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"They Just Don't Have a Clue": Transgender Aging and Implications for Social Work

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This article explores transgender aging, drawing from life story interviews with transgender adults aged 62–78. The analysis focuses on 3 themes: intersections of age and gender during the life course, lack of knowledge of transgender issues, and how previous experiences of accessing care and social services matter in later life. It illustrates how older transgendered adults carry physical and mental scars from previously encountered transphobia, which affect various aspects of later life. Implications for social work are discussed and client-centered care, with a biographical approach, is suggested to better meet the needs of transgendered older adults.

KEYWORDS qualitative, GLBT populations and issues, social work practice, biography, transgender

INTRODUCTION

The abbreviation *LGBT* (for lesbian, gay, bisexual, and transgender) is often described as *nonheterosexuality* or *concerning sexuality*. However, the *T* refers more to gender identity than it does to sexuality, and by being lumped together with the *L, G*, and *B* and described solely in terms of *nonheterosexuality*, transgender people and their experiences are made invisible. Although some transgender people class their sexuality as gay, lesbian, bisexual, or queer, there are also those who do not. It is crucial to develop a critical perspective of gender that reaches outside binary norms, and to widen knowledge about transgender identities within social work, so as to avoid

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discrimination and transphobic treatment of clients with nonconforming gender identities (Burdge, 2007; Burgess, 2000; Mizock & Lewis, 2008). Indeed, as Sally Hines argued, "Transgender communities largely exist as marginalized subcultures in terms of normative frameworks that guide social and welfare provision" (2007, p. 483). To understand the specific challenges, experiences, and concerns of aging transgender people, a focus on gender identity in relation to age is needed (Witten & Eyler, 2012).

Transgender aging is an underexplored field, with Fredriksen-Goldsen and Muraco (2010) describing older transgender adults as one of the most invisible and underrepresented populations in contemporary social research. The work that does exist on transgender aging is, to a large extent, based on quantitative studies (Fredriksen-Goldsen et al., 2011; MetLife Market Institute, 2010), or on literature reviews (Cook-Daniels, 2006; Persson, 2009). There seems to be a need for more empirical data regarding older transgender people, and specifically qualitative data. A key point in this article is to argue for a biographical approach to developing an understanding of the experiences of older transgender adults, as well as their needs within social services. This approach allows for an exploration of how individuals' lives are embedded and created within historical contexts and places, and how earlier life plays into experiences in later life. This project thus follows a narrative tradition where subjective experiences are valued rather than claims of truth and objectivity (Riessman, 2002).

The starting point for this article is in the life stories of older people—people who identify themselves as transgender or who have had previous transgender experiences during their lives. The empirical material consists of interviews conducted within a qualitative explorative project, with social gerontology, queer theory, and social work theory constituting the integrative theoretical frame. The aim of this article is to utilize a biographical approach to explore how earlier life experiences matter in later life, and how age and (nonconforming) gender identities can be understood in relation to one another. The analysis presented here explores experiences of transgender older adults within three themes: (a) intersections of age and gender during the course of life, (b) the lack of knowledge on transgender issues within different contexts, and (c) how previous experiences of accessing care and social services matter in later life and in relation to the future need for care. The article aims to contribute to the understanding of transgender adults' experiences, to discuss what implications they might have for social work and care professionals, and to offer suggestions for social work practice.

(Trans)Gender Identities

Transgender is an umbrella term for people who, in different ways, overstep society's gender norms relating to gender identity and expressions (Feinberg, 2006). *Trans*, used here synonymously with transgender, has

different meanings in different times and places; communities, identities, cultures, and language are constantly recreated and renegotiated. A transgender person could be someone who is not comfortable with the legal gender that they were assigned at birth, or someone who has a gender identity that goes beyond those that are socially and legally available, namely *male* and *female*. Trans identities encompass a range of experiences: a feeling of being uncomfortable with gender expectations, to dress as a gender that is not expected from your legal gender (often referred to as cross-dressing, or in a Swedish context most often as transvestism), or to feel that one identifies themselves as a gender other than that assigned at birth. Indeed, the latter may well come with a desire to change the body with hormones and or surgeries (often referred to as transexualism). Trans identities may also lead to feeling an identification that goes beyond binary gender categories (often referred to as genderqueer). It can encompass a large number of identities, including bois, drag kings and queens, he-shes, etc. (Stryker, 2008). Some people who have transitioned and undergone sex reassignment surgeries may no longer identify themselves as trans (Witten & Eyler, 2012). The trans identity can be something that occupies parts of life, or something that is a life-long experience (Stryker, 2008).

