the same body, at the same moving moment of space and time' (Carter, 2013: 141).

These differing accounts of trans temporality do not stand in opposition to one another. Rather, they provide insights into the various ways in which trans people might experience time: experiences that often contrast with chronological and straight notions of linear progression.

Methods

I turn next to look at how these theories can be employed to better understand the specific experiences of chronologically older trans people, grounding my discussion in three sources of empirical data. Firstly, I provide a critical review of existing literature on trans ageing and the lives of older trans people. Secondly and thirdly, I draw upon data from two of my own qualitative research projects: 'Genderforking' (Pearce, 2012) and 'Understanding Trans Health' (Pearce, 2018). From these sources, I have identified several arenas in which theories of trans temporality can help us understand the experiences and challenges faced by chronologically older trans people, as well as a range of indicative empirical examples which I outline to illustrate how particular phenomena can play out in practice.

For the 'Genderforking' project, I undertook a retrospective analysis of posts and discussion threads on the international (but primarily Western/Anglophone) community blog Genderforkⁱⁱⁱ from 2007-2010. My focus was on how gender ambiguity and diversity were explored and expressed by

Genderfork contributors. 'Understanding Trans Health' was an online ethnographic project, entailing participant observation of UK-based trans community forums, trans activist groups and health professional websites and literatures between 2010-2016. My analysis focused on how discourses of trans health are understood differently and negotiated within and between these spaces. I employed a thematic approach to data analysis for both projects (Braun & Clarke, 2006). While neither project originally focused specifically on older trans people or trans ageing, I identified a number of themes relating to trans temporalities, which inform my discussion in this chapter.

Ageing in different times

Chronologically older trans people form an extremely diverse population. In addition to differences in identity and life experience arising from factors such as gender identity, class, dis/ability, ethnicity and race, nationality, and religion, older trans people have also variously come to terms with *being* trans at different ages (Bailey, 2012; Porter et al., 2016). Individual trans elders may or may not have come out and/or transitioned (or indeed, de-transitioned or re-transitioned) at some point in their lives, and those who have done so will have done this at quite different ages. Consequently, they are likely to have had very different experiences of *being* trans, depending on *when* they came out and/or transitioned. Siverskog (2014: 391) therefore argues that in order to understand the experiences of older trans people, 'it is crucial to understand their previous experiences of (trans)gender identities during life, and how these are intertwined with the historical context'.

The literature of trans ageing often discusses the experiences of chronologically older trans people in terms of those who came out earlier in their lives, and those who have come out more recently (Bailey, 2012; Cook-Daniels, 2006). This model encourages us to acknowledge how older trans people who came out while they were young – i.e. those who are older in trans years as well as in chronological years – are likely to have had very different experiences to those who are younger in trans years. For example, Siverskog describes the challenges faced by interviewee Klas:

Klas, who transitioned in the '70s, experienced a transition that was different to how it would be today. To get the diagnosis, he had to go to a gynecologist, which can be very difficult for someone not comfortable with their [assigned] sex. He also had to be institutionalized in a mental hospital for one week, during which time he underwent many psychological tests. (Siverskog, 2014: 297)

In other countries, such as the United States, many individuals seeking to transition were historically required to cut contact with their family and friends and – in a similar manner to Brandon Teena – effectively start a completely new life as a 'stealth' transsexual (Meyerowitz, 2002).

While transitioning individuals continue to face significant challenges in accessing healthcare services, the especially draconian measures described by Siverskog and Meyerowitz are no longer routinely imposed on trans people in most North American and Western European contexts.^{iv} These are, however, experiences that have had significant long-term impacts on the mental health and forms of support available to the people who have undergone them.

In addition to facing more traumatic experiences upon coming out or embarking upon transition, chronologically older trans people are likely to have experienced significant challenges

across their life course. On average, they will have encountered more instances of discrimination and victimisation than cis LGB people of the same age, and are also more likely to experience poorer physical health and/or be disabled (Fredriksen-Goldsen et al., 2013). In addition, like cis LGB people, some older trans people will have survived the AIDS crisis, and have undergone the ordeal of countless members of their community dying of mysterious causes at a time of heightened prejudice. For trans people experiencing intersecting forms of marginalisation – such as disabled trans people, or trans people of colour – such traumatic experiences are likely to be more common, and more severe (Chang & Singh, 2016; Porter et al., 2016).

