An Older Transgender Woman’s Quest for Identity
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ABSTRACT
Despite sensationalized media attention, transgender individuals are the most marginalized and misunderstood group in the lesbian, gay, bisexual, and transgender (LGBT) community. The current article presents a case study of one woman’s quest for identity. Narrative inquiry was used to analyze data from interview transcripts and four themes emerged during analysis: (a) naming the ambiguity, (b) revealing–concealing the authentic self, (c) discovering the transgender community, and (d) embracing the “T” identity. Lifespan and empowerment theories were used to harvest meanings from these themes. Implications for nursing practice and research were examined based on study findings. Participatory action research offers an approach for future studies in which researchers advocate for transgender individuals and remove obstacles to their health care access. [Journal of Psychosocial Nursing and Mental Health Services, 54(2), 31-38.]
Among the lesbian, gay, bisexual, and transgender (LGBT) community, the “T,” or transgender individuals, are the most marginalized and least studied group (Booth, 2014).

The current article presents a case study about one older transgender woman’s quest for identity and some of the challenges inherent in the phenomenon of transgender transitioning in later life. Her life journey is examined and broad themes and strategies useful for nurses caring for individuals who identify as transgender are described. Because the transgender journey is usually complex, reading and fully comprehending the current article requires familiarity with a unique body of knowledge.

BACKGROUND

Transgender is an umbrella term used to describe individuals whose gender identity or expression differs from socially constructed norms associated with sex assigned at birth (Bradford, Reisner, Honnold, & Xavier, 2013). Transgender individuals experience issues of gender identity (Fabbre, 2014). Gender identity development involves living authentically and in congruence with the core self, which is often at odds with external presentation. This mismatch may cause profound psychological distress known as gender dysphoria (American Psychiatric Association, 2013). Some transgender individuals receive support from families, friends, and employers, but many do not. In the formal health care and social services systems, transgender individuals are often treated as sensational patients with too many providers wanting to see and assess them. This unwanted attention may lead to suicidal thoughts and actions (Bradford et al., 2013).

The chief obstacle for transgender individuals may be society’s insistence on a gender binary—either male or female. A binary view marginalizes the transgender population; therefore, transgender individuals experience more social stigma than lesbian, gay, or bisexual individuals (Gazzola & Morrison, 2014).

Transgender individuals may or may not choose to undergo sexual reassignment surgery (SRS), which may be expensive and is not covered by most insurers in the United States. However, in 2014, Medicare started covering medically necessary SRS, which had been excluded in a prior judgment (National Center for Transgender Equality, 2015). Decisions regarding transition-related care are now made on an individual basis (National Center for Transgender Equality, 2015).

Some transgender individuals claim it is easier to “come out” later in life after leaving the workforce. Those transitioning earlier may fear loss of income, community, and relationships. Although many individuals experience androgyny as they age, aging for transgender individuals may be a source of conflict because it affects their ability to “pass” as their new gender and express their gender identity (Fabbre, 2014).

THEORETICAL FRAMEWORK

Lifespan and empowerment theories were selected to clarify the phenomenon of transgender transitioning, its intersection with individual social–emotional development and maturation, and the impact of individuals on communities and marginalized groups. These theories are conceptually compatible and well documented.

Lifespan Theory

Lifespan developmental theory concerns individual development from womb to tomb. A key assumption of this theory is that development does not end when individuals reach adulthood. The theory provides a useful, explanatory framework for aging in particular (Berk, 2014). Because aging begins at conception, the individual’s entire life course is considered when applying lifespan theory. Despite the ubiquity and universality of aging, one of the most remarkable and surprising discoveries is its wide range of heterogeneity; in short, people age differently (Lowsky, Olshansky, Bhattacharya, & Goldman, 2014).

Lifespan theory is a meta-theory because it includes many specific theories of development, representing both continuity and discontinuity. A continuous view of human development emphasizes the gradual and ongoing changes throughout the lifespan, whereas a discontinuous view emphasizes discrete stages of maturation in cognitive, moral, psychosexual, and psychosocial development. A frequently cited stage theory is Erikson’s (1968) Eight Stages of Human Development. Erikson (1968) maintains that psychosocial conflicts representing each of the eight stages must be resolved prior to success in subsequent stages, and has been critiqued for failing to consider the nuances of adulthood, culture, and context (Berk, 2014). Therefore, empowerment theory supplements the partial understandings provided by Erikson (1968).