The term *cisgender* refers to people who identify with the legal gender they were assigned with at birth. A more complex way to conceptualize this is the term *linear gender*, referring to when one's legal gender, body, and gender identity and expression follow a coherent line (Bremer, 2011). As queer theorist Judith Butler (1990) argued, a performance of gender as man or woman, based on a binary gender model, is necessary to be understood as a normal and intelligible subject. Gender is performed in relation to other power asymmetries, such as ethnicity, class, sexuality, and age. Certain expressions of femininity and masculinity acquire different meanings depending on the performing person's age (Twigg, 2004). The performance of gender, as well as the performance of age (Laz, 2003) is also dependent on the material body and its physical shapes (Butler, 2006).

The Swedish Context

All of the respondents interviewed in this article live in Sweden and, as such, it is relevant to provide a brief background summary regarding the legal and social situation for trans people in Sweden. According to Bremer (2011), queer bodies have, through history, been interpreted by the Swedish state as being in need of particular state intervention; something that still remains in Sweden, especially when it comes to trans people. Although transvestism was removed as a mental disorder in 2009, transsexualism still remains as such in Sweden—despite the change in the canonical *Diagnostic and Statistical Manual* (American Psychiatric Association, 2013) that resulted in its removal as a mental disorder. Because transsexualism legally constitutes

a mental illness and requires a medical diagnosis, gender correction is covered by the national health insurance scheme in Sweden (Bremer, 2011). According to the Swedish law 1972:119, relating to the "assessment of gender identity in certain cases," it is clarified that people who have been diagnosed with transsexualism should have the right to transition, that is, to change their bodies with hormones and surgeries and change their legal gender (Svensk författningssamling, 1972). However, the law demands that for this to happen, the person in question must be over 18 years old and registered with the authorities in Sweden. Until the law changed in 2013, it was also a prerequisite that each potential patient be a Swedish citizen, unmarried and sterilized (Svensk författningssamling, 1972). However, in many countries within and outside the European Union, a legal change of gender is often tied to compulsory sterilization. These demands, as well as the need to adapt to narrow binary notions of gender to get the diagnosis, have been largely criticized by researchers, as well as trans organizations (Bremer, 2011; Engdahl, 2010).

METHOD

The interviews referred to in this article were conducted as part of a larger project in which 20 older LGBTQ identified adults were interviewed. Of these interviews, six were conducted with people who are, or during their life have previously been, trans identified. These six people were between 62 and 78 years old (born between 1933 and 1950) during the time of the interviews (which took place between 2010 and 2012). The informants were recruited via newspaper ads, snowball sampling, and through an online LGBT community. The informants had differing experiences with regards to how they related to their trans identities (see Table 1 for a brief presentation). Throughout the text, I use the pronouns preferred by the respondents: she, he or they.

The study was reviewed and approved by the Regional Ethic Committee in Sweden (Dnr 2010/29-31) following guidelines from the Swedish Research Council (2011). I conducted all interviews. I informed participants of the aim of the study, making sure to obtain their consent and to maintain anonymity. I use pseudonyms in the text to protect respondents' identities.

Because an important aspect of the research project is life course, life story interviews were conducted. During the interviews, participants were encouraged to talk freely about their lives, starting with when and where they were born. Depending on how detailed their stories were, they were asked questions to follow up from their stories, concerning their gender identities, social networks, relations, health, aging, and the body during different periods of their lives. The duration of the interviews was between 3 to 6 hr long, and they were all conducted in the informants' homes.

TABLE 1 Respondents

Name	Born	Trans Experiences and Present Living Situation
Lily	1945	Identifies as transsexual woman, came out in later life, got the diagnosis transsexual, but her health did not allow surgeries. On hormone treatment. Lives alone in a mid-sized city.
Lena	1945	Identifies as a transsexual woman, came out in later life, got the diagnosis transsexual, but her health did not allow surgeries. On hormone treatment. Lives alone in the countryside, children from previous marriage.
Sture	1935	Has identified as a woman during big periods of his life, but lays low with his trans practices during later life. He was in the transition process but didn't get the diagnosis, thus hasn't had access to trans care. He lives alone in a smaller village in the countryside.
Bengt	1933	Identifies as a man but has a female gender expression full time. He lives alone in a middle-sized city and has children and grandchildren from previous marriage.
Klas	1950	Identifies as a man with transsexual background. He was assigned female gender at birth and transitioned in his twenties. He lives alone in a mid-sized city.
Kjell	1946	Identifies as genderqueer and does not want to categorize themselves according to binary gender categories. Tried to get the diagnosis transsexual to get access to transcare, but wasn't diagnosed and then got breast implants at a private clinic and bought hormones abroad. Lives with their partner in a mid-sized city.