Trans lives are not, of course, defined only by difficulty and trauma. Trans people who have had the opportunity to live for many years or decades in their preferred gender(s) will have experienced numerous advantages as well as challenges. Horak (2014: 579) describes how trans people moving into hormone time depict ‘a heroic journey of coming into oneself, moving from fear, deception, and self-hatred to joy, authenticity, and confidence’. While the initial rush of excitement that can come with transition may fade with time, the long-term advantages do not. McNeil and colleagues (2012: 16) note that transition can have an enormous impact on trans people’s life satisfaction, with 70% of survey respondents indicating that they were more satisfied with their lives since transitioning; in comparison, 2% stated that they were less satisfied. Transition is also related to improved body satisfaction, less avoidance of public and social spaces, a decrease in mental health service use and reduced suicide and self-harm (McNeil et al., 2012: 83). In Chapter 4 of this book, Bailey and colleagues further observe that chronologically older trans people have reported better rates of mental health when compared to the wider trans population.

Siverskog (2014: 391) therefore argues that for individuals such as Klas, who transitioned earlier in life, the context of coming out and transitioning ‘differs from the context in which younger transgender people are now growing up’. However, this context is also one in which trans people who are older in chronological years but *younger* in trans years are coming to terms with being trans too. Such individuals are therefore likely to share certain experiences with trans people who are chronologically younger. In addition to navigating similar legal and social systems upon coming out, beginning transition and/or entering hormone time, they are likely to have a knowledge and awareness of trans politics similarly grounded in the events and concerns of the present and recent past.

In some instances, chronologically younger trans individuals may be considerably *older* in trans years than chronologically older trans people. In such cases, chronologically older trans individuals may seek the knowledge and experience of those ‘younger’ individuals who came out and/or transitioned before them. Examples of this can be seen on Genderfork, where on one occasion a contributor asked:

Young people: what advice would you give your closeted gender-variant elders yearning to be free after years of forced passing? (Tab)^v

This query elicited a range of responses from the blog’s readers. Some chronologically younger contributors, such as Lilybean, encouraged chronologically older readers to embrace their felt identity. In turn, a number of middle-aged and older contributors, such as Renae Ann, expressed their gratitude for this advice.

[...] It's NEVER too late. It's NEVER useless. The strength is there and always will be there, the issue is tapping it [...] being yourself is the best you can do for the world. (Lilybean)

I'm 55, and I've only recently begun to be able to explore my situation in even a small way. I just now discovered this forum and really appreciate that a question like this can even get asked. Thank you so very much.... Your advice is good, and I can sense behind it a gentle thoughtfulness. "...it's never too late to make a change"yes, absolutely – that is ever so true. (Rena Ann)

In this way, queer discontinuities within a trans lifecourse may disrupt normative assumptions about the relative accumulation of knowledge and experience amongst chronologically older and younger individuals.

However, people coming out later in life will also have unique experiences that arise at the intersection of their chronological age and trans trajectory. Using Carter's (2013) description of transitional time, we can understand these individuals' experiences as being shaped by the temporal intersections of continuity and change, the social and the physical, trans youth and chronological age. For example, Siverskog (2014) describes how her research participants saw both advantages and disadvantages in coming out in later life. Coming out in retirement can circumvent concerns about negative reactions from bosses and colleagues, but can also result in isolation, particularly if the individual is rejected by family members. Physical elements of chronological age may have an impact on gender performance:

Some felt that the body became more androgynous with age and others perceived bodily aging to be problematic for their possibilities of performing gender. Wrinkles, the inability to walk in high heels, and different shapes of the body were all mentioned as potential complications for gender performance. (Siverskog, 2014: 393)

Chronologically older trans people seeking affirmation in their preferred gender may also encounter prejudice at the intersection of transphobia, cisgenderism and ageism, from carers, family members and medical practitioners who feel that they are 'too old' to transition or express their gender differently (Ansara, 2015; Siverskog, 2014).

Consequently, it is important to acknowledge that certain forms of knowledge and experience are highly specific to chronologically older trans people. Creating links and building community amongst individuals with these specific experiences can be particularly beneficial, as Genderfork user nick notes.

