

**Do we really get to choose our own story? (Re)imagining community support with transgender and non-binary older adults**

by

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## **Author's Declaration**

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

## **Abstract**

Today's transgender (trans) and non-binary older adults are some of the first 2SLGBTQIA+ individuals to live openly with diverse sexual and/or gender identities (Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders & Movement Advancement Project, 2010). As a result, we can also expect to see the greatest number of trans and non-binary older adults ever recorded; trends that reflect Canadian population growth (Witten, 2003). Despite the growth in number of trans and non-binary older adults, the need for trans and non-binary folx to negotiate ageist and cis/heteronormative societal expectations for gender and aging becomes more, not less, relevant. Specifically, histories of cis/heteronormativity may come together with, and are compounded by: (1) general fears and concerns for aging, (2) challenges finding community support within the 2SLGBTQIA+ community that is inclusive of aging and old age; and (3) challenges finding community support for aging and old age inclusive of trans and non-binary identities. Actual and perceived forms discrimination, harassment, and/or violence, which stem from transphobic, ageist, racist, classist, ableist, and homophobic attitudes and stereotypes, impact opportunities and barriers to community support and influence one's ability to age "well" (Bauer & Scheim, 2015; Cahill, South, & Spade, 2000; Fabbre, 2015). As a result, trans and non-binary older adult bodies manifest a distinct social location, which create barriers for easily finding and accessing community supports that value these interconnected identities.

Community supports (i.e., family relationships, friends(hips), online forums, formal programs and services, pet companionship, self-care), when experienced through bodies that are old *or* trans and/or non-binary bodies, often have a positive impact on wellbeing (Mock et al.,

2020). In particular, literature on engagement with community supports cites benefits such as; reduced risk of mortality and depression, better cognitive and psychological health, and better self-perceived health and health behaviours (Gilmour, 2012). Given this recognition, it is reasonable to assume that community support may become even more relevant to counteract experiences of ageism and cis/heteronormativity lived together by trans and non-binary older adults (among other labels of interconnected discriminations). Building on findings from Bauer Pyne, Francinio, and Hammond (2013), I approached this inquiry that sought to hear experiences of community support as a social justice issue impacting the well-being of trans and non-binary older adults who live in communities across Southern Ontario.

Using a scaffolding of queer and critical gerontological theories to think with, this case study (Thomas, 2011a, 2011b, 2013, 2016) explored how the interconnections of aging, old age, and gender identity influence (and are influenced by) trans and non-binary older adults' experiences, perceptions, and desires of/for community support in Southern Ontario. I conducted: (1) unstructured narrative interviews with nine trans and non-binary older adults, (2) semi-structured program evaluation interviews with six community organizers, (3) over 20 hours of observations took place in various settings, and (4) initiated collection of over 140 documents for analysis. By (re)presenting the data that emerged as an interactive story (i.e., branching narrative or "Choose-Your-Own-Adventure" story), we begin to see the multiplicity, complexity, and juxtaposition of trans and non-binary older adults' experiences, perceptions, and desires of/for community support.

Through the multiple branches of the interactive story, we will explore the kinds of community support that exist—or are perceived to exist—within the lives of trans and non-

binary older adults, in order to better understand the aspects of community support that are affirming, beneficial, detrimental, unfulfilled, ignored, or imagined from the perspective of transgender and non-binary older adults and community organizers. In so doing, we catch a glimpse of how community support functions (or not) within the lives of trans and non-binary older adults in relation to sense of aging, gender identity, and wellbeing. While this inquiry centres living narratives that embody the interconnections of aging and gender identity, I also acknowledge and take-up discussions of race and class as they connect to the lives of trans and non-binary older adults. Ultimately, working to understand the triumphs and challenges presented by the interconnections of aging, gender identity, and community support opens up opportunities for transferrable knowledge about community support that enables a re-imagining of the ways trans and non-binary older adults engage with their communities—within and beyond Ontario.

### **Keywords**

Aging and old age, Transgender and non-binary identities, Community support, Creative analytic practice

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## **Dedication**

For my participants, thank you for trusting me with your stories.



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## Prologue<sup>1</sup>

### *Are you transgender?*

This is usually the first question asked when people learn about my research interest in transgender and non-binary older adults' experiences of aging and community support. Within the realm of academic research, this assumption is not entirely unreasonable given the common understanding that much of social science research reflects the researcher's own personal stake in a topic (e.g., the personal is political). In communities beyond the academy, the impetus behind this assumption often comes from a place of curiosity and/or unfamiliarity. However, regardless of where this question is coming from, there are very few situations where it is productive to directly question someone's gender identity (e.g., recruiting participants for a research study). Yet, perhaps this *is* one of them since research conducted by cisgender<sup>2</sup> academics has historically led to stigmatization, discrimination, and pathologization of transgender and non-binary individuals—a problematic history that calls for my presence to be

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<sup>1</sup> With the exception of a few minor corrections, this “statement” remains unchanged from my proposal as a placeholder, reminder, or marker of sorts of where I have “been” with respect to this inquiry. Now, this section is complimented by an *Epilogue* in which I have reworked this original statement to reflect what this inquiry has taught me about myself and research.

<sup>2</sup> Cisgender, within this work, is understood as a linguistic move to name and decentralize dominant Western understandings of gender (i.e., an individual who was assigned female at birth and identifies as a woman/feminine). Thereby, exposing this taken-for-granted understanding as only one possibility rather than the “norm” (Serano, 2016). However, the usage of *cisgender* has faced some critique in recent years as homogenizing experiences of gender in ways that reinforce understandings that there are only two genders that correlate with two sexes (Hungerford, 2012).

acknowledged. As a white, young<sup>3</sup>, abled-bodied, queer, cisgender woman pursuing this research, the tension surrounding questions with respect to gender identity (e.g., who gets to ask what and in what ways) is ever present in my mind—as well as in the minds of the individuals who are engaged in my work. Recognizing this, I feel it is important to talk about my own experiences of wrestling with gender as someone who does not embody traditional conceptualizations of femininity<sup>4</sup>—my short hairstyle and less than curvy body type is most commonly complimented by a fully buttoned, men’s button-up shirt, straight cut jeans, and Blundstone boots. My gender expression has resulted in the stares of strangers as they attempt to “figure out” whether I am a man *or* a woman, awkward conversations with retail sales associates who assume the button-up shirt I have decided to purchase is for my husband, and uncomfortable interactions with people who refer to me as “sir” before over-apologizing after realizing their misstep—to name a few examples. While I have become more comfortable with my gender expression over the past few years, there are still times where experiences like these leave me feeling insecure, vulnerable, and riddled with self-doubt because, like many of us, I was raised in a culture that vilifies difference. Thus, regardless of my cisgender identity, it is clear that my gender expression brings gender to the forefront of people’s minds on a daily basis—whether

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<sup>3</sup> While this statement heavily focuses upon my positionality as a cisgender scholar, I also recognize that research traditions within gerontology have contributed to the misrepresentation, stigmatization, and marginalization of older adults within Western society. With this in mind, I feel that my research motivations and aspirations as a cisgender scholar extend to the work I intend to do as a young academic within aging research. Moving forward, my work with transgender and non-binary older adults will simultaneously be mindful of the historically problematic research traditions within both gerontology and gender studies in order to *do research differently* (Berbary & Boles, 2014).

<sup>4</sup> Within Western society, the images that are called to mind when thinking “woman” or “feminine” usually align with particular options for physical appearance and dress—including (but not limited to) long hair, makeup, dresses, etc.

they know it or not. Consequently, at the risk of being read as trying too hard to align myself with the lived experiences of transgender and non-binary individuals, I do believe that my own personal experiences with gender translate into a political agenda that aligns with and encourages my advocacy around the immediate experiences and interests of aging and/or transgender and non-binary individuals. In fact, it is because of my position within the world that I am driven to continually learn about aging and gender—unpacking their many facets and continually thinking critically about their implications. However, as I delve into the multifaceted nature of both gender and aging, it is important to remain mindful of privileges associated with my interconnected positionalities (e.g., white, young, able-bodied, cisgender, PhD candidate) throughout the development, execution, analysis, and representational aspects of this inquiry—and beyond—since my identity and the way I move through world colour what I see, hear, and say throughout the research process. I simultaneously acknowledge that privilege itself is not stable, fixed, or all-encompassing; rather it is fluid, contingent, and situational. Therefore, as I moved forward with the inquiry, I did my best to remain thoughtful about where and when I have privilege; as well as how I choose to enact these privileges. With this in mind, influenced by Jacob Hale’s (2003) *Suggested Rules for Non-Transsexuals Writing about Transsexuals, Transsexuality*<sup>5</sup>, *Transsexualism, or Trans \_\_\_\_\_*, the following rules, or guiding principles,

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<sup>5</sup> An individual who identifies as a *sex/gender* other than the *sex they were assigned at birth*. Most definitions also include the use of (or wish to pursue) hormonal and/or surgical interventions to transform their bodies to achieve *sex/gender* congruence. However, this definition has been critiqued as objectifying by placing focus on the body; as well as classist since hormonal and/surgical transition can be quite costly (Serano, 2018). Recently, there has been debate over whether an integrated spelling of *transexual* (rather than compound *transsexual*) is preferable to avoid the implication that individuals “cross sexes” (Heyes, 2003)—in keeping with dominant spellings this project will use *transsexual*. In any respect, while some trans people identify with the label, there are also many trans people who take issue with *transsexual*—citing its medical/psychological origins or the implications of “sex” as the root of



steered the development and execution of this inquiry. While the rules suggested by Hale are specifically in reference to writing about trans experiences within research, I feel the underlying premise is relevant for all young, cisgender academics engaged in research with aging and/or trans and non-binary individuals. My adapted guiding principles are as follow:

1. Above all else, begin from the basic premise that trans and non-binary “lives are lived, hence livable” and ask about the conditions that foster and/or undermine that possibility (Scheman, 1999, p. 8).
2. Interrogate one’s own subjectivity by asking oneself about the possible ways in which you *have* power—including “powers of access, juridical power, institutional power, material power, power of intelligible subjectivity” (Hale, 2003, para. 3)—and are influenced by political agenda(s). Continually question the ways that one’s power and political agenda(s) *affects* what you can see and say, what *motivations* form your interest (and whether or not they align with those of trans and non-binary individuals), and how these motivations influence what you *see* and *say* throughout your work.
3. Give serious consideration to the narratives of trans and non-binary lives upon which many theorizations (and subsequent assumptions) are rooted (Elliot, 2009). Take extra care not to replicate historical practices and theorizations that have exoticized/fetishized trans and non-binary individuals, denied their subjectivity and/or access to dominant discourses, and attempted to rehabilitate the trans “other.”

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the issue (Serano, 2018). However, despite on-going debate, the term *transsexual* is widely considered derogatory, out-dated, and not to be used.

4. Be aware of one's own position, as well as the position of trans and non-binary individuals (re: power relations), within the multiple, overlapping, and on-going conversations within trans communities, academic communities, feminist communities, queer communities, communities of colour, etc. Failing to do so will inhibit your ability to *hear* trans voices and/or *see* the multiple layers of trans and non-binary experiences.
5. Do not silence trans and non-binary voices through gross misreading, misinterpretation, and misrepresentation of trans and non-binary identities, experiences, and bodies in order to suit one's own research and/or political agenda(s).
6. Be cognizant of the impact of language. Use language used by trans and non-binary individuals when talking about their identities, experiences, and bodies. Avoid placing labels/concepts/etc. *on* trans and non-binary individuals (Heyes, 2003).
7. Consider the implications of what is said and what is left unsaid, as well as who is being included and who is being excluded by considering gender diversity, racialization, sex work, Indigeneity, immigration status, age, ethnicity, ability status, geographic location, religion, socioeconomic status, and other identity makers (CPATH, 2018).
8. Remember that there is not only one trope of "the" trans individual, "the" trans subject, and/or trans discourse. Avoid essentializing, totalizing, or monolithic discourse when representing trans and non-binary experience(s) (i.e., use of "the" and plurals). Be explicit when referencing individual trans and non-binary identities, experiences, and bodies. For example, specific transition narratives cannot be discussed as similar and/or interchangeable experiences (e.g. male-to-female vs. female-to-male).

9. Reflect and focus on what engaging with trans and non-binary lives and narratives tells you about *yourself*, not only what you learn about trans and non-binary individuals.
10. Cultivate a sense of humility. It is unrealistic for a cisgender individual to assume they can fully *understand* trans and non-binary lives (including their identities, experiences, and bodies)—much less consider themselves to be an “expert.”

These *ten guiding principles* not only guided this inquiry, they also formed the basis of my daily practice(s) of researching—guiding conversations, thinking, and reflecting. In addition to thinking with and through these guiding principles as the inquiry unfolds, I have compiled a number of terms (listed below in order of relevance) that were integral to the inquiry:

**Transgender (trans):** Beginning in the early 1990s as a way to resist the dominance of scientific and medicalized classifications, the evolution of *transgender* (including an array of manifestations, such as transgenderist, transvestite, and transsexual) as a distinct identity category has been well documented by historians and academics (Stryker, 2008; Valentine, 2004). Today, the term transgender (trans<sup>6</sup>) is most commonly used as an umbrella category for individuals who transgress socially defined gender norms in a variety of ways. Specifically, within this inquiry, transgender refers to individuals who may or may not be comfortable with and/or cannot accept the sex they were assigned at

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<sup>6</sup> Typically, *trans\** is widely used within the 2SLGBTQIA+ community as an abbreviation referring to individuals who identify under the umbrella of *transgender*; where the asterisk (rooted in Boolean search technology) indicated a search for any words with the assigned prefix. However, in recent years, the asterisk has come under fire as inaccessible, transmisogynist, and oppressive as it, in many cases, is viewed as reinforcing binarized understandings of trans identities, bodies, and experiences as limited to *trans men* and *trans women* (Diamond & Erlick, 2016). Shifting away from *trans\** acknowledges that *trans* always already includes all trans and non-binary individuals (Serano, 2018).

birth—and the mandated cultural parameters that are rooted in a binary understanding of sex/gender<sup>7</sup> as associated with specific bodies, identities, and actions. Further, given the gender binary of man/woman or male/female—along with the assumption that an individual can only be one sex/gender or the other (Butler, 1990)—transgender individuals who are binary-identified are comfortable living on the side of binary not assigned at birth (e.g., male-to-female transgender individuals, female-to-male transgender individuals, trans women, trans men, etc.). Thus, maintaining the stability of the two categories of the gender binary.

**Non-binary:** A gender identity term used to refer to individuals whose identity does not fall neatly within traditional understandings of the gender binary. More specifically, non-binary individuals may not feel that their gender identity(ies) align with categorizations of “either/or”—that is, either male or female. Thus, necessitating movement towards conceptualizations of gender identity as “both and more” or neither (Halberstam, 2005, p.21). Or in the words of Mattilda (2006), working to tear “binary gender norms to shreds, and proceed[ing] to embrace, challenge, and transform not only the categories of ‘man’ and ‘woman,’ but the categories of femme, transgender, butch, genderqueer, and ‘none of the above, thank you’” (p.12). Some non-binary identities include (but are not limited to) multi-gender, bigender, genderless, genderqueer, non-binary, gender fluid, gender neutral, agender, androgynous (Serano, 2018). Some nonbinary individuals may

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<sup>7</sup> In alignment with Monro (2005), I have used the term sex/gender in reference to the interconnectedness and flexibility (but not mutually determinant) of these socially constructed terms/concepts.

use gendered pronouns, while some avoid binary language by using gender neutral pronouns or avoid pronouns altogether. Additional shifts in language may include: “spouse” or “partner” rather than “husband” or “wife”; “sibling” instead of “brother” or “sister”; and “Mx.” rather than “Mr.,” “Mrs.,” or “Ms.” (Russo, 2014).

Within the context of this inquiry, *transgender (trans) and non-binary* will be used in tandem to signify the varying degrees of fluidity that exists within and between gendered identities, experiences, and bodies; which means that one’s identity may shift between or within the possibilities for gender identity over time. For example, someone who now identifies as non-binary may have identified as female earlier in their life but now finds the expectations of femininity to be too restrictive. By using transgender and non-binary in tandem, we are better positioned to represent a multiplicity of identities and embodiments that come together, if only, in their difference from cisgender individuals (Elliot, 2009). Finally, Western understandings of transgender and non-binary identities, experiences, and bodies as involving hormone replacement therapy and/or surgery is not necessarily reflective of lived experience. These interventions are not “required” for an individual to *be* transgender or non-binary since there is so much variation in how one may embrace their gender identity. Thus, for transgender and non-binary individuals, the process of coming into one’s *gender* identity is highly personal and may include (or not) a variety of interventions.

**Two-spirit:** An umbrella term traditionally used by Indigenous people to recognize individuals who possess the spirit, qualities and/or attributes of both genders (Laing, 2016; Serano, 2018). *Two-spirit* is commonly used to distinguish Indigenous concepts of sexual and

gender diversity from European understandings of the gender binary—a binary which was violently imposed upon Indigenous communities. *Two-spirit* can be a sexual, gender, and/or spiritual identity which may or may not fall underneath the LGBTQ umbrella. For example, not every Indigenous person who is Two-spirit will identify as LGTBQ (Laing, 2016).

**Trans woman/women:** An identity label that may be adopted by *trans and non-binary individuals* who were assigned male at birth, but reject male/masculine identities and roles and gravitate towards and identify as *female/feminine* identities and roles (Serano, 2018).

**Trans man/men:** An identity label that may be adopted by *trans and non-binary individuals* who were assigned female at birth, but reject female/feminine identities and roles and gravitate towards and identify as *male/masculine* identities and roles (Serano, 2018).

**Transphobia:** The irrational fear of, discrimination against, hatred and/or aversion to *trans and non-binary individuals* and/or the inability deal with gender ambiguity (Green & Peterson, 2006). These day-to-day experiences work to demean, devalue, and/or diminish the identities, experiences, and bodies of *transgender and non-binary individuals* (Bauer & Scheim, 2015). It must be noted that transphobia also exists within the Two-spirit, *lesbian, gay, bisexual, transgender, queer, intersex, asexual*, and beyond (2SLGBTQIA+) community, as well as within Western society in general. More recently, *gender* discourses have shifted towards the usage of *cisnormative* to denote the belief or

assumption that *cisgender* identities, experiences, and embodiments are more legitimate (Serano, 2018).

**Cis/cisgender:** Arising from the Latin *cis-*, meaning "this side of," *cis* with respect to *gender* refers to individuals whose *gender* (including *gender identity and expression*) is in alignment with the sex they were *assigned at birth* (i.e., assigned female and woman at birth). As utilized by Serano (2016), *cisgender* is a linguistic move to name and decentralize dominant Western understandings of gender (i.e., an individual who was assigned female at birth and identifies as a woman/feminine). Thereby, exposing this taken-for-granted understanding as only one possibility rather than the "norm." However, the usage of *cisgender* has faced some critique in recent years as homogenizing experiences of gender in ways that reinforce understandings that there are only two genders that correlate with two sexes (Hungerford, 2012).

**Cisnormativity:** This term refers to "the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth as well as resulting behavior, expression, and community. This ideology endorses and perpetuates the belief that cisgender identities and expression are to be valued more than transgender identities and expressions, and creates an inherent system of associated power and privilege" (Lennon & Mistler, 2014, p.63). This assumption contributes to the systematic oppression and erasure of *trans and non-binary* identities, experiences, and bodies (Russo, 2014; Serano, 2018).

**Heteronormativity (or heteronormative):** This term denotes the assumption and associated worldview that everyone is *heterosexual* and privileges *heterosexuality* as the “norm” with respect to sexual identity (Serano, 2016). This concept often includes standards of gender normativity and expectations that mandate *feminine women* and *masculine men* form a complimentary pair.

**Cis/heteronormativity:** Within Western culture, pervasive *hegemonic* discourses of *heteronormativity* and *cisnormativity*—discussed together as *cis/heteronormativity* within this work—perpetuates and normalizes the understanding that all (or most) people are *cisgender* and *heterosexual*. As a result, discourses of *cis/heteronormativity* effectively regulate and influence all cultural spheres, shape sexual and gender hierarchies, as well as inform how sexual and gender identities are perceived and labelled as “normal” or deviant (Sandberg, 2008).

These terms—along with many others—are also housed within the *Glossary of Terms* (found after the Appendices). Each of the definitions within the *Glossary* has been carefully researched in order to reflect the appropriateness, sensitivity, and inclusiveness of the term’s *current* usage as reflected *within this inquiry*. This emphasis on *current* and *within this inquiry* is an acknowledgement that the act of defining terms with respect to gender is a contentious endeavor since the ascribed meanings of any or all of these terms are continually in flux, contingent upon location (bodily, geographical, etc.), and individually constituted. Despite the contentious nature of defining, I feel that developing an understanding of key terms is a necessary and useful



endeavour for enhancing comprehension and building mutual understanding within the context of this inquiry.

## **Chapter 1: Contextualizing the Canadian landscape of aging and old age**

For older adults<sup>8</sup> living in Canada, the desire to remain independent and feel supported throughout old age<sup>9</sup> is a nearly universal sentiment (Public Health Agency of Canada [PHAC], 2006; Sandberg, 2008; Witten, 2003). To achieve this desire, community support may be especially important in fostering positive experiences and perceptions of aging and old age (Chang, Wray, & Lin, 2014; Chappell & Funk, 2011; Witten, 2009). Within this inquiry, community support is understood as a holistic network of social support that older adults can depend upon no matter the circumstances or situation (Chappell & Funk, 2011; Witten, 2009). This may include (but is not limited to) the individual; connections with family, friends, and/or significant others; pet companionship; leisure opportunities; access to and involvement in community organizations, programs, and/or services<sup>10</sup>; (in)formal care<sup>11</sup> partnerships; and government assistance programs (Chappell & Funk, 2011; Toohey, Hewson, Adams, & Rock,

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<sup>8</sup> Older adults are most commonly considered to be individuals aged 65 and over.

<sup>9</sup> Despite recent turns towards discourses of later life, negative connotations of aging and old age continue to thrive within society. Risking further reinforcement of negative discourses of aging, the continued use of old and old age allow space to explore the many taken-for-granted assumptions of the social and physical aspects of aging. In this way, the use of “old” within this inquiry is a deliberate maneuver to reclaim and reinscribe old age as a multidimensional experience beyond fears of inevitable decline and dependency (Sandberg, 2008).

<sup>10</sup> Community organizations, programs, and services could include older adult community centres, outreach services, churches, non-profits, respite care, adult day programs, internet-based support groups, Meals on Wheels, home and yard maintenance, and escorted transportation to essential appointments. However, eligibility and funding criteria for these services varies across Canada (Canadian Institute for Health Information [CIHI], 2011).

<sup>11</sup> (In)formal care partnerships represent the wide range of care supports available to older adults through primary care, home care and support services provided by trained personnel, unpaid care provided by a partner, family member, or friend, and community care programs and services (CIHI, 2011).

2018; Witten, 2009). This work takes up recent understandings<sup>12</sup> that blur distinctions between formal support (e.g., paid support services, organized programs and services), informal support (e.g., unpaid support, emotional support and connection), and social programming as a way of understanding that all of these sources of community support complement and/or supplement self-care<sup>13</sup>. This holistic definition of community support recognizes that community support is often as multifaceted as experiences of aging and old age and acknowledges that supports themselves are never fixed; but, similar to experiences of aging, are also temporally dynamic and mediated by an individual's various interconnected social identities (e.g., age, gender, race, ethnicity, ability, class)(CIHI, 2011; Chappell & Funk, 2011; Denton, Feaver, & Spencer, 1996; Edwards & Mawani, 2006; Kim & Moen, 2002; Krieger, 2003; Singh-Manoux, Ferrie, Chandola, & Marmot, 2004; Starks & Hughey, 2003; Witten, 2009). However, the common misconception that older adults are a homogenous group whose experiences are identical has led to overgeneralizations which omit the influence of social factors (i.e., age, race, gender, sexuality, socioeconomic status, family structure, friendships, and access to high-quality care) on

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<sup>12</sup> Traditional discourses within gerontological research that have perpetuated dichotomized understandings of informal and formal support (cf. Adams & Blieszner, 1995; Belanger, Ahmed, Vafaei, Curcio, Philips, & Zunzunegui, 2016; Chappell & Funk, 2011; Tang & Lee, 2011) and community programming and services (cf. Adelman, Gurevitch, de Vries, & Blando, 2006; Brotman, Ryan, & Cormier, 2003; Canadian Institute for Health Information [CIHI], 2011; Denton, Feaver, & Spencer, 1996). Further, Chappell and Funk (2011) reported that distinctions between informal and formal care continue to be blurred. For example, some informal care partners receive direct or indirect compensation for their time, support may be provided by volunteers from formal organizations (Chappell & Funk, 2011).

<sup>13</sup> According to Edwards and Mawani (2006), self-care is the actions and choices (e.g., staying physically active, joining social groups) made by an individual to prioritize and promote their wellbeing. Self-care practices may be influenced by gender, culture, socioeconomic status, access to information and transportation, etc. (Edwards & Mawani, 2006).

an individual’s capacity to be supported and age well—or rather, “successfully<sup>14</sup>” (Grant & NGLTFI, 2009; Rowe & Kahn, 2015). In reality, there is a growing understanding of the heterogeneity within aging *experiences* that exists along the axes of values, age cohort, levels of independence, ability, education, race, ethnicity, indigeneity, socioeconomic status, and immigration status (Dupuis, 2008; PHAC, 2006). Thus, when thinking about the capacity for Canada’s growing population of older adults to access comprehensive community support within the context of this inquiry, one of the many possible factors for consideration is the diversity within and between older adults and their socially mediated experiences.

As the various aspects of an individual’s identity come together to influence aging and old age within Canada, there are many factors that may make aging well precarious. One of the most concerning factors today—outside of race and class—is gender identity. Gender identity, within the context of this inquiry, is understood as how an individual thinks about and potentially labels (or not) their gender based upon their interpretation of the various aspects (e.g., secondary sex characteristics, sociocultural context) that may influence their lived experience. Some common gender identity labels include: transgender, non-binary, genderqueer, woman, man, etc. (Trans Student Education Resources [TSER], 2018). As the following discussion unfolds, it will become clear that aging and old age present some unique circumstances for Canadian transgender and non-binary older adults that not only require better understanding, but also more comprehensive community support (cf. Bauer & Scheim, 2015; Fabbre, 2015; Fredriksen-

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<sup>14</sup> Discourses of successful aging—one of the most prominent discourses within aging and gerontology circles—will be discussed in greater detail in Chapter 2.

Goldsen et al., 2013; Hoy-Ellis & Fredriksen-Goldsen, 2017; Persson, 2009). Taking up this call to better understand the unique needs of people who live within these interconnected social identities, this chapter makes a case for exploring transgender and non-binary older adults' experiences, perceptions, and desires of community support as a possible avenue for enhancing—or at times limiting—opportunities for aging well. In particular, this inquiry explored how the interconnections of aging, old age, and gender identity influence—and are influenced by—transgender and non-binary older adults' experiences, perceptions, and desires of community support within Southern Ontario. Therefore, in order to frame this inquiry within current discourses, the following discussion unpacks understandings of aging (i.e., what is it like to age in Canada?) and gender identity (i.e., what is it like to be transgender and non-binary in Canada?) as they connect (i.e., what happens when transgender and non-binary individuals age and become old?) to inform this inquiry into the influence of community support within the lives of trans and non-binary older adults living in Southern Ontario.

### **1.1 What is it like to age within Canada?**

Recent population projections estimated that the proportion of older adults living in Canada could increase from 15.3% in 2013 to 23.6% in 2038—gradually increasing to 27.8% of the population by 2063. The most notable increases are predicted to occur between 2013 and 2030 as all members of the baby boom generation<sup>15</sup> reach age 65 and over (Statistics Canada [Stats Can], 2015a). The aging of the baby boom cohort will continue to influence Canada's

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<sup>15</sup> The baby boom generation or cohort is comprised of individuals born between 1946 and 1965. Individuals who were born during this period are often referred to as baby boomers or boomers.

population distribution in the coming years as the number of older adults over the age of 80 is expected to reach between 4 million and 4.9 million by 2045—reaching approximately 10.6% of the total Canadian population by 2063 (Stats Can, 2015a). Further, the number of centenarians (i.e., individuals aged 100 and over) is anticipated to increase to 62,200 by the year 2063 (Stats Can, 2015a). At a provincial level, the proportion of the population aged 65 and over in Ontario will reach 23.8% and 26.2% by 2038—reflecting trends similar to national projections (Stats Can, 2015a). Taking this into consideration, Statistics Canada (2015a) has reported three primary factors contributing to the accelerated aging of the Canadian population: low fertility rates, gradual increases in life expectancy, and the aging baby boom generation. While gradual increases in life expectancy are often celebrated for extending the number of years that older adults spend in good health, it is also fathomable that increases in life expectancy may intensify the need for community support—especially as increasing numbers of older adults wish to grow older within familiar surroundings (e.g., their homes) and not leave their communities for retirement settings or long-term care homes<sup>16</sup> (CIHI, 2011; National Institute on Ageing, 2019; Tang & Lee, 2011).

As introduced earlier, community support refers to the network of support that an older adult can turn to in any situation; which may include (in)formal supports; familial relationships, friendships, and significant others; leisure opportunities; pet companionship, community organizations, programs, and/or services; and government assistance programs (Chappell &

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<sup>16</sup> This is especially pertinent now as the COVID-19 pandemic has amplified ongoing calls to shift funding priorities to in-home and community-based care.

Funk, 2011; Toohey, Hewson, Adams, & Rock, 2018; Witten, 2009). Literature within gerontology and leisure studies has established that having a strong network of community support fortifies social connections, social engagement<sup>17</sup> and belonging, leisure participation, access to community resources, and wellbeing (Chang, Wray, & Lin, 2014; Dupuis, 2008; Griffin, Harvey, Gillett, & Andrews, 2019; Laporte, Nauenberg, & Shen, 2008). Reciprocally, social networks also create opportunities for social activity and participation that increase the odds of making connections with new people and reinforcing connections with friends, acquaintances, and communities (Dupuis, 2008; Tang & Lee, 2011). For example, as social participation (e.g., spending time with family and friends, church, educational, or “other” activities) increases beyond one social activity, there is a decrease in reports of loneliness and/or life dissatisfaction (Gilmour, 2012). Further benefits of social engagement and leisure participation for wellbeing include: reduced risk of mortality and depression, better cognitive and psychological health, and better self-perceived health and health behaviours (Gilmour, 2012). Such benefits have contributed to growing evidence which demonstrates that physical health status is not the only factor contributing to the wellbeing of Canadian older adults in old age (Dupuis, 2008; Uppal & Barayandem, 2018). In fact, according to the 2016 General Social Survey (GSS) on Canadians at Work and Home, Canadian older adults reported the highest levels of overall life satisfaction—despite feeling least satisfied with their health (when compared to other age groups)(Uppal & Barayandem, 2018). More specifically, older Canadians

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<sup>17</sup> Social engagement (e.g., involvement in meaningful activities and maintaining close relationships) is a component of successful aging (Gilmour, 2012).

reported being most satisfied with their personal relationships, the quality of their local environment, and their safety—which demonstrates that the quality of community support (rather than size) may be most beneficial for wellbeing (Belanger, Ahmed, Vafaei, Curcio, Philips, & Zunzunegui, 2016; Gilmour, 2012; Siebert, Mutran, Reitzes, 1999; Uppal & Barayandem, 2018). Additional factors reported to contribute to the wellbeing of older Canadians include personal characteristics (e.g., age, marital status, location of residence), large friend and family network, stress levels, pet companionship, and strength in the face of everyday challenges—many of which can be bolstered by community support (Toohey, Hewson, Adams, & Rock, 2018; Uppal & Barayandem, 2018). However, despite all the benefits that social and leisure engagement offer, there are also factors that may contribute to reduced feelings and/or perceptions of wellbeing in old age—such as, pervasive ageism and continued erasure of interconnected social identities (e.g., gender identity) within aging and old age<sup>18</sup>.

In particular, older adults are also incredibly vulnerable to fluctuations in community support due to age-related experiences of retirement, changes in health and/or ability, the loss of a partner or close friends, relocation to be closer to children, and varying costs of services (e.g., private, “out-of-pocket” expenses versus government funded health and social service systems) that may make accessing and maintaining community support more difficult (Edwards & Mawani, 2006; Government of Canada, 2016; Gurung, Taylor, & Seeman, 2003). For example, many older Canadians voice concerns about aging that include becoming unable to care for

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<sup>18</sup> This work specifically highlights two of a whole host of additional factors that contribute to older adults’ experiences of community support and participation, including access to appropriate healthcare, culture, finances, familial circumstances, living situation, and geography (Public Health Agency of Canada [PHAC], 2018).

themselves and dependent upon others as a result of illness and/or advancing age; becoming socially isolated; outliving their income; and developing dementia (Raina, Wolfson, Kirkland, & Griffith, 2018). However, many of the most commonly cited fears with respect to aging and old age (e.g., poor health and social isolation) are often grounded in out dated and discriminatory notions of aging as a period of disease, decline, and loss of independence (Fabre, 2015; Sandberg, 2008). Within Canada, in particular, 51% of individuals who responded to a survey on ageism<sup>19</sup> agreed that “ageism is the most tolerated social prejudice when compared to gender or race-based discrimination” (Revera Inc., 2012). For example, many people are able to recognize when they—or someone else—are saying something that is unintentionally (or not) sexist or racist. However, this is often not the case with ageism since age-related stereotypes come in so many forms ranging from individual acts of discrimination (e.g., “senior’s moment” quips) to policies, programs, and legislation (e.g., mandatory retirement from the workplace)(Nicholls Jones, 2018; OHRC, 2001). As a result, ageism—as well as many other “-isms”—can be nuanced, unintentional, and difficult to combat since they are so deeply ingrained within the institutional systems, structures, and attitudes of Western neoliberal<sup>20</sup> society (e.g., anti-aging campaigns)(OHRC, 2001). In fact, within Western society, these historically situated ageist assumptions limit possibilities in aging and old age by emphasizing active resistance of age-

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<sup>19</sup> According to the Ontario Human Rights Commission (OHRC), ageism typically refers to two concepts: “a socially constructed way of thinking about older persons based on negative attitudes and stereotypes about aging and a tendency to structure society based on an assumption that everyone is young, thereby failing to respond appropriately to the real needs of older persons” (OHRC, n.d.a, para. 1).

<sup>20</sup> Within this inquiry, neoliberal—or neoliberalism—is understood as theory of political economy that emphasizes individual responsibility, control, and autonomy; while perpetuating notions that *all* individuals have equal opportunity (with respect to structures, power, and privileges) within and access to community-based social support programming (Ayo, 2012; Crawford, 2006).



related changes as the *only* path to aging “successfully”—which can lead to stereotyping and negative impacts on how society, including older adults themselves, views their appearance, worth, abilities, and contributions to society (Eibach, Mock, & Courtney, 2010; Genoe & Whyte, 2015; Mock & Eibach, 2011).

Further, and of particular importance to this inquiry, cis/heteronormative histories of stigmatization and marginalization have initially led to the erasure of 2SLGBTQIA+ identities, experiences, and bodies within gerontology. However, while recent shifts have sparked conversations about lesbian, gay, and bisexual identities and experiences (cf. Dunnivant, Berbary, & Flanagan, 2018; Mock, Shaw, Hummel, & Bakker, 2012; Mock & Schryer, 2017; Oakleaf & Richmond, 2017), literature within both gerontology and leisure studies that discusses transgender and non-binary identities, experiences, and bodies as they connect with experiences of aging and old age remains sparse. This is likely the result of cis/heteronormative assumptions that paint older adults as a homogenous group devoid of sexuality while continuing to ignore the long-histories of trans and non-binary identities, experiences, and bodies within Western culture; which is further compounded by pervasive ageism within youth-centric 2SLGBTQIA+ communities (Funders for Lesbian and Gay Issues, 2004). As a result, these histories of stigmatization and discrimination contribute to ongoing prejudice against (e.g., transphobia, anti-Black racism) and marginalization of transgender and non-binary individuals in aging and old age (e.g., lack of inclusive community support)—which reinforces the erasure of trans and non-binary older adults unique need for community supports within Western society (Fabbre, 2015).

As a result of their various interconnecting social identities—and their associated potential for discrimination and marginalization—some older adults may experience and/or perceive fewer opportunities for comprehensive community support. While some older adults may actually prefer to have smaller social networks (compared to younger adults) consisting of family and close friends, the risk of reporting loneliness, social isolation, dissatisfaction with life, and overall mortality continues to increase with advancing age—when compared to older adults with higher perceived levels of support (i.e., 3 or more close friends and/or family, participation in more social activities)(Gilmour, 2012; Government of Canada, 2016; Shiovitz-Ezra, Shemesh, & McDonnell/Naughton, 2018; Stats Can, 2015b; Taylor, Taylor, Nguyen, & Chatters, 2018). For example, according to the most recent Canadian Healthy Aging Survey, approximately 27% of older Ontarians reported that they were not socially connected with others; while 17% reported feeling isolated (Government of Ontario, & Ministry of Health and Long-term Care, Health System Information Management and Investment Division, Health Analytics Branch, 2012). Therefore, the overall wellbeing of Canadian older adults throughout aging and old age appears to be intimately connected to community support as negative attitudes and perceptions of aging clearly impact the involvement of older adults in their communities—in addition to having a significant impact on wellbeing in aging and old age (Siebert, Mutran, & Reitzes, 1999; (Sinha, Griffin, Ringer, Reppas-Rindlisbacher, Stewart, Wong, Callan, & Anderson, 2016). In fact, the Ontario Human Rights Commission (OHRC, n.d.a) proposed that ageism—and by extension social isolation and loneliness—can be combatted through inclusive policies, programs, services, and facilities that reflect and embrace the age diversity that exists within Ontario. By acknowledging the influence of community support within the lives of older adults, the need to

create and/or emphasize existing “policies, services, programs, and surroundings that enable healthy aging in the settings where older Canadians live, work, learn, love, recreate and worship” becomes increasingly evident (Edwards & Mawani, 2006, p. 10).

## **1.2 What is it like to be trans and non-binary in Canada?**

The following discussion will focus on what we know about transgender and non-binary individuals who live in Canada—specifically, Ontario<sup>21</sup>—with respect to diversity, experiences of discrimination, harassment, and victimization; the impact of these experiences on wellbeing; as well as the influence of community support (e.g., social connection and access to programs and services) in navigating some of these negative experiences. At present, there are no exact numbers that capture just how many transgender and non-binary individuals are living in Canada since current population health surveys (e.g., the Canadian Community Health Survey) and census forms fail to acknowledge many aspects of gender diversity across the life course—a reflection of pervasive cisnormativity within Canadian society (Giblon & Bauer, 2017). While exact population numbers are not available, the Trans PULSE Project—an ongoing community-based research project—has shed some light on the diversity of trans<sup>22</sup> individuals who live in Ontario by reporting a wide range of ages, occupations, relationship and familial statuses, and

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<sup>21</sup> It is important to note that the bulk of the data reported here is reflective of provincial data (rather than national samples such as Statistics Canada) because, at the moment, Statistics Canada data does not paint a comprehensive picture of transgender and non-binary Canadians. For example, trans and non-binary Canadians are not explicitly included in: demographic information beyond the age of 64, data on police-reported hate crime (Gaudet, 2018), data on prostitution offences (Rotenburg, 2016), and data on violent victimization of lesbian, gay, and bisexual individuals (Simpson, 2018). As a result, researchers have been unable to accurately capture just how many trans and non-binary individuals are living in Canada; however, rough estimates place the current number of trans and non-binary individuals as comprising approximately 0.5% of the Canadian population (Giblon & Bauer, 2017).

<sup>22</sup> Data from Trans PULSE Project does not explicitly refer to non-binary identities—which is why references to this work herein includes only “trans” rather than “trans and non-binary.”

geographic locations that mirror Ontario's population distribution (Bauer & Scheim, 2015). Further, trans individuals who participated in the study also reported a range of gender, sexual, cultural, and ethnoracial identities, relationships with their bodies, and personal beliefs about physical transition (Bauer, Boyce, Coleman, Kaay, & Scanlon, 2010). For example, 6% of respondents reported an Indigenous identity and 21% indicated a range of ethnoracial identities that were not white Canadian, American, or European (Bauer, Boyce, Coleman, Kaay, & Scanlon, 2010). These various interconnecting social identities demonstrate the diversity of identities, experiences, and bodies subsumed within the broader category of transgender and non-binary.

As various interconnecting social identities translate into everyday life, they may come together to elevate the risk of transgender and non-binary individuals experiencing marginalization and/or discrimination since dominant discourses within Canada continue to heavily scrutinize and stigmatize their identities, bodies, and experiences (Canadian Mental Health Association [CMHA], n.d.a; Rotondi, Bauer, Scanlon, et al., 2011; Rotondi, Bauer, Travers, et al., 2011). For example, according to the Trans PULSE Project, 96% of trans respondents had heard that trans individuals were not normal, 73% reported being ridiculed for being trans, and 78% reported that their family had been hurt or embarrassed because of their trans identity (Bauer & Scheim, 2015). Beyond these "everyday" experiences of harassment, many trans individuals have been the targets of violence because of their trans identities—20% of trans respondents reported they had been physically or sexually assaulted for being trans, while another 34% had been verbally threatened or harassed but not assaulted (Bauer & Scheim, 2015). However, many of these experiences of discrimination, harassment, and/or victimization

go unreported to the police since about 25% of trans respondents in the Trans PULSE Project reported being harassed by police (Bauer & Scheim, 2015). As these experiences of harassment and victimization are internalized, the Trans PULSE Project reported that trans individuals who have experienced physical or sexual assault are at a greater risk of experiencing suicidal thoughts (56%) and/or attempting suicide (43%) in Ontario—compared to 28% and 4% respectively among trans individuals who had not experienced transphobic assault, harassment, or threats (Bauer, Pyne, Francino, & Hammond, 2013; Bauer & Scheim, 2015; Rotondi, Bauer, Scanlon, et al., 2011; Rotondi, Bauer, Travers, et al., 2011). These alarming levels of suicidality are consistent with results from studies from across the world (Dhejne et al., 2011; Grant et al., 2010; Mathy, 2003; Whittle et al., 2007; Whittle et al., 2008). As a result of the ever-present fear of harassment stemming from being perceived as trans, two-thirds of trans individuals who responded to the Trans PULSE survey have actively avoided public spaces or social situations (Bauer & Scheim, 2015). The compounding of these incidences of discrimination and harassment (which now constitute human rights violations<sup>23</sup>) may result in disparity in social acceptance, employment, and housing; as well as amplifying barriers to accessing comprehensive community support (CMHA, n.d.a.; Witten, 2009).

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<sup>23</sup> In June 2017, Bill C-16 was written into Canadian law. This law immediately updated the Canadian Human Rights Act and Criminal Code to include gender identity and gender expression as grounds for protection from discrimination and hate publications/speech. This legislative change also added gender identity and gender expression to the list of aggravating factors that result in a criminal offence (House of Commons of Canada, 2017).

While experiences of transphobia were—and likely continue to be—a reality<sup>24</sup> for trans and non-binary individuals who participated in the Trans PULSE project, these experiences are not necessarily felt in the same way or magnitude by all trans and non-binary individuals—reflecting further diversity along race, ethnicity, age, gender identity, sexual identity, class, ability, etc. For example, when looking at the diversity among trans identified individuals, research shows that—according to Trans PULSE—approximately three-quarters of racialized<sup>25</sup> trans respondents reported experiences of discrimination based on race and/or ethnicity (Longman, Marcellin, Scheim, Bauer, & Redman, 2013b). In particular, trans women of colour are disproportionately vulnerable to experiencing violence within Canadian society (Bauer, Boyce, Coleman, Kaay, & Scanlon, 2010). The most common acts of discrimination reported by racialized trans respondents included being made fun of while growing up, hit or beaten up, treated rudely or unfairly, harassed by police, turned down for a job, being uncomfortable in queer and trans spaces, and difficulty finding lovers (Longman Marcellin, Scheim, Bauer, & Redman, 2013b). Further, existing literature suggests that Two-spirit, queer, and trans Black, Indigenous, and People of Colour (QTBIPOC) individuals experience higher rates of personal trauma (i.e., physical and sexual assault, abuse, and systemic racism), greater risk of negative physical and mental health outcomes, as well as exacerbated barriers to culturally competent health care due to pervasive systemic racism within Canada (Baker & Giles, 2012; Balsam,

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<sup>24</sup> A 2013 report by the Trans PULSE project described that transphobia was a nearly universal experience for all trans Ontarians—as 98% reported experiencing at least one transphobic experience (Longman Marcellin, Scheim, Bauer, & Redman, 2013a).

<sup>25</sup> I recognize the essentialization inherent in referring to “racialized trans respondents” rather than Black, Indigenous, and People of Colour; the usage in this discussions is, once again, reflective of language used within the Trans PULSE Project.

Huang, Fieland, Simoni, & Walters, 2004; Durst, South, & Bluehardt, 2006; Health Canada, 2014; Scheim, Jackson, James, Sharp-Dopler, et al., 2013). As a result, many Two-spirit and QTBIPOC individuals have moved to urban centres to escape poverty and discrimination within their home communities; only to find that poverty persists and racism is rampant within available 2SLGBTQIA+-inclusive community support (Ristock, Zoccole, & Potskin, 2011; Scheim, et al., 2013; Taylor, 2009). These results highlight the prevalence of racism and ethnicity-based discrimination in the day-to-day lives of Two-spirit and QTBIPOC individuals; as well as, specifically calling attention to the racism and ethnicity-related discrimination that exists within the 2SLGBTQIA+ community that may have a significant impact on community support and wellbeing (Longman Marcellin, Scheim, Bauer, & Redman, 2013b).

Further, there is also pervasive ageism within the 2SLGBTQIA+ community. In fact, most older adults have felt the impact of pervasive ageism within Western cis/heteronormative society in one form or another (Revera Inc., 2012). However, for trans and non-binary older adults, all too familiar experiences of ageism are often escalated by ageist attitudes and norms within the 2SLGBTQIA+ community; as well as compounded by deeply ingrained discourses of cis/heteronormativity within Western society (Funders for Lesbian and Gay Issues, 2004). According to Butler (2004), the 2SLGBTQIA+ community is more ageist—or youth-centric—when compared with the general Canadian population since age is often used as a marker of status in a community that values youth and beauty—while signs of aging and old age are viewed as less attractive (Brotman, Ryan, & Cormier, 2003; Reid, 1995). These often-unchallenged values are evident in standards that equate beauty with youth (e.g., physically fit bodies), exclude the voices of older adults from community discussions, and ignore the presence

of aging issues within the 2SLGBTQIA+ community (Butler, S., 2004). This overemphasis of youthfulness and beauty may make trans and non-binary older adults feel unwelcome and has contributed to their erasure within 2SLGBTQIA+ culture—and Western society (American Society on Aging [ASA], 2010; Grossman, 2006). While this inquiry is focused on gender identity as it connects with aging and old age, it is important to acknowledge that this is just *one* of the many various interconnected, fluid, and societally imposed aspects of individual identity that may influence lived experiences of aging, old age, and community support. Therefore, although this inquiry has not explicitly attended to the fluidity and multiplicity of identities that exist within these two groups (i.e., older adults, transgender and non-binary individuals), it will be present in future projects in ways that will highlight, respect, engage, and actively seek to be inclusive of various interconnected social identities—specifically, Black, Indigenous, and People of colour—in order to combat further erasures of individuals who continually find themselves on the margins of society.

As various interconnecting social identities come together to influence the lived experiences of trans and non-binary individuals, there is a small—but growing—body of literature which reports that community support (e.g., friendships, social connection, and social programs and services) significantly reduces the risk of suicidality for transgender and non-binary individuals (Bauer & Schiem, 2015; Carter, Allred, Tucker, Simpson, Shipherd, & Lehavot, 2019; Trujillo, Perrin, Sutter, Tabacc, & Benotsch, 2017). In particular, Bauer and Scheim (2015) found that with strong social support (i.e., family and friends, social programming) the risk of suicidality decreases by 93%. Further, community support (e.g., social connectedness) has been demonstrated to act as a buffer against prejudice, stigmatization, and



discrimination; as well as fostering wellbeing in the lives of trans and non-binary individuals (Austin, & Goodman, 2016; Barr, Budge, & Adelson, 2016; Pflum, Testa, Balsam, Goldblum, & Bongar, 2015). For example, leisure spaces—while at times a risky space for trans and non-binary individuals—have been found to be settings for gender affirmation and transformation (Berbary & Johnson, 2017; Grossman, O’Connell, & D’Augelli, 2005; Lewis & Johnson, 2011; Oakleaf & Richmond, 2017; Trussell, Sharpe, & Mair, 2011). Therefore, it is becoming increasingly apparent that community support through engagement in advocacy, self-care, supportive families and friends, and inclusive social programming—to name a few—assists in maintaining and fostering wellbeing in the face of negative and adverse life events (Beyond Blue, 2019; Matsuno & Israel, 2018; Scandurra, Bochicchio, Amodeo, Esposito, Valerio, Maldonato, Bacchini, & Vitelli, 2018; Stanton, Ali, & Chaudhuri, 2017; Watson & Veale, 2018). Thus, in alignment with Bauer, Pyne, Francinio, and Hammond (2013), these findings suggest that disparity experienced by trans and non-binary individuals is a social justice issue which highlights the necessity for community support that is inclusive, encouraging, and makes space for trans and non-binary individuals. Therefore, this inquiry worked to explore the potential for the lessons learned about community support within the lives of transgender and non-binary older adults who live in Southern Ontario to be transferred to communities across Canada—locations with presumably non-existent or limited resources for trans and non-binary older adults.

### **1.3 What happens when transgender and non-binary Canadians age and become old?**

As the Canadian population continues to age, we can also expect to see the greatest number of trans and non-binary older adults ever recorded (Witten, 2003). As a group, today's trans and non-binary older adults are within the first generations of 2SLGBTQIA+ individuals to live openly with diverse sexual and/or gender identities (SAGE & MAP, 2010). Given what has been established regarding the influence of community support within experiences of aging and old age, as well as within the lived experiences of transgender and non-binary individuals living in Canada, it is reasonable to assume that community support becomes even more relevant as experiences of aging, gender identity, and varying levels of interconnected discrimination come together within the lived experiences of transgender and non-binary older adults. In particular, the need for trans and non-binary older adults to negotiate cis/heteronormative societal expectations for gender and aging—as well as both actual and perceived transphobic and ageist discrimination, harassment, and/or violence that persists within research and society—may create distinct social locations that influence a unique combination of opportunities and barriers to community support and aging well (Bauer & Scheim, 2015; Cahill et al., 2000; de Vries et al., 2019; Fabbre, 2015; Purdie-Vaughns & Eibach, 2008).

Recognizing the benefits of community support within the separate experiences of aging and gender identity, Witten (2009) stressed that community support—specifically social relationships and care partnerships—has the potential to impact many facets of wellbeing, including quality of life, for transgender and non-binary older adults as they navigate both cis/heteronormativity within aging experiences and ageism within 2SLGBTQIA+ experiences. In

particular, trans and non-binary older adults are more likely (when compared to the broader population of older adults) to turn to their chosen family<sup>26</sup> for advice, emotional support, and assistance with personal matters and emergencies because they may have experienced lack of understanding, guidance, support, and/or, in extreme situations, complete rejection by parents, children, extended family members, friends, and the general community—regardless of the age at which they came out and/or transitioned (Butler, S., 2004; Cook-Daniels, 2006; Erosheva, Kim, Emler, & Fredriksen-Goldsen, 2016; Gonsiorek, 1995). Such support may also be important for enhancing wellbeing and combating the negative impact that lifelong experiences of discrimination, harassment, and/or violence; higher levels of perceived stress; and general aging fears may have on trans and non-binary older adults' experiences of aging and old age (Grossman, 2006; Grossman, D'Augelli, & Hershberger, 2000; Knochel, 2011; Masini & Barrett, 2008; Orel, 2006; Witten, 2009; Witten & Whittle, 2004). Further, long histories of stigmatization, pathologization, and discrimination within social structures and institutions—along with the process of coming out, experiences of minority stress, and marginalization both within and outside the 2SLGBTQIA+ community—may enhance trans and non-binary older adults feelings of preparedness to enter old age with the strength and power to live well and thrive (Cahill & South, 2002; Grant et al., 2010; Meyer, I., 2003; SAGE & MAP, 2010; Van Wagenen, Driskell, & Bradford, 2013). As a result, there is now a growing body of literature

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<sup>26</sup> Typically, trans and non-binary older adults' trusted networks of support—as a component of overall community support—consist of close friends, previous partners, and important significant others that they can turn to for the social support, friendships, information, and identity affirmation that they may be lacking in the absence of familial and institutional support (Brotman & Ryan, 2008; Erosheva, Kim, Emler, & Fredriksen-Goldsen, 2016; Gabrielson, 2011; Kurdek, 2005).

which depicts a tenuous balance of disparity and resilience as trans and non-binary older adults navigate aging and old age—a perspective that strays dramatically from the stereotypical vision of the lonely, isolated, and depressed trans older adult (Grant et al., 2010; Porter, Ronneberg, & Witten, 2013; SAGE & MAP, 2010; Singh & McKleroy, 2011; Witten & Eyler, 2004).

As trans and non-binary older adults continue to age, their immediate circle of support may begin to decline (e.g., death of chosen family) which may result in fewer opportunities to meet new people and participate in social activities outside of their pre-existing networks of support (ASA, 2010; Grossman, 2006). As a result, they may have limited options for much needed community support—which may be problematic given histories of erasure (e.g., pervasive ageism and cis/heteronormativity) that make it difficult to find options that support both aging and transgender identities (Persson, 2009). In particular, as histories of cis/heteronormativity come together with—and are compounded by—general fears and concerns that trans and non-binary older adults have for aging, they may further reinforce perceptions and experiences of old age as period of discrimination, decline, and disparity (Witten, 2004). According to the Trans PULSE Project, when trans individuals look to the future their outlook may not be particularly hopeful: 77% of trans respondents worried about growing old as a trans person and 67% feared they would die young (Bauer & Scheim, 2015). These feelings may also stem from the fear that lived experiences of stigmatization, harassment, and violence will continue to create situations of marginalization throughout aging and old age; resulting in the avoidance of much needed sources of community support (Bauer, Scheim, Deutsch, & Massarella, 2014; Brown, 2009; Giblon & Bauer, 2017; Siverskog, 2014; Witten, 2009). As a result, stigma (both societal and internalized) and victimization have been associated with an increased likelihood of living alone, low feelings

of community belonging and social isolation, and decreased potential for care relationships and advocacy—which, in turn, results in negative impacts on wellbeing and greater risk of mortality for trans and non-binary older adults (Finenauer, Sherratt, Marlow, & Brodey, 2012; Fredriksen-Goldsen et al., 2013; Grossman, 2006; Hoy-Ellis & Fredriksen-Goldsen, 2017; Persson, 2009; SAGE & MAP, 2010). In fact, the National Seniors Council *Report on the Social Isolation of Seniors* (2014) highlighted that lesbian, gay, bisexual, or transgender older adults are more vulnerable to experiencing social isolation. However, much of this growing body of literature fails to adequately acknowledge and account for many of the facets of identity (i.e., age, gender identity, sexual identity, race, ethnicity, class, ability) that may come together to influence trans and non-binary older adults' experiences of aging, gender identity, and community support (e.g., systemic barriers to aging well) specifically within the Canadian context (Erosheva, Kim, Emler, & Fredriksen-Goldsen, 2016; Finenauer, Sherratt, Marlow, & Brodey, 2012; Fredriksen-Goldsen, Cook-Daniels et al., 2014; Witten, 2009). These limited representations are yet another iteration of the pervasive ageism and cis/heteronormativity that exists within and beyond 2SLGBTQIA+ communities in Canada.

As both aging and transgender identities continue to be devalued and marginalized within Western cis/heteronormative society, trans and non-binary older adults struggle to find community support within the 2SLGBTQIA+ community that is inclusive of aging and old age; as well as aging community support that is inclusive of trans and non-binary identities as they age. Thus, extending the previously mentioned findings of Bauer Pyne, Francinio, and Hammond (2013), research into experiences of affirming community support becomes a social justice issue which impacts the wellbeing of Canadian trans and non-binary older adults who live in

community<sup>27</sup>. Now, the question becomes: how do trans and non-binary older adults navigate these erasures to find community support that can benefit both of these interconnected social identities within Canada? Witten (2009) and Erosheva, Kim, Emlet, and Fredriksen-Goldsen (2016) have called for more research that attends to the many complex layers (e.g., diverse family structures, pet companionship, relationships with care partners) of transgender and non-binary older adults' "alternative" community support networks (Muraco, Putney, Shiu, & Fredriksen-Goldsen, 2018). With this in mind, exploring trans and non-binary older adults experiences, perceptions, and desires of community support may also illuminate how an individual is able to navigate and resolve complex life experiences for one's affirmation and survival; as well as, enhanced wellbeing and maintenance of dignity, autonomy, and positive social connections throughout aging and old age (Witten, 2009). Therefore, this inquiry strived to answer this call by exploring how aging, gender identity, and community come together to influence trans and non-binary older adults' experiences, perceptions, and desires of community support as a possible avenue for enhancing—or limiting—opportunities for aging well.

#### **1.4 How can we enhance community support for Canadian trans and non-binary older adults?**

The thread that has woven through above discussions of aging and lived experiences of trans and non-binary individuals across the life span is the importance of community support to

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<sup>27</sup> There is a growing number (~92%) of older Canadians who are living in the community. It is also fathomable that transgender and non-binary older adults are more likely to live in community due to fear of experiencing discrimination and/or harassment in long-term care homes. In this context, the community refers to private dwellings—rather than retirement and/or long-term care settings—geographically situated within Western society (Canadian Institute for Health Information [CIHI], 2011; Stats Can, 2016).

wellbeing in aging and old age—and by extension aging well. As it becomes increasingly recognized that community support is an integral component in shaping experiences of aging and old age, it is concerning that very little is known about trans and non-binary older adults' experiences of aging and old age in Canada. Taking this to heart, this inquiry aimed to illuminate long-standing silences regarding Canadian trans and non-binary older adults' experiences of aging and old age. In particular, this work explored how Canadian trans and non-binary older adults who live in Southern Ontario understand and experience community support within their daily lives in relation to their experiences of aging and old age—in order for the lessons learned regarding community support to be transferred to locations beyond Southern Ontario.

With the goal of understanding trans and non-binary older adults' experiences, perceptions, and desires of community support, this inquiry explored this purpose using Thomas' (2011) typology of case study research. Case study—as will be discussed in more depth in *Chapter Three*—was the most useful methodology for this work since its methods (e.g., narrative interviews, observation, document analysis) provided a multi-method opportunity for in-depth exploration of a particular issue within an exemplary case in order to affect future policy and practices in Canada. More specifically, case study provided an opportunity to explore a particular social issue and better understand how the various facets of aging, gender identity, and community support come together to shape experiences of aging and old age from the perspectives of community organizers and trans and non-binary older adults themselves. Therefore, using a theoretical scaffolding of queer and critical gerontological theories to think with (discussed in *Chapter Two*), this case study inquiry answered the following research questions:

1. What kinds of community supports are perceived to exist or are experienced within Southern Ontario for trans and non-binary older adults?
2. Based on these perceptions and experiences, what can we learn about those aspects of community support that are beneficial, detrimental, ignored, unfulfilled, or imagined?
  - a. From the perspective of trans and non-binary older adults?
  - b. From the perspective of community organizers?
3. How do these perceptions and experiences function in the lives of trans and non-binary older adults in relation to sense of gender identity, aging, and wellbeing?
4. How might we translate the lessons learned (e.g., beneficial, detrimental, ignored, unfulfilled, imagined aspects) into actionable suggestions that will facilitate the (re)imagining of community support (e.g. disrupting current policy and practice) within the lives of trans and non-binary older adults who live in communities across Canada?

By working with trans and non-binary older adults<sup>28</sup> to explore the triumphs and challenges of aging and community support within Southern Ontario, this work informs three outcomes. First, this inquiry sheds light on how community support (e.g., relationships with friends and family, specific community programs) is perceived, experienced, understood in the daily lives of trans and non-binary older adults. Second, this work offers suggestions for strengthening the influence of community support on the wellbeing of trans and non-binary older adults living in

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<sup>28</sup> Trans and non-binary older adults' experiences of community support was the primary focus of the inquiry; followed by explorations of community organizer's experiences of providing support to aging folx and/or 2SLGBTQIA+ folx—which were revealed through the data collection process as sites for further exploration.



Southern Ontario through systemic reformation and/or (re)imagination. Finally, this work begins to shatter long-standing silences on the lived experiences of transgender and non-binary older adults through an exploration of the various facets of aging, gender identity, and community support. Thus, by sharing transgender and non-binary older adults' stories of aging, gender identity, and community support, possibilities open up to provide more complex understandings of experiences of aging, gender identity, and community; while simultaneously producing research that is mindful of historical and cultural discourses. The more clearly we begin to understand the ways that community support works within the experiences of transgender and non-binary adults, the easier it will become to enhance opportunities for community support that promote the wellbeing of trans and non-binary older adults across Canada.

## Chapter 2: Queering Aging, Aging Queer

Before delving into this chapter, *Chapter Two: Queering Aging, Aging Queer*, it is useful to briefly revisit *Chapter One* in order to situate where this discussion is heading within where it has been. *Chapter One* unpacked contemporary understandings of aging and gender identity as they interconnect to inform transgender and non-binary older adults' experiences, perceptions, and desires of community within Southern Ontario. In particular, this discussion highlighted gaps in community support for trans and non-binary older adults as current resources fail to support two of their many interconnected social identities (e.g., aging and/or old, transgender and/or non-binary). While communities within Southern Ontario are recognized as some of the most significant spaces for supporting aging and old age *and* 2SLGBTQIA+ individuals within Ontario, these separate resources rarely come together to provide comprehensive support for transgender and non-binary older adults. The purpose, therefore, of this inquiry was to explore how Canadian trans and non-binary older adults who live in Southern Ontario understand and experience community support within their daily lives in relation to their experiences of aging and old age—in order for the lessons learned to be transferred to communities beyond Southern Ontario. This chapter discusses relevant literature within gerontology and gender studies that have influenced dominant discourses within aging and old age—as situated within humanism. As current conceptualizations of gender continue to expand, it is also time to expand and reconceptualize understandings of the dominant discourses within aging and old age as binarized understandings of gender and success that limit possibilities for identities, experiences, and bodies that do not “fit” within these expectations. To do this, queer theory (e.g., notions of shame

and failure) provides one avenue for moving through taken-for-granted understandings of aging and old age. In so doing, this chapter proposes reconceptualized understandings of aging and old age that embrace shame and failure as a productive and ethical imperative for transforming community within the lives of transgender and non-binary older adults.

## **2.1 Contextualizing Gender and Aging Within Western Narratives of Cis/heteronormativity**

By the turn of the 20<sup>th</sup> century, the segregation and institutionalization of older adults within Western society was beginning to take hold as age-related changes in anatomy, physiology, and psychology were now considered evidence that aging itself was a disease (Twigg, 2004; Wearing, 1995). As a result, old age rapidly became a period characterized by loss of authority, occupation, and wealth coupled with progressive decline in abilities, activities, and sociability (Wearing, 1995). For example, policies and institutions were created to segregate the later years of life (i.e., years beyond the age of sixty-five) from industrialized, “productive” society. By positioning older adults as biologically inferior to the young, these ageist discourses and practices have contributed to the current binarized social system which reinforces the divide between youthfulness (i.e., success) and old age (i.e., failure)(Kagan, 2012). In fact, when thinking about aging and old age within Western society, perceptions and understandings are most often situated within a series of binaries (i.e., successful/unsuccessful aging, health/disease, male/female) which differentially influence experiences of aging and old age—regardless of individual or collective experiences. In particular, this work was interested in the ways that gender (e.g., male/female, cisgender/transgender) interconnect with experiences of aging and old age—which have historically relied on traditional binarized notions of gender. However, before

delving into discourses of aging and old age, it is relevant to first think through how gender has come to be situated within contemporary Western cis/heteronormative discourses in order to better understand the gendered foundations of traditional theories of aging and old age.

Within contemporary Western society, traditional notions of gender are often taken-for-granted as “innate” or “natural” practices that collapse understandings of sex assigned at birth, gender identity, gender expression, and sexual identity into one another. Since these expectations are so pervasive and dominant—also referred to as hegemonic—within Western society, collective conceptualizations of gender have long been limited to the stable and immutable “either/or” binary options for gender. In particular, these understandings have reinforced and reinscribed notions that limit gender to the stable and immutable “either/or” binary options of woman *or* man—while simultaneously marginalizing identities, experiences, and bodies that do not conform to these expectations (Halberstam, 2005). For example, before we are even born, the expected trajectory begins with the common practices of preparing for the birth of a newborn (e.g., choosing names and gender reveal parties). Then, the moment a doctor declares, “It’s a boy!” or “It’s a girl!” when a baby is born sets in motion a very specific set of expectations—referred to as medical interpellation—that impose a series of structures and regulations (e.g., favorite colors, clothing likes/dislikes, attractions, etc.) that must be negotiated for the rest of their life (Butler, 1993). In other words, from birth, we are socialized into particular ways of thinking about gender (e.g., woman and man) that create hierarchies of identities based on historical and cultural practices—no matter how liberal we now consider ourselves to be (Butler, 1990, 2004; Cashore & Tuason, 2009; Gramsci, 1971; Lather, 1991). As a result, when we grow up and begin to navigate the cis/heteronormative social structures of Western culture, we learn

how we are supposed to look and behave, what actions are appropriate, and where we fit within society—essentially, we learn “what it means to be ‘normal’ and what happens to those who are not” (Robinett, 2014, p. 367). For example, cis/heteronormativity privileges these hegemonic norms whenever an individual is required to categorize their identity as one of two options—male or female—when filling out forms (e.g., research surveys, medical forms, etc.), choosing which public washroom to enter, and participating in recreational activities (e.g., teams, clubs, camps, etc.).

Within recent years, conceptualizations of gender have constantly evolved and expanded in response to critiques of taken-for-granted assumptions that the gender binary is universal, essential, and natural. In thinking of gender as a continuum, the sex an individual is assigned at birth, their performed gender, and/or their sexual identity, rather than assumed to be binary and stable givens, are instead understood as socially constructed categorizations that are produced by and contingent upon the interconnections of sociocultural norms and dominant political and historical discourses (Rubin, 2011; Sedgwick, 1990). Therefore, gender—instead of unquestionably arising from biology—is now understood to be comprised of individualized and social understandings of the various factors (e.g., culture, language, relationships) that can come together within any number of complex, multiple, and fluid possibilities (Butler, 1990). As a result, it becomes increasingly apparent that there are an immense number of possibilities for gender which unravel and challenge dominant discourses concerning sex, gender, sexuality, and desire by exposing and scrambling the taken-for-granted hierarchies and binary codification of social identities—subsequently, opening up possibilities for transgender and non-binary identities (Stein & Plummer, 1994). For example, there are some individuals who cannot and do

not wish to be categorized as “either/or”—that is, either female or male—and may move beyond debates of rigidity and fluidity towards conceptualizations of “both and more” to identify between or beyond genders, or blurring the lines of gender, or “none of the above, thank you” (Halberstam, 2005; Mattilda, 2006, p. 12). However, a level of risk remains in transgressions of gender since dominant discourses within Western culture continue to dictate that identities, experiences, and bodies must appear and/or feel in alignment with the sex/gender binary (i.e., female or male) in order for gender to “work”—resulting in the continued silencing, pathologizing, and/or marginalizing of identities, bodies, and actions that are not perceived to be “normal.” It is precisely this risk that makes aging as someone whose identity falls outside of binary—or “traditional”—conceptualizations of gender precarious.