I used thematic analysis, which, according to Braun and Clarke (2006), is a method for "identifying, analyzing and reporting patterns (themes) within data" (2006, p. 79). Braun and Clarke argued that thematic analysis should be considered as a method in its own right, and that it can be applied across a range of theoretical and epistemological approaches, whilst still providing a flexible and useful research tool which can yield rich, detailed, and complex data. The recorded interviews were transcribed and coded in parallel with the process of conducting fieldwork. Thus, discoveries in the coding process could be implemented in future interviews for greater depth (Becker, 1998; Silverman, 2006). The initial coding was open and focused on feelings, repetitions, contradictions, turning points, etc. In the next step of the analysis, the codes were sorted into themes. These themes were a result of the empirical material, as well as the theoretical starting points and the research questions guiding the study (Ryan & Bernard, 2003).

The strength of this study lies in the qualitative life-story interview approach, which offers a complex understanding of transgender lives, and which also offers a life-course perspective in relation to experiences of aging. Thus, the aim of this approach is not to generalize findings to an entire trans population, but rather to contribute with empirical data to an understudied

field within gerontology. The integrative theoretical framework allows for analysis, which in turn enables the researcher to capture intersectional understandings between age, gender, and social work practice. The limitations lie mainly in the small sample of the study. A bigger sample could have represented a greater variety of trans experiences. For example, it proved rather difficult to recruit people with trans-masculine identities as well, as those among the oldest old.

RESULTS

The result section is structured around three themes: (a) intersections of age and gender during the life course, (b) the lack of knowledge on transgender issues within different contexts, and (c) how previous experiences of accessing care and social services matter in later life and in relation to future need for care. These themes will be revisited in the discussion section so as to analyze and review their implications for social work.

Intersections of Age and Gender Throughout the Life Course

To understand the experiences of older transgender adults, it is crucial to understand their previous experiences of (trans)gender identities during life, and how these are intertwined with the historical context, which differs from the context in which younger transgender people are now growing up. This section focuses on how these people have experienced gender norms during life, and how this relates to age and historical context.

Narrow norms, closeting, and shame. Several of the respondents talked about how early on in life they wanted to dress in clothes that were not expected according to their legal gender, but that they also realized early on that this was not socially accepted:

> I wasn't old when I realized women's clothes were appealing to me; I was 3, 4 years old. And then I wore my mum's clothes and wore nightgowns and so on. But then I grew up and I realized that, damn, this is not good. Even in that age, you are kind of aware somehow that you just don't do like that. You should not wear girls' clothes.

This quote by Lena illustrates how there are expectations, based around the legal gender one is assigned at birth, of how to dress and act. Lena expressed this as something she just "realized" and was "kind of aware of," which indicated that this was knowledge internalized by norms, rather than someone outright telling her. The respondents talked about how trans identities and expressions were something invisible, and something they had never heard of at younger ages. Indeed, as Bengt stated; "It didn't exist; you didn't talk

about this; you could not read about it; there was nothing. . . . It was something sick back then." The historical context, with few queer role models or images of trans people and where queer expressions relating to sexuality and gender identity were connected to something shameful, sick, or tragic, has resulted in limitations when it comes to relating to one's own feelings or experiences or being open. This has, in turn, led to long periods of being closeted and hiding one's gender identity from colleagues, partners, children, and friends. As Sture said:

> I was ashamed of this and I was scared, terrified that someone would reveal me. I had a box with things, shoes, sock, underwear, and things like that. And I was terrified that someone would open the box and wonder what that was.

Like Sture, several of the people confessed to having hidden clothes, but they had also burned them or thrown them away. The fears of being discovered were related to the potential reactions from one's surroundings and what people "would think." Gender norms and the expectations of following one's legal gender were described in terms of "a prison" and were experienced so rigidly that hiding appeared to be a better, or maybe the only, alternative. However, the risk of being exposed still remained a constant threat:

> It has been a threat level that someone would find out that I was interested in wearing women's clothes. So I kept away from that. I felt I would be completely estranged and left out if I did that. And that is something transvestites live with to a great extent, that you simply get pointed out and shamed. And I lived with this, and still do, as a limiting part.

This quote by Bengt illustrates how a step away from gender norms, based on a binary model, is perceived as carrying a risk of being pointed out, exposed, shamed, and left out. Trans identity here is connected to shame, and the threat of social reprisals plays a part in the extent to which people have been, and are, open with their trans identities. As Bengt's quote demonstrates, these feelings of shame and fear felt like scars; scars that he still lives with and that act as a limiting element, despite the changing social context.