So I'd say that the best thing an older genderqueer could do is get in touch with other older genderqueer[s] and look for their experience. They're likely to go through the same things, same dilemmas. [...] it's never too late to make a change. Even if you're 90, the years you can still live in your life are precious and best spend being yourself. (nick)

Of course, trans people do not necessarily come out or transition *either* in their chronological youth *or* in later life. Any given trans person might have come out at any point during their lifecourse. Moreover, the time at which a person comes out or transitions does not necessarily align with the time at which they become 'visibly' trans. While some trans people move through the world *as* trans after coming out, others may effectively 'disappear' for decades through going stealth and passing as

cis, only to 'reappear' in order to access trans-specific services or due to increased vulnerability (for instance, to being outed by care workers) at a later chronological age (Cook-Daniels, 2006; Witten, 2017).

The differing experiences of trans elders can therefore be understood as the outcome of a myriad of queerly intersecting temporalities and socio-historical contexts, reflecting rapidly changing social, political and legal circumstances for trans people. The past century has seen enormous shifts in these arenas, which have only accelerated in the past three decades following the emergence of the trans liberation movement in the early 1990s.

Anticipation: living in limbo

A key element of trans community discourse identified during the 'Understanding Trans Health' project was that of *anticipation*: orientation towards an uncertain future, mediated through trans people's experience of the present as a liminal or transitional space (Pearce, 2018). In the UK, transitioning patients' discourses of anticipation are typically shaped by long waiting lists for gender identity services, as well as worries and hopes about what might happen when these services are finally accessed. Community discussions around the availability of healthcare and the challenges that patients may face – including transphobia and cisgenderism from service providers – can lead to individuals feeling disempowered and fearful before they even have an opportunity to attend an appointment with a gender identity specialist. In the meantime, they may feel trapped in a form of limbo, having recognised that they experience dysphoric feelings but being unable to take steps towards addressing this, at least not through formal medical services. I argue that in the context of anticipation, the temporal disruptions of queer and transitional time are not necessarily welcome, even as trans patients might look forward to the desired relief of physical transition.

People who come out or transition while chronologically older are likely to have lived in a time of anticipation for many decades. Ansara (2015) and Siverskog (2014) describe how research participants remained closeted for a very long time because they were scared about the potential consequences of having their gender identity discovered by colleagues, partners, family members or friends. In this way, cisgenderist norms can effectively act as 'a prison' (Siverskog, 2014: 392), with the anticipation of a fearful future outweighing hope, keeping trans people trapped within the limbo of the closet, unable to fully express themselves. Negative responses from family members who discover a trans person's identity can also play a role in preventing or substantially delaying that person's transition (Ansara, 2015; Cook-Daniels, 2006). This can lead to trans people internalising anti-trans stigma and feelings of shame, causing past incidents of being outed or abused to resonate through the years. Some individuals may further feel that even if they were to transition, they cannot be who they really want to be. For instance, 'Understanding Trans Health' participant Ellie describes how her worries about how she might be perceived by herself and others following transition led her to delay embodied change for decades:

I had serious doubts about the transsexual path in my youth. I buried, denied and ran away from it for forty years because I wanted to be A WOMAN - not "a transsexual" But here I am, at 58 years old and 2 years post-op. I finally feel peace in my soul, but it's really late and my life is almost over. (Ellie)^{vi}

Ellie's experiences reflect those of several of Siverskog's (2014) research participants, who similarly described a historic discomfort with the medical language of transsexualism, and a sense of loss from living in limbo for so long.

In many cases, therefore, trans people feel that they *cannot* anticipate a desirable post-closet future, yet their lives remain constrained by this future that may never come. Nevertheless, this is not necessarily an experience that has to last forever. Trans people who do come out and begin to live their life in a manner that affirms their gender identity can be understood to have moved beyond the unwanted queer disruptions that come with time of anticipation. Indeed, Horak (2014) describes hormone time as a temporality that offers an alternative, liberated form of linearity, one that is importantly different but comparable to straight time.