## **2.2 Interconnections of Aging and Gender Within Discourses of Successful Aging**

While it is undeniable that these pervasive and long taken-for-granted beliefs and practices have perpetuated and reinforced discourses of gendered difference, these binarized understandings of gender have also had an irrefutable impact on shaping perceptions and understandings of aging and old age within contemporary Western neoliberal society<sup>29</sup>. In particular, these binaries have influenced—and are reciprocally influenced by—the rise of consumerism and consumerist culture over the course of the last century by dictating how and what aging looks like in relation to binary gender (Twigg, 2004). Western neoliberal imperatives

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<sup>29</sup> As our culture progresses, the devaluation of older adults has continued because these negative stereotypes and misconceptions associated with aging and old age have been perpetuated (to varying degrees) through literature, the media, language, recreation and leisure, product marketing, and social policy (Sandberg, 2008; Walker, 2012; Wearing, 1995).

of productivity and youthfulness have infiltrated experiences of aging and old age by emphasizing that aging is not necessarily a negative thing, as long as you continue to live your life as you *always* have; while taking *responsibility* for shaping one's aging and old age (Clarke, Griffin, & PACC Research Team, 2008; Sandberg, 2008; 2015). For example, while all older adults may feel the pressures of neoliberal, capitalist notions of aging, individuals who identify as women are particularly vulnerable to self-doubt caused by misogyny and pervasive ageism. Older women<sup>30</sup>, in particular, continue to find themselves competing against the “tyrannies of the ‘fashion-beauty complex’—thinness, prettiness, sexiness, and youthfulness” (Walker, 2012, p. 800) as the media “bombards us with images of women who look to be at most forty, yet they ‘hide wrinkles’ with Oil of Olay, remove ‘age spots’ on their hands with Porcelana and hide ‘that ugly grey’ with Lady Grecian formula” (Auger, 1992, p. 81; Clarke & Griffin, 2008; Clark, Griffin, & Maliha, 2009). As a result, older women who do not strive to fit within this prescribed moral framework of age-appropriate appearance, dress, and sexuality risk being labelled “mutton dressed as lamb” rather than “aging gracefully” (Walker, 2012, p. 796). These neoliberal discourses of consumerism continue to position gender as binary, and position aging and old age as a threat to youthfulness and productivity (e.g., age-related changes in ability viewed only as inevitable precursors to death); while promoting active resistance<sup>31</sup> to the signifiers of aging and

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<sup>30</sup> Older men do not appear to be measured against similar standards as they are often perceived to be more attractive and mature as they age (Auger, 1992; Sandberg, 2008).

<sup>31</sup> As Cruikshank (2008) questioned, “how does age resistance differ from age denial” (p.150)? An individual who is actively engaged in age resistance is deliberately stepping outside of the taken-for-granted discourses of aging and old age, whereas to deny one's age is to claim to be ageless. While age denial may be a futile mission, active resistance to the predominantly negative discourses of aging may be physically and psychologically necessary (Wearing, 1995). Regardless, now prevalent “anti-aging” discourses encourage the pursuit of agelessness (i.e., age

old age through active choices, working on the body, and purchasing material goods (Clarke, Griffin, & PACC Research Team, 2008; Sandberg, 2008). Rather than encouraging individuals to embrace the multiple paths to aging and old age, Western neoliberal consumerist discourses continue to persuade individuals to go to great lengths to hold off and/or diminish the impacts of aging and old age through the purchase of anti-aging products and services that are geared towards male or female gender performances (Shiovitz-Ezra, Shemesh, & McDonnell/Naughton, 2018). While avoiding disease and decline, maintaining high levels of physical and cognitive function, and continued participation in productive activities may be desired within aging and old age, the overemphasis of these characteristics as the *only* desirable path feeds ongoing ageist discourses that have also infused the natural transitions of aging and old age with shame, fear, and failure for many older adults (Applewhite, 2017). Thus, while living life as we *always* have is—in fact—an impossibility due to the natural transitions of aging and old age, Western society has become a culture consumed by the “losses” associated with aging and old age; resulting in a cultural paranoia, devaluation, and dread with respect to aging and old age—referred to by Sandberg (2008) as “an endemic fear of ageing” (p. 123) for young and old alike (Oldman, 2002).

In other words, neoliberal imperatives of productivity, youthfulness, and resilience have taken up the tenets of “positive discourses” of aging and old age to emphasize a strength's perspective on aging and old age which may still remain outside the realm of possibility for

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denial); while perpetuating attitudes that associate aging and old age with loss, universality of experience, and disease (Cruikshank, 2008).



many older adults (Sandberg, 2008). Within contemporary Western society, positive discourses of aging and old age are one of two contradictory perspectives of aging and old age that prevail today (Fabbre, 2015; Sandberg, 2008). In particular, positive discourses of aging and old age emphasize old age as a period filled with potential for adaptation and personal fulfillment by emphasizing resilience and the avoidance of disease and decline—replacing previous emphasis on negativity and decline with a more “optimistic ontology” that equates aging well with resisting aging processes by rejecting the “negativities” of old age (i.e., the failing body)(Featherstone & Wernick, 2003; Sandberg, 2015, p. 21). These “negative discourses”—or traditional discourses—of aging and old age continue to position old age as a period of inevitable and unavoidable disease, decline, and loss of independence (Featherstone & Wernick, 2003). While most current studies will reject this more traditional negative discourse, many still frame their work around these “positive discourses” of aging and old age—especially when informed by the popular theory of “successful aging” (Rowe & Kahn, 1997). Successful aging, as originally defined, is “multidimensional, encompassing the avoidance of disease and disability, the maintenance of high physical and cognitive function, and sustained engagement in social and productive activities” (Rowe & Kahn, 1997, p. 433). This theory garnered large amounts of support around its conception because it was seen as a new and more just way to speak of aging and old age that departed from traditional “negative discourses” to challenge previous notions of aging and old age as solely a time of decline and disease. Rather than viewing aging as a period of decline, redefining it as “successful” allowed theorists to, instead, focus on a more positive and productive understanding of development. Yet, even with this more positive focus,

understandings of successful aging appear to have simply moved to essentialize another limited definition of what it means to “succeed” as an older adult.

While this “positive discourse” supported by the theory of “successful aging” makes aging and old age sound more hopeful, it is only something that the few who are able to commit to its prescribed notions (e.g., health, ability, financial ease) can actually ever attain. As a result, this definition of successful aging has increasingly been critiqued<sup>32</sup> for its omission of the influence of social factors (i.e., factors such as race, gender, sexuality, socioeconomic status, family structure, friendships, and access to high-quality healthcare) on an individual’s capacity to age “successfully” (Tesch-Römer & Wahl, 2017; Rowe & Kahn, 2015). By ignoring many of the social aspects of aging, Brown (2009) contended that discourses of successful aging have abandoned the aging body to medicine and pathologization and recreated a template of successful aging which has a foundation of binary gender, youthfulness, whiteness, able-bodiedness, and middle-classness (Hill Collins, 2004; Sandberg, 2008). This template contributes to the divide where successful aging is viewed as “normal” and non-pathological, while aging in any other way is viewed as “unsuccessful,” pathological, and to be avoided at all costs (Rowe & Kahn, 1997). This juxtaposition creates aging as a binarized contest of success and failure that continuously constructs some older adults as pathological, frail, and problematic in order for others to be viewed as autonomous, responsible, and successful (Sandberg, 2008). Thus, while the original intention of shifting towards discourses of positive aging may have been to reverse

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<sup>32</sup> In response to sociocultural challenges posed by aging and old age—as well as ongoing critiques of discourses on successful aging, Rowe and Kahn (2015) have urged “that the concept of successful aging ...be complemented with a body of theoretical inquiry and empirical research at the level of society” (p. 595).

associations of aging with negativity and decline, current discourses only appear to be new packaging for prevailing ageism as this template for successful aging is, from the start, impossible for many of us to live up to—which creates aging as a precarious experience for many older adults (Sandberg, 2008; 2015). Further, successful aging becomes even more difficult to replicate when attempted by individuals who have “failed” the proper trajectory of aging from the start by not fitting within the prescribed template for success. Therefore, the question now becomes: what happens when identities and bodies—in particular, transgender and non-binary identities and bodies—try to age successfully but are always already existing outside the boundaries of the “successful” template which relies on an assumption of traditional, stable, binary gender?

### ***2.2.1 What does aging look like if infused with fluid gender?***

As we embrace the recent proliferation in conceptualizations of gender, the influence of taken-for-granted understandings of gender within experiences of aging and old age becomes even more problematic and limiting. Despite attempts to reverse associations of aging with negativity and decline, dominant discourses of aging and old age continue to reinforce the binarized division between success and failure in which *everyone* is expected to fit within current Western cis/heteronormative life course expectations—or risk aging unsuccessfully (Fabbre, 2015; Sandberg, 2008). The resultant and ever-present pressure to “fit” within—rather than exist on the margins and/or entirely outside—these historically narrow expectations for gender and conceptualizations of success founded upon traditional notions of gender often ignore diversity within the sexual and gender identities of older adults, as well as ignoring discriminatory

structural influences of ageism and cis/heteronormativity on wellbeing in old age (Fabbre, 2015). As a result, dominant discourses of successful aging continue to influence the creation and expression—or limitation—of identities, experiences, and bodies within old age, making experiences of aging and old age particularly precarious for transgender or non-binary older adults who continually find themselves on the margins of society due to the social privileging of hegemonic identities, assumed “shared” experiences, and binary bodies (Fabbre, 2015; Fredriksen-Goldsen, et al., 2015; Kia, 2015; Sandberg, 2008). Specifically, traditional conceptualizations of successful aging may fail to consider many of the unique circumstances encountered by trans and non-binary older adults as they negotiate a number of opportunities and barriers to community support and aging well—such as the way their identities, experiences, and/or bodies do not necessarily conform to dominant expectations of binary gender reinforcing their position outside of pathways to “successful” aging (Fabbre, 2015). While “success” with respect to aging and old age is not strictly a cis/heteronormative concept, the continued ignorance of the limiting impacts of cis/heteronormativity on experiences of aging and old age perpetuates the assumption that normative gendered identities, experiences, and bodies are *required* in order to age successfully—while individuals who do not, or cannot, “fit” within these normative expectations are always already considered failures (Fabbre, 2015; Sandberg & Marshall, 2017).

As a result, it is becoming increasingly clear that current perspectives of successful aging are unable to fully account for trans and non-binary older adults’ experiences of aging, gender identity, and community support. In fact, such discourses of success may actually be of little relevance within the lives of transgender and non-binary older adults since traditional discourses

of gender and aging remain firmly rooted in understandings of similarity and difference that have been developed to fit other times and conditions (Sandberg, 2008). Thus, it is time for enhancing understandings of aging and old age in ways that embrace a wider expression of identities, bodies, and experiences which challenge cis/heteronormative expectations for aging and old age (Wearing, 1995). In fact, Kia (2015) suggested that the development of theory that positions diverse sexual and gender identities within understandings of aging and old age is not only important, but necessary. Reflecting the multiplicity, fluidity, and contingency within experiences of aging and gender, this inquiry maintains the position that the task of (re)conceptualizing understandings of aging, gender identity, and community support is a multidimensional process riddled with complexity that is best understood from diverse theoretical and practical perspectives (Fabbre, 2015). Therefore, queer theory may be particularly useful in troubling conceptualizations of success throughout the life course by engaging with queer notions of *shame* and *failure*—subsequently, opening up discourses of aging and old age to identities, experiences, and bodies that continue to simultaneously find themselves on the margins of cis/heteronormative society, the aging community, and the “queer” community due to their interconnected social identities (Brown, 2009; Kia, 2015; Sandberg, 2008; Sandberg & Marshall, 2017).

### **2.3 How does shame encourage failure to function within aging and old age?**

Throughout history, Western understandings of the term *queer* have ranged from a derogatory slang term of homophobic harassment to political/activist movements (Hughes, 2006; Jagose, 1996). Most recently, queer has been reclaimed as an umbrella identity marker used to

refer to today's ever-expanding collective of individuals who are marginalized by dominant discourses around the social categories of gender and sexuality; as well as a theoretical perspective (Jagose, 1996). Departing through post-structuralist and deconstructivist theoretical perspectives within gay and lesbian studies, gender studies, and women's studies, the rise of queer theory as a theoretical perspective in the early 1990s—influenced by several theorists, such as Butler, Halperin, Sedgwick, and Rubin—ushered in challenges to how the concepts of sex, gender, sexuality, and desire are created, reproduced, and reinforced within contemporary Western society (Jagose, 1996). In particular, queer theory aims to destabilize universalized understandings of these concepts (among others such as age, race, ability, and social class) as stable and natural; while simultaneously exposing the socially constructed roots of these concepts by resisting “regimes of the *normal* [emphasis added]” (Jagose, 1996; Warner, 1993, p.xxvi). However, it is important to acknowledge that framing queer theory as a bounded and stabilized definition is counterintuitive and antithetical to the fluid and destabilizing tenets of this theory (Jagose, 1996). Rather, it is the fluid, partial, and contingent nature of queer theory that is important as we interrogate the seemingly natural and stable categories of aging and old age as they influence—and are influenced by—trans and non-binary older adults' experiences of aging, gender identity, and community support within current Western society. Within this inquiry, queer theory was used to think differently about aging and old age in ways that expose the limits of Western conceptualizations of aging, gender identity, and community support as “we consider how *we function*, how *our practices function*, and how our long held *beliefs function* to produce, reproduce, and enable certain possibilities while simultaneously silencing others, at times rendering them unthinkable” (Arai, Berbary, & Dupuis, 2015, p.314; Berbary, 2017). In

particular, queer notions of *shame* and *failure* provide one such avenue for troubling—or queering—taken-for-granted cis/heteronormative discourses of aging and old age that perpetuate conditions which limit the possibilities of identity to normative, binarized categories; while simultaneously emphasizing understandings of the multiple and fluid identities, experiences, and bodies that exist—and are continually emerging—within conceptualizations of aging and old age (Hughes, 2006; Riach, Rumens, & Tyler, 2014; Wearing, 1995).

### ***2.3.1 Situating gendered experiences of shame and failure within aging and old age.***

Within current Western neoliberal society, success is often equated with ideals of progression, wealth accumulation, family and reproduction, moral conduct, and hope that are rooted within traditional cis/heteronormative life course expectations (Halberstam, 2005; 2011). Lives and lifestyles that fail to conform to these expectations (e.g., nonreproductive) are most often associated with failure and negativity—and, subsequently, shamed for failing to live up to expectations of success (Halberstam, 2011). According to Caron (2009), “shame is located at the precise boundary defining the normal and the abnormal. Such feelings, of course, are supposed to be manifestations of internalized social policing’s, warning signs that give us a foretaste of what it would be like to be completely desocialized and, as a result, make us want to rush for safety to the side of the normal” (p. 126). For example, when thinking about aging and old age, the word “old” typically calls up a very specific image of the aging body that includes wrinkles, grey hair, age spots, and sagging skin. In fact, failure as an act—through failing to age “properly” and the failing body—appears to be at the center of discourses of shame and abjection in old age (Sandberg, 2008; 2015; Witten, 2009).

### **2.3.1.1 Failing gender in aging and old age.**

Within the anti-aging discourses of Western neoliberal consumerist society, aging bodies of all genders are expected to maintain appropriate youthful ideals (Sandberg, 2008). In particular, as women-identified bodies grow older, adjusting to one's age is deeply connected to adjusting one's appearance to fit within a cis/heteronormative, gendered, and "age-appropriate" moral framework (Clarke & Griffin, 2008). This moral framework has become a means for policing and regulating aging bodies where the need and/or desire to colour one's hair, apply makeup, and/or wear "shapewear" may represent failed attempts at concealing the aging body (i.e., risking labels of "mutton dressed as lamb")(Clark, Griffin, & Maliha, 2009; Sandberg, 2008, p. 128; Walker, 2012). For older women, failure is intricately linked to both one's gender and one's age since failing to properly "do" aging—as tied to femininity and/or heterosexuality—often results in abjection (Sandberg, 2008). For example, Sandberg (2008) argued that "the old, sagging, leaky, female body could in many instances be regarded as the very quintessence of the abject" (p.128). As many young and older adults alike actively resist and attempt to deny the numerous negative connotations of aging and old, gerontologists, service providers, and anti-aging marketing are invested—to varying degrees—in the maintenance of old age as a fixed identity of decline in order to remain "in business" (Sandberg, 2015). As a result, chronological age is widely overemphasized within a consumerist culture that profits from the propagation of aging and old age as shameful; something to be feared, avoided, and prevented at all costs (Cruikshank, 2008). Thus, as these practices influence—and are influenced by—discourses of successful aging, it becomes evident that aging "successfully" has become a moral responsibility that may only be accessible by individuals who have the means (i.e., financial



resources, physical ability) to participate in the consumerist practices of actively reducing the effects of age-related bodily decline (Sandberg, 2008).

Now looking at masculinity, male-identified bodies tend to fail in aging in relation to gendered bodily expectations—more specifically, the failure of the body with a particular focus on incontinence and erectile dysfunction (Sandberg, 2008; 2015). The focus on erectile dysfunction arises from discourses that privilege and normalize male heterosexuality (and the erect penis) within Western culture (Sandberg, 2008). As men age, this privileged position is constantly at risk since old age poses a threat to one's avoidance of disruptions of the body (i.e., signs of aging); and subsequently, the maintenance of an "able" body. In fact, the connection between abjection and shame, embarrassment, and revulsion for male-identified bodies are inextricably linked to bodily matters in old age according to Sandberg (2008). As a result of prevailing discourses of successful aging, any sign of aging and old age is read as failure—making it inevitable that, on some level, all bodies will fail (Sandberg, 2008).

Just as dominant discourses of gender have influenced what it means to age "properly" with respect to appearance and bodily function for aging women and men, these binarized expectations also have implications for trans and non-binary older adults who embody notions of femininity and/or masculinity. In particular, these binarized understandings are not only expecting women who were assigned female at birth to live up to these traditional standards for femininity; but now individuals who have historically challenged binary expectations for gender are finding themselves caught within these dominant discourses that dictate standards for beauty. These assumptions and categorizations become even more significant and problematic when we

begin to recognize that current Western understandings of social identity are firmly rooted in histories of stigmatization, pathologization, and discrimination of identities deemed “deviant” by “experts” (e.g., medical professionals)(Stryker, 2017). For example, histories of cis/heteronormative discourses and practices with Western medical and psychological communities have held significant power in determining which identities, experiences, and bodies are considered healthy/normal or pathological/deviant (Sandberg & Marshall, 2017). By and large, these discourses and practices have primarily focused upon debates about which identities, experiences, and bodies merit recognition. Further, these discourses have involved “horrendous distortions of trans and non-binary realities and dangerous enforcement of regulatory norms” by “experts” which have continually misunderstood, stigmatized, and relegated trans and non-binary older adults to the margins of Canadian society (Mattilda, 2006, p.64; Stryker, 2017; Witten, 2009). In this respect, trans and non-binary older adults are more at risk of becoming subject to stigma, harassment, and threats of social regulation in old age. The internalization of these discourses may also lead to self-regulation of one’s identity and actions; as well as the reproduction of shamed subjectivities (Siverskog, 2014). As a result, Halperin and Traub (2009) contended that within Western society, trans and non-binary individuals and communities are particularly familiar with experiences of failure and shame due to identities, experiences, and bodies that often fail to conform to Western cis/heteronormative ideals for gender and gender expression.

Therefore, failing bodies prominently contribute to negative stereotypes and shame within aging and old age (Sandberg, 2008). These negative stereotypes—and subsequent experiences of shame—contribute to Western understandings of “old” as an essentialized identity of

ambivalence that supersedes diversity in gender, sexuality, class, ability, race, and health status—to name a few (Cruikshank. 2008). In other words, within Western society, we embody a cultural obsession with success—and the avoidance of failure and shame—that has blinded us from ways of being that may exist outside this “tyranny of success” (Fabbre, 2015, p.146). It is these ideals which set up a binary where failure to fulfill neoliberal, cis/heteronormative societal expectations for success (e.g., normative sexual and gender identities, intergenerational family structures) creates feelings of tension, frustration, and shame. For example, the possibility of stepping outside of binarized gender norms is perceived as risking failure, shame, and exclusion—or abjection<sup>33</sup>. Growing out of these historical experiences of failure and shame, one of the goals of the gay pride<sup>34</sup> movement has been the eradication of the personal and social shame attached to failing to conform to neoliberal, cis/heteronormative societal expectations for sexuality and gender (Halperin & Traub, 2009), and the transformation of shame and failure into productive concepts for growth and self-affirmation. The ultimate goal, according to Halperin and Traub (2009), has been to

become proud enough that we don’t need to stand on our pride. ...[To] become proud enough that we are now unashamed of our shame, proud enough to confront the things ...that still have the power to make us feel embarrassed or abject. (p.10)

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<sup>33</sup> Referencing Kristeva, Sandberg (2008) views the abject as “the nonwanted, what the body falls away from, constituting pollution or dirt and the abjection in the form of bodily waste is at its extreme the horror of the corpse. Older persons and bodies of old age as linked to death and dying could therefore in many instances be in the furthest position of the abject” (p.125).

<sup>34</sup> While most commonly referred to as “gay pride,” it is important to note that many view this annual event is recognized as a time and space dedicated to celebrating all identities, experiences, and bodies that fall beneath the 2SLGBTQIA+ umbrella.

However, Halperin and Traub (2009) argued that gay pride has never been able to fully transcend shame since pride celebrations make little sense without the binarized opposition of shame in the pride/shame context. Therefore, as Hanson (2009) stated by summarizing the work of Sedgwick,

Shame is not ...simply good or bad, not something that one could banish for the sake of a politics of pride and self-affirmation, gay or otherwise. It is an organizing principle of identity, perhaps the key principle for queer identity in particular, and therefore a nexus for the communal connections, for the transformational political and artistic efforts, that have characterized that identity. (Hanson, 2009, p. 138)

So, even as 2SLGBTQIA+ communities strive to resist and transcend shame, this does not mean that shame has been—or even can be—eliminated; nor should we be any less interested in the productive effects of shame (Halperin & Traub, 2009). Instead, since shame—rather than closing down opportunities within aging and old age—may be seen as productive as it continues to embrace individuals whose identities, bodies, and experiences make them feel out of place in dominant Western cis/heteronormative sociocultural contexts. Shame then becomes a radical emotion that helps individuals who have been marginalized due to their interconnected social identities recognize that shame is *not shame of ourselves*; rather, it is actually *others shame of us* stemming from the failure to maintain external Western cis/heteronormative binaries of gender and aging. As a result, shame may actually push us into doing things differently (e.g., abolishing taken-for-granted binaries) and opening up possibilities for meaningful transformation of systems and structures that have continually worked to shame and marginalize transgender and non-binary older adults. Thus, perhaps we begin to explore the productive effects of shame by

asking, "...what if we don't [run to the side of the normal]? What if shame relieved, the persistence of one's lonely past alongside the present, could be a factor in the formation of community" (Caron, 2009, p.126; Halperin & Traub, 2009)?

## **2.4 Embracing Failure as an Ethical Imperative**

In contrast to historical emphasis placed on success and positivity within discourses of successful aging, by embracing queer failure as an ethical imperative, we can begin to radically rethink, redefine, and redeploy concepts of aging, gender identity, and community support in ways that reconceptualize what success and failure mean for trans and non-binary older adults—as these discourses have historically regulated and limited their intelligibility within experiences of aging and gender (Fabbre, 2015). In particular, turning towards explorations of shame, negativity, and abjection in old age opens up possibilities for embracing histories of failure as they intersect with the shame, stigma, and distress that have become so deeply entrenched within trans and non-binary identities, experiences, and bodies (Halberstam, 2011; Fabbre, 2015; Sandberg, 2008). As Edelman (2004) explained, individuals within 2SLGBTQIA+ communities should embrace structural representations of failure, shame, and negativity that have historically been placed upon their identities, bodies, and experiences. He argued that embracing failure and shame does not require a complete rejection of feelings of pride and self-affirmation; rather, it is an intentional critique of current discourses of success that position 2SLGBTQIA+ identities, bodies, and experiences on the margins of Western society (Halperin & Traub, 2009). For example, the work of Fabbre (2015) demonstrated "how movement through failure to fulfill normative expectations can lead to greater confidence and redefining new terms for success that

some transgender [and non-binary] adults experience in later life”—turning failure into strength, power, and liberation that are distinctively queer (p.150). Thus, instead of continually attempting to resist dominant discourses, embracing failure “can stand in contrast to the grim scenarios of success that depend upon ‘trying and trying again.’ In fact, if success requires so much effort, then maybe failure is easier in the long run and offers different rewards” (p. 2). In this way, failure and shame become an escape from striving towards that which has historically been deemed success through Western cis/heteronormative discourses of aging and gender. As a result, it is now possible to frame understandings and impacts of failure and shame as opportunities to “dismantle the logics of success and failure with which we currently live” and imagine alternatives to the hegemonic idealized logics of success that are “more creative, more cooperative, more surprising ways of being in the world” (Halberstam, 2011, p. 2; Sandberg & Marshall, 2017).

By putting queer and critical gerontological theoretical concepts to work in troubling conceptualizations of aging and old age as they connect with trans and non-binary older adults’ experiences of aging, gender identity, and community, we begin to acknowledge that living within the dominant norms of Western cis/heteronormative, neoliberal society is not the *only* option for trans and non-binary older adults (Halperin & Traub, 2009; Sandberg & Marshall, 2017). In so doing, we illuminate the various paths to aging well that may be more applicable to the lives of individuals whose identities, bodies, and experiences which have been relegated to the margins of traditional Western cis/heteronormative neoliberal culture (Fabbre, 2015). Therefore, embracing a queer turn towards failure, shame, and negativity may provide a more culturally relevant framework for gaining deeper insight into trans and non-binary older adults’

experiences, perceptions, and desires for community support by redefining community support to embrace individuals where they are at and fostering individualized definitions of success—rather than upholding traditional consumerist notions of “success” (Fabbre, 2015; Sandberg & Marshall, 2017). Perhaps, we dismantle notions that need to shape trans and non-binary older adults’ experiences of aging and old age as successful or unsuccessful—or in the words of Judith Butler (2004), “to cease legislating for all lives what is livable only for some, and similarly, to refrain from proscribing for all lives what is unlivable for some (p. 8). Ultimately, embracing failure and shame in aging and old age can be a step towards “a much more complex conversation over what kind of communities we would want to live in, what they would ‘deliver,’ and how they might better provide support and care” (Halperin & Traub, 2009, p.310).

Therefore, this inquiry enhanced understandings of community support in ways that better reflect the lived experiences, perceptions, and desires of trans and non-binary older adults; while simultaneously disrupting many of the cis/heteronormative understandings of aging, gender identity, and community support—often held as the Truth of aging and old age. Thereby, expanding the possibilities for research, teaching, life, and society outside of cis/heteronormative notions of successful, respectable, and appropriate aging and old age “...that make some futures more valued than others, and instead find ways to recognize diversity as more than a catchphrase” (Sandberg, 2008; Sandberg & Marshall, 2017, p. 9).

## Chapter 3: Methodology

As a reminder, *Chapter One* unpacked contemporary understandings of aging and gender identity as they interconnected to inform transgender and non-binary older adults' experiences, perceptions, and desires of community support within Southern Ontario. *Chapter Two* reviewed relevant literature in order to situate and frame this inquiry within the need to reconceptualize understandings of aging and gender through queer theory in ways that embrace failure as a productive and ethical imperative for transforming community support within the lives of transgender and non-binary older adults. Taking this into consideration, this inquiry explored how Canadian trans and non-binary older adults who live in Southern Ontario understand and experience community support within their daily lives in relation to their experiences of aging and old age—in order for the lessons learned to be transferred to communities across Canada. *Chapter Three* begins with a discussion of the considerations of privilege and problematic research histories that guided this inquiry. It was important to be very intentional and thoughtful in how this inquiry moved forward to ensure that it did the work it was asking itself to do—to *do research differently* (Berbary & Boles, 2014). Next, this chapter discusses how case study methodology, thinking with theory, and creative analytic practices of representation were utilized to craft an inquiry that was relevant to (re)imagining community support within the lives of transgender and non-binary older adults.

### 3.1 Doing Research Differently

Despite countless examples of identities and expressions that exist beyond traditional cis/heteronormative understandings of gender and aging, academics have far too often taken up



medical and psychological discourses of pathologization and deviance as their central focus; rather than focusing on the many interconnected facets of individual identities, experiences, and bodies. For example, queer theoretical and political engagements with trans and non-binary individuals have been heavily critiqued for misappropriating trans and non-binary identities, experiences, and bodies as theoretical projects or progressive exemplars to advance social and/or political agendas—ignoring the lived realities of trans and non-binary individuals (Elliot, 2009; Lewis & Johnson, 2011; Namaste, 2005; Thanem & Wallenburg, 2016). Beyond specific critiques of queer theoretical engagements with trans and non-binary identities, experiences, and bodies, it is also important to recognize that ageist discourses which emphasize aging as a period of disease, decline, and disparity may also be at play—whether that is within the 2SLGBTQIA+ community itself or in related research endeavors (Funders for Lesbian and Gay Issues, 2004; OHRC, 2001). Further, there are also times where aging research which has been deemed socially just may not always be just due to the insidious and pervasive nature of ageism. These research practices, as Mattilda (2006) proposed, may be categorized as “trickle down academia.” The idea of “trickle down academia” charges academics with appropriating the struggles, activism, and identities of marginalized populations where, in the words of Namaste (2009), “‘partnership’ has too often meant a community providing access to a field so a researcher can obtain data to answer the research question she has posed” (p. 25)—resulting in the stigmatization, pathologization, and fetishization of identities, experiences, and bodies that have been—and continue to be—marginalized by society.

Considering these histories of stigmatization, pathologization, and fetishization (Halberstam, 2005; Heyes, 2003; Mattilda, 2006) that continue to cloud research endeavors

within the fields of gender and aging studies, this inquiry strived to *do research differently* (Berbary & Boles, 2014, p. 401). Guided by the words of Rubin (2003), who stated that we need to reframe the question to “what matters to people, not what is the matter with them” (p. 10), this inquiry aims to circumvent historical essentialization of trans and non-binary identities, experiences, and bodies by acknowledging the heterogeneous and separate identities, experiences, and bodies that are often subsumed within the broader categories of transgender and old—alongside considerations of the multiple possible pathways to aging (Thanem & Wallenburg, 2016). Further, it was my responsibility<sup>35</sup> as a white, young, able-bodied, cisgender scholar to not only acknowledge the privileges associated with my interconnecting social identities, but also work to produce research that does not reproduce histories of stigmatization, pathologization, and fetishization of trans and non-binary older adults. In this way, pluralistically engaging with critical gerontological and queer theories created space to critique, rethink, and redeploy taken-for-granted discourses of aging and old age; while also employing them “to examine any commonplace situation, any ordinary event or process, in order to think differently about that occurrence—to open up what seems ‘natural’ to other possibilities” (St. Pierre, 2000, p.479).

In order to think and do things differently, Halberstam (2011) contended that we may end up wandering along the way, falling short, improvising, perhaps even moving in circles as we “detour around ‘proper’ knowledge...” (p. 14) in order to make room for the “subjugated

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<sup>35</sup> As we move through this discussion (and the remainder of this document), I reflect upon my various successes and failures in relation to this responsibility.

knowledges<sup>36</sup>” (p. 11). However, in so doing, we open up possibilities for doing research differently that lead to us to new knowledge practices—and even “produce different possibilities for living” (Berbary, 2017, p.734). Thus, putting the aforementioned theories to work within this inquiry opened up possibilities for providing a more complex understanding of the intricacies of aging, gender identity, and community support as experienced by transgender and non-binary older adults—while also producing research that is mindful of historical and cultural influences on experiences aging and gender identity (as will be discussed in more detail throughout the course of this chapter). Specifically, this case study (Thomas, 2011a, 2011b, 2013) explored how trans and non-binary older adults who live in Southern Ontario understand and experience community support within their daily lives in relation to their experiences of aging and old age—in order for the lessons learned to be put to work in (re)imagining community support within communities across Canada. The following research questions guided this inquiry as it endeavored to *do research differently* (Berbary & Boles, 2014, p. 401):

1. What kinds of community supports are perceived to exist or are experienced within Southern Ontario for trans and non-binary older adults?
2. Based on these perceptions and experiences, what can we learn about those aspects of community support that are beneficial, detrimental, ignored, unfulfilled, imagined?
  - a. From the perspective of trans and non-binary older adults?

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<sup>36</sup> Foucault (2003) calls us “...to think about and turn to ‘subjugated knowledges,’ namely those forms of knowledge production that have been ‘buried or masked in functional coherences or formal systemizations.’ These forms of knowledge have not simply been lost or forgotten; they have been disqualified, rendered nonsensical or nonconceptual or ‘insufficiently elaborated’” (as cited in Halberstam, 2011, p.11).

- b. From the perspective of organizers?
3. How do these perceptions and experiences function in the lives of trans and non-binary older adults in relation to sense of self and wellbeing?
4. How might we translate the lessons learned (e.g., beneficial, detrimental, ignored, unfulfilled, imagined aspects) into actionable suggestions that will facilitate the (re)imagining of community support (e.g. disrupting current policy and practice) within the lives of trans and non-binary older adults who live in communities across Canada?

To explore these questions, it was important to choose a methodology that allowed for open discussion around the many layers which influence trans and non-binary older adults' experiences of aging, gender identity, and community support. I was most interested in methods of inquiry that provided the opportunities to move away from post-positivist expectations and towards ways of *doing research differently* that are better suited to engaging with interconnected and fluid identities and experiences. Thomas' (2011a) typology, as it pulls from multiple forms of case study research (Appendix A), opens up space to think differently about traditional ways of collecting and representing data that allow more space for creativity, imagination, and practice-oriented materials (cf. Flyvbjerg, 2001, 2006; George & Bennett, 2005; Mitchell, 2006; Stake, 2005; Yin, 2009). In taking up Thomas' typology, there was an opportunity to extend this shift in case study research towards even more improvisational methods that allowed for more queer engagements with data, theory, analysis, and representations of aging, gender identity, and community support—as I demonstrate later in this chapter.

Within this in mind, I entered this inquiry using Thomas' (2011a) typology of case study research as a methodological design frame that incorporates multiple methods of data collection: informal interviews, formal interviews, observation, and document analysis. This multi-method approach (Thomas, 2013) produced data that provided a well-rounded view of transgender and non-binary older adults experiences, perceptions, and desires for community support within Southern Ontario. Specifically, this chapter provides an explanation of the methods of data collection<sup>37</sup> alongside the ebbs and flows of the data collection process that began on August 6, 2019<sup>38</sup>. I will provide a rationale for how and why I chose this case (i.e., transgender and nonbinary older adults experiences, perceptions, and desires for community support within Southern Ontario) and how I gained access to this initially inaccessible population. Throughout this discussion, I recap and unpack the successes and challenges that I experienced during data collection. I will conclude by outlining how I analyzed and transformed the data collected in order to (re)present transgender and non-binary older adults' experiences of aging, gender identity, and community support as an interactive story.

### **3.2 Setting the Context: The Case**

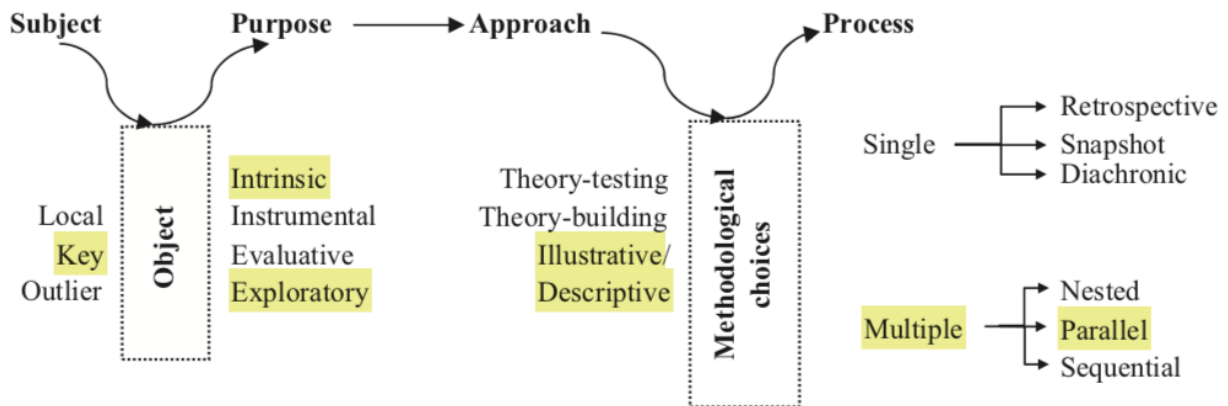
Before discussing all aspects of data collection, analysis, and representation, it is important to set the context of this case study by defining the case through its subject, object, and

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<sup>37</sup> The methodology and methods used in this inquiry were strongly influenced by the following literature: Berbary, 2011; Berbary, 2015, Berbary, 2019; Berbary & Boles, 2014; Gerring, 2004; Thomas, 2010; Thomas, 2011a; Thomas, 2011b; Thomas, 2013.

<sup>38</sup> While data collection began on August 6, 2019, the bulk of my data was collected between January and February 2020 due to a number of challenges in participant recruitment that will be described in subsequent sections of this chapter.

processes. Following Thomas' (2011a) typology, this *exploratory, multiple/parallel* case study aimed to *illustrate/describe*—or better understand—how transgender and non-binary older adults who live in Southern Ontario (the *subject*) experience and/or perceive aging within their communities (the *object*). This *key*—or exemplar—case highlights the beneficial, detrimental, ignored, unfulfilled, imagined aspects of community support within Southern Ontario that can be transferred to communities across Canada. Figure 1 is a visual of Thomas' (2011a) typology with the choices for this inquiry highlighted in yellow.



**Figure 1. Design choices and considerations for the case study.**

Before exploring my experiences of gaining access to participants, I want to note that when I refer to transgender and non-binary older adults I do not mean to essentialize the vast diversity that exists within these umbrella categories (i.e., transgender and/or non-binary, older adults). I recognize that this form of *essentialized identity* is epistemologically problematic due to the implicit significance afforded to one's age and/or gender identity as a key determinant of their lived experience—setting aside the multiple intersections of class, race, ability, and so on (Gorman-Murray, Johnston, & Waitt, 2010; Heaphy, 2007; Meyer, M., 2003). In this sense, my

use of the label “transgender and non-binary older adults” is not to quantify, minimize, and/or essentialize the complexity and diversity of subjectivity subsumed within this incredibly broad *umbrella category*, but rather to allow for as much variety across multiple identities as well as open up possibilities for engaging in discussion about how experiences and perceptions are formed, grow, and change as trans and non-binary older adults adjust to and redefine aging and old age (Sankar & Gubrium, 1994).

### **3.2.1 Gaining Access**

After receiving ethics approval on August 6, 2019, I dove into participant recruitment by reaching out to a key individual, Bill (pseudonym), who—despite currently living outside the Greater Toronto Area—agreed to connect me with several of his colleagues from previous advocacy work within the GTA: Harold (pseudonym), a 74-year-old trans man, and Karen (pseudonym), a program coordinator at a 2SLGBTQIA+ community centre. In my initial contact with Harold and Karen via email, I included a copy of the *Recruitment Poster* (Appendix B) and *Project Information Letter* describing the involvement of trans and non-binary participants and community organizers (Appendix C); as well as the following requests:

1. Is the community organizer willing to participate in the inquiry?
2. Is the community organizer willing to publicly post and/or distribute information regarding the inquiry to all clients/members—specifically trans and/or non-binary older adults over the age of 50?

While I was grateful to Bill for putting me in connection with Karen, I must admit that I was not expecting a positive response due to previous unsuccessful research connections with this

particular 2SLGBTQIA+ community centre. To my surprise, Karen was excited about my research and agreed to both requests; while Harold only agreed to participate in an interview as he did not think he had connections to additional transgender and/or non-binary older adults. Within two-weeks of initial contact (due to summer vacations), I had met with both participants: a formal interview with Harold and an informal interview with Karen to get further acquainted.

Following the high of these initial connections, I continued to reach out to key organizations and individuals within the Greater Toronto Area—which I had identified during document analysis completed while waiting for ethics approval. Unfortunately, the next four months were filled with unanswered emails and telephone calls as my efforts to recruit more participants were largely unsuccessful. For example, despite initial enthusiasm, I was unable to connect further with Karen as lines of communication fell silent. After several unanswered emails (a total of three), I stopped reaching out<sup>39</sup> as I wanted to respect the organizations decision to cease communication and collaboration—despite never receiving an explanation. As I let go of my desire to reignite the connection with Karen, I shifted my focus to connecting with other organizations within the GTA. However, shifting my focus was not an effortless process, as I grappled with questions regarding participant recruitment, my research questions, and my role as researcher. In the following section, I present excerpts from my research journals that speak to the two main questions that permeated my research process as I wrote about my

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<sup>39</sup> My only further communication with the organization was a general inquiry about the cost of renting meeting space for participant interviews.



growing frustration and concern regarding the challenges I was experiencing with participant recruitment.

### **3.2.1.1 What happens when the best laid plans hit roadblocks?**

It was not until early October that I could admit to myself that my initial strategies for recruiting a total of 12-16 participants (6-8 transgender and non-binary participants who are at least 50 years of age and live within the GTA; as well as 6-8 community organizers/organizations who work with or provide programs/services for older adults within the GTA) were not working. As I wrote in my research journal on October 6, 2019:

*I know I specifically chose the GTA as the setting because of its reputation for being the most inclusive space, and housing the highest prevalence of affirming supports and services, for 2SLGBTQIA+ individuals based within Ontario—as well as Canada. But it feels like forever since I've had any interested participants (early September?). I think it's time to submit an ethics amendment... time to detour?*

After consulting with my supervisor, we decided that the most useful option at this juncture was to expand my inclusion criteria to transgender and/or non-binary adults who are over the age of 35 and live within the boundaries of Ontario. I felt comfortable with this shift for a couple of reasons: 1) Ontario has a long history of inclusion and support of 2SLGBTQIA+ individuals, and 2) within 2SLGBTQIA+ communities there is a notion of *accelerated aging* that creates the perception of aging at a much younger chronological age—when compared to the general adult population in Western society (Brotman, Ryan, & Cormier, 2003; Reid, 1995). As a result, I felt that these changes would further open up possibilities for engaging in discussion about how

experiences and perceptions are formed, grow, and change as trans and non-binary older adults adjust to and redefine aging and old age (Sankar & Gubrium, 1994). So, I took a detour and received approval of my ethics amendment on October 24, 2019. The inquiry was expanded in this manner to avoid the need for future amendments in the event that more challenges arose.

While I had received clearance to expand the scope of my inquiry, I was not ready to put the wheels in motion—as I wrote in my research journal on November 3, 2019:

*I'm not entirely convinced that opening things up will be more useful. I'm not sure opening things up is worth the risk of shifting the purpose of my inquiry. I really think I need to give recruiting within the GTA one last push.*

A byproduct of my stubbornness, much of November and December 2019 was spent following up on emails and telephone calls that had gone unreturned; as well as collecting and analyzing more documents to uncover additional organizations that may be interested in participating or assisting with recruitment. In fact, between August and December 2019, I attempted to connect with 42 individuals and/or organizations across the GTA to request participation in an interview and/or assistance with distributing recruitment materials—resulting in 20 individuals/organizations who agreed to distribute recruitment information, 3 potential interview participants (2 of which eventually stopped responding to emails and/or declined participation), and 19 non-responses. While these efforts produced one more interview with a community organizer, I was nowhere close to attaining the number of participant interviews (12-16) that I felt would bring me to a place where I could answer my research questions.

### **3.2.1.2 How do we connect with people who don't necessarily want to be found?**

Alongside my attempts to navigate the roadblocks that presented themselves during the initial stages of participant recruitment by altering my inclusion criteria, I struggled for several months to navigate a major barrier to conducting interviews: how do I—a young, cisgender researcher—connect with transgender and/or non-binary older adults who live in the GTA? I found myself questioning why I was having so much difficulty forging connections with potential participants—whether it was transgender and non-binary older adults or community organizers (i.e., the 2SLGBTQIA+ community centre where Karen works). As I wrote in my research journal on December 23, 2019:

*Honestly, what am I trying to do? I don't live in the GTA... and I've used up the limited connections that I have within the city. I've used up the connections that I have with trans folks. I've emailed everybody under the sun (or at least it feels like it) and I keep coming out empty handed. It's becoming crystal clear that at the end of the day—despite any of my intentions or experiences with my own gender expression—I am still just another cisgender researcher... I just need ONE more person to give me a chance!*

As the holiday season closed in around my efforts at participant recruitment, I continued to reflect upon and grapple with the challenges I was experiencing in navigating the many roadblocks of participant recruitment for this inquiry.

### ***3.2.2 Collection Considerations***

When I drafted the proposal for this inquiry, I noted several considerations for ensuring an ethical process of physical data collection—including considerations for navigating emotional situations, conducting observations, and developing trustworthiness. However, what I had not anticipated—or accounted for—were challenges that could (and, indeed, did) impede processes of getting to the point of collecting data. Specifically, I realized that, in my desire to move forward and to “help,” I had completely overlooked the [guiding principles](#) for working with transgender and/or non-binary older adults that I had laid out at the outset of this inquiry, as well as the following historically situated potential roadblocks”

1. The historically tenuous relationship(s) many transgender and non-binary folks have with research (within academia, medicine, and psychology) has led to suspicion and distrust of researchers and the research process (Halberstam, 2005; Namaste, 2009).
2. The (real or perceived) risk to one’s safety that is perceived to elevate if surrounded by other queer and/or trans folks that is rooted in historical and ongoing experiences of stigmatization, harassment, and victimization (Namaste, 2009).
3. Historically, “best practice” guidelines for transition required individuals to completely cut ties with all acquaintances and relocate to start a “new” life (Stryker, 2017).

Despite coming to some realizations about what may be at the root of the challenges I was experiencing, I was still unsure of how to move through these roadblocks. It was at this point that I decided to utilize my upcoming graduate research seminar presentation as opportunity to discuss the participant recruitment challenges I was experiencing with colleagues.

Reflecting on *how* I was finally able to navigate my way around this roadblock, this decision to be vulnerable and discuss the challenges I was facing during my graduate seminar presentation—or rather, the discussion that followed my presentation—was a turning point in my data collection process. In particular, I can credit the coming together of a number of factors: timing, luck, and persistence. The timing of this presentation (at the beginning of Winter term) had followed my personal period of reflection during the holiday season. It signaled what felt, in retrospect, like a new beginning and an opportunity to start fresh with new renewed confidence and care.

I felt incredibly lucky to have had the opportunity to seek the insights of my colleagues and build upon their research experiences. Some of the discussion and suggestions that arose from my presentation included:

- Transgender and non-binary folks who live in the GTA could be oversaturated with requests to participate in research.
- Connect with aging and/or queer organizations in communities beyond the GTA.
- Utilize younger transgender acquaintances as points of connection.
- Issues stemming from a lack of financial remuneration<sup>40</sup> (e.g., feeling taken advantage of).
- Shift focus of inquiry to theorizing on the challenges of recruitment.

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<sup>40</sup> On January 21, I received ethics clearance to provide \$20 remuneration to participants. While I'm sure this gesture was appreciated by some participants, several participants did not feel that remuneration for their time was necessary and subsequently did not accept the \$20—stating that sharing their stories to help facilitate change was their way of giving back.

Taking in all the advice and feedback from my presentation, I realized that my hesitation and resistance to expanding the scope of my inquiry—despite having ethics approval to do so—were rooted in fear that having to detour would mean that I had failed (ironic). I was reminded that many (if not all) researchers face similar changes. Following my presentation, this fear dissipated as I realized that was never alone in facing my challenges and the impact of my stubbornness shifted from inhibiting my progress to fueling my desire to find a way through. I was ready to expand my inquiry beyond the GTA. In other words, I was finally ready to get out of my own way.

Within two weeks of expanding my catchment area to include mid-sized communities in Southern Ontario (in addition to following up on previously unanswered emails and calls), I had completed six interviews—with the final six interviews scheduled for early February. Where I was once concerned that I would not be able to recruit any participants, I now found myself in the midst of a flourishing research recruitment process. Ultimately, the multiple avenues and ongoing processes of reflecting upon considerations for participant recruitment has taught me valuable lessons in navigating the fluidity and contingency of successes and challenges of the data collection process.

### ***3.2.3 Issues of Positionality***

By allowing myself the time and space to step out of and away from my frustrations, I was able to move through many of the challenges I was experiencing in participant recruitment. However, as I forged ahead, it quickly reaffirmed that my positionality may have indeed been a contributing factor. As I wrote in my research journal on January 13, 2020 (Appendix D):

*What a rollercoaster! I finally made some progress with recruitment. IT'S ABOUT TIME! A Facebook group for trans folks living in Westminster (pseudonym) allowed me to post a request for participants. But within minutes of hitting "post" my little happy dance was halted by one question: "R u cis?"*

*A single post brought all the fears and anxieties I had been grappling with to the surface in one fell swoop. My heart was racing. I was sweating as I debated with myself about whether or not to respond. I wanted to be completely transparent, so—fighting through the panic—I responded:*

*Me: "Yes, I am a cisgender queer woman."*

*Group Member (GM) 1: "As someone with so much privilege, don't you think it's pretty gross that you aren't offering compensation to participants?"*

*GMI: "As a cis researcher, who are you to do this research on transgender experiences?"*

*Me: Yes, I acknowledge I have a variety of privileges. And I have chosen to dedicate my work to working with folx to make the future a little brighter. Also, I am working to secure funding that will support the provision of compensation of participants.*

*GMI: A meme: "I thought I was experiencing transphobia! Thankfully I had this cis person to explain why I'm not."*

*My absolute worst fears had come to life and I began to question my motivations and the purpose of my whole inquiry: I am transphobic? Who DO I think I am? How am I supposed to come back from this? Should I even try? Before I could spiral too far out of control, I couldn't see the interaction anymore. What happened? Someone had intervened? Had I been blocked? I'll never know but it was probably one of the best things that could have happened. I regrouped and refocused on the posts that I could still see:*

*GM2: Hi Ash. It's great that you're interested in this research! Unfortunately I can't participate because I'm just shy of 44, but as someone who will be over 50 soon enough, I like seeing this kind of work being done. ☺<3*

*GM3: Hi Ashley. I'm grateful to hear that a PhD candidate is devoting their interest and time to a subject which will probably be of great importance to me in just a relatively short time. I am a 65 yo transwoman and will look at your website. Expect to hear from me about this.*

*GM4: I am 34 would love to participate in anything in the future.*

*I am so thankful for these folks! I know it wasn't their responsibility to come to my aid but I'm not sure where my head would be at without them. Hopefully I hear from GM3 soon!*

Looking back, I realized that my positionality as a young, cisgender researcher could pose an issue to working with transgender and non-binary older adults with particular identity politics; however, it was not until this interaction that I fully grasped just how much it mattered. I had



thought that my good intentions and acknowledgement of my various interconnecting privileges positioned alongside my desire to use my privileged position to help would be enough to reassure and secure participants. But, once again, even the best laid plans—supported by good intentions—of *doing research differently* can be derailed.

As a result, it became crystal clear that—despite my good intentions—I was also capable of causing harm and reinforcing histories of suspicion and distrust of research and researchers. Moving forward from this experience, I learned the value of clearly stating who I am (e.g., cisgender PhD candidate), what I am doing (e.g., unfunded doctoral dissertation research), and what it entails (e.g., sharing stories as a way to better understand how transgender and non-binary older adults' experience and perceive community support within their lives). Further, I had an enhanced appreciation of the importance of consistently checking in with myself (e.g., what am I missing? What am I paying attention to? How are my preconceived notions guiding my collection?) to best ensure I am following the most useful path. Now that I was on the “other side,” I was incredibly proud of how I overcame these challenges to form meaningful connections with the transgender and non-binary older adults who participated in this inquiry.

However, as proud as I was for navigating the initial barriers to participant recruitment, I was once again confronted with another “failure” in my own work: lack of racialized BIPOC (Black, Indigenous, People of Colour) participants. With each interview that I scheduled, I was growing increasingly uncomfortable with the whiteness of my participant sample. While it was never my intention to explicitly exclude racialized identities, experiences, and bodies, there was something going on where I was not receiving responses from potential BIPOC participants. As I

reflected upon the glaring absence of BIPOC participants within this inquiry, I once again began to question whether this gap reflected my own positionality as a white, young, queer, cisgender scholar? Was it a reflection of the individuals and organizations that I connected with to assist with recruitment? Was expanding my recruitment area beyond the GTA inhibiting opportunities to connect with BIPOC trans and non-binary older adults due to less ethnoracial diversity in mid-sized (and potentially more rural) communities? Or could higher rates of death and murder of trans folks of colour—particularly trans women of colour—be a limiting factor in desire to participate in academic research and at worst, even potentially erase opportunities to grow old? In many ways, the lived realities of BIPOC transgender and non-binary folks may have come together with the initial challenges to participant recruitment to exacerbate issues around suspicion, safety, and victimization that made reaching BIPOC transgender and non-binary older adults even more precarious. Holding these questions in my mind, I decided to leave recruitment open with the hope that my existing recruitment strategies would reach BIPOC transgender and non-binary older adults—who would then reach out<sup>41</sup>.

### **3.3 Conducting the Case Study: Multiple Methods of Data Collection**

Data collection for this inquiry began in July 2019 with the collection of documents for analysis. During the following eight-month period, the case study methods of informal interviews, formal interviews, observation, and document analysis were carried out until March

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<sup>41</sup> While I had hoped that leaving recruitment open would increase engagement of BIPOC transgender and non-binary older adults, this did not happen—which I will unpack in the following sections. As my concern regarding the lack BIPOC representation continued to grow, the novel coronavirus disease 2019 (COVID-19) pandemic hit Canada; and swiftly halted all in-person data collection.

2020 when I dove deep into analysis. While this period was permeated with downtime as I navigated a number of challenges in participant recruitment, I was able to successfully collect a vast array of data using multiple methods of data collection, including: 9 unstructured interviews ranging in length from 50 minutes to 4 hours, 6<sup>42</sup> semi-structured interviews ranging in length from 30 minutes to 1 hour, 20 observation sessions, and 140 documents. The following sections describe my use of these methods in alignment with the purpose and research questions guiding this inquiry.

### ***3.3.1 Narrative Interviews***

The primary method of data collection for this inquiry was narrative interviews. After navigating so many challenges to get to the interview stage, I was overjoyed to finally collect data from the perspective of participants. In total, I conducted with 9 trans and/or non-binary older adults; as well as 6 community organizers over a period of 7 months. In most cases, the interviews were conducted face-to-face; however, 4 interviews occurred over the phone and one written response<sup>43</sup>. Of these interviews, one was more informal—while still guided by the structured interview guide—as the participant “just wanted to chat” about the programs their organization offered to 2SLGBTQIA+ individuals in their community.

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<sup>42</sup> One community organizer did not want to participate in a verbal interview. As a result, she crafted written responses to the structured interview guide.

<sup>43</sup> There would have been 10 interviews with transgender and/or non-binary participants; however, there was one potential participant who did not show-up for their interview. While I was not able to collect interview data from this experience, I conducted observations of the space (e.g., community centre in mid-sized city) and journaled about the experience.

Specifically, I conducted 9 interviews with transgender and non-binary older adults. All these interviews were guided by an unstructured interview guide (Appendix E) that focused upon participants' life stories as they connected with aging, gender identity, and community support. For example, after explaining the aims of the study and obtaining informed consent (Appendix F), each interview began with the prompt: Please share with me your story of growing older as someone who identifies as transgender or non-binary. I also prepared a series of conversational prompts to help facilitate engaging dialogue around the interconnections of age, aging, gender identity, community support, and family—if needed.

I also conducted 6 interviews with community organizers. All of these interviews were guided by a semi-structured interview guide (Appendix G). These interviews were structured in a style similar to a needs assessment to find out more about the organizations programs and services (e.g., What is offered? What were the successes? What were the challenges?). My purpose for using these approaches to interviewing was to maintain some structure (e.g., several pre-determined questions) while simultaneously embracing tangential stories and inspiring reflection on individual experiences. In so doing, it was my hope that interviews were fluid, free-flowing, and reciprocal like a conversation—rather than closing down opportunities for knowledge production for the sake of remaining within pre-determined systems (Denzin & Lincoln, 2017).

By the completion of my fifteenth interview, it was clear to me that I had reached the completion of my data collection because I was well able to answer my research questions with

depth and nuance<sup>44</sup>. These conversations had produced data that—along with my observations and document analysis—answered my research questions by illuminating how the many interconnected facets of one’s identity “get tangled up and mixed together” through the articulation of “disruptions, tensions, and negotiations within their narratives” as they connected to aging, gender identity, and community support (Riach, Rumens, & Tyler, 2016, p.20).

### **3.3.1.1 Selection of the sample.**

At the outset of my data collection journey, I had anticipated using a sampling design that consisted of purposive and snowball sampling (Creswell, 2003). However, as the inquiry unfolded, all participants were purposely selected through approaching key individuals within my personal network and various community organizers who provided social, physical, and mental health support for 2SLGBTQIA+ individuals and/or older adults within Southern Ontario (e.g., organizations/facilities/community centres/digital communities). While very few community organizers were willing to assist in participant recruitment (as previously described), I opened up recruitment<sup>45</sup> and was able to interview *9 transgender and/or non-binary older adults who were 50 years of age or older and lived in mid- to large-sized communities in Southern Ontario*; as well as *6 community organizers (e.g., organizations/facilities/community centres/community locations/digital communities)* as part of this inquiry. Of the nine transgender and non-binary older adult participants, I was able to connect with one participant of South Asian

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<sup>44</sup> With the exception of the glaring omission regarding BIPOC representation with my participant sample.

<sup>45</sup> After months of struggle, I submitted an ethics amendment to secure clearance to open recruitment up to all transgender and/or non-binary adults who live in Ontario. After receiving clearance, I rolled these changes out incrementally beginning with opening up recruitment within Southern Ontario. As it turns out, this was the only change needed.

descent—my final participant interview. Following this interview, I decided to keep recruitment open for another month until the COVID-19 pandemic hit—halting opportunities to conduct research. In the end, despite accumulating a list of 16 potential participants<sup>46</sup> who consented to being placed on a waitlist; in addition to receiving copies of the final products of this inquiry, I was not successful in expanding recruitment of BIPOC participants in ways that would bolster meaningful representation of racialized identities within this inquiry. If circumstances had been different, I would have had more time and space to dedicate to focused recruitment of racialized BIPOC participants—rather than moving towards completion without their voices. Moving forward, I will be sure to do more specific selection and recruitment of racialized BIPOC identities, experiences, and bodies that are too often overlooked or silenced within research<sup>47</sup>.

### ***3.3.2 Observation***

Alongside the data collected from the narrative interviews, data was also collected through observation. Throughout the research process, my observations ranged from 10 minutes to 5 hours in duration and took place in a number of public settings including libraries, coffee shops, office buildings, parks, and community centres; as well as taking place before, during, and after each narrative interview<sup>48</sup>. On twenty separate occasions, I conducted observations within spaces

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<sup>46</sup> The “Willingness to Participate” form/inclusion screening specifically asked potential participants about the race/ethnicity(ies) they identify with—which did not result in opportunities to expand the ethnoracial diversity of my participant sample.

<sup>47</sup> In *Chapter Five*, I discuss the lessons this inquiry has taught me about the importance of explicitly foregrounding BIPOC identities within calls for participants.

<sup>48</sup> I had also hoped to attend groups/programs as a means of gaining a better understanding of the structure and activities within the facility/organization/program (Kawulich, 2005). However, this was not possible due to challenges forming and maintaining connections with facilities/organizations/programs.

that document analysis and participant interviews indicated as significant within transgender and non-binary older adults' experiences, perceptions, and desire of community support; such as libraries, coffeeshops, community centres, etc. For example, I spent three hours on a Thursday morning observing the goings on within a queer-owned and operated café/bookstore in a large city within Southern Ontario. During each observational period, I was attempting to gain a sense of the space itself (as opposed to engaging in surveillance of specific individuals) in order to build a better understanding of context for my creative representation. In so doing, I made notes about the physical space (e.g., architecture, flyers on bulletin boards), actions of individuals within the space (e.g., body language, participants and passersby), and activities and/or interactions that occur within the setting (including frequency/duration), atmosphere and culture of settings, as well as other subtle factors—all data that would later help me to create plausible contexts for my representation (O'Toole & Were, 2008). While I did not enter observations with a strict checklist of things I was “looking” for over the observational period, I did have a series of questions to guide me in “seeing” spaces in ways that would bring richness to my representation (see Appendix H).

After each observational period, I immediately reviewed my observational notes, expanded short-hand notes to represent the details of the observation period, unpacked my observational notes of what these spaces looked and felt like, and begin journaling about my subjective experience of the observations. This note taking process was completed alongside my personal journaling process that unpacked my own actions and how my role may be affecting individuals/participants actions, interactions, and conversations. By journaling, I was able to better understand how my own age, gender, sexuality, race, class, etc. may have been influencing

processes of observation, analysis, and interpretation (Kawulich, 2005). To be clear, this process of journaling was completed throughout the research process in order to document personal shifts, preliminary analysis, memos, and reflections on all conversations with participants; as well as making note of lines of inquiry I wished to probe further in subsequent conversations.

The data collected through these observations was invaluable to this inquiry for several reasons. First, it helped me see nonverbal expressions of feelings and experiences that participants had described in their interviews by seeing and feeling the spaces described (Kawulich, 2005). Second, it helped me foster a better understanding of the context, phenomenon of interest, and the relationship between the two (Kawulich, 2005). Third, it helped me to provide detailed descriptions that were useful for creative analytic practices of representation. Finally, it assisted in unpacking lived experiences and exposing the social, political, historical, and discursive forces in the experiences of the participants (e.g., by looking at the flyers posted on bulletin boards). Taken together, these forms of observation allowed for richly detailed descriptions that not only enhanced the quality of data collection and analysis; but also enriched the potential for thick description during representation (Kawulich, 2005; Ponterotto, 2006).

### ***3.3.3 Document Analysis***

Over the course of my data collection period, I collected 140 documents from 23 2SLGBTQIA+ and/or aging-related organizations that were meant to supplement my primary sources of data. Specifically, I was able to collect a variety of documents that were predominantly electronic and included program brochures and fact sheets, program schedules



from community centres, organization annual reports, website information, training resources, and newsletters (Appendix I). In particular, I was searching each collected document for intentional representation and/or reference to the care and support of 2SLGBTQIA+ older adults—specifically, transgender and non-binary older adults—within the content and images. For example, as I reviewed each document, I was making notes about whether or not community organizers had a clear statement of diversity, who was represented in the images of the documents, who was explicitly included as “target” populations, etc. (See Appendix J for more detailed description of process). After analyzing the documents, it became clear that while most organizations had “diversity statements,” there were only 5 (out of 23) organizations that were actively providing programs and services specifically for the 2SLGBTQIA+ community at large—with limited focus on intersections with aging (e.g., 2 community centres). With this information, I was able to see parallels/discrepancies between organizations—while simultaneously comparing with the data gathered through participant interviews. Further, these documents helped to guide participant recruitment and observations by directing my attention to facilities/organizations/programs that may be important within the lives of transgender and/or non-binary older adults.

These documents were particularly useful in facilitating knowledge production and developing an understanding of the sociocultural, political, and economic context in which trans and non-binary older adults’ experiences, perceptions, and desires of community support are situated (Bowen, 2009). In particular, I was able to gain a sense of the types of facilities/organizations/programs (e.g., community centre, aging care, 2SLGBTQIA+ groups) that were actively committed—and in what ways—to supporting transgender and non-binary

older adults through the messaging promotional material, website content, annual reports, and strategic plans. Therefore, by engaging multiple methods for data collection—narrative interviews, observation, and document analysis—within this inquiry, I was presented with multiple perspectives from which to view the case. Taken together, data collected through these methods produced a more well-rounded and in-depth understanding of transgender and non-binary older adults’ experiences, perceptions, and desires of community support within Southern Ontario—as well as enhanced the potential for thick description and complex understanding, critique, and deconstruction (Geertz, 1973/2008; Ponterotto, 2006). The specific processes of analysis and interpretation used within this inquiry will be discussed in detail in the next section.

### **3.4 (Re)presenting the Case Study: Analysis and Representation**

Throughout data collection I had already begun processes of analysis and implicit interpretation by continually questioning and theorizing around the challenges and successes I experienced as a way to “make sense” of the ebbs and flows of the data collection process. While presenting processes of data collection, analysis, and interpretation are often discussed as separate and discrete components of the research process, these three processes often unfold in simultaneously overlapping and cyclical ways. Now that the time has come to present the processes of data collection, analysis, and representation that composed this inquiry, I struggled to order the “steps” since these sections overlap and complement each other in ways that resist linear presentation—making it difficult to disentangle data collection from data analysis and interpretation. However, for the purposes of clarity and organization, I have presented my

processes of data analysis, re-presentation, and interpretation separately in the following sections.

### ***3.4.1 Data Organization and Management: Managing Multiple Sources of Data***

The methods of data collection used in this inquiry produced a wealth of data for analysis that included:

- Transcripts and observational notes from narrative interviews with 9 trans and/or non-binary older adults.
- Transcripts and observational notes from narrative interviews with 6 community organizers.
- Field notes from observations (including both text and diagrams).
- Content from document analysis (including both text and images).
- My own personal research journals.

As this wealth of data began to accumulate, I began to feel daunted by how to sift through and organize these various layers of data. To ease my anxiety, I developed a system that utilized Dropbox in tandem with Microsoft Excel and Microsoft Word. Specifically, all project information was stored in an Excel document labelled *Project Information*. This password protected document included the names/pseudonyms and contact information of participants, interview audio file names and locations, file names and locations of all documents collected and selected for analysis, file names and locations for field notes (including hard and electronic copies), and the file names and locations for all summary and analysis documents. All data was saved in Dropbox—as well as on an encrypted external storage device. As I look back at

assortment of data contained in the *Project Information* file, I am overwhelmed that I was able to collect such an array of data despite experiencing so many challenges to data collection.

### ***3.4.2 Working with the Data: What is this a case of?***

The first cycle began by immersing myself in document analysis. It is through this process of analysis—guided by my research questions—that I gained insight into the variety of programs and services available to transgender and non-binary older adults who lived in the GTA. This cycle continued throughout the remainder of the research process as I continuously collected and analyzed documents (Appendix K)—especially as the scope of my inquiry shifted beyond the GTA to include more communities within Southern Ontario.

Processes of analysis began to pick-up during data collection as I made initial connections within and between participant interviews, observational notes, and collected documents. As I began to schedule more interviews and accumulate more layers of data, I struggled to keep up with transcription<sup>49</sup>—relying instead on my research journals and observational notes to form connections. It was not until the completion of my final participant interview that I was able to immerse myself in data analysis—which ended up falling into four basic cycles.

The second cycle coded transcripts for the overarching purpose of my research—which was to better understand transgender and non-binary older adults’ experiences, perceptions, and desires for community support. This cycle began by reading the transcripts of my interviews with

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<sup>49</sup> While I had been introduced to a transcription software—Otter.io (thanks Kim!)—as a way to reduce the time and volume of transcription (which it did), the completed transcriptions required review. As a result, I still needed to spend a significant amount of time reviewing the transcripts to ensure their accuracy.

the three participants who identified as trans men and/or transmasculine. I chose to begin with this grouping of interviews because while the participants shared many similarities with respect to gender identity, they also exhibited diversity in experiences of aging and community support—which felt like a manageable starting point for my immersion in the data. In practice, I began by reading each transcript line-by-line for examples of the overarching concepts guiding my inquiry: aging, gender identity, and community support. Within each of the transcripts, exemplar quotes were then grouped into sub-categories related to the overarching concepts. Each quote was labelled with the transcript and line number as a way to keep track of its origins. The process produced a total of 25 sub-categories related to gender identity, 18 sub-categories related to aging, and 41 sub-categories related to community support.

At this point, I had created 84 sub-categories which helped to guide my line-by-line reading of the remaining six transcripts. By the completion of this cycle, I had created a 65-page Word document of exemplary quotes illuminating participants experiences, perceptions, and understandings of aging, gender identity, and community support. Specifically, there were a total of 35 sub-categories related to gender identity, 21 sub-categories related to aging, and 49 sub-categories related to community support (Appendix K). While this cycle of analysis helped to familiarize myself with the data, I had difficulty *seeing* the multiple layers due to the sheer volume of the data.

As a result, the third cycle of analysis began by transferring the overarching concepts and their corresponding sub-categories I had coded in *Cycle Two* into concept map form on the online platform, [Coggle.it](https://coggle.it). Initially, I was transferring whole passages into the concept map.