The respondents also carried scars from consequences they encountered after being discovered. Sture talked about how, as a child, he was beaten up by his dad when he discovered him wearing his mother's clothes. Lena spoke about how she was exposed by her wife one day in their house, and about how her wife then went round the village where they lived "and told everyone what a scum I was, that I dressed in women's clothes." These narratives, among others, illustrate how people who cross gender norms may

become subject to disciplining and social stigma. The feelings of shame also led to situations where people disciplined and limited themselves as well as their own behaviors.

Later life. There were both positive and negative experiences of coming-out processes, which emerged from the interviews. Although it had been rather unproblematic in many contexts for some, others had endured hard experiences with major social consequences. Bengt told how he came out in late life and then he went "straight out right away, I mean, when you waited that long you got nothing to lose." He had expected his friends to disappear, "but no one did; instead I just got more friends which was really nice". As mentioned, Sture and Lena had harder experiences when their trans identities were outed by others, and other difficult consequences stemming from coming out are illustrated throughout this article. What several of the respondents had in common was that they felt it was easier to come out in later life. Kjell said that this was connected to a different time era, but also to being in a different phase of life:

> I was a bit older. You don't have a career to think about anymore, you don't have to think about what the boss is going to say if I am this way, or what customers would think. You don't have to think about these issues, don't need to pay that regard. You don't have to be scared of that at least. I think that makes it easier.

The respondents' narratives illustrate how the time after retirement, when life is no longer occupied by work, can be perceived as a time where one is able, to a greater extent, to choose the social context one wants to be in. This can also mean more time to reflect on, among other things, gender identity and how one wants to express one's self. At the same time, there were people who chose to "go back in to the closet" in later life. Sture, who during his life had previously been open with his trans identity, chose to not be open when he moved to a smaller village. He said that he wanted to have peaceful relations with his neighbors, even if it was at the expense of being who he really is. Both Kjell's and Sture's narratives illustrate how space and place also matter when it comes to the possibility of being open.

Aging can also bring different possibilities when it comes to performing gender. 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. The aging body can also be something that limits one's ability to undergo sex reassignment surgery (SRS), which was the case both for Lily and Lena. Lily also experienced ageist attitudes during her process, with the welfare-officer questioning whether SRS was really necessary when she had "so little time left to live." This attitude left Lily feeling hurt and offended.

Several of the respondents also talked about how they had small social networks and few friends. When I asked Sture which relations were the most important for him, the answer was "none." For some, such as Klas, this was partly connected to starting a new life in a new place when he transitioned and came out, meaning that he no longer had his childhood friends. His work was the place where he met people; the weekends became "empty" from Friday night to Sunday morning if he did not go out on his own: "You know, going to a flee market or to a theater, you name it, it's so fun if you are two. Just a friend. I can miss that." For Lena, the loneliness was directly connected to the trans identity:

> It gets kind of lonely, because "normal" people, they don't invite Lena to their homes . . . for coffee, because what would the neighbors think? Then that norm comes into play again; it can sort of be contagious in a way. . . . Before I was over at people's houses to have coffee, but not after [coming out], not once. So, it has some social consequences.

Several of the respondents used the Internet as a way in which to meet lovers and friends, but expressed a frustration with that milieu, characterized by many "unserious" users, nonpersonal contact, and a focus on sex. Being lonely in later life can have effects on one's social well-being, as well as having material consequences for the lack of support and care from people who one trusts.

Using qualitative data, this section has offered a complex understanding of older transgender adults' experiences of gender norms in relation to age during the life course. It has illustrated how these people, in many cases, have lived with stigma as a central element during long periods of their lives. Earlier experiences of being closeted, shamed, and disciplined are something that one carries through life in the form of mental and physical scars, and that also have social and material consequences in later life. An understanding of these processes is important within social work with transgender older adults.

Lack of Knowledge About Trans Issues

One recurrent theme in the interviews was the lack of knowledge regarding trans issues that the respondents had encountered in various contexts. This lack of knowledge is something they had experienced in public discourses and care contexts, as well as within LGBT groups.

Lena had a feeling that: "People in general don't have an idea what this is, they don't." Klas also talked about public knowledge in relation to the recent years, and the explosion within mass media when it comes to information on trans issues: "We have been fed, fed, fed, who can have missed out on this? And still, they just don't have a clue." Lena and Sture talked

about how they had experienced malicious portraits of trans identity that reduced trans people to something connected to drag, show, and comedy. On several occasions, the respondents had participated in news articles, documentaries, and TV shows with the aim of widening the knowledge of trans people. Some of the consequences of going public became brutal. Sture worked as a teacher when he participated in a documentary that was aired on national TV. Following this, he started to be harassed by Christian colleagues: "They used me as subject for the morning prayers, praying for me getting cured. . . . I experienced more and more opposition at work and then I got called up to my boss, who offered to retire me early." Several parents of the children in the school also called the principal and expressed worries for their children having contact with Sture, because they assumed he was gay. Even though Sture had not talked about his sexuality in the documentary, nonnormative sexuality was assumed to follow with nonnormative gender identity. The confusion around gender identity and sexuality is something that other participants attested to having experienced, as well. Lily thought that this confusion might have something to do with the term *transsexuality* and stated that another term would be preferable, "but it is so cemented today and then it is hard to change. But as I said, it does not have anything to do with sexuality, not at all." Kjell said:

> I think a lot of non-LGBT people believe that men that wear a dress are homosexual. I think that is a rather common prejudice. And because of this, I always point out that I am heterosexual when I speak to the general public. Even within RFSL [The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights] there are many members that think that our common denominator is homosexuality, which it's not any longer. Today, the common denominator is this that you oppose what RFSL defines as heteronormativity.

Kjell continued by saying that they thought gays and lesbians would have knowledge about trans issues, but realized "of course that was not the case, but the lack of knowledge was as big there as in general in society." Thus, when the respondent's gender becomes something unintelligible for the general public, a queer sexuality is assumed. Kjell's quote regarding assumptions of homosexuality being the common denominator may offer an explanation. LGBT politics tend to put sexuality high on the agenda, and lesbian and gay rights are more discussed, politically formulated, and have gained greater knowledge than trans issues.

The participants also talked about how they had experienced a lack of knowledge regarding trans issues within care contexts. This has led to situations where they had to educate the doctors, care staff, and social workers. Lena talked about how she had been bringing information materials to the doctor when she had been seeking care. Even within the transition process,

they had experienced this lack of knowledge among staff members who were supposed to work specifically with trans patients. Lily said that the welfare officer she met during the transition had "a little knowledge about trans people, but not very much." This was also the case with the speech therapist she met during her transition.

This section has focused on how the respondents experienced a lack of general knowledge among the general public, within care contexts, and even within the LGBT community. It has illustrated how a transgender identity may be tangled up with the risk of not being understood or seen as one desires, or of being harassed when going public with transgender identity. It has also demonstrated how the respondents repeatedly have to explain themselves, educate others, and dismantle misconceptions of what transgender means. This demonstrates the importance of enhanced knowledge regarding transgender issues within the care and social welfare sector.

How Previous Experiences of Care and Social Services Matter in Later Life

This section focuses on how people related to care in later life, how previous experiences of care in relation to one's trans identity matter, and about thoughts and worries regarding the need for care in the future.

Previous experiences of care. The respondents expressed a feeling that transgender care is not designed according to people's needs, but rather that people have to adjust to the expectations that are demanded to get the right to transgender care. As Sture said:

> And what can be established; the transsexual that managed to get their rights, these aren't any underachieving weak ones. You have to be quick and well-formulated. And you need a bit of fantasy. So it is not about being upright, but rather about going around it.

Both Sture and Kjell had experienced not fitting into the categories of a binary gender model and had been denied the right to transgender care, including hormone treatment and surgeries. Thus, they had experiences of not receiving the care they needed or felt they should be entitled to. Kjell, who was not able to get breast implants through public care because they were not diagnosed, had to finance the breast implants themselves. They contacted five different private plastic surgery clinics to check prices, of which two replied that they could not do this procedure because they considered Kjell to be a man. This does not only illustrate a lack of knowledge in these private clinics, but can also be interpreted as an active policing of gender and bodies, which is something that takes place within the private care sector, as well as the public care sector. Kjell chose to buy hormones while on a trip to France to start their own hormone treatment. This can

pose a risk to one's health because it does not involve regular controls of one's hormone levels and how one's general health is affected.

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 biological sex. He also had to be institutionalized in a mental hospital for one week, during which time he underwent many psychological tests. Lily, who transitioned in later life, expressed how she thought the process failed her. To get the diagnosis, she had to meet a welfare officer who asked her many personal questions. During this process, many thoughts and life experiences came up which she was left alone with;

> And I think this is a part within the process that they miss. They penetrate the person, and they discover a lot of things that are not taken care of if the person needs support. . . . Because when you get older, you have one life that you lived one way, and now you need to find another way.

What Lily expressed here was a feeling of the process being ultimately for the doctors. She felt "penetrated" by the welfare officer who asked her a lot of personal questions which he needed answered to be able to diagnose Lily. As illustrated, there is a consciousness about the need to adapt and say the right things to get the right to care. However, if the same questions stir up thoughts that can be hard to deal with, people are forced to cope with these issues on their own.