However, trans people who transitioned long ago may effectively re-enter a time of anticipation as they begin to contemplate losing some of their independence towards the end of their lives. As Witten (2014) notes, trans people requiring specialised care arrangements in the latter stages of their life can face numerous challenges due to transphobia and cisgenderism within a range of settings, both within the home and in institutions such as private care homes or hospitals. Stigmatising anti-trans behaviour such as discrimination and misgendering are endemic within healthcare systems (Pearce, 2018); this is no less the case within elderly care settings, where scholars of trans gerontology have described how trans people may face degendering, harassment and sexual violence from carers and/or family members (Ansara, 2015; Cook-Daniels, 2006; Witten, 2017). Chronologically older trans people are therefore likely to express significant concerns around their ability to function independently in later life. In the US TransMetLife Survey, participants were invited to rank order a list of concerns about ageing: the top four concerns listed were all related to this issue of independence, with participants particularly concerned about 'becoming unable to care for myself; becoming sick or disabled; becoming dependent upon others; and becoming confused or demented' (Witten, 2017: 34).

With their projected future shaped by a significant and not undergrounded fear of vulnerability, some chronologically older trans people plan drastic actions. One option for trans people in this situation is to 'recloset', or hide their gender identity; another is to 'detransition', or shift back towards living in the gender they were assigned at birth (Porter et al., 2016; Siverskog, 2014). Both approaches are likely to prove traumatic and may cut the individual off from trans community support, but can also protect them from specific forms of anticipated transphobic violence. In other instances, chronologically older trans people plan 'self-euthanasia' or suicide to avoid entering long-term care (Witten, 2014).

The time of anticipation is therefore defined by perceptions of an uncertain future, even as trans people experiencing this temporality prior to transition may remain caught in a continuous-present, a form of limbo. Entering the comparative certainty of hormone time can offer a sense of linearity, affirmation and peace, as much in (chronological) middle- or older-age as in (chronological) youth. However, in later life individuals who have transitioned might once find themselves facing an uncertain and fearful future.

Atemporal adolescences

Halberstam's (2005: 153) description of the 'stretched-out adolescence' of queer time draws primarily on queer peoples' engagements in activities and interests that are normatively associated with adolescence, such as hip-hop, punk rock, fashion, and promiscuous or polyamorous sexual activity. Halberstam associates queer peoples' engagement in these activities with a rejection of normative modes of life progression and reproductive responsibilities (such as for children or grandchildren) that accumulate within straight time.

Trans people who seek to transition socially and/or medically frequently experience a different kind of queer 'adolescence'. This experience coincides with the first months or years of transition, and typically involves the kind of social experimentation and physical changes that are associated with teenage years in the context of straight time. Bailey (2012) and Ansara (2015) describe this as a 'second puberty', noting that trans people may learn (or unlearn) certain 'gender-appropriate' social behaviours, find new social networks, and experiment with new clothing. During this time, trans men and other transmasculine individuals in particular might look younger than they actually are: as Schilt (2006: 484) notes, 'without facial hair or visible stubble, [these individuals] are often taken to be young boys, a mistake that intensifies with the onset of hormone therapy and the development of peach fuzz that marks the beginning of facial hair growth'. This is an atemporal rather than 'stretched out' adolescence: it sits outside of the normative linear narrative of straight time, which assumes that a single puberty takes place during the teen years before an individual progresses into adulthood.

Consequently, trans individuals who come out or transition later in life may have specific desires, or experiences of uncertainty and experimentation, that are more typically associated with adolescence. For this reason, Ansara (2015) asserts that chronological age is not always the most useful conceptual approach for understanding trans people's needs. He illustrates this with an example from an interview with Maggie, a residential aged care provider who supported Nancy, a trans woman, in expressing herself following initial mistreatment from other care workers.

Nancy dressed very inappropriately when I first met her. The staff used to think it was funny when she walked out in a bikini with half her genitals falling out the bottom of her bikini pants. They thought it was funny to watch her get around like that. When I took over the place I fired the lot of them and helped Nancy to feminise herself. We were teaching her how to be feminine and she blossomed. ('Maggie', quoted in Ansara, 2015: 17).

Ansara argues that while women such as Nancy are often pathologised, with their gendered feelings and attempts at self-expression attributed to cognitive decline, they can in fact benefit from being afforded the opportunity and support to express themselves in line with their gendered desires.