However, as the map began to grow, I realized I needed to come up with a better process to avoid creating an overwhelmingly congested map. It was at this point that I returned to the Word document and began to assign numbers to each quote—resulting in a total of 320 quotes. Next, I went back through the concept map to replace the quotes with their corresponding number before adding the remaining quotes. As more quotes were added to the map, I began to colour-code the groupings of sub-categories; as well as make connections between related quotes and sub-categories. The resulting concept map helped to illuminate the connections within and between overarching concepts and sub-categories by clearly showing the density of sub-categories as well as the web of connections within and between subthemes (Appendix L). In so doing, I was better able to both see and understand through thinking with theory the complexity of my participants' experiences of aging, gender identity, and community support (Jackson & Mazzei, 2012).

The fourth cycle of analysis deconstructed and re-coded the sub-categories I had created in *Cycle 2 and 3* to answer my research questions. This cycle also helped me move through the challenges I was having in thinking through the transition from analyzing to representing the connections and juxtaposition I was seeing in the concept map. This cycle began by taking a deeper look at the concept map created in *Cycle 3* for the top expected and unexpected sub-categories (e.g., a densely populated cluster indicated a potentially significant sub-category); as well as searching for sub-categories that had threads running throughout the concept map. The following newly re-coded sub-categories emerged:

- Top “expected” sub-categories (8): A place of our own; Importance of chosen family; Intergenerational disconnections; Losing friends after transition; Financial, employment,

and housing insecurity; Afraid of aging and aging care; Where you live matters...; LGBT united?

- Top “unexpected” sub-categories (8): Pride is for the privileged; Labour of small networks; Where are all the older trans folks?; Importance of access; Experiences with health care tied to sense of self/identity/relationships; I don’t think about being trans; Religion/spirituality; Advocacy work.
- Running throughout (6): Isolation; Discrimination; Ageism; Transphobia; Supporting each other; Facilitating connection.

These new sub-categories came together to guide the early stages of representation. In particular, I began to compile shared stories alongside direct quotes pulled from interview transcripts to draft initial sections of the “base narratives” discussed in the next section describing how I crafted the final representation. Since visual depictions helped me to *see* the data in *Cycle 3*, I reimagined this process by printing out each section and gluing it to a large Post-It before placing it on a larger piece of chart paper. Each piece of chart part represented one of the above re-coded sub-categories (Appendix M). This process helped me to see how the sections could come together (e.g., playing with the placement of sections) to form the larger narratives and counter-narratives that speak to each of my research questions<sup>50</sup>. In what follows, I break down how the various sections of the aforementioned sub-categories were re-coded to answer my research questions:

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<sup>50</sup> My fourth, and final, research question will be addressed in the final chapter of this dissertation as it specifically addresses how this inquiry can move us forward.

- Research Question #1: What kinds of community supports are perceived to exist or are experienced within Southern Ontario for trans and non-binary older adults?
  - Financial, employment, and housing insecurity; Where you live matters...; Pride is for the privileged; Advocacy work; Isolation; Discrimination; Ageism; Transphobia; Supporting each other; Facilitating connection.
- Research Question #2: Based on these perceptions and experiences, what can we learn about those aspects of support that are beneficial, detrimental, ignored, unfulfilled, imagined? From the perspective of trans and non-binary older adults? From the perspective of organizers?
  - Importance of chosen family; Afraid of aging and aging care; LGBT united?; Labour of small networks; Experiences with health care tied to sense of self/identity/relationships; Religion/spirituality; Advocacy work; Isolation; Discrimination; Ageism; Transphobia; Supporting each other; Facilitating connection.
- Research Question #3: How do these perceptions and experiences function in the lives of trans and non-binary older adults in relation to sense of self and wellbeing?
  - A place of our own; Intergenerational disconnections; Where you live matters...; LGBT united?; Where are all the older trans folks?; Importance of access; Experiences with health care tied to sense of self/identity/relationships; I don't think about being trans; Isolation; Discrimination; Ageism; Transphobia; Supporting each other; Facilitating connection.



Through this process it became clear to me what and how each section could come together to create a larger story that would answer my research questions. At the end of this cycle, I had entered the initial stages of crafting my representation.

The fifth, and final, cycle of analysis led me back to the original data in order to check for overlooked data that may have been pertinent to my research; as well as helpful in enhancing the stories being told through my final representation.

### ***3.4.3 Creative Analytic Practices of Representation***

As qualitative research methodologies continue to evolve, the expectations for disseminating the knowledges produced have evolved beyond the sole objective of reporting findings<sup>51</sup> within scholarly journals. Now, qualitative researchers are expected to address the “so what?” of our research by addressing the relevance of research “findings” within the communities with whom we work (Gubrium & Harper, 2016). Stemming from the “crisis of representation” and interpretive turn within the social sciences, methods of representation that embrace creative analytic practices and mixed-genre texts have been introduced as “alternatives to the hegemony of traditional social scientific research reporting strategies that pervaded the academy” (Ellingson, 2009, p. 1). As a researcher who strives to produce research that not only has practical and “real-world” implications but does so in an accessible and engaging manner, I am continually drawn towards creative genres of representation (e.g., screenplay) (Dunnavant, Berbary, & Flanagan, 2018; Flanagan, 2014). With this in mind, I feel that creative analytic

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<sup>51</sup> Traditional humanist expectations for representation assume depth and hierarchy that exposes reality and then accurately represents it through language (St. Pierre, 2013).

practices (CAP) of representation connects well with both who I am as a researcher as well as this inquiry (Berbary, 2019; Parry & Johnson, 2007).

As explained by Richardson (2000), CAP utilizes evocative and creative writing techniques (e.g., poems, autobiography, screenplay), visual techniques (e.g., photography, painting), and/or other forms of multivocal and critical representation that express what the researcher has learned through the research process. To construct creative representations, analytic and interpretive choices require “critical thinking, conscious reflection, and strategic choices concerning which details to include, what the artistic account’s purpose and audience are, and what moral or lesson it portrays” (Ellingson, 2009, p.60). CAP provides the space to show “research’s local and partial expressions of reality” by highlighting the complexity and connection in the ways lived experiences tangle through and overlap one another as influenced by sociocultural context—rather than reduce participant experience into discrete categories and themes (Berbary & Boles, 2014, p.408; Parry & Johnson, 2007). In this way, creative forms of representation “recognize the need to allow readers to form their own interpretations of the data rather than imposing a singular perspective”—while simultaneously recognizing the usefulness of researcher-led explicit interpretations in illuminating multifaceted perspectives and increasing the crystallization of data (Berbary & Boles, 2014, p. 411). Therefore, CAP is an incredibly useful method for representation due to its ability to “evoke emotion, polyvocality, represent juxtaposition, and remain in the minds of readers in the way that traditional representation may not” (Berbary, 2011, p.195). Creative analytic practices of representation connected well with this research process in the way they “are upfront about research subjectivity, trouble meta-narratives of researcher authority, recognize the existence of multiple truths, allow for the

integration of multiple voices, and make room for multiple interpretations” (Berbary & Boles, 2014, p.413).

By choosing to “do representation differently” through bringing together multiple modes of analysis and representation (e.g., CAP and traditional recommendations for practice), researchers recognize the worth in walking the “line between fact and fiction” as they craft representations that “are often more effective at relaying the story that needs to be told” to a larger community of people (Berbary, 2011, p.186). In bringing visual and textual strategies for data analysis and representation together to consider the social worlds of participants, we are better positioned to *show* the messiness of everyday life—rather than conducting a purely textual analysis that *proclaims* experiences without involving all individuals present during knowledge production (Nash, 2010). It is this richness of representational accounts that creates potential to extend “findings” to broader understandings of aging, gender identity, and community support in ways that have the potential to transform how transgender and non-binary older adults engage with their communities.

#### **3.4.3.1 Interactive Storytelling as Creative Analytic Practice.**

Dating back to the 1970’s, interactive storytelling—also known as interactive narrations, interactive fiction, nonlinear storytelling, branching narratives, gamebooks, hypertext fiction—is understood as a form of textual or digital interactive experience in which the reader is presented with choices at various points in the text and the subsequent decisions determine the flow and

outcome of the story—resulting in a non-linear “adventure of you<sup>52</sup>” (Montfort, 2003, 2007; Riedl & Bulitko, 2013; Ryan, 2009). The most famous example of this narrative form is the fourth best-selling children’s series of all time, *Choose Your Own Adventure* book series—published between 1979 and 1998 before being reborn as Chooseco LLC. in 2003 (Chooseco LLC., 2020; Laskow, 2017). More recent manifestations of interactive storytelling include the Netflix series, *Black Mirror: Bandersnatch*<sup>53</sup>, interactive story apps such as *Choices* by Pixelberry Studios, and reality gamebooks, such as *Pretty Little Mistakes* by Heather McElhatton (Taylor, 2019). Unlike most works of narrative fiction which unfold in a linear, causal sequence, interactive storytelling provides a scaffolding for the readers own imagining as they hopscotch their way through a network of choices—or textual fragments—that can be read in many different orders and play out towards a multiplicity of uncertain and contingent outcomes (Ryan, 2009; Swinehart, n.d.).

So, without realizing it, I had chosen an incredibly “queer” form of representation as storylines remain open and contingent—not predetermined—through its “fragmentation into recombinant units, and its rejection of the linearity inherent to chronology and causality” (Ryan, 2009, p. 57). In other words, while I crafted the characters, settings, and situations experienced in the story, the reader (or user or player) is the main character who actively experiences a unique story based upon their own interactions with the story world (or text)(Montfort, 2007; Ryan,

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<sup>52</sup> Before being renamed in 1978, the Choose Your Own Adventure series was first published under the name of “The Adventures of You” (Chooseco LLC., 2020).

<sup>53</sup> Although Chooseco LLC. has filed a \$25 million lawsuit for infringement and unfair competition against Netflix; in addition to demanding that Netflix remove any references to “Choose Your Own Adventure” (Taylor, 2019).

2009, 2013). As the reader chooses their pathway through the story, there is potential to have a new and/or different experience with every (re)reading of the story (i.e., making different choices) which, in many ways, reflects the multiplicity, fluidity, and contingency within and between transgender and non-binary older adults' experiences, perceptions, and desires of/for community support. By encouraging readers to read and re-read (i.e., choosing new and different pathways each time), readers explore new pathways, expand understandings introduced in previous readings, and continually add new layers of information with each reading of the interactive story. Operating within the intersection of literary and artistic practice, interactive storytelling aligns particularly well with both queer expectations for representation and creative analytic practices of representation as it engages processes of active creation and authoring that engage reluctant readers through its interactivity—rather than passive reception of a final product (Chooseco LLC., 2020; Lancy & Bernard, 1988; Montfort, 2007; Ryan, 2013). In this way, interactive storytelling is not only a form of entertainment but can also be useful in facilitating transformative education and training experiences by modelling new or different worldviews or perspectives (Montfort, 2007; Riedl & Bulitko, 2013). In what follows, I describe my process—rooted in Berbery's (2011; 2015) description of screenplay as creative analytic practice—of crafting the interactive story: 1) creating the characters; 2) writing the narratives; 3) composing the researcher insights/summary; and 4) mapping the story.

#### ***3.4.3.1.1 Creating the Characters.***

I decided to have five main characters because I wanted to highlight the complexity within the interconnections of age and gender identity that had been told through participant stories.

This was an important maneuver to disrupt long-held binary distinctions between trans women and trans men (and the omission of non-binary individuals); while simultaneously reflecting diversity in the ages and gender identities of participants. While participants recognized perceptions of the 2SLGBTQIA+ community as a homogenous entity, they simultaneously resisted this by expressing the importance of acknowledging the multiplicity of lived experiences that exist within and between members of the 2SLGBTQIA+ community—especially transgender and non-binary individuals—stemming from age, race, class, sexual and gender identity, ability, religion, and so on. As a result, I felt a responsibility to my participants to reflect this complexity in the characters of this story. The challenge, however, was in how to walk the line between portraying participant experiences—including the often subtle influences of cis/heteronormativity, ageism, classism, racism, and ableism—and reinforcing stereotypes regarding both aging and transgender individuals. For example, in earlier drafts of the story, I made the character of Annika a trans woman of colour in an attempt to reflect the experiences of the one participant of colour with whom I was able to connect. Despite wanting to represent and amplify this participant’s specific racialized experiences and highlight important intersections of race with gender and aging within my work, initial attempts at representation around BIPOC racialized identities from the perspective of the main characters fell flat given the lack of depth on such racialization in my data due to the glaring whiteness of my participant sample. While whiteness itself is always already a racialization (even though it is mostly positioned as an erasure of) through its problematic assumption as the racialized given (or even total non-racialization), it quickly became apparent that in order to depict the complexity of racialized BIPOC experiences of aging, gender identity, and community support, much more narration

would need to have been collected through conversations with BIPOC participants (a problem I claim above)—especially since I did not have firsthand experiences outside of whiteness to draw from.

Further, in earlier drafts, I had included labels of racialization (e.g., Black, white) for all characters in an attempt to decentralize narratives of whiteness as the given (and subsequently relegating BIPOC racialization to the margins)—similar to earlier discussions of naming *cisgender* as a way to decentralize dominant Western understandings of gender. However, as I shifted away from what felt like tokenizing representations of racialized BIPOC experiences of aging, gender identity, and community support, this maneuver felt like it was reinforcing taken-for-granted assumptions of whiteness as normative since it was all that remained in the story. After numerous conversations with my supervisor, I made the decision to stay within the bounds of my data, and therefore due to the lack of personal narratives from BIPOC participants, my character development reflected (and critiqued) that absence by making all main characters white to highlight the lack of diversity in my data—which I speak to as an erasure in my work. In the end, the characters I composed highlight diversity in age, gender identity, ability, religion, and background, among additional similarities and differences—as composites reflecting many of the characteristics of the original nine transgender and non-binary participants and six community organizers.

#### *3.4.3.1.1.1 Introduction to composite characters.*

The five main characters I constructed were Annika, Henry, Andrea, Jacquie, and Jesse. Each character was constructed by pulling characteristics exhibited by the fifteen participants

and combining them into the composite characters. Each character was carefully constructed to provide the opportunity to explore different aspects of aging, gender identity, and community support. Although the final characters are fictional in the sense that they do not represent a 1:1 depiction of a single participant, each character is rooted in the data and are representative of the personalities, appearances, interests, and experiences of my nine participants. Following is a brief introduction to each of the five main characters; however, each character is formally introduced at the outset of the interactive story:

Annika is a 63-year-old trans woman composed of characteristics from four different participants in this inquiry. She represents those participants who spoke about issues of precarity in housing, employment, and sources of community support. In particular, she was composed to provide a character through whom I could explore the complexities of community support (e.g., friendships, online forums, formal programs and services, 2SLGBTQIA+ community) alongside pervasive—yet often subtle—influences of cis/heteronormativity, ageism, and classism. In demonstrating the complexities of these experiences through Annika, I was also able to demonstrate the varying degrees of impact that these experiences had within the lives of transgender and non-binary participants.

Henry is a 75-year-old trans man composed of characteristics from three different participants in this inquiry. He represents those participants who spoke about the issues and challenges of accessing affirming health and aging care services alongside the complexities of living within an aging body. In getting a deeper glimpse into Henry's character, I also explored the complexities of familial—both chosen and biological—relationships experienced by



participants. It is through Henry that I demonstrate lessons to be learned about those aspects of community support that are beneficial, detrimental, ignored, unfulfilled, or imagined for transgender and non-binary older adults.

Andrea is a 67-year-old trans woman composed of characteristics from four different participants in this inquiry. This character allowed me to explore how participants' engagement—or not—in advocacy and support work not only functions within but is a response to their experiences, perceptions, and/or desires for community support. In particular, she was composed to provide a character through whom I was able to demonstrate a better understanding of how experiences, perceptions, and desires of community support function in the lives of transgender and non-binary participants in relation to sense of gender identity, aging, and wellbeing.

Jacque is a 50-year-old transgender woman<sup>54</sup> composed of characteristics from five different participants in this inquiry. Her experiences strongly represent the perspectives of participants who felt incredibly supported by their cisgender friends and family—and as result did not feel the need to engage with or seek support from/within the 2SLGBTQIA+ community. In particular, she was composed to provide a character through whom I could demonstrate the complexity and juxtaposition within and between participant experiences, perceptions, and desires of community support—as well as how these experiences, perceptions, and desires of

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<sup>54</sup> Although I have previously described “trans” and “transgender” as being synonymous and used interchangeable throughout this document. I felt it important to include characters who identify as trans women and transgender women to reflect identities shared with me by participants.

community support function in the lives of transgender and non-binary participants in relation to sense of gender identity, aging, and wellbeing.

Jesse is a 29-year-old transmasculine non-binary person comprised of characteristics from six different participants in this inquiry. They represent the experiences and perspectives of the community organizers who participated in this inquiry. In particular, Jesse was composed to showcase the complexity in the stories told by community organizers regarding the triumphs and challenges of providing programs and services for 2SLGBTQIA+ older adults in Southern Ontario.

In addition to these five main characters, I have also included other—intermediate and minor—characters within the story. In previous iterations of the story, these characters were nameless; represented by a generic placeholder (e.g., Roommate) and a letter or number to help the reader distinguish among various individuals (Berbary, 2011). However, as the narratives continued to evolve, I felt that these nameless characters interrupted the flow by pulling the reader out of the story; rather than maintaining the reader’s attention on their experiences and emotions as the main character. Therefore, all intermediate and minor characters have names and brief descriptions at the outset of the story. Like the main characters, the intermediate and minor characters are rooted in the data. The exact role of the intermediate and minor characters within the story (e.g., highlighting juxtaposition, moving the plot along) evolved as the process of writing unfolded.

#### ***3.4.3.1.2 Writing the Narratives.***

After I created the main composite characters, I needed to write narratives and counter-narratives—settings and content—that not only presented the complexities of participants lived experiences, but also explored my research questions. Guided by Berbary (2011), I began by re-reading the interview transcripts for significant—or commonly discussed—settings and experiences that would form the “foundation” of the interactive story. In what follows, I outline how I constructed the settings and content before describing the “mapping”—or focus—of each individual narrative (Berbary, 2011).

#### *3.4.3.1.2.1 Building the Settings.*

The story and story line changeovers begin with a rich description of the setting that is meant to draw the reader into the context where the actions and content of the narrative will unfold. I chose the settings carefully to show the diversity (and similarities) of where transgender and non-binary participants experienced or perceived community support to exist. Additionally, the selection of settings used in the narratives were also based upon the frequency that each locale was mentioned by participants during interviews (Berbary, 2011). For example, Pride, more specifically the Pride parade mentioned at multiple points throughout the story, was one of the main settings because each participant told stories about this event—whether positive or negative—at least once during their interview. These stories, along with my own experiences of attending Pride events, helped me to craft scenes depicting Pride as a source of community support.

Based on my data, I ended up describing seven different settings in detail: a queer neighbourhood of Westminster, Annika’s apartment, Westminster’s Pride celebrations,

Westminster General Hospital, Henry's house, Café W, and Westminster Public Library. While not explicitly described, readers also develop a picture of life in Westminster, a mid-sized city in Southern Ontario, as the overarching setting of the story. All of these settings originated from stories told by participants and were further developed from my personal experiences and observational field notes—and remain accurate to the original settings with the exception of specific names and distinguishing characteristics which were altered to maintain anonymity (Berbary, 2011).

#### *3.4.3.1.2.2 Constructing the Content.*

I pulled from my data in multiple ways to construct the actions, language, and context of the narratives and counter-narratives. Below I describe the multiple ways that I drew from observational field notes, interview data, and document analysis to create both action and content. Again, while the descriptions included herein are presented as discrete techniques, the actual construction of the base narratives simultaneously drew from multiple techniques in order to develop characters, action, and content (Berbary, 2011).

The first technique I relied upon was reading, coding, re-coding, and re-reading interview transcripts—as described in the previous section, *Working with the Data*—for stories told by participants that were particularly relevant and illuminating to my research questions (Berbary, 2011). These stories were the “foundation” from which I then constructed setting, action, and dialogue to “recreate” and bring the story to life. For example, during my final interview, a participant told me about her recent job-hunting experience and how it reflected and reinforced previous difficulties securing employment and housing. This story formed the base of one

narrative pathway as I crafted fictionalized settings, dialogue, and actions that integrated data from multiple sources (e.g., additional interviews, document analysis, and observations) to “tell the story that needs to be told and show competing perspectives” to answer my first research question (Berbary, 2011, p. 194).

The second technique I relied upon was to develop both action and content directly from observational field notes and turn them into the settings within the story (Berbary, 2011). These notes were incredibly helpful in constructing the physical descriptions of the settings, (re)actions of the characters, and body language within various contexts. In many cases, I was able to transfer content from my observational notes directly into the narratives in ways that I felt would enhance reader immersion through texture and emotionality. For example, the setting, actions, and dialogue of the conversation between Andrea and Joy were constructed from observations made on four occasions (e.g., two different coffeeshops, one public library, and one community centre) and within three different participant interviews.

By now, I am sure it is clear that I relied heavily upon multiple sources of data to construct the content of the narratives. This final technique was used most often since many overlapping and recurring themes emerged within and between stories told by participants during interviews, written in observational notes and personal research journals, and discovered through document analysis. For example, the experiences shared during the Community Town Hall were constructed by pulling quotes and stories from all nine participant interviews, analysis of documents providing guidelines for providing affirming care, and my research journals. While not all of these experiences are voiced by transgender and non-binary older adults during the

Town Hall, they all reflect common themes that highlight experiences, perceptions, and desires of community support shared by participants—issues that in many cases transcend age for transgender and non-binary individuals. Finally, throughout the story, I have done my best to remain true to the pervasive—at times, overt and/or covert—systems of oppression (i.e., ageism, cis/heteronormativity, and classism) that permeate Western society by incorporating ignorant comments, blatant dismissals of identities beyond binary options of female and male, and compulsory expectations of cis/heteronormativity, all of which were reflected in the data.

As the setting and content came together, I had created 3 base narratives—situated within a broader story—which highlight overarching themes that speak to my first three research questions. In particular, the first narrative pathway focused on introducing the reader to the kinds of community supports that are perceived to exist and/or were experienced by transgender and non-binary older adults living within Southern Ontario. Each branch of the narrative guides the main character—the reader—through a series of decisions that highlight various sources of community support (e.g., friendships, formal social/support groups, online forums, and community events) described by participants and the resultant complexity and juxtaposition of the influence these experiences have in the lives of transgender and non-binary older adults. The second narrative pathway focused on the aspects of community support that are beneficial, detrimental, unfulfilled, and/or imagined from the perspective of transgender and non-binary older adults living within Southern Ontario. The branches of the narrative highlight resources that exist for transgender and non-binary older adults to lean on when needed (i.e., when injured and/or aging) alongside experiences and/or expectations for the provision of appropriate and affirming care and support. The third narrative pathway focused on how the aforementioned

experiences, perceptions, and desires of community support function (or not) in the lives of transgender and non-binary older adults in relation to aging, gender identity, and wellbeing. The branches of the narrative showed some of the ways that transgender and non-binary older adults seek out (or not) support within the 2SLGBTQIA+ community. This narrative also presents community organizer perspectives on the affirming, beneficial, detrimental, ignored, unfulfilled, or imagined aspects of community support. While each narrative has an overarching theme, the pathways all come together to create one story that also highlights the complex relationships found within and/or between categories of analysis (Appendix L). Lastly, the final research question—which asked participants to imagine forward—became the guiding force behind the final chapter of this dissertation.

#### ***3.4.3.1.3 Composing the Researcher Insights/Summary.***

The final addition to the narratives was my own interpretations of the content that was presented in the story—reflecting what I had learned about aging, gender identity, and community support throughout the research process. By presenting each narrative as part of a larger interconnected story, it was my intention to convey that the narratives can be read and interpreted by the reader in multiple ways (depending upon the choices of the reader)(Berbary, 2011). However, since this is my doctoral dissertation, I also wanted to offer my own interpretations of the data based on my researcher perspective and understanding of the stories told to me by transgender and non-binary participants about their experiences, perceptions, and desires of community support within Southern Ontario. Following each “fragment”—or section—of the story, these interpretations are presented as “Researcher Insights” where I offer

the connections that I made between the data, repetitive themes, and *a priori* gerontological and queer theoretical perspectives (Berbary, 2011). Putting the theoretical scaffolding of queer and critical gerontological theories—introduced in *Chapter Two*—to work, my interpretations were guided by thinking with theory in order to see the data through more liberatory frames as we move towards (re)imagining community support for transgender and non-binary older adults who live in Canada. I have chosen to position these *Researcher Insights*—which momentarily pause your movement through the story—directly following the sections to enhance potential for immersion within the story and allow room for the reader to form their own interpretations based upon their own understandings of the story text; rather than continuously interrupting the flow of the story to impose my own interpretations and additional information (Berbary, 2011).

At the end of each pathway, following the *Researcher Insights*, I have also included a hyperlink to a “Researcher Summary” which concludes the journey by providing a clear description of the key lessons—or “take-aways”—of this inquiry into the experiences, perceptions, and desires of transgender and non-binary older adults who live within Southern Ontario. This summary is meant to provide a clear touch point for readers as they move into the final chapter of this dissertation—or decide to explore another pathway of the story.

#### ***3.4.3.1.4 Mapping the story.***

At the beginning of this section, I mentioned the interactivity and immersion enabled by interactive storytelling. While the story is presented in a linear format within the next chapter of this document, the following section describes how I transformed the linear narratives into an interactive story by unpacking the process of infusing the underlying structure of the narratives



with interactivity (e.g., positioning of decision points) and enhancing readability through formatting (e.g., usage of boxes) of the narratives.

As described above, the first step I took was to construct the textual elements of the linear “base narratives” (i.e., characters, settings, content). Next, I began the process of bringing the linear narratives to life by infusing the narratives with interactivity. To achieve this, I began by deconstructing the “base narratives” into narrative fragments that conclude with a decision point. At these decision points, the main character is presented with a series of options to choose from that will lead them down various pathways through the narratives. My choices regarding the positioning of decision points reflect where I saw opportunities to highlight juxtaposition within and/or between trans and non-binary older adults’ experiences, perceptions, and desires of community support in Westminster, a fictional town reflective of a mid-sized town in Southern Ontario. For example, Dr. Bailey recommends for Henry to have full-time support over the next month while he recovers from a knee injury. The resultant choices reflect varying levels of community support (e.g., robust chosen family network versus options for aging care services) described by transgender and non-binary participants. In some cases, the main character is presented with a forced choice (i.e., one option) as a way to create multiple seamless branches of the story and highlight that at times “choice” itself was more of a privilege than a right. Regardless of the number of options presented at a decision point, each of these “choices” is hyperlinked (i.e., clickable) to allow for easy progression to the next fragment of the story.

Next, while I had crafted the structure and content of each narrative, I felt that there were issues remaining with the flow and readability of each narrative. After playing around with

various stylistic presentations of the narrative fragments, I settled upon the following formatting choices:

1. Each narrative fragment begins by highlighting the last several lines of the previous section—including the decision made by the main character—within a grey box. This was done to reorient the reader to their position as main character by offering a reminder of where they had been prior to engaging with the *Researcher Insights*.
2. The *Researcher Insights* are contained within a black framed box in order to clearly distinguish the provision of my researcher interpretations from the narrative text.
  - a. Following the narrator notes, the reader is invited back into the flow of narrative—signaled by another grey box—as they are presented with the last line of the narrative text and the various options that will lead them down the next leg of their journey.
3. The final *Researcher Summary* of each pathway is also contained within a separate black framed box to mark its position as the conclusion. The last line within the summary box invites the reader to explore the different pathways of the narrative or proceed to *Chapter Five*, the final chapter of this document.

Finally, I constructed a map of the various branches/pathways to ensure that multiple fragments seamlessly and coherently contributed to at least one of the multiple narrative pathways within the overarching interactive story (Appendix N). Similar to the maps of “Choose Your Own Adventure” (Chooseco LLC, 2020; Laskow, 2017) series that reveal the underlying structure of each book, the map I constructed operates according to a simple key:

- A circle indicates a decision point in the story;
- An arrow represents a “forced choice” in the story;
- A square represents the end of a pathway; and
- Dotted lines show a connection (e.g., branch, merge) to another pathway.

By mapping the various pathways of the interactive story in this way, the reader is able to easily see both the complexity and uniqueness of the story. I have also developed and included a chronological timeline (Appendix O) of the interactive story—with associated page numbers—to facilitate the navigation of hard copy versions of this document.

#### **3.4.3.2 Summary.**

As I have described, the creation of the narratives was heavily grounded in the data I collected through interviews, observations, and document analysis. However, the decisions regarding how to construct the narratives, what aspects of participant stories to highlight, and the interpretations presented in the *Researcher Insights* were rooted within my own positionality and reading of the data as guided by the theoretical scaffolding presented in *Chapter Two*. In so doing, the interactive story presented herein is *one story*—purposefully and rigorously composed by *one researcher*—which highlights the complexity and juxtaposition within and between transgender and non-binary older adults’ experiences, perceptions, and desires of community support within Southern Ontario. As a result, I consider this interactive story to be a “writerly text” (Barthes, 1974) since the “writing will never be ‘the Truth’ as it will always represent something that has always already been rewritten, re-created, and newly experienced” (Berbary, 2011, p. 188). Therefore, I want to be clear that this work will always already be in process as

every time I read the narratives I see new interpretations, potential for new pathways, and more spaces to add experiences of ageism, cis/heteronormativity, racialization, ableism, etc. As I move towards publication, I will be constantly editing, adding, and/or deleting in response to the world around me—mirroring the ways that readers will experience new pathways, insights, and understandings with every reading of the interactive story.

## Chapter 4: Interactive Story

The following interactive story introduces the kinds of community supports that were perceived to exist or were experienced by transgender and/or non-binary older adults living the mid-sized city of Westminster (pseudonym) in Southern Ontario. Through five composite main characters—introduced in depth below—the multiple pathways of this story explore the lessons learned (e.g., beneficial, detrimental, unfulfilled, ignored, or imagined aspects of community support) through conversations with participants (i.e., transgender and/or non-binary older adults, community organizers) about how community support functions (or not) within their lives in relation to sense of aging, gender identity, and wellbeing. Moving through the story, the multiple pathways were crafted to highlight the complexity and juxtaposition of community support as experienced (and/or perceived) by transgender and non-binary older adults—as rooted in and surrounded by systemic issues of cis/heteronormativity<sup>55</sup>, ageism, and classism. While I also recognize that many additional systemic issues (e.g., racism and ableism) have a significant impact on community support for transgender and non-binary folx, in particular Black, Indigenous, and people of colour (BIPOC) trans and non-binary folx, I did not have the data (as discussed in *Chapter Three*) from participant interviews to support nuanced depictions of the multiple ways these systemic issues interconnect to influence experiences, perceptions, and desires of community support within Southern Ontario. As a result, I made the decision to make all the main characters of the following interactive story white to highlight the lack of diversity

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<sup>55</sup> As a reminder, cis/heteronormativity is the overarching assumption that all or most people are *cishet* subsequently contributes to *cisnormativity* and *heteronormativity* (Russo, 2014). *Cis/heteronormativity* refers to the prevalence of both *cisnormativity* and *heteronormativity* within Western society.

in my data to which I speak to as an erasure in my work. However, while I recognize that the data is something that I produced (e.g., directed participant recruitment, conducted interviews), through continued reflection I have realized that this glaring erasure within the data is likely due to the convergence of multiple risk factors for BIPOC participants that have reinforced their silencing within academic research—a silencing I will continue to unpack in *Chapter Five*. As we move forward into the interactive story, I hope you—the reader—will hold my recognition of this absence as I continue to grapple with and work through the various failures of this work.

With this in mind, I have worked to show as best as the data could possibly allow the pervasive effects of some of these systemic issues (i.e., cis/heteronormativity, ageism, and classism) throughout the story; while simultaneously showing how they intertwined with and functioned alongside experiences of joy, friendship, self-worth, etc. within the day-to-day lives of participants. This was an intentional maneuver to circumvent historically problematic research practices within aging and gender studies (i.e., cisgender researchers, young researchers) that have perpetuated and reinforced stigmatization, pathologization, and victimization of aging, transgender, and/or non-binary identities, experiences, and bodies as the only stories worth telling (Halberstam, 2005; Heyes, 2003; Mattilda, 2006). As we move into the final chapter of this dissertation, I will conclude by putting the theoretical scaffolding introduced in *Chapter Two* (e.g., embracing failure) to work to propose some ideas—rooted within participant stories and the current moment—for how we can (re)imagine community support with transgender and non-binary older adults alongside a discussion of how this inquiry has forever changed the way I approach research.

## 4.1 User Guide

There are several ways to navigate the multiple pathways of this interactive story. In what follows, I have provided some guidelines to help orient you (the reader) to the formatting and stylistic features that structure this work prior to diving into your role of the main character.

First, you will be introduced to the characters of this interactive story. Throughout the course of the story, you may—at different times—embody each of the main characters (e.g., three trans women, one trans man, one community organizer) depending on the choices made. Alongside becoming familiar with your character(s), you will be introduced to the supporting characters. While your direct engagement with each character varies, all characters are composites rooted in the data collected through participant interviews, observations, and my personal research journals.

Next, as you navigate your way through the interactive story, you will notice that each section begins and ends with a grey box. These boxes are meant to (re)orient you to your position as the main character of the story. For example, the grey box at the outset of each section restates the final lines and decision you made at the end of the previous section; while the grey box at the end of each section presents you with the options for moving through the story.

Additionally, you will notice that text is used in a variety of ways within the story—specifically,

- Plain text (without quotation marks) indicates the narrator’s voice or narration.
- *Italicized* text indicates your inner voice; which provides more context for your actions and reactions throughout the interactive story.

- Plain text surrounded by quotation marks (e.g., “Hello”) indicates you or another character is speaking aloud.
- **Bold** text calls your attention to an upcoming opportunity to switch characters and follow another branch of the story.

Directly, following the narrative text of each section, you will find *Researcher Insights*—enclosed within a black-framed box—which highlight my interpretations of “your” experience(s) of aging, gender identity, and/or community support within the section. Putting the theoretical scaffolding of queer and critical gerontological theories—introduced in *Chapter Two*—to work, my interpretations were guided by thinking with theory in order to see the data through more liberatory frames as we move towards (re)imagining community support for transgender and non-binary older adults who live in Canada. Rather than continuously interrupting the flow of the story to impose my own interpretations and additional information, I have chosen to position these *Researcher Insights*—which momentarily pause your movement through the story—directly following the sections to enhance potential for immersion within the story while still allowing room for you (the reader) to form your own interpretations based upon your own understandings of the story text.

At the end of each pathway, you will find a hyperlink to *Researcher Summary* which concludes your journey by providing a clear description of the key lessons of this inquiry into transgender and non-binary older adults’ experiences, perceptions, and desires of/for community support within Southern Ontario. This summary is meant to provide a clear touch point for



readers as they move into the final chapter of this dissertation—or decide to explore another pathway of the story.

Finally, if you are reading a hard copy (rather than digital) version, you will not be able to make use of the hyperlink features for navigating options between sections of the interactive story. To facilitate attempts to physically navigate the various sections, I have included a map of the interactive story (Appendix N); as well as a chronological timeline with corresponding page numbers (Appendix O).

## **4.2 Characters**

To reiterate earlier discussions, despite initial efforts to weave representations of BIPOC transgender and non-binary older adults into this interactive story, my sole data collection with a participant of colour did not elicit enough data to support a nuanced and layered discussion of non-white racialization that would speak appropriately to experiences, perceptions, and desires of BIPOC folx. As a result, the following story speaks most loudly to those experiences of *white* trans and non-binary older adults who live in Southern Ontario in an attempt to stay as close to the available data as possible. Although reinforcing BIPOC silences in academic research, this acknowledgement felt like the most just move because without rich data, I would have simply produced one-dimensional representations of non-white racialization that would tokenize and reinforce the historical injustices BIPOC transgender and non-binary folx have experienced within research—thus undermining the guiding principles that I intended to steer my approach to research. As I move forward into a career within the academy, the lessons I have learned

throughout this inquiry around the need to foreground BIPOC folx in recruitment will continue to guide my learning as I strive to do better and produce more usefully inclusive research.

#### ***4.2.1 Main characters***

Your name is **Annika** (she/her). You are a 63-year-old trans woman, who lives in the heart of Westminster (pseudonym) with your 14-year-old Bichon Frise, Rusty. You worked in kitchens around the world as a chef and baker before retiring at the age of 60. Shortly after you retired, you returned to work as a live-in carer—which also ensures you have a place for you and Rusty to live. In your free time, a new-found luxury in your life, you love to attend local art exhibits, concerts, and plays. You have also recently become a volunteer member of the Transgender Day of Remembrance Organizing Committee—where you met Lily.

Your name is **Henry** (he/him). You are a 75-year-old trans man. While you have identified as a trans man for most of your life, you are finding recent developments in non-binary identities to be exciting and “delicious.” Since transitioning, you have had minimal contact with your two adult children and extended family. Your recent knee injury has forced a hiatus from working as a counsellor; as well as bringing concerns for aging and old age to the forefront.

Your name is **Andrea** (she/her). You are a 67-year-old trans woman who has been an advocate in one form or another since a young age. You first began searching for information about your identity when you were 12-years-old; at the time, all the information you could find was housed in the “abnormal psychology” section of the library—convincing you that you were alone and “crazy.” Shortly before the 25<sup>th</sup> anniversary of your sobriety, you decided to pursue

your transition from male to female. You are also the moderator of the TRANS\* Westminster Facebook group—formerly known as an in-person social group called *Connecting Over Coffee*.

Your name is **Jacquie** (she/her). You are a 50-year-old transgender woman<sup>56</sup> who moved from Trowberg (pseudonym) to Westminster (pseudonym) for work in 2000. You live with your 15-year-old daughter and are recently engaged to Keith, your long-time cisgender boyfriend. You have always been a social butterfly; however, you were left wanting more connection and companionship after initial attempts to connect with the 2SLGBTQIA+ community when you first moved to Westminster. Now, you have a close group of cisgender friends—who also have children around the age of your daughter.

Your name is **Jesse** (they/them). You are a 29-year-old transmasculine non-binary person. You are the Senior Director of Community Services and Programs at *Community Support Organization*. You—along with Dorothy and Mckinley—are leading the Community Town Hall.

#### ***4.2.2 Supporting characters***

**Rusty** is your (Annika) 14-year-old Bichon Frise.

**Ronnie** (he/him) is your (Annika) roommate. He is a 45-year-old Brazilian trans man. He has just returned home from Brazil with his 15-year-old cisgender daughter.

**Lily** (she/her) is a 32-year-old queer cisgender woman. A long-time friend of Henry, she is also a relatively new friend of yours (Annika). The two of you became friends about 8 months

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<sup>56</sup> Although I have previously described “trans” and “transgender” as being synonymous and used interchangeably throughout this document, it felt important to include characters who identify as trans women and transgender women to reflect identities shared with me by participants.

ago after meeting at last year's Transgender Day of Remembrance Vigil. Lily is well-known and well-connected within the 2SLGBTQIA+ community of Westminster. She has a young baby with her partner, **Jack**.

**Jack** (he/him) is a 38-year-old trans man. He is your (Henry) close friend. The two of you were marching in the parade and enjoying this year's Pride celebrations when you fell and injured your knee. He has a young baby with his partner, **Lily**.

**Dr. Bailey** (she/her) is your (Henry) current primary care physician who is also on-call at Westminster General Hospital. As a primary care physician who provides affirming and supportive care, she is re-establishing your trust in the medical system—which is one of the reasons why you agreed to go to the hospital after your injury.

**Dr. Ross** (he/him) is your (Henry) former primary care physician. After many years of not receiving affirming care from Dr. Ross, you sought out a new doctor and haven't looked back since. He is on-call at Westminster General Hospital.

**Joy** (she/her) is a 53-year-old trans woman. It is almost the one-year anniversary of when she began her transition; which is also the one-year anniversary of her divorce. She had just started attending *Connecting Over Coffee* before the group shifted online due to low attendance.

**Ella** (she/her) is a 54-year-old cisgender woman. She has become one of your (Jacquie) closest friends since meeting over 15 years ago when your children were little.

**Margie** (she/her) is a 60-year-old cisgender woman. She has become one of your (Jacquie) closest friends since meeting over 15 years ago when your children were little.

**Shalina** (she/her) is a 54-year-old cisgender woman. She has become one of your (Jacquie) closest friends since meeting over 15 years ago when your children were little.

**Dorothy Robinson** (she/her), a 57-year-old cisgender woman, is the Executive Director of *Community Support Organization*. She is one of the leaders of the Community Town Hall.

**Mckinley Carty** (she/her), a 24-year-old cisgender woman, is the Community Engagement Manager at *Community Support Organization*. She is another one of the leaders of the Community Town Hall.

**Riley** (he/him) is a 66-year-old old trans man who speaks up at the Community Town Hall hosted by *Community Support Organization*.

**Additional Characters:** Nurse, Barista, Old man on the bus, Microphone runners, additional unnamed Community Town Hall audience members.

### 4.3 Re-storying community support with transgender and non-binary older adults

8:30 a.m. on Sunday, June 28, 2020

Opening the door to your 7<sup>th</sup> floor two-bedroom apartment, Rusty—your 14-year-old Bichon Frise—runs in and quickly settles into her usual position by the window.

As the morning sun shines in through the window, you know she'll be fast asleep in a few minutes. You won't have to worry about her waking up your roommates while you get ready for the day.

You walk over to the coffee maker, pull out the carafe and pour yourself a cup of coffee. As the fresh, hot coffee fills your favourite mug, you think to yourself, *I love this pre-set brew timer! It's been really nice having these little luxuries these past two months. Hopefully someday I'll have one of my own.*

The past two months housesitting Ronnie's apartment while he was home in Brazil have been amazing, but now that he is back—with his 15-year old daughter—the place is pretty cramped. You are so thankful to Ronnie for letting you and Rusty stay until you find a new place to live—especially because it means he has to share a room with his daughter. Although you are sad to leave, you completely understand that his daughter needs her own room. This was only ever supposed to be a short-term solution and now it's time to move on.

Earlier this week, you posted an ad on Kijiji offering your live-in care services. In the ad, you provided information about yourself (e.g., transgender identity), Rusty, and your qualifications to weed out as much potential for uncomfortable (read: transphobic) conversations and rejection that often accompany the moments when potential employers “figure out” your transness. To your surprise, you had a response from an older couple who live in North Westminster within 24-hours of posting. Since your first phone conversation went really well, you are looking forward to meeting them in-person this afternoon before the parade. Although the couple lives a little far from your home neighbourhood of Downtown Westminister, you think having a more permanent place for you and Rusty to call home is a bigger priority. While you're starting to feel like this could really happen, you're also feeling like this might be too good to be real. You remind yourself that you deserve this opportunity since your living situation has always been precarious.

You take your coffee and sit in the rocking chair next to Rusty's window spot. As you rock back and forth in your chair, sipping your coffee, you start planning for your exciting day.

Your interview with the older couple is at 12:30 this afternoon, so you have a few hours to kill before you need to catch the bus. Catching a glimpse of Rusty's chariot (a baby stroller turned puppy chariot) folded up in the corner of the kitchen, you think to yourself, *Oh! That's it! I can jazz that up for the parade!* You've had so much fun at Trans March and Dyke March over the last two days but, today, you are really excited for the big Pride Parade this afternoon! You are confident that you have some pink, white, and blue streamers—the colours of the trans flag—stashed in the back of your bedroom closet that will be perfect.

You finish your coffee and walk into your bedroom to start searching for decorations. After a couple minutes of searching, you find the streamers, a strand of twinkle lights and some rainbow flags. You think to yourself, *It must be my lucky day!*

Now that you've found the decorations, you decided to shower and get ready for the day before decorating. You know how carried away you can get with crafts and you don't want to risk being late for your meeting with the older couple.

A couple of hours later, you, Rusty, and her chariot are ready for the afternoon. You are just about to head out the door when you hear your cell phone chime: You've got a text...

### **Researcher Insights**

Setting off the chain of events within this interactive story, we were introduced to both Annika and her furry companion, Rusty—representing one of the sources of community support discussed by participants. In particular, one participant spoke at length about the importance of her relationship with her dog—especially during times when she felt she had no one else to turn to. For this participant, her dog provided ongoing, non-judgemental emotional support and companionship; as well as aided in developing connections/relationships by spending time on walks or playing at dog parks. I had initially neglected to consider pet companionship as a potential source of community support in the lives of transgender and/or non-binary older adults as I was primarily focused upon human-to-human interactions. However, in retrospect, as a leisure scholar, I am not surprised to see that relationships with pets were without a doubt a source of love, support, and affirmation—as shared by one of my participants.

In addition to our introduction to the significance of support in the form of pet companionship, this section also briefly introduces us to the potential for community events to serve as a source of community support for transgender and non-binary older adults. For some participants, Pride and related events provided a unique occasion that facilitated coming together of the 2SLGBTQIA+ community<sup>57</sup> to celebrate and connect over shared lived experiences of collective sexual and gender identities—as well as a “safe” opportunity to let loose and have fun. Given histories of Pride celebrations<sup>58</sup> as being a way to overcome the

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<sup>57</sup> I acknowledge that referring to “the 2SLGBTQIA+ community” is always already problematic as it implies the existence of singular, monolithic community that embraces all sexual and gender identities—which does not necessarily reflect the reality of lived experiences. However, I have chosen to use this phrasing herein—while acknowledging the tension of such usage—as it reflects language used by participants.

<sup>58</sup> Contemporary Pride celebrations mark the anniversary of the Stonewall Riots—led by two trans women of colour, Marsha P. Johnson and Sylvia Rivera—that occurred from June 28-July 3, 1969. The Stonewall Riots are commonly considered to be the most important events that sparked the gay rights movement.

shame thrust upon individuals who have been marginalized by Western society<sup>59</sup> based on dominant discourses of gender and sexuality through protest and unity, the excitement and anticipation that many participants expressed regarding Pride (e.g., Trans March, Dyke March, Pride Parade) clearly highlighted it as a source of community support for transgender and non-binary older adults. However, as we will see in subsequent discussions, it is important to note that Pride and its related events were also viewed as problematic by some participants who expressed frustration and tension around the exclusivity (e.g., only catering to white, cisgender gay and lesbian folk) of the community event.

Finally, within this opening section, we were also quickly introduced to the social and economic precarity often experienced by individuals who find themselves marginalized by dominant discourses of social identity categories of gender, age, and health<sup>60</sup>. Many participants shared stories about the challenges and discriminatory practices they experienced in securing equitable employment and adequate housing. In much the same way that pervasive cis/heteronormativity and ageism flow throughout Western society, this particular undercurrent flows throughout the remainder of the story as we—through the main characters—navigate the various ways that systemic injustices interconnect to create inequitable distributions of power and privilege that manifest as complex and precarious experiences of aging, community support, and wellbeing for transgender and non-binary older adults.

**Select one of the following options to see what happens next!**

A couple of hours later, you, Rusty, and her chariot are ready for the afternoon. You are just about to head out the door when you hear your cell phone chime: You've got a text...

- A. Go to ["11:30 a.m. - It's from your friend."](#)
- B. Go to ["11:30 a.m. - It's from the older couple."](#)

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<sup>59</sup> When I refer to Western society throughout this interactive narrative, I am explicitly calling attention to pervasive ageism and cis/heteronormativity that continues to influence—and be influenced by—Eurocentric colonial, capitalist ideals that create and reinforce systems of inequity within the society in which this inquiry took place.

<sup>60</sup> I recognize that there is also past and present systemic marginalization, discrimination, and victimization based upon the social identity categories of race, ability, sexual identity, etc. However, as I have previously stated, I did not have the data—for a number of reasons—to explore these intersections within this inquiry. Moving forward, I will pay more specific attention to the multiple, fluid, and contingent ways these social identity categories come together to influence relations of power that create disparities in who is able to participate in research.



*11:30 a.m. — It's from your friend*

Now that you've found the decorations, you decided to shower and get ready for the day before decorating. You know how carried away you can get with crafts and you don't want to risk being late for your meeting with the older couple.

A couple of hours later, you, Rusty, and her chariot are ready for the afternoon. You are just about to head out the door when you hear your cell phone chime: You've got a text from your friend.

You struggle as you search for your phone in your purse while holding the apartment door open for Rusty's chariot. Finally, you think as you quickly pull out your flip phone and open it to see a familiar notification on the screen:

New message from Lily.	
View	Ignore

Still holding the door, you select "View" to check the message:

Good luck at ur interview, hun! Keeping my fingers crossed we'll have something to celebrate tonight. See you and Rusty later! XO

*Awwww, that's so sweet of her. I really hope so too!* You think to yourself as you close the apartment door and continue towards the elevator. You and Lily have become fast friends since meeting while volunteering on the planning committee for last year's Trans Day of Remembrance Vigil.

Now that you and Rusty are in the elevator, you type a quick response:

Thanks, doll! XO

As you hit "Send," you notice the time and think to yourself, *Oh wow! The bus is going to be here any minute.*

Rushing off the elevator to catch the bus, you say to Rusty, "We've got to get a move on!"

### **Researcher Insights**

By choosing **Option A**, Annika received a text from her supportive friend, Lily. Within this section, we were introduced to the ways that participants spoke about friends(hip) as another source of community support. In particular, some participants talked about the importance of having a trusted network—or "no matter what" friend(s)—to turn to in times of need; as well as share the joys and challenges of daily life. The importance of friends(hip)—along with

more “informal” sources of community support, such as online forums and chosen family relationships—may be the result of distrust, previous mistreatment, and/or not feeling welcome within “formal” sources of community support (e.g., aging care services, social programs, support programs). In many cases, existing “formal” sources of community support were not perceived to be built to accommodate the needs of transgender and non-binary older adults—stemming from pervasive ageism within the 2SLGBTQIA+ community and cis/heteronormativity within aging circles.

Additionally, this section further highlighted community events as a source of community support. In particular, the friendship between Annika and Lily flourished out of their involvement in planning the Transgender Day of Remembrance (TDOR) Vigil in Westminster. While I have chosen to highlight the individual connection that arose from this particular community event, it is also important to note that there are also events that centred on celebration; rather than remembrance of lives lost due to the disproportionate levels of violence endured by transgender individuals—which most often results in the murder of Black and Latin(x) trans women—due to pervasive transphobia and racism within Western society. However, such celebratory events that provide opportunities to connect and form friendships currently occur more infrequently within Western society that only seems to acknowledge trans and non-binary folx in their death (Snorton & Haritaworn, 2013). It is important to call attention to this distinction (i.e., celebration versus remembrance) as it is fueled by systemic injustices that create hierarchies of power and privilege that are often better afforded to white, cisgender, middle- to upper-class, able-bodied folx reaching old age. By (re)imagining community support for transgender and non-binary older adults, I hope that future iterations of this work contribute to shifts that will see the needs of trans and non-binary Black, Indigenous, and People of Colour (BIPOC) centred and amplified in ways that combat cis/heteronormative and racist histories of stigmatization, marginalization, and violence within Western society.

If **Option B** had been chosen, Annika would have received a text from the older couple cancelling her second interview—along with her hopes for securing both housing and employment. Go to ["11:30 a.m. - It's from the older couple"](#) for a more in-depth discussion.

**Select the following option to see what happens next!**

Rushing off the elevator to catch the bus, you say to Rusty, “We’ve got to get a move on!”

Go to ["2:30 p.m. - After the interview."](#)

**11:30 a.m. — *It's from the older couple***

Now that you've found the decorations, you decided to shower and get ready for the day before decorating. You know how carried away you can get with crafts and you don't want to risk being late for your meeting with the older couple.

A couple of hours later, you, Rusty, and her chariot are ready for the afternoon. You are just about to head out the door when you hear your cell phone chime: You've got a text from the couple.

You struggle as you search for your phone in your purse while holding the apartment door open for Rusty's chariot. *Finally*, you think as you quickly pull out your flip phone and open it to see a notification from an unfamiliar number on the screen:

New message from 123-456-7890.	
View	Ignore

You think to yourself, *It must be from the older couple*. Still holding the door, you select "View" to check the message:

It's not going to work out, Annika. So sorry.

*What?* You think to yourself as your shoulders slump, *They couldn't even call? I thought things were going so well...* Disappointed in the lack of common courtesy, you type a response:

I'm sorry too. I really thought we were a good fit! Is there a specific reason that things didn't work out? Can you call me?

While you are disappointed that this arrangement is not going to work out, you decide to give them the benefit of the doubt. As you hit send, you think to yourself, *I'll give them a chance to explain. Maybe something happened? But why wouldn't they just say so?*

"I guess we don't have to head out quite yet!" you say as you turn around and head back into the apartment, letting the door fall closed behind you. You lift Rusty out of her chariot, give her a squeeze before putting her down, and resume your seat in the rocking chair by the window.

Rusty, sensing something is wrong, lays by your feet instead of returning to her usual position by the window.

The next hour passes slowly while you wait for the older couple to call.

As time passes, your frustration continues to grow and you think to yourself, *They really aren't going to call me!* The only thing you can think of to explain what happened is that the couple started to second guess the arrangement after you talked? Maybe they started to worry about what their family/friends/neighbours were going to think? Maybe their friends talked them out of

it? Maybe they didn't think I could handle it since I'm also getting older? Maybe they started to worry about the strain that hiring an older transgender woman would cause?

You really wanted to believe it was going to work out this time but societal pressures seem to win every time.

As you continue to rock back and forth in your chair, you decide that just sitting here stewing is not going to change things. Instead, you...

### Researcher Insights

By choosing **Option B**, Annika received a text from the older couple cancelling her second interview—along with her hopes of securing both housing and employment. Within this section, we were exposed to another layer of the impact that systemic discrimination rooted in cis/heteronormativity—and possibly ageism—can have within the lives of transgender and non-binary older adults. As Annika is rejected from yet another potential job and housing opportunity, we saw—through Annika's speculation—some of the insidious ways that cis/heteronormativity (and ageism) emerge to create situations of inequity for transgender and non-binary older adults—which have the potential to impact experiences of housing, finances, security, and wellbeing. While this section depicts discrimination stemming from an older cisgender couple, it is important to recognize that there is always equal potential for ageist and/or transphobic discrimination to be perpetuated by folx of any age—and this particular occurrence highlighted was simply the example recorded within my collected data.

Further, although most participants described feelings of optimism as they acknowledged “how far society has come” towards accepting transgender and non-binary identities, experiences, and bodies, many simultaneously shared experiences of continual microaggression, mistreatment, exclusion, and rejection that shed light on how deep the influences of cis/heteronormativity and ageism run within Western society. We, as members of Western society, have yet to whole-heartedly shift towards providing comprehensive, affirming, and equitable community support for transgender and non-binary older adults. As the remainder of the interactive story unfolds, we will witness many of the ways that community support functions (or not) within the lives of transgender and non-binary older adults in relation to aging, gender identity, and wellbeing—which prompt collective action towards (re)imagined community support.

If **Option A** had been chosen, Annika would have received a text from her supportive friend. Go to ["11:30 a.m. - It's from your friend"](#) for a more in-depth discussion.

### Select one of the following options to see what happens next!

As you continue to rock back and forth, you decide that just sitting here stewing is not going to change things. Instead, you...

- A. Go to ["12:35 p.m. - Call a friend."](#)
- B. Go to ["12:35 p.m. - Turn to Facebook."](#)
- C. Remind yourself that *they* are the ones with problem, not you! So, you think to yourself, *I need to get out of this apartment!* Go to ["3:00 p.m. - The parade with Lily A."](#)

12:35 p.m. — *Call a friend*

As time passes, your frustration continues to grow and you think to yourself, *They really aren't going to call me!* The only thing you can think of to explain what happened is that the couple started to second guess the arrangement after you talked? Maybe they started to worry about what their family/friends/neighbours were going to think? Maybe their friends talked them out of it? Maybe they didn't think I could handle it since I'm also getting older? Maybe they started to worry about the strain that hiring an older transgender woman would cause?

You really wanted to believe it was going to work out this time but societal pressures seem to win every time.

As you continue to rock back and forth in your chair, you decide that just sitting here stewing is not going to change things. Instead, you turn to a friend.

*I guess I could call Lily?* You think to yourself as you flip open your phone and dial Lily's number. The two of you have become fast friends since meeting while volunteering on the planning committee for last year's Trans Day of Remembrance Vigil.

As the phone is ringing you think to yourself, *She's going to be furious!* The phone rings for what feels like forever. By the time Lily answers the phone, your whole body feels hot as all the what-ifs come flooding back.

Finally, Lily answers, "Hey girl! I thought you had your interview this afternoon?"

"Ya... I was supposed to be there now..." you respond, somberly letting your voice trail off.

"Oh no, what happened?" asks Lily, growing concern in her voice.

It takes everything you have to keep from shouting into the phone as you fill Lily in on what happened. After taking a couple seconds to compose yourself, you say, "They cancelled on me. All I got was a text saying, 'It's not going to work out, sorry!'"

"Seriously? A text?" responds Lily. "And that's all they said... You've got to be joking?"

"I wish I was joking," you sigh. "It's like as soon as they figure out I'm trans, my resume goes in File G... for garbage. Every. Single. Time."

"You don't know that! Maybe they found someone else?" Lily asks, hopefully.

"I seriously doubt that. For the services I provide, there's no one better! It's got to be because I'm trans... that's the only reason I can think of!" you say as you think to yourself, *I don't know why I'm always so surprised.*

"That can't be the reason. There's laws against that, isn't there?" Lily questions.

"Technically, yes." Feeling disappointed in Lily's response, you think to yourself, *I thought you were an ally, Lily?* You can feel yourself start to question your decision to call Lily, *How can she not see the issue here? She's even married to a trans man. But, she's just like every other*

*cisgender person... She doesn't get it.* You don't have the energy to explain microaggressions to her right now either. So, rather than call her out, you continue to say, "But unless I carry a recorder everywhere I go... I'll never be able to prove it. So, I'm not really protected at all!"

"Oh..." responds Lily realizing now that her response might have sounded trite.

"I'm going to be out on the street," The panic in your voice is palpable. "I just don't know if I can take much more of this, Lily. Isn't the first sign of insanity repeating the same action over and over again and expecting a different result?"

"I'm so sorry, Annika! I wish I had room for you here..." Lily responds sympathetically. "But the baby takes up a surprising amount of space!"

You chuckle, "I don't doubt that! But it's okay... I know you would if you could. I just appreciate you listening to me vent."

"Absolutely no problem! That's what I'm here for!"

"And I'll figure something out" you sigh, thinking to yourself, *I always do.*

"For sure. I'll help any way that I can," says Lily, before asking, "You're still coming to the parade, right?"

"I'm not so sure I have the energy to be around people right now. How about I let you know?" you respond.

"Alright, but it might be nice to be around YOUR people though!" Lily continues, "Tell me that you'll at least think about it?"

"I will. I promise!" you say, reassuring her. "I'll talk to you later."

You snap your flip phone closed to hang up. You lean forward to pick up Rusty, who is still curled up at your feet, and say, "What are we going to do, Princess?"

As you and Rusty rock back and forth in your rocking chair, you begin to think about what you want the rest of your day to look like. You think to yourself, *I did promise Lily I would at least think about going to the parade.*

After few moments of contemplation, you decide...

### **Researcher Insights**

By choosing **Option A**, Annika reaches out to her friend—one of the most common sources of community support shared by participants. In particular, participants shared stories of varying levels and types of community support they received from friends(ships). When faced with experiences of stigmatization, discrimination, and/or victimization, participants stressed the importance of being able to vent and commiserate with someone who has similar lived experiences as a key aspect of support—which may indeed provide much-needed assistance in moving through the injustices they experience on a daily basis (For in-depth discussion about this source of community support, go to ["1:30 p.m. - Andrea and Joy's coffee date"](#)). While

most participants felt most supported by other transgender and non-binary folx, some participants talked about leaning on allies (e.g., folx from the broader 2SLGBTQIA+ community, cisgender folx, straight folx) for support when folx with similar experiences cannot be found or are not available—as illustrated in this section.

In particular, some participants shared that there are times when having *any* friend (i.e., not necessarily someone who has the exact same experiences) to encourage involvement in community events, to know that someone is thinking about you (e.g., sending a quick text message), can empathize, and/or provides unconditional support is all that is needed to get through difficult or challenging situations or experiences. However, some participants shared that turning to just any friend is not always the best option for support because even allies—despite having empathy (as exemplified by Lily in this section)—do not move through the world in similar ways and may not necessarily understand the weight and impact of living as an aging transgender and/or non-binary individual within a cis/heteronormative society (i.e., (co)overt ageism and cis/heteronormativity, microaggressions). In some cases, even the most well-meaning friends(hips) may only be able to offer “chicken soup for the soul” style platitudes and/or only be supportive to an extent before providing support becomes “too much” or deeply rooted (often unconscious) transphobic biases, thoughts, or beliefs bubble up to the surface—potentially causing serious harm to wellbeing. In some instances, initial interactions may have been harmful or traumatic, but allowing space for learning and growth may strengthen friend/ally(ship). While there is no way to guarantee consistent affirming community support from friends(hips), most participants felt that their friends would be there to shine bright light through the highs and lows of everyday life. Ultimately, the (un)availability and (in)actions of friends(hips) can have a monumental impact as a source of community support for transgender and non-binary older adults in relation to gender identity and wellbeing.

Additionally, while I recognize that there are many reasons someone would reach out/connect with friends(hips)(e.g., celebration, companionship, support/affirmation), the primary reason Annika reaches out to Lily in this section is in response to the ongoing assaults of pervasive cis/heteronormativity with Western society. As a society, we continually fail to acknowledge systemic issues (i.e., cis/heteronormativity, ageism, racism) while simultaneously expecting the individuals who are marginalized by these systems to “try and try again” (Halberstam, 2005). Over time, participants shared growing weary of “repeating the same action over and over again and expecting a different result” in the constant struggle to prove and/or overcome existing systemic discrimination, marginalization, and/or violence.

Lastly, this section further highlights community events as a source of community support. In particular, the friendship between Annika and Lily flourished out of their involvement in the planning of last year’s Transgender Day of Remembrance (TDOR) Vigil in Westminster. While I have chosen to highlight the individual connection that arose from this particular community event, there are also events that centred on celebration; rather than remembrance of lives lost due to the disproportionate levels of violence endured by transgender individuals—which most often results in the murder of Black and Latin(x) trans women—due



to pervasive transphobia and racism within Western society. However, such celebratory events that provide opportunities to connect and form friendships currently occur more infrequently within Western society that only seems to acknowledge trans and non-binary folx in their death (Snorton & Haritaworn, 2013). It is important to call attention to this distinction (i.e., celebration versus remembrance) as it is fueled by systemic injustices that create hierarchies of power and privilege that are often better afforded to white, cisgender, middle- to upper-class, able-bodied folx reaching old age. By (re)imagining community support for transgender and non-binary older adults, I hope that future iterations of this work contribute to shifts that will see the needs of trans and non-binary Black, Indigenous, and People of Colour (BIPOC) centred and amplified in ways that combat cis/heteronormative and racist histories of stigmatization, marginalization, and violence within Western society.

If **Option B** had been chosen, we would have followed Annika down pathways towards online forums as a source of community support. Go to "[12:35 p.m. - Turn to Facebook](#)" for a more in-depth discussion.

If **Option C** had been chosen, we would have followed Annika down pathways towards turning inwards for self-support. In addition to sharing stories about friends(hips) and online forums as sources of community support, participants talked about the significance of self-talk and self-affirmation in their lives. For example, some participants talked about having to “psych themselves” up before heading out into the world. In so doing, participants felt that they were prepared to navigate—or pre-emptively cope with—and/or ignore challenges presented by living in Western society. While I recognize that self-talk and self-affirmation are not necessarily sources of community support, I felt this was important to include as the stories shared by participants highlighted how interconnected self-support was with sources of community support.

**Select one of the following options to see what happens next!**

After few moments of contemplation, you decide...

- A. That a little fun is just what you need right now! Go to "[3:00 p.m. - The parade with Lily A.](#)"
- B. To stay home with Rusty. Go to "[12:50 p.m. - Stay home.](#)"

**12:35 p.m. — Turn to Facebook**

As time passes, your frustration continues to grow and you think to yourself, *They really aren't going to call me!* The only thing you can think of to explain what happened is that the couple started to second guess the arrangement after you talked? Maybe they started to worry about what their family/friends/neighbours were going to think? Maybe their friends talked them out of it? Maybe they didn't think I could handle it since I'm also getting older? Maybe they started to worry about the strain that hiring an older transgender woman would cause?

You really wanted to believe it was going to work out this time but societal pressures seem to win every time.

As you continue to rock back and forth in your chair, you decide that just sitting here stewing is not going to change things. Instead, you turn to Facebook.

*I guess I could call Lily?* You think to yourself as you flip open your phone and dial Lily's number. The two of you have become fast friends since meeting while volunteering on the planning committee for last year's Trans Day of Remembrance Vigil.

As the phone is ringing you think to yourself, *She's going to be furious!* The phone rings for what feels like forever before going to voicemail.

*No answer! She must be busy with the baby or already down at the park,* you think to yourself. As you try to think of someone else to call, you see Ronnie's laptop sitting on the kitchen table. You immediately remember the TRANS\* Westminster Facebook group and think to yourself, *Even though it feels like people just aren't as physically available as they used to be, I can usually find some support on here!*

You sit down at the kitchen table, open the laptop, and login to your Facebook account. You navigate your way to the TRANS\* Westminster Facebook page. The first thing you see is a new disclaimer from Andrea, the moderator: This page is for people to have open and frank conversations about the issues they face as a transgender individual. It is not for chatting about what you had for lunch or where you're going out tonight. So, if you have an issue you want to discuss, bring it in! Trolling or harassment of any kind will not be tolerated. The perpetrators will be reported and then blocked from the group.

Even though you have had nothing but very, very positive experiences when you post in the group, you also recognize that other side of the coin where the internet can open people up to horrendous criticism and harassment. Nonetheless, you feel comforted as you scroll to the comment box and begin typing up your experience:

So frustrated! I just need to rant...

Today, I was supposed to meet with a potential employer for a second interview. The first interview went so well that I allowed myself to get a

<p>little excited about the possibility of having a job AND a place to live (I'm a live-in caregiver). BUT... as I was on my way, I received this text: "It's not going to work out, Annika. So sorry." No explanation. Nothing!</p> <p>I don't know what I'm going to do now... I might be out on the streets with my pup! ☹️</p>	
	Post

As you type, some of your frustration dissipates as the words pop up on the screen. You hit the "Post" button.

Within minutes, you hear the familiar "ping" indicating a new comment and think to yourself, *That was quick!* The pings continue as you read the comments:

<p>Ugh! I'm so sorry to hear this ☹️ Keep going! You will come out of this stronger than before &lt;3</p>
<p>Would it help to move to another city? Where there's cheaper rent... more work?</p>

This post stops you in your tracks. You know they are just trying to help but you can't help thinking to yourself, *Why should I move? This is where I live... and have lived for 35 years. Westminster is my home! Why on Earth would I want to leave? But also, I'm not sure I could move beyond the reaches of transphobia!*

You continue to read. Amidst the usual comments of affirmation and words of support, you notice an exchange between Joy, a new member of the group, and Andrea, the group moderator:

<p>I'm sorry this happened to you, Annika! I'm also having a pretty difficult morning. I know most of you are probably busy today... but is anyone available to meet for coffee tomorrow? Let me know.</p>
<p><b>Hi Joy – I'm heading to the Community Town Hall tomorrow evening. But I can meet you early afternoon. I'll PM you to set something up.</b></p>

Seeing this kind of support brings a smile to your face. You think to yourself, *This is exactly why we need groups like this. We really need to stick together!* You continue to read as the posts keep flooding in:

<p>&lt;3 So sorry, Annika! It took me over a year to find my place... while my friend's son (22-year-old white male) decided to move out of the family home. He found a place within a week! A WEEK! Keep going... you'll find something for you and Rusty!</p>
---

I feel ya! We have rent to pay! We need to eat! We have bills to pay. We NEED (and have a right) to work!

Even though you just wanted to rant, the outpouring of responses is overwhelming in the best way. As you close your laptop, you...

