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Transgender Women, Parenting, and Experiences of Ageing

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Despite positive changes in public attitudes towards transgender people amongst some sectors of society, for many transgender women the process of transitioning brings with it considerable loss. Transgender women may face the loss of friendships, the loss of employment, the loss of housing, and as is the case in this chapter, the loss of family. These losses can be exacerbated for transgender women who transition later in life, who may be married to a woman, and who may have had children. Cook-Daniels (2006) suggests that there are definite cohort effects for transgender women, such that older transgender women are likely to have delayed transitioning because of fears related to the social stigma and risk of violence associated with identifying as transgender. Older transgender women may also have felt compelled to conform to the norms expected of their natally-assigned sex, as a participant in Hines' research suggests:

In the 1960s and 1970s the scenario was very different from how it is now. You left school and did your duty. You didn't query anything. You got your career and marriage and had children. You didn't have time to think about what you were, and that was the environment that I was in. (Christine in Hines 128)

For some women, like Christine, transitioning later in life can be negotiated ‘successfully,’ such that close family remains supportive. A recent summary of published research on transgender people and ageing conducted by Finkenauer, Sherratt, Marlow and Brodey suggests, however, that women like Christine may be in the minority. Finkenauer and colleagues suggest that “for many trans and gender-nonconforming older adults, family and social support relationships are either fraught with difficulty or nonexistent” (318). In countries such as Australia and in many states of the United States, the issue of transitioning later in life may be further complicated by laws which prohibit marriage between two people of the same gender, such that for those transgender women who were married prior to transitioning, the only way to be issued a new birth certificate acknowledging their female gender is to divorce their wives. Whilst in some instances this may be appropriate given the likelihood that some relationships will break down when a partner transitions, for some transgender women, such as Christine (above), this may be inherently disruptive to long-standing and ongoing committed relationships. Further, such divorce typically also involves considerable financial cost. The average cost of a straightforward divorce in Australia has been estimated at \$3,600 per couple, while a contested one was just under \$10,000 (Browne).

The ongoing legacy of financial and familial strains can become particularly crucial as transgender women age. Throughout the United States and Australia, government-supported aged-care facilities are finding it increasingly difficult to cope with the demands of an ageing population. Even when places in such facilities are available, the cost may be beyond the reach of many transgender people, given both the costs of transitioning and the potential impact of transitioning upon employment options. Even if there are places available that are affordable, there is no guarantee that these will offer trans-affirming spaces for transgender people. Barrett’s ‘My People’ report, for example, documents the experience of ‘Nancy,’ a non-operative transgender woman in supported accommodation. Nancy reported experiencing verbal and physical abuse from other residents, so much so that she rarely left her room and had her bags packed because she was desperate to leave, but had nowhere else to go. Cook-Daniels similarly opens her chapter on the topic of transgender ageing with a particularly harrowing story from a transgender man who experienced extreme discrimination and violence in a care facility, but felt unable to challenge it for fear of his life and access to ongoing support. Stories such as these are all too common, and sit alongside examples of what has elsewhere been termed ‘mundane transphobia’

(Riggs), referring to the everyday ways in which the broader society fails to accept or comprehend the lives of transgender people.

In addition to the limited availability of care facilities and the limited or non-existent inclusivity on offer within care facilities for transgender people, there is growing recognition (e.g., Fox) of the fact that older people prefer to, and have better outcomes if, they ‘age in place’ (i.e., here Fox refers to people being supported to continue living in their own home, though in Australia ‘ageing in place’ may also refer to staying in one facility if living at home is not possible, rather than moving between multiple facilities). For transgender people, and given the context of ongoing discrimination in the broader society (and compounded by past experiences of discrimination), it is likely that being able to remain living in their home will be of key importance to faring well as they age. Yet as Witten suggests,

Given that many trans-persons are marginally connected or are disconnected from their birth families, we can hypothesize that trans-elders will experience growing difficulty with respect to aging in place with family support. (44)

In this context of transphobia, lost or strained familial ties, restricted financial resources, and limited supported housing options, who will care for transgender women (and men) as they age? If, for many people, families have ceased contact, and if aged care facilities are unavailable, unaffordable, or unapproachable, what options do ageing transgender people have to be supported to stay at home?