Like the teenage adolescence of straight time, the second puberty that many trans people experience may be a passing phase of life experience or personal development, associated with the early years of hormone time (Horak, 2014; Schilt, 2006). However, it can also have more of a long-term impact upon trans peoples' experiences of age and ageing. While Schilt (2006: 484) argues that transmasculine individuals ultimately tend to 'age into' their differently gendered appearance, in my research I noted that trans people of all genders often maintain a somewhat 'youthful' appearance that contrasts with their chronological age, reflecting Carter's (2013) observations regarding the embodied co-existence of youth/age and past/present/future within transitional time. For some – particularly transmasculine individuals who choose not to undergo hormone therapy – this can be an effect of transitioning socially without undertaking particular medical procedures. For others,

however, medical interventions such as facial feminisation surgery or high hormone levels during the early years of second adolescence can effectively have a long-term rejuvenating effect. The effects of this can sometimes be surprising even to trans people themselves, as can be seen in the following examples from a conversation that took place on a community forum I visited for the 'Understanding Trans Health' project. In this instance, Alain – a 63-year-old trans man – shared a Youtube video of himself talking about his experiences. Following an initial conversation about the video, the topic of Alain's age came up, leading other forum users to express surprise at his relatively youthful appearance in both the video and the avatar (profile picture) he used on the forum.

Alain, you didn't have an age on your forum profile and the pic makes you look years younger so I was coming at this [conversation] from a misconceived perception. (Ben)

Based on your video, I'd have said you were late-40s, early 50s. But not 63 though man, congratulations, lol! (Aiden)

The atemporal adolescence of second puberty can therefore play an important role in shaping trans people's relationship with time and ageing, both in terms of social experience and its mediation through physical appearance. This can have a range of impacts upon how chronologically older trans people might appear to others, as well as upon their desires and needs.

Conclusion

In a poetic description of transitional temporalities, Carter (2013: 141) declares that 'transition wraps the body in the folds of social time'. In this chapter, I have shown how queer and trans temporalities can significantly shape experiences of age and ageing, in ways that frequently depart from normative, linear, and 'straight' understandings of time. Through actions such as coming out and transitioning (or potentially re-transitioning/de-transitioning), trans people encounter embodied social forms of temporal disjuncture, beginning their lives anew in one sense (or multiple senses) while experiencing continuity (through chronological ageing) in another. Trans experiences of time can be characterised by features such as new and atemporal experiences of the present, as can be seen in a second puberty with the onset of transition; or a focus on an imagined future, such as through powerfully anticipating anti-trans discrimination, access to trans-specific care and/or the challenges of long-term care in later life. Such discontinuities can happen at any time in the lifecourse, meaning that different trans people in later life will often have had dramatically different experiences of ageing and being trans, depending on when they came out and how the consequences of this were experienced.

Thinking through the complexities of trans temporalities can therefore help us to understand how trans lives and trans ageing might differ substantially from cis lives and cis ageing in particular ways; moreover, it can illustrate how trans lives and ageing vary greatly amongst different trans people too. This way of thinking is important because it can help us to capture the nuances of trans ageing and better understand the sometimes extreme challenges that trans people face as they age.

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ⁱ This is not to say that all LGBT or queer people live within queer time. In the wake of important social and political changes regarding marriage, adoption and in vitro fertilisation, straight time can also increasingly be understood as the basis of a homonormative life course model.

ⁱⁱ The term 'cis' describes individuals whose gender identity and gender expression broadly align with the gender they were assigned at birth. This usually contrasts with the experience of trans people.

ⁱⁱⁱ <http://genderfork.com>

^{iv} In some other contexts – e.g. Eastern European countries such as Ukraine – individuals hoping to transition are still institutionalised in mental hospitals for assessment as a matter of course.

^v Genderfork is a public blog, and users are aware that their contributions and comments can be seen by anyone. For material from the 'Genderforking' project, I have therefore reproduced the pseudonyms chosen by the individual users.

^{vi} The quotes used in this chapter from the 'Understanding Trans Health' project originated from private, member-only spaces. I obtained informed consent from participants to reproduce their comments, and also use pseudonyms.