### Researcher Insights

By choosing **Option B**, we witnessed Annika post her experiences in an online forum—one of the most common sources of community support shared by participants. In circumstances where participants did not have—either actual or perceived—immediate in-person sources of community support (e.g., friends(hips), chosen family) to turn to, they shared stories of affirmation and community support received through online forums—specifically social media platforms, such as Facebook. For some participants, the process (e.g., drafting and sharing) of posting—whether on their personal accounts or in group forums—in itself was therapeutic and supportive; similar to journaling. Beyond the immediate catharsis of posting, participants shared that they also found community support through reading comments/responses—to their own and others’ posts—about the successes and challenges of everyday life. For example, one participant shared about the potential of one post to serve as a catalyst for other folx to share their own stories (whether relevant or not). In this way, some participants felt they were not only posting for their own benefit, they also posted about their lives and experiences as a way to provide validation and affirmation through shared experiences—as well as advocate and boost representation for transgender and non-binary older adults. As a result, participants felt that the community support found through online forums provided feelings of togetherness and solidarity—or “no longer feeling alone.”

While most participants shared stories of the positive and productive community support found online, some also recognized the potential for online forums to cause harm as not *all* comments/responses are affirming—or even helpful. In particular, some participants shared stories about comments/responses that escalated the impact of negative experiences or brought additional injustices to the fore. Further, the risk of online harassment and bullying (e.g., trolling) is a very real possibility in the online lives of transgender and non-binary folx. Fortunately, most online forums or groups are moderated—as demonstrated in this section—to create the safest possible experience for users—as one participant put it, “Thank god for report and block!”

Finally, the usage or availability of online forums also requires a certain level of financial security in order to have access to both internet and devices (e.g., using your roommate’s laptop) necessary for participation. For example, one post within this section highlights a connection between discriminatory (e.g., ageist, cis/heteronormative) employment practices and financial insecurity experienced by transgender and non-binary folx—as well as aging folx who must continue to work in old age. In particular, this post (and others) provides a source of affirmation and connection that Annika would not have been able to access if it had not been

for her roommate's laptop. Therefore, online forums as a source of community support, while affirming in many ways were not necessarily accessible to all participants—which highlights the need to (re)imagine community support in ways that are more equitable and accessible for transgender and non-binary older adults.

If **Option C** had been chosen, we would have followed Annika down pathways towards turning inwards for self-support. In addition to sharing stories about friends(hips) and online forums as sources of community support, participants talked about the significance of self-talk and self-affirmation in their lives. For example, some participants talked about having to “psych themselves” up before heading out into the world. In so doing, participants felt that they were prepared to navigate—or pre-emptively cope with—and/or ignore challenges presented by living in Western society. While I recognize that self-talk and self-affirmation are not necessarily sources of community support, I felt this was important to include as the stories shared by participants highlighted how interconnected self-support was with sources of community support.

If **Option A** had been chosen, we would have followed Annika down pathways towards friends(hips) as a source of community support. Go to ["12:35 p.m. - Call a friend"](#) for a more in-depth discussion.

### Select one of the following options to see what happens next!

Even though you just wanted to rant, the outpouring of responses is overwhelming in the best way. As you close your laptop, you...

- A. Feel ready to go on with your day. All the kind words and support have helped to quell your frustration and anger, for now. Go to ["3:00 p.m. - The parade with Lily A."](#)
- B. Can't shake your frustration and anger as you think to yourself, *I'm sure they all meant well... now all I can think about is how unjust society is.* Go to ["12:50 p.m. - Stay home."](#)
- C. Go to ["1:30 p.m. - Andrea and Joy's coffee date."](#) **Continue as Andrea.**

12:50 p.m. — *Stay home*

**If you came from choosing Option B of “[12:35 p.m. — Call a friend](#)”**

You snap your flip phone closed to hang up. You lean forward to pick up Rusty, who is still curled up at your feet, and say, “What are we going to do, Princess?”

As you and Rusty rock back and forth in your rocking chair, you begin to think about what you want the rest of your day to look like. You think to yourself, *I did promise Lily I would at least think about going to the parade.*

After few moments of contemplation, you decide to stay home.

**If you came from choosing Option B of “[12:35 p.m. — Turn to Facebook](#)”**

Even though you just wanted to rant, the outpour of responses is overwhelming in the best way. As you close your laptop, you can’t shake your frustration and anger as you think to yourself, *I’m sure they all meant well... now all I can think about is how unjust society is.*

Despite best efforts to help, the weight of today’s events continues to grow. You can’t seem to be able to fight the overlapping waves of anger, frustration, and sadness that keep coming.

You think to yourself, I really don’t know what I’m going to do! Sure... something might pop up. But what if it doesn’t?

You’ve been getting by on luck and chance for too long. After working so hard all your life, you’ve paid your dues. You would think you should be able to find a decent place to live. You think to yourself, *what if my luck has finally run out? WHAT A FUCKING DAY! And it’s barely even noon...*

I really don’t have the energy to tackle the rest of it.

And with that thought, the weight becomes unbearable. You slowly get up from your rocking chair and say, “Come on, Rusty! Let’s go lay down.”

Rusty jumps up from her spot at the window and the two of you retreat into your room.

You shut the door behind you.

As you climb into bed, you think to yourself, *Tomorrow is another day.*

THE END.

## Researcher Insights

Ultimately, all pathways will lead Annika home—regardless of the choices made and pathways followed. In particular, some participants talked about growing weary of the constant struggle against systemic cis/heteronormativity—and, indirectly, ageism. For example, one participant shared that as negative and challenging experiences compound, it is easy to “go dark” or give in to the feelings of helplessness brought on by “repeating the same action over and over again and expecting a different result.” While the circumstances under which Annika “decides” to stay home or continue moving through her day (returning home at the end of the day) are depicted as a response to experiences of community support, I recognize the risk of perpetuating overly simplistic portrayals of social isolation as direct outcome of lacking community support (e.g., reinforcing the binary between have and have not)—which may, ultimately, lead to death by suicide. With this in mind, I strived to represent complexity through the ways that the various choices and sections come together at the conclusion of a pathway in ways that reflect the diversity (e.g., similarities and differences) of life experiences and perspectives brought to the inquiry by participants; as well as juxtaposition between the impact of affirming interactions and challenging encounters on wellbeing.

As the various pathways in this interactive story unfold, there inevitably comes a point where the story ends. In other words, the choices at the end of each section lead us down a variety of pathways through various aspects (e.g., useful, beneficial, detrimental, unfulfilled, imagined) of community support and the ways they function (or not) within the lives of transgender and non-binary older adults in relation to aging, gender identity, and wellbeing. In particular, the previous section offered two choices, by choosing **Option B**, we witnessed another layer of the cumulative impact of living within systems (e.g., cis/heteronormativity, ageism) that are not designed to support and uplift transgender and non-binary older adults who live within Western society. As a result, Annika decides to stay home with Rusty. Building upon earlier discussions (i.e., ["12:35 p.m. - Call a friend"](#)) of cis/heteronormative societal expectations of perseverance that require all members of society, transgender and non-binary older adults—who in many ways are continually victimized by systems of injustice—are expected to “try and try again” to fit within predetermined, rigid templates of success while continually risking social rejection, discrimination (Halberstam, 2005). Therefore, this section is meant to illustrate the incredibly impactful statement made by one participant, “Social isolation is better than social rejection”—reflecting participant stories about the safety and security provided by their own personal spaces. Holding this statement at the fore, it is imperative that we work towards (re)imagining community support in ways that foster and enhance the wellbeing of transgender and non-binary older adults within Western society.

If **Option A** had been chosen, we would have followed Annika down pathways towards attending Pride with her friend, Lily—where we build upon earlier discussions (i.e., ["8:30 a.m.](#)

[on Sunday, June 28, 2020](#)" of community events as a source of community support. Go to ["3:00 p.m. - The parade with Lily"](#) for a more in-depth discussion.

If **Option C** had been chosen, we would have followed the pathway to ["1:30 p.m. - Andrea and Joy's coffee date"](#) and switched characters to become Andrea.

**Select one of the following options:**

- A. Go [back to start](#) and choose another pathway to experience more aspects of how community support functions within the lives of transgender and non-binary older adults!
- B. Go to [Researcher Summary](#) to set the stage for *Chapter Five*.



**2:30 p.m. — After the interview**

Now that you and Rusty are in the elevator, you type a quick response:

Thanks, doll! XO

You hit send and notice the time, *Oh wow! The bus is going to be here any minute.* “We’ve got to get a move on,” you say to Rusty as you rush off the elevator to catch the bus.

Sitting on the bus on your way to Lion’s park, your body feels like it’s vibrating. “We did it, girl!” you whisper to Rusty. The second interview was even better than the phone call. They loved Rusty.

As you look out the window at the passing windows, you think to yourself, That could not have gone better... and I start July 1<sup>st</sup>! I can’t wait to tell Lily the great news.

You were supposed to be at the park by now to meet Lily but you are running a little behind schedule. You pull out your phone to text Lily:

The interview ran late. I’m on my way now! I’ll come find you when I’m there. XO

You can’t help but smirk as you think to yourself, *That should build some intrigue!*

For the remainder of the bus ride, you continue to revel in the joy of finding a job and a place for you and Rusty to live.

Just in the nick of time.

### **Researcher Insights**

By choosing **Option A**, Annika received a text from her supportive friend—rather than receiving a text from the older couple cancelling her second interview. This choice led us down a pathway towards the current section where we learn that Annika has successfully secured both housing and employment. In particular, we witnessed the affirmation provided by landing a job, finding affordable housing, and connecting with cisgender people who are willing to provide equitable employment—in spite of the subtle indoctrination of cis/heteronormativity and ageism by Western society. By highlighting the positive impact of supporting and uplifting transgender and non-binary older adults, this section depicts a counter-story to participants stories of experiencing continual rejection and roadblocks to finding equitable and affirming housing and employment—which subsequently highlights the impact that systemic injustices may have on potentials for enhancing/reducing wellbeing in old age for transgender and non-binary older adults.

**Select one of the following options to see what happens next!**

For the remainder of the bus ride, you continue to revel in the joy of finding a job and a place for you and Rusty to live.

Just in the nick of time.

Go to ["3:00 p.m. - The parade with Lily B."](#)

**3:00 p.m. — The parade with Lily A**

**If you came from choosing Option A of “[12:35 p.m. — Call a friend](#)”**

You snap your flip phone closed to hang up. You lean forward to pick up Rusty, who is still curled up at your feet, and say, “What are we going to do, Princess?”

As you and Rusty rock back and forth in your rocking chair, you begin to think about what you want the rest of your day to look like. You think to yourself, *I did promise Lily I would at least think about going to the parade.*

After few moments of contemplation, you decide that a little fun is just what you need right now!

**If you came from choosing Option A of “[12:35 p.m. — Turn to Facebook](#)”**

Even though you just wanted to rant, the outpour of responses is overwhelming in the best way. As you close your laptop, you feel ready to go on with your day. All the kind words and support have helped to quell your frustration and anger, for now.

**If you came from choosing Option C of “[11:30 a.m. — It’s a text from the older couple](#)”**

As time passes, your frustration continues to grow and you think to yourself, *They really aren’t going to call me!* The only thing you can think of to explain what happened is that the couple started to second guess the arrangement after you talked? Maybe they started to worry about what their family/friends/neighbours were going to think? Maybe their friends talked them out of it? Maybe they didn’t think I could handle it since I’m also getting older? Maybe they started to worry about the strain that hiring an older transgender woman would cause?

You really wanted to believe it was going to work out this time but societal pressures seem to win every time.

As you continue to rock back and forth in your chair, you decide that just sitting here stewing is not going to change things. Instead, you think to yourself, *I need to get out of this apartment!*

“Thank you!” you say to the driver as you step down and lower Rusty’s chariot off the bus. The music from the pre-Parade party in Lions Park fills the air.

Walking up to the gate, there is a small table with a “Pay-what-you-can” jar to help cover the cost of the running support groups at *Community Support Organization*—a local community health organization that has recently started providing programming for 2SLGBTQIA+ folk.

Standing at the table, you ask the volunteer, “Do you know which programs this money will go to?”

“I’m not entirely sure... definitely for queer and trans programs and services. But that’s all I know,” replies the volunteer.

“Well... I’d like to see more programs for us older trans folx!” you say to the volunteer. As you place a \$10 bill in the jar, you are very aware of your current joblessness but know how important it is to have funding for new programs. You want to do your part to bring much-needed programs to life.

“Thank you for your donation! Would you like a button?” says the volunteer as they gesture towards a selection of buttons made by a local queer artist.

“Oh! Really? These are beautiful” you respond as you peruse the selection. “There are so many great buttons. It’s such a tough decision!” you say to the volunteer.

After a couple of minutes, you choose a round button that features the slogan, “Trans inclusive feminism always!” inside a light pink heart.

Securing your button to the strap of your over-the-shoulder bag, you walk through the gates into the park. You scan the crowd, looking for Lily and think to yourself, *Okay, now if I were Lily, where would I be? I’ve got to find her soon. Maybe I’ll try calling her to see where she’s at?* You pull out your phone and dial her number. No answer.

Since you cannot get through to Lily, you decide to wander around and check some of the vendors while you continue to look.

You are looking at a pink crocheted hat when Lily comes running over, “You made it! It’s SO good to see you! I’m so sorry about the job.”

As she gives you a big hug, the music begins to fade and the MC comes on the microphone, “Good afternoon everyone! Thank you all for coming to support the Trans Community Fair. I just want to let you know that the parade will be starting soon. So, if you’re marching, you better find your crew soon! And if you’re watching, you better find your spot!”

“We’d better get a move on,” you say to Lily. The two of you make your way to the meeting location for the Community Support Organization group.

The crowd lines both sides of the street. Everyone is singing, dancing, and joining in on the chanting. The energy of everyone coming together is electric!

You are pushing Rusty down the street in her chariot. Lily is dancing along to the music blasting from a truck carrying the Community Support Organization’s banner. You cannot help but be consumed by the energy of crowd!

Everyone in your group is chanting:

Trans rights are human rights!

Hey! Ho! The patriarchy has got to go!

Holding up their signs.

Black trans lives matter!

COMMUNITY!

Waving their trans and rainbow flags.

You are loving every minute of being in the parade. As you push Rusty in her chariot, you chant and dance along with Lily and the group.

As an older trans woman, you often feel like a forgotten subset of a subset of a subset as you walk through life not being accepted by either family or the community. You often feel very, very alienated. But not today! Today you are completely surrounded by YOUR people. This, you think, is what pride is all about. Your smile grows as you think to yourself, *I'm not by myself anymore!*

Suddenly, you are shaken out of the moment by a commotion ahead. Everyone in your group stops dancing and chanting. The parade has stopped moving.

Looking ahead, you notice a group of marchers have gathered around someone who is sitting on the tailgate of the Community Support Organization's parade truck.

"What do you think is going on?" you ask Lily.

"I think someone collapsed... but I can't see through all the people," responds Lily.

**Through all the commotion, you hear the guy telling the crowd of people, "I'm fine! I'm fine! We're almost back at the park. I'll just ride here for the rest of the parade. I'm not going to miss out on the fun!"**

And just like that, the crowd dissipates and the chants start again. The truck starts moving forward around the corner and down the final block of parade.

### Researcher Insights

Building upon earlier discussions (i.e., "[8:30 a.m. on Sunday, June 28, 2020](#)"), this section—reflecting data from participant interviews, personal observations, and document analysis—specifically highlights some of the contrasting feelings and opinions shared by participants regarding Pride and related events as a source of community support. As someone who personally views current Pride celebrations as capitalistic and far removed from its political origins, I found myself surprised to hear participants' differing and varied perspectives (i.e., mixed feelings) on Pride. In particular, this section reflects the feelings of one participant who views Pride as one of the only spaces where the multiple intersections of her identity as a trans woman of colour are recognized and celebrated—rather than alienated and stigmatized. While this was the view of one participant, Pride celebrations are facing increasing critiques of solely catering to queer whiteness (specifically, white cisgender lesbian and gay folx); while

capitalizing off the labour and activism of queer and trans Black, Indigenous, and people of color (QTBIPOC) folx.

In addition to viewing Pride as welcoming, fun, and celebratory, some participants talked about Pride as a time to show up and speak out for yourself and your community—alongside your community. Specifically, these participants shared that Pride (and associated events) provides a platform upon which queer and trans political agenda(s) may be disseminated and heard on a larger scale. Within this section, the parade hints at the historical significance of Pride as a political protest of societal stigmatization, discrimination, and victimization of the 2SLGBTQIA+ community—while simultaneously highlighting the need for more opportunities to come together as a community. For example, one participant shared a story about marching in the Pride parade with their friends; as they marched, everyone was chanting, “Trans rights are human rights!” Additionally, the depiction of the buttons, signs, and chants in this section highlights Pride as a political space and source of community support. In many cases, these events feature queer and trans artists—and subsequently supporting the 2SLGBTQIA+ community. This was an interesting perspective given critiques—that align with my own personal opinions—of Pride as becoming an apolitical space that strays from its deeply political roots.

When talking about giving back to one’s community, some participants also shared about volunteering on planning/organizing committees for events (e.g., Trans Day of Remembrance) within the 2SLGBTQIA+ community; as well as engaging in advocacy and/or education work as part of speaker’s panels and guest speaking engagements. In particular, some participants discussed the importance of Pride events as an opportunity to give back to the 2SLGBTQIA+ community by raising funds and awareness for much needed programs and services for 2SLGBTQIA+ folx—as highlighted with Annika’s donation. This brief interaction introduces us to the precarity of funding for community programs and services within and beyond the 2SLGBTQIA+ community. For example, while some participants shared their ideas for new programs, many acknowledged that securing funding was a significant barrier—highlighting the ways that Western society deprioritizes funding in areas that support aging, gender identity, and the various ways these identities interconnect.

Finally, while the community support found through Pride and associated events, for some participants, was an avenue for affirming one’s gender identity and inclusion in the broader 2SLGBTQIA+ community, there were also participants who felt that Pride was not an inclusive space for aging and/or transgender and non-binary identities, bodies, and experiences. For example, one participant shared how Pride celebrations were not organized with older folx in mind—highlighting the pervasive ageism within the 2SLGBTQIA+ community. Additionally, some participants shared that a drawback of raising funds through Pride events by charging event attendees—who are by and large 2SLGBTQIA+ folx themselves—creates and deepens a cycle of need. This cycle may further alienate the folx who most need the community support (e.g., transgender and non-binary older adults) fostered through Pride events by attaching access that necessitates financial security (e.g., ability to pay

entrance fees). For in-depth discussion about Pride as an exclusionary and apolitical space, go to ["5:00 p.m. - Follow Annika to parade after-party A."](#)

**Select one of the following options to see what happens next!**

And just like that, the crowd dissipates and the chants start again. The truck starts moving forward around the corner and down the final block of parade.

- A. Continue to march in the parade as Annika. Go to ["5:00 p.m. - Follow Annika to parade after-party A."](#)
- B. Go to ["4:50 p.m. - Jump into Henry marching in the parade."](#) **Continue as Henry.**

**3:00 p.m. — The parade with Lily B**

**If you came from “[2:30 p.m. — After the interview](#)”**

You can't help but smirk as you think to yourself, *That should build some intrigue!* For the remainder of the bus ride, you continue to revel in the joy of finding a place for you and Rusty to live.

Just in the nick of time.

“Thank you!” you say to the driver as you step down and lower Rusty's chariot off the bus. The music from the pre-Parade party in Lions Park fills the air.

Walking up to the gate, there is a small table with a “Pay-what-you-can” jar to help cover the cost of the running support groups at *Community Support Organization*—a local community health organization that has recently started providing programming for 2SLGBTQIA+ folx. Standing at the table, you ask the volunteer, “Do you know which programs this money will go to?”

“I'm not entirely sure... definitely for queer and trans programs and services. But that's all I know,” replies the volunteer.

“Well... I'd like to see more programs for us older trans folx!” you say to the volunteer. As you place a \$10 bill in the jar, you think about how important it is to have funding for new programs. You want to do your part to bring much-needed programs to life.

“Thank you for your donation! Would you like a button?” says the volunteer as they gesture towards a selection of buttons made by a local queer artist.

“Oh! Really? These are beautiful” you respond as you peruse the selection. “There are so many great buttons. It's such a tough decision!” you say to the volunteer.

After a couple of minutes, you choose a round button that features the slogan, “Trans inclusive feminism always!” inside a light pink heart.

Securing your button to the strap of your over-the-shoulder bag, you walk through the gates into the park. You scan the crowd, looking for Lily and think to yourself, *Okay, now if I were Lily, where would I be? I've got to find her soon. Maybe I'll try calling her to see where she's at?* You pull out your phone and dial her number. No answer.

Since you cannot get through to Lily, you decide to wander around and check some of the vendors while you continue to look.

You are looking at a pink crocheted hat when Lily comes running over, “You made it! I can't believe you haven't told me anything about the interview yet. How did it go?”

“I got the job!” you say with a big smile.



As she gives you a big hug, “This is amazing news! Now we have even more to celebrate today!”

The music begins to fade and the MC comes on the microphone, “Good afternoon everyone! Thank you all for coming to support the Trans Community Fair. I just want to let you know that the parade will be starting soon. So, if you’re marching, you better find your crew soon! And if you’re watching, you better find your spot!”

“We’d better get a move on,” you say to Lily. The two of you make your way to the meeting location for the Community Support Organization group.

The crowd lines both sides of the street. Everyone is singing, dancing, and joining in on the chanting. The energy of everyone coming together is electric!

You are pushing Rusty down the street in her chariot. Lily is dancing along to the music blasting from a truck carrying the Community Support Organization’s banner. You cannot help but be consumed by the energy of crowd!

Everyone in your group is chanting:

Trans rights are human rights!

Hey! Ho! The patriarchy has got to go!

Holding up their signs.

Black trans lives matter!

COMMUNITY!

Waving their trans and rainbow flags.

You are loving every minute of being in the parade. As you push Rusty in her chariot, you chant and dance along with Lily and the group.

As an older trans woman, you often feel like a forgotten subset of a subset of a subset as you walk through life not being accepted by either family or the community. You often feel very, very alienated. But not today! Today you are completely surrounded by YOUR people. This, you think, is what pride is all about. Your smile grows as you think to yourself, *I’m not by myself anymore!*

Suddenly, you are shaken out of the moment by a commotion ahead. Everyone in your group stops dancing and chanting. The parade has stopped moving.

Looking ahead, you notice a group of marchers have gathered around someone who is sitting on the tailgate of the Community Support Organization’s parade truck.

“What do you think is going on?” you ask Lily.

“I think someone collapsed... but I can’t see through all the people,” responds Lily.

Through all the commotion, you hear the guy telling the crowd of people, “I’m fine! I’m fine! We’re almost back at the park. I’ll just ride here for the rest of the parade. I’m not going to miss out on the fun!”

And just like that, the crowd dissipates and the chants start again. The truck starts moving forward around the corner and down the final block of parade.

### **Researcher Insights**

Building upon earlier discussions (i.e., ["8:30 a.m. on Sunday, June 28, 2020"](#)), this section—reflecting data from participant interviews, personal observations, and document analysis—specifically highlights some of the contrasting feelings and opinions shared by participants regarding Pride and related events as a source of community support. As someone who personally views current Pride celebrations as capitalistic and far removed its political origins, I found myself surprised to hear participants’ differing and varied perspectives (i.e., mixed feelings) on Pride. In particular, this section reflects the feelings of one participant who views Pride as one of the only spaces where the multiple intersections of her identity as a trans woman of colour are recognized and celebrated—rather than alienated and stigmatized. While this was the view of one participant, Pride celebrations are facing increasing critiques of solely catering to queer whiteness (specifically, white cisgender lesbian and gay folk); while capitalizing off of the labour and activism of queer and trans Black, Indigenous, and people of color (QTBIPOC).

In addition to viewing Pride as welcoming, fun, and celebratory, some participants talked about Pride as a time to show up and speak out for yourself and your community—alongside your community. Specifically, these participants shared that Pride (and associated events) provides a platform upon which queer and trans political agenda(s) may be disseminated and heard on a larger scale. Within this section, the parade hints at the historical significance of Pride as a political protest of societal stigmatization, discrimination, and victimization of the 2SLGBTQIA+ community—while simultaneously highlighting the need for more opportunities to come together as a community. For example, one participant shared a story about marching in the Pride parade with their friends; as they marched, everyone was chanting, “Trans rights are human rights!” Additionally, the depiction of the buttons, signs, and chants in this section highlights Pride as a political space and source of community support. In many cases, these events feature queer and trans artists—and subsequently supporting the 2SLGBTQIA+ community. This was an interesting perspective given critiques—that align with my own personal opinions—of Pride as becoming an apolitical space that strays from its deeply political roots.

When talking about giving back to one’s community, some participants also shared about volunteering on planning/organizing committees for events (e.g., Trans Day of Remembrance) within the 2SLGBTQIA+ community; as well as engaging in advocacy and/or education work as part of speaker’s panels and guest speaking engagements. Further, some participants discussed the importance of Pride events as an opportunity to give back to the 2SLGBTQIA+

community by raising funds and awareness for much needed programs and services for 2SLGBTQIA+ folx—as highlighted with Annika’s donation. This brief interaction introduces us to the precarity of funding for community programs and services within and beyond the 2SLGBTQIA+ community. For example, while some participants shared their ideas for new programs, many acknowledged that securing funding was a significant barrier—highlighting the ways that Western society deprioritizes funding in areas that support aging, gender identity, and the various ways these identities interconnect.

Finally, while the community support found through Pride and associated events, for some participants, was an avenue for affirming one’s gender identity and inclusion in the broader 2SLGBTQIA+ community, there were also participants who felt that Pride was not an inclusive space for aging and/or transgender and non-binary identities, bodies, and experiences. For example, one participant shared how Pride celebrations were not organized with older folx in mind—highlighting the pervasive ageism within the 2SLGBTQIA+ community. Additionally, some participants shared that a drawback of raising funds through Pride events by charging event attendees—who are by and large 2SLGBTQIA+ folx themselves—creates and deepens a cycle of need. This cycle may further alienate the folx who most need the community support (e.g., transgender and non-binary older adults) fostered through Pride events by attaching access that necessitates financial security (e.g., ability to pay entrance fees). For in-depth discussion about Pride as an exclusionary and apolitical space, go to ["5:00 p.m. - Follow Annika to parade after-party."](#)

**Select one of the following options to see what happens next!**

And just like that, the crowd dissipates and the chants start again. The truck starts moving forward around the corner and down the final block of parade.

- A. Continue to march in the parade as Annika. Go to ["5:00 p.m. - Follow Annika to parade after-party B."](#)
- B. Go to ["4:50 p.m. - Jump into Henry marching in the parade."](#) **Continue as Henry.**

**4:50 p.m. — Jump into Henry marching in the parade**

“What do you think is going on?” you ask Lily.

“I think someone collapsed... but I can’t see through all the people,” responds Lily.

Through all the commotion, you hear the guy telling the crowd of people, “I’m fine! I’m fine! We’re almost back at the park. I’ll just ride here for the rest of the parade. I’m not going to miss out on the fun!”

And just like that, the crowd dissipates and the chants start again. The truck starts moving forward around the corner and down the final block of parade.

**Continue to march in the parade as Henry (your new character).**

The energy of everyone coming together to celebrate Pride is so electric. You cannot help but be completely consumed by the energy of the crowd lining both sides of the street.

You are loving every minute of marching in the parade with Community Support Organization. You are jumping up and down, chanting along with the rest of your fellow parade-goers.

Then, all of sudden, you are lying on the pavement. The pain in your knee is excruciating.

Putting on a brave face, you say, “I’m fine! I’m fine!” you assure the group of concerned people who have gathered around you, trying to re-direct their focus back onto the fun of the parade. You hate being the centre of attention.

“Are you sure you’re okay?” asks Jack, as he helps you up from the pavement. You and Jack met 15 years ago at a support group for transmasculine folx in Trowberg. The two of you recently reconnected when Jack and his young family moved to Westminster. Since reconnecting, Jack has become one of your closest friends and confidants.

“Of course. I’m a tough old guy!” you say, leaning on Jack as you hobble to the tailgate of the Community Support Organization’s parade truck that has been leading your group through the parade route. “I’ll just ride here for the rest of the parade.”

“Fine. I guess we’re almost back at the park,” Jack concedes, helping you onto the tailgate. “But as soon as the parade is over, we’re going to the hospital.”

“Mhmm... whatever you say, boss” you say with nod while thinking to yourself, *I’m pretty sure that won’t be necessary. I just need a little break.*

Once Jack is satisfied you are safely settled on the tailgate of the truck, he motions to the driver to drive on.

The crowd dissipates and the music starts again. The truck starts to creep forward and the parade continues.

As the truck turns the final corner of the parade route, the once dissipated energy returns as everyone starts to chant and dance again.

Although your knee is throbbing, you start to pump your fists and wave your arms to the beat of the music from your new perch on the tailgate. You think to yourself, *There's no way I'm going to miss out on the fun. This parade is always the highlight of my year!*

As the parade comes to an end, the throbbing pain in your knee is becoming more intense. Rubbing your knee, you think to yourself, *Maybe this is a little more than I thought... I should probably get it checked out.*

Noticing that you are rubbing your knee, Jack approaches, "How about you wait here while I flag down a cab to take us to the hospital?"

"Don't be silly, Jack! There's no way you're going to find a cab in this chaos. There's a bus stop one street over. I can make it."

### **Researcher Insights**

Branching off from the pathway that began with Annika, this section follows Henry after he is injured while marching in the Pride parade. Extending previous discussions of Pride and related events as facilitating the coming together of the 2SLGBTQIA+ community to celebrate and connect over shared lived experiences of collective queer and trans identities, this section depicts Pride as Henry's "favourite time of the year." This statement—a direct quote from one participant—reflects sentiments that Pride fosters feelings of acceptance, affirmation, and togetherness. Conversely, this section also enhances discussions of critiques that position Pride and related events as youth-centric and, subsequently, exclusionary of older 2SLGBTQIA+ community members. In particular, some participants felt that many of the events associated with Pride fail to consider the needs and desires of older adults. For example, one participant—whose experiences form the foundation of this pathway—commented that "all the jumping up and down on pavement [during the parade] at almost 75 is maybe a little too much" since the parade route is often long and takes place in the heat of a June afternoon with little access to hydration and/or accessible washroom facilities. This sentiment was also echoed in an interview with a community organizer as they recounted riding on a bus with a number of older adults during a Pride parade. This experience, he shared, was a one-time occurrence due to the length of the parade, no access to washroom facilities, and heat.

### **Select the following option to see what happens next!**

"Don't be silly, Jack! There's no way you're going to find a cab in this chaos. There's a bus stop one street over. I can make it."

Go to ["7:00 p.m. - Waiting to see the doctor."](#)

**5:00 p.m. — Follow Annika to parade after-party A**

Looking ahead, you notice a group of marchers have gathered around someone who is sitting on the tailgate of the Community Support Organization's parade truck.

"What do you think is going on?" you ask Lily.

"I think someone collapsed... but I can't see through all the people," responds Lily.

Through all the commotion, you hear the guy telling the crowd of people, "I'm fine! I'm fine! We're almost back at the park. I'll just ride here for the rest of the parade. I'm not going to miss out on the fun!"

And just like that, the crowd dissipates and the chants start again. The truck starts moving forward around the corner and down the final block of parade.

"So, I heard Fluffy Soufflé is performing tonight. You're going to stick around for the party, right?" Lily asks as she dances down the street again.

"Really?" *That is SO tempting*, you think to yourself. You met Fluffy when she was the DJ for the Transgender Day of Remembrance Vigil After Party and you really would love to see her perform again!

"Ya! You're coming, right?" presses Lily.

As the parade comes to an end, you, Rusty, and Lily follow the crowd back towards Lions Park. The music is echoing through the park and you hear the voice of Fluffy Soufflé welcoming everyone back.

As the crowd starts to scatter, Lily stops and looks around. "Let's go get a drink. I'm parched!" she says and slips effortlessly through the crowd.

"Hey! Wait up!" you call, struggling to maneuver Rusty's chariot through the crowd.

After struggling your way through the crowd, you finally catch up with Lily, who is already waiting in line for drinks. Stepping into line, you notice a sign displaying the drink prices. "Beers are \$7?" you say under your breath while thinking, *Seriously? How do people afford this? I guess Pride really is turning into a "privilege only" event.*

You lean in closer to the bartender and hand over a \$10 bill, "One beer, please." While you wait for the bartender to return with your drink, you think to yourself, *Not like I can afford any more than that right now. I only had \$20 on me today.*

The bartender places your beer and \$3 change on the counter. You grab your beer and join Lily, who is now waiting for you. "Do you mind if we find somewhere to sit for a little bit?" you ask as you think to yourself, *My feet are killing me!*

"No problem at all," Lily says, scanning the crowd until she spots a couple picnic tables at the edge of the dance party. Pointing, she says, "Oh, over there!"

You follow close behind as Lily weaves her way through the crowd towards the picnic table. Reaching the picnic table, you position Rusty's chariot at the end and sit down. Lily sits next to you, so you can both see Fluffy and the dancing.

After several minutes of listening to the music and watching the party, you think to yourself, *I didn't expect it to be so loud.* You love a dance party as much as the next person but you want to actually talk to Lily. Just as you start to think that you might be getting too old for these parties, you look around to find confirmation. You lean over to tell Lily, "I think I might be the only person here who's over 60..."

"That can't be right," retorts Lily.

"Well... take a look around," you challenge as you think to yourself, *It's like Pride has become just for the young! It's really leaving all the people behind that started Pride. Totally getting away from the community that it evolved from.*

You give Lily a moment to look around before saying, "And it's not just older folx missing either!"

"What do you mean?" asks Lily.

"Pride is open to everybody in the alphabet, right?" you prompt. "But I only see folx with stickers that represent the L and the G. And less than a handful of Bs. And then, there's me... a T."

"Oh wow! I would have never noticed!" replies Lily.

"It's true though, right?" you continue. "Not to mention how white everyone is!"

"Ya..." Lily says hesitantly, as if she's unsure how to respond.

"Mhmm..." you respond. Feeling disappointed in Lily's response, you think to yourself, *How can she not see the issue here? She's just like every other white, cisgender person... She doesn't get it at all.*

As you sit there with Lily, it becomes clear to you that Pride is just for some, not all. Even though you love to dance, you start to feel like maybe this isn't a space for everyone, and it is certainly not a space for you anymore.

Growing increasingly uncomfortable, you turn to Lily, "I should really get my little princess home. She's had a big day!" you say while thinking to yourself, *She's not the only one... but having an old dog is the best excuse!*

"Oh, okay!" Lily says, sounding slightly surprised. She opens her arms for a hug, "Thanks for coming for a drink though!"

Wrapping your arms around Lily, you say, "Of course! Let's get coffee before the Community Town Hall tomorrow?"

"It's a date! I'll text you in the morning," responds Lily.

"Perfect!" you say before starting to weave through the crowd to get back to Cameron Street.

## Researcher Insights

By continuing to follow Annika, we begin to see some of the juxtaposition in participants experiences, perceptions, and desires of/for community support. Specifically, in contrast to earlier discussions that have acknowledged the potential of Pride as a source of community support, this section depicts many of the critiques that participants shared that position Pride—and other sanctioned spaces—as privileged spaces. In particular, some participants were frustrated by the commercialization of Pride and its singular focus on hosting one week/end of events and celebrations—leading one participant to question, “what about the other 51 weeks of the year?” This singular focus on one week/end also sheds light on critiques of Pride’s apolitical evolution from political protest to commercialized, capitalist party—in the process leaving behind the generation (specifically, trans women of colour) who were on the forefront of the gay rights movement. For example, some participants felt that Pride was not the most accommodating for older adults due to hosting events at night that feature loud music that inhibit opportunities for connection, as well as lengthy parades in the heat of the afternoon.

Further, this section also calls our attention to participants stories of Pride and related events as physically (e.g., ability to physically navigate crowded event spaces) and financially (e.g., fee for access) inaccessible for many transgender and non-binary older adults. For example, within this section, Annika’s difficulty maneuvering Rusty’s chariot through the crowd of the parade after-party highlights challenges to mobility that may also be relevant within the lives of folx that use mobility aids. In addition to sharing concerns about the accessibility and youth-centrism, some participants also critiqued perceptions of the 2SLGBTQIA+ community as unproblematically inclusive of all sexual and gender identities presumed to fall beneath the rainbow—regardless of age, race, ability, or class. As depicted within this section, many participants felt that, as trans and/or non-binary folx, they were not welcome at Pride or within 2SLGBTQIA+ spaces that only cater to young, white, cisgender gay and lesbian folx—reinforcing critiques that Pride—and the 2SLGBTQIA+ community—has increasingly become an apolitical, consumerist space rife with ageism and exclusion. Taken together, this section highlights participant stories that depict Pride and related events as a privileged space that creates a number of barriers to access and inclusion that may in fact be isolating the folx who need Pride most. As one participant so aptly described, Pride has “totally gotten away from the community that it evolved from.”

While some participants saw these sources of community support as reinforcing and perpetuating the exclusion and harm of transgender and non-binary older adults, many still participated as much as possible—highlighting a complex balance of the beneficial, detrimental, and unfulfilled aspects of community support from the perspective of transgender and/or non-binary older adults.

**Select the following option to see what happens next!**



“Perfect!” you say before starting to weave through the crowd to get back to Cameron Street.

Go to ["10:00 a.m. on Monday, June 29, 2020 — You wake up."](#)

**5:00 p.m. — Follow Annika to parade after-party B**

Looking ahead, you notice a group of marchers have gathered around someone who is sitting on the tailgate of the Community Support Organization's parade truck.

"What do you think is going on?" you ask Lily.

"I think someone collapsed... but I can't see through all the people," responds Lily.

Through all the commotion, you hear the guy telling the crowd of people, "I'm fine! I'm fine! We're almost back at the park. I'll just ride here for the rest of the parade. I'm not going to miss out on the fun!"

And just like that, the crowd dissipates and the chants start again. The truck starts moving forward around the corner and down the final block of parade.

"So, I heard Fluffy Soufflé is performing tonight. You're going to stick around for the party, right?" Lily asks as she dances down the street again.

"Really?" *That is SO tempting*, you think to yourself. You met Fluffy when she was the DJ for the Transgender Day of Remembrance Vigil After Party and you really would love to see her perform again!

"Ya! You're coming, right?" presses Lily.

You nod yes as you think to yourself, *Fluffy is too hard to resist*.

As the parade comes to an end, you, Rusty, and Lily follow the crowd back towards Lions Park. The music is echoing through the park and you hear the voice of Fluffy Soufflé welcoming everyone back.

As the crowd starts to scatter, Lily stops and looks around. "Let's go get a drink. I'm parched!" she says and slips effortlessly through the crowd.

"Hey! Wait up!" you call, struggling to maneuver Rusty's chariot through the crowd.

After struggling your way through the crowd, you finally catch up with Lily, who is already waiting in line for drinks. Stepping into line, you notice a sign displaying the drink prices. "Beers are \$7?" you say under your breath while thinking, *Seriously? How do people afford this? I guess Pride really is turning into a "privilege only" event*.

You lean in closer to the bartender and hand over a \$10 bill, "One beer, please." While you wait for the bartender to return with your drink, you think to yourself, *Not like I can afford any more than that right now. I only had \$20 on me today*.

The bartender places your beer and \$3 change on the counter. You grab the beer and join Lily, who is now waiting for you. "Do you mind if we find somewhere to sit for a little bit?" you ask as you think to yourself, *My feet are killing me!*

“No problem at all,” Lily says, scanning the crowd until she spots a couple picnic tables at the edge of the dance party. Pointing, she says, “Oh, over there!”

You follow close behind as Lily weaves her way through the crowd towards the picnic table. Reaching the picnic table, you position Rusty’s chariot at the end and sit down. Lily sits next to you, so you can both see Fluffy and the dancing.

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“That can’t be right,” retorts Lily.

“Well... take a look around,” you challenge as you think to yourself, *It’s like Pride has become just for the young! It’s really leaving all the people behind that started Pride. Totally getting away from the community that it evolved from.*

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“Oh wow! I would have never noticed!” replies Lily.

“It’s true though, right?” you continue. “Not to mention how white everyone is!”

“Ya...” Lily says hesitantly, as if she’s unsure how to respond.

“Mhmm...” you respond. Feeling disappointed in Lily’s response, you think to yourself, *How can she not see the issue here? She’s just like every other white, cisgender person... She doesn’t get it at all.*

As you sit there with Lily, it becomes clear to you that Pride is just for some, not all. Even though you love to dance, you start to feel like maybe this isn’t a space for everyone, and it is certainly not a space for you anymore.

Growing increasingly uncomfortable, you turn to Lily, “I should really get my little princess home. She’s had a big day!” you say while thinking to yourself, *She’s not the only one... but having an old dog is the best excuse!*

“Oh, okay!” Lily says, sounding slightly surprised. She opens her arms for a hug, “Thanks for coming for a drink though—and congrats again on the new job!!”

Wrapping your arms around Lily, you say, “Thank you and of course! Let’s get coffee before the Community Town Hall tomorrow?”

“It’s a date! I’ll text you in the morning,” responds Lily.

“Perfect!” you say before starting to weave through the crowd to get back to Cameron Street.

### **Researcher Insights**

By continuing to follow Annika, we begin to see some of the juxtaposition in participants experiences, perceptions, and desires of/for community support. Specifically, in contrast to earlier discussions that have acknowledged the potential of Pride as a source of community support, this section depicts many of the critiques that participants shared that position Pride—and other sanctioned spaces—as privileged spaces. In particular, some participants were frustrated by the commercialization of Pride and its singular focus on hosting one week/end of events and celebrations—leading one participant to question, “what about the other 51 weeks of the year?” This singular focus on one week/end also sheds light on critiques of Pride’s apolitical evolution from political protest to commercialized, capitalist party—in the process leaving behind the generation (specifically, trans women of colour) who were on the forefront of the gay rights movement. For example, some participants felt that Pride was not the most accommodating for older adults due to hosting events at night that feature loud music that inhibit opportunities for connection, as well as lengthy parades in the heat of the afternoon.

Further, this section also calls our attention to participants stories of Pride and related events as physically (e.g., ability to physically navigate crowded event spaces) and financially (e.g., fee for access) inaccessible for many transgender and non-binary older adults. For example, within this section, Annika’s difficulty maneuvering Rusty’s chariot through the crowd of the parade after-party highlights challenges to mobility that may also be relevant within the lives of folx that use mobility aids. In addition to sharing concerns about the accessibility and youth-centrism, some participants also critiqued perceptions of the 2SLGBTQIA+ community as unproblematically inclusive of all sexual and gender identities presumed to fall beneath the rainbow—regardless of age, race, ability, or class. As depicted within this section, many participants felt that, as trans and/or non-binary folx, they were not welcome at Pride or within 2SLGBTQIA+ spaces that only cater to young, white, cisgender gay and lesbian folx—reinforcing critiques that Pride—and the 2SLGBTQIA+ community—has increasingly become an apolitical, consumerist space rife with ageism and exclusion. Taken together, this section highlights participant stories that depict Pride and related events as a privileged space that creates a number of barriers to access and inclusion that may in fact be isolating the folx who need Pride most. As one participant so aptly described, Pride has “totally gotten away from the community that it evolved from.”

While some participants saw these sources of community support as reinforcing and perpetuating the exclusion and harm of transgender and non-binary older adults, many still participated as much as possible—highlighting a complex balance of the beneficial, detrimental, and unfulfilled aspects of community support from the perspective of transgender and/or non-binary older adults.

**Select the following option to see what happens next!**

“Perfect!” you say before starting to weave through the crowd to get back to Cameron Street.

Go to ["5:50 p.m. - Community Town Hall."](#) **Continue as Jesse.**

**7:00 p.m. — Waiting to see doctor**

As the parade comes to an end, the throbbing pain in your knee is becoming more intense. Rubbing your knee, you think to yourself, *Maybe this is a little more than I thought... I should probably get it checked out.*

Noticing that you are rubbing your knee, Jack approaches, “How about you wait here while I flag down a cab to take us to the hospital?”

“Don’t be silly, Jack! There’s no way you’re going to find a cab in this chaos. There’s a bus stop one street over. I can make it.”

Two hours and one uncomfortable bus ride later, you’re sitting in one of the examination rooms at the Westminster General Hospital. You are waiting to see the on-call doctor. Jack, who has been by your side since your fall, is leaning against the wall and looking out the window.

Jack has positioned a second chair in front of you to keep your knee elevated so it doesn’t swell too much. Now that your knee has been elevated, the throbbing pain has started to subside. You smile and think to yourself, *I hate to admit that Jack was right about the chair. But if we have to wait any longer, he’ll be running off to track down some ice.*

Now that you are settled, you and Jack sit quietly as you wait for the nurse to call your name.

After a couple of minutes, Jack says, “I still can’t believe how much those teenagers on the bus was staring at us.” Jack continues, “We were literally just sitting there!”

“I’m not surprised at all, actually...” you respond. You have been here so many times before that these kinds of microaggressions no longer shock you. There are times when people show a certain level of kindness but you find, more often than not, there’s often a certain level of ignorance, hostility, or condescension embedded in your interactions with cisgender folk.

“Really? That has never happened to me before,” says Jack, who is also transmasculine.

Quickly regretting your response, you think to yourself, *Come on, Jack. I thought you were able to look outside your own experience to see that microaggressions against us trans folk are everywhere!* While you are growing weary of having to continually explain how transphobia is very much alive and well in older generations, you prepare yourself to dive into your usual lecture on ageism.

Before you get a chance to get going, there’s a knock on the examination room door. The doctor enters the room and says...

### **Researcher Insights**

As we continue to follow Henry, we are introduced to another layer of community support shared by participants: structured social and/or support programs and services (also known as

“formal” community support). In particular, all participants shared stories of the highs and lows of interacting with “formal” sources of community support—with a particular focus on healthcare. While participants also talked about attending support groups and/or social programs, many of these stories were from earlier in their lives and/or prior to transitioning; whereas interactions with healthcare persisted. This may reflect a gap in formal community support as it fails to attend to individuals who live within the interconnections of aging and gender identity—reflecting pervasive ageism and cis/heteronormativity within Western society. I want to be clear that while this pathway specifically talks about an interaction with healthcare, I believe it is reasonable to assume that the lessons to be learned herein are transferrable across contexts within “formal” community support.

Further, this section depicts instances of overt and covert ageism and cis/heteronormativity. In particular, the situation with the older man on the bus called our attention to microaggressions—in this case rooted in transphobia—that occur on a daily basis within the lives of transgender and non-binary older adults. For example, one participant talked about feeling invisible as an older adult within society until he is either read as trans or perceived to be a “dirty old man” for interacting (e.g., being friendly) with women and children. This example highlights a unique coming together of oppressions (e.g., being older and transmasculine) that results in enhanced invisibility (due to ageism) that quickly turns into hypervisibility (due to transphobia) and/or threats to safety or disgust (due to both ageism and transphobia).

When this experience is later discussed by Henry and Jack, we also see an example of the generational disconnection—and its impact—that some participants shared during their interviews. For example, we see how the impact of these experiences are exacerbated by Jack’s lack of understanding and appreciation of how commonplace transphobia and ageism are for Henry. That is, while the 2SLGBTQIA+ community is often considered to be an all-inclusive monolith, many participants talked about feeling disconnected from younger generations—which often results in the needs of older generations going unacknowledged and ignored. These are just some of the many examples that participants shared regarding the wide range of discrimination, harassment, and victimization they experience on a daily basis across their identities—reflecting how pervasive ageism and cis/heteronormativity are within Western society.

**Select one of the following options to see what happens next!**

Before you get a chance to get going, there’s a knock on the examination room door. The doctor enters the room and says...

- A. “Good evening, Holly! I didn’t expect to see you again so soon. What brings you in tonight?” Go to ["8:15 p.m. - Dr. Ross enters the room."](#)
- B. “Good evening, Henry! I didn’t expect to see you again. What brings you in tonight?” Go to ["8:15 p.m. - Dr. Bailey enters the room."](#)

**8:15 p.m. — Dr. Ross enters the room**

Quickly regretting your response, you think to yourself, *Come on, Jack. I thought you were able to look outside your own experience to see that microaggressions against us trans folk are everywhere!* While you are growing weary of having to continually explain how transphobia is very much alive and well in older generations, you prepare yourself to dive into your usual lecture on ageism.

Before you get a chance to get going, there's a knock on the examination room door. The doctor enters the room and says, "Good evening, Holly! I didn't expect to see you again so soon. What brings you in tonight?"

"I could say the same to you..." you respond as you think to yourself, *Of ALL the doctors in this hospital, he HAD to be on call tonight. And he still refuses to call me Henry! What a jerk.* You thought you had sidestepped any chance of confrontation during this visit. Not anymore! The last time you saw Dr. Ross he wasn't willing to help you transition. Instead, he just pretended not to see what was happening. You tried for years to get him on board but he did not like that you were transitioning. Not. One. Bit. So, you decided to move on to a doctor that would treat you with respect. You really thought you wouldn't have to see him again but here he is...

Dr. Ross smiles as he turns to log into the computer on the desk, "So, what brings you in tonight?"

"Well, I was marching in a parade this afternoon. All of sudden my knee gave out and I fell to the ground. I guess all the jumping up and down on pavement at almost 75 is maybe a little too much?" you explain.

"You're probably right," says Dr. Ross. "At your age, you should be slowing down, especially now that you're 'experimenting' with hormones. How's all that going by the way?"

"Fine," you respond coldly. You are not going to give him the satisfaction of becoming upset by his disrespect. "Can you just look at my knee and tell me what's wrong?"

Dr. Ross spins around on his chair and faces you. He glances down at your knee, "You know that I have no idea how to treat a transgender."

You are very aware of Dr. Ross' ignorance but his outdated use of "a transgender" is immediately jarring. The issue is that he is not alone in his ignorance. You were denied by so many healthcare professionals before you found Dr. Bailey.

"At this point, I'm no different than anyone other person in this Emergency Department" you snap back, starting to lose your cool. "My knee is no different than any other knee... just take a look!" you say, firmly. As soon as the words are out of your mouth, you think to yourself, *Oh no! He's not going to like that at all.*

After glancing at your knee for a couple of seconds, Dr. Ross concludes, "You should be fine after a couple days of rest. It doesn't look like it's swollen."



“Are you sure? It really hurts,” you ask. You want to be sure because you don’t want to end up like your friend who passed away after getting shabby treatment. Of course, you know this isn’t as serious as their heart problem. But you can’t be too sure in a medical system that doesn’t take the needs of older adults seriously.

“Yes. I’m sure,” responds Dr. Ross, getting up from his chair to hand you a prescription. “This should help manage the pain in the meantime.”

“Thanks,” you say. As you grab the prescription, you think to yourself, Thank goodness! I do not know how much longer I could deal with this throbbing pain. We’ll definitely be stopping on the way home!

“Okay. Take it easy for the next little while,” says Dr. Ross as he leaves the examination room.

The door closes softly behind him.

Jack, seeing the hurt in your eyes, looks at you and says, “He’s a jerk! No wonder you left his practice. Don’t worry, we’ll get a second opinion.”

As you stand up from your chair, you say to Jack, “If this is the kind of treatment I get for my knee, what am I going to do when other medical issues pop up as I get older? Sure, Dr. Bailey is amazing but what about other doctors?” *How many times am I going to have to remind them that I transitioned from female to male, not from human to another species? Unless there are some major changes in our medical system... I really don’t see that happening.*

Looking solemn, Jack responds, “I don’t know, Henry. But things are changing! We have to keep the faith. It’s getting late, though. Let’s get you home to rest.”

“Ya... let’s go home,” you say to Jack as the two of you walk out of the examination room.

THE END.

### **Researcher Insights**

By choosing **Option A**, we witnessed an incredibly challenging interaction with a healthcare provider during Henry’s visit to Westminster General Hospital. In particular, while it is an experience of misgendering by the doctor that brought us to this section; there are numerous instances of mistreatment (e.g., not provided adequate care), disrespect (e.g., referring to hormone replacement therapy as an experiment), and ignorance (e.g., using language like “a transgender”). When interacting with community organizations (e.g., healthcare organization, community centres, social programs), many participants talked about the ever-present fear/consideration of interactions that deny and/or invalidate their gender identities. When confronted with cis/heteronormativity, participants talked about feeling the need to negotiate speaking up/advocating for oneself and the potential repercussions (e.g., refusal to provide care, confrontation/defensiveness, violence) versus ignoring the “misstep” as a way to increase the probability of receiving appropriate care. For example, some participants talked about

debating the “worth” in challenging experiences of injustice. This debate reflects stories told by participants of the fatigue and stress of having to continually stand up and speak out to receive the dignity and respect that should be inherent in formal community support. Further, it is countless encounters like this that have reinforced participants perceptions that formal community support was unresponsive to and ignorant of the needs of transgender and/non-binary older adults—stemming from long-standing histories of ageism and cis/heteronormativity within medical and social services. It is these perceptions that participants described as fuelling distrust, unease, and avoidance of formal community support—thereby impacting the wellbeing of transgender and non-binary older adults.

In addition to exposing us to the impact of (re)actions within formal community support, this section also depicts the stories told by some participants about varying degrees of ageism encountered during experiences with formal community support. For example, while some participants shared stories of belittlement and infantilization; other participants questioned whether their age had something to do with the ease they experienced in getting their doctors to respect their gender identities and care requests (e.g., starting hormone replacement therapy). Depending on the perspective of the participant, each of these experiences could be understood to be ageist by either invalidating autonomy or compromising one’s desires because life is nearing its conclusion. The juxtaposition here highlights tensions between perceptions of old age as a period of self-awareness, knowledge, and wisdom versus a period of decline, degradation, and infantilization.

Finally, this section also begins to shed light on the potential for allies, close friends(hips), and/or chosen family relationships to have a positive impact on the health and wellbeing of transgender and non-binary older adults. For example, after Henry’s interaction with an incredibly transphobic doctor, the reassurance and support offered by Jack reflects participants stories of the comfort found in having someone by your side during challenging situations. The impact of friends and/or chosen family will be discussed in more depth in future sections. In particular, if **Option B** had been chosen, we would have witnessed an affirming interaction with a different healthcare provider, Dr. Bailey, during Henry’s visit to Westminster General Hospital. This section highlights how the provision of respectful and affirming care and support can dramatically alter transgender and non-binary older adults’ interactions with sources of formal community support for the better—subsequently working to restore trust in formal programs and/or services. Go to ["8:15 p.m. - Dr. Bailey enters the room"](#) for a more in-depth discussion.

**Select one of the following options:**

- A. Go [back to start](#) and choose another pathway to experience more aspects of how community support functions within the lives of transgender and non-binary older adults!
- B. Go to [Researcher Summary](#) to set the stage for *Chapter Five*.

**8:15 p.m. — Dr. Bailey enters the room**

Quickly regretting your response, you think to yourself, *Come on, Jack. I thought you were able to look outside your own experience to see that microaggressions against us trans folk are everywhere!* While you are growing weary of having to continually explain how transphobia is very much alive and well in older generations, you prepare yourself to dive into your usual lecture on ageism.

Before you get a chance to get going, there's a knock on the examination room door. The doctor enters the room and says, "Good evening, Henry! I didn't expect to see you again. What brings you in tonight?"

"I could say the same... but I've got to admit that I'm sure glad you're the on-call doctor tonight!" you respond. While you have had some pretty nasty experiences with doctors over the years, you feel incredibly lucky to have found Dr. Bailey. From the first time you met, you have felt comfortable and safe with her. When you told her that you wanted to start hormone replacement therapy, she thanked you for confiding in her and said she would need some time to figure out what the best options are and how they might interact with your heart medications. Even though you had no reason to doubt her, you were all ready to defend yourself and explain that you had been thinking about this for years and years. But instead of questioning you or turning you away, she made it so easy! She's always been nothing but affirming and supportive. If it wasn't for the affirming care you received from Dr. Bailey, you would have never considered coming into the hospital tonight.

Dr. Bailey smiles as she sits down to log into the computer on the desk, "Okay, tell me what brings you in tonight?"

"Well, I was marching in the Pride Parade this afternoon. Having a blast and then all of sudden my knee gave out and I fell to the ground. I haven't been able to walk well since it happened," you explain.

"Right, I'm going to need to take a closer look. Can you jump up on the table?" asks Dr. Bailey.

"I probably won't be able to jump!" you joke. As you push yourself up out of your chair, you think to yourself, *Why can't she just assess me in the chair?*

Jack, anticipating the struggle ahead, comes to your aid. "Here, I'll give you a boost," he says as he slides his left arm under yours. "On the count of 3, lean into me and use your other arm and good leg to push yourself up onto the table. Let me know when you're ready."

You take a moment to set yourself up before saying, "Okay, I'm ready."

Jack steadies himself and says, "Alright, on three: 1... 2... 3!" When he says three, you feel him lift as you push yourself up and onto the examination table with an exasperated, "Ooof!"

As you land on the table, you say to Jack, "That was a lot easier than I thought it was going to be. Thanks, Jack!"

Jack returns to his spot by the window as Dr. Bailey rolls her chair across the room from the computer desk to the examination table. Starting to examine your knee, she says, “Okay, let’s see what’s going on here.”

After a few minutes of poking, prodding, pulling, and pushing your knee, you’ve reached the limit of your pain tolerance and finally exclaim, “Ouch! That doesn’t feel great at all, Dr. Bailey.”

Letting go of your knee, Dr. Bailey looks up at you and says, “Well... it looks like you tweaked your meniscus.”

“Hmm... I guess all the jumping up and down on pavement at 75 is maybe a little too much?”

“Well, at least a little too much for your meniscus,” she says with a wink. “You’ll need to stay off it for the next 3-4 weeks in order for it to heal.”

She rolls back across the room to the desk and starts to scribble something on a prescription pad to help with the pain.

Immediately thinking about all the stairs in your three-story townhouse, you ask, “How am I supposed to manage ALL the stairs at home?”

“Right... Maybe it would be good for you to have some help around the house for the next month or so? Do you have someone who could help? Or a couple of people?”

Taking a moment to consider your options, you...

### **Researcher Insights**

By choosing **Option B**, we witnessed an affirming interaction with a healthcare provider during Henry’s visit to Westminster General Hospital. In particular, as these affirming interactions come together, we caught a glimpse of the impact that the provision of respectful and affirming support and care can dramatically alter transgender and non-binary older adults’ interactions with sources of formal community support for the better—subsequently, working to restore trust in formal programs and/or services. In particular, after struggling to find a supportive primary care provider, Henry finally found Dr. Baily, who has been open, kind, and supportive of his needs as an aging trans man—reflecting participant stories about the influential nature of being able to access affirming programs and services. However, participants also talked about the lingering expectation of experiencing a challenging and/or ignorant encounter—stemming from long-standing histories of ageism and cis/heteronormativity within medical and social services. This lingering expectation reinforces the need for ALL persons who work within an organization to be affirming since one person or interaction can have a detrimental impact on the wellbeing of transgender and non-binary older adults.

Further, within this section, we were also introduced to considerations of accessing needed care and support when friends(hips) and family (both biological and chosen) are not available

or an option. In many cases, the expectation is that the person requiring care will access formal (or paid) sources of community support (e.g., aging care, in-home support services). However, this expectation may be out of reach for many folx—including a number of my participants—due to the often-high cost (and low and/or inaccessible options for subsidy). As a result, folx—in particular, transgender and non-binary older adults—are forced to negotiate how to access care (e.g., find funds for care and/or prescriptions) while maintaining their gender expression (e.g., access to hormone replacement therapy) and a “safe” place to call home—highlighting disparity between wealthy and precariously/unemployed older adults (despite the provision of federally funded healthcare in Canada).

Finally, it is also important to note that while Dr. Bailey is respectful and affirming of trans and non-binary identities in her medical practice, she fails to adjust her assessment protocols by asking Henry—an injured older adult—to “jump” up onto the examination table. This is an example of the importance of both language and taking into account all of the interconnected aspects of identity when providing care and support. Additionally, this instance highlights the benefit of having a friend/family member/ally by your side during encounters with formal sources of community support.

If **Option A** had been chosen, we would have witnessed a challenging/harmful interaction with a different healthcare provider during Henry’s visit to Westminster General Hospital which highlights participant stories of experiencing ageism and cis/heteronormativity when accessing formal community support. Go to ["Dr. Ross enters the room"](#) for a more in-depth discussion.

**Select one of the following options to see what happens next!**

Taking a moment to consider your options, you...

- A. Have it covered. Go to ["8:30 p.m. - Think you’ve got it covered."](#)
- B. Think that it’s an awful lot to ask but you’ll sort something out. Go to ["8:30 p.m. - You’ll sort something out."](#)

**8:30 p.m. — *Think you've got it covered***

She rolls back across the room to the desk and starts to scribble on a prescription pad.

Immediately think about all the stairs in your three-story townhouse, you ask, "How am I supposed to manage ALL the stairs at home?"

"Right... Maybe it would be good for you to have some help around the house for the next month or so? Do you have someone who could help? Or a couple of people?"

Taking a moment to consider your options, you think you've got it covered.

"I think so..." you say, looking at Jack for some reassurance while you think to yourself, *I've got some pretty great friends. I'm sure most of them will offer to help in some way or another. If not them, I've always had a lot of support from the folks in my church.*

"Of course," says Jack, reassuringly. "We should be able to sort something out. I'll work with my partner, Lily, to figure it all out."

"That's great news!" says Dr. Bailey.

"It really is," you respond. Breathing a sigh of relief, you continue, "I'm pretty lucky to have some amazing friends."

"For sure. Do you have any other questions or concerns today?" asks Dr. Bailey.

"None come to mind at the moment!" you respond.

"Alright then..." says Dr. Bailey, getting up from her chair. She hands you the prescription and says, "This should help manage the pain and inflammation. Come back to see me in 3 weeks and we'll talk about the next steps in your rehab."

"Thanks so much," you say. As you grab the prescription, you think to yourself, *Thank goodness! I do not know how much longer I could deal with this throbbing pain. We'll definitely be stopping on the way home!*

As Dr. Bailey turns back around to log out of the computer, you start to think more about her comment about rehab. You hope she doesn't suggest you join a gym. You really don't like gyms. You tried to go after your heart issues were diagnosed but you didn't even make it past the front desk. Just the thought of having to change in an open changeroom full of machomen made you incredibly uncomfortable.

Rather than dwell on the future, you think to yourself, *I'll tackle that if it comes up.* You have more urgent issues to solve before getting to that point.

"Okay. Take it easy for the next little while," says Dr. Bailey as she leaves the examination room.

As the door closes softly behind Dr. Bailey, Jack says, “We can call tomorrow to make an appointment.”

“Sounds good” you respond, sliding off the edge of the examination table.

Jack looks back at you, “Don’t worry! I’m here and I’ve already texted my partner, Lily. She’s going to send out an email to everyone. We’ll get this sorted.”

“Thanks, Jack,” you say, still a little concerned. While Jack’s words offer some comfort and reassurance, you cannot help thinking, *I really hope he’s right!*

“It’s getting late. Let’s get you home to rest,” says Jack as the two of you walk out of the examination room.

After another challenging bus ride, you’re sitting on the couch in your living room with a hot cup of tea. The day has been a rollercoaster and it feels so good to be back home.

Jack comes back into the room from the kitchen with a fresh ice pack. Placing it on your knee, he says, “Here you go! All set.” He sits down in the chair adjacent to the couch and starts scrolling through his phone.

You are ready for a quiet evening. You sip your tea and start reading your book. Before you have a chance to become immersed, you are interrupted by the chime of Jack’s phone. “Goodness! That startled me. Is everything okay?” you ask.

“Yep. Sorry, I didn’t realize my ringer was on,” Jack responds. “That was Lily. She’s just about to send out the calendar. And since the baby is already down, I can stay here with you tonight!”

“Really? I can’t ask you to do that! Are you sure?” You say as you think to yourself, *How did I get so lucky?* You are so grateful the wonderful group of friends you’ve accumulated over the last 20 years. You remember being so worried about losing all your friends when you transitioned. You never imagined how much your circle of friends would explode.

“Of course, I’m sure! And you aren’t asking. I’m offering! I’ll stay until the morning. We should have something more long-term set-up by then.”

“You really are an amazing friend, Jack. I don’t know how I’ll ever repay you for your kindness,” you say through tears of happiness.

“Oh please! I’m not doing anything beyond what you would do for me if I was in your position,” Jack responds, brushing off your desire to repay him.

“You might have a point... but I am definitely going to find a way to repay you and Lily!” you respond with a wink.

“Oh, I know,” Jack says with a smirk. “Okay, I’m going to go outside and give a Lily a call. How about you try to get some sleep?”

“That’s actually not a bad idea,” you respond, nestling down into the couch. “The guest room is all yours. I’ll see you in the morning.”

## Researcher Insights

By choosing **Option A**, we were introduced to the affirmation participants experienced, feeling/knowing they could count on friends(hips) and/or chosen family for support in times of need. Specifically, within this section, Henry's friend, Jack, immediately steps up to coordinate in-home care and support provided by his chosen family. As this pathway continues to unfold, we build upon earlier discussions (e.g., ["Call a friend"](#)) of friends(hips) as we learn more about the depth and importance of chosen family as a source of community support. For example, for some participants, their chosen families included members from their local church and/or faith communities (e.g., Mennonite, Judaism). A couple of participants shared stories about the incredible support they received through their church and/or faith community "despite their gender identity." As someone who is well versed (both personally and academically) in the injustices (e.g., rejection, invalidation, conversion therapy) that members of the 2SLGBTQIA+ community have—and continue to—face at the hands of many religious and faith organizations, I had anticipated hearing stories regarding religion to reinforce my personal experiences and perceptions of religious communities as harmful, traumatic, and victimizing. However, I found myself surprised to hear participants (who referenced religion and/or faith) talk about the affirmation and support they felt from their church community—with some members also becoming chosen family.

Additionally, as briefly mentioned within this section, many participants shared stories about their fears of losing friends and family as a result of coming out about their gender identity and/or transitioning. While, for some, these fears became reality as participants shared stories of divorce, estranged siblings and children, and broken friendships; there were also participants who shared stories about how much their friend—and chosen family—networks blossomed after their transition. In particular, some participants talked about making deeper and more meaningful connections with friends and family as a result of coming into their identities. For example, one participant shared that while she was uncertain about how her son would react to her gender identity, he not only accepted her as she was, but it was "unconditional, unquestioned, and instantaneous." This example clearly highlights the importance of unconditional acceptance and affirmation as a way to support aging, gender identity, and wellbeing for transgender and non-binary older adults.

Finally, while **Option A** and **Option B** reflect an almost perfect split between participants who felt confident that they had community support to lean on when needed, and participants who felt hesitation and apprehension about relying on limited networks for support (Go to ["You'll sort something out"](#) for a more in-depth discussion), both options introduce you to the tensions and concerns that some participants felt regarding spaces that utilized gendered washrooms/changing areas (e.g., gyms). For example, some participants viewed these spaces as risky and potential sources of harm (e.g., judgement, harassment, violence) for folx whose bodies do not necessarily fit within traditional sex/gender binary expectations. In particular, one participant spoke about toxic cis/heteronormative expectations of masculinity (i.e., machismo, "little men bulking up") as one of the reasons contributing to fears of gyms—and



by extension, some community centres and public spaces. Therefore, to (re)imagine community support in ways that function within the lives of transgender and non-binary older adults, we need to address systemic issues of cis/heteronormativity and ageism that produce risky—and potentially dangerous—situations within common spaces of community support.

**Select the following option to see what happens next!**

“I’ll see you in the morning!” says Jack as he walks out of the living room, making his way to the garden patio in the backyard.

Go to ["7:30 a.m. on Monday, June 29, 2020 - The Next Morning A."](#)

**8:30 p.m. — You'll sort something out**

She rolls back across the room to the desk and starts to scribble on a prescription pad.

Immediately think about all the stairs in your three-story townhouse, you ask, “How am I supposed to manage ALL the stairs at home?”

“Right... Maybe it would be good for you to have some help around the house for the next month or so? Do you have someone who could help? Or a couple of people?”

Taking a moment to consider your options, you think that it's an awful lot to ask but you'll sort something out

“I think so...” you say, the hesitation in your voice is palpable. You are worried about asking too much of the few close friends you still have—especially now that they don't seem to be as available as they used to be. You cannot help but wonder, *Maybe if I had put more effort into building a bigger network?*

Picking up on the hesitation in your voice, Dr. Bailey says, “It's okay. You don't have to decide anything right now. I just need you to start thinking through some of your options.” She shuffles through some files in the cabinet of the desk and pulls out a couple of pamphlets.