Empowerment Theory

Empowerment is a theory for understanding processes and outcomes exerting power and influence over decisions affecting an individual’s life, shared-governance initiatives in an organization, and improved quality of life for communities (Gardner, 2012). Such marginalized groups as transgender individuals may benefit from empowerment. However, true empowerment is not accomplished by blaming victims or nonprivileged groups for their plight by exhorting them to empower themselves. Empowerment requires power to expand or be redistributed in a fair and equitable way (Turner & Maschi, 2015).

Empowerment focuses on problems, potential solutions, and consequences of actions intended to empower oneself and others. Empowerment at the individual level
may lead to organizational and community empowerment because the empowered individual endorses it and wants to share its benefits with others. Women, ethnic minorities, and other disenfranchised groups have been the focus of empowerment theory and its strategic application to disparities in education, employment, and health care access (Gardner, 2012). This theory appears to have value for explaining the experiences of transgender individuals who embrace their gender identity, find and transform community, and facilitate institutional change.

METHOD

Case Study Design

The current case study describes one transgender woman’s life journey. Although multiple methods of case study exist, the single case study focuses on one specific example. An important contribution of a single case study is its ability to generalize to other cases representing similar theoretical conditions (Yin, 1998). When little is known about a phenomenon or its relevance to a particular discipline, such as nursing, case study provides a baseline for future work. Although the nursing literature contains references to transgender issues, these references are usually in the context of LGBT issues in general. Some authors have described care-based strategies for transgender individuals in women’s health or oncology services (Levitt, 2015; Zuzelo, 2014), but the nursing literature has not sufficiently explored the life stories of transgender individuals trying to make meaning of their lives. These detailed stories may provide a catalyst for professional empathy and understanding not found in most scientific literature (Moore & Hallenbeck, 2010).

Sampling and Recruitment

The current case study explored the ways one older transgender woman managed her life before, during, and after transition. An older adult was selected because the current authors’ funding source desired projects focusing on aging diversity. A large metropolitan area in the Southwest was selected because of its accessibility and presence of a large and well-organized transgender community. A network of transgender individuals and their allies formed a basis for participant recruitment.

Data Collection and Analysis

An interdisciplinary team conducted the study. The team comprised two social work educators (H.C., D.J.) and one nurse educator (C.A.W.). Members of the interdisciplinary team worked together previously to examine issues of LGBT aging. One team member (D.J.) conducted and audio recorded an in-depth interview with the participant using a semistructured interview guide (Table A, available in the online version of this article). The other two team members (C.A.W., H.C.) operated videorecording equipment and took field notes. The one-time interview lasted approximately 2 hours and took place in the participant’s home. Institutional review board approval was obtained before the start of the study.

Narrative analysis (Denzin & Lincoln, 2003) was used to interpret and understand the participant’s experiences. The audorecording was transcribed verbatim. Following principles of narrative analysis, all three researchers immersed themselves in the data, formed initial impressions, and carefully analyzed the transcript. Researchers acknowledged their subjective biases and assumptions through reflective journals and discussion (Denzin & Lincoln, 2003). They identified several salient categories from the data and, from these categories, four themes were established. Deliberation was con-
tententious at times, but 100% consensus was achieved. As a veracity check, the participant read and commented on the completed manuscript; comments were used to correct factual errors and remove a potential breach in transgender etiquette.

**Rigor and Trustworthiness**

In qualitative research, rigor and trustworthiness supplant reliability and validity (Denzin & Lincoln, 2003). Rigor and trustworthiness were enhanced by applying crystallization methods to the research endeavor, permitting partial and literal truths to displace abstract and absolute ones, and “transcending boundaries between the ordinary and the fabulous” (Alvesson & Skoldberg, 2009, p. 175) in the participant’s narrative. Combining lifespan and empowerment theories and the disciplinary perspectives of nursing and social work reduced premature conclusions and allowed multiple patterns to emerge.