Sture talked about how one of the strongest reasons to come out in public was an urge for more public knowledge. This was related to how his friend experienced transphobic treatment at a hospital, which later made her commit suicide:

> I had a trans friend in Stockholm . . . whose car was hit by a drunk driver. She was not severely hurt, but was taken to the hospital in an ambulance. And that night, they took her temperature 40 times or so. And blood pressure just about many times. And everyone did this, from doctors to cleaners. She survived and she went home the day later. But 6 months later she went for the pills and she does not live any longer.

This quote illustrates how the nonlinear body was seen as something sensational, which made the care staff at the hospital cross boundaries at several levels.

Worries about the future. Something repeated in the interviews was a worry regarding having to move to an institution in the future where the staff would not have trans competence. Kjell expressed how they thought it is important to have more knowledge within welfare institutions and that it is important that the focus is not only on sexuality: "If they know something it

is probably about homosexuals; trans people are, for most, rather unknown. Most people have not even met a trans person." Lena expressed how she fears the day when she will have to move to a nursing home and that she thinks about what will happen if she asks the staff to paint her toenails:

> And if they don't have any LGBT competence, then it's going to be a total brush-off. . . . As long as I live at home I think it will be alright, but then when you get older and maybe have to move to a nursing home . . . Yes, when it is time and they come here and see that it is a man in women's clothes, "God how disgusting; we don't want to go to that person again," you don't know right?

Lena expressed a fear that caregivers would see her as "disgusting" and refuse to give her care. Klas, who at the time of the interview worked within the care sector, was comforted by his own experiences of care-giving and that he knew that members of care staff usually don't care about the patients' personal lives. At the same time, he stated that it is another thing to be a care recipient. Because he was not out with his trans history in the city where he lived, he usually sought care in another city. However, he had a nurse who knew about his transition who helped him with the injection of testosterone. Because he has been going to her for the last 20 years, they had developed a good relationship: "And then I think like this, fuck—how is it going to be when she retires? Because I will need to continue with this the rest of my life. . . . I don't want to tell each and every one about this." This caused distress for Klas.

As illustrated earlier, several of the respondents also lived alone and had small social networks and few friends. This can add to worries about the future, when they would be left to public care.

This last section of the analysis has illustrated how the respondents have experiences of not getting the (transgender) care they need because this is often characterized by binary gender norms. It seems that care and social services were perceived as not being created for the clients, but rather created for a policing of genders and bodies. This led to a lack of trust in social welfare services, which in turn was reflected in fears and worries about future needs for care, where they were afraid of encountering transphobic attitudes.

Discussion and Implications

The biographical approach used in this study has allowed me to explore how previous life experiences affect later life experience. This has illustrated how, even though time and historical contexts change, one's previous life experiences are something that they carry through life, in the form of scars (both physical and emotional). In the first part of this section, I discuss the results

from the study and relate them to the theoretical framework and previous studies within the field, following which I move on to discuss implications for social work in the last part of this section.

Gender norms throughout the life course. The article has demonstrated how older transgender adults often experienced narrow gender norms throughout their life course. These expectations were, based on the legal gender one was assigned at birth, of how to dress and act. This can be interpreted using Butler's (1990) theory on how a constant performance of femininity or masculinity that is coherent with one's legal gender is needed to pass as a normal and intelligible subject. There is an expected coherence following between one's legal gender, body, and gender expression (Bremer, 2011). Social discourses on trans identity and gender play an important role in the perceived possibilities of being open with one's trans practices. Time and place, along with age(ing), play into these experiences through historical and geographical contexts. It becomes clear how the discourses surrounding people have meanings for which identities and acts are available and possible (Burr, 2003, p. 31). Munt (2007, p. 3) pointed out how "groups that are shamed contain individuals who internalize the stigma of shame into the tapestry of their lives, each reproduce discrete, shamed subjectivities, all with their own specific pathologies." Several of the respondents in this study have experiences of being closeted for large parts of their lives. Although the social context has changed, feelings of shame and fear can remain in the respondents' lives. This corresponds with Fredriksen-Goldsen et al. (2011), who found, in their quantitative study with 2,560 LGBT adults aged 50 to 95, that older transgender people experience significantly higher levels of internalized stigma when compared with lesbians and gay men. There were also narratives in the interviews on how people who cross gender norms become subject to disciplining and social stigma from their surroundings. According to Burgess (2000), it is not unusual that gender expectations within families are often strong, and when these expectations are not met, interventions often occurred through discipline.

Several of the respondents felt that it was easier to come out in later life. This could be due to a different time era, but could also relate to being in a different phase of life. The time after retirement can offer possibilities to choose which context one wants to be in, and which people to have around, but can also provide more time during which to reflect on how one wants to express themselves. These factors can offer explanations as to why many older transgender people choose to come out in later life, after retirement (Witten & Eyler, 2012). However, coming out in later life can mean that it is too late to undergo SRS for those who wish to do it. Bodily aging can also affect the possibilities to perform one's preferred gender. Being unable to perform one's preferred gender can be a cause of personal and internal distress. It can also increase the external risks of not "passing" in gender

performance, which may lead to a sense of diminished safety and fears of being harassed (Mizock & Lewis, 2008, pp. 337–338).