As you contemplate your limited options for support, Jack says, reassuringly, “We should be able to sort something out.”

“Great... but here's a few pamphlets for a couple of public and private options for in-home support. Just in case you find you need some extra support around the house, says Dr. Bailey as she hands the pamphlets to you.

“Oh... I didn't know that was an option for folx who only need short-term help,” you say while thinking to yourself, *I thought home care was only for folx who need specific help with age-related things?*

“It's definitely an option as long as you know what you're looking for. Otherwise, it can be tricky to figure out. That's why I've compiled those resources...,” assures Dr. Bailey. “If you feel you need extra support, you'll find some good options in there.”

“Okay. Thanks for these... I'll check these out later,” you say. You are unsure about the idea of having a stranger come into your home. You've heard so many horror stories about the potential for care workers to be neglectful of the queer and trans folx they are supposed to be supporting.

“No problem at all. Do you have any other questions or concerns today?”

“None come to mind at the moment!” you respond, even though you have a million questions about in-home care, like: How can you be sure that you'll be treated with respect and dignity? What happens if the care worker isn't a good fit? How do you make sure you'll be safe? How much help is actually necessary? What if you can't afford care for a whole month? As the

questions swirl around in your head, you can feel yourself becoming overwhelmed. While you want to follow Dr. Bailey's orders, you aren't sure it's worth the risk.

"Alright then..." says Dr. Bailey, getting up from her chair. She hands you your prescription, "This should help manage the pain and inflammation. Come back to see me in 3 weeks and we'll talk about the next steps in your rehab."

"Thanks so much," you say. As you grab the prescription, you think to yourself, Thank goodness! I do not know how much longer I could deal with this throbbing pain. We'll definitely be stopping on the way home!

As Dr. Bailey turns back around to log out of the computer, you start to think more about her comment about rehab. You hope she doesn't suggest you join a gym. You really don't like gyms. You tried to go after your heart issues were diagnosed but you didn't even make it past the front desk. Just the thought of having to change in an open changeroom full of machomen made you incredibly uncomfortable.

Rather than dwell on the future, you think to yourself, *I'll tackle that if it comes up*. You have more urgent issues to solve before getting to that point.

"Okay. Take it easy for the next little while," says Dr. Bailey as she leaves the examination room.

As the door closes softly behind Dr. Bailey, Jack says, "We can call tomorrow to make an appointment."

"Sounds good" you respond, sliding off the edge of the examination table. You still have no idea what you are going to do to. You look over at Jack and think to yourself, *I can't ask Jack... he's got a young family at home. And a job. It seems like he has some ideas though?*

Jack, seeing the worry in your eyes, says, "Don't worry! I'm here for now. You'll figure something out."

"Thanks, Jack," you say, unconvinced. While Jack's words offer a little comfort and reassurance, you cannot help thinking, *I really hope he's right!*

"It's getting late. Let's get you home to rest," say Jack as the two of you walk out of the examination room.

"Sounds good. I'll start figuring this out after some rest," you say to Jack as you both walk out of the examination room.

After another challenging bus ride, you're sitting on the couch in your living room with a hot cup of tea. The day has been a rollercoaster and it feels so good to be back home.

Jack comes back into the room from the kitchen with a fresh ice pack. Placing it on your knee, he says, "Here you go! All set." He sits down in the chair adjacent to the couch and starts scrolling through his phone.

You are ready for a quiet evening. You sip your tea and try to read your book but your mind is going a mile a minute. You keep getting distracted, wondering how you are going to make it

through the next month. You think to yourself, *what am I going to do when Jack leaves? Most people have kind of faded away. My kids haven't wanted to be a part of my life since I transitioned. I don't know many folx who would be able to help. I don't really have a "queer family" or whatever some people call it.*

So many unknowns are swirling around in your mind. You are so immersed in your thoughts that the chime of Jack's cellphone startles you back to reality. You say, "Goodness! That startled me. Is everything okay?"

### Researcher Insights

By choosing **Option B**, we are introduced to Henry's anxiety and worry that stems from the uncertainty with respect to accessing community support as he recovers from his knee injury. Specifically, this section begins a pathway which highlights the stories shared by participants who felt they had limited sources of community support in aging as friends and acquaintances were not as available as they had been in the past. However, the density of friends(hip) networks (e.g., few acquaintances to robust chosen family) varied greatly between participants, each participant mentioned at least one person whom they felt they could most likely turn to in a time of need (if only for a short period of time). Go to ["8:30 p.m. - Think you've got it covered"](#) for additional discussion about chosen family.

Further complicating the need for community support in aging, participants talked—to varying degrees—about relationships with biological<sup>61</sup> family (e.g., children and extended family members). For example, while some participants talked about developing deeper and more meaningful connections with friends and family as a result of coming into their identities, many participants talked about the rejection they experienced by biological family as a result of their gender identity—which ultimately resulted in the complete disconnection and dissolution of the relationship. For these participants, their fears of losing friends and family as a result of coming out—whether immediate or over time—created feelings of apprehension about who would be there to provide support throughout old age; which, in turn, has implications for the wellbeing of transgender and non-binary older adults.

For participants who described having few friends(hip) and familial connections, one of the primary concerns was becoming a burden—or “asking too much” of their limited network of friends and connections. For example, one participant talked about their familiarity with how the emotional and physical labour associated with leaning on a small network of support can place additional strain on friends(hips). As a result, the undertone of these conversations with participants appeared to be a desire to avoid causing tension and strain that would dissolve the relationship (e.g., valuing the friendship above their own needs). While most participants acknowledged the value of having a robust network of support, some also talked about the

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<sup>61</sup> Within this inquiry, biological family is considered to be family members who have a direct genetic or adoptive connection to the participant. This includes individuals such as children, siblings, parents, aunts, uncles, cousins, etc. In many ways, participants positioned biological family in opposition to chosen family.

challenges of building a network later in life (e.g., risking rejection, limited access to social and/or support programs and services) or not seeing themselves as being in a position where they need to depend on others (e.g., death by suicide or obtaining medical assistance in dying). Ultimately, all participants recognised friends(hips) and familial networks (e.g., biological and chosen) as an important sources of community support in combatting risks of social isolation and harmful interactions with health and aging care professionals.

**Select one of the following options to see what happens next!**

So many unknowns are swirling around in your mind. You are so immersed in your thoughts that the chime of Jack’s cellphone startles you back to reality, you say, “Goodness! That startled me. Is everything okay?”

- A. “It is now!” Jack responds, excitedly. Go to ["9:30 p.m. - Jack can stay."](#)
- B. “Umm... I need to get going,” Jack responds. Go to ["9:30 p.m. - Jack needs to get home."](#)

9:30 p.m. — *Jack can stay.*

You are ready for a quiet evening. You sip your tea and try to read your book but your mind is going a mile a minute. You keep getting distracted, wondering how you are going to make it through the next month. You think to yourself, *what am I going to do when Jack leaves? Most people have kind of faded away. My kids haven't wanted to be a part of my life since I transitioned. I don't know many folx who would be able to help. I don't really have a "queer family" or whatever some people call it.*

So many unknowns are swirling around in your mind. You are so immersed in your thoughts that the chime of Jack's cellphone startles you back to reality, you say, "Goodness! That startled me. Is everything okay?"

"It is now!" Jack responds, excitedly.

"It is now!" Jack responds, excitedly, "I texted my buddy to see if he would cover my shift tomorrow. He just said that he could! And Lily said that the baby is sound asleep. So, I can stay here with you tonight!"

"Really? I can't ask you to do that! Are you sure?" you say. While you are so grateful that Jack is able to stay the night, you can't help but feel guilty about pulling him away from work and his family. This just goes to show that he really is one of the few people you can still depend on.

"Of course, I'm sure! And you aren't asking. I'm offering! I'll stay until the morning," Jack replies.

"This is amazing news!" you say to Jack.

"It's not a problem at all. I'm just glad I'm able to help get things sorted," assures Jack.

"Well, I can't tell you how much I appreciate this! And I promise this is only temporary. I'll get this sorted out straight away," you say. You know first-hand how much work caring for someone can be when there are only a few people to lean on. You think to yourself, *It's not a problem now but it could easily become one. I should have known better but I just never thought I would be in this position.*

"Oh please! I'm not doing anything beyond what you would do for me if I was in your position," Jack responds, brushing off your desire to repay him.

"You might have a point... but I am definitely going to find a way to repay you and Lily!" you respond with a wink.

"Oh, I know," Jack says with a smirk. "Okay, I'm going to go give a Lily a quick call. How about you try to get some sleep?"

"That's actually not a bad idea," you respond, nestling down into the couch. "The guest room is all yours. Good night, Jack."

As you settle back into your book, you think, I've got to get this sorted out... but I'll sleep on it for now.

### **Researcher Insights**

By choosing **Option A**, we witnessed another layer of the affirmation and positive impact that having the support of even one friend can have on the trajectory of experiences of aging, gender identity, and wellbeing (For discussion of additional layers, go to ["8:30 p.m. - Think you've got it covered"](#)). Specifically, this section highlights a possible impact that competing priorities can have within the lives of members of small network(s) of community support. Building upon earlier discussions about the limitations—whether real or perceived—of leaning on friends(hip) networks, some participants shared challenges that included quickly becoming burnt-out, experiencing challenges with their own health, and being too busy or not being as available as they once had been. For example, some participants felt that leaning on friends would only be helpful up until a “tipping point”, where the relationship would suffer due to tension, burden, and resentment of having to provide on-going support. As a result, friends(hips) as a source of community support—when not able to access other sources of support—may not always have unquestionably positive impact within the lives of transgender and non-binary older adults.

If **Option B** had been chosen, we would have witnessed a different outcome of competing priorities within the lives of members of small network(s) of community support. Go to ["9:30 p.m. - Jack needs to get home"](#) for in-depth discussion.

### **Select the following option to see what happens next!**

As you settle back into your book, you think, I've got to get this sorted out... but I'll sleep on it for now.

Go to ["7:30 a.m. on Monday, June 29, 2020 - The next morning B."](#).

**9:30 p.m. — Jack needs to get home**

You are ready for a quiet evening. You sip your tea and try to read your book but your mind is going a mile a minute. You keep getting distracted, wondering how you are going to make it through the next month. You think to yourself, *what am I going to do when Jack leaves? Most people have kind of faded away. My kids haven't wanted to be a part of my life since I transitioned. I don't know many folx who would be able to help. I don't really have a "queer family" or whatever some people call it.*

So many unknowns are swirling around in your mind. You are so immersed in your thoughts that the chime of Jack's cellphone startles you back to reality, you say, "Goodness! That startled me. Is everything okay?"

"Umm... I need to get going," Jack responds.

"Umm... I need to get going," Jack responds. "Lily is having a hard time getting the baby down for the night," Jack adds, cautiously. "Do you think you'll be okay tonight?"

"Of course! I'm all set up here. Everything I need is within reach!" you respond, patting the makeshift bed Jack has set-up in your living room. While you wish that Jack could stay until you figure something out, you can't pull him away from work and his family.

"Okay, I'll check in tomorrow morning. You should get some sleep!" says Jack.

"That's actually not a bad idea. Good night, Jack!" you respond, nestling down into the couch.

"Goodnight!" responds Jack as he leaves the living room, heading to the front door.

You hear Jack shut the front door. You take a sip of your tea, trying to relax and enjoy your book, but your mind is going a mile a minute. It is clear that trying to take your mind off your predicament is not working as you think to yourself, *how AM I going to manage this?*

As you close your book and put it on the side table, you notice the pamphlets Dr. Bailey gave you at the hospital.

### **Researcher Insights**

By choosing **Option B**, we witnessed the impact of competing priorities within the lives of members of small network(s) of community support on experiences of aging, gender identity and wellbeing. Specifically, this section builds upon earlier discussions (e.g., ["8:30 p.m. - You'll sort something out"](#)) about the limitations—whether real or perceived—to further illuminate the complexity within leaning upon friends(hip) networks as a source of community support. For example, participants talked about not feeling like folx within their already small networks would be available to provide assistance due to busy lives and/or experiencing their own health challenges. As a result, limitations to friends as a source of community support—



when not able to access other sources of support—may contribute to generalized fears of aging as leading to depression, dependence, and isolation among transgender and non-binary older adults; rather than being solely viewed as a positive influence.

If **Option A** had been chosen, we would have witnessed a different outcome of competing priorities within the lives of members of small network(s) of community support. Go to ["9:30 p.m. - Jack can stay"](#) for in-depth discussion.

**Select the following option to see what happens next!**

As you close your book and put it on the side table, you notice the pamphlets Dr. Bailey gave you at the hospital.

Go to ["9:40 p.m. - Explore options for care."](#)

**9:40 p.m. — Explore options for care**

“That’s actually not a bad idea. Good night, Jack!” you respond, nestling down into the couch.

“Goodnight!” responds Jack as he leaves the living room, heading to the front door.

You hear Jack shut the front door. You take a sip of your tea, trying to relax and enjoy your book but your mind is going a mile a minute. It is clear that trying to take your mind off your predicament is not working as you think to yourself, *how AM I going to manage this?*

As you close your book and put it on the side table, you notice the pamphlets Dr. Bailey gave you at the hospital.

Picking up the stack, you think to yourself, *It’s not like I’m actually going to be able to sleep now anyways.*

As you start to flip through the stack, you immediately notice a tiny rainbow flag on the Community Support Organization pamphlet. You open the pamphlet to see a list of services the organization provides: housekeeping, overnight nursing, personal care, meal preparation, and the list goes on. You turn the pamphlet over, looking for prices. Nothing. You reach for your iPad to see if they have more information on their website.

As you search for more information, you find some but nothing beyond general ranges of fees for services. Your mind starts to spin and you think to yourself, *Even with the minimal help I need, the bills will start to pile up pretty quickly. I’m not in a place where I can afford that. That’s just the tip of the iceberg, too. Who knows what kind of people would be coming into my home? It’s such a gamble.*

The more you think about having a stranger come into your home, the more doubt and uncertainty creep in. Your worries start to stretch into getting older. There are so many unknowns. So many questions buzz around your head: *What are you going to do when you need more help getting around? When you eventually become more dependent? What if you develop dementia? Does this mean you need to start looking into senior’s homes? You didn’t realize there were so many things to consider.*

Just the thought of having to move into a long-term care home strikes fear into your heart. You absolutely dread the idea. You think to yourself, *I didn’t transition only to have some people take it away from me as an older adult! I need to avoid all of this for as long as I can.*

Overwhelmed by all the uncertainty associated with homecare, you open the Facebook app as a way to distract yourself. As you mindlessly scroll through the abundance of status updates and news articles, a post in the TRANS\* Westminster Facebook group catches your attention:

While you would definitely go to the Town Hall if circumstances were different, the title of the video is what caught your attention: [LGBT Elders go back into the closet in record numbers](#) (Maddox, 2010).

😊 Amanda – 10 minutes ago



We won't be pushed back in the closet! Come out tomorrow night to the Community Town Hall @ 7pm.

You click, “Play.” It is like the next three minutes and fifty-four minutes stand still.

As the video finishes, your gaze begins to wander around the room before stopping at your book shelves. You have shelf upon shelf of books written by queer and trans authors, mementos from decades of attending queer and trans events. Photos of you with your favourite drag superstars decorate the walls. As the memories come flooding back, you think to yourself, *Will I have to hide these treasures? Will I have to hide who I am?*

As you try to shake the thoughts out of your head, you think to yourself, *There's absolutely no way I can do that! I won't do it. I can't risk it. I'll be able to manage on my own. This is no different.*

You convince yourself that you'll be able to get through this on your own. If not, you think to yourself, *I'll live as independently as I can for as long as I can. Then when things start to go downhill, I'll make the choice to end my life.*

*On my own terms.*

THE END.

### **Researcher Insights**

Within this section, we were introduced to another aspect of formal community support available to transgender and non-binary older adults as Henry explores options for in-home care in response to limited support from friends(hips) and/or family—both chosen and

biological. In particular, this section also highlights the kinds of things that participants shared as signalling the inclusiveness of organizations, programs, and services. For example, as Henry explores the pamphlets provided by Dr. Bailey, he quickly notices the rainbow flag on the promotional material for Community Support Organization; pulling him in to explore the organization in more depth. However, while many organizations, programs, and services may appear to be inclusive and offer a wide variety of support, many participants felt that these programs and services often come with a high price tag—as depicted in this section. For example, many participants shared that the cost associated with formal community support created a financial barrier to access—especially for folx experiencing financial insecurity due to pervasive ageism and cis/heteronormativity within Western society.

Despite the price tag and inclusive appearance, participants did not feel like they would be guaranteed to receive affirming care and support. For example, while some participants shared that they would definitely consider accessing formalized in-home (aging) care services, if they were required; there was simultaneously an undercurrent of apprehension and distrust of such services. This is likely due to perceptions—fuelled by long histories of discrimination, harassment, and victimization at the hands of healthcare professionals—that becoming dependent upon someone other than close trusted friends and/or chosen family will lead to mistreatment. For example, one participant shared that, “I just don't want to get into the situation where I'm dependent on someone who then tries to push me back into a male identity. I never want to return to that again. It's that fear that makes me say that I will remain independent as long as possible. I never want to be dependent on somebody else.” As a result, participants with small—or in some cases, non-existent—networks of community support talked about facing the challenges of aging alone (e.g., risking isolation). In the event they were no longer able to care for themselves, some participants very bluntly stated that they would rather end their life than risk placing themselves in a harmful situation, becoming dependent upon unsupportive family or care workers, and/or overburdening their network of support.

Also stemming from these histories and perceptions, many of the participants shared that they had not given much thought to aging because there was either little to no positive content associated with aging, or they did not see themselves as ever being in the position of being old. Conversely, there were also participants who felt that there was no reason to fear aging or accessing aging care services as a transgender and/or non-binary older adult since society had come a long way within the past 30 years (Go to ["1:35 p.m. - Recognize someone from past group"](#) for a more in-depth discussion). In either case, aging and/or reaching old age could be conceptualized as a privileged space that conforms to cis/heteronormative expectations for aging and gender—reaffirming its position as “out of reach” from the perspective of many transgender and non-binary older adults.

Additionally, we also continued earlier discussions (e.g., ["12:35 p.m. - Turn to Facebook"](#)) of online forums as a source of community support for transgender and non-binary older adults. In particular, whereas Henry was hoping that scrolling through Facebook would provide a distraction; instead, he is further confronted by the challenges transgender and non-

binary folx face in aging and old age. For example, participants talked about their fear of needing to hide their identities (e.g., detransition, go back in the closet) in order to receive appropriate care through formal community support. In some cases, the cumulative effect of fearing inadequate community support leads to service avoidance, depression, apathy (i.e., learned helplessness), and/or isolation.

**Select one of the following options:**

- A. Go [back to start](#) and choose another pathway to experience more aspects of how community support functions within the lives of transgender and non-binary older adults!
- B. Go to [Researcher Summary](#) to set the stage for *Chapter Five*.

*7:30 a.m. on Monday, June 29, 2020 —The next morning A*

“You might have a point... but I am definitely going to find a way to repay you and Lily!” you respond with a wink.

“Oh, I know,” Jack says with a smirk. “Okay, I’m going to go outside and give Lily a call. How about you try to get some sleep?”

“That’s actually not a bad idea,” you respond, nestling down into the couch. “The guest room is all yours. I’ll see you in the morning.”

You wake up the next morning to the smell of fresh baked bread filling the house.

Jack walks into the room carrying a breakfast tray holding French pressed coffee, a glass of orange juice, a bowl of fresh fruit, and a delectable stack of fresh-out-of-the-oven scones.

Sitting up on the couch turned makeshift bed that now occupies your living room, you say, “Scones! My favourite.”

Jack places the tray over your lap. “Good morning!” he says, cheerily. He pours a cup of coffee for himself. As he sits down in the chair by the couch, he asks, “How’d you sleep?”

You take a sip of orange juice before responding, “Not too bad. My knee is feeling so much better already!”

“I’m sure a full night of keeping it elevated helped a lot,” says Jack.

“I really think so too! How did you sleep? I hope the guest bed was alright,” you ask.

“It was perfect, as usual. But I have to be honest, I didn’t get much sleep,” says Jack.

“What? Why not?” you ask, concerned about what kept Jack up.

“Well, I got up early this morning to put the finishing touches on this,” Jack says, getting up from his chair and walking over to the couch.

While you were sleeping, Lily and Jack were hard at work sorting through emails and texts to get your care schedule organized.

Sitting next to you on couch, Jack holds up your iPad and says, “Check this out!”

“I can’t wait. You two are incredible!” you say, excited to see what Jack and Lily have pulled together.

“So, everyone has pitched in a few hours here and there. We’ve got you covered for the whole month. Then we’re each going to take a turn staying overnight for at least the first week,” explains Jack.

“You’ve got to be kidding me! This is absolutely amazing, Jack!” you say as tears of happiness make a comeback.

“It all came together pretty seamlessly. We’re all here for you, Henry,” says Jack, leaning over for a hug.

“Seriously, how on Earth did I get so lucky?” you question.

“And look here, we’ve got a family dinner on the books for the end of the month,” Jack says, pointing to July 31<sup>st</sup>.

“That’s so perfect! It will give me an opportunity to thank everyone,” you say. You still can’t believe how fortunate you are to have such a supportive chosen family.

“Does that feel okay?” asks Jack as he puts down the iPad on the side table.

“That feels absolutely amazing. I am so incredibly grateful,” you say, wiping away more tears.

“Stop! It was nothing, seriously. As soon as the Lily’s email went out, the support came rushing in. Everyone really rallied around you. Everything is taken care of!” says Jack.

All the fear and uncertainty you felt last night melts away. Still in disbelief about how absolutely incredible this is, you say, “I never thought I would feel this kind of love in my lifetime.

### **Researcher Insights**

In this section, we witnessed the overwhelming support of Henry’s chosen family—or large network of supportive friends—as they come together to provide support as he heals from a knee injury. In particular, the feelings of confidence and (re)assurance that arise out of Henry’s chosen family rallying around him—without hesitation—in support and affirmation are incredible. For example, one participant talked about the beautiful relationships he had developed with his chosen family and “queerlings”—a term of endearment he used to describe his relationships with the younger queer- and trans-identified members of his chosen family. For participants who had received support from chosen family, there was an immense expression of gratitude to members of friends(hips) and/or chosen family for “going the extra mile” or “above and beyond” to help in times of need; while friends—perhaps less reliable—would only give what they could when they could. While some participants talked at length about the support of their chosen families, there were also some participants who did not feel they could turn to friends(hips) for support; at times, feeling completely isolated (Go to ["7:30 a.m. on Monday, June 29, 2020 - The next morning B"](#) for a more in-depth discussion). However, there is a great deal of fluidity within and between these experiences of friends(hips) and chosen family as a source of community support for transgender and non-binary older adults. In particular, I have aimed to highlight the varying levels of support participants felt they could expect from friends(hips) versus chosen family. However, in many ways, the line between friends(hips) and chosen family is blurry as relationships constantly evolve and, at times, devolve.

**Select the following option to see what happens next!**

All the fear and uncertainty you felt last night melt away. Still in disbelief about how absolutely incredible this is, you say, “I never thought I would feel this kind of love in my lifetime.

Go to ["5:30 p.m. on Friday, July 31, 2020 - Family Dinner."](#)



*7:30 a.m. on Monday, June 29, 2020 — The next morning B*

“Oh, I know,” Jack says with a smirk. “Okay, I’m going to go give a Lily a quick call. How about you try to get some sleep?”

“That’s actually not a bad idea,” you respond, nestling down into the couch. “The guest room is all yours. Good night, Jack.”

As you settle back into your book, you think, I’ve got to get this sorted out... but I’ll sleep on it for now.

You wake up the next morning to the smell of fresh baked bread filling the house. Jack walks into the room carrying a breakfast tray holding French pressed coffee, a glass of orange juice, a bowl of fresh fruit, and a delectable stack of fresh-out-of-the-oven scones.

Sitting up on the couch turned makeshift bed that now occupies your living room, you exclaim, “Scones! My favourite.”

Jack places the tray over your lap. “Good morning!” he says, cheerily. He pours a cup of coffee for himself. As he sits down in his chair by the couch, he asks, “How’d you sleep?”

You take a sip of orange juice before responding, “Not too bad. My knee is feeling so much better already!”

“I’m sure a full night of keeping it elevated helped a lot,” say Jack.

“I really think so too! How did you sleep? I hope the guest bed was alright,” you ask.

“It was perfect, as usual. But I have to be honest, I didn’t get much sleep,” says Jack.

“What? Why not?” you ask, concerned about what kept Jack up.

“Well, I was up half the night trying figure out a plan for when I go back to work but I think I came up with a pretty good idea this morning!” says Jack, excitedly.

“Oh really? I have a couple of ideas, too! Let’s hear what you came up with?” you ask, intrigued.

“Okay! So, I’m not sure if you remember the woman that Lily was marching with yesterday, but...” starts Jack, coming to sit next to you on the couch.

“The lady with the adorable puppy in the stroller?” you interject.

“Yes! So, when I called Lily this morning to check-in on her and the baby, she told me about her friend, Annika, and how she’s looking for a place to live now that her roommate’s daughter needs her room.”

“Okay...” you respond, trying to figure out where this is going.

“Well... she’s also a live-in caregiver. I was thinking she might be interested in coming to help you out?” says Jack, excitedly.

“But I only need care for like a month. I’m sure she’s looking for something more permanent,” you say with some hesitation.

“Maybe she is. But we won’t know until we ask, right? Anyways, Lily seemed to think she might be into the idea. She’s going to get Annika to call you today,” says Jack.

While you think this could be a great solution to your problem, you just aren’t sure that Annika will actually agree since you only need help for a month. On the other hand, you think it would give her a little more time to find something more permanent. After sitting quietly for a couple of moments, you say, “I guess it’s worth a shot. It definitely sounds more enticing than my idea.”

“Oh ya?” asks Jack.

“Ya. I was thinking about maybe going to stay with my sister for a bit. We’ve talked about living together when I retire. Just to cut costs, you know? This is a little sooner than we were thinking but it could be like a trial run?” you respond.

Jack, looking concerned, asks, “Is this the same sister that insisted your mother go live in a long-term care home?”

“Ya,” you respond. You know your sister has not been the most supportive or reliable, but you think to yourself, *I need to have a back-up plan in case Annika isn’t interested.*

“Doesn’t she live like three hours away? How are you going to get there? You don’t have a license and can’t drive even if you did,” continues Jack.

“Right,” you respond, quietly. You remember that not too long ago in your sister’s community, there was a lesbian couple who were being threatened and their house kept getting vandalized. Not exactly the most accepting community.

“Not to mention, you would be so far away from me, Lily, and the baby!” says Jack.

“You drive a hard bargain, Jack. I really don’t want to be too far from that little nugget,” you reply, trying to lighten the mood.

Jack presses on, “I just don’t see moving in with your sister being a healthy solution. I really think you should consider having Annika move in.”

You know Jack is just trying to help but this is starting to feel a little condescending. You know that moving in with your sister is not the ideal scenario, but it might end up being your only option. You respond, “I hear you. I’m not saying that I won’t consider letting Annika help. It would be amazing if we could help each other out.”

“That’s what I’m thinking, too,” says Jack.

At this point, you are feeling overwhelmed. While Jack has made a pretty convincing case, you decide to wait until you hear from Annika before making a firm decision. You respond to Jack, “How about we wait to see what Annika says?”

“Okay, we can’t really make a decision right now anyways,” says Jack.

The rest of your morning with Jack is much more relaxing. The two of you finished your breakfast, played cards games, and watched some Netflix. Although you are feeling relaxed and supported at the moment, you know this is only a temporary solution.

The anticipation of Annika’s call is making you more anxious than usual. Every chime and ring of a cellphone causes you to jump with excitement—which does not help the pain levels in your knee.

Finally, after what feels like a lifetime of waiting, your cellphone rings. You pick up your phone from the side table and look at Jack, “It’s an unknown number. It must be Annika!”

“Well answer it!” Jack responds excitedly.

You answer the call and put the phone on speaker:

### **Researcher Insights**

In this section, we are introduced to some of the challenges to accessing community support that may be experienced by transgender and non-binary older adults. Specifically, this section continues earlier discussions (e.g., ["8:30 p.m. - You'll sort something out"](#)) of participants’ fears around becoming a burden on friends and family. In particular, our attention is called to the implications of disconnection. For example, most participants shared stories of experiencing varying degrees of disconnection that, ultimately, had an impact on their experience and/or perceptions of aging. While some participants shared that they no longer had relationships with biological children and extended family members, there were other participants who were still in contact with their extended family who did not feel like they could depend on them for support for a number of reasons; including ongoing tension around gender identity or expectations to relocate—as illustrated in this section. With respect to expectations of relocation, some participants talked about the issues associated with having to relocate (e.g., to be closer to family); such as financial constraints, making new friends later in life, or being unable to access necessary doctors and appointments due to lack of reliable access to transportation beyond public transit.

Additionally, this section also calls our attention to issues of autonomy in aging. In particular, when Henry and Jack are discussing options for support, Jack becomes overbearing while completely dismissing Henry’s suggestions. The tone and impact of this conversation reflects a common tendency to infantilize older adults by insisting that “you know better” rather than listening and providing support—which subsequently undermines autonomy. The undercurrent flowing beneath these barriers to accessing community support is that disconnection (when not able to access other sources of community support) may increase the risk of isolation and depression in ways that impact the wellbeing of transgender and non-binary older adults.

In contrast, if another pathway had been chosen, we would have witnessed an example of the affirmation and confidence associated with having community support in the form of

chosen family—or large network of supportive friends(hips). Go to ["10:00 a.m. on Monday, June 29, 2020 - You wake up"](#) for an in-depth discussion.

**Select the following option to see what happens next!**

You answer the call and put the phone on speaker:

Go to ["10:15 a.m. - Phone conversation between Annika & Henry."](#)

**10:00 a.m. on Monday, June 29, 2020 — You wake up**

“Oh, okay!” Lily says, sounding slightly surprised. She opens her arms for a hug, “Thanks for coming for a drink though!”

Wrapping your arms around Lily, you say, “Of course! Let’s get coffee before the Community Town Hall tomorrow?”

“It’s a date! I’ll text you in the morning,” responds Lily.

“Perfect!” you say before starting to weave through the crowd to get back to Cameron Street.

The morning sun shines in through the window of your two-bedroom apartment. Rusty, your 14-year-old Bichon Frise, gently licks your cheek, *I’ll never get tired of this wake-up call.*

Ruffling the fur on Rusty’s head, you say, “Good morning, baby!”

You sit up and stretch your arms above your head. Considering the rollercoaster of a day you had yesterday, you wake up feeling rested and ready for another day.

After you’ve had a good stretch, you reach for your phone on the nightstand beside your bed. You open it to see a familiar notification on the screen:

New message from Lily.	
View	Ignore

You select “View” to check the message:

Good morning! I hope u had a good sleep. I think I have a lead on a place for you and Rusty!! Msg me when u get this.  
XO

*A place to live! That would be such a lifesaver,* you think to yourself as you type a response:

This is amazing news! Tell me all about it! I don’t want to miss out on the opportunity.

As you hit “Send,” Rusty lets out a short bark to let you know she is waiting. You get out of bed and walk over to open the bedroom door for her. Rusty dashes out of the room and quickly settles into her usual position by the window.

Following her out of the room, you walk out into the kitchen to see Ronnie sitting at the kitchen table. He says, “Good morning! Do you want a coffee?”

“Oh, that would be lovely!” you respond, taking a seat in your rocking chair.

While Ronnie pours you a coffee, your phone chimes with a response from Lily. You select “View” to check the message:

Jack's friend Henry is the guy who fell during the parade yesterday. Turns out he needs some live-in help for the next month or so. I thought you might be interested. His number is 123-456-0987.

*Maybe my luck hasn't run out! I mean... this must be really hard for Henry. But at least I think we'll be able to help each other out, you think to yourself as you quickly reply:*

Definitely interested! Thank you so much, Lily. I'm going to call him right now!!

"Thanks for the coffee, Ronnie," you say, setting your mug down on the window sill. "I'm about to call about a job. With any luck, your daughter will have her own room by the end of the week!"

"That's good news after yesterday's fiasco! But you know you can stay here as long as you need," responds Ronnie.

You dial the number and wait for Henry to answer.

### **Researcher Insights**

This section sheds light on the stories participants told about feeling like the only way they were able to "gain any ground" in the areas of housing and employment was through networking and friends(hips). For example, one participant talked about relying on friends and word-of-mouth to find housing. While protection against discrimination on the basis of gender identity and expression were written into the Ontario Human Rights Code, many participants talked about having to navigate systems—rooted in both ageism and cis/heteronormativity—that continually create barriers and challenge their right to equitable employment and affordable housing. This is just one example shared by participants indicating the need for systemic changes—rather than "band-aid fixes" that remain rooted in systems of oppression. As a result, it becomes clear that this is a social justice that necessitates the re(imagining) of community support in ways that better serves transgender and non-binary older adults.

### **Select the following option to see what happens next!**

You dial the number and wait for Henry to answer.

Go to ["10: 15 a.m. - Phone conversation between Annika & Henry."](#)

*10:15 a.m. — Phone conversation with Annika & Henry.*

**If you came from “7:30 a.m. on Monday, June 29, 2020 — The next morning B”**

The anticipation of Annika’s call is making you more anxious than usual. Every chime and ring of a cellphone causes you to jump with excitement—which does not help the pain levels in your knee.

Finally, after what feels like a lifetime of waiting, your cellphone rings. You pick up your phone from the side table and look at Jack, “It’s an unknown number. It must be Annika!”

“Well answer it!” Jack responds excitedly.

You answer the call and put the phone on speaker:

“Hi! This is Henry speaking.”

“Yes, I am! The doctor told me I need to stay off my knee for a few weeks. Would you be interested in helping me out around the house for a bit?”

**If you came from “10:00 a.m. on Monday, June 29, 2020 — You wake up”**

“Thanks for the coffee, Ronnie,” you say, setting your mug down on the window sill. “I’m about to call about a job. With any luck, your daughter will have her own room by the end of the week!”

“That’s good news after yesterday’s fiasco! But you know you can stay here as long as you need,” responds Ronnie.

You dial the number and wait for Henry to answer.

“Hello, Henry. This is Annika calling. My friend Lily told me that you are looking for some live-in help after your fall.”

“Oh yes! I’m definitely interested. I can’t help but think how incredibly serendipitous this is! I mean... I’m truly sorry to hear that you hurt yourself...”

“No worries! I couldn’t agree more! So, you’re interested?”

“Well... as long as you’re okay with Rusty coming with me? She’s completely housetrained and quiet.”

“If Rusty is that cute little pup you had with you yesterday, then of course! She’s more than welcome too!”

“Perfect! What sorts of things do you think you’ll need help with?”

“Umm... I think mostly cooking. Maybe a little cleaning? Helping me get around... Mostly just making sure I don’t overdo it... I don’t sit still very well!”

“Oh, I can manage that! You said for about a month?”

“Ya. That’s what the doctor said. Hopefully I’ll heal quickly though! But I was thinking this would maybe buy some time for you and Rusty?”

“That’s wonderful! Perfect timing actually... I’m so grateful for the opportunity. It seems like the only opportunities I get are because of friends.”



“Oh not at all! You’re really helping me out here! I’d be going this alone if it weren’t for you. How much do you usually charge?”

“I was thinking about \$500 for the month. How does that sound?”

“Seriously? That’s way more affordable than I was expecting after looking at professional care services. Are you sure?”

“Yes. How about I come by tomorrow and we can sort it all out?”

“Great! I’ll text you my address. See you tomorrow!”

“Perfect! See you tomorrow, Henry!”

As you hang up the phone, a wave of relief comes over you. You were starting to feel like you were running out of options.

You look over at Jack and say, “That couldn’t have gone better!”

“Definitely!” responds Jack.

“What a relief! That is a literal weight lifted off my chest. Make sure you thank Lily for me,” you say to Jack.

“Will do!” responds Jack.

THE END.

You look over at Ronnie and say, “I think I just found a short-term solution for me and Rusty!”

“That’s so amazing!” responds Ronnie.

“What a relief!” you say to Ronnie as you think to yourself, *This is a literal weight lifted off my chest. I really owe Lily and Jack for this.*

You pick up your coffee mug and continue looking out the window as you rock back and forth in your rocking chair.

## Researcher Insights

In this section, we witnessed a conversation between Henry and Annika regarding the provision of in-home care while Henry recovers from his knee injury. In particular, this section highlights the impact of networks of friends(hips) and/or chosen family beyond the direct provision of support. For example, one participant talked at length about how important personal connections had been in opening opportunities for both housing and employment—reflecting the precarity many transgender and non-binary older adults face on a daily basis. In many cases, participants talked about the subtle ways that ageism and cis/heteronormativity have impeded their access to the most fundamental contributors (i.e., access to social support, health care, safe and affordable housing) to wellbeing in old age.

Additionally, this section also demonstrates an embedded (and almost enhanced) level of trust and familiarity when reaching out for support within 2SLGBTQIA+ community—specifically, other transgender and/or non-binary folx. While this example reflects previous discussions of participants feelings that trans and non-binary folx “need to stick together,” this may not always be a productive or useful source of support since some participants also talked about tension and disconnection (i.e., in-fighting) within the 2SLGBTQIA+ community—which complicates understandings of support from friends(hips) and chosen family as unquestionably “good.” Thereby introducing another layer of juxtaposition in understandings of how community support functions within the lives of transgender and non-binary older adults.

Finally, this section—when taken alongside Henry’s entire experience at Westminster General Hospital—alludes to another layer of juxtaposition within understandings of and access to community support. In particular, we were once again exposed to the hierarchies of privilege and power that exist within the 2SLGBTQIA+ community. For example, Jack (who is also transmasculine), his partner Lily (a cisgender woman), and their new baby may be perceived as fitting within cis/heteronormative expectations for family and relationships—which affords them the privilege of avoiding many of the precarities experienced by both Annika and Henry; as well providing the space for them to step in to provide support. Through this example, we saw that while many participants felt that transgender and non-binary folx need to stick together, there may also be a need to rely on friends/allies (within and beyond the 2SLGBTQIA+ community) who have more power within systems built upon ageism and cis/heteronormativity.

### Select one of the following options to see what happens next!

You pick up your coffee mug and continue looking out the window as you rock back and forth in your rocking chair.

Go to ["5:50 p.m. - Community Town Hall."](#) Continue as Jesse.

*1:30 p.m. — Andrea and Joy’s coffee date*

You continue to read. Amidst the usual comments of affirmation and words of support, you notice an exchange between Joy, a new member of the group, and Andrea, the group moderator:

I’m sorry this happened to you, Annika! I’m also having a pretty difficult morning. I know most of you are probably busy today... but is anyone available to meet for coffee tomorrow? Let me know.

Hi Joy – I’m heading to the Community Town Hall tomorrow evening. But I can meet you early afternoon. I’ll PM you to set something up.

Seeing this kind of support brings a smile to your face. You think to yourself, *This is exactly why we need groups like this. We really need to stick together!* You continue to read as the posts keep flooding in...

**Continue as Andrea (your new character).**

Early on Monday afternoon, you walk into Café W, your favourite local coffee shop. The scent of freshly ground coffee and sounds of the espresso machine immediately engulf you, drawing you in.

This little shop is one of your favourites. Not only is it a few short blocks from your apartment, but something about the eclectic collection of mix-matched café tables and chairs, cozy sofas and armchairs positioned around rustic coffee tables, and exposed red brick walls has made Café W feel like a second home—safe, inviting, and comforting. As a queer owned and operated shop, it has become a sort-of unofficial hub within the 2SLGBTQIA+ community of Westminster.

Walking up to the front counter, you pass the Community Board. It is filled with layer upon layer of posters and flyers advertising community events, workshops, coffeeshouses, and open mic nights of the past, present, and future.

Arriving at the register, you order your regular: A small coffee and vegan banana chocolate chip muffin. As you walk down to the other end of the counter to wait for your order, you look around to see if Joy has arrived yet.

While you don’t see Joy, you recognize one of the ladies, Jacquie, sitting in a booth across the café. The two of you were in a transition support group together over 25 years ago in Trowberg, but lost touch over the years.

**You wonder what she’s doing in Westminster as you wave in Jacquie’s direction.** You see her notice you and make eye contact. But, instead of returning your wave, she shifts her position and continues her conversation—pretending not to see you. *Whoa*, you think to yourself, *I’m pretty sure she saw me. That was a pretty clear snub! Why wouldn’t she just wave back?*

Before you can dwell on it too much, you hear the barista call, “Large coffee for Andrea!” as they place your mug on the counter, next to your muffin.

You pick up your coffee and muffin from the counter and start to weave your way through the sea of café tables towards your usual spot—a table in the back corner, facing the front entrance with your back to the wall. Despite recent political developments in the rights and protections of gender identity and expression, you are not able to shake the decades of threats to your safety and wellbeing that have conditioned you to always be aware of surroundings.

Before you get to your usual spot, you hear someone shout your name from the front, “Andrea! Over here!”

Turning to look, you see Joy. She has already settled into one of the arm chairs near the front of the café. You met Joy a couple months ago at one of the final Connecting Over Coffee meet-up, but you haven’t seen or heard from her since the group moved online. So, when you saw her post in the group yesterday asking if someone was available to meet for coffee, you knew that you needed to show up for her as soon as possible.

As you settle into the armchair across from Joy, she asks, “I hope this spot is okay. We can move to the back if you want.”

“I’m fine as long as my back is to the wall,” you respond as you stir two sugars and two creamers into your coffee.

“Oh! Okay...” Joy responds, “I really appreciate you coming to meet me today! I have really been missing the *Connecting Over Coffee* get-togethers.”

Connecting Over Coffee is the monthly meet-up group you started for transgender and non-binary folx in Westminster. When you first started the group, you had big dreams of it bringing together trans and non-binary folx of all ages from across Westminster—just like that first transition support group you attended in Trowberg 25 years ago. While the first couple of meet-ups were everything you hoped for, the initial intrigue faded over time until folx completely stopped showing up. After a few months of trying to boost attendance, you decided to shift the group online and rebrand as TRANS\* Westminster Facebook group, a space for transgender and non-binary folx to have open and frank conversations about the issues they face on a daily basis. Since moving online, the group has been thriving as folx from across Westminster (surrounding rural areas) have come together to support each other.

“No worries at all. It’s so nice to see you again! How are you? I got the sense from your message that something was off...” you ask before taking a sip of your coffee.

Joy takes a sip of her coffee. Returning her mug to the table, she continues...

### **Researcher Insights**

Branching from discussions of online forums as a source of community support, this section sets off the chain of events of this pathway by introducing us to Café W as an inclusive space for older adults, including transgender, non-binary, and cisgender folx, to gather and connect.

However, it is also important to note that while queer spaces and events are presented as largely affirming and inclusive within this story, this is not always a given. As we move through the various pathways of this story, we will be exposed to some of the ways that both ageism and cis/heteronormativity within sources of community support have impacted—and continue to impact—transgender and non-binary participants’ experiences of aging, gender identity, and wellbeing.

This pathway is built around participants experiences of providing support and companionship for other transgender and non-binary older adults—extending earlier discussions (e.g., "[12:35 p.m. - Call a friend](#)") of the value participants placed in forming connection with folx who had similar life experiences. However, this section, by highlighting desire for one-to-one connection, also introduces us to the desire shared by many participants for programs and services that cater to transgender and non-binary older adults. In particular, several participants talked about creating the programs and services they felt they and their communities needed—as exemplified by Andrea organizing the Connecting Over Coffee group depicted in this section. However, while several participants talked about creating programs and services, they also talked about a number of barriers to getting these self-initiated supports “off the ground” and ensuring longevity. For example, one participant who talked about her experiences attempting to start a weekly coffee group for older transwomen, shared that while initial interest and involvement in the group was high, the group eventually faded out. Some of the reasons that may be contributing to this difficulty include activist fatigue (i.e., no longer having the energy to fight to keep the program alive), lack of funding, barriers to access (i.e., financial insecurity, transportation), and/or burnout (i.e., constantly risking discrimination to access much needed support). As a result of these challenges, the participant in the example shifted her focus online by creating a Facebook group (Go to "[12:35 p.m. - Turn to Facebook](#)" for an in-depth discussion).

Additionally, this section continues earlier discussions (e.g., "[10:00 a.m. on Monday, June 29, 2020 - You wake up](#)") of the impact of histories of discrimination, harassment, and victimization experienced by transgender and non-binary folx living within Western society. Specifically, this section introduces issues of safety and resultant hypervigilance by highlighting aspects of a conversation I had with a participant in the beginning moments of an interview at a local café. I wrote about this experience in one of my research journal entries:

*After ordering our drinks, we proceed to a free table at the back of the café. Since I was leading the way, I immediately went to the far side of the table. In this moment, the participant asked to switch seats so she could have a clear view of the café and its entrance because it made her feel safe. In this moment, it became abundantly clear that past experiences and histories of discrimination, harassment, and victimization are not simply erased when political maneuvers (e.g., adding protections to Charter of Human Rights and Freedoms) that are said to advance 2SLGBTQIA+ rights and protect against discrimination based on gender identity and experience are written into law. What an “a-ha” moment for me... of course, the fear remains. Unless we work to dismantle the systems of oppression*

*(i.e., ageism, cis/heteronormativity, racism) that these laws are rooted within, these political maneuvers will remain symbolic gestures meant to placate rather than enact change.*

Finally, this section also introduces another branch with Andrea being snubbed by Jacquie, an old acquaintance from a previous support group—which provides yet another opportunity to branch off onto another pathway. This moment reflects some of the stories participants told about disconnection between transgender and non-binary folx. In particular, participants talked about not feeling safe being around other transgender folx as they felt this would increase the chances of being “outed” and risk of harassment—which reflects how pervasive and influential expectations for identities, bodies, and experiences to “fit” within cis/heteronormative templates or risk marginalization, discrimination, and violence. Additionally, the desire to distance oneself from other transgender and non-binary folx may also highlight how systemic cis/heteronormativity can become internalized—resulting in judgement, distrust, and/or fear of transgender and non-binary folx. Therefore, if we are to (re)imagine community support, it is clear that the work needs to begin with dismantling long-enforced systems of oppression that continually relegate transgender and non-binary older adults to the margins of Western society.

**Select one of the following options to see what happens next!**

Joy takes a sip of her coffee. Returning her mug back to the table, she continues...

- A. “I was hoping I could get your advice on something?” Go to ["1:45 p.m. - Ask for advice."](#)
- B. Go to ["1:35 p.m. - Recognize someone from past."](#) **Continue as Jacquie.**

**1:35 p.m. — Recognize someone from past**

You wonder what she’s doing in Westminster as you wave in Jacquie’s direction. You see her notice you and make eye contact. But, instead of returning your wave, she shifts her position and continues her conversation—pretending not to see you. *Whoa, you think to yourself, that was a pretty clear snub! I’m pretty sure she saw me. Why wouldn’t she just wave back?*

Before you can dwell on it too much, you hear the barista call, “Large coffee for Andrea!” as they place your mug on the counter, next to your muffin.

**Continue as Jacquie (your new character).**

As you walk down to the other end of the counter to wait for your latte, you look around for the girls—Ella, Margie, and Shalina. The four of you have been friends since your kids were little. When you first relocated to Westminster for work 20 years ago, you tried to connect with folk in the 2SLGBTQIA+ community but it wasn’t a fit for you. You found you had more in common with cisgender women who also had young kids. Now that your kids are getting older, you try to keep the tradition alive by getting together for coffee at least once a month.

Seeing the girls have chosen a booth in the back corner of the café, you think to yourself, *I wonder why the girls chose this café.* While Café W is one of your favourites in Westminster, you’ve never told the girls about it since it is a hub in the 2SLGBTQIA+ community in town. Although the girls know you are trans and are supportive, you do not like to call attention to your transgender identity. You don’t really let your gender identity or 2SLGBTQIA+ issues govern your life since it is not a primary definer of who you are. You just want to be seen as “another one of the girls,”

“Vanilla latte for Jacquie!” calls the barista as they place your mug on the counter, next to your scone.

You pick up your latte and scone from the counter and start to weave your way through the sea of café tables with your latte and scone in hand.

As you walk up to the booth, you joke, “Starting the fun without me, eh?”

“Oh please! Sit your butt down,” replies Shalina, patting the bench with her hand.

You put your coffee and scone down on the table before sliding onto the bench beside Shalina. As you get situated, Ella says, “Margie was just telling us about her achy back. She threw it out over the weekend...” “Oh no!” you interject before Ella has a chance to finish speaking. You hadn’t noticed before but Margie is awkwardly perched on the edge of the bench seat across from you. You finish saying, “But I don’t see what’s so funny about that?”

“I was going to say... She threw her back out doing a puzzle!” continues Ella.

“Only Margie, are puzzles that hard?” says Shalina, laughing.

Joining in on the laughter, you ask, “Wow! How does that even happen?”

“Who knows?” says Margie with a shrug of her shoulders.

While Margie is laughing, you can tell that she’s physically uncomfortable and trying to put on a brave face.

“Well, I hate to be the one to break it you girls. But we’re getting old!” says Ella.

“Tell me about it,” you respond with a sigh. “Just the other day, I was sitting and waiting for my medications at the pharmacy and the older woman sitting next to me says, ‘Those are really comfy shoes, aren’t they? Just like floating on a cloud.’ And just like that, I was sitting in a pharmacy having a conversation about walking shoes!”

As the girls all chuckle, you poke one foot out from under the table, “But you know what? These are the best shoes I’ve ever owned! I can walk for miles without my feet hurting.” You move your foot around to model your shoe, the group bursts out in laughter.

Out of the corner of your eye, you notice someone waving in your direction. Taking a closer look, you recognize the waver as someone from your past. You had met her when you attended a transition support group in Trowberg. You haven’t seen her since the group and do not want to reconnect today since you’re with your girls.

Pulling your foot back in under the table, you shift your body position to reorient your body position towards the girls. As you settle, Margie jokes, “I think you’ve officially become your grandmother, Jac.”

Through laughter, you respond, “That’s exactly what I told Keith!” Keith, your partner of 6 years, and your daughter are your closest supports outside of the girls.

As the laughter starts to fade, Shalina asks, “Oh ladies! Remember the good old days, when we just talked about the kids, their school, and the grief they cause us?”

“Truly the good old days!” says Ella.

“Now the only thing causing us grief is that our bodies are falling apart,” jokes Margie, fueling the laughter.

After an hour of filling each other in on the highlights of the past couple of weeks, Shalina says, “Hey Jacquie! I’ve been meaning to tell you! My daughter went to the Pride Parade yesterday.”

“Oh ya?” you respond. You didn’t realize that it was already Pride weekend here in Westminster. Since meeting Ella, Margie, and Shalina, you haven’t really had much to do with Pride or the 2SLGBTQIA+ community. At this point in your life, you think to yourself, *The last thing I want to be doing is standing in a huge, loud crowd under the hot summer sun.*

“Mhmm... she had so much fun! She said it was a riot!” says Shalina.

“A riot. No pun intended, haha” you joke. As the words leave your lips, you instantly regret it. You usually try to avoid discussing 2SLGBTQIA+ related topics with the girls because you don’t really want to call attention to your transgender history or make anyone uncomfortable.

Instead of letting your slip go unacknowledged, Shalina, Ella, and Margie all look at you with puzzled expressions on their faces.



“What do you mean?” asks Margie.

“Umm...” you start, uncomfortably searching for the words that will quickly get you out of this situation. “The Pride celebrations that happen every year in June are a tribute to the Stonewall Riots.”

“The Stonewall Riots? I’ve never heard of that,” says Ella.

You continue, “Ya, on June 28, 1969, police tried to raid the Stonewall Inn in New York but the patrons weren’t having it! They fought back and it spilled out into the streets— led by Marsha P. Johnson and Sylvia Rivera. The riots lasted for a couple of days but started the gay rights movement...”

“Really?” asks Margie.

“I thought it was just a big party,” says Shalina.

While Margie and Shalina become intrigued by your brief history of Pride, the look of discomfort on Ella’s face reaffirms your initial apprehension. While your friends are incredibly supportive and will always be there for you, you never know how uncomfortable they’ll get when the conversation veers towards 2SLGBTQIA+ topics.

Attempting to disengage the conversation, you quickly respond, “I mean, it has sort of shifted away from its origins towards a big celebration of 2SLGBTQIA+ folx and community. It definitely brings people together but it’s not really my thing.”

“Oh? I was thinking that maybe we should go next year?” asks Shalina.

“Hmm... I’m not sure,” you respond. “I don’t really think it’s for us old ladies. It’s so loud and hot. So many people crowded around.” You know your friends are trying to be supportive but you really don’t feel comfortable going to Pride.

“Oh okay,” says Shalina, picking up on the discomfort around the table.

The conversation begins to dwindle. The next few minutes feel like they take forever to pass as you try to think of a way to lighten the mood. Before you think of a solution, Margie breaks the silence.

“I don’t want to break up the fun but I think my back has just about reached its limit. I should probably get home before I’m in too much pain to drive!” says Margie.

Ella, following Margie’s lead, says, “I should probably hit the road too.”

The four of you slide out of the booth to give each other hugs goodbye before heading home.

THE END.

## Researcher Insights

Within this story, I have intentionally created multiple pathways to highlight juxtaposition between community support where gender identity is the focus (e.g., "[1:30 p.m. - Andrea and Joy's coffee date](#)") and where aging and old age is the focus, as these experiences were shared with me by participants. However, while I have chosen to contrast these examples, I recognize that the distinction is not always so clear cut. With this in mind, I want to be clear that it is not my intention to promote binarized and essentialist portrayals of community support for transgender and non-binary older adults where non-trans support is something altogether different than support provided by trans folx. In highlighting this juxtaposition, it is my intention to illustrate that both trans and non-trans support (in their many forms) come with both joy, happiness, and wellbeing; as well as issues and/or pressures to fit within ageist and cis/heteronormative systems of oppression. In what follows, I unpack the many layers of how friends(hip) community support functions within the lives of participants as it relates to aging, gender identity, and wellbeing.

In this section, we witnessed additional aspects of community support offered by connecting with friends and/or allies. Specifically, this section highlights the stories told by participants regarding sources of support beyond the 2SLGBTQIA+ community (i.e., friendships with cisgender folx). In particular, while many participants talked about how most of their social connections were within the 2SLGBTQIA+ community, some participants shared that they did not have connections to the 2SLGBTQIA+ community or other transgender and non-binary folx (older or otherwise) since the friendships and relationships they have and/or seek are not rooted in discussions of gender identity<sup>62</sup>. Some participants shared stories of connecting with community supports specific to gender identity earlier in their lives, but now later in life, they make connections based on other aspects of their identity (e.g., parental status, age) as their gender identity was not central to their self-identity. For example, while Jacquie's friends know she is trans, she does not want to continually call attention to her gender identity by sharing her experiences and/or engaging in discussions of 2SLGBTQIA+ issues. For these participants, this desire was not viewed as "hiding" their identity but rather highlighting the other interconnected aspects of their identities as the basis for forming connections and relationships. Reflecting the position of some participants, it becomes clear that Jacquie wants to maintain distance from the 2SLGBTQIA+ community as a strategy for prioritizing other aspects of her identity as points of connection; while downplaying her gender identity. In particular, one participant expressed that since their gender expression "fits within the gender binary" they do not anticipate facing any challenges in aging or old age. This calls our attention to cis/heteronormative expectations for bodies to fit within historically predetermined categories of "woman/female/feminine" and "man/male/masculine" and the associated privileges of access to affirming sources of community support. As a result, for some

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<sup>62</sup> This is not to say that friends(hips) and relationships within the 2SLGBTQIA+ community are focused solely upon connection and discussions of sexual and gender identity.

participants, gender identity was not viewed as a concern within experiences of aging and wellbeing; which may be reflective of interconnecting privileges of class, race, and ability as participants may not see themselves as needing additional support in aging and old age or having resources to pay for affirming care and support.

Additionally, when asked about experiences and perceptions of aging and old age, some participants shared that they did not view or foresee their aging as being any more or less challenging than “anyone else’s.” In particular, these participants shared sentiments of being “just like anyone else my age” as they connected through conversations focused on banal topics related to aging (e.g., aching back, comfortable footwear, yearning for the good old days), children and grandchildren, and hobbies. For example, one participant felt that “because trans people are becoming so much more common and understood, [their] ...aging process isn’t going to be that hard.” While these stories may indeed highlight a level of privilege afforded to some individuals (i.e., white, middle class) within our current society, it may also be considered a powerful glimpse into what it would look like when gender becomes normalized in ways, such that it no longer needs to be foregrounded as a primary point of connection and support—reiterating important statements that trans women are women and trans men are men.

Further, the ways that some participants talked about their desire to be seen as “one of the girls/boys,” or included, may also be a reason for avoiding calling attention to their gender identity when connecting with cisgender friends. However, as some participants shared that their gender identity was not central to their self-identity, they simultaneously acknowledged the ever-present risk of becoming the “token trans friend.” In particular, some participants talked about the need to consider and negotiate risks of being tokenized as a way for connections (e.g., friends, acquaintances, community organizations) to build and/or maintain perceptions of openness, inclusivity, and allyship (e.g., virtue signalling). In other words, there was an ever-present sense of doubt of the intentions, motivations, and actions within sources of community support—primed by histories of marginalization, stigmatization, and victimization—which may have significant implications for the wellbeing of transgender and non-binary older adults.

Next, we also witnessed Jacquie’s growing discomfort with the topic of Pride. Specifically, this section sheds light on Jacquie’s desire to remain arm’s length from interactions with and discussion of the 2SLGBTQIA+ community. However, Jacquie is placed in the position of managing her friend’s discomfort with the topic of discussion; in addition to her own. In particular, many participants talked about the need (whether real or perceived) to adjust and/or manage others’ (re)actions and (dis)comfort in response to 2SLGBTQIA+-related topics of discussion. For example, some participants talked about being positioned as teacher and leader within friends(hip) groups, family members, and their communities at large (i.e., educating about 2SLGBTQIA+ history or guiding cisgender friends within queer and trans spaces)—which many contribute to frustration, strain, and activist burnout. While in some ways these experiences may reflect signs of respect and positions of authority in old age, this example shines a bright light on the privileges of “not knowing” associated with identities, bodies, and experiences that “fit” within ageist and cis/heteronormative expectations for aging

“properly”—alongside implicit expectations for the “teachers” to put aside one’s own feelings of discomfort and/or self-regulate in response to others’ discomfort.

Finally, despite Jacquie’s desire to keep related discussions at arm’s length, this section continues earlier discussions (e.g., "[3:00 p.m. - The parade with Lily](#)") that challenge shared understandings that Pride and the 2SLGBTQIA+ community are welcoming, inclusive, and “safe” spaces for *all* individuals who find their identities subsumed under the rainbow umbrella—rather than a youth-centric culture, that caters to young, white, cisgender gay and lesbian folx. In particular, Pride and related events are not necessarily considerate or accommodating of *all* bodies—particularly aging bodies; as well as other interconnecting social identities of race, ability, class—citing issues of heat, noise, overcrowding, and general accessibility. Therefore, challenging perceptions of inclusivity in ways that disrupt essentializing assumptions that inclusion for some means inclusion for all. This has particular relevance within conversations of community support as many community organizations perceive themselves to be inclusive (e.g., welcoming *all* older adults) in ways that are excluding many by continuing to subscribe to historically oppressive systems (e.g., ageism, racism, cis/heteronormativity) within their specific fields (e.g., healthcare, aging care, social support).

**Select one of the following options:**

- A. Go [back to start](#) and choose another pathway to experience more aspects of how community support functions within the lives of transgender and non-binary older adults!
- B. Go to [Researcher Summary](#) to set the stage for *Chapter Five*.

*1:45 p.m. — Ask for advice*

“No worries at all. It’s so nice to see you again! How are you? I got the sense from your message that something was off...” you ask before taking a sip of your coffee.

Joy takes a sip of her coffee. Returning her mug back to the table, she continues, “I was hoping I could get your advice on something?”

“What’s going on, Joy?” you ask. Joy is usually bubbly and positive but today, her somber mood confirms your initial suspicions.

“Well, I’ll be honest. I’ve definitely had better weekends. The past couple of days have been the lowest I’ve felt since starting my transition,” shares Joy.

“Okay...” you respond, treading cautiously. You don’t want to pry too much. You know that Joy will share when she’s ready.

“I really struggled with whether or not to reach out. But then I remembered the responses I received when I initially posted in the group about my siblings’ reaction to my transition, so I posted again. I was so happy when you reached out directly because I don’t really have anyone else to turn to at this point in my life. I need more than words right now,” says Joy.

“I’m glad you decided to post then. You can always depend on me to listen and give whatever advice I can...” you respond. While you wonder what could be on Joy’s mind, you are really glad she felt like she could reach out to you. One of the most important things you have learned from over 30 years in AA (Alcoholics Anonymous) is that getting out and connecting with folk who have had similar experiences has such a positive impact on wellbeing.

“That’s exactly what I was hoping for! So, I’m not sure if you saw my initial post. But, after Connecting Over Coffee moved online, I wrote an email to my siblings to let them know that I was transitioning after many years of denying my gender identity. Most of them sent back their love and support—except for my oldest sibling. I didn’t hear a word from him... until yesterday,” says Joy.

“What did he say?” you ask, wondering what exactly was causing this internal conflict for Joy.

Joy responds, “Three months after I sent the email, he responded last night to ask if I would meet him for lunch sometime.”

“Really? He wants to go for lunch? Did he say anything else?” you ask. While that response could mean any number of things, you really hope it is a step towards making amends. You think to yourself, *If it’s a good thing, then why does Joy need my advice?*

“Ya. He said he’s given it a lot of thought and he’s still having difficulty with it. But it’s not that he thinks I shouldn’t be doing this. It’s just hard for him to wrap his head around it and accept it because I’ve been his brother for 53 years. Apparently, it’s taken him so long to reach out because he didn’t want to hurt me by saying something that he can never unsay,” shared Joy.

“Wow. That’s a lot for one email... How are you feeling? Did you respond?” you ask.

“At first, I was going to send back an email saying that I want nothing to do with him because I’m still so hurt by the whole thing,” continues Joy.

“So, you haven’t responded yet?” you ask again.

“No, I haven’t yet. I’m conflicted about whether I should just accept his invitation and move on. You know, just be grateful that all of my siblings are at least accepting now. I know that’s what my other siblings would say...,” says Joy.

“I’m sensing there’s a ‘but’ coming...” you respond.

“Mhmm... But I just don’t know if I can do that. When he didn’t respond, it really felt as if I had lost him forever. I don’t know that I’m ready to open myself up to him again. I’m just so hurt by the whole thing. What do you think I should do?” says Joy.

“Maybe that’s exactly what you say to him?” you suggest. You know that Joy is looking for more direct advice but this is something that she needs to decide on for herself. Your worst fear is offering a piece of advice and then it turns out to be a disaster.

“You think? But what if he disappears again?” asks Joy.

“I’m not going to lie, he might... But I think it’s important that you protect yourself, too,” you say.

“I know... I need to stop worrying about everyone else and just focus on myself,” responds Joy.

“Exactly. I mean you can acknowledge his feelings and thank him for reaching out. But you need to protect yourself, too,” you say.

“I think I can do that... I knew I needed more than words on Facebook. Thank you, Andrea,” says Joy.

“Of course. Anytime!” you respond. “More than words! I love that... That’s exactly why I started up the coffee group. I wanted folx in Westminster to come together.”

“It really is too bad the group didn’t last...” says Joy.

“Me too! I’m hoping that the Community Hall tonight will give me a better idea about what folx in Westminster are wanting from our community,” you say.

“Ya, I saw the poster on my way in. I’m so happy to hear that you’re going. Make sure they hear the voices of us older ladies!” cheers Joy.

“You know, you could come with me if you’re feeling up to it?” you suggest, hopeful that she’ll agree.

As you wait for Joy to respond, you take the last sip of your coffee and pick at the remaining bits of your muffin.

## Researcher Insights

By choosing **Option A**, we witnessed an example of the way strained relationships with biological family (e.g., external interpersonal) related to gender identity may impact wellbeing. Specifically, within this section, Jacquie is called upon to provide community support as Joy is confronted with navigating a challenging situation with a member of her biological family—expanding earlier discussions (e.g., "[12:35 p.m. - Call a friend](#)") of the value participants placed in friends(hips) as a source of community support. While we don't get to see Joy's decision about meeting her brother for lunch, we are exposed to the variety of impacts that these actions can have. Although Joy recognized the usefulness of online forums as a source of community support, she expressed that this was a time when "more than words" or platitudes were needed—whether that was actions, shared/common/similar lived experiences, or just listening (without trying to solve). Many participants stressed the importance of transgender women and men "being there for each other" by coming together to support and lift each other up—especially when access to other sources of community support is limited or does not exist. For example, several participants talked about the desire to start programs or build resources (e.g., art programs, coffee groups, ridesharing program, online forum) to enhance opportunities to come together as a community—as reflected in *Connecting Over Coffee* meet-up group and the *TRANS\* Westminster* Facebook group.

While Joy shares her fears of losing connection with her brother, some participants talked about how aging had freed them from fears of rejection by biological family, friends, potential employers, etc. For example, one participant explained that one of positives she saw in the intersection of her trans and aging identities as being better equipped to handle rejection. In other words, she felt that aging brought a shift in priorities that de-emphasized the importance of dating relationships as she realized there was more to her identity than being in a relationship. As participants talked about the psychological impact of aging (as opposed to physical impact discussed elsewhere), they had reframed aging as an opportunity to use the invisibility often associated with aging—rooted in pervasive ageism—as a chance to "fly under the radar" within their communities—or counter hypervisibility that may accompany trans and non-binary identities and bodies. Embracing this perspective may provide a way to dismantle and reframe the negativities of old age in ways that bolster the wellbeing of transgender and non-binary older adults.

As Andrea supports Joy, we are introduced to the ways that participants called upon previous life experiences and lessons—not necessarily related to gender identity or aging—when supporting friends and family during times of need. For example, several participants shared that their experiences of support in living with addiction provided them with foundational (key) skills for supporting others. In particular, in this section, Andrea talks about how her experiences in Alcoholics Anonymous and sobriety have instilled the importance of meaningful connection in supporting wellbeing. While I do not want to create a causation between addiction and inability to live as outwardly as you feel, I do want to acknowledge that

impact of systemic oppression can also trigger additional health issues as individuals search for coping mechanisms.

Next, extending earlier discussions (e.g., ["8:30 p.m. - You'll sort something out"](#)) of participant fears of becoming a burden, participants also talked about the potential negative impact (i.e., harm) venting anger and frustration may have on the wellbeing of their peers. In particular, participants shared about their internal processes of debates of whether or not to share their experiences out of fear of triggering negative emotions/memories for other folk and/or adding to the existing burden experienced when facing their own personal challenges. For example, one participant talked about how she had thought she was being supportive by sharing all the positive and affirming experiences she has had with her peers; she found out that, for some, her stories only reinforced how challenging some folk lives have been. As a result, this participant now moderates how she talks about her experiences; while is simultaneously driven to advocate for systemic changes that extend opportunities for positive and affirming experiences to all transgender and non-binary older adults.

Finally, we also witness an example of the decisions that often accompany peer-support: whether or not to provide pointed, direct advice or general guidance. This decision is rooted in fears of unintentionally leading peers into experiences or situations that cause serious harm to wellbeing. For example, in this section, we see Andrea provides guidance—rather than direct advice—that reminds Joy she needs to consider her own feelings when deciding whether or not to engage with her brother. As she does, we catch glimpses of the ways that participants talked about the need to choose their personal wellbeing over continually trying to repair relationships with toxic family members and friends. In particular, several participants shared the idea that *they* were the only ones who got to determine who was in their lives—which, at times, may result in limited community support to lean on during times of need. Ultimately, the situation depicted in this section highlights the complexity of familial relationships and the subsequent impact they may have on the wellbeing of transgender and non-binary older adults.

If **Option B** had been chosen, we would have jumped into Jacquie's conversation to see discussions of aging and age-related issues as they interconnect (or not) with experiences of gender identity. Go to ["1:35 p.m. - Recognize someone from past"](#) for in-depth discussion.

**Select one of the following options to see what happens next!**

After a moment, Joy...