The remainder of this chapter examines these questions through a case study taken from the US documentary *Gen Silent*. As part of the documentary we learn of the story of KrysAnne, a transgender woman who, post transition, was diagnosed with lung cancer. She was understandably wary of health care professionals, but had little support from her family. By exploring KrysAnne’s story, this chapter highlights the lived experience of the issues we have already raised about transgender women and ageing, and contributes to the growing body of literature that recognizes the need to examine experiences of ageing among transgender women who are parents.

In the broader context of this collection, KrysAnne’s story queers notions of motherhood not because she herself identified as queer, but rather due to the fact that her relationship to normative notions of motherhood and family challenges commonplace assumptions about what it means to parent as a woman. The chapter explores the experiences that some trans-

gender women may have with the category ‘mother’ that are in many ways incommensurate with the experiences of mothers who were assigned female at birth.

KRYSANNE’S STORY

Broadly speaking, KrysAnne’s story may be considered indicative of the experiences of many older transgender women, in that transitioning brought with it both many joys (i.e., finally being able to live the life she had longed for as a woman) and many losses (i.e., children and other family members who ceased contact with her). The degree of loss experienced by KrysAnne is highlighted in the documentary through both her words and the images that accompany them, as outlined below:

KrysAnne: Most people that transition expect losses, sometimes a great many losses, but I didn’t expect [to lose] everyone. I haven’t heard from them since. For two years I desperately tried to connect with my family. And some of [the letters] weren’t even opened. [The letters were returned saying] ‘this person is dead’ [images of letters with name struck out saying ‘no such person!’ and ‘deceased’]. It was horrible. It was vile.

For the viewer the images of the letters highlight the depth of loss and rejection experienced by some transgender women. The discounting of KrysAnne’s experience as a woman, whilst not undermining her own sense of herself as a woman or her decision to transition, is clearly presented within the documentary as bringing not only loss, but also loneliness. Whilst, through her own admission, pre-transition KrysAnne often sought to be a difficult character to those around her so that she would be left alone, she still devoted a considerable portion of her adult life to her family and children. This loss is perhaps, for some women like KrysAnne, even beyond what they might have predicted.

Cook-Daniels’s work summarises why an older cohort of transgender women may have transitioned later in life. Many transgender women, when living as their natally-assigned gender, will have made many sacrifices for their family, but they get to a point, often when children have left home, where they decide it is time to pursue their own desires. But for KrysAnne and many women like her, ‘her time’ becomes one marked by loneliness and

rejection, rather than the perhaps dreamed of halcyon years in which being true to oneself would be embraced and endorsed by others.

When KrysAnne received a diagnosis of lung cancer, then, and was given only 18 months to live, she was faced with the need for in-home care, or to move into a care facility. In regards to the latter, she says of previous health care professionals that ‘They didn’t want to touch my body. I believe that as I sit here with you today.’ Such experiences are also reported by lesbian women living in Australia (Birch). An experience of emergency transport to a hospital included in the documentary highlights that this belief was well-founded, when KrysAnne’s case worker shares the transphobic attitudes and opinions of ambulance staff. For KrysAnne, then, in-home care is the best option. Yet as the following extract from the documentary demonstrates, for KrysAnne this may not be an option:

Jenifer (KrysAnne’s case worker): To hire someone to stay with you 24/7 is a lot of money. Most people have some people to take care of those things.

KrysAnne: I have desperately tried to develop a support network. Most of my seeds fell on barren ground, but that’s ok...

Interviewer: What are you thinking about?

KrysAnne: The truth? What am I going to do when I can’t do that myself? When I can’t walk to the oxygen tank and turn it on.