The results illustrated how several of the respondents had small networks and few friends. This is coherent with other studies where older transgender adults were less likely to have positive feelings about belonging to the LGBT community and would have significantly lower levels of social support then older cis-gendered adults (Fredriksen-Goldsen et al., 2011). Several researchers have pointed to the importance of the trans community as a source of support (Hines, 2007; Witten & Eyler, 2012); for those living in rural areas or in smaller cities, these networks are more often than not unavailable. Being lonely in later life can affect one's well-being, as well as having material consequences for the lack of support and care from people who the person trusts.

"They just don't have a clue"—The lack of knowledge. The title of this article, "They just don't have a clue," is a quote from one of the respondents, and represents a recurrent theme in the interviews, namely the lack of knowledge regarding trans issues that the respondents had encountered in various contexts. Despite trans people being present more often in Swedish mass media (Rydström, 2008) and trans issues being discussed more frequently, the respondents stated that people, in general, do not have knowledge on trans issues. When trans people are represented in the media, the respondents felt that it was often connected to drag, show, and comedy. They often encountered confusion around gender identity and sexuality, and when the respondents came out with their trans identities, people often assumed that they were homosexual. This might be due to the general lack of knowledge regarding trans issues, where people cannot grasp or make intelligible trans identities, but framing people as homosexual is something that reconstructs the noncongruence within a binary framework of heterosexual and homosexual, where only binary genders are possible (Stryker, 2006). Even within LGBTQ contexts, the respondents had encountered this lack of knowledge on trans issues, which, in turn, relates back to other studies where transgender people have less positive feelings about belonging to LGBT communities (Fredriksen-Goldsen et al., 2011).

The respondents also had experiences of lack of knowledge within care contexts, which had led to situations where they were forced to educate doctors, care staff members, and social workers on trans issues; something that happened even within transition processes. These experiences are confirmed by the Swedish National Board of Health and Welfare (2010), which claims that the knowledge on transsexualism within the care sector is small, especially within the outpatient care. As pointed out by Mizock and Lewis (2008, p. 347), the education of clinicians (and I add social workers here) should lie at the feet of the clinicians themselves and not be the responsibility of the clients who are there to receive care. As Donovan (2002) described, it can be stressful when meeting new doctors to answer the same questions

over and over about one's gender identity. She claimed that this can lead to negative effects on one's mental stability.

Care and social services: Previous experiences and future worries. Previous care contexts during life can affect one's perceptions of care, especially encounters encompassing transphobic attitudes. Several of the respondents had experiences that involved not receiving the (transgender) care they should have been entitled to, because they were not considered to fit into the binary gender model. According to Bremer (2011), the Swedish transition processes are gender normative and aim to materialize bodies to female or male bodies. People whose gender identities do not fit into these categories are denied trans care. This is not something unique to Sweden. Indeed, Butler (2006) wrote about how an essential view on gender is represented and demanded to be able get the right to transgender care in the United States. This has, in turn, led to people arranging workshops for FTMs (female to male) who get the opportunity to train on adapting an essential view of gender before they apply for transition. The active policing of gender and bodies took place within the public sector, as well as in the private sector. There were also experiences of ageist attitudes in the transition process where a welfare officer questioned whether SRS was really necessary because the person had "so little time left to live." One respondent shared an experience where his trans-female friend had been in hospital and her body was seen as "sensational" and put on display by the staff. Donovan (2002) wrote about similar experiences; of becoming an embodied freak who can be put on display in medical contexts where the person is there to seek care.

When talking about the future, respondents seemed to refer back to a worry regarding having to move to an institution where the staff would not have trans competence and where they feared they would not be acknowledged as their preferred genders or be discriminated against because of gender identity. The respondents' fears can be interpreted as a fear of being in a situation characterized by a lack of agency where one is dependent on others in their personal sphere; people who one does not choose oneself (Twigg, 2004). These fears reappear in other studies of aging LGBT persons, with many fearing being discriminated against because of sexuality or gender identity (Fredriksen-Goldsen et al., 2011; Heaphy & Yip, 2006; Hughes, 2009). In some cases, this even means that people choose to go back into the closet in later life (as is the case with Sture), detransition, or even commit suicide (Witten & Eyler, 2012). Klas, who transitioned 40 years ago and, at the time of the interview, lived in a smaller city where he his trans history was not public knowledge, worried about what was going to happen when his nurse, who gave him his testosterone injections, retired. This situation caused distress for him, and also illustrates what Witten and Eyler (2012) have pointed out; that compared to older gay, lesbian, and bisexual adults who can choose whether they want to be open or not, trans people are more likely to be identifiable. In this case, it was Klas' hormone treatment, but in

other contexts it can be a noncongruent body with scars or nonlinearity that reveals one's trans identity. The MetLife survey study with 1,200 LGBT boomers demonstrates how transgender respondents were almost twice as likely to feel vulnerable with health care providers and felt that seeking care was difficult compared to lesbians, bisexuals, and gay men (MetLife Market Institute, 2010).