- A. Decides to come along. Go to ["2:30 p.m. - Accepts your offer."](#)
- B. Decides to stay home. Go to ["2:30 p.m. - Declines your offer."](#)



*2:30 p.m. — Accepts your offer*

“Ya, I saw the poster on my way in. I’m so happy to hear that you’re going. Make sure they hear the voices of us older ladies!” cheers Joy.

“You know, you could come with me if you’re feeling up to it?” you suggest, hopeful that she’ll agree.

As you wait for Joy to respond, you take the last sip of your coffee and pick at the remaining bits of your muffin.

After a moment, Joy accepts your offer.

“Sure. I think it’ll be good for me!” Joy agrees.

“Really?” you say, a little shocked that you were able to convince her to come.

“Ya. I figure if I want things to change, I’ll have to put myself out there more,” says Joy.

“And I think you have a point, too! We really do need more supports for us older ladies. We can’t let the younger generation push us out of the conversation!” you say.

“For sure! We’ve got to show them what’s what!” joins Joy.

“Okay” you say, looking at your watch, “The Town Hall starts in a couple hours at the Central Library. So, I should hit the road since I need to go home first,” you say to Joy as you stand up from your armchair.

“Sounds good! I should probably get going too. I’ll need some time to figure out the bus route,” responds Joy.

“Well, I can swing by and pick you up, if you want?” you suggest.

“That would be amazing! Plus I really don’t think walking downtown by myself is a good idea at the moment,” says Joy, motioning towards her stubbled face.

“Okay, I’ll swing by to get you at 5:30. Does that work?” you ask as you pick up your empty mug and plate.

“Perfect! I’ll message you my address,” says Joy as she stands up from her armchair.

“Great. See you then!” you say.

“Later!” says Joy.

You walk back to the counter and deposit your dirty dishes before heading out.

## Researcher Insights

By choosing **Option A**, we witnessed Joy’s acceptance of Andrea’s invitation to the Community Town Hall. Specifically, within this section, we are introduced to the desire that some participants shared to have their voices heard and needs met not only by community organizers and organizations; but also, within the broader 2SLGBTQIA+ community. For many participants, this desire was fuelled by aspirations of “making things better” for future generations of transgender and non-binary folx. In particular, participants talked about sharing their stories in ways that would promote improved access to formal community support, bridge intergenerational divides within the 2SLGBTQIA+ community, and engage the empathy of broader Western society—which will be discussed in greater detail in the next section.

Next, we continue earlier discussions (e.g., ["1:30 p.m. - Andrea and Joy's coffee date"](#)) of safety and hypervigilance within Western society. Specifically, we were introduced to an example of the negotiations that participants shared making in order to best ensure their own and others’ safety within public spaces. In particular, participants shared stories about avoiding certain areas of the city, only taking public transit at certain times, or avoiding going out in public as much as possible. Within this section, the example of fear around walking alone downtown—while echoed by a number of participants—is rooted in a conversation I had with one participant. During this conversation, she told me that she usually avoids the downtown core of her town due to risks of verbal and physical harassment. While I had provided several options for the interview location, I immediately felt a sense of guilt and responsibility for drawing my participant into a potential risky or harmful situation. In this moment, I was reminded that my experiences as an androgynous queer woman did not necessarily mean I understood “safe spaces” as experienced by transgender and non-binary older adults. This, once again, calls our attention to varying levels of power—and subsequently, safety—that create hierarchies of privilege within the 2SLGBTQIA+ community that are rooted in pervasive ageism and cis/heteronormativity within Ontario—and, more broadly within Western society. With this in mind as we work to (re)imagine community support for transgender and non-binary older adults, we could consider facilitating virtual spaces (e.g., call-in support groups, video meetings) as a way to address issues of access and safety.

If **Option B** had been chosen, we would have experienced Joy decline Andrea’s invitation to the Community Town Hall. Go to ["2:30 p.m. - Declines your offer"](#) for this discussion.

**Select following option to continue down your pathway to see what happens next!**

You walk back to the counter and deposit your dirty dishes before heading out.

Go to ["5:50 p.m. - Community Town Hall."](#) **Continue as Jesse.**

*2:30 p.m. — Declines your offer*

“Ya, I saw the poster on my way in. I’m so happy to hear that you’re going. Make sure they hear the voices of us older ladies!” cheers Joy.

“You know, you could come with me if you’re feeling up to it?” you suggest, hopeful that she’ll agree.

As you wait for Joy to respond, you take the last sip of your coffee and pick at the remaining bits of your muffin.

After a moment, Joy declines your offer.

“Oh, I don’t think I’m really up for it today...” says Joy.

“Okay... but I also think it could be good for you?” you respond.

“I don’t know about that. I only reached out because I knew that the group... and you would be understanding,” Joy says hesitantly.

“Come on! Don’t you want them to know what you need?” you plead. You want to make sure that there are lot of older voices in the room. Otherwise, you think the younger generation will dominate the conversation—as per usual.

“I’m not really much of an advocate ... more of a ‘behind the scenes’ type of gal, you know? How about you just go and speak for the both of us?” suggests Joy.

“Okay,” you concede. “No worries, I can go for the both of us.” Even though you think that Joy has such a powerful story to share, it is clear that she really doesn’t want to be in the spotlight today.

“Thanks!” Joy says with a smile.

“No problem!” you say, looking at your watch. “The Town Hall starts in a couple hours and I need to go home first. I better get going!” you say to Joy as you stand up from your armchair.

“Okay, I’ll talk to you later!” says Joy.

“Of course! Let me know if you need anything,” you respond as you pick up your empty mug and plate.

“Will do. Let me know how the Town Hall goes!” says Joy.

“Sure. Take care!” you say.

“You too!” responds Joy.

You walk back to the counter and deposit your dirty dishes before heading out.

### **Researcher Insights**

By choosing **Option B**, we experienced Joy’s decline of Andrea’s invitation to go to the Community Town Hall. Specifically, this section highlights the juxtaposition between experiences and perceptions of being “the advocate” and speaking up versus being more “behind the scenes” or staying silent. In particular, participants talked to varying degrees about their involvement, support, and/or advocacy for the rights of transgender and non-binary folk, stating things like, “I speak about my experiences as a way to help make things better for future generations,” or “I’m supportive but I don’t like being in the spotlight.” However, I do not intend to reinforce a binary between speaking out publicly or not; nor infer any obligation/expectation to engage in public advocacy work. In fact, it is becoming increasingly recognized that unapologetically “living life the way you want” is deeply powerful advocacy in itself. In many ways, for some, continuing to exist is itself a form of resistance within systems of oppression that have been built upon and continue to reinforce marginalization, stigmatization, and victimization. For others, advocacy—or telling one’s story—is a way to take back space and rewrite long-standing narratives of stigmatization and victimization.

Finally, while many participants described the importance of advocacy and their desire to give back in this way, I am reminded of earlier discussions (e.g., ["Stay home"](#)) of burnout and/or growing weary of continually needing to speak up/out for justice. Keeping this in mind, I have begun to question whose “job” is it to do this work? What harm is this doing? It is time for younger generations and/or community organizations to take responsibility—to pick up the baton and carry it forward. It is questions like these that carry our discussion in to the final chapter as we work to (re)imagine community support for transgender and non-binary older adults.

If **Option A** had been chosen, we would have experienced Joy’s acceptance of Andrea’s invitation to the Community Town Hall. Go to ["2:30 p.m. - Accepts your offer"](#) for this discussion.

**Select following option to continue down your pathway to see what happens next!**

You walk back to the counter and deposit your dirty dishes before heading out.

Go to the ["5:50 p.m. - Community Town Hall."](#) **Continue as Jesse.**

*5:50 p.m. — Community Town Hall*

**If you came from “[10:15 a.m. — Phone Conversation with Annika](#)”**

“That’s so amazing!” responds Ronnie.

“What a relief!” you say to Ronnie as you think to yourself, *This is a literal weight lifted off my chest. I really owe Lily and Jack for this.*

You pick up your coffee mug and continue looking out the window as you rock back and forth in your rocking chair.

**Continue as Jesse (your new character).**

**If you came from “[5:00 p.m. — Follow Annika to parade after-party B](#)”**

“Oh, okay!” Lily says, sounding slightly surprised. She opens her arms for a hug, “Thanks for coming for a drink though—and congrats again on the new job!”

Wrapping your arms around Lily, you say, “Thank you and of course! Let’s get coffee before the Community Town Hall tomorrow?”

“It’s a date! I’ll text you in the morning,” responds Lily.

“Perfect!” you say before starting to weave through the crowd to get back to Cameron Street.

**Continue as Jesse (your new character).**

**If you came from “[2:30 p.m. — Accepts your offer](#)”**

“Okay, I’ll swing by to get you at 5:30. Does that work?” you ask as you pick up your empty mug and plate.

“Perfect! I’ll message you my address,” says Joy as she stands up from her armchair.

“Great. See you then!” you say.

“Later!” says Joy.

You walk back to the counter and deposit your dirty dishes before heading out.

**Continue as Jesse (your new character).**

**If you came from “[2:30 p.m. – Declines your offer](#)”**

“Of course! Let me know if you need anything,” you respond as you pick up your empty mug and plate.

“Will do. Let me know how the Town Hall goes!” says Joy.

“Sure. Take care!” you say.

“You too!” responds Joy.

You walk back to the counter and deposit your dirty dishes before heading out.

**Continue as Jesse (your new character).**

Walking through the automatic sliding doors into the Central Library, you see a sign pointing you in the direction of the auditorium where the Community Town Hall will take place.

Entering the auditorium, you take a look around for your co-workers—Dorothy and Mckinley. Spotting the two of them sitting in the front row, you start making your way to the front of the auditorium.

As you take a seat next to Mckinley, you say, “There are way more people here than I was expecting.

“Right? Isn’t it fantastic?” responds Mckinley.

“There’s got to be over 50 people here. Hopefully this means we’ll get some solid community input on the future direction of *Community Support Organization*,” says Dorothy excitedly.

“I hope so,” you reply as you look at your watch, “It’s just about 6 o’clock. Are we ready to go?”

“You bet! Let’s do this,” says Mckinley, standing up from her chair.

The three of you walk over to the side of stage. As you climb the stairs, the rumble of conversations falls silent and you hear a voice from the crowd say, “I think it’s about to start.”

Walking across the stage towards the centre, there is a table with three bottles of water and three microphones. Dorothy picks up one of the microphones and begins to address the crowd, “Good evening, everyone! What an amazing turnout for tonight. It is truly unbelievable to see so many of you here tonight. My name is Dorothy Robinson and I am the Executive Director of Community Support Organization (CSO). These two lovely humans next to me are Jesse Smits, Manager of Community Services and Programs, and Mckinley Carty, Community Engagement Manager. Since our inception four years ago, our goal has been to better serve the community of Westminster—which is why we’re all gathered here tonight. The purpose of this 2SLGBTQIA+ Community Town Hall is to get your input and ideas on how CSO can better serve the 2SLGBTQIA+ folx of Westminster and help build a stronger community.”

As you look out into the crowd, you see lots of nodding heads and folks leaning over to whisper to their friends. You think to yourself, *I'm sure they've got some good ideas! As the only queer person on staff at CSO, I'm going to need all the help I can get to make some real change.*

Dorothy continues, “Anticipating that you all have a lot of ideas about what you would like to see happen here in Westminster, we have come up with a series of questions that are going to guide us through the evening—with time at the end for open discussion. I’m going to pass the mic over to Jesse now. She... I mean they are going to lead us through the events of the evening.”

*Oh no, she's definitely making progress but this was not an ideal time to mess up my pronouns. At least she rolled with it...* You think to yourself as you take the microphone from Dorothy and begin to speak, “Thank you, Dorothy! As she mentioned, I’m Jesse. My pronouns are they/them. I’m relatively new member of the CSO team. Previously, I’ve worked with the AIDS Committee of Westminster and Youth Outreach Westminster...”

Andrea—who is sitting in the crowd—thinks to herself, *So, they've got an affinity for working with children and youth. We really need to make sure to speak up for us older folks.*

“...as you may or may not know we have a number of existing programs, such as Meals on Wheels, Friendly Visiting, which includes telephone call visiting, virtual visiting, and in person face to face visiting in client's homes, and as well as a number of social support programs. Tonight, we are here to listen. We want to know what we, as an organization, can be doing better to serve our community—specifically, the members of the 2SLGBTQIA+ community of Westminster. With that in mind, here’s the “agenda” of sorts for tonight:

- First, we’re going to start by getting a sense of what you would like to GROW out of our discussions here tonight. That is, what kind of change would you like to see in Westminster.
- Next, we’d like to hear your experiences as 2SLGBTQIA+ folks living in Westminster.
- Finally, we’d like to hear your suggestions for community support that you feel will facilitate moving toward the Westminster you want to see. In other words, what you want from us at Community Support Organization?”

As you wrap up the agenda, you look out into the crowd and ask, “How does that sound?”

As everyone in the auditorium claps, Annika thinks to herself, *I have a few ideas. But I wonder if this time we'll actually be heard and action will actually be taken.*

“Okay. Great! Let’s get started then. So, if you all could, one at time, shout some ideas and Mckinley will write them on the whiteboard,” you say to the crowded auditorium.

In response, folx in the crowd start to shout out ideas:

“To be seen as humans!”

“Discussion groups!”

“Qualified counselling and therapy services!”

“Concrete & effective support!”

“Speaker’s panels!”

“No more ‘catch-all’ supports”

“Everyone here is white? That’s a problem, right?”

“More respect for elders!” shouts Annika from her seat in the crowd.

“Low-income support!”

“Community outreach!”

“Ongoing funding!”

“Intergenerational programs!”

“Programs for older transwomen!” shouts Andrea from across the room.

“Structures that facilitate connection!”

“Trans representation on committees!”

“Action. Now!”

“Our own community centre!”

The last comment strikes a cord with Annika and she thinks to herself, *That is definitely something that has crossed my mind before.* She makes a note to bring that up again later so CSO knows that a community centre is a priority.

“Wow! That’s amazing. Thank you all for sharing your ideas about the change you want to see in Westminster,” you say. You start to feel stressed as you think to yourself, *So many great—and much needed—suggestions. But can we do it all? Can we actually make everyone happy?*

Pushing past the onslaught of stress, you continue with the next question, “Next, we’d love to hear about your experiences as 2SLGBTQIA+ folx living in Westminster that demand change. We want to hear it all, BUT please only share what you feel comfortable sharing. We’ll have a couple of volunteers circulating with some microphones. Just pop your hand up and one of them will make their way towards you.”



Without missing a beat, one of the younger audience members stands up and waits for one of the volunteers to make their way over.

Taking hold of the microphone, they start to share, “I had never considered looking for support groups here in Westminster. I always thought I would have to travel to Trowberg and I couldn’t afford that. But one day I stumbled upon *Connecting over Coffee*. The first time I went, Andrea welcomed me with open arms and I found acceptance. That acceptance made me feel like it was okay to be me. I left that group thinking, ‘I can actually do this! I’m not alone here in Westminster.’ Without it, I would have never been able to come out to my friends and family. I really hope it makes an in-person comeback. Maybe CSO can help with that?”

As they finish sharing their experience, Andrea thinks to herself, *I really hope so too! My coffee date with Joy really reaffirmed how much we need more opportunities for in-person connection.* Her thoughts are interrupted as an another voice from the audience calls out, “Ya! We shouldn’t have to travel to Trowberg to get the support we need!”

“I couldn’t agree more! That’s a great idea. We can definitely look into bringing back *Connecting Over Coffee!*” you respond. “We’re listening. We hear you! Does anyone else have an experience to share?”

Another audience member raises their hand. They stand as they wait for the volunteer. Taking the microphone, they share, “In Westminster, any cisgender person can go anywhere, but it’s not the same for trans folx. There are so many trans and non-binary folx who are afraid to go out. Fear of harassment and discrimination prevents them from getting out and meeting people. So, they stay hidden or avoid certain areas of town unless absolutely necessary.”

Another audience member begins to share, “My name is Riley. I’m a 66-year-old transman. Last month, I thought I would go to the monthly social at the Westminster Seniors’ Centre. Well, I’m here to tell you that it did not go well. It was like I was from another universe. There’s a big disconnection from my own age group. A similar thing happens when I go to a group that has mostly young trans folx. Someone my age should be slow and leaving the advocacy work to the next generation... But I can’t since no one is stepping into my shoes.”

*Whoa, you think to yourself. I knew that transphobia was alive and well in Westminster. But I’ve been so focused on youth and young adults that I’ve completely overlooked our queer and trans elders. We need to do better! I wonder if some of our existing aging social support programming could be altered to help?*

Another voice from the audience calls out from across the room, “But young folx need programs too!”

“Of course,” responds Riley. “Don’t get me wrong! I agree that supporting our young folx is really important. And I also think we need something specific for us older folx who are beyond the beginning stages of transition. I’m finding that I’m pretty much

on my own when it comes to any kind of support system. We need answers to questions like: How to get jobs in a community that won't employ trans people? Won't hire older folk? How do I pay for rent and my prescriptions when I don't have a job?"

Before Riley can finish asking his questions, another audience member waves to get the attention of a volunteer. As a volunteer makes their way over, the audience member stands. Once the microphone is in hand, "My name is Annika. As a 63-year-old trans woman, I would also like to know what Community Support Organization can do to boost our rate of employment? Since transitioning, I've struggled to find consistent work despite being overly qualified... and it's not getting any easier now that I'm older. We need your help to change the attitudes in Westminster."

*Maybe working within our existing programming won't work? We'll need to find some money to get new programs running... and that's a limited pot, you think to yourself before saying, "I'm so sorry, Annika. We definitely need to be doing more for our elders..."*

Another audience member stands and takes the microphone, "I'm Breonna. I'm probably going to lose my teeth because I can't afford a dentist. I've even tried reaching out to offices with a sliding scale. But at the end of the day, they still want money. I shouldn't have to choose between getting my teeth fixed and buying groceries. What are you going to do to combat the disproportionate levels of poverty among trans and non-binary folk in our community?"

A younger audience member stands up. A volunteer passes over a microphone, and she pronounces, "My name is Ashley. I'm an androgynous queer woman. My pronouns are she/her. I have not had to face many of the challenges shared here tonight. What stands out to me is the need to acknowledge that there is a disconnect within our 'community' between sexual identity and gender identity, between white folk and BIPOC folk. And, as I'm realizing tonight, between generations. So far, it seems to me that idea of 'diversity is our strength' has been an abject failure here in Westminster... and beyond. Things need to change. Now."

As soon as one person stops speaking, another stands up to share their experience. Story after story about what the triumphs and challenges of daily life are like for members of Westminster's 2SLGBTQIA+ community continue to pour in. You've been sitting on the edge of the stage, taking a backseat, letting the conversation flow as Mckinley and Dorothy furiously write a synopsis on the whiteboard.

As the discussion begins to wane, you come back on the microphone, "I am overwhelmed by the stories that have been shared here tonight. I think everyone here from Community Support Organization will agree with me when I say that we want to do better for our 2SLGBTQIA+ community. Now, we'd like to hear your suggestions for what we can do to better serve you all?"

After a moment of collective reflection, Andrea stands up and says, “The community at large needs to be exposed to us. They need to start seeing us as human beings that deserve respect. And to do that, I think we need to engage their empathy. That’s the sole reason why I try to do public speaking and outreach. I share my experiences as an older trans woman so the people of Westminster can see life through my eyes. It’s the one thing that I feel I can do to help the whole community start to rise up little by little. I think CSO should start a Speaker’s Bureau as a way to start changing public perception.”

“That’s definitely something I think we can take on,” you respond.

Another voice from the audience calls out, “Work directly with local organizations (e.g., transit, taxis, hospitals) to provide training developed with community input!”

“Community input is so important in making the change we want to see in Westminster. That’s exactly why we’re here tonight. And we’re going to keep the conversation going. Thank you!” you reply.

You see another audience member stand up. Taking the microphone from a volunteer, she says, “The ideal situation for me would be to have a small support group where I can meet with my peers. Any more than 12 people and the opportunity to have actual, meaningful conversation severely diminishes. I want to be able share my experiences with the confidence that folx aren’t going to turn on me or broadcast anything I say publicly. Being able to connect with people I trust makes my life a whole lot easier.”

“I think we need things that are more structured and formal if they’re going to last,” shouts Andrea.

Another volunteer hands a microphone to Annika, “I think the biggest thing that we need is a community space to call our own. Within that space, older trans and non-binary folx need a dedicated space where we can connect with each other, engage in meaningful programs and activities, and find resources and support that are relevant to our experiences in the interconnections of aging and gender identity... race, socioeconomic status, ability, and on and on. But for that to happen, we need you to secure long-term funding—whether that is from partnering with other local organizations, government funding, companies, or wherever.”

“I think partnering with other local organizations may also be a way to navigate funding issues,” you interject as you think to yourself, *We’ve got some wonderful ideas. We’re definitely going to need more funding before we can even try to make everyone happy. I really hope it’s possible.*

Before handing back the microphone, Annika has one last thing to say, “We’re on the cusp of a small wave of older queer and trans folx. What are YOU going to do about it?”

THE END.

## Researcher Insights

Within this section, we witnessed the coming together of most of the characters at the 2SLGBTQIA+ Community Town Hall. In coming together, we once again shift perspective to continue as Jesse Smits, Manager of Community Services and Programs at *Community Support Organization (CSO)*. Through Jesse, we caught a glimpse of the stories told by the community organizers who participated in this inquiry through Jesse's internal dialogue and experience facilitating the Community Town Hall. Specifically, this section depicts *CSO*, a local community organization, reaching out for input/guidance/direction on how to better support and serve the 2SLGBTQIA+ community of Westminster. While *CSO* is mentioned at various points throughout all narratives, the organization takes a central position in this section by hosting a Community Town Hall with 2SLGBTQIA+ residents of Westminster. The titles and roles of the *CSO* representatives—as well as the available programs and services—specifically reflect some of the community organizers I interviewed. Further, while the experiences and opinions shared during the Town Hall are voiced by various community members, the most prominent voices are those of transgender and non-binary folx—specifically, transgender and non-binary older adults—as all stories and experiences are rooted in the data I collected through participant interviews, document analysis, and observations.

The framework for the Town Hall outlined by *CSO* reflects suggestions made by participants in response to the question, “what do you want from community support in the future?” Several participants suggested that the only way forward for communities was to listen and hear the voices of folx who are being ignored by hosting a forum for sharing experiences and ideas for what they want in their community. By gaining a deeper understanding of their collective hopes for the future, communities can then move forward together, step by step, towards a more inclusive and affirming model of community support where transgender and non-binary folx become valued members of society that have equitable access to care and support, employment, and housing. While these experiences shared during the Town Hall are not necessarily voiced by transgender and non-binary older adults, it is important to note that all of the experiences shared are rooted within participant interviews. This was done intentionally to demonstrate that many of the issues shared by participants are important and relevant at any age for transgender and non-binary folx.

While participants shared a variety of hopes and desires for community support, all participants talked about their desire for a space to call their own. Whether it was a free-standing entity or housed within a larger community centre, all participants expressed the need for a space where they could come together and be with other transgender and non-binary older adults. Alongside desires for dedicated space, many participants also talked about the need for specific programs and services for transgender and non-binary older adults. Recognizing the risk that social and/or support programming may exacerbate the challenges faced by other members by reminding them of their own past or present experiences, many participants felt that programs and services could facilitate meaningful connection and commiseration for folx at various points (e.g., beyond navigating coming out and/or transition)

in their lives. For example, one community organizer that I spoke with talked about their new collaboration with another organization to put on monthly coffee groups for 2SLGBTQIA+ seniors. While this is definitely a step towards the kinds of community support illustrated in this narrative, my conversations with participants presented a strong desire for community organizations to “do more” to cultivate a sense of community for transgender and non-binary older adults. In particular, participants talked about the need for competent health care (including physical and mental health), tangible support in securing affordable housing and equitable employment, as well as providing structures within which folx can connect.

Additionally, within this section, some of the experiences brought forward by members of the community continue discussions that have permeated the various pathways of this narrative. In particular, within minutes of entering the Town Hall, our attention is focused on the lack of older, transgender, and non-binary folx. Recognizing this observation relies on the ability to visibly determine someone’s identity, this anecdote is meant to reflect sentiments shared by participants that highlight issues with inclusion and value—or rather lack thereof—of the voices of transgender and non-binary older adults. This discussion also calls attention to issues of risk and safety as many participants noted that they felt there were a lot more trans and non-binary folx in their communities than those who felt safe enough to be visible at community events, access formal community support, or within the broader community on a daily basis.

Further, this discussion also highlights participants feelings of disconnection with younger generations. When talking about the generational disconnect, participants described feeling like younger generations had no idea or did not appreciate the decades of work they have put into advancing 2SLGBTQIA+ rights—reflecting both ageism and transphobia within the 2SLGBTQIA+ community. As highlighted by several community members at the Town Hall, there is a disconnection between—as well as within—generations that has resulted in the older generation continually speaking up and out for their rights and needs—in some cases, leaving older transgender and non-binary participants feeling tired, burnt-out, and unheard. For example, most participants shared stories of longing for inclusive societies that foster intergenerational connection—especially as many folx within existing networks of support have already passed away (e.g., AIDS pandemic), will soon pass away, or are also in need of care themselves and no longer able to support as they once could. In response, some participants suggested the need for a more concentrated effort to bridge this gap through specific intergenerational programming and community outreach.

Next, within this section, the difference between larger and smaller communities becomes apparent. In particular, participants talked about their perceptions of larger communities as more accepting of various interconnecting aspects of diversity—which they felt was lacking or non-existent in their smaller communities, leading to enhanced disparities in access to housing, employment, dental care, financial security, etc. For example, many participants talked about the challenges they faced securing equitable employment and affordable housing—despite many changes in Canada said to protect transgender and non-binary folx against discrimination in employment and housing. These stories of financial insecurity and precarity of both housing and employment reflect pervasive cis/heteronormativity that

disproportionately impacts the lives of transgender and non-binary folk—within which older adults, Black, Indigenous, and people of colour typically experience even greater disparity. This disparity is reflected within this narrative as community members voice calls for CSO to develop resources to help overcome the employment and housing precarity experienced by trans and non-binary participants.

Another suggestion during the Town Hall was to combat both generational disconnection and pervasive cis/heteronormativity within the broader community of Westminster through community outreach and education. For example, some participants viewed sharing their lived experiences through public speaking engagements as an opportunity to engage empathy to change the hearts and minds of community members—as well as an opportunity to give back and make things better for the next generation.

Finally, when it comes to physical access to community support, many participants talked about transportation as a barrier to accessing much needed social and medical support within and beyond their communities—which further illuminates the impact of financial insecurity, ageism, and location (i.e., urban vs. rural) on the wellbeing of transgender and non-binary older adults. In response, one participant proposed the idea of a rideshare program; while another talked about providing inclusivity training to the local transit commission as a way to improve access to safe and reliable transportation.

**Select one of the following options:**

- A. Go [back to start](#) and choose another pathway to experience more aspects of how community support functions within the lives of transgender and non-binary older adults!
- B. Go to [Researcher Summary](#) to set the stage for *Chapter Five*.

**5:30 p.m. on Friday, July 31, 2020 — Family Dinner.**

“We’ve got you covered, Henry.”

“You have everything covered. I am so incredibly grateful,” you say, wiping away more tears.

“Stop! It was nothing, seriously. As soon as the Lily’s email went out, the support came rushing in. Everyone really rallied around you. Everything is taken care of!”

All the fear and uncertainty you felt last night melt away. Still in disbelief about how absolutely incredible this is, you say, “I never thought I would feel this kind of love in my lifetime.

The last four weeks have been an absolute blur. For the first two weeks, someone was by your side 24 hours a day, 7 days a week. As time went on, there were folx around through the day and on-call throughout the night. They made meals, desserts, cleaned the house, and drove you to appointments. Someone was always there no matter what.

Now, you sit at the head of the table in your dining room. The sounds of conversation, laughter, and clinking glasses and dishware fill the house. There are about fifteen people spread throughout the main floor of your home for dinner. It’s been over a month since you’ve all been able to gather together.

*As you look around at their smiling faces, you think to yourself, how did I get so lucky? Not without effort... that’s for sure! It hasn’t been perfect by any means... but we made it! It’s been an eye-opening experience to be so physically vulnerable. And if there’s anything to be taken away from this experience, it’s that I hope I don’t need aging care! I absolutely dread the thought of it! It’s comforting to know that I can rely on my queer family to take care of me outside of that structure as I get older... either that, or I hope I die quickly.*

You chuckle to yourself at your own self-deprecation as you raise your wine glass and start to clink your butter knife against the side to get the attention of the room.

Everyone in the dining room starts to settle and the folx who were in other rooms crowd into the room. They are all looking to you, waiting to see what the clinking was about.

You stand up from your chair and look around the room, “I want to take a couple moments to thank you all for the care, compassion, and generosity you have shown me over last few weeks. These past few weeks have been absolutely extraordinary! Never in my wildest dreams could I have imagined I would be surrounded by such an incredible amount of love, kindness, and safety. You’ve all come into my life at different points in my life, and now that you’re here I can’t imagine not having you all... my big, beautiful queer family! Now that my knee is fixing nicely, I wanted you all to know that I am so grateful for each and every one of you! I’ll be there whenever you need me! Yes! I’m looking at you two with the brand new babe! I’ve raised a couple kids of my own... and then some if you count all my queerlings—which I do! When you need a good night’s sleep, I’ll be there! And the same goes for all the rest of you... well not

exactly the same, but you know what I mean! Because when you can rely on a robust network like this one, nobody has to take a lot of time out of their busy lives for the job to get done. Everyone has what they need... but nobody is giving more than they can or should be giving. All that to say, I am eternally grateful! And I raise my glass to our family... cheers!”

“Cheers” rings out as everyone raises their glass to toast.

THE END.

### **Researcher Insights**

This section expands upon previous discussions of the positive and affirming impact of having a robust network of friends(hips)—more specifically, chosen family. In particular, we are introduced to the reciprocity that was at the core of such networks for participants; as well as the ongoing source of community support providing by bringing chosen family together on a regular basis. For example, the family dinner represents a token of Henry’s gratitude for the support he received while he was recovering from his knee injury. While this is a very specific example of reciprocity, most participants talked about the desire to give back (e.g., babysit young children) to their loved ones—and their community—as an expression of their appreciation and gratitude for support. In addition to highlighting the reciprocity of friends(hip) and/or chosen family networks, this section clearly depicts how having a robust network of community support impacts the distribution of labour in ways that reduce the risk of experiencing burden, strain, or tension within care relationships.



## Researcher Summary

While all participants brought differing life experiences and perspectives to the inquiry, the similarities in discussions about the kinds of community supports that were available (and in many cases lacking) was striking. In particular, the various sources of community support described by participants included informal (e.g., chosen family, biological family, friendships, online forums, and community events), formal (e.g., social and/or support programs and services, health and aging care services), and self-care—in line with the definition of community support introduced in *Chapter 1*. In addition to highlighting community support that was perceived to exist or experienced within the lives of trans and non-binary older adults, this interactive story also highlights threads of systemic oppression (e.g., ageism, cis/heteronormativity, classism) as they come together to influence precarious housing and employment, issues with access to support, manifestations of advocacy, and social isolation.

As we navigated the multiple pathways of this interactive story, we experienced the beneficial, detrimental, unfulfilled, ignored, or imagined aspects of community support as told by participants. Throughout the various twists and turns of this story, many of the highlighted experiences have demonstrated how community support functions—and, in some cases, does not function—within the lives of transgender and non-binary older adults in ways that ensure equitable experiences of aging and old age; affirm gender identity; and enhance wellbeing in old age. In what follows, I have compiled a list of key take-aways—or lessons learned—that will help us as we move towards (re)imagining community support for transgender and/or non-binary older adults:

1. Acknowledge and respect individual autonomy regarding gender identity (e.g., respect name, pronouns, and gender identity—regardless of legal documentation) and age (e.g., care needs).
2. Acknowledge and respect the depth and breadth of community support within the lives of transgender and non-binary older adults (e.g., chosen family, biological family, friends(hips), formal social and/or support programs and services, online forums, and community events).
3. Acknowledge and respect the need and desire for community support that is tailored to unique and individualized circumstances (e.g., facilitate opportunities for authentic and affirming connection beyond initial coming out and/or transition support—such as, community events, drop-in programs, counselling services, support groups, leisure).
4. Acknowledge and respect that aging and gender identity come together in ways—depending on the privileges and disadvantages of various interconnecting social identities—that may differentially impact wellbeing in old age (e.g., precarious housing and employment, ageism and transphobia within the 2SLGBTQIA+ community).
5. Acknowledge and respect that histories of pervasive ageism and cis/heteronormativity that continue to impact the lived experiences of transgender and non-binary older

adults in ways that may limit access to community support (e.g., all aspects of community support should undoubtedly support the health and well-being of transgender and non-binary older adults).

Therefore, by taking action within ourselves and/or our organizations to acknowledge and respect the needs and experiences of transgender and non-binary older adults, it is my hope that the impact will ripple out into our communities in ways that support the reimagination of community support—just as one participant foretold. The final chapter of this dissertation will utilize the lessons learned as a jumping off point for (re)imaging community support within the lives of transgender and non-binary older adults.

Continue to [Chapter Five](#).

## Chapter 5: (In)Conclusions and Futural (Re)Imaginings

As we move into the final chapter, I begin by briefly revisiting *Chapters One, Two, Three,* and *Four* in order to situate the forthcoming discussion within where we have been. *Chapter One* unpacked contemporary understandings of aging and gender identity as they interconnect to inform transgender and non-binary older adults' experiences, perceptions, and desires of/for community support within Canada. *Chapter Two* reviewed relevant literature in order to situate and frame this inquiry within the need to embrace queer theoretical notions of shame and failure as a productive and ethical imperative for transforming—or (re)imagining—community support within the lives of transgender and non-binary older adults. *Chapter Three* discussed how case study methodology, thinking with theory, and creative analytic practices of representation were utilized to craft an inquiry that was relevant to (re)imagining community support rooted within my participants' experiences of aging, gender identity, and wellbeing—in order for the useful aspects to be transferred to communities across Canada. *Chapter Four* (re)presented participants' experiences using interactive storytelling as a way to engage readers in processes of (re)imagination through active creation and interpretation of the text. With shared understanding(s) of how the various aspects of community support function (or not) within the lives of transgender and non-binary older adults, in *Chapter Five* will discuss how to translate the personal and research-related lessons I have learned<sup>63</sup> through this inquiry as I am motivated

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<sup>63</sup> Specifically, this final chapter will engage in discussion around my fourth research question: How might we translate the lessons learned (e.g., beneficial, detrimental, ignored, unfulfilled, imagined aspects) into actionable suggestions that will facilitate the (re)imagining of community support (e.g. disrupting current policy and practice) within the lives of trans and non-binary older adults who live in communities across Canada?

by current social movements to continue to think through theory towards futural (re)imaginings of community support.

### **5.1 Critical Reflections and (Re)Considerations**

Continuing discussions that have flowed throughout this document, I feel it is important to continually engage with and think through the ways that this inquiry has failed at various points during the highs and lows of this research process. In particular, I was so focused on the intersection of aging and gender identity (e.g., transgender and non-binary identities)—which is too often completely ignored within research—that I failed to center considerations of race (among other intersections, including class and ability) within my work. Despite this unintentional exclusion, the implications of class clearly emerged within the data; however, implications of race and ability did not. For example, as I have previously mentioned, I made one of the main characters in initial drafts of this work a trans woman of colour. While I have discussed my rationale for removing this representation of racialization, I have not unpacked just how *easy* it was to remove—or “erase”—direct representations of this inquiry’s one participant of colour within the interactive story. As a white scholar (who has not experienced racism), I struggled without data to write racism into the story in ways that justly reflected—and attended to the complexity of—how this intersection impacts the lived experiences of BIPOC trans and non-binary folk. Rather than attempt to “cover up” or go back and “pretend” that I held considerations of these social issues at the fore throughout the entirety of this inquiry (a maneuver which would only ease *my* guilt), these processes of analysis and representation have prompted deep reflections on the ways that long-histories of racism and colonization in the academy also flow within and beyond my work—in order to guide how I move forward.

### ***5.1.1 Lessons Learned About Privilege, Power, and Positionality in Research***

As I continue to reflect upon (and grapple with) the failures—or limitations—of this inquiry, one of the most prominent regrets that persists is my inability to highlight lived experiences beyond whiteness, since all but one of my participants were white. While I had realized this erasure during my recruitment, I did not in that moment know how to attend to it. Now that I have had some time and space to reflect on my research process, some of the reasons I feel this particular erasure may have occurred are:

- I did not explicitly include calls for BIPOC participants as part of my recruitment plan. My broad call for participants may have implicitly (through lack of explicit inclusion) signaled I was not interested in hearing from BIPOC transgender and non-binary older adults—despite my intentions of inclusivity.
- While the community organizers and/or spaces which I chose to recruit through/from were serving older adults and/or 2SLGBTQIA+ folx, perhaps they were not specifically engaging BIPOC transgender and non-binary folx—reflecting a systemic displacement and/or erasure of Black, Indigenous, and POC lives within these spaces.
- It is also possible that BIPOC folx who are also aging and transgender and/or non-binary are even more suspicious of and/or feel at greater risk within research projects originating from often white cis/heteronormative institutions and choose not to answer the calls for participants—reflecting histories of stigmatization, pathologization, and victimization of BIPOC individuals within research and Western society.

Through these realizations, I have learned that while I was not intentionally aiming to exclude BIPOC voices within my work, I was not engaging in truly anti-racist work because I did not specifically attend to their absence and/or centre their participation from the start. By acknowledging these failures, I recognize how the usefulness of my work will always be partial and unfinished and leave me with more work to be done. I think these realizations will resonate with many white scholars as we collectively attempt to navigate towards stronger anti-oppressive practices within research. We simply cannot—and, indeed, should not want to—return to how research has been done (Berbary, 2020).

As I wrote this *Final Chapter*, I thought a lot about what *doing research differently* towards justice could look like since I refused to return to “business as usual.” Moving forward, I will strive to engage in specifically anti-racist—and specifically moving towards anti-oppressive—research processes of design, implementation, and (re)presentation in ways that foster new ways of engaging with the world. In what follows, I offer some ideas about how to reframe the starting point of this (and future) research:

1. I will ensure that more broadly inclusive understandings of intersectionality are at the forefront of my work. For example, I will no longer assume that considerations of race (beyond whiteness) are implied within my research questions. Instead, I will expand my focus beyond explicit attention to aging and gender identity to include intentional considerations of race, class, and ability; as well as acknowledge the impact of violence that is disproportionately experienced by BIPOC trans and non-binary folx, including older adults.

2. I will ensure that my strategies for recruitment are more diverse; as well as explicitly inclusive of BIPOC lives, experiences, and bodies. For example, I will no longer lean so heavily on snowball sampling since previous research has shown that increasing age is often associated with an increased likelihood to form relationships based upon sameness versus difference of social identity categories (e.g., race, ethnicity, gender)(Plummer, Allison, Stone, & Powell, 2016; Vincent, Neal, & Iqbal, 2015). Instead, I will intentionally attempt to connect with Black, Indigenous, and POC voices by reaching out to and/or partnering with BIPOC community organizers, researchers, and individuals.
3. I will ensure that future work will be collaborative. For example, when applying for grants to support the future of this work, I will work with co-applicants of colour who are also interested in research that explores the many intersections of aging and gender identity. With this in mind, I will pay closer attention to the ways that power relations flow within and throughout all my interactions as a result of my age, gender identity, and race (to name a few)—especially, interactions within the context of research.

With these ideas for reframing research from the start in mind, I have also revised the *Prologue*—now the *Epilogue* following this chapter—to show what this inquiry has taught me about myself and how I intend to move forward; which may also be helpful for friends, family (both chosen and biological), and community organizers as we strive to (re)imagine community support within the lives of transgender and non-binary older adults.

### ***5.1.2 Lessons Learned from the Data***

Beyond my growing awareness of the many interconnecting facets of my own privileges and subsequent advocacy around the lived inequities faced by QTBIPOC older adults, I will now begin to unpack what I—based upon what was discussed in *Chapter Four*—feel can be done differently to reform and/or (re)imagine community support within the lives of transgender and non-binary older adults. At the outset of this case study inquiry, my focus was directed towards exploring the interconnections of aging and gender identity as they come together within experiences of community support. While this work speaks to this goal, I now believe that this should not be the only focus as the process of data collection, analysis, and representation resulted in the emergence of other considerations that required deeper examination to understand the *systemic issues* surrounding how community support is formed and/or functions (or not) within the lives of transgender and non-binary older adults. With this new perspective at the fore, I continually revisited Halberstam’s (2005) notions of embracing shame and failure as a way to ask different—and potentially more useful—questions of myself and what I want(ed) this inquiry to do; as well as see possibilities for positive transformation by embracing individuals whose identities, bodies, and experiences make them feel out of place in dominant Western sociocultural contexts where they are at—as I will discuss in the following sections.

Putting the theoretical scaffolding introduced in *Chapter Two* to work I was able to “see” the data in ways that many of the failures *of* current systems, that are presumably intended to support transgender and non-binary older adults, became very salient. In particular, this process of analysis afforded deeper understandings by bringing the impact of microaggressions, discrimination, and inequitable relations of power on transgender and non-binary older adults’



lived experiences of precarity to the fore. For example, the weariness (or burnout) described by many participants is not solely associated with processes of aging (as positive discourses of aging would have us believe; calling for active resistance); rather, in this case, it is the product of continually needing to fight for one's right to humanity and existence within ageist and cis/heteronormative systems that were not built to serve transgender and non-binary older adults—which may, in fact, be further exacerbated by racism experienced by QTBIPOC older adults. As a result, it became increasingly clear to me—and hopefully readers of the interactive story—that these systems as they currently exist and function are not “broken” as current political commentary espouses; rather they were built to function in this way and are working perfectly—reflecting and perpetuating historically situated systemic ageism, cis/heteronormativity, and racism (MacCharles, 2020).

By reframing our understandings of transgender and non-binary older adults' experiences, perceptions, and desires of/for community support within notions of embracing shame and failure<sup>64</sup> (Halberstam, 2005), we can take the lessons learned from paying attention to the conversations and activism within current social movements as a guide for (re)imagining community support in ways that foster and centre individualized notions of success; rather than continuing to force *all* older adults to fit within narrow conceptualizations of aging and old age

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<sup>64</sup> As introduced in *Chapter Two*, embracing shame and failure is an intentional critique of current discourses of success that position 2SLGBTQIA+ identities, bodies, and experiences on the margins of Western society (Halperin & Traub, 2009). In so doing, we can begin to radically rethink, redefine, and redeploy concepts of aging, gender identity, and community support in ways that reconceptualize what success and failure mean for trans and non-binary older adults (Fabbre, 2015). Therefore, embracing shame and failure as an ethical imperative, we illuminate the various paths to aging well that may be more applicable to the lives of individuals whose identities, bodies, and experiences which have been relegated to the margins of traditional Western cis/heteronormative neoliberal culture (Fabbre, 2015).

rooted in ageism, cis/heteronormativity, racism, classism, ableism, and colonial oppression (Fabbre, 2015; Sandberg & Marshall, 2017). In what follows, I have worked—using Halberstam’s (2005) notion of embracing failure—to think through and (re)frame many of the systemic failures that became glaringly apparent through my analytical engagements with the data produced through participant interviews, document analysis, and personal research reflections. By reframing failure as strength and power to be embraced, we will begin to dismantle the influence of ageism, cis/heteronormativity, racism, classism, ableism, and colonial oppression in ways that work towards building a more culturally relevant and socially just society. Taking the key findings illustrated in *Chapter Four*, Table 1 presents those key findings that continuously emerged out of my conversations with participants (left-hand column) alongside my own understandings/interpretations of what was important to participants (middle column) and the questions that I now think we need to ask (right-hand column) when considering how community support functions within the lives of transgender and non-binary older adults. In so doing, we begin to see that living within the dominant norms of Western society is not—and cannot continue to be—the only option for trans and non-binary older adults (Halperin & Traub, 2009; Sandberg, 2008).

While I had begun this inquiry with the purpose of better understanding transgender and non-binary older adults’ experiences, perceptions, and desires of/for community support, I now recognize that these “new” questions should always be kept at the forefront of research within the areas of aging, gender identity, and community support moving forward. However, while the need to continuously questions one’s positionality, research intention and purpose, and research process has become abundantly clear, embracing a queer turn towards shame and failure may

**Table 1. Key findings from conversations with participants.**

What was important (key findings) to participants...	What I found that was important within participants' stories...	...and the questions it leads me to ask now.
<i>Unraveling theoretical understandings of aging and old age</i>		
<p>As a society, we continually fail to acknowledge systemic issues (i.e., cis/heteronormativity, ageism, racism) while simultaneously expecting the individuals who are marginalized by these systems to continually attempt to “fit” within existing structures/expectations—systems which simultaneously demean and devalue transgender and non-binary identities, experiences, and bodies?</p> <p>Juxtaposition of invisibility as an older adult, hypervisibility of trans and non-binary, and stereotypes of both aging and gender identity (e.g., “dirty old man”) may enhance risk of (c)overt acts of discrimination, stigmatization, and victimization.</p>	<p>Since positive discourses of aging emphasize old age as a period filled with potential for adaptation and personal fulfillment by emphasizing the avoidance of disease and decline (i.e., the failing body)(Featherstone &amp; Wernick, 2003)...</p> <p>Since “success” (with respect to aging and gender) as it is currently understood—and taken-for-granted—is situated within systems that are firmly rooted in ageism, cis/heteronormativity, racism, classism, ableism, and colonial oppression...</p> <p>Since societal—and subsequently, internalized—ageism and transphobia are rooted in, to draw on the words of Caron (2009), <i>others shame of us</i> rather than <i>shame of ourselves</i>...</p>	<p>...what would happen if we stopped trying to live up to expectations for aging, gender identity, and community support that are rooted within ageism, cis/heteronormative, neoliberalism, and capitalism? Instead, (re)building community support that embraces trans and non-binary older adults where they are at?</p> <p>...what new and “more creative, more cooperative, more surprising ways of being in the world” as aging transgender and non-binary older adults could we come up with (Halberstam, 2011, p. 2)?</p> <p>...in what ways would reframing shame as a radical emotion (Caron, 2009) relieve personal feelings of failure associated with traditional Western expectations for aging and gender?</p>
<i>Unraveling institutional systemic oppression within community support (Institutional level)</i>		
<p>Pervasive cis/heteronormativity and ageism flow throughout Western society and interconnect to create inequitable distributions</p>	<p>Since current conceptualizations of community support (e.g., health care, aging care) are rooted in histories of</p>	<p>...how can models of socialized care (i.e., aging and health care) be better aligned to</p>

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of power and privilege that manifest social and economic precarity resulting in inequitable access to employment, housing, social support resources (e.g., counselling, internet), and health care—which disproportionately impact BIPOC trans and non-binary folx.

Over time, participants shared growing weary of “repeating the same action over and over again and expecting a different result” in the constant struggle to prove and/or overcome existing systemic discrimination, marginalization, and/or violence.

While typically viewed as inherently inclusive, the 2SLGBTQIA+ community (including Pride celebrations) may in reality be exclusive of both aging and trans and non-binary—especially when these two social identities interconnect.

For some participants, gender identity was not viewed as a concern within experiences of aging and wellbeing; which may be reflective of interconnecting privileges of class, race, and ability as participants may not see themselves as needing additional support in aging and old age.

marginalization and pathologization that continue to cause harm and trauma for transgender and non-binary older adults...

Since current politico-legal and human rights legislation fail to protect marginalized folx (especially transgender and non-binary older adults) from the impact of systemic injustices and daily microaggressions...

Since “inclusion” within “queer spaces” and “aging spaces” is often predicated on assimilationist politics (i.e., “fitting in”) rooted in ageism, cis/heteronormativity, and racism that render many manifestations of difference (i.e., age, gender, race, class, ability, and cultural) invisible and/or unthinkable...

support transgender and non-binary older adults as they age?

...what would it look like if systems and structures of community support were (re)built—rather than reformed—around transgender and non-binary older adults’ needs and desires in ways that centre both aging and gender identity (among other interconnecting social identities)?

...what possibilities for living would emerge if we dismantled these systems that were built to protect and uplift the privileged few (i.e., white, heterosexual, upper-middle class, able-bodied men)?

Existing “formal” sources of community support were not perceived to be built to accommodate the needs of transgender and non-binary older adults—stemming from pervasive ageism within the 2SLGBTQIA+ community and cis/heteronormativity within aging circles.

Fear of health and aging care due to past (or anticipated future) experiences of ageism and transphobia often leads to the avoidance of much-needed care and support.

Importance of having a trusted—or “no matter what” support—network of friends (i.e., other trans and non-binary folx), allies (i.e., cisgender folx), family to turn to in times of need; as well as share the joys and challenges of daily life.

Intergenerational disconnection within 2SLGBTQIA+ community resulting in the needs of older generations going unacknowledged and ignored.

Despite potential risks, online forums—specifically social media platforms, such as Facebook—as a source of positive and productive community support.

Pets as a source of love, support, and affirmation.

Since current philosophies of “we treat everyone the same” within community support continue to try to “fit” marginalized folx into existing systems and structures (that are inherently ageist, cis/heteronormative, racist, etc.) that are not “safe” or “welcoming”...

Since equity, diversity, and inclusion (EDI) training initiatives are failing to change people’s minds in order to bridge the gap between intention and action...

...what would affirming community support (e.g., older adult community centres, affirming primary care) that embrace and respect trans and non-binary older adults—rather than force conformity—look like?

...how can we (re)imagine “queer spaces”—and also, “aging spaces”—in ways that would better support transgender and non-binary older adults in aging and old age?

...what would it look like if hierarchies of power and privilege within the 2SLGBTQIA+ community—and beyond—were flattened?

...how do we attend to policy that addresses overarching assumptions of inclusion (e.g., acknowledging inequitable distributions of power and privilege) in aging and 2SLGBTQIA+ organizations?

...what types of learning and education are needed to make real, lasting changes that have an actionable and sustainable impact for enhancing trans and non-binary older adults’ opportunity to thrive in old age?

provide a more culturally relevant framework of resistance that moves us closer to (re)imagining community support in ways that “...can lead to greater confidence and redefining new terms for success that some transgender [and non-binary] adults experience in later life”—turning failure into liberation that is distinctively queer (p.150). With this in mind, I will—in the final section of this chapter—offer a few suggestions for reforming and/or (re)imagining community support for transgender and non-binary older adults.

## **5.2 Situating This Work Within the Current Moment: Spring/Summer 2020**

Before diving into conversations of reformation and (re)imagination, I need to talk about the current moment: Spring/Summer 2020. As alluded to earlier in this discussion, much of this inquiry has unfolded within and alongside a global health pandemic and uprisings of the Black Lives Matter (BLM) movement. The past few months have ushered our global society into an unprecedented time of social upheaval and call-out as we were—and continue to be—confronted with many of our societal weaknesses and deficiencies. Beginning in mid-March 2020, active cases of the novel coronavirus disease 2019 (COVID-19) rapidly began to rise—signaling the arrival of the worldwide pandemic in Ontario (CTVNews, 2020). As the number of active COVID-19 cases continued to rise within Ontario (and the world), almost half of Ontario’s long-term care homes faced outbreaks of the disease—despite ongoing warnings regarding inadequate infection control policies (e.g., residents living in close quarters, staffing issues, insufficient personal protective equipment)(MacCharles, 2020). As a result, 81% of Canada’s total deaths from COVID-19 (to date) were residents of retirement and long-term care homes in Ontario and Quebec—exposing our collective failure to protect and care for some of the most vulnerable members of Canadian society (Grant, 2020). As the COVID-19 pandemic exposed ageist

systems of care that have perpetuated long-standing mistreatment of Canadian older adults, we have also found ourselves in the midst of global uprisings against anti-Black racism—fuelled by the murder of George Floyd by police on May 25th, 2020 in Minneapolis, Minnesota, USA. The murder of Mr. Floyd has brought the persistent history of abuse and violence against BIPOC folx to the forefront—violence which also disproportionately results in the murder of Black and Latin(x) trans women—as people from around the world continue to come together to protest of anti-Black racism (Fernandez & Burch, 2020).

While the murder of Mr. Floyd occurred in the United States, the resultant uprisings have shone a bright light on disproportionate levels of incarceration, police brutality, and death of BIPOC folx worldwide—leading to calls for individual accountability and systemic reform in countries across the globe; including Canada where we have recently also been called to witness the deaths of D’Andre Campbell, Regis Korchinski-Paquet, Ejaz Ahmed Choudry, and Chantel Moore, among others during police encounters (Black Lives Matter-Toronto [BLM-T], 2020). Further, within one of the many intersections of these two historical moments, we have witnessed the disproportionate impact of COVID-19 on BIPOC communities which are more likely to be frontline workers (often working on a part-time basis in multiple positions), live in densely populated neighbourhoods, and experience racism in healthcare (Public Health Ontario, 2020). As these monumental historical moments have collided, many politicians and world leaders (at least those who acknowledge the existence of systemic racism) have shared sentiments that promise to “fix these broken systems” (MacCharles, 2020)—a sentiment that cuts across both the crisis in long-term care and the BLM movement, since both are caught within similar structures of systemic oppression. But, what does this actually mean? What will these

“fixes” look like? Is this simply a mission to return to “normal?” As I established earlier in this discussion, we cannot (and should not want to) return to “normal” as our collective attention is, now more than ever, tuned into the many systemic issues within Ontario and across the globe (Eckersley, 2020; Turrentine, 2020; Wingz, 2020).

### **5.3 (In)Conclusions and Futural (Re)Imaginings**

As current politicians and world leaders vow to “fix the broken systems,” the words of Sandberg and Marshall (2017) provide a guiding light: “The project of queering aging futures [by embracing shame and failure] then becomes one of actively imagining radically different aging futures that might accommodate difference and challenge normativity and structural inequality. Importantly, this is not just an imaginative exercise” but one that requires action (p. 8). Moving back from discussions of our rising collective consciousness, it was important to situate the following suggestions for both reform and (re)imagining within the current moment—as well as considerations of what different questions should be asked of community support moving forward. Therefore, as we think to the future, I have listened to the experiences, perceptions, and desires of/for community support shared with me by participants (as presented in *Chapter Four* and summarized in Table 1), thought through them with critical gerontological and queer theories, and, now, inspired by current and ongoing activist movements, I propose two possibilities for the future of community support within the lives of transgender and non-binary older adults: reformation and (re)imagination.



### ***5.3.1 Reformation of Existing Systems***

This first possibility—reformation—is for community members and/or organizations who want—in this current moment—to work to revise (or *reform*) the structure, format, and impact of existing systems of community support that are rooted in ageism, cis/heteronormativity, racism, classism, ableism, and colonial oppression in ways that respond to participants' desires for better support and care. In what follows, I situate my understandings of systemic reformation—inspired by the current work of BIPOC thought leaders and activists<sup>65</sup>—within what was shared with me by participants in order to provide actionable suggestions for community reformation. By working *within* existing frameworks, the following suggestions maintain the same structures of community support; but work to find ways of making what currently exists more equitable by moving beyond “add and stir” approaches to inclusion that forces transgender and non-binary older adults into existing systems that have historically worked to marginalize and victimize both aging folx and/or transgender and non-binary folx—especially BIPOC folx who may also fall within either or both of these categories.

#### **5.3.1.1 Move from Education to Action.**

During my conversations with participants, the discussion continually circled back to the fear (e.g., of discrimination, of prejudice, of physical and/or verbal harassment) they live with on a daily basis as an aging transgender and/or non-binary individual within Western society. As participants shared stories of going for coffee, seeing their doctor, or contemplating aging care

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<sup>65</sup> In particular, these ideas draw of the work of Rachel Cargle (@rachel.cargle), Emma Dabiri (@emmadabiri), and Ijeoma Oluo (@ijeomaoluo).

(to name a few), a general sense of fear permeated each story—despite legislative changes that provide protection on the basis of gender identity and expression within Canada. Even in stories of respectful and affirming experiences and interactions, feelings of fear and distrust persisted as participants continued to anticipate discrimination and mistreatment—highlighting that lived experience does not necessarily change the moment legislation is written into law. As a result, while all participants articulated the need and desire for change, they were also very blunt in stating that they did not believe that such change was possible within their lifetime. In spite of this realization, many participants shared about the responsibility they felt to create spaces for connection (e.g., starting social programs) and/or share their stories (through public speaking and/or participation in research) as a form of education in order to “make things better” for future generations of transgender and non-binary older adults; while other participants shared that they were growing weary of the ongoing battle for their right to humanity and existence within Western society.

As Western society continues to be slow to change in ways that acknowledge and uplift transgender and non-binary older adults (as well individuals with various other interconnecting social identities that are marginalized within Western society), recent events have reignited and amplified calls for societal systemic change—embedded within these calls is the need to move education to action. Within recent years, there has been a significant increase in individuals and organizations (e.g., doctors, social workers, aging care organizations) engaging in Equity, Diversity, and Inclusion (EDI) training with the goal of becoming more “culturally competent” in the areas of gender identity, sexual identity, race, and ethnicity. In the words of Olou (2017), “I don’t want you to understand me better, I want you to understand yourselves. Your survival

has never depended on your knowledge of white [cisgender, heteronormative, and ageist] culture. In fact, it's required your ignorance" (para.1). However, recent calls to action have highlighted that engaging in EDI training has had marginal success in facilitating change—despite what I hope are best intentions (Gassam, 2019; Place, 2020; Shields, 2009). In fact, these efforts have been met with intense critiques of only providing “band-aid solutions” to systemic issues. In particular, J Mase III—a Black/trans/queer poet and educator—is quoted as saying, “When I hear the word “inclusion” I hear white folks wanting Black people to disappear into their organizations and their dreams instead of understanding that Black people have a right to autonomy and mutually beneficial collaboration”—a sentiment I argue also includes older adults and/or transgender and non-binary older adults (jmaseiii, 2020).

Therefore, I feel that if we are to come together to create meaningful change within community support for transgender and non-binary older adults, we need to actively work to acknowledge the various ways that our existing systems are rooted within hierarchies of power, privilege, and opportunities based upon ageist, cis/heteronormative, racist, classist, and ableist understandings of age, gender, gender identity, sexual identity, race, ethnicity, class, ability, etc. In this vein, Slow Factory Foundation (theslowfactory, 2020) discussed the concept of equity-centred education (ECE) which “acknowledges power structures and historical social context as a key driver of any topic” within educational programs and discussions related to diversity, equity, and anti-oppression—in order to spark widespread systemic and organizational change. This is where EDI training typically falls short as it aims to raise awareness of lived experiences without acknowledging and/or addressing larger systemic and structural issues within the organization—and, more broadly, within Western society (For additional resources, see Clifford,

2020; Equity-Centred Capacity Building Network, 2016; Racial Equity Tools., 2020). In what follows, I present the potential for interactive storytelling—as presented in *Chapter Four*—to facilitate ECE:

#### ***5.3.1.1.1 Creative Potentials of Interactive Storytelling for Education.***

Recognizing the importance of education as a way to influence the ways that community support functions within the lives of transgender and non-binary older adults, the interactive story presented in *Chapter Four* may be a useful tool when used within equity-centred education. When thinking about ECE, interactive storytelling immerses learners within the complexity (e.g., stories of joy alongside stories of precarity) of lived experiences in ways that simultaneously foster understandings necessary for personal transformation and inspire action. With this in mind, I intend to create an online “home” for the interactive story (along with discussion prompts and resources) for individuals and community groups to use—enhancing the potential of this work to contribute to much-needed systemic reform of community support within the lives of transgender and non-binary older adults.

By doing the work to interrogate the privileges and power associated with certain positionalities (e.g., white, heterosexual, upper-middle class cisgender male) within Western society, we begin to see the ways that Western society is predicated upon hierarchies of power that function to uplift or oppress based upon how various interconnecting social identities come together. In any case, the importance of education—whether it is individually driven or professionally facilitated—within justice work cannot be understated. The difference, however, in ECE—by acknowledging and unpacking the power and privilege that stem from systemic

oppression—is that it inspires movement from education to action towards systemic reform in ways that will better support transgender and non-binary older adults—since simply aiming to change minds has yet to create equitable systems and structures (i.e., policy, programs, spaces). As we work to reform existing systems to create space for transgender and non-binary older adults, I have compiled a list of actionable suggestions—rooted in the data—for individuals and community organizers that specifically attend to community reformation and change:

- Ensure the creation of space and/or programming that is dedicated to transgender and non-binary older adults (including an explicit welcoming of BIPOC transgender and non-binary older adults) to come together across contexts and generations (e.g., intergenerational mentorship programs within the 2SLGBTQIA+community, gender-sexuality alliance (GSA) at Seniors Active Living Centres, online support groups).
  - If this cannot be guaranteed, ensure that all individuals within organizations have completed equity-centred education as a way to (re)build trust and safety for transgender and non-binary older adults when accessing aging spaces and/or 2SLGBTQIA+ spaces.
- Ensure that at least one person (e.g., university/college internship program) within an organization and/or general community is making the creation and management of spaces, programming, and/or services for transgender and non-binary older adults a priority.
- Ensure spaces for transgender and non-binary older adults—within aging, 2SLGBTQIA+, and general communities—are accessible by transit, and located in areas where folx feel safe travelling.

- If this cannot be guaranteed, consider offering free transportation (e.g., rideshare, organization bus) and/or developing “travel buddy” program as an option for safe travel to/from spaces.
- Ensure that all form of marketing (e.g., print media, social media, website) are representative of everyone (e.g., BIPOC transgender and non-binary older adults) who is invited and welcome to access spaces, programming, and services offered by individuals and/or organizations in aging, 2SLGBTQIA+, and general communities.
- Ensure opportunities for online engagement and support (including providing technology and technical support) when in-person engagement is not possible. This may also open up new opportunities to reach those who need community support most but are not currently attending/utilizing in-person programming and/or services due to inaccessability.
- Ensure that processes for on-going feedback and accountability are in place to facilitate evaluation of the efficacy of existing programming and/or services within the lives of transgender and non-binary older adults. This may also provide opportunities to uncover *why* folx are not attending/utilizing available programming and/or services.

Ultimately, by engaging in ECE, we will be better positioned to see the impact of systemic oppressions (i.e., ageism, cis/heteronormativity, racism) in order to bring about action that will positively impact wellbeing by reforming how community support functions within the lives of transgender and non-binary older adults—as well as folx with other interconnecting marginalized identities.

### 5.3.2 *Futural (Re)Imaginings*

As I was learning, thinking, and writing my way through this inquiry, it became increasingly clear that what I had initially pictured when I thought about (re)imagining community support was actually more aligned with the reformation of existing systems. For example, I had envisioned that this work may produce a toolkit and/or recommendations for making more programs and services within existing community organizations available and/or accessible for transgender and non-binary older adults. While I still see the usefulness of reformation (as described above), calls to action arising from the COVID-19 pandemic and the BLM movement have opened my eyes to the possibilities offered by truly working to (re)imagine community support through embracing failure in ways that push beyond simply “expanding” or “reworking” an inherently flawed pre-existing system. In particular, the work of Tuck and Yang (2016) that charges us with imagining “elsewheres of justice” has provided inspiration for ways this inquiry may move community support beyond normative models that have silenced and marginalized transgender and non-binary older adults—especially BIPOC transgender and non-binary older adults. Therefore, inspired by the current work of BIPOC thought leaders and activists<sup>66</sup> and thinking with the theoretical scaffolding developed in *Chapter Two*, the second possibility I propose is for community members and/or organizations who so desire, to push further—along a, perhaps, more liberatory route—towards positive transformation and (re)imagination by choosing the failure of the system as we currently

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<sup>66</sup> In particular, these ideas draw of the work of Black Lives Matter-Toronto (@blm\_to), Climate Justice Toronto (@climatejusticeto), Toronto Prisoner’s Rights Project (@torontoprisonersrightsproject), and Kiwi Illafonte (@kiwizzo).

understand it. In this way, we will work to *abolish* existing ageist, cis/heteronormative, racist, colonialist, classist, ableist (among others) frameworks in order to *rebuild* community support in new ways from the beginning.

### **5.3.2.1 Dismantle Oppressive Systems and Invest in Communities.**

Within Canada, recent events (i.e., the devastating impact of COVID-19 in long-term care, uprisings of protests against anti-Black racism) have reignited calls for Canadians to reckon with the ways that our collective cultural identity of openness and multiculturalism has upheld and perpetuated the marginalization and victimization of older adults and racialized BIPOC folx. Emerging from BIPOC thought leaders, activists, and communities, one of the most powerful calls of the present moment is to invest in creating “life-sustaining communities of resistance” (hooks, 2003, p. 12; Toronto Prisoner’s Rights Project, 2020). At the root of shifting our collective focus to investing in building communities, are calls to divest funding (e.g., from acute care; from police and prisons) as these systems disproportionately regulate and victimize BIPOC folx—especially trans women of colour—by reinforcing dominant relations of power, including ageism, racism, colonial oppression, cis/heteronormativity, classism, and ableism (BLM-T, 2020; Stanley & Smith, 2011). These calls to anti-racist action certainly have parallels to and relevance within the lived experiences of transgender and non-binary older adults in ways that also direct our attention to systemic injustices—rooted in ageism and cis/heteronormativity—which influence inequitable access to affirming physical and mental health care, secure long-term employment, affordable housing, and social support of friends and family (within and beyond the 2SLGBTQIA+ community). As we saw in *Chapter Four*, the lived impact of systemic oppression has the potential to affect the wellbeing of transgender and non-binary older



adults as they must search for community support beyond (e.g., chosen families, starting own social support group, pets) the taken-for-granted sources typically associated with aging and old age (e.g., biological children, Seniors Active Living Centres, acute and long-term care). Therefore, by dismantling current systems that only serve to oppress and undervalue transgender and non-binary older adults (including BIPOC folx), we would open up space for new opportunities by harnessing the power of our collective joy and resistance into positive transformation—rather than being satisfied with symbolic victories often associated with attempts to reform existing systems.

Through discussions of individual experiences, perceptions, and desires of/for community support (i.e., pet companionship, online forums), it rapidly became clear that current, taken-for-granted systems and structures of community support—or attempting to work within these structures—were not meeting the needs of many participants. For example, some participants talked about wanting to take the lead on developing resources for themselves and other transgender and non-binary older adults (e.g., develop social support programs) but were not able to secure the funding and person support to ensure the sustainability and longevity of their goals. Therefore, to facilitate growth and sustainability of much-needed community support, it is important to direct investment (e.g., funding, time, energy) towards individuals and organizations that are working to connect trans and non-binary older adults to the resources they need to survive and thrive. In particular, according to kiwizzo (2020), divesting in police protection and safety—to which I would also add divesting in acute care—would create safer communities for transgender and non-binary older adults by reallocating funding to:

- Affordable housing;

- Access to equitable and affirming health care;
- Care workers with specializations in working with aging folx, families, mental health and addictions, folx who are experiencing homelessness, etc.
- First responders who are trained in de-escalation;
- Worker-owned cooperatives that create stable employment across the lifespan;
- Upstream approaches to crime prevention and community safety and wellbeing (Waterloo Region Crime Prevention Council, 2020);
- Restorative justice initiatives that address harm and trauma caused by crime, conflict, and abuse (Community Justice Initiatives, 2020); and
- 2SLGBTQ+ affirming arts and cultural programming for young and old alike.

As we work to dismantle oppressive systems (e.g., divesting police protection and safety, diverting funding from acute care into community-based care and support) and invest in communities, we will see direct and positive impact within the lives of transgender and non-binary older adults who—as we saw in *Chapter Four*—have been disproportionately regulated and victimized by existing systems (e.g., housing, employment) rooted in ageism, cis/heteronormativity, and racism. In particular, we will begin to move beyond goals of inclusion (e.g., erasure of difference) towards acknowledging and amplifying the lives and work of trans and non-binary folx in ways that will reduce—or erase—the amount of energy expended to simply exist within Western society; and, subsequently, open up opportunities for mutually beneficial respect and collaboration.