**Participant Description**

The participant, Mary Jane Richards (M.J.R.), is a 70-year-old Caucasian transgender female who lives alone in her urban condo. M.J.R. worked most of her adult life in Silicon Valley of Northern California. Toward the end of her corporate career, M.J.R. had saved enough money (approximately $80,000) to self-finance her SRS and related procedures. A few years later, she returned to college to pursue her doctorate degree and currently works as a psychotherapist specializing in the treatment of transgender individuals. M.J.R. identifies as a straight, transgender woman, and prefers the pronouns she/her, which are used consistently throughout the current article. She has two siblings. Her name is a nod to her predecessor, Richard, who she lived as for approximately 55 years. At the time of interview, M.J.R. was 11 years and 2 months post-SRS; however, as her story reveals, her transition began much earlier.

**RESULTS**

Data analysis proceeded from initial codes to themes, and categories to themes. Four themes emerged: (a) naming the ambiguity, (b) revealing–concealing the authentic self, (c) discovering the transgender community, and (d) embracing the “T” identity.

**Naming the Ambiguity**

In M.J.R.’s quest to reconcile her outer self with her inner self, naming the ambiguity was critically important. She did not have a name for the ambiguity of her lived experience caused by a way of being she did not understand. As a 4-year-old child, M.J.R. remembers family, friends, and neighbors asking her, “What do you want to be when you grow up?” and her answering, “I want to be a mommy.” They replied, “No, you can’t do that.” M.J.R. was disappointed and wondered, “Why can’t I?” Having only a child’s vocabulary, she resorted to communicating her wish to be female by referencing the most significant and influential women’s role she knew at the time—a mother.

In high school, M.J.R. recalled, “I went to the library before school…trying to research, and you know all I could find was transvestite (a cross-dresser). And I figured, yeah okay, that’s what I’m doing.” During this time, a male World War II veteran underwent SRS in Denmark; Christine Jorgensen was labeled transsexual by leading medical authorities. The story of her transition from male to female was spread by the media and she quickly became an international phenomenon. M.J.R. found comfort in Jorgensen’s story, saying, “I saw a magazine with Christine’s story and what I saw was…an ah-ha experience for me…. I knew there was somebody like that out there. But I still wasn’t sure if that was me.”

In her mid to late twenties, M.J.R. lived alone, which gave her “ample opportunities to dress, to go to the clubs…and I started exploring…and a friend of mine at work…came out as gay. I had been wondering, maybe I’m gay. Maybe that’s what this is all about.” M.J.R. asked her friend to set her up with someone, and he did, but recalled, “I had a couple of experiences and it was like…it didn’t ring my bell. It was like, yeah, but this isn’t me. This is not my tribe.”

Realizing “gay” wasn’t the correct label for her, M.J.R. finally encountered a transgender community in San Francisco during midlife. She said, “I felt like I belonged with the [people] up there.” M.J.R. finally found a name for the ambiguity: transgender.

**Revealing–Concealing the Authentic Self**

A dream from M.J.R.’s early childhood provides a useful illustration of how she experienced the thrill and excitement of possibly getting caught dressing in girls’ clothes, and the horrific consequences she imagined if she revealed her behavior to others. The dream was told from the vantage point of M.J.R. as an 8-year-old child:

Mom took us to the amusement park, and I went through the Barrel-of-Fun…several times. And then I started having a recurrent dream…and in the dream, I was going through the Barrel-of-Fun and there [were] items of girls’ clothing all around in the barrel. And as I walked through, an item of clothing would come onto me. And by the time I walked all the way out, I was fully dressed as a girl—a little girl. And I remember feeling terrified someone would see me and, at the same time, hoping someone would see me.

During her youth, M.J.R. put on her sister’s clothes and a wig she had procured from a magic shop. She sat beside a window that faced the street and experienced the same feelings of hope and terror—a tension between the hope of being seen and the terror of being revealed.

Sometimes M.J.R. took extraordinary risks. Leaving home at 17, M.J.R. entered the Navy as Richard. While in the Navy, she experienced some dressing episodes: “I’d go to town, rent a hotel room, and…take photographs.” One day M.J.R. was in her bunk looking at those photos “and then somebody came up from behind and saw them…. I gave a lame excuse about ‘Oh, this is
something I used to do. I'm done with it. I managed to get out of the service without any trouble.