The documentary poignantly shows KrysAnne washing her (new model, expensive looking) car, overlaid with text indicating that the sale of the car would only cover one month of care in a facility. What KrysAnne needs, instead, are people in her life to care about her, as her caseworker Jenifer indicates. However help is not forthcoming from family, despite KrysAnne’s best efforts. As such, not only has her family’s reaction to her transition left her at a loss for social contact and caring relationships, but it has also left her at risk in terms of her physical health and wellbeing.

Whilst at one point in the documentary KrysAnne states that she doesn’t want treatment as it involves being potentially subjected to the transphobic attitudes of healthcare staff, she is left with little choice following being rushed to hospital. Word of this emergency, however, reaches KrysAnne’s family, as the documentary relates:

KrysAnne: The word is out about me being pretty sick. So now my family starts to come back into my life. But are they

coming here because they accept *me* as KrysAnne, or because I'm just a person dying?

Adam (KrysAnne's son): I obviously want to contribute as best as I can.

KrysAnne: What is it that you want to do to help?

Adam: Anything that you need.

KrysAnne: Well, I need acceptance.

(Adam says I love you and walks out the hospital room and says 'bye Dad')

KrysAnne: I don't know what their motivations are, and I don't have time to figure them out. For me to go home, I can't take care of the house. I need people to help me take care of myself. Maybe with my son. [Text then says that Adam subsequently visited much less than KrysAnne hoped whilst she was in hospital].

For KrysAnne, the return of family to her life is bittersweet. On the one hand seeing her son is positive, while on the other, as she states, she doesn't know the terms on which he visits her – whether it is a sign of acceptance of her as a woman or a sign of the end of her life. Arguably this cynicism is legitimated within the documentary when her son Adam is unable to refer to KrysAnne as anything other than 'Dad,' and when subsequently his promise of support is not fulfilled to any substantial degree. These experiences demonstrate that for transgender women the loss resulting from transition is not a once-off event. Rather, it can be repeated again and again as family members put their own concerns ahead of those of their loved one.

Whilst a recurring theme for KrysAnne is her need for acceptance, it is important that we also acknowledge KrysAnne's own complicity with a lack of acceptance for others. For example, she shows little insight into how her own behaviours might have made supporting her difficult for her family. Describing her life pre-transition, and as alluded to above, she says:

I lived 50 years of my life as a male. He was a sad, miserable person: angry at himself and the world... and just received no joy or happiness. If I was the best athlete, if I aspired to being 'king of the hill,' maybe I could just drive this out of myself. I mean I looked as ugly as I possibly could. Smoked cigars... I did that for a long, long time. And no one ever knew this about me... I was in a serious, serious depression. Tried to take my life twice.

Then I just said, “I know what I need to do,” and I did it!
Cured the depression!

She describes the anguish she experienced during this period, but she never reflects on how her behaviour impacted on her family. A family photo shows four children, and the vision of a small statuette labelled ‘NO. 1 GRANDPA’ would suggest at least one has partnered and had children, but Adam is the only one of KrysAnne’s children who is featured in this documentary. He says:

I found out at 17. So it was pretty difficult at 17, just finishing high school and everything... There was a major depression. Random spots on the floor she’d pass out... and it was just hard to come home from practice or anything like that just to see that. Then she got off the floor with the transformation and I was happy for that, but I just wasn’t ready to really accept it I guess.

Adam’s use of the feminine pronoun ‘she,’ even when referring to KrysAnne pre-transition, demonstrates that he is clearly doing his best to accept her. Adam is expressing such support in a family context, which appears extremely hostile, as evidenced by the comments on the returned letters, and the doubts Adam expresses that many family members would visit KrysAnne in hospital because they’re “set in their ways.” KrysAnne, along with many older trans women, is hurt when her children refer to her as ‘Dad,’ perceiving this as a lack of acceptance of her gender. But the word ‘Dad’ is more than just a gender signifier: it carries huge emotional significance around a particular kind of relationship with a parent. Adam has never experienced KrysAnne as a ‘mother’ with all the emotional and behavioural properties invested in that term.