Because several of the people interviewed lived alone and had small networks, they would be left having to rely on public care when in need of care and support in the future. Several studies point to the importance of networks and trans communities for support (Donovan, 2002; Hines, 2007; Witten & Eyler, 2012), but for people living in rural areas or who do not have access to these networks, the problems still remain. This is also an additional problem in a context where public care and social services are becoming increasingly privatized by Western governments, thus offloading responsibilities of public support onto local communities and families (Katz, 2005, p. 14).

Implications for Social Work

Even the relatively small sample of six people in this article illustrates the variety of transgender identities, as well as the different challenges and needs that follow. This, in itself, constitutes an important point; all transgender experiences are individual and different. This, in turn, means that it is impossible to learn about one right way to approach a transgender client. In contrast, I agree with Burdge (2007) in her argument that social workers "should reject a dichotomous understanding of gender in favor of more accurate and affirming conceptualizations of gender" (p. 243). She argues that a rejection of binary gender models is crucial because those are the foundation on which transgender oppression depends. This article has illustrated the great need for more knowledge and education on trans issues, and this education should take a starting point in a critique of heteronormativity including binary gender models. This will also prevent simplified assumptions and generalizations of trans people's identities and experiences whilst simultaneously opening up an acknowledgement of a variety of gender identities.

What may be the most crucial thing in supporting a transgender client is the right to self-definition. It is the client's right to define their gender identity, regardless of whether or not this gender is linear and coherent with one's legal gender, body, and gender expression. For the client to feel safe being open with their trans identity, the way in which they are approached, as well as the social context may be significant in terms of their perceived possibilities to do so. Does the atmosphere where social workers meet clients reflect views on binary gender norms, or can it be considered trans friendly? Do the formularies and intake forms allow for the client to list their preferred gender? Do social workers ask everybody for preferred gender identity and

respect the answers they get? Are the bathroom genders neutral? As Mizock and Lewis (2008) argued, visual indicators and signs of trans-positive attitudes can make a difference. They mentioned LGBT-focused brochures in multiple languages, the posting of a nondiscrimination statement, and LGBT-related magazines as things which can be present in waiting rooms. They also suggest that the transgender community should be incorporated into all levels of service in healthcare settings that cater to this population. Several of the respondents in this study live in rural areas with no trans communities nearby, thus suggesting that education, curricula, and cooperation can also take place online via the internet.

For social workers to be equipped to meet the needs of older transgender adults, knowledge regarding the historical social and legal context in relation to trans identity is crucial. This article has illustrated how historical context, as well as age, play into one's trans experiences. This indicates that transgender people's lived experiences are important when it comes to understanding their present situation and needs.

Within client-centered care, life histories have been used to enable a more person-centered care (Medvene, Grosch, & Swink, 2006). A biographical approach could be useful in meetings with transgender clients, because an understanding of the life history and the arrival at one's gender identity is of great importance in terms of being able to meet the client's needs. As Nagoshi and Brzuzy (2010) purported, "The recognition of the importance of physical embodiment of intersecting identities and the understanding of how the narratives of lived experiences integrate the socially constructed, embodied and self-constructed aspects of identity are essential" (p. 437).

A strength of this approach is that it avoids the one right way to engage with transgender clients, but rather focuses on the individuals' experiences. However, although lived experiences are crucial for many, as this article has illustrated, certain older trans people who have transitioned earlier in life and have changed legal gender might not want to acknowledge their transgender past, and it is their right not to do so. Hence, people who do not want to speak about their transgender histories must be respected, and silences must be acknowledged as well.

Another important point to make is that client-centered care may work for moving the power in the meeting between client and health provider to the client, although this also has consequences in moving responsibilities to the client (Black, 2005). Because the interviews have demonstrated how the respondents feel that they must often play the role of educator, the biographical approach should be employed with the aim of reaching a better understanding between service provider and the individual client, rather than serving as a moment of education. Social workers must be educated on trans issues before they encounter the client. Thus, I advocate for LGBT competence training in social work that does focus on the T, that has a critical analysis of binary notions of gender, and that acknowledges the importance of individual lived experiences.

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