Extending earlier discussion of participants desire/need for more spaces where transgender and non-binary older adults can feel supported and connected to each other and their

communities (e.g., aging folx, 2SLGBTQIA+ folx, geographical communities), efforts to (re)imagine community support will see more complex conversations that may, ultimately, provide new avenues and opportunities for community support within the lives of transgender and non-binary older adults—including the proliferation of trans-led initiatives and organizations. In what follows, I have compiled a list of actionable suggestions—rooted in the data—that will take earlier discussions one (or many) step(s) closer to (re)imagining community support in ways that centre and uphold transgender and non-binary older adults’ rights to basic (at the very least) standards of living (i.e., income, affordable housing), equitable opportunities for education and professional training, and freedom of movement within and between spaces without fear by intentionally redistributing/reallocating funding to:

- Invest in systems that will ensure trans and non-binary folx have equitable access to education which will enhance opportunities to hold positions of power (e.g., transgender and non-binary folx *become* the doctors; rather than providing training to existing doctors).
- Invest in resources that will directly address historical and ongoing harm and trauma experienced by transgender and non-binary older adults (within aging spaces, queer spaces, and society in general) in ways that will lead to more relational engagements with community support (e.g., mental health support workers versus police enforcement).
- Invest in creation—and/or expansion—of trans-led and operated community spaces and outreach programs to ensure transgender and non-binary older adults have access to connection, care, and support in aging and old age.

- Invest in development—and/or expansion—of trans-led and operated cooperative housing that provide both affordable housing, and stable training and employment.
  - If this is not possible, create mechanisms to provide basic levels of income support that will ensure transgender and non-binary older adults are housed and food secure.
- Invest in proliferation of trans-led initiatives and trans-owned business, such as:
  - [Aging with Pride Waterloo Wellington](#), Waterloo, Ontario
  - [Spot of Delight](#), London, Ontario
  - [Trans Bodies, Trans Selves](#), Toronto, Ontario
- Invest in opportunities for trans and non-binary folx to be paired with pets—either through adoption and/or pet therapy programming in partnership with local animal shelters.

Ultimately, by working to (re)imagine community support in the lives of transgender and non-binary older adults, I believe that possibilities are not only opened up for alternative visions of old age that begin earlier in life, but provide steps—rooted in hope—that “...cease legislating for all lives what is livable only for some, and similarly, to refrain from proscribing for all lives what is unlivable for some” (Bulter, 2004, p. 8).

#### **5.4 So, What? Where Do We Go from Here?**

The question that I have grappled with throughout the many twists and turns of this inquiry is now front and centre: so, what do we do now? As I continue to grapple with this question, I am growing increasingly uncertain that this is my question to “answer.” Of course, I believe in the potential of this work to contribute to limited (at present) understandings of transgender and non-

binary older adults' experiences of community support in aging and old age—especially as it highlights the impacts of deeply entrenched systemic oppression (e.g., ageism, cis/heteronormativity, classism). Beyond enhancing understandings, I truly believe in the potential of this work to catalyze action through readings of the interactive story alongside the suggestions I provide for reformation and (re)imagination. That being said, I feel that the significance of this work can only be “known” through the action and change it inspires as this is only part of the story. As I dream about the potentials of this work to ignite conversations, move individuals and communities to action, and catalyze positive transformation in community support for transgender and non-binary older adults, I know one thing for sure: There. Is. Still. So. Much. Work. To. Be. Done.

With that in mind, the work presented in this document is only the beginning as it is a small part of a much larger story that needs to be told. Therefore, the next steps of this work are:

- 1) Creating an open-access online website for sharing the interactive story more broadly;
- 2) Working towards creating discussion guides and resources to facilitate active engagement with the interactive story by individuals and community organizers in aging spaces, 2SLGBTQIA+ spaces, and the general public; and
- 3) Developing ways to bring more voices and stories into conversation with this work.

While the next steps for this work begin with me, it is my hope that as I move toward and through each “step” this work will continue to grow and connect people who are working towards change and justice—catalyzing positive societal transformation. Regardless of which path forward is chosen, whether it is working towards reformation, (re)imagination, or even a

mix of the two, it is imperative to recognize the need to come together in ways that will see the needs of transgender and non-binary older adults not only considered; but amplified to the forefront of conversations. Ultimately, I hope that this work—along with my personal reflections on moving through this work—will play a part in transforming the realities of transgender and non-binary older adults by (re)building a more culturally relevant and socially just society.

## Epilogue<sup>67</sup>

Now, looking back on the many twists and turns that have permeated this inquiry, the words of Audre Lorde (1984) have never been more relevant: “there is no such thing as a single-issue struggle because we do not live single-issue lives” (p. 138). Entering into this inquiry with the goal of (re)imagining community support within the lives of transgender and non-binary older adults, I felt I had done my best to be thoughtful of and remain open to the various interconnecting social identities of transgender and non-binary older adults. While I entered with thoughtfulness around age and gender identity (see *Prologue*), as the inquiry unfolded I found myself entangled within a web of complexity and juxtaposition that I was not prepared to navigate: from having my age and gender identity directly questioned to failing to recruit more Black, Indigenous, and POC participants, to struggling to represent the voice and experiences of the one participant of colour in this inquiry. Although I have become more comfortable with my own gender expression (e.g., androgynous queer woman) over the past few years, I have only recently begun to explore the discomfort I felt—and continue to feel—around conversations of race and ethnicity. In fact, there are still times where experiences like these leave me feeling insecure, vulnerable, and riddled with self-doubt as I am honest with myself about my past and present failures at actively being anti-racist.

Answering calls to anti-racist action that have emerged in response to the recent murders of

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<sup>67</sup> As noted in the *Prologue*, I initially wrote this “statement” as a preface to my proposal. At the time, I felt it was an important maneuver to not only clarify my objectives but also situate my positionality as a white, young, able-bodied, queer, cisgender woman and scholar within this inquiry. Now, as this inquiry comes to an end, I have revised the original statement to better reflect my current understandings of identity politics, positionality, and research in response to the lessons learned throughout this research process.

Ahmaud Arbery, Breonna Talyor, Chantel Moore, D’Andre Campbell, Ejaz Ahmed Choudry, George Floyd, Regis Korchinski-Paquet, and Tony McDade (to name only a few), I have been listening to Black and QTBIPOC voices, learning from the knowledge of Black and QTBIPOC leaders; and reflecting on my complacency in and contributions to the vast systemic injustices fueled by histories of anti-Black and anti-Indigenous racism. In particular, I was guided—by my supervisor—to the work of the Combahee River Collective, an organization of black feminist activists who popularized the term “identity politics” in their 1977 manifesto (Táíwò, 2020). According to Barbara Smith, a founding member of the collective, the intent behind the term, “identity politics,” was not to encourage only working with people of identical positionalities (i.e., siloed activism based upon shared identities); rather, they believed in the power of coalitions of diverse people working towards common goals—or political agenda (Táíwò, 2020). Where ongoing debates regarding identity politics had created ever-present tension and questioning (e.g., who gets to ask what and in what ways) of my place/involvement in this work due to the power engrained in my own interconnected positionalities (e.g., white, young, queer, cisgender, able-bodied, middle-class, PhD candidate), I now feel a responsibility to use my position to amplify the voices of my participants and the stories they shared with me during the interviews.

As I continue to delve into the multifaceted influences of identity and identity politics within research, I do believe that my own personal political agenda aligns with and encourages my advocacy and action around the immediate experiences and interests of racialized BIPOC folx—in particular, racialized BIPOC transgender and non-binary older adults—as the systemic injustices that continue to impact queer lives (i.e., my own) also share themselves with those that



reinforce ageism, racism, and cis/heteronormativity. However, moving forward, it is still important to remain thoughtful about where and when I have privilege<sup>68</sup>; as well as how I choose to enact these privileges throughout the development, execution, analysis, and representational aspects of this inquiry—and beyond—since my identity and the way I move through the world continue to colour what I see, hear, and say throughout the research process. Now that I have seen, acknowledged, and begun to work through my position and complicity within systems of oppression, I cannot (and will not) go back to not doing so. I commit to even further questioning my positions of privilege and paying attention to the injustices experienced by folx who are continually relegated to the margins of Western society. In so doing, it is also my responsibility to be accountable for my past and present as I join the growing anti-racist coalition of diverse peoples working together towards a better future.

Within this mind, the ten guiding principles that I presented in *Prologue* continue to resonate now more than ever as I slowly stumbled my way across this “finish line” and into my academic career (Hale, 2003). These guiding principles—which now also explicitly centre considerations of aging and BIPOC positionalities—will not only guide my academic career, but also form the basis of my daily practice(s) of living and researching—guiding conversations, thinking, and reflecting. The adapted guiding principles are as follows:

1. Above all else, begin from the basic premise that QTBIPOC and aging “lives are lived, hence livable” and ask about the conditions that foster and/or undermine that possibility (Scheman, 1999, p. 8).

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<sup>68</sup> In particular, I continue to recognize and acknowledge that privilege itself is not stable, fixed, or all-encompassing; rather it is fluid, contingent, and situational.

2. Interrogate one's own subjectivity by asking oneself about the possible ways in which you *have* power—including “powers of access, juridical power, institutional power, material power, power of intelligible subjectivity” (Hale, 2003, para. 3)—and are influenced by political agenda(s). Continually question the ways that one's power and political agenda(s) *affects* what you can see and say, what *motivations* form your interest (and whether or not they align with those of trans and non-binary individuals), and how these motivations influence what you *see* and *say* throughout your work.
3. Give serious consideration to the narratives upon which many theorizations (and subsequent assumptions) about QTBIPOC and aging lives are rooted (Elliot, 2009). Take extra care not to replicate historical practices and theorizations that have exoticized/fetishized bodies, denied their subjectivity and/or access to dominant discourses, and attempted to rehabilitate the “other.”
4. Be aware of one's own position, as well as the position of QTBIPOC and aging individuals (re: power relations), within the multiple, overlapping, and on-going conversations within trans communities, aging communities, academic communities, feminist communities, queer communities, communities of colour, etc. Failing to do so will inhibit your ability to *hear* and/or *see* the multiple layers of lived experiences of individuals who continue to be marginalized by Western society.
5. Do not silence or erase voices through gross misreading, misinterpretation, and misrepresentation of QTBIPOC and aging identities, experiences, and bodies in order to suit one's own research and/or political agenda(s).

6. Be cognizant of the impact of language. Use language used by QTBIPOC and aging individuals when talking about their identities, experiences, and bodies. Avoid placing labels/concepts/etc. *on* individuals and communities (Heyes, 2003).
7. Consider the implications of what is said and what is left unsaid, as well as who is being included and who is being excluded by considering gender and sexual diversity, racialization, sex work, Indigeneity, immigration status, age, ethnicity, ability, geographic location, religion, socioeconomic status, and other identity makers (CPATH, 2018).
8. Remember that there is not only one trope of “the” trans/racialized/old individual, “the” trans/racialized/old subject, and/or trans/racialized/old discourse. Avoid essentializing, totalizing, or monolithic discourse when representing QTBIPOC and aging experience(s)(i.e., use of “the” and plurals). Be explicit when referencing individual identities, experiences, and bodies. For example, specific transition narratives cannot be discussed as similar and/or interchangeable experiences (e.g. male-to-female vs. female-to-male).
9. Reflect and focus on what engaging with QTBIPOC and aging lives and narratives tells you about *yourself*, not only what you learn about trans and non-binary individuals.
10. It is unrealistic for a white, young, able-bodied, queer, cisgender individual to assume they can fully *understand* QTBIPOC and/or aging lives (including their identities, experiences, and bodies)—much less consider themselves to be an “expert.” Cultivate a sense of humility.

If one is lucky, a solitary fantasy can totally transform one million realities.  
– Maya Angelou

## References

- Altheide, D. L., & Schneider, C. J. (2013). Process of qualitative document analysis. *Qualitative media analysis (2<sup>nd</sup> ed.)*. London: SAGE Publications.
- American Psychiatric Association. (2015). Gender Dysphoria, 1–2. Retrieved from <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>
- American Society on Aging. (2010). Still out, still aging: The MetLife study of lesbian, gay, bisexual, and transgender baby boomers. Westport, CN: *MetLife Mature Market Institute*.
- Applewhite, A. (2017). *Let's end ageism* [Video file]. Retrieved from [https://www.ted.com/talks/ashton\\_applewhite\\_let\\_s\\_end\\_ageism?utm\\_source=newsletter\\_daily&utm\\_campaign=daily&utm\\_medium=email&utm\\_content=button\\_2017-08-09](https://www.ted.com/talks/ashton_applewhite_let_s_end_ageism?utm_source=newsletter_daily&utm_campaign=daily&utm_medium=email&utm_content=button_2017-08-09)
- Arai, S. M., Berbary, L. A., & Dupuis, S. L. (2015). Dialogues for re-imagined praxis: using theory in practice to transform structural, ideological, and discursive “realities” with/in communities. *Leisure/Loisir, 39*(2), 299–321.
- Auger, J. A. (1992). Living in the margins: Lesbian aging. *Canadian Woman Studies, 12*(2), 80–84.
- Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. *Journal of Homosexuality, 64*(6), 825-841.
- Ayo, N. (2012). Understanding health promotion in a neoliberal climate and the making of health conscious citizens. *Critical public health, 22*(1), 99-105.
- Baker, A. C., & Giles, A. R. (2012). Cultural safety: A framework for interactions between Aboriginal patients and Canadian family medicine practitioners. *Journal of Aboriginal Health, 9*(1), 15-22.
- Balsam, K. F., Huang, B., Fieland, K. C., Simoni, J. M., & Walters, K. L. (2004). Culture, trauma, and wellness: A comparison of heterosexual and lesbian, gay, bisexual, and two-spirit Native Americans. *Cultural Diversity & Ethnic Minority Psychology, 10*(3), 287-301.
- Barr, S.M., Budge, S.L., & Adelson, J.L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of counseling psychology, 63*(1), 87.
- Barthes, R. (1974). *S/Z*. New York, NY: Hill and Wang.
- Bauer, G. R., & Scheim, A. I. (2015). Transgender People in Ontario, Canada: Statistics to Inform Human Rights Policy. London, ON.
- Bauer, G. R., Boyce, M., Coleman, T., Kaay, M., & Scanlon, K. (2010). Who are trans people in Ontario? *Trans PULSE e-Bulletin, 1*(1), 1-2.
- Bauer, G. R., Pyne, J., Francino, M., & Hammond, R. (2013). Suicidality among trans people in Ontario: implications for social work and social justice/La suicidabilité parmi les

- personnes trans en Ontario: implications en travail social et en justice sociale. *Service social*, 59(1), 35-62.
- Bauer, G. R., Scheim A. I., Deutsch, M. B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Annals of Emergency Medicine*, 63, 713–720.
- Bélanger, E., Ahmed, T., Vafaei, A., Curcio, C.L., Phillips, S.P., & Zunzunegui, M.V. (2016). Sources of social support associated with health and quality of life: a cross-sectional study among Canadian and Latin American older adults. *BMJ open*, 6(6), e011503.
- Berbary, L. A. (2011). Post-structural writerly representation: Screenplay as creative analytic practice. *Qualitative Inquiry*, 17(2), 186–196.
- Berbary, L. A. (2015). Creative analytic practices: Onto-epistemological and theoretical attachments, uses, and constructions within humanist qualitative leisure research. *Leisure Sciences*, 1-19.
- Berbary, L. A. (2017). Thinking through poststructuralism in leisure studies: A detour around “proper” Humanist knowledges. In K. Spracklen, B. Lashua, E. Sharpe, and S. Swain, (Eds.), *The Palgrave Handbook of Leisure Theory* (pp.719-741). London, UK: Palgrave MacMillian.
- Berbary, L. A. (2020). Theorypracticing Differently: Re-Imagining the Public, Health, and Social Research. *Leisure Sciences*, 1-9.
- Berbary, L. A., & Boles, J. C. (2014). Eight Points for Reflection: Revisiting Scaffolding for Improvisational Humanist Qualitative Inquiry. *Leisure Sciences*, 36(5), 401–419.
- Berbary, L. A., & Johnson, C. W. (2017). En/activist drag: Kings reflect on queerness, queens, and questionable masculinities. *Leisure Sciences*, 39(4), 305-318.
- Berbary, L.A. (2019). Creative analytic practices: Onto-epistemological and theoretical attachments, uses, and constructions within humanist qualitative leisure research. *Leisure Sciences*, 1-19.
- Beyond Blue Support Service. (2019). *Resilience in the face of change: Stories of transmen*. Retrieved from <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/resilience-in-the-face-of-change-stories-of-transmen>
- blm\_to. (2020). Black Lives Matter-Toronto [BLM-T]. Retrieved from [https://www.instagram.com/blm\\_to/](https://www.instagram.com/blm_to/)
- Bornstein, K. & Bergman, S.B. (2010). *Gender outlaws: The next generation*. Berkeley, CA: Seal Press.
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27-40.

- Brotman, S., & Ryan, B. (2008). Healthy aging for gay and lesbian seniors in Canada: An environmental scan. Retrieved from <http://www.rainbowhealthontario.ca/resources/searchResults.cfm?mode=3&resourceID=182eeb51-3048-8bc6-e8cc-1c95ec6d5795>
- Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and lesbian elders and their families in Canada. *The Gerontologist*, 43(2), 192-202.
- Brown, M. T. (2009). LGBT aging and Rhetorical silence. *Sexuality Research and Social Policy*, 6(2), 65–78.
- Browne, K., & Nash, C. J. (2010). Queer methods and methodologies: An introduction. In K. Browne & C. J. Nash (Eds.), *Queer methods and methodologies: Intersecting queer theories and social science research* (pp. 1-24). Burlington, VT: Ashgate Publishing Company.
- BUTCHVoices. (2011). *FAQs: Frequently Asked Questions*. Retrieved from <http://www.butchvoices.com/faqs/>
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York and London: Routledge.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. New York, NY: Routledge.
- Butler, J. (2004). *Undoing gender*. New York, NY: Routledge.
- Butler, S. S. (2004). Gay, lesbian, bisexual, and transgender (GLBT) elders: The challenges and resilience of this marginalized group. *Journal of human behavior in the social environment*, 9(4), 25-44.
- Cahill, S. R., & South, K. (2002). Policy issues affecting lesbian, gay, bisexual, and transgender people in retirement. *Generations*, 26(2), 49-54.
- Cahill, S., South, K., & Spade, J. (2000). *Outing age: Public policy issues affecting gay, lesbian, bisexual, and transgender elders*. Washington, DC: Policy Institute, National Gay and Lesbian Task Force.
- Canadian Institute for Health Information [CIHI]. (2011). Health care in Canada, 2011: A focus on seniors and aging. Retrieved from [https://secure.cihi.ca/free\\_products/HCIC\\_2011\\_seniors\\_report\\_en.pdf](https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf)
- Canadian Mental Health Association [CMHA]. (n.d.a). Lesbian, Gay, Bisexual, Trans & Queer Identified People and Mental Health. Retrieved from <http://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>
- Canadian Professional Association for Transgender Health [CPATH]. (2018). CPATH Ethical Guidelines for Research Involving Transgender People & Communities. Retrieved from <https://epibio.schulich.uwo.ca/redcap/tycan/surveys/index.php?s=4ENC4HN4JP>

- Caron, D. (2009). Shame on me, or the naked truth about me and Marlene Dietrich. In D. M. Halperin & V. Traub (Eds.), *Gay Shame* (pp. 117-131). University of Chicago Press.
- Carter, S.P., Allred, K.M., Tucker, R.P., Simpson, T.L., Shipherd, J.C., & Lehavot, K. (2019). Discrimination and suicidal ideation among transgender veterans: the role of social support and connection. *LGBT Health, 6*(2).
- Cashore, C., & Tuason, T. G. (2009). Negotiating the binary: Identity and social justice for bisexual and transgender individuals. *Journal of Gay & Lesbian Social Services, 21*, 374–401.
- Chang, P.J., Wray, L., & Lin, Y. (2014). Social relationships, leisure activity, and health in older adults. *Health Psychology, 33*(6), 516.
- Chappell, N. L., & Funk, L. M. (2011). Social support, caregiving, and aging. *Canadian Journal on Aging/La Revue canadienne du vieillissement, 30*(3), 355-370.
- Chooseco LLC. (2020). *History of CYOA*. Retrieved from <https://www.cyoa.com/pages/history-of-cyoa>.
- Clarke, L. H., & Griffin, M. (2008). Visible and invisible ageing: Beauty work as a response to ageism. *Ageing and Society, 28*(5), 653.
- Clarke, L. H., Griffin, M., & Maliha, K. (2009). Bat wings, bunions, and turkey wattles: body transgressions and older women's strategic clothing choices. *Ageing & Society, 29*(5), 709-726.
- Clarke, L. H., Griffin, M., & PACC Research Team. (2008). Failing bodies: Body image and multiple chronic conditions in later life. *Qualitative Health Research, 18*(8), 1084-1095.
- Clifford, D. (2020). Equity-centred design framework. Retrieved from <https://dschool.stanford.edu/resources/equity-centered-design-framework>
- Community Justice Initiatives. (2020). What is restorative justice? Retrieved from <https://cjiwr.com/about-us/what-is-restorative-justice/>.
- Cook-Daniels, L. (2006). Trans aging. In D. Kimmel, T. Rose, & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging* (pp. 20–35). New York, NY: Columbia University Press.
- Crawford, R. 2006. Health as a meaningful social practice. *Health, 10*(4): 401–420
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review, 43*(6), 1241-1299.
- Creswell, J. W. (2003). *Research Design: Qualitative, quantitative, and Mixed Methods Approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Cruikshank, M. (2008). Aging and identity politics. *Journal of Aging Studies, 22*(2), 147–151.
- CTVNews. (2020). Tracking Ontario's 35,068 cases of COVID-19. Retrieved from <https://toronto.ctvnews.ca/tracking-ontario-s-35-068-cases-of-covid-19-1.4834821>.

- de Vries, B., Gutman, G., Humble, A., Gahagan, J., Chamberland, L., Aubert, P., ... & Mock, S. (2019). End-of-life preparations among LGBT older Canadian adults: the missing conversations. *The International Journal of Aging and Human Development*, 88(4), 358-379.
- Denton, F. T., Feaver, C. H., & Spencer, B. G. (1996). *The future population of Canada and its age distribution*. Program for Research on the Independence and Economic Security of the Older Population, McMaster University.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2017). *The SAGE Handbook of Qualitative Research* (5<sup>th</sup> ed). Thousand Oaks, CA: SAGE.
- Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A. L., Långström, N., & Landén, M. (2011). Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PloS one*, 6(2), e16885.
- Diamond, D., & Erlick, E. (2016). *Why we used trans\* and why we don't anymore*. Retrieved from <http://www.transstudent.org/asterisk/>
- Duggan, L. (2002). The new homonormativity: The sexual politics of neoliberalism. *Materializing democracy: Toward a revitalized cultural politics*, 175-194.
- Dunnivant, B. R., Berbary, L. A., & Flanagan, A. K. (2018). Illuminating the Interconnections of Sexuality, Aging, and Spirituality in the Lives of Older Lesbian, Bisexual, and Queer Women in the Southern Bible Belt. *Qualitative Inquiry*, 24(3), 164-169.
- Dupuis, S. L. (2008). Leisure and ageing well. *World Leisure Journal*, 50(2), 91-107.
- Durst, D., South, S. M., & Bluehardt, M. (2006). Urban First Nations people with disabilities speak out. *Journal of Aboriginal Health*, 3(1), 34-43.
- Eckersley, R. (2020). Injustice, power and the limits of political solidarity. *Journal of Global Ethics*, 16(1), 99-104.
- Edelman, L. (2004). *No future: Queer theory and the death drive*. Durham, NC: Duke UP.
- Edwards, P., & Mawani, A. (2006). Healthy aging in Canada: A new vision, a vital investment from evidence to action—A background paper prepared for the Federal, Provincial and Territorial Committee of Officials (seniors). *Public Health Agency of Canada*.
- Eibach, R. P., Mock, S. E., & Courtney, E. A. (2010). Having a “senior moment”: Induced aging phenomenology, subjective age, and susceptibility to ageist stereotypes. *Journal of Experimental Social Psychology*, 46(4), 643-649.
- Ellingson, L. L. (2009). *Engaging crystallization in qualitative research: An introduction*. Thousand Oaks, CA: SAGE.
- Elliot, P. (2009). Engaging Trans Debates on Gender Variance: A Feminist Analysis. *Sexualities*, 12(1), 5–32.
- Equity-Centred Capacity Building Network. (2016). Equity-centered capacity building: Essential approaches for excellence & sustainable school system transformation. Retrieved from



[https://capacitybuildingnetwork.files.wordpress.com/2016/02/eccbn\\_volume\\_feb2016\\_final.pdf](https://capacitybuildingnetwork.files.wordpress.com/2016/02/eccbn_volume_feb2016_final.pdf)

- Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, 7(3), 93-99.
- Erosheva, E.A., Kim, H.J., Emlet, C., & Fredriksen-Goldsen, K.I. (2016). Social networks of lesbian, gay, bisexual, and transgender older adults. *Research on aging*, 38(1), 98-123.
- Fabbre, V. D. (2015). Gender transitions in later life: A queer perspective on successful aging. *The Gerontologist*, 55(1), 144–153.
- Featherstone, M., & Wernick, A. (2003). Images of positive aging. *Images of aging*. Routledge, 39-58.
- Fernandez, M., & Burch, A.D.S. (2020, June 18). George Floyd, From ‘I Want to Touch the World’ to ‘I Can’t Breathe.’ Retrieved from <https://www.nytimes.com/article/george-floyd-who-is.html>.
- Finenauer, S., Sherratt, J., Marlow, J., & Brodey, A. (2012). When injustice gets old: A systematic review of trans aging. *Journal of Gay & Lesbian Social Services*, 24, 311-330.
- Flanagan, A. (2014). *Towards a Diverse Vision of Aging: An Exploration of LGBTQ Aging Experiences and Perceptions* [Master’s thesis, University of Waterloo]. <http://hdl.handle.net/10012/8896>
- Flyvbjerg, B. (2001). *Making social science matter: Why social inquiry fails and how it can succeed again* (S. Sampson, Trans.). Cambridge, UK: Cambridge University Press.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12(2), 219–245.
- Foucault, M. (1975). *Discipline and Punish: the Birth of the Prison* [Trans. Alan Sheridan]. New York: Vintage.
- Foucault, M. (2003). *Madness and civilization*. Routledge.
- Fredriksen-Goldsen, K. I. (2016). The future of LGBT+ aging: A blue-print for action in services, policies and research. *Generations*, 40, 6–13.
- Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., . . . Muraco, A. (2014). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist*, 54, 488-500. doi.10.1093/geront/gnt021
- Fredriksen-Goldsen, K. I., Cooks-Daniel, L., Kim, H. J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., Goldsen, J., & Muraco, A. (2013). Physical and mental health of transgender older adults: An at-risk and underserved population. *Gerontologist*, 54(3), 488-500.
- Fredriksen-Goldsen, K. I., Kim, H. J., Shiu, C., Goldsen, J., & Emlet, C. A. (2015). Successful Aging Among LGBT Older Adults: Physical and Mental Health-Related Quality of Life by Age Group. *The Gerontologist*, 55(1), 154–168.

- Funders for Lesbian and Gay Issues. (2004). *Aging in equity: LGBT elders in America*. New York, NY: Gerry Gomez Pearlberg.
- Gabrielson, M. L. (2011). "We Have to Create Family": Aging Support Issues and Needs Among Older Lesbians. *Journal of Gay & Lesbian Social Services*, 23(3), 322-334.
- Gassam, J. (2019, February 4). Diversity without inclusion is useless. Retrieved from <https://www.forbes.com/sites/janicegassam/2019/02/04/diversity-without-inclusion-is-useless/#672628db5685>
- Gaudet, M. (2018). *Police-reported hate crime in Canada, 2016*. Catalogue no. 85-002-X. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54915-eng.htm>
- Geertz, C. (1973). Thick description: Towards an interpretive theory of culture. In C. Geertz, (Ed.), *The interpretation of cultures* (pp.3-32). New York: Basic Books.
- Geertz, C. (2008). Thick description: Toward an interpretive theory of culture. In *The cultural geography reader* (pp. 41-51). Routledge. (Reprinted from *The Interpretation of Culture*, 1973, New York, NY: Basic Books Inc.).
- Genoe, M. R. & Whyte, C. (2015). Confronting ageism through therapeutic recreation practice. *Leisure/Loisir*, 39(2), 235-252.
- George, A. L. and Bennett, A. (2005). *Case Studies and Theory Development in the Social Science*. Cambridge: MIT Press.
- Gerring, J. (2004). What is a case study and what is it good for? *The American Political Science Review*, 98(2), 341–354.
- Giblon, R., & Bauer, G. R. (2017). Health care availability, quality, and unmet need: a comparison of transgender and cisgender residents of Ontario, Canada. *BMC Health Services Research*, 17:283.
- Gilmour, H. (2012). *Social participation and the health and well-being of Canadian seniors*. Catalogue no. 82-003-X201200411720. Retrieved from <https://www150.statcan.gc.ca/n1/en/catalogue/82-003-X201200411720>
- Gonsiorek, J. (1995). Chapter 4: Gay male identities: Concepts and issues. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 24-47). New York, NY: Oxford University Press, Inc.
- Gorman-Murray, A., Johnston, L., & Waitt, G. (2010). Queer(ing) communication in research relationships: A conversation about subjectivities, methodologies and ethics. In K. Browne & C. J. Nash (Eds.), *Queer methods and methodologies: Intersecting queer theories and social science research* (pp. 97-112). Burlington, VT: Ashgate Publishing Company.
- Government of Canada. (2016). Thinking about aging in place: Plan for the future today to help you live the life you want tomorrow. Retrieved from

<https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/aging.html>

- Government of Ontario, & Ministry of Health and Long-Term Care, Health System Information Management and Investment Division, Health Analytics Branch. (2012). In Focus: Seniors in Ontario – Staying Healthy, Staying at Home – An Analysis based on Statistics Canada’s 2008/2009 Healthy Aging Survey. *The Quarterly Report*. Fall/Winter, Pre-release Version.
- Gramsci, A. (1971). *Selections from the Prison Notebooks* (Q. Hoare & G.N. Smith, Eds.). New York, NY: International Publishers.
- Grant, J. M., & National Gay and Lesbian Task Force Policy Institute. (2009). Outing age 2010: Public policy issues affecting lesbian, gay, bisexual and transgender elders. Washington, DC: The National Gay and Lesbian Task Force.
- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., & Keisling, M. (2010). National transgender discrimination survey report on health and health care. *Washington, DC: National Center for Transgender Equality and the National Gay and Lesbian Task Force*.
- Grant, K. (2020, June 25). 81% of COVID-19 deaths in Canada were in long-term care – nearly double OECD average. Retrieved from <https://www.theglobeandmail.com/canada/article-new-data-show-canada-ranks-among-worlds-worst-for-ltc-deaths/>.
- Green, E. and Peterson, E. N. (2006) LGBTTSQT Terminology. Riverside, CA: Trans-Academics, LGBT Resource Center. Retrieved from [www.trans-academics.org](http://www.trans-academics.org)
- Griffin, M., Harvey, K., Gillett, J., & Andrews, G. (2019). Writing as/about Leisure: Connecting with Oneself and Others through Creative Practice. *Leisure Sciences*, 1-19.
- Grossman, A. H. (2006). Physical and mental health of older lesbian, gay, and bisexual adults. In Kimmel, T. Rose, & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives* (pp. 53–69). New York: Columbia University Press.
- Grossman, A. H., O'Connell, T. S., & D'Augelli, A. R. (2005). Leisure and recreational “girl-boy” activities—studying the unique challenges provided by transgendered young people. *Leisure/Loisir*, 29(1), 5-26.
- Grossman, A., D'Augelli, A., & Hershberger, S. (2000). Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *The Journal of Gerontology: Psychological Sciences and Social Sciences*, 55B(3), 171-179.
- Gubrium, A., & Harper, K. (2016). *Participatory visual and digital methods*. New York, NY: Routledge.
- Gurung, R. A., Taylor, S. E., & Seeman, T. E. (2003). Accounting for changes in social support among married older adults: Insights from the MacArthur Studies of Successful Aging. *Psychology and aging*, 18(3), 487.
- Halberstam, J. (2005). *In a queer time & place: Transgender bodies, subcultural lives*. New York, NY: New York UP.

- Halberstam, J. (2011). *The queer art of failure*. Durham, NC: Duke UP.
- Hale, J. (2003). Suggested Rules for Non-Transsexuals Writing about Transsexuals, Transsexuality, Transsexualism, or Trans \_\_\_\_\_. Retrieved from <http://www.sandystone.com/hale.rules.html>
- Halperin, D. M., & Traub, V. (Eds.). (2009). *Gay shame*. University of Chicago Press.
- Hanson, E. (2009). Teaching shame. In D. M. Halperin & V. Traub (Eds.), *Gay Shame* (pp. 132-164). University of Chicago Press.
- Health Canada. (2014). A statistical profile on the health of First Nations in Canada: determinants of health, 2006-2010 (No. 140130). Ottawa, ON: Health Canada.
- Heaphy, B. (2007). Sexualities, gender and ageing: Resources and social change. *Current Sociology*, 55(2), 193-210.
- Heyes, C. J. (2003). Feminist Solidarity after Queer Theory: The Case of Transgender. *Signs: Journal of Women in Culture and Society*, 28(4), 1093-1120
- Hill Collins, P. (2004). *Black sexual politics: African Americans, gender, and the new racism*. Routledge.
- hooks, b. (2003). *Teaching community: A pedagogy of hope*. New York, NY: Routledge.
- House of Commons of Canada. (2017). *Bill C-16: An Act to amend the Canadian Human Rights Act and the Criminal Code*, Royal Assent June 19, 2017. Retrieved from <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-16/royal-assent>
- Hoy-Ellis, C. P., & Fredriksen-Goldsen, K. I. (2017). Depression among transgender older adults: General and minority stress. *American Journal of Community Psychology*, 0, 1-11.
- Hughes, M. (2006). Queer ageing. *Gay and Lesbian Issues and Psychology Review*, 2(2), 54-59.
- Hungerford, E. (2012). *A feminist critique of "cisgender."* Retrieved from <http://ehungerford.com/?p=10>
- Jackson, A. Y., & Mazzei, L. (2011). *Thinking with theory in qualitative research: Viewing data across multiple perspectives*. Routledge.
- Jagose, A. (1996). *Queer Theory: An introduction*. New York: UP.
- jmaseiii. (2020, June 6). When I hear the word "inclusion" I hear... [Instagram post]. Retrieved from [https://www.instagram.com/p/CBHKkq\\_JV7m/](https://www.instagram.com/p/CBHKkq_JV7m/).
- Kagan, S. H. (2012). Gotcha! Don't let ageism sneak into your practice. *Geriatric Nursing*, 33, 60-62. doi:10.1016/j.gerinurse.2011.11.007
- Kawulich, B. B. (2005). Participant observation as a data collection method. *Forum: Qualitative Social Research Sozialforschung*, 6(2), Art. 43, <http://www.qualitative-research.net/index.php/fqs/article/view/466/996>

- Kia, H. (2015). Hypervisibility: Toward a Conceptualization of LGBTQ Aging. *Sexuality Research and Social Policy*, 13(1), 46–57.
- Kim, J. E., & Moen, P. (2002). Retirement transitions, gender, and psychological well-being: A life-course, ecological model. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 57(3), P212-P222.
- kiwizzo. (2020). There have been plenty of folks sharing some AMAZING ideas on what we could do if we took all the money that cities spend on police (and prisons) and allocate them elsewhere. Here's my little drop in the bucket, at least off the top of my head. What alternatives to police can you think of to makes our communities safer? Retrieved from <https://www.instagram.com/p/CBMyRTSARRI/>.
- Knochel, K. A. (2011). Are they prepared? A look at midlife transgender people and their anticipated adaptation to aging (Doctoral dissertation, University of Minnesota, Minneapolis, MN). *ProQuest Dissertations and Theses*.
- Krieger, N. (2003). Genders, sexes, and health: what are the connections—and why does it matter?. *International journal of epidemiology*, 32(4), 652-657.
- Laing, M. (2016). Two-spirit and LGBTQ Indigenous health [Evidence Brief]. Retrieved from <https://www.rainbowhealthontario.ca/wp-content/uploads/2016/07/2SLGBTQINDIGENOUSHEALTHFactheet.pdf>
- Lancy, D. F., & Bernard, H. L. (1988). Interactive fiction and the reluctant reader. *The English Journal*, 77(7), 42-46.
- Laporte, A., Nauenberg, E., & Shen, L. (2008). Aging, social capital, and health care utilization in Canada. *Health Economics, Policy and Law*, 3(4), 393-411.
- Laskow, S. (2017). These Maps Reveal the Hidden Structures of ‘Choose Your Own Adventure’ Books. Retrieved from <https://www.atlasobscura.com/articles/cyoa-choose-your-own-adventure-maps>
- Lather, P. (1991). Getting smart: Feminist research and pedagogy with/in the postmodern. New York, NY: Routledge.
- Lennon, E., & Mistler, B. J. (2014). Cisgenderism. *Transgender Studies Quarterly*, 1(1-2), 63-64.
- Lewis, S. T., & Johnson, C. W. (2011). “But it's not that easy”: negotiating (trans)gender expressions in leisure spaces. *Leisure/Loisir*, 35(2), 115–132.
- Longman Marcellin, R., Scheim, A., Bauer, G., & Redman, N. (2013a). Experiences of transphobia among trans people in Ontario. *Trans PULSE E-Bulletin*, 3(2), 1-2.
- Longman Marcellin, R., Scheim, A., Bauer, G., & Redman, N. (2013b). Experiences of racism among trans people in Ontario. *Trans PULSE E-Bulletin*, 3(1), 1-2.
- Lorde, A. (1984). Learning from the 60s [p. 134-145] *Sister Outsider*. New York, NY: Ten Speed Press, Random House Inc.

- MacCharles, T. (2020, May 7). 82% of Canada's COVID-19 deaths have been in long-term care, new data reveals. Retrieved from <https://www.thestar.com/politics/federal/2020/05/07/82-of-canadas-covid-19-deaths-have-been-in-long-term-care.html>.
- Maddox, S. (Producer), Applebaum, J. (Producer), & Maddox, S. (Director). (2010). *Gen Silent* [Motion Picture]. United States: Interrobang Productions.
- Masini, B. E., & Barrett, H. A. (2008). Social support as a predictor of psychological and physical well-being and lifestyle in lesbian, gay, and bisexual adults aged 50 and over. *Journal of Gay and Lesbian Social Services, 20*, 91–110.
- Mathy, R. M. (2003). Transgender identity and suicidality in a nonclinical sample: Sexual orientation, psychiatric history, and compulsive behaviors. *Journal of Psychology & Human Sexuality, 14*(4), 47-65.
- Matsuno, E., & Israel, T. (2018). Psychological interventions promoting resilience among transgender individuals: Transgender resilience intervention model (TRIM). *The Counseling Psychologist, 46*(5), 632-655.
- Mattilda (a.k.a Matt Bernstein Sycamore)(Ed.). (2006). *Nobody passes: Rejecting the rules of gender and conformity*. Berkeley, CA: Seal Press.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Bulletin, 129*, 674-697.
- Meyer, M. D. E. (2003). Looking toward the InterSEXions: Examining bisexual and transgender identity formation from a Dialectical Theoretical Perspective. *Journal of Bisexuality, 3*(3-4), 151-170.
- Mitchell, J. C. (2006). Case and situation analysis. In T. M. S. Evens & D. Handelman (Eds.), *The Manchester School: Practice and ethnographic praxis in anthropology* (pp. 23–43). Oxford, UK: Berghahn Books.
- Mock, S. E., & Eibach, R. P. (2011). Aging attitudes moderate the effect of subjective age on psychological well-being: Evidence from a 10-year longitudinal study. *Psychology and aging, 26*(4), 979.
- Mock, S. E., & Schryer, E. (2017). Perceived support and the retirement expectations of sexual minority adults. *Canadian Journal on Aging/La Revue canadienne du vieillissement, 36*(2), 170-177.
- Mock, S. E., Shaw, S. M., Hummel, E. M., & Bakker, C. (2012). Leisure and diversity in later life: Ethnicity, gender, and sexual orientation. *Leisure and aging: Theory and practice, 111-121*.
- Mock, S. E., Walker, E. P., Humble, Á. M., de Vries, B., Gutman, G., Gahagan, J., ... & Fast, J. (2020). The role of information and communication technology in end-of-life planning among a sample of Canadian LGBT older adults. *Journal of Applied Gerontology, 39*(5), 536-544.

- Monro, S. (2000). Theorizing transgender diversity: towards a social model of health. *Sexual and Relationship Therapy*, 15(1), 33–45.
- Montfort, N. (2003). *Twisty little passages: An approach to interactive fiction*. Cambridge, MA: MIT Press.
- Montfort, N. (2007). *Generating narrative variation in interactive fiction*. [Doctoral dissertation, University of Philadelphia].  
[https://nickm.com/if/Generating Narrative Variation in Interactive Fiction.pdf](https://nickm.com/if/Generating_Narrative_Variation_in_Interactive_Fiction.pdf)
- Morgan, D. L. (1993). Qualitative content analysis: a guide to paths not taken. *Qualitative health research*, 3(1), 112-121.
- Muraco, A., Putney, J., Shiu, C., & Fredriksen-Goldsen, K. I. (2018). Lifesaving in every way: The role of companion animals in the lives of older lesbian, gay, bisexual, and transgender adults age 50 and over. *Research on aging*, 40(9), 859-882.
- Namaste, V. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. Chicago, IL: The University of Chicago Press.
- Namaste, V. (2005). *Sex change, social change: Reflections on identity, institutions, and imperialism*. Toronto, Ontario, Canada: Women’s Press.
- Namaste, V. (2009). Undoing theory: The “Transgender Question” and the epistemic violence of anglo-american feminist theory. *Hypatia*, 24(3), 11-32.
- Nash, C. J. (2010). Queer conversations: Old-time lesbians, transmen and the politics of queer research. In K. Browne & C. J. Nash (Eds.), *Queer methods and methodologies: Intersecting queer theories and social science research* (pp, 129-142). Burlington, VT: Ashgate Publishing Company.
- National Institute on Ageing. (2019). Enabling the Future Provision of Long-Term Care in Canada. Toronto, ON: National Institute on Ageing White Paper. Retrieved from <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5d9de15a38dca21e46009548/1570627931078/Enabling+the+Future+Provision+of+Long-Term+Care+in+Canada.pdf>
- Nicholls Jones, S. (2018). Ageism is alive and thriving in our workforce, limiting older employees, say experts. *CPA Canada*. Retrieved from <https://www.cpacanada.ca/en/news/canada/2018-08-09-ageism-is-alive-and-thriving-in-our-workforce-limiting-older-employees-say-experts>.
- Oakleaf, L., & Richmond, L. P. (2017). Dreaming About Access: The Experiences of Transgender Individuals in Public Recreation. *Journal of Park and Recreation Administration*, 35(2).
- Oldman, C. (2002). Later life and the social model of disability: A comfortable partnership? *Ageing & Society*, 22, 791–806.
- Oluo, I. (2017, February 7). White People: I Don’t Want You To Understand Me Better, I Want You To Understand Yourselves. Retrieved from <https://medium.com/the->

[establishment/white-people-i-dont-want-you-to-understand-me-better-i-want-you-to-understand-yourselves-a6fbedd42ddf](http://www.ohrc.on.ca/en/ageism-and-age-discrimination-fact-sheet)

- Ontario Human Rights Commission [OHRC]. (n.d.a). Ageism and age discrimination (fact sheet). Retrieved from <http://www.ohrc.on.ca/en/ageism-and-age-discrimination-fact-sheet>.
- Ontario Human Rights Commission. (2001). Time for action: Advancing human rights for older Ontarians [report]. Retrieved from <http://www.ohrc.on.ca/en/time-action-advancing-human-rights-older-ontarians>.
- O'Toole, P., & Were, P. (2008). Observing places: Using space and material culture in qualitative research. *Qualitative Research*, 8(5), 621-39.
- Orel, N. A. (2006). Community needs assessment: Documenting the need for affirmative services for LGB older adults. In D. Kimmel, T. Rose, & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives* (pp. 227–246). New York: Columbia University Press.
- Parry, D. C. & Johnson, C. W. (2007). Contextualizing Leisure Research to Encompass Complexity in Lived Leisure Experience: The Need for Creative Analytic Practice. *Leisure Sciences*, 29, 119-130
- Persson, D. I. (2009). Unique challenges of transgender aging: implications from the literature. *Journal of Gerontological Social Work*, 52(6), 633–646.
- Persson, D. I. (2009). Unique challenges of transgender aging: implications from the literature. *Journal of Gerontological Social Work*, 52(6), 633–646.
- Pflum, S. R., Testa, R. J., Balsam, K. F., Goldblum, P. B., & Bongar, B. (2015). Social support, trans community connectedness, and mental health symptoms among transgender and gender nonconforming adults. *Psychology of sexual orientation and gender diversity*, 2(3), 281.
- Place, A. (2020, June 17). Why annual diversity training isn't enough to combat racism. Retrieved from <https://www.benefitnews.com/news/why-a-yearly-diversity-training-isnt-enough-to-combat-racism>
- Plummer, D. L., Stone, R. T., Powell, L., & Allison, J. (2016). Patterns of adult cross-racial friendships: A context for understanding contemporary race relations. *Cultural Diversity and Ethnic Minority Psychology*, 22(4), 479–494
- Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept thick description. *The Qualitative Report*, 11(3), 538-549.
- Porter, K. E., Ronneberg, C. R., & Witten, T. M. (2013). Religious affiliation and successful aging among transgender older adults: Findings from the Trans MetLife Survey. *Journal of Religion, Spirituality and Aging*, 25, 112–138. doi:10.1080/15528030.2012.739988
- Prince, V. (1997). Seventy Years in the Trenches of the Gender Wars. In V. Bullough, B. Bullough, B., & J. Elias (Eds), *Gender Blending*. Prometheus Books, New York.



- Public Health Agency of Canada [PHAC]. (2018). Key health inequalities in Canada: A national portrait – executive summary. Retrieved from <https://www.canada.ca/en/public-health/services/publications/science-research-data/key-health-inequalities-canada-national-portrait-executive-summary.html>
- Public Health Agency of Canada. (2006). Healthy aging in Canada: A new vision, a vital investment. A discussion brief prepared for the Federal, Provincial and Territorial Committee of Officials (Seniors). Retrieved from <http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/healthy-sante/vision/vision-eng.pdf>
- Public Health Ontario. (2020). COVID-19 in Ontario - A Focus on Diversity: January 15, 2020 to May 14, 2020. Toronto, ON: Queen’s Printer for Ontario. Retrieved from <https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en>.
- Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional invisibility: The distinctive advantages and disadvantages of multiple subordinate-group identities. *Sex Roles*, 59, 377-91.
- Racial Equity Tools. (2020). Organizational change processes. Retrieved from <https://www.racialequitytools.org/act/strategies/organizational-change-processes>
- Raina, P., Wolfson, C., Kirkland, S., & Griffith, L. (2018). *The Canadian Longitudinal Study on Aging (CLSA) Report on Health and Aging in Canada: Findings from Baseline Data Collection 2010-2015*. Retrieved from [http://swedmontonseniors.ca/wp-content/uploads/2013/01/clsa\\_report\\_en\\_for\\_web.pdf](http://swedmontonseniors.ca/wp-content/uploads/2013/01/clsa_report_en_for_web.pdf)
- Reid, J. (1995). Chapter 9: Development in late life: Older lesbian and gay lives. In A. R. D’Augelli & C.J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 215-240). New York, NY: Oxford University Press, Inc.
- Revera Inc. (2012). Revera report on ageism. Retrieved from [https://cdn.reveraliving.com/-/media/files/reports-on-aging/report\\_ageism.pdf?rev=c957932c5c2b47008c596f0213236457&\\_ga=2.201776273.1052050411.1599502421-1386315340.1599502421](https://cdn.reveraliving.com/-/media/files/reports-on-aging/report_ageism.pdf?rev=c957932c5c2b47008c596f0213236457&_ga=2.201776273.1052050411.1599502421-1386315340.1599502421)
- Riach, K., Rumens, N., & Tyler, M. (2014). Un/doing Chrononormativity: Negotiating Ageing, Gender and Sexuality in Organizational Life. *Organization Studies*, 35(11), 1677–1698.
- Riach, K., Rumens, N., & Tyler, M. (2016). Towards a Butlerian methodology: undoing organizational performativity through anti-narrative research. *Human Relations* (Accepted/In press). Retrieved from: <http://eprints.mdx.ac.uk/18999/>
- Richardson, L. (2000). Evaluating ethnography. *Qualitative Inquiry*, 6, 253-255.
- Riedl, M. O., & Bulitko, V. (2013). Interactive narrative: An intelligent systems approach. *Ai Magazine*, 34(1), 67-77.
- Ristock, J., Zoccole, A., & Potskin, J. (2011). Aboriginal two-spirit and LGBTQ migration, mobility and health: Vancouver final report. Winnipeg, MB: Canadian Institutes of

- Health Research. Retrieved from <http://www.2spirits.com/PDFolder/2011%20Vancouver%20full%20report%20final.pdf>
- Robinett, J. (2014). Heteronormativity in Leisure Research: Emancipation as Social Justice. *Leisure Sciences*, 36(4), 364–378. <http://doi.org/10.1080/01490400.2014.917000>
- Rotenberg, C. (2016). *Prostitution offences in Canada: Statistical trends*. Catalogue no. 85-002-X. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14670-eng.htm>
- Rotondi N. K., Bauer, G.R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2011). Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians. *Canadian Journal of Community Mental Health*, 30(2), 135-55.
- Rotondi N. K., Bauer, G.R., Travers, R., Travers, A. Scanlon, K., & Kaay, M. (2011). Depression in male-to-female transgender Ontarians. *Canadian Journal of Community Mental Health*, 30(2), 113-33.
- Rowe, J. W., & Kahn, R. L. (1997). Successful Aging. *The Gerontologist*, 37(4), 433–440.
- Rowe, J. W., & Kahn, R. L. (2015). Successful Aging 2.0: Conceptual Expansions for the 21<sup>st</sup> Century. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 70(4), 593–596.
- Rubin, G. (2011). *Deviations: A Gayle Rubin Reader*. Duke UP.
- Rubin, H. (2003). *Self-made men: Identity and embodiment among transsexual men*. Nashville, TN: Vanderbilt University Press.
- Russo, J. (2014). *Definition of “Transmisogyny.”* Retrieved from <http://queerdictionary.blogspot.com/2014/09/definition-of-transmisogyny.html>
- Ryan, M-L. (2009). From narrative games to playable stories: Towards a poetics of interactive narrative. *Storyworlds: A Journal of Narrative Studies*, 1, 43-49.
- Ryan, M-L. (2013). Interactive narrative, plot types, and interpersonal relations. *Intersmoise*, 2(4), 23-34.
- Sandberg, L. (2008). The old, the ugly and the queer: Thinking old age in relation to queer theory. *Graduate Journal of Social Science*, 5(2), 117–139.
- Sandberg, L. J. (2015). Towards a happy ending? Positive ageing, heteronormativity and un/happy intimacies. *lambda nordica*, 4, 19-44.
- Sandberg, L.J., & Marshall, B.L. (2017). Queering ageing futures. *Societies*, 7(21), p. 1-11.
- Sankar, A., & Gubrium, J. F. (1994). Introduction. In J. F. Gubrium, & A. Sankar, (Eds.), *Qualitative methods in aging research*, (pp. vii-xvii). Thousand Oaks, California: Sage Publications.
- Scandurra, C., Bochicchio, V., Amodeo, A., Esposito, C., Valerio, P., Maldonato, N., ... & Vitelli, R. (2018). Internalized transphobia, resilience, and mental health: Applying the

- Psychological Mediation Framework to Italian transgender individuals. *International journal of environmental research and public health*, 15(3), 508.
- Scheim, A. I., Jackson, R., James, L., Sharp-Dopler, T., Pyne, J., & Bauer, G.R. (2013). Barriers to well-being for Aboriginal gender-diverse people: Results from the trans PULSE project in Ontario, Canada. *Ethnicity and Inequalities HSC*, 6(4), 108-120.
- Scheman, N. (1999). Queering the center by centering the queer. In M. Rottnek (Ed.), *Sissies and Tomboys: Gender Nonconformity and Homosexual Childhood*, (58-103). New York: NYU Press.
- Sedgwick, E. (1990). *Epistemology of the Closet*. Berkeley: University of California Press.
- Serano, J. (2016). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity*. Hachette UK.
- Serano, J. (2018). *Julia's trans, gender, sexuality, & activism glossary!* Retrieved from <http://www.juliaserano.com/terminology.html#T>
- Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE), & Movement Advancement Project (MAP). (2010). Improving the lives of LGBT older adults. Retrieved from <http://sageusa.org/resources/publications.cfm?ID=21>.
- Shields, C. M. (2009). Transformative Leadership: A Call for Difficult Dialogue and Courageous Action. *Racialised Contexts. International Studies in Educational Administration (Commonwealth Council for Educational Administration & Management (CCEAM))*, 37(3).
- Shiovitz-Ezra S., Shemesh J., & McDonnell/Naughton M. (2018) Pathways from Ageism to Loneliness. (L. Ayalon & C. Tesch-Römer, Eds) *Contemporary Perspectives on Ageism (International Perspectives on Aging Series, vol 19*, pp. 131-147). Springer, Cham: [https://doi.org/10.1007/978-3-319-73820-8\\_9](https://doi.org/10.1007/978-3-319-73820-8_9)
- Siebert, D. C., Mutran, E. J., & Reitzes, D. C. (1999). Friendship and social support: The importance of role identity to aging adults. *Social work*, 44(6), 522-533.
- Simpson, L. (2018). Violent victimization of lesbians, gays and bisexuals in Canada, 2014. Catalogue no. 85-002-X. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54923-eng.htm>
- Singh-Manoux, A., Ferrie, J. E., Chandola, T., & Marmot, M. (2004). Socioeconomic trajectories across the life course and health outcomes in midlife: evidence for the accumulation hypothesis?. *International Journal of Epidemiology*, 33(5), 1072-1079.
- Singh, A. A., & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology*, 17(2), 34-44.
- Sinha, S.K., Griffin, B., Ringer, T., Reppas-Rindlisbacher, C., Stewart, E., Wong, I., Callan, S., Anderson, G. (2016). [An Evidence-Informed National Seniors Strategy for Canada - 2nd edition](#). Toronto, ON: Alliance for a National Seniors Strategy.

- Siverskog, A. (2014). "They just don't have a clue": Transgender aging and implications for social work. *Journal of Gerontological Social Work*, 57, 386–406.
- Snorton, C. R., & Haritaworn, J. (2013). Trans necropolitics: A transnational reflection on violence, death, and the Trans of Color afterlife. In S. Stryker and A. Azizura (Eds.), *Transgender Studies Reader*, (2<sup>nd</sup> ed., pp. 66-76). New York: Routledge
- St. Pierre, E. A. (2000). Poststructural feminism in education: An overview. *Qualitative Studies in Education*, 13(5), 477–515.
- Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 443–466). Thousand Oaks, CA: SAGE.
- Stanley, E.A., & Smith, N. (Eds.). (2011). *Captive genders: Trans embodiment and the prison industrial complex* (2<sup>nd</sup> ed.). Oakland, CA: AK Press.
- Stanton, M. C., Ali, S., & Chaudhuri, S. (2017). Individual, social and community-level predictors of wellbeing in a US sample of transgender and gender non-conforming individuals. *Culture, health & sexuality*, 19(1), 32-49.
- Starks, S. H., & Hughey, A. W. (2003). African American women at midlife: The relationship between spirituality and life satisfaction. *Affilia*, 18(2), 133-147.
- Statistics Canada. (2015a). *Population Projections for Canada (2013-2063), Provinces and Territories (2013-2038)*. Catalogue no. 91-520-X. Retrieved from <http://www.statcan.gc.ca/pub/91-520-x/91-520-x2014001-eng.htm>
- Statistics Canada. (2015b). *Trends in social capital in Canada*. Catalogue no. 89-652-X. Retrieved from <https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2015002-eng.htm>
- Statistics Canada. (2016). *Research highlights on health and aging*. Catalogue no. 11-631-X. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2016001-eng.htm>
- Stein, A., & Plummer, K. (1994). " I Can't Even Think Straight"" Queer" Theory and the Missing Sexual Revolution in Sociology. *Sociological theory*, 12(2), 178-187.
- Stryker, S. (2008). *Transgender history*. Berkeley, CA: Seal Press.
- Stryker, S. (2017). *Transgender History: The Roots of Today's Revolution*. New York, NY: Seal Press.
- Swinehart, C. (n.d.). *One book, many endings*. Retrieved from <https://samizdat.co/cyoa/>
- Táíwò, O. O. (2020, May 7). Identity politics and elite capture. Retrieved from <http://bostonreview.net/race/olufemi-o-taiwo-identity-politics-and-elite-capture#.XthfOOgboJI.email>
- Tang, F., & Lee, Y. (2011). Social support networks and expectations for aging in place. *Research on Aging*, 33(4), 444-464.

- Taylor, C. (2019, February). Beyond 'Bandersnatch': How to keep choosing your own adventure. Retrieved from <https://sea.mashable.com/entertainment/1889/beyond-bandersnatch-how-to-keep-choosing-your-own-adventure>
- Taylor, C. G. (2009). Health and safety issues for Aboriginal transgender/two-spirit people in Manitoba. *Canadian Journal of Aboriginal Community-Based HIV/AIDS Research*, 2, 63-84.
- Taylor, H. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. (2018). Social isolation, depression, and psychological distress among older adults. *Journal of aging and health*, 30(2), 229-246.
- Tesch-Römer, C., & Wahl, H. W. (2017). Toward a more comprehensive concept of successful aging: Disability and care needs. *The Journals of Gerontology: Series B*, 72(2), 310-318.
- Thanem, T., & Wallenburg, L. (2016). Just doing gender? Transvestism and the power of underdoing gender in everyday life and work. *Organization*, 23(2), 250–27.
- Thanem, T., & Wallenburg, L. (2016). Just doing gender? Transvestism and the power of underdoing gender in everyday life and work. *Organization*, 23(2), 250–27.
- The 519. (2018). *The 519 Glossary of Terms*. Retrieved from <http://www.the519.org/education-training/glossary>.
- The National Seniors Council of the Government of Canada. (2014). *Report on the social isolation of seniors*. Available at: <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors.html>
- theslowfactory. (2020, June 24). Dear brands, We see you trying to change and we know... Retrieved from <https://www.instagram.com/p/CB3ZX57pPim/>.
- Thomas, G. (2010) Doing case study: abduction not induction; phronesis not theory. *Qualitative Inquiry*, 16(7) 575–582.
- Thomas, G. (2011a). A Typology for the Case Study in Social Science Following a Review of Definition, Discourse, and Structure. *Qualitative Inquiry*, 17(6), 511-521.
- Thomas, G. (2011b). *How to do your case study: A guide for students & researchers*. SAGE Publications Inc.) Thousand Oaks, California
- Thomas, G. (2013). From question to inquiry operationalising the case study for research in teaching. *Journal of Education for Teaching*, 39(05), 589–600. <http://doi.org/10.1080/02607476.2013.852299>
- Thomas, G. (2016). *How to Do Your Case Study* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publication.
- Toohy, A. M., Hewson, J. A., Adams, C. L., & Rock, M. J. (2018). Pets, social participation, and aging-in-place: Findings from the Canadian Longitudinal Study on Aging. *Canadian Journal on Aging* (pp. 200-217), 37(2).

- torontoprisonersrightsproject. (2020). Toronto Prisoner's Rights Project. Retrieved from <https://www.instagram.com/torontoprisonersrightsproject/>
- Trans Health Expansion Partnership. (2017). *Transition-Related Surgery (TRS): Frequently Asked Questions*. Rainbow Health Ontario. Retrieved from <https://www.rainbowhealthontario.ca/resources/transition-related-surgery-trs-frequently-asked-questions/>
- Trans Student Education Resources. (2018). *The Gender Unicorn*. Retrieved from <http://www.transstudent.org/gender>.
- Trujillo, M. A., Perrin, P. B., Sutter, M., Tabaac, A., & Benotsch, E. G. (2017). The buffering role of social support on the associations among discrimination, mental health, and suicidality in a transgender sample. *International Journal of Transgenderism, 18*(1), 39-52.
- Trussell, D., Sharpe, E., & Mair, H. (2011). Leisure, space and change: Examining the terrain of social struggle and transformation.
- Tuck, E., & Yang, K.W. (2016). What justice wants. *Critical Ethnic Studies, 2*(2), p. 1-15.
- Turrentine, J. (2020, May 1). We can't go "back to normal." We have to get someplace better. Retrieved from <https://www.nrdc.org/onearth/we-cant-go-back-normal-we-have-get-someplace-better>.
- Twigg, J. (2004). The body, gender, and age: Feminist insights in social gerontology. *Journal of Aging Studies, 18*(No.1), 59–73.3–4), 152–170.
- Uppal, S., & Barayandema, A. (2018). *Insights on Canadian society: Life satisfaction among Canadian seniors*. Catalogue no. 75-006-X. Retrieved from <https://www150.statcan.gc.ca/n1/pub/75-006-x/2018001/article/54977-eng.htm#moreinfo>
- Valentine, D. (2004). The Categories Themselves. *GLQ, 10*(2), 215–220.
- Van Wagenen, A., Driskell, J., & Bradford, J. (2013). "I'm still raring to go": Successful aging among lesbian, gay, bisexual, and transgender older adults. *Journal of Aging Studies, 27*, 1-14.
- Vincent, C., Neal, S., & Iqbal, H. (2015). Friendship and diversity: Children's and adults' friendships across social class and ethnic difference (Project report). UCL Institute of Education: University of Surrey. Retrieved from <https://discovery.ucl.ac.uk/id/eprint/1474539/1/MF%20FINAL%20DISSEMINATION%20REPORT.pdf>
- Walker, L. (2012). The future of femme: Notes on femininity, aging and gender theory. *Sexualities, 15*(7), 795–814.
- Warner, M. (1993). Introduction. In M. Warner (Ed.), *Fear of a Queer Planet: Queer Politics and Social Theory* (pp. xxvii). Minneapolis: University of Minnesota Press.

- Waterloo Region Crime Prevent Council. (2020). Our story. Retrieved from <https://preventingcrime.ca/our-story/>.
- Watson, R. J., & Veale, J. (2018). Transgender youth are strong: Resilience among gender expansive youth worldwide.
- Wearing, B. (1995). Leisure and resistance in an ageing society. *Leisure Studies*, 14(4), 263–279.
- Whittle, S., Turner, L., Al-Alami, M., Rundall, E., & Thom, B. (2007). Engendered penalties: Transgender and transsexual people's experiences of inequality and discrimination. Wetherby: Communities and Local Government Publications. Retrieved from <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf>
- Whittle, S., Turner, L., Combs, R., & Rhodes, S. (2008). Transgender EuroStudy: legal survey and focus on the transgender experience of health care. Brussels, ILGA Europe. Retrieved from <http://tgeu.org/sites/default/files/eurostudy.pdf>
- Wingz, R. (2020, July 31). 'As a queer, trans and Afro-Indigenous woman, I believed that I could never be a representative of Black liberation. Retrieved from <https://www.macleans.ca/opinion/as-a-queer-trans-and-afro-indigenous-woman-i-believed-that-i-could-never-be-a-representative-of-black-liberation/>.
- Witten, T. M., & Eyler, A. E. (2004). Healthcare issues: Transsexuals, transgenders, and cross-dressers. *Healthcare and Aging*, 11(1), 4–5.
- Witten, T. M., & Whittle, S. (2004). TransPanthers: The greying of transgender and the law. *Deakin L. Rev.*, 9, 503.
- Witten, T.M. (2003). Transgender aging: an emerging population and an emerging need. *Review Sexologies*, 12(4), 11–20.
- Witten, T.M. (2009). Graceful Exits: Intersection of Aging, Transgender Identities, and the Family/Community. *Journal of GLBT Family Studies*, 5(1-2), 36–61.
- World Professional Association on Transgender Health [WPATH]. (2018). *History of the association*. Retrieved from <https://www.wpath.org/about/history>.
- Yin, R. K. (2009). Case study research: Design and methods (4th ed.). Thousand Oaks, CA: SAGE

## Appendix A: Kinds of Case Studies, as Enumerated by Different Analysts (Thomas, 2011)

George and Bennett (2005, drawing on Eckstein, 1975)	Merriam (1988)	Stake (1995)	Bassey (1999)	deVaus (2001)	Mitchell (2006) (drawing on Eckstein, 1975)	Yin (2009)
Theory testing	Descriptive	Intrinsic	Theory seeking	Descriptive/ explanatory	Illustrative	Critical
Atheoretical/ configurative- idiographic	Interpretative	Instrumental	Theory testing	Theory testing/ theory building	Social analytic	Extreme/ unique
Disciplined configurative	Evaluative	Single/ collective	Storytelling	Single/multiple case	Extended (over time)	Longitudinal
Heuristic	—	—	Picture drawing	Holistic/embedded	Configurative- idiographic	Representative
Plausibility probes	—	—	Evaluative	Parallel/sequential	Disciplined- configurative	Revelatory
“Building block” studies	—	—	—	Retrospective/ prospective	Heuristic	—
					Plausibility probes	



## Appendix B: Recruitment Poster

# **PARTICIPANTS NEEDED**

**FOR RESEARCH IN  
AGING,  
GENDER IDENTITY, &  
COMMUNITY**

**Do you identify as transgender and/or non-binary?  
Are you 50 years old or older?  
Do you live in Ontario?**

If so, please consider participating in a study about individual understandings and experiences of aging and community support.

As a participant in this study, you will be asked to:

- Share your experiences of community (e.g., access, inclusivity) as they connect with experiences of growing older and gender identity
- Offer recommendations/suggestions for enhancing community support

Participation would involve one interview of approximately 1-2 hour(s).

In appreciation of your time, you will receive a \$20 gift card.

For more information, or to volunteer for this study, please contact:

Ashley Flanagan, PhD(c)  
Aging, Health, and Wellbeing Program  
Department of Recreation and Leisure Studies  
a3flanag@uwaterloo.ca



or go to [https://uwaterloo.ca1.qualtrics.com/jfe/form/SV\\_4VpC7QnMkiif6l](https://uwaterloo.ca1.qualtrics.com/jfe/form/SV_4VpC7QnMkiif6l)

This study has been reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#41082).

## **Appendix C: Project Information Letter for Participant Recruitment**

**Title of the study:** Where can I be myself? Building community through equity and inclusion for transgender and non-binary older adults

**Principal Investigator:** Ashley Flanagan, PhD(c), Department of Recreation and Leisure Studies, University of Waterloo. Email: [a3flanag@uwaterloo.ca](mailto:a3flanag@uwaterloo.ca)

**Supervisor:** Dr. Lisbeth Berbary, Department of Recreation and Leisure Studies, University of Waterloo. Phone: 1-519-888-4567 x 35404, Email: [lberbary@uwaterloo.ca](mailto:lberbary@uwaterloo.ca)

To help you make an informed decision regarding your participation, this letter will explain what the study is about, the possible risks and benefits, and your rights as a participant. If you do not understand something in the letter, please ask one of the investigators prior to consenting to the study. You will be provided with a copy of the information and consent form if you choose to participate in the study.

### **What is the study about?**

You are invited to participate in a study interested in exploring how transgender and non-binary adults who live in Ontario understand and experience aging within their communities. Recognizing the benefits of social engagement and participation, community support may be one way to combat the negative impact that lifelong experiences of discrimination, harassment, and/or violence; higher levels of perceived stress; and general aging fears have on transgender and non-binary adults' experience of aging and old age. In particular, this study aims to better understand how transgender and non-binary adults' experience and perceive community support within their lives. It is my hope that the useful, meaningful, and beneficial findings from this study will positively influence transgender and non-binary older adults' experiences of community support within communities across Canada.

### **I. Your responsibilities as a participant**

#### **What does participation involve?**

Participation in the study will consist of one interview with the researcher. This interview is expected to last approximately 1-2 hour(s). The interview will be held at a mutually agreed upon date, time, and location. During the interview, participants will be asked to share their stories/experiences with aging, gender identity, and community support.

Background/demographic information (e.g., age, gender, ethnicity, occupation) will also be collected in order describe the study sample which may include a wide-range of ages/backgrounds/etc. The interview will be audio recorded to ensure an accurate transcript of the interview. With your permission, anonymous quotations may be used in publications and/or presentations.