KrysAnne is understandably disappointed by Adam’s apparent lack of engagement at her time of need, which she clearly attributes to transphobia; “I paid a dear price for this transition.” She acknowledges that her family may be “stuck in mourning,” but seems to show no awareness of how her depression and suicide attempts may have affected them. Similarly, she does not seem to acknowledge how difficult it can be for families to reach a point of acceptance. It took her 50 years to reach a point in her life where she was prepared to accept her gender identity and do something about it. Families who live in societies, like Australia and the US where normative gender ideologies are mostly unquestioned and socially enforced, may need

a lot of education, social support, and time to deal with a family member's transition.

Older transgender women who are parents may also not be aware that older women in general are often neglected and even abused by family members. Many transgender women experience considerable negative affect post-transition from the unanticipated loss of male privilege and the experience of general social misogyny, which they may attribute to transphobia in general, and/or trans-misogyny in particular. Koyama says, "... we often confuse the oppression we have experienced for being gender-deviant with the absence of male privilege" (253). Further, some transgender women may not be aware of the particularly abject status of older cisgender women, and the prejudice, discrimination, neglect and abuse they routinely experience, especially those living with illness and/or disability.

In the scenes that followed the interaction between KrysAnne and her son Adam, we are told about the efforts of KrysAnne's caseworker Jenifer to establish a community of people who could support KrysAnne to return home. These people, drawn from the local lesbian, gay, bisexual and transgender community, offered their time to support KrysAnne. This is important to KrysAnne, given as Jenifer suggests below, other options would have been extremely negative:

Jenifer: The goal with this radiation was that it would buy her some time at home. And I think it's been devastating to her to think that she may have to go to a nursing home at age 59 because she didn't have enough people in her life who could help her out.

Despite this support, and as we see in the final parts of the documentary that feature KrysAnne's story, support from caring strangers is not the same as acceptance and care from her family. KrysAnne, talking in the form of a video diary, shares the absolute loneliness of her illness, left with a body that no longer functions in ways that allow her to live a full life, and with no one in her life with whom she has established connections. As such, while the documentary highlights the ways in which community members may rally around people (which, as Jenifer suggests, echoes the community supports provided to people living with HIV in the early 1980s), for KrysAnne this support appears to fall short of providing her with the quality of life she desires. The difference, it could be suggested, is between care from strangers (and as KrysAnne notes, having people in her house all the time is as chal-

lenging as it is supportive), and care from those with whom one has built long-standing relationships.

This conclusion is not intended to idealise birth families as an *a priori* place of sanctuary, nor is its aim to dismiss the genuine and meaningful caring relationships that can be built between people who are part of a ‘chosen family’ (Weston). Rather, the point here is that in a society such as the United States where KrysAnne lived, being cared for by a stranger is not necessarily a desirable goal for many people. Independence is a privileged commodity that is enshrined in laws and public policy in western neo-liberal societies (Fox). Having to adapt to being ‘cared for,’ it could be argued, is more easily reconciled when the person doing the caring is a family member with whom the individual requiring care has a reciprocal and mutual relationship. That KrysAnne was precluded from such care as a result of transphobic attitudes, compounded by other societal attitudes towards older women and societal inadequacies regarding elder care, placed her in a precarious position in terms of having to choose between the care of (potentially transphobic) strangers or no care at all. Whilst KrysAnne received some care from community members, the final images of her contained in the documentary show her home alone. Being alone, as it is represented in the documentary, is thus the ultimate cost of transphobia, resulting in KrysAnne spending her final days at home alone and in distress.