#### **Who may participate in the study?**

The study will involve up to sixteen participants and in order to participate, the following inclusion criteria are required:

- Identify as transgender and/or non-binary, are at least 35 years of age, live in a community within Ontario, and are able to speak and understand English; and/or
- Provide programs/services to older adults—including, but not limited to, those offered to transgender and non-binary older adults.

## **II. Your rights as a participant**

### **Is participation in the study voluntary?**

Your participation in this study is voluntary. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from this study at any time without any negative consequences by advising the researcher. Any information you provided up to that point will not be used and you will receive full remuneration for your time. You can request your data be removed from the study up until July 2020 as it is not possible to withdraw your data once my dissertation has been submitted.

### **Will I receive anything for participating in the study?**

You will receive a \$25 VISA gift card for participation in this study. The amount received is taxable. It is your responsibility to report this amount for income tax purposes. Additionally, at the completion of the interview, each participant will be provided with an *Appreciation Letter*. Each participant will also have the opportunity to consent to be contacted after the completion of the interview to provide feedback (e.g., reviewing drafts of findings) and/or additional information if needed. At the conclusion of the proposed inquiry, participants and community organizers who were a part of the study will have the option of receiving a summary of the key findings and future steps that have arisen from the study.

### **What are the possible benefits of the study?**

Participation in this study may not provide any personal benefit to you. However, it is my hope that the data from the interviews will aid in creating and improving affirming community support across Canada. It is my hope that the time participants spend contributing to the proposed inquiry will translate into improving programming for people who live in their communities.

### **What are the risks associated with the study?**

Due to the nature of the study, I anticipate that the interview process may trigger a variety of troubling emotions and memories of challenging times associated with both aging and gender identity. If a question, or the discussion, makes you uncomfortable, you can choose not to answer. See above for more details on voluntary participation.

Attempting to minimize the risks associated with participation in this study, all parties will work to create a welcoming and safe environment of mutual trust and sharing. If at any point,

participation in the interview triggers troubling emotions, a list of affirming support services will be available for the participants; such as Here 24/7 at 1-844-HERE-247 (437-3247) or TTY 1-877-688-5501.

**Will my identity be known to others?**

The primary researcher will know which data is from your participation. Any data shared with other members of the research team (e.g., my supervisor) will be anonymous. However, I also recognize that some participants may wish to have their name associated with the research products of this study. In this case, the participant will complete this section of the consent form and I will ensure this wish is accommodated.

**Will my information be kept confidential?**

Your identity will be confidential. Identifying information will be removed from the data that is collected and stored separately on a password protected laptop. Only the primary researcher will have access to identifying data. No identifying information will be used in any report or presentations or publications based on this research. Any data that will be stored on a mobile device (e.g., laptop, external hard drive) will be encrypted. Research data will be retained for a minimum of 7 years on a password protected laptop—as well as an encrypted external hard drive—at which time it will be destroyed.

**III. Questions, comments, or concerns**

**Has the study received ethics clearance?**

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#41082). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or [ore-ceo@uwaterloo.ca](mailto:ore-ceo@uwaterloo.ca).

**Who should I contact if I have questions regarding my participation in the study?**

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact Ashley Flanagan.

Ashley Flanagan, PhD(c)  
Dept. of Recreation and Leisure Studies  
University of Waterloo  
[a3flanag@uwaterloo.ca](mailto:a3flanag@uwaterloo.ca)

University of Waterloo  
[lberbary@uwaterloo.ca](mailto:lberbary@uwaterloo.ca)

Lisbeth Berbary, PhD  
Dept. of Recreation and Leisure Studies

## Appendix D: Journal Entry from January 13, 2020

January 13, 2020

Hey! I'm Ash. I'm a PhD candidate at the University of Waterloo who is currently recruiting participants for my dissertation research. Briefly, my research aims to better understand how transgender and non-binary older adults' experience and perceive community support within their lives. I am hoping to work with transgender and/or non-binary participants who are over the age of 50; as well as community organizers who work with older adults and/or 2SLGBTQIA+ folx.

If you (or someone within your networks) are interested in participating or have any questions, please feel free to PM me or contact me at [a3flanag@uwaterloo.ca](mailto:a3flanag@uwaterloo.ca). I'm happy to provide more information about this project!

Looking forward to connecting!

Ash

What a rollercoaster! I finally made some progress with recruitment. IT'S ABOUT TIME! A Facebook group for trans folx living in Westminster (pseudonym) allowed me to post a request for participants. But within minutes of hitting "post" my little happy dance was halted by one question:

GM1: R u cis?

A single post brought all the fears and anxieties I had been grappling with to the surface in one fell swoop. My heart was racing. I was sweating as I debated with myself about whether to respond. I wanted to be completely transparent, so—fighting through the panic—I responded:

A: Yes, I am a cisgender queer woman.

P: As someone with so much privilege, don't you think it's pretty gross that you aren't offering compensation to participants?

GM1: As a cis researcher, who are you to do this research on transgender experiences?

A: Yes, I acknowledge I have a variety of privileges. And I have chosen to dedicate my work to working with folx to make the future a little brighter.

And I agree, I am working to secure funding that will support the provision of compensation of participants.

GM1: Meme in response to answering questions:



My absolute worst fears had come to life and I began to question my motivations and the purpose of my whole inquiry: I am transphobic? Who DO I think I am? How am I supposed to come back from this? Should I even try? Before I could spiral too far out of control, I couldn't see the interaction anymore. What happened? Someone had intervened? Had I been blocked? I'll never know but it was probably one of the best things that could have happened. I regrouped and refocused on the posts that I could still see:

GM2: Hi Ash. It's great that you're interested in this research! Unfortunately I can't participate because I'm just shy of 44, but as someone who will be over 50 soon enough, I like seeing this kind of work being done. 😊💜

GM3: Hi Ashley. I'm grateful to hear that a PhD candidate is devoting their interest and time to a subject which will probably be of great importance to me in just a relatively short time. I am a 65 yo transwoman and will look at your website. Expect to hear from me about this.

GM4: I am 34 would love to participate in anything in the future.

I am so thankful for these folk! I know it wasn't their responsibility to come to my aid but I'm not sure where my head would be at without them. Hopefully I hear from GM3 soon!

### **Edit - January 23, 2020**

My recruitment poster was recirculated in the group by an unknown person. One of my participants posted: "I had an interview with Ashley last week. She is very nice and I was glad to participate in her research."

## Appendix E: Unstructured Interview Guide

### **Lead-off question(s):**

1. Please share with me your story of aging as someone who identifies as transgender or non-binary?
2. Tell me about what/who supports you rely on most in your community.
3. Tell me what you want to see change in Ontario around aging, gender identity, and community support.

### **Concepts to Probe:**

#### Aging

- Day to day experiences
- Navigating stereotypes/misconceptions/ageism
- Fears of aging
- Sources of support
- What formal supports do you use? Why or why not?
- What informal supports do you use? Why or why not?
- What makes life easier for you as an aging trans and/or non-binary person (in this community)?
- What makes life more difficult for you as an aging trans and/or non-binary person (in this community)?

#### Gender Identity

- Choices around identification (trans vs. non-binary vs. etc.)
- Coming to/out
- Challenges to this identity
- Presentation of gender
- Navigating stereotypes/discrimination of trans and non-binary identity
- Intersections/negotiations of gender and aging
- Concerns around gender identity

#### Community

- Experiences within LGBTQI2S community
- Experiences within aging community
- Leisure experiences
- Choice of friends, relationships
- Local social hubs, programs, services
- Who do you turn to/where do you turn when you need help?
- Where do you meet people?
- Who do you go out (socialize) with?

- Where do you go?
- What activities are you involved in?
- Where do you feel comfortable?
- What community supports do you avoid? Why?
- What community supports have you used? Tell me about your experience(s) with those supports.
- Tell me about a really good experience.
- Tell me about a challenging or troubling experience.

#### Transformation

- Hopes for future change
- Desires for inclusion
- Relevant programming and services
- Types of programming and services you wish were available
- What's lacking/missing with respect to community support?
- What should community organizers know?



# Appendix F: Consent Form

## CONSENT FORM

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

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**Title of the study:** Where can I be myself? Building community through equity and inclusion for transgender and non-binary older adults

I have read the information presented in the information letter about the study conducted by Ashley Flanagan, under the supervision of Dr. Lisbeth Berbary, Department of Recreation and Leisure Studies at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that excerpts from the interview may be included in the presentations and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent without penalty by advising the researcher.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#41082). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or [ore-ceo@uwaterloo.ca](mailto:ore-ceo@uwaterloo.ca)

For all other questions contact Ashley Flanagan at [a3flanag@uwaterloo.ca](mailto:a3flanag@uwaterloo.ca)

I am aware the interview will be audio recorded to ensure accurate transcription and analysis.  
 YES  NO

I give permission for the use of anonymous quotations in any thesis or publication that comes of this research.  
 YES  NO

I forgo the expectation of anonymity and give permission for my name to be used in any thesis or publication that comes of this research.  
 YES  NO

I give permission to be contacted after the completion of this interview to provide feedback (e.g., reviewing drafts of findings) and/or additional information, if needed.  
 YES  NO

With full knowledge of all foregoing, I agree, of my own free will, to participate in this interview.

Participant Name: \_\_\_\_\_ (Please print)

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's/Witness' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix G: Semi-structured Interview Guide

**Research Question 1: What kinds of community supports are perceived to exist or are experienced within the GTA for trans and non-binary older adults?**

*Lead Question 1A: Tell me about your program/service...*

Follow-up questions:

- a) How long have you worked here?
- b) What is your role?
- c) Do you have transgender and non-binary older adult participants?

**Research Question 2: Based on these perceptions and experiences, what can we learn about those aspects of support that are beneficial, detrimental, ignored, unfulfilled, imagined?**

*Lead Question 2A: Tell me about programming for older adults and/or trans and non-binary older adults?*

Follow-up questions:

- a) How did this/these programs come into existence?
- b) What is your experience with this/these program(s)?
  - a. Tell me about a positive memory from your program/service.
- c) What has worked well about your program/service?
- d) What aspects are/were challenging or did not work well?
  - a. Can you provide an example?
- e) How did/do you navigate these challenges?
- f) What is missing?

**Research Question 3: How do these perceptions and experiences function in the lives of trans and non-binary older adults in relation to sense of self and wellbeing?**

*Lead Question 3A: Tell me about how you see the role of your program/service in the lives of older adults and/or trans and non-binary older adults?*

Follow-up questions:

- a) How might your program/service(s) support the gender identity of the individuals who participate?
- b) How might your program/service(s) support the aging of the individuals who participate?
- c) What do you feel are the most valuable aspects of participation in your program/service for participants?
- d) What kinds of supports can be created/fostered in your program/service?

*Lead Question 3A: Tell me about a time that people complained that your program/services wasn't inclusive?*

Follow-up questions:

- a) What aspects were deemed not inclusive?
- b) What changes resulted from this feedback?

**Research Question 4: How might we translate those beneficial aspects perceived or experienced community supports in the GTA to other Canadian communities?**

*Lead Question 4A: Tell me what you have learned about providing inclusive and respectful programming/services for older adults and/or trans and non-binary older adults?*

Follow-up questions:

- a) Tell me one piece of advice you would share.
- b) What experiences stand out as the most valuable?
- c) What needs to be in place to support inclusive community programs/services for transgender and/or non-binary older adults?

*Lead Question 4C: Tell me about what needs to change with respect to programming for trans and non-binary older adults?*

*Follow-up questions:*

- a) What can be done better?
- b) What aspects can be further explored within providing inclusive programs/services for trans and non-binary older adults?

Another approach – Starting with imagining what the ideal program/service for trans and/or non-binary older adults would look like from their perspective and then have them situate their program/service(s) within that ideal (e.g., how do your programs/services fit (or not) within this ideal?).

## Appendix H: Observation Guide

**Start BIG... and then begin to NARROW your focus...**

1. Looking around, what do you notice about the space? Describe what you see in your notes.
  - Location/neighbourhood/area of city
    - Is it accessible (e.g., transportation, front entrance)?
  - Architecture
    - New build, historical with lots of character?
  - Is there anything on the walls of the space?
    - Art? What kinds?
    - Bulletin boards?
      - What kinds of flyers are on the board?
  
2. Looking around, how do individuals flow through the space?
  - Layout of the space
    - How many tables?
    - Number of chairs at each table?
    - Where is the entrance located?
  - Well-travelled paths through the space?
  
3. Looking around, what is your sense/feeling of the space itself?
  - Is there music playing?
  - Is it loud or quiet?
  - Do individuals appear at ease in the space?
  
4. Looking around, what do you notice about the (inter)actions of individuals within the space? Be sure to make general notes and observations. This is NOT about documentations/surveillance of individuals.
  - Number of individuals within the space?
    - Is it crowded?
    - How many staff are working?
  - If there are groups of individuals, how big/small are groups?
    - Are there more young adults in the space?
  - How do individuals relate to each other? Do they relate at all?
  
5. Looking around, are there any additional noteworthy aspects of this space?

## **Appendix I: List of Organizations with Programs and/or Services for Transgender and Non-binary Older Adults in Southern Ontario**

### **Aging/Older Adult-specific Community Organizations**

1. Sunshine Centres (GTA)
2. Lumacare (GTA)
3. Circle of Care – Sinai Health (GTA)
4. Better Living (GTA)
5. ESS Support Services (GTA)
6. Dixon Hall (GTA)
7. South Riverdale Community Health Centre (GTA)
8. Community and Home Assistance to Seniors (GTA)
9. Toronto Intergenerational Partnership (GTA)

### **2SLGBTQIA+/Transgender and Non-binary-specific Community Organizations**

10. The 519 Community Centre (GTA)
11. Ottawa Senior Pride Network (Ottawa)
12. Senior Pride Network (GTA)
13. The Youth/Elders Project (GTA)
14. Queer Ontario
15. Community One Foundation (GTA)
16. Forest City Queerios (London)
17. London InterCommunity Health Centre (London)
18. Hamilton Trans Health Coalition (Hamilton)
19. TRANS\* London (London)
20. Rainbow Health Ontario

### **Community Organizations within the Intersections**

21. 519 Older LGBTQ2S Adult Program (GTA)
22. AIDS Committee of York Region (GTA)
23. Spectrum (Waterloo)

## Appendix J: Document Analysis Guide<sup>69</sup>

### 1. Select the content to be analyzed:

- Annual reports, program pamphlets, program brochures and fact sheets, program schedules from community centres, organization annual reports, website information, training resources, and newsletters.
- Must be from community organizers within the realms of aging and/or 2SLGBTQIA+ care and support.

### 2. Define categories of analysis:

- Is there an intentional commitment to diversity, equity, and inclusion?
  - Is there a clear statement of commitment?
    - How is it worded?
- Who, what, or where of the text?
  - Who/what is explicitly included?
  - What is being offered/promoted?
  - Where is it located?
    - Accessibility?
- Are there images in the document?
  - Who/what is portrayed?
    - Racialization? Gender expression? Age?
  - Is there a clear signal to 2SLGBTQIA+ folx of inclusion?
    - Rainbow flag? Trans flag?
  - Positioning and/or placement of images?
- Frequency of individual words or phrases?
  - LGBTQ (2SLGBTQIA+, LGBT, etc.), Transgender, Non-binary, Older (Elder(ly), Senior, etc.), Aging, Intergenerational

### 3. Analyze the documents according to the outlined categories.

- Make notes of what is present (and what is perceived to be missing).
- Compare across documents based upon the above categories?
- Don't be afraid to trust and follow your intuition!

---

<sup>69</sup> The following guide is largely inspired by Altheide & Schneider (2013), Erlingsson & Brysiewicz (2017), and Morgan (1993).

## Appendix K: Example from Second Round of Analysis

▼ Community	11
▼ Robust social network	11
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Intergenerational?	23
▼ Trans community?	24
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▼ Pride	25
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Social	25
Older adult	25
Young vs. old	25
Support	25
Online	25
Funding? Facilitators?	25
▼ Access	25
Transportation	25
Timing	25
Finances	25
▼ Space	25
▼ Type	25
Clubhouse	25

happens and you can deal, right. You can lose somebody to old age. You can lose somebody to cancer or whatever. But not all at once. [Yeah, not your entire support network or your entire network]. (7, 943)

*Gatherings*

7

Chosen Family

14, 20, 21, 22, 45, 77

*In-home care*

15, 16, 120

Social skills

14, 262, 277

Supports each other

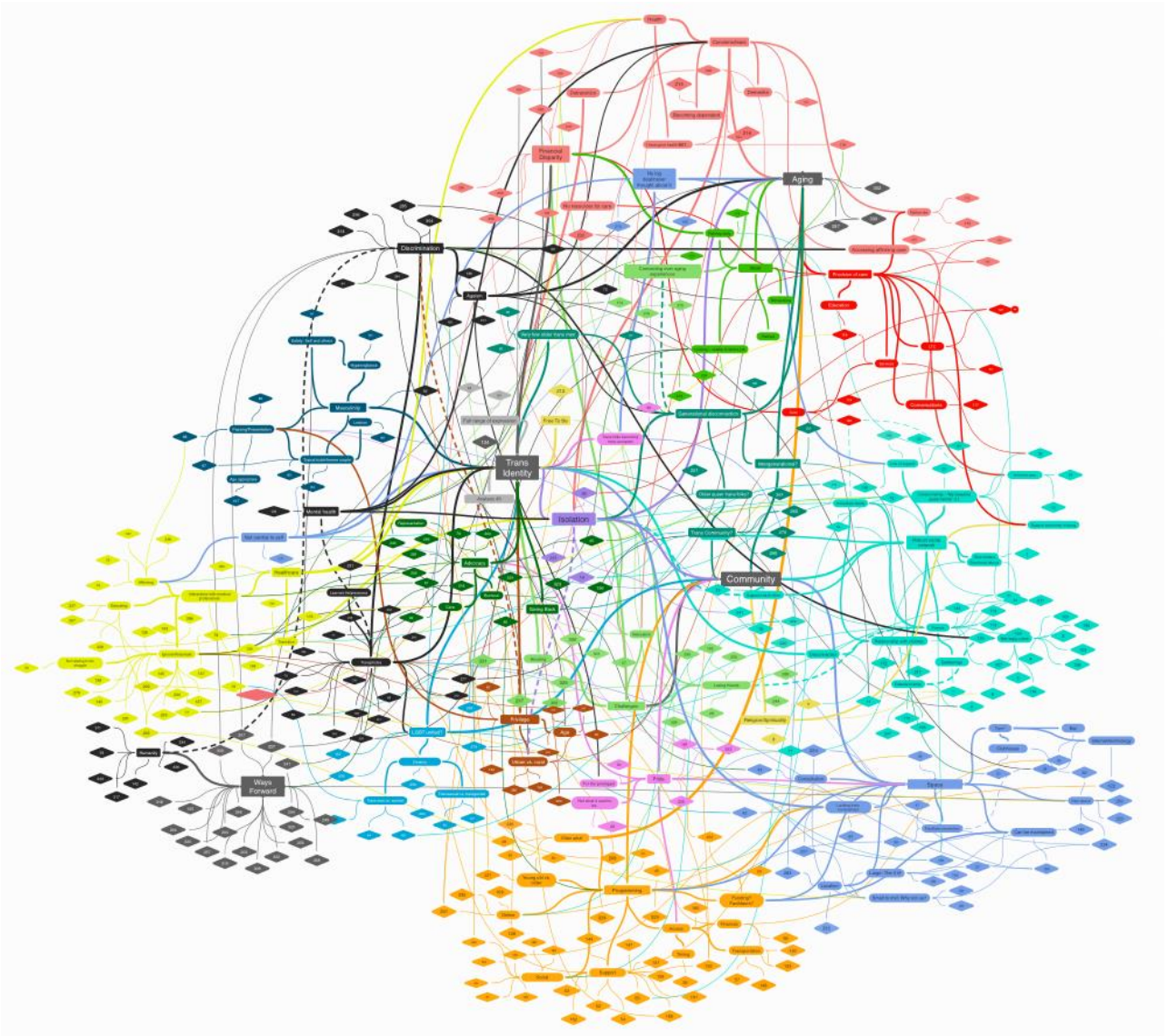
18

220. Because as soon as I start receiving payment for it, and people know that I studied psychology, there is... there is a possibility of confusion there. [For sure]. And I don't want to be responsible... like nobody wants to be responsible for, you know, talking to people and listening to what they're saying and offering some piece of advice and then it turns out to be a disaster. One of the things I've discovered... my mother is still alive and I have a brother and five sisters. Two sisters stay in touch with me. The rest of them have isolated me. Well, they haven't isolated me... they have not been kind to me. And I have chosen that I am not going to have unkind people in my life. So I've broken off a relationship with them. So if I was to say to an individual, would this person be your friend if they weren't family? And if they say no, they

wouldn't. And I go then why... why are you trying to maintain this relationship? There's nothing wrong with saying, it's not a benefit to either one of us and walking away. [Yeah]. Well, then I'd feel really badly if say that person went out because they have no family, they decided to take their life. (5, 194)

222. Well, for a while I started a coffee group and I invited older transgender women to come out for coffee. And the was not very successful. There's still one that we meet on Sunday. And it's only like two people that show up, basically. Two people besides myself show up. And I didn't organize this one. So something a little more formal than a... than a coffee group, because people feel that they don't need to show up for coffee. Right? So I'm thinking like some sort of support group would be the ideal situation. I have created a Facebook page for people to have open and frank discussions about issues that they face as a transgender individual. That doesn't get a lot of... a lot of posts in there because it's not it's not about chatting about, you know, what I ate for lunch or where I'm going tonight. It's, you know, I try to keep people focused. This is if you have an issue and you want to discuss it, bring it in. And... and for a lot of people, transgender women... Basically... they're self-taught transitioning, and they're pretty confident in what they've learned. My experience is a lot of what they've learned is wrong.

## Appendix L: Concept Map from Third Round of Analysis

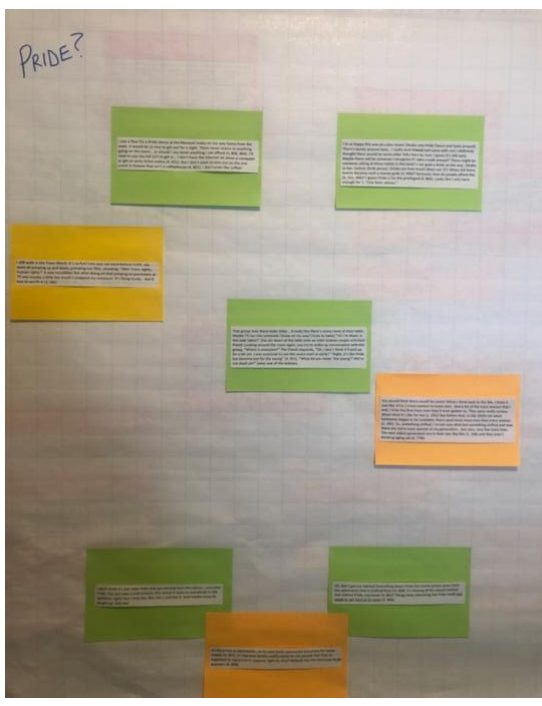
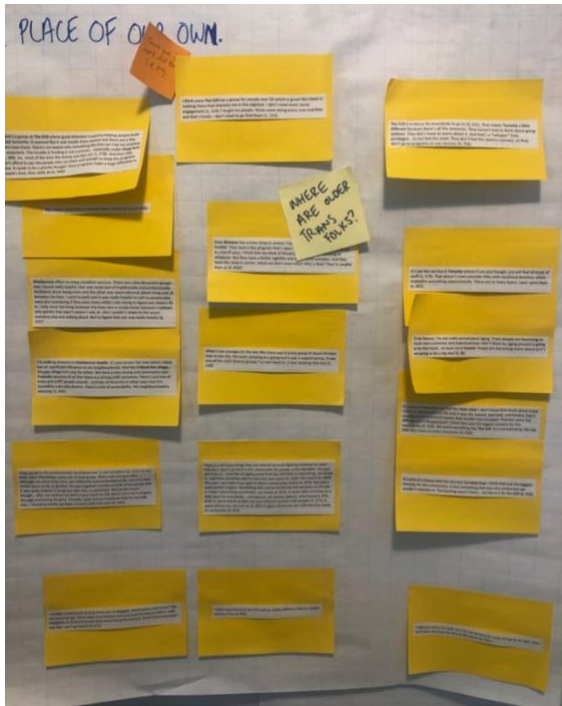
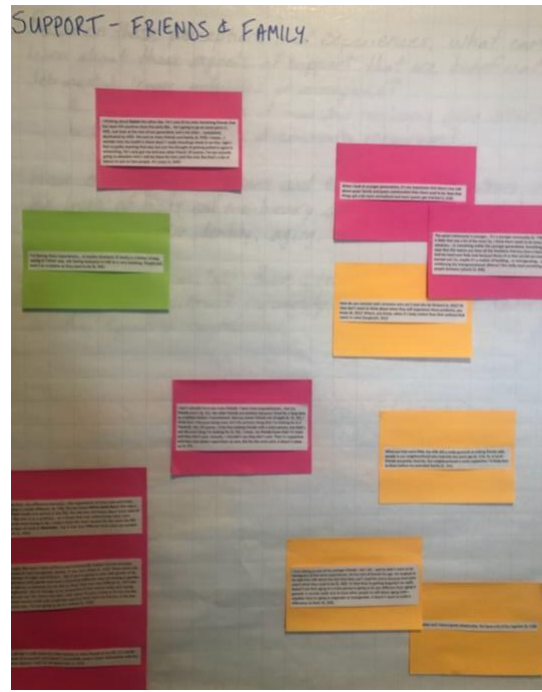
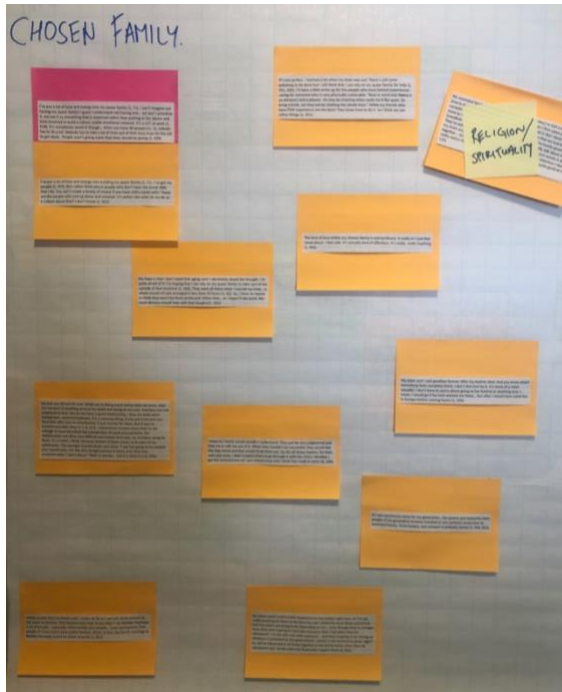


To view online version of this map, please visit:

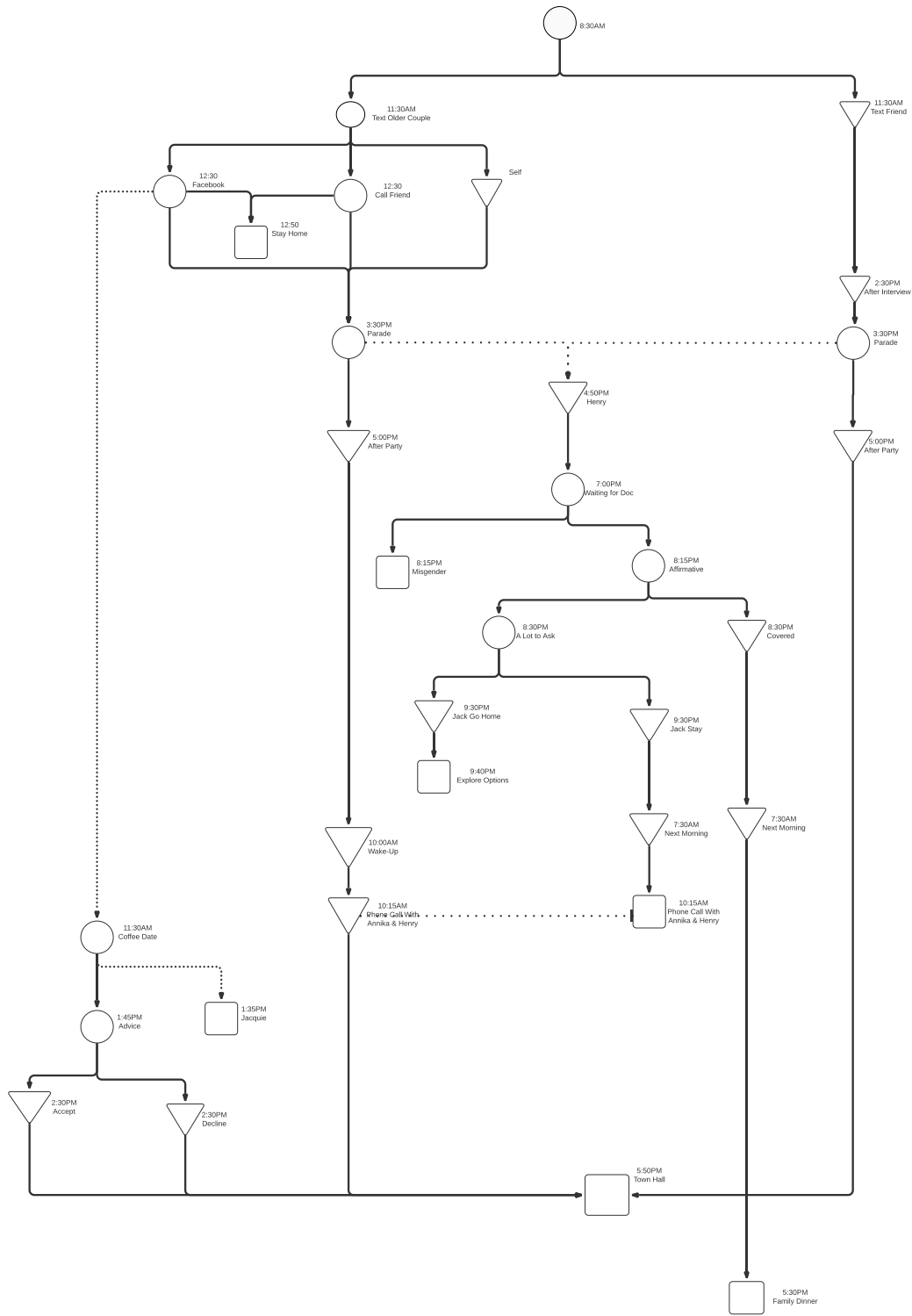
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## Appendix M: Examples from Fourth Round of Analysis



# Appendix N: Map of Interactive Story



## Appendix O: Chronological Timeline of Interactive Story

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Researcher Insights .....	124
11:30 a.m. — It's from the older couple .....	126
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## Glossary

### A

#### ***Agender***

An individual who does not identify with or experience any *gender*<sup>70</sup> (Green & Peterson, 2006; Serano, 2018).

#### ***Ally***

An individual who works to challenge the *discrimination* and marginalization experienced by a group and/or support group member(s); but is not a member of that group (Serano, 2018).

#### ***Androgynous***

An individual whose *gender expression* and/or *gender identity* is neutral (neither male or female) or is a blend of elements traditionally associated with *masculinity* and *femininity* (Green & Peterson, 2006; Serano, 2018).

### B

#### ***Berdache***

A term historically used to refer to individuals who are labelled as belonging to a *third gender* category—beyond the categories of female and male. However, recently within Indigenous communities the term has been rejected as inappropriate and offensive due to its European/colonial origin—more appropriate terms vary; but include *two-spirit* identities (Green & Peterson, 2006; Porter, Ronneberg, & Witten, 2013).

#### ***Bigender***

An individual whose gender expression and identity fluctuates between—or is a combination of—traditionally binarized female/woman and male/man attributes—within *binary* understandings of gender (Green & Peterson, 2006). Currently, this term has fallen out of usage in favour of alternatives such as *genderqueer* and *gender fluid* (Serano, 2018).

#### ***Binary***

Binaries are pairs of terms that are conceptually considered “opposites”. For example, male/female, heterosexual/homosexual, etc. (i.e., A/Not-A). The opposition of these terms typically maintain and/or reinforce hierarchical inequities in relations of power (Foucault, 1975). When thinking/talking about *transgender* identities, the focus typically falls upon the *gender binary*.

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<sup>70</sup> Throughout this *Glossary*, specific words within definitions have been italicized as an indication indicate that the word has also defined within the glossary.

### ***Binding***

The process of flattening one's breasts—via methods of bandaging, taping, wearing constricting attire, etc.—in order to have a flat-appearing (i.e. more masculine) chest (Green & Peterson, 2006).

### ***Bottom Surgery***

An informal term referring to one of the available *transition-related surgeries* that involves the reconfiguration of an individual's genitalia designed to align one's physical body with their gender (Green & Peterson, 2006; Serano, 2018).

### ***Butch***

A term typically used to refer to individuals who exhibit characteristics—physically, mentally, and/or emotionally—typically associated with *masculinity*; particularly associated with individuals who identify as female (Serano, 2018). *Butch* is often used as a derogatory term in reference to lesbians; however, this term has been reclaimed by some as an affirmative identity (Green & Peterson, 2006).

## **C**

### ***Cis Privilege***

*Cis privilege* refers to the societal advantages experienced solely as a result of an individual's gender (read: not *trans*)—whether or not the individual is aware of these advantages (Serano, 2018).

### ***Cis/Cisgender***

Arising from the Latin *cis-*, meaning "this side of," *cisgender* refers to individuals whose *gender* (including *gender identity and expression*) are in alignment with the sex they were *assigned at birth* (i.e., assigned female and woman). As utilized by Serano (2016), *cisgender* is a linguistic move to name and decentralize dominant understandings of gender (i.e., an individual who was assigned female at birth and identifies as a woman/feminine). Thereby, exposing this understanding as only one possibility rather than the "norm."

### ***Cishet***

An abbreviated descriptive term that refers to an individual who is *cisgender* and *heterosexual*. However, due to dominant understandings of gender and sexuality most people who are *cishet* would not necessarily identify as such since they (most likely) have never needed to describe/label their *sexual and/or gender identity* (Russo, 2014).

### ***Cis/heteronormativity***

The overarching assumption that all or most people are *cishet* subsequently contributes to *cisnormativity* and *heteronormativity* (Russo, 2014). *Cis/heteronormativity* refers to the prevalence of both *cisnormativity* and *heteronormativity* within Western society.

### ***Cisnormativity/cisgenderism/cissexism***

Cisnormativity, or cisgenderism, refers to “the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth as well as resulting behavior, expression, and community. This ideology endorses and perpetuates the belief that cisgender identities and expression are to be valued more than transgender identities and expression, and creates an inherent system of associated power and privilege” (Lennon & Mistler, 2014, p.63). This assumption contributes to the *systematic oppression* and erasure of *trans* and *non-binary* identities, experiences, and bodies (Russo, 2014; Serano, 2018).

### ***Closet***

When an individual is not *out* or open to others about their *sexual* and/or *gender identity*, they are commonly described as “in the closet.” However, this *closet* only exists because of inherent and pervasive *cis/heteronormativity* (Serano, 2018). For example, an individual may *out* to friends, but *in the closet* with family and co-workers (Green & Peterson, 2006).

### ***Coming Out***

Most commonly understood as the process by which an individual accepts and/or comes to identify one’s own *sexual identity* (i.e. *come out* as gay) to oneself and/or others. However, *coming out* may also refer to the process of accepting and coming to identify with one’s *gender identity* and/or *intersex* status. The process of *coming out* is a life-long process as individuals are continually engaging with new people and entering new situations/environments (Green & Peterson, 2006).

### ***Cross dress(ing)***

An individual who wears clothes typically associated with another *sex/gender*—which may or may not be linked to gender identity and/or expression. The term *cross-dressing* (or cross-dresser) is an attempt to dissociate with the historical stigma associated with *transvestite*. However, some stigma remains which may be associated with the assumption that the majority of *cross-dressers* are heterosexual men who derive sexual pleasure from dressing in “women’s clothing” (Green & Peterson, 2006).

### ***Culture***

The (perceived to be) shared ideas, beliefs, values, norms, behaviours, knowledge, customs, and traditions that may influence an individual/group within a specific historical, geographic, religious, racial, linguistic, ethnic, and/or social context (The 519, 2018).

## **D**

### ***Disability***

Two of the most common definitions of *disability* are rooted within the social and medical models of health. Within the medical model, *disability* refers to physiological limitations—whether physical, cognitive, learning, and/or visual—experienced by an individual. Within the social model emphasis shifts onto society (i.e., systemic barriers, attitudes) and the



subsequent disadvantages, barriers, and exclusion experienced by individuals (The 519, 2018).

### ***Discrimination***

Often found at the intersection of prejudice and power, *discrimination* most commonly occurs when members of more powerful social group behave unjustly towards members of a less powerful social group. Whether it intentional or unintentional, *discrimination* can take the form of individual acts of hatred, institutional denials of rights and privileges accorded to other social groups, and/or ongoing *systematic oppression* (Green & Peterson, 2006; The 519, 2018).

### ***Drag***

*Drag* refers to a genre of performance art that aims to challenge—or play with—the taken-for-granted assumptions about *gender* (Serano, 2018). Typically, an individual who performs masculinity is called a Drag King; while an individual who performs femininity is called a Drag Queen (Green & Peterson, 2006). However, there is long-standing tension between *drag* communities and *trans* communities that arises from the conflation of trans identities with drag performances which are usually intended for entertainment (Serano, 2018).

## **E**

### ***Equity***

The practice of honouring and accommodating individual and group diversity and needs in order to ensure fair and inclusive treatment, services, supports, and opportunities for all (The 519, 2018).

### ***Ethnicity***

A socially constructed grouping of individuals that share religion, language, culture, heritage, and/or nationality (The 519, 2018).

## **F**

### ***Female***

A social category that indicates an individual possesses certain biological, physical, and physiological traits, including chromosomes (XX), gonads (ovaries), external genitalia (vulva), other reproductive organs (uterus), hormones (estrogen), and secondary characteristics (breasts). However, it is important to note that while these traits are typically associated with *females*, these are not essential characteristics that are present in *all females* (Serano, 2018).

### ***Femininity/Feminine***

The behaviours, mannerisms, interests, and expressions that are typically associated with women and *females* (Serano, 2018).

### ***Femme***

A term used to refer to the *feminine gender expression* of a person with any *sex/gender*. The most common usage of *femme* is in reference to a lesbian with a *feminine gender expression* who is seen as automatically *passing* for heterosexual (Green & Peterson, 2006; Serano, 2018).

### ***Fluid(ity)***

A term that refers to the contingency of identity. For example, *fluid(ity)* describes how—over time—identity may shift or change between or within the possible options available for labelling one’s sexual and gender identity (e.g., woman, nonbinary, man, bisexual, gay, asexual, etc.)(Serano, 2018).

### ***FTM/F2M***

Common acronyms for female-to-male *transgender* or *transsexual* individuals (Green & Peterson, 2006). In recent years, the use of *FTM/F2M* as a noun has received criticism for utilizing language that reinforces and reproduces the *gender binary*. Consequently, this terminology has been replaced by *trans man*. However, this acronym continues to be accepted when used as a verb. For example, *FTM community* or *FTM transitioning* (Serano, 2018).

## **G**

### ***Gatekeeper***

The medical and mental health professionals who hold the power to grant/deny access to options for physical *transition*, as well as social and legal recognition (Serano, 2018).

### ***Gender***

In alignment with Bornstein (2010), *gender* is “an amalgamation of bodies, identities and life experiences...subconscious urges, sensations and behaviors, some of which develop organically, and others which are shaped by language and culture” (p. 107). Subsequently, an individual’s understandings of their gender are complex, contingent, and permanently deferred; occurring to the extent that social norms enable (Butler, 1990). While most of Western culture recognizes only two genders (*female* and *male*), there are many people who identify outside the *gender binary* (e.g., *non-binary*)—and some cultures recognize more than two genders (e.g., *third gender*)(Serano, 2018).

### ***Gender Affirmation Surgery***

The most current terminology used by some medical professionals to refer to one of the *transition-related* surgical options/procedures—pioneered in the 1940s—that alter characteristics associated with an individual’s *sex assigned at birth* towards a more desired state (Serano, 2018). These surgical procedures can be discretely referred to as *top surgery* and/or *bottom surgery* (Green & Peterson, 2006). Historically, gender affirmation surgery has been referred to as sex reassignment surgery and gender confirmation surgery (Witten, 2003).

### ***Gender Affirming***

*Gender affirming* refers to approaches to *trans* health, wellness, and advocacy that are rooted in the understanding that *transgender* and *non-binary* individuals' identities, experiences, and perspectives are authentic and to be respected; rather than met with skepticism (Serano, 2018).

### ***Gender Binary***

The social and biological categorization that separates individuals into two distinct and opposite gender categories (i.e. females and males). This dominant understanding that there are only two genders and that an individual can only identify as either/or (Russo, 2014). If an individual does not fit neatly into either category, they typically experience discrimination and marginalization within Western society (Serano, 2018).

### ***Gender Diverse/Creative/Expansive***

*Umbrella terms* that refer to individuals who fail to conform to the gender-based expectations and/or roles of Western society (e.g. *transgender*, *transsexual*, *intersex*, *genderqueer*, *cross-dresser*, etc.). *Gender diverse/creative/expansive* have become preferable terms to “gender variant” as a means of referring to individuals who identify outside the *gender binary* since it does not imply a standard of *normativity* that relies on a centered norm from which to vary (Green & Peterson, 2006; Serano, 2018).

### ***Gender Dysphoria***

The psychiatric term that is used to refer to the distress and/or discomfort experienced by *trans* individuals when they are unable to live as members of their felt/identified/desired *sex/gender* (Serano, 2018). This term has recently replaced Gender Identity Disorder as a psychiatric diagnosis within the Diagnostic and Statistical Manual-5 (DSM-5) (American Psychiatric Association, 2015).

### ***Gender Essentialism***

The belief that *gender roles* and *stereotypes* are the natural result of biological differences between females and males (i.e., certain characteristics are common to all members of each category). This belief creates a standard of *normativity* that denies the possibility of *transgender*, *gender diversity*, *intersex*, and *nonbinary* identities; as well as, reinforces the subjugation of women. Hence, *gender essentialism* is closely linked to *misogyny*, *heteronormativity*, and *cisnormativity* (Russo, 2014).

### ***Gender Expression***

*Gender Expression* is all about how you demonstrate your gender through a combination of the ways you act, dress, behave, and interact—whether that is intentional or unintended. An individual's gender expression may or may not be congruent with the *sex assigned at birth*—and the associated *gender* expectations (Trans Student Education Resources, 2018).

### ***Gender Fluid***

The understanding of *fluidity* with respect to gender. *Gender fluid* is a gender identity that embraces the contingency of gender over time. For example, an individual who is *gender fluid* may feel like a mix of the two traditional genders (e.g., an individual may feel more like a man some days, and more like a woman other days) or not particularly associated with either gender at times (Serano, 2018).

### ***Gender Identity***

This concept refers to how you, in your head, think about and potentially label yourself based on your interpretation of the internal chemistry that composes you (e.g., hormone levels). Some common identity labels include: man, woman, *genderqueer*, *trans*, etc. (Trans Student Education Resources, 2018).

### ***Gender Neutral Pronouns***

These neologisms are part of the evolving language of gender that serve as gender neutral, third-person, singular, personal pronouns in English. These terms create space to resist the presumption of *sex/gender* as associated with gender-specific pronouns (Green & Peterson, 2006; Serano, 2018).

	<b>Subject</b>	<b>Object</b>	<b>Possessive Adjective</b>	<b>Possessive Pronoun</b>	<b>Reflexive</b>
<b>Female</b>	She	Her	Her	Hers	Herself
<b>Male</b>	He	Him	His	His	Himself
<b>Gender Neutral</b>	They	Them	Theirs	Theirs	Themselves
<b>Gender Neutral</b>	Ze	Hir	Hir	Hirs	Hirself
<b>Spivak</b>	E	Em	Eir	Eirs	Emselves

### ***Gender Non-Conforming***

*Gender non-conforming* refers to individuals or actions that challenge *gender norms* (Serano, 2018). For example, an individual whose gender identity and expression—either intentionally or not—does not align with the gender-based expectations associated with dominant *systems of sex/gender/sexuality*.

### ***Gender Normative***

A term used to refer to a person or behaviour that—either consciously or unconsciously—conforms to traditional gender-based expectations (Green & Peterson, 2006).

### ***Gender Role(s)***

Traditional understandings—that may vary by culture—of what it means to be female/feminine and male/masculine (e.g., men wear pants, women wear dresses). The labelling of certain interests, activities, and careers as “feminine” and “masculine” restricts possibilities for *trans* and *non-binary* individuals (Green & Peterson, 2006). In recent years, *gender role* has been subsumed within *gender expression* (Serano, 2018).

### ***Genderfuck***

The concept of intentionally “playing” with gender expression and/or roles in order to disrupt dominant understandings of gender (Green & Peterson, 2006). For example, someone who identifies as a man may be wearing makeup and a dress; yet does not shave their beard. This *genderfuck* is typically intended to leave onlookers confused and questioning the individual’s gender. *Genderfuck* is not necessarily associated with a non-dominant sexual identity.

### ***Genderqueer***

A *gender identity* label that may be used by individuals who do not identify with the *gender binary* of man/woman. *Genderqueer* individuals may identify between or beyond genders, or blurred lines between gender, or do not place a name to their gender (Green & Peterson, 2006). *Genderqueer* can also be used as an umbrella term for *nonbinary* (e.g., *bigender*, *gender fluid*, etc.) *gender identities* (Serano, 2018).

## **H**

### ***Harassment***

*Harassment* refers to unwelcome, offensive, and/or demeaning comments and/or actions—including jokes, touching, name-calling, etc. (The 519, 2018).

### ***Hermaphrodite***

Historically, *hermaphrodite* was used to refer to individuals who we would now refer to as *intersex*. The term is now outdated as many *intersex* individuals consider the term offensive and stigmatizing (Serano, 2018).

### ***Heteronormative/Heteronormativity***

*Heteronormative* (or *heteronormativity*) denotes the assumption and associated worldview that everyone is heterosexual and privileges heterosexuality as the “norm” with respect to sexual identity (Serano, 2016). This concept often includes standards of *gender normativity* and expectations that mandate *feminine* women and *masculine* men form a complimentary pair.

### ***Heterosexism***

Any attitude, action, and/or practice—at an individual and/or institutional level—that privileges individuals because of their heterosexual identity; and subsequently, subjugates individuals and groups who do not identify as heterosexual (Green & Peterson, 2006). In

other words, *heterosexism* is the assumption that *heterosexuality* is the norm, natural, and superior to all other *sexual identities* (Russo, 2014).

### ***Heterosexual(ity)***

The sexual identity that signifies an individual's physical/romantic/emotional/spiritual attraction to members of the opposite *sex/gender*—in alignment with the gender binary (Serano, 2018).

### ***Heterosexual Privilege***

The benefits/status automatically accessed by individuals who identify as *heterosexual*—thereby implying a denial of *homosexuality*—regardless of whether or not one is aware of this privilege.

### ***Homonormativity***

*Homonormativity* is a term used by *trans* activists to critique the social positioning of *cisgender* gay and lesbian individuals as the norm within LGBTQI2S communities (Stryker, 2008). The term has also been used to critique when LGBTQI2S individuals pursue and embrace *heteronormative* ideals, such as marriage and monogamy (Duggan, 2002).

### ***Homophobia***

The irrational fear or hatred of *homosexuals*, *homosexuality*, or any behaviour that does not conform to traditional understandings of *heterosexuality* (Green & Peterson, 2006). Similar to heteronormativity, the term can also be used more broadly to refer to the belief that any sexual identity other than *heterosexuality* is inferior (Serano, 2018).

### ***Homosexual(ity)***

The sexual identity that signifies an individual's physical/romantic/emotional/spiritual attraction to members of the same *sex/gender*—typically positioned in opposition to *heterosexuality*. In response to this alignment with the gender binary, recent cultural shifts have moved away from the usage of *homosexuality* as a sexual identity since it reinforces a hetero/homo binary. As a result, the term is now considered outdated and offensive by some (Serano, 2018).

### ***Hormone Replacement Therapy***

*Hormone therapy* is one of the options available to facilitate an individual's *transition*. This therapy involves administering sex hormones (i.e., estrogen, testosterone) and other hormonal medications to *trans* and/or *non-binary* individuals (Serano, 2018).

### ***Human Rights***

The expectations that all individuals have access to freedom and protection from discrimination and harassment within a climate that respects and preserves individual and group dignity and worth (The 519, 2018).

## I

### ***Identity***

*Identity* is most commonly used by individuals use in reference to some aspect(s) of their being and self-understanding. These aspects may (among others) include particular worldviews, similar histories, and/or physical characteristic or attribute (Serano, 2018)

### ***Inclusion***

*Inclusion* aims to include all individuals while valuing and respecting individual and group differences, including (but not limited to) diversity, beliefs, abilities, and backgrounds (The 519, 2018).

### ***Indigenous Peoples***

An *umbrella term* for descendants of pre-colonial societies (e.g., First Nations, Inuit, and Métis) who have—among other aspects—distinct heritages, cultural practices, and spiritual beliefs. However, it is important to note that this term may foster a sense of unity among indigenous communities, the usage of this *umbrella term* should not erase the unique and distinct legacies that pre-date European colonization (The 519, 2018).

### ***Internalized Oppression***

The process by which a member of a marginalized group internalizes and personalizes the stigma and negative stereotypes—often held within society and institutions—that are applied to the larger marginalized group (Green & Peterson, 2006). For example, internalized transphobia.

### ***Intersectionality***

Arising from the work of feminists of colour, *intersectionality*—a term coined by Kimberlé Crenshaw—refers to the ways in which the marginalization experienced by various socially constructed identities (e.g., gender, race, class, (dis)ability) interact and exacerbate one another. *Intersectionality* focuses upon specific contexts and the political, social and material consequences of gender, race, class, disability, sexuality and ageing, and moves to deconstruct these categories and universalisms to more fully explain contradictory, dynamic manifestations of power and systematic inequity and/or privilege (Crenshaw, 1991).

### ***Intersex***

An individual combination of chromosomes, hormones, internal sex organs, and external genitalia does not appear to fit within traditional expectations for female and/or male reproductive or sexual anatomy. Historically, *intersex* individuals were referred to as *hermaphrodite*, but this term is now considered outdated and derogatory (Serano, 2018).

## L

### ***LGBTQI2S***

With origins in the 1990s, *LGBTQI2S* is an acronym commonly used to represent the ever-evolving sexual and gender identities often subsumed underneath the *queer umbrella*, such as

(but certainly not limited to): lesbian, gay, bisexual, trans, queer, intersex, and two-spirit community—may also be LGBTQ, LGBT+, or LGBTQ+ (Serano, 2016).

## M

### ***Male***

A social category that indicates an individual possesses certain biological, physical, and physiological traits, including chromosomes (XY), gonads (testes), external genitalia (penis), other reproductive organs (prostate), hormones (androgens), and secondary characteristics (facial hair), and certain behavioural traits (*masculine gender expression*). However, it is important to note that while these traits are typically associated with *males*, these are not essential characteristics that are present in *all males* (Serano, 2018).

### ***Marginalization***

*Marginalization* occurs when a particular subgroup of the population is relegated to the margins of society (Serano, 2018).

### ***Masculine/Masculinity***

The behaviours, mannerisms, interests, and expressions that are typically associated with men and *males* (Serano, 2018).

### ***Masculine-of-Centre (MoC)***

*Masculine-of-Centre* is an *umbrella term*—coined by B. Cole of the Brown Boi Project—predominantly used in reference to the diversity of identity for lesbian/queer women who tilt towards the *masculine* side of the *gender binary*, including (but not limited to) *genderqueer*, *androgynous*, *non-binary*, and *trans* identities (BUTCHVoices, 2011).

### ***Misgender(ing)***

To *misgender* means to refer to an individual as, or believe them to be, a *gender* that they do not identify with. While often unintentional, *misgendering* is rooted in *cis/heteronormativity* (Serano, 2018).

### ***MTF/M2F***

Common acronyms for male-to-female *transgender* or *transsexual* individuals (Green & Peterson, 2006). In recent years, the use of *MTF/M2F* as a noun has received criticism for utilizing language that reinforces and reproduces the *gender binary*. Consequently, this terminology has been replaced by *trans woman*. However, this acronym continues to be accepted when used as a verb. For example, MTF community or MTF transitioning (Serano, 2018).

### ***Misogyny***

The dislike, contempt, and/or ingrained *prejudice* against women/*females/femininity* (The 519, 2018).



## N

### ***Non-binary***

A *gender identity* term used by individuals whose identity does not fall neatly within traditional understandings of the *gender binary*. *Nonbinary* individuals may not explicitly self-identify as a man or woman and may not desire to physically *transition*. Some *nonbinary* individuals may use gendered pronouns, while some avoid binary language by using *gender neutral pronouns* or avoid pronouns altogether. Additional shifts in language may include: “spouse” or “partner” rather than “husband” or “wife”; “sibling” instead of “brother” or “sister”; and “Mx.” rather than “Mr.,” “Mrs.,” or “Ms.” (Russo, 2014). *Nonbinary* identities may include (but are not limited to) *genderqueer*, *gender fluid*, *agender*, *gender neutral*, and *bigender* (Serano, 2018).

## O

### ***Oppression***

The systematic subjugation—maintained by social beliefs and practices—of a social group by a more powerful social group for its own benefit (Green & Peterson, 2006).

### ***Out***

Within *queer* culture, being *out* refers to being open about one’s sexual and/or gender identity (Serano, 2018).

### ***Outing***

While being *out* is often a voluntary disclosure, *outing* refers to the involuntary disclosure of an individual’s *sexual identity*, *gender identity*, and/or *intersex* status—by someone other than the *outed* individual (Green & Peterson, 2006).

## P

### ***Packing***

Typically for *transmasculine* individuals, *packing* refers to wearing a phallic device (e.g., dildo) on the groin and under one’s clothing for any purpose, including (but not limited to): validating/confirming one’s *masculine gender identity* and/or sexual readiness (Green & Peterson, 2006).

### ***Pangender***

A gender identity label that may be used by individuals whose *gender identity* is comprised of all or many *gender expressions* (Green & Peterson, 2006).

### ***Passing***

*Passing* refers to instances when an individual who belongs to a marginalized group is perceived to be—or blends in as—a member of the socially dominant group (e.g., sex, gender, sexuality, and/or race group). The ability to *pass* may result in access to the privileges typically reserved for the dominant group. It is important to note here that *trans* individuals are not necessarily aiming to *pass* as women and men; rather the aim is to *pass* as

*cisgender* without being *read*. This misunderstanding often leads to the assumption that *trans* individuals are actively trying to be deceptive; which is not only inaccurate and offensive but incredibly *cis/heteronormative* (Serano, 2018).

### ***Pathologization***

To *pathologize* means to label or diagnose something—typically a human trait—as abnormal, deviant, unhealthy, or diseased (Serano, 2018). For example, throughout history *trans* identities and expressions have been *pathologized* within medical and/or psychiatric discourse; rather than accepted as an aspect of gender diversity.

### ***Prejudice***

The conscious or unconscious negative belief, attitude, and/or practice about a whole social group and its individual members (Green & Peterson, 2006).

### ***Present/Presenting/Presentation***

*Presentation* within gender discourse often refers to the ways an individual communicates their *sex/gender* to the world through clothing, *gender expression*, name, and other clues. In recent years, *trans* activist language has shifted toward the use of *present* since *cross dress* often undermines one's *gender identity* (Serano, 2018).

### ***Privilege***

*Privilege* refers to the benefits or advantages that individual's experience as a result of being a member of a dominant group. In activist settings, discussions of *privilege* aim to reframe *marginalization* in such a way that calls attention to the fact that members of a dominant group are also impacted by marginalization—albeit in a positive way far removed from disadvantage and obstacles (Serano, 2018).

## **Q**

### ***Queer***

*Queer* has come to signify a variety of definitions, including: 1) an umbrella term—synonymous with LGBTQI2S—which embraces diversity in gender identity and/or sexual identity, preferences, and practices that typically fall outside of exclusive *heterosexuality* and/or monogamy; 2) a sexual identity label that may be used by individuals to indicate a non-heterosexual orientation without having to state who they are attracted to and/or as a way to acknowledge the numerous possible genders one could be attracted to; and 3) a reclaimed word that was formerly a derogatory slang term of homophobic harassment and discrimination used to humiliate and shame homosexuals—especially during the 1940s and 1950s (Hughes, 2006; Serano, 2016).

## **R**

### ***Race***

Socially constructed divisions of individuals/groups that are commonly based upon (but not exclusive to) physical attributes, culture, histories, beliefs, and language (The 519, 2018).

## ***Read***

To be *read* refers to being noticed or recognized as *trans*. In many instances, to be *read* is placed in opposition to *passing*. For example, being *read* implies being discovered to be *trans* or have a *trans* history (Serano, 2018).

## **S**

### ***Sex Assigned at Birth***

A medical term used to refer to the objectively measurable organs, chromosomes, hormones, and secondary sex characteristics that are used to classify an individual as female or male or intersex. Often referred to as simply “sex,” “physical sex,” “anatomical sex,” or “biological sex”; *sex assigned at birth* provides a more accurate description of what these terms may be trying to communicate.

### ***Sex/gender***

In alignment with Monro (2005), the term *sex/gender* references the interconnectedness and flexibility (but not mutual determinacy/dependency) of both of these socially constructed terms. The term *sex/gender* will be used throughout this project as a disruption of the traditional distinction between *sex* and *gender* (Heyes, 2003).

### ***Sexual identity/Sexuality***

A broad term that refers to how an individual identifies with respect to their desire for intimate emotional and/or sexual relationships with individuals who they are physically, spiritually, and emotionally attracted to. May also be referred to as “sexual orientation” or “sexuality;” however, these terms imply that *sex/gender* is the most important aspect of sexual desire (Green & Peterson, 2006; Serano, 2018). Some sexuality identities include (but are not limited to) lesbian, gay, bisexual, asexual, etc.

### ***Silencing***

The rhetoric of silence by which many groups and individuals are excluded from cis/heteronormative discourse; extending from cis/heterosexism in gerontology and ageism in queer and trans theories. Conversely, individuals within these marginalized groups may also remain silent—either by choice or necessity (Brown, 2009).

### ***Standards of Care (SoC)***

A document published by *WPATH* that continually updates and publishes guidelines for the care and treatment of *trans* individuals (Serano, 2018).

### ***Stereotype***

A preconceived or oversimplified generalization about an entire social group that fails to acknowledge individual differences/realities. Although many *stereotypes* have negative connotations, they can also be complimentary (Green & Peterson, 2006).

### ***Stigma***

Refers to severe negative attitudes and/or social disapproval placed upon an individual and/or group that are usually based upon taken-for-granted sociocultural norms and/or attitudes (The 519, 2018).

### ***Systematic/Systemic Oppression***

The arrangement of society (including institutional structures/systems) that are set-up to benefit one group (e.g., heterosexuals) at the expense of another through the use of language, media, education, religion, law, policy, etc. (Green & Peterson, 2006).

### ***Systems of Sex/Gender/Sexuality***

Within Western society, these systems are based on a set of expectations for women and men resulting in a classification that shapes expectations for relations between these two groups. For example, we expect that individuals who are assigned *female* at birth will grow up to be *feminine* and identify as *women* who are attracted to *men* (Green & Patterson, 2006).

## **T**

### ***Third Gender***

A *gender identity* term for an individual who does not identify with woman or man, but identifies with another *gender*. Specifically, this gender category has been used by non-Western societies—both contemporary and historic—that accept three or more genders. *Third gender* may also be utilized as a way to move beyond the *gender binary* (Serano, 2018).

### ***Top Surgery***

This term refers to the variety of *transition-related surgeries* that alter (i.e., augment or construct) the gender-related aspects of an individual's chest to better align with one's gender identity (Green & Peterson, 2006). For example, *transmasculine* individuals who were born with bodies that developed breasts may undergo breast reduction surgery that typically results in a more masculine-presenting chest; while *transfeminine* individuals may undergo breast augmentation surgery to achieve the appearance and proportion of a female chest (Serano, 2018).

### ***Trans***

An abbreviation used in this project to refer the *umbrella category* that signifies all *trans* and *non-binary* individuals who transgress socially defined *gender norms*. Typically, *trans\** is widely used within the LGBTQI2S community as an abbreviation referring to individuals who identify under the umbrella of *transgender*; where the asterisk (rooted in Boolean search technology) indicated a search for any words with the assigned prefix. However, in recent years, the asterisk has come under fire as inaccessible, transmisogynist, and oppressive as it, in many cases, is viewed as reinforcing binarized understandings of trans identities, bodies, and experiences as limited to *trans men* and *trans women* (Diamond & Erlick, 2016). Shifting away from *trans\** acknowledges that *trans* always already includes all trans and non-binary

individuals (Serano, 2018). Throughout this project, *trans* will be used to refer to a multiplicity of identities and embodiments that come together, if only, in their difference from cisgender individuals (Elliot, 2009). Further, within the context of the proposed inquiry, *trans* encompasses the varying degrees of fluidity exist within and between trans identities, experiences, and bodies; which means that one's identity may shift between or within the possibilities for gender identity over time. For example, someone who now identifies as a transman may have identified as butch earlier in their life (Thanem & Wallenberg, 2016).

### ***Trans Activism***

The political and social movement(s) that are working to create equity for *trans* and *non-binary* individuals (Green & Peterson, 2006).

### ***Trans Man/Men***

An identity label that may be adopted by *trans* and *non-binary* individuals who were *assigned female at birth*, but reject *female/feminine* identities and roles and gravitate towards and identify as *male/masculine* identities and roles (Serano, 2018).

### ***Trans Woman/Women***

An identity label that may be adopted by *trans* and *non-binary* individuals who were *assigned male at birth*, but reject *male/masculine* identities and roles and gravitate towards and identify as *female/feminine* identities and roles (Serano, 2018).

### ***Trans-hate***

A term used to refer to the often-extreme expressions of *transphobia* usually expressed through violent and often deadly means (Green & Peterson, 2006).

### ***Transfeminine***

An *umbrella term* commonly used to refer to the spectrum of *trans* and *non-binary* individuals who were *assigned male at birth*, but reject *male/masculine* identities and roles and gravitate towards and identify as *female/feminine* identities and roles (Green & Peterson, 2006; Serano, 2018).

### ***Transgender***

Most commonly used as an *umbrella term* for individuals who transgress *gender norms* in a variety of ways—synonymous with *trans*. However, *transgender* may also be used as a gender identity label that refers to an individual who lives as a member of a gender other than expected based on *sex assigned at birth*. Understood by many as involving *hormone replacement therapy* and/or *surgery*, these interventions are not “required” for an individual to be *transgender* as there is so much variation in how one may embrace their *transgender* identity. Thus, for *transgender* individuals, the process of coming into one's *transgender* identity is highly personal and may (or not) include a variety of interventions. While often conflated with *gender identity*, the *sexual identity* of transgender individuals varies and is not dependent on *gender identity* (Green & Peterson, 2006; Serano, 2018). Therefore, within the

context of this inquiry, transgender is understood as a matter of gender (inclusive of gender identity and expression; not explicitly linked to sexuality).

### ***Transgenderist***

As popularized by Dr. Virginia Prince during the 1970s, *transgenderist* refers to “people like myself who have breasts and live full time as a woman, but who have no intention of having genital surgery” (Prince, 1997, p. 469). However, *transgenderist* has fallen out of common usage and is now considered offensive by many *trans* and *non-binary* individuals.

### ***Transition-related surgery***

*Transition-related surgery* (TRS) denotes the range of surgical options available to *trans* and *non-binary* individuals seeking gender *transition*. Throughout history these surgical options have also been known as sex-reassignment surgery (SRS), gender-confirmation surgery, and most recently as *gender-affirmation surgery* (GAS) (Trans Health Expansion Partnership, 2017).

### ***Transition(ing)***

Primarily, this term is used to refer to the process or time period during which a *trans* and/or *non-binary* individual socially and/or physically moves from one way of being gendered to another—which may or may not include various medical and/or surgical interventions (Green & Peterson, 2006; Serano, 2018). That is, *transitioning* does not necessarily require hormone and/or surgical interventions. For example, a *trans* and/or *non-binary* individual who has *socially transitioned* lives as a member of a gender other than expected based on *sex assigned at birth* but typically has not undergone *surgery* and/or *hormone replacement therapy*. Additionally, for some *trans* and *non-binary* individuals *transitioning* may refer to a specific period in their life, while for others as a continually evolving process that does not have clearly demarcated start and finish points (Serano, 2018).

### ***Transmasculine***

An *umbrella term* commonly used to refer to the spectrum of *trans* and *non-binary* individuals who were *assigned female at birth*, but reject *female/feminine* identities and roles and gravitate towards and identify as *male/masculine* identities and roles (Serano, 2018).

### ***Transmisogyny***

A term—coined by Serano (2007)—that refers to the intersection of two systems of oppression often faced by *trans women*: *transphobia* and misogyny. The result of traditional Western cultural views that subjugate women meeting *transphobic* and *cisnormativity*, *trans women* are perceived as inferior within society (Russo, 2014; Serano, 2007).

### ***Transphobia***

The irrational fear of, discrimination against, hatred and/or aversion to *trans* and *non-binary* individuals and/or the inability deal with gender ambiguity (Green & Peterson, 2006). It must be noted that *transphobia* exists within the LGBTQI2S community, as well as in society in general. More recently, gender discourse has shift towards the usage of *cisnormative* to

denote the belief or assumption that *cisgender* identities, experiences, and embodiments are more legitimate (Serano, 2018).

### ***Transsexual(ity)***

An individual who identifies as a *sex/gender* other than the *sex they were assigned at birth*. Most definitions also include the use of (or wish to pursue) hormonal and/or surgical interventions to transform their bodies to achieve *sex/gender* congruence. However, this definition has been critiqued as objectifying by placing focus on the body and classist since hormonal and/surgical transition can be quite costly (Serano, 2018). Recently, there has been debate over whether an integrated spelling of *transsexual* (rather than compound *transsexual*) is preferable to avoid the implication that these individuals “cross sexes” (Heyes, 2003)—in keeping with dominant spellings this project will use *transsexual*. In any respect, while some trans people identify with the label, there are also many trans people who take issue with *transsexual*—citing its medical/psychological origins or the implications of “sex” as the root of the issue (Serano, 2018). However, despite on-going debate, the term *transsexual* is widely considered derogatory and out-dated.

### ***Transvestite***

A term historically used to refer to an individual who dresses in clothing typically associated with binary opposite *gender expression* (i.e., “*cross dresses*”)—not to be confused with *transsexual*. Today, while the term continues to be used in the U.K. as an identity label, it has mostly fallen out of usage in North America due to stigma associated with the sexualization and pathologization within medical/psychological discourse (Serano, 2018). In North America, *cross dresser* is a more favourable term (Green & Peterson, 2006; Serano, 2018).

### ***Two-Spirit***

An *umbrella term* traditionally used by Indigenous people to recognize individuals who possess the spirit, qualities and/or attributes of both genders (Laing, 2016; Serano, 2018). *Two-spirit* is commonly used to distinguish Indigenous concepts of sexual and gender diversity from European understandings of the gender binary—a binary which was violently imposed upon Indigenous communities. *Two-spirit* can be a sexual, gender, and/or spiritual identity which may or may not fall underneath the LGBTQ *umbrella*. For example, not every Indigenous person who is *two-spirit* will identify as LGBTQ (Laing, 2016).

## U

### ***Umbrella Term***

An activist term that refers to labels which group together populations of people who may have diverse identities or experiences; but are treated and viewed by society in similar ways. Thus, serving as the basis for organizing around shared concerns and issues. For example, while *transgender* is used as an identity label, it is also used as an *umbrella term* for individuals who may have differing understandings of their gender but all experience the repercussion of failing to conform to traditional understanding of the *gender binary* (Serano, 2018).

## W

### ***World Professional Association for Transgender Health (WPATH)***

Formerly known as the Harry Benjamin International Gender Dysphoria Association, *WPATH* is the association responsible for establishing and disseminating standards for the care and/or treatment of *transgender* individuals around the world (WPATH, 2018).