DISCUSSION

It is possible that much of this chapter isn’t an obvious candidate to appear in a book on mothering. Not because of KrysAnne’s transgender identity, but because so much of it is about factors other than mothering. Yet, at the same time, what sits at the heart of this chapter is the loss of family experienced by transgender women, and perhaps more precisely, the loss of the expectation that in raising children, one will be able to call on one’s children for the support one may need in times of crisis or as one ages. For many transgender women, and in the case of KrysAnne specifically, the standard narrative of family (in which it is presumed that parents care for children who in turn may contribute to caring for them) is destabilized by the fact of transphobia and the rejection that many transgender women experience when transitioning later in life. While for much of her life KrysAnne may not have been seen as a mother by her children, and while her children have another mother, KrysAnne’s experiences are part of a broader social issue that relates directly to mothering: the recognition we accord to people as

they age, and the familial and non-familial supports we make available to them.

There are several implications of this chapter for how we understand transgender women's experiences as mothers. In their study of children whose parents transitioned after they were born, White and Ettner debunk the belief that has guided many transgender women's decisions to come out later in life: namely that young children cannot comprehend gender transitioning, and that it is a challenge to the children's own (normative) development of gender identity. White and Ettner found that all children other than those aged 14-16 were able to understand, and to varying degrees accept, their parent's transition. Even for teenagers, this was still possible, with adequate support from their other parent and from professionals. Contrary to received wisdom, which has encouraged people to delay transitioning until children are adults, and to shield children from information about their parent's transition, White and Ettner found that the worst outcomes (such as those experienced by KrysAnne) arose when children were not told anything. Coming out as transgender to children in as open and early fashion as possible may thus be an important tool for transgender women to ensure ongoing support from their children into the future.

A second implication of this chapter is that health and aged care professionals must strive harder to adhere to their mandate to 'do no harm.' Clearly we cannot know what KrysAnne's prognosis might have been had she had different (or earlier) treatment for her lung cancer. Nevertheless, we know that she delayed and avoided medical treatment out of the fear of how she would be treated as a person. Such fear is warranted in regards to some professionals. In a recent study of Australian transgender men, Riggs and Due found that many transgender people avoid interacting with health care professionals on the basis of well grounded concerns over how they will be treated. It is suggested here that to 'do no harm' means more than simply avoiding malpractice. It also requires actively trying to contribute to the betterment of an individual's life by offering them inclusive and affirming treatment.

Finally, the present chapter has implications for any discussion of the concept of 'successful ageing' in regards to whether or not it is possible for transgender women to age in ways where they are in control of what happens to them – as would be expected of any neo-liberal citizen within a framework of 'successful ageing.' Obviously, no individual can be entirely in control of their health or ageing, and when it comes to transgender women specifically, we do not yet know enough about the effects of long-

term hormone dosing to be able to predict the impact of hormone therapy upon transgender women's lives. What we can say, however, is that in current parlance, 'successful ageing' refers to individuals who, throughout the ageing process, remain active and positive and able to contribute to the world around them. With regard to transgender women, and as discussed in this chapter, there are significant social and personal factors that impact upon transgender women's capacity to live a life that adheres to the norm of 'successful ageing.' This is not to say that many transgender women do not age extremely well, despite the negative social and personal contexts they live in. Rather, it is to say, well-founded critiques of the neo-liberalism of the concept of 'successful ageing' aside (e.g., Fox), transgender women continue to face significant barriers to active participation in the world around them.

In conclusion, and to return to KrysAnne's story, the documentary depicts KrysAnne's military funeral, and the honour bestowed upon her there as a Vietnam veteran. Thankfully, and unlike what has occurred for some other transgender women (Cook-Daniels), KrysAnne was recognized as a woman on her gravestone, due to her own efforts in ensuring that her funeral was respectful of her identity as a woman. That such issues are of concern in the end of life decisions of some transgender women is a sign of how far we have yet to go towards the full inclusion of transgender people. As a woman and as a parent, even if as one who was not easily accepted into the category of 'mother,' KrysAnne's story has much to tell us about the costs of transphobia, and about the need for ongoing societal and scholarly attention to the experiences of transgender people in a framework of ageing and family.

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