Prior to each of her two heterosexual marriages, M.J.R. disclosed her proclivity for cross-dressing to her soon-to-be wives. At first neither wife appeared bothered. M.J.R. noted, “I explained to them, both of them, this is something I do. I don’t know why, [and they said], ‘Not a problem.’ [But during each marriage] of course it was a problem.” M.J.R.’s first marriage lasted 2 years and the second lasted 18 years, and M.J.R. continued to buy and dress in women’s clothes: “When I was married to [my second wife], we had a house with a detached garage. I built a room in back where I kept all my stuff. I would go there. That was my closet.” Having this space enabled M.J.R. to enjoy the experience of cross-dressing in private while simultaneously concealing this aspect of her life. On occasion, M.J.R. would “get disgusted and say, ‘I’m never going to do this again.’” She would “throw everything away. And it might be years before the next binge cycle.”

While living as Richard, M.J.R. did not run the risks associated with outing herself. However, living as Richard heightened M.J.R.’s gender dysphoria and precluded her from expressing her true self. Frequently M.J.R. was “clocked” (i.e., identified as transgender) by strangers when she wore women’s clothes in public. She remembered one incident in particular:

I got in my car and drove; it was night. I stopped in front of a coffee shop, and there was a booth in the window… somebody turned, looked at me, and started laughing and pointing. Then everyone turned, and they were all laughing and pointing.

M.J.R. felt ridiculed and ashamed.

In midlife, prior to hormone therapy or surgery, a 57-year-old M.J.R. revealed herself as a transgender woman: “I really tried to repress it all…[but] the urge was too strong.” By identifying as transgender, M.J.R. intended never to conceal her gender identity from others again.

Discovering the Transgender Community

While working in Silicon Valley, M.J.R. had access to the San Francisco Bay area. She “knew there was a big transgender community up there. So I…got involved in the community, and I began to feel these are my people. This is my tribe.” As time passed, M.J.R. became more involved in the transgender community. The community sponsored “a weekend symposium [and] there were about 400 attendees—women of all ages, sizes, and shapes. They were all going through transition and some of them looked pretty darn good.” Until M.J.R. attended the symposium, she believed transitioning was never going to work for her: “I was pretty stocky; I had body hair like a bear. I had heavy facial hair, a very, very deep voice, and no hair on my head…. Whenever I dressed, put on makeup, as soon as I walked out in public, heads would turn.” However, after attending the symposium, M.J.R. was more optimistic about her future as a transgender woman.

After transitioning, M.J.R. moved halfway across the country, gained employment, completed her doctorate degree, and opened a counseling practice for retirement income and fulfillment. M.J.R.’s retirement includes volunteerism, specifically addressing needs of the transgender community in her adopted city. She educates medical students, nurses, and social workers about her life journey and the process of transitioning. From electrolysis (“Oh my God, that was so painful.”) to graphic descriptions of upper and lower surgeries, M.J.R. openly confides every detail. Although it took M.J.R. a long time to grapple with her gender identity, the transgender community gave her freedom to be herself.

Embracing the “T” Identity

M.J.R.’s “T” identity is an unfolding narrative about dormant periods of angst and isolation accompanied by eruptive fits of hopefulness and enthusiasm. As an adolescent, M.J.R. learned of the Christine Jorgensen story, and her first response was a teen impulse: “[I’m] going to Denmark to have that surgery!” Later when M.J.R. experienced transitioning and was living as a transgender woman, she became involved in a dangerous dating situation, during which she encountered a
KEYPOINTS

1. Society’s insistence on a gender binary (i.e., either male or female) creates social stigma for transgender individuals.

2. Nurses are morally obligated to permit clients’ candid revelations about their gender identity and its expression.

3. Nurses should ask transgender patients their chosen name and pronoun preferences (e.g., she/her, he/him, they/them, trans, gender queer).

4. Transgender patients’ anatomy may not match their presenting gender; therefore, nurses must anticipate medical services typically associated with another gender.

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man online, met him at an agreed upon place, and got in his car: “We started driving around. He was looking for an isolated place to stop…and he was acting kind of nervous…. I think I dodged a bullet—a serious bullet.” By embracing her identity, M.J.R. found peace, felt empowered, and experienced wholeness.

Finding Peace. As Richard, M.J.R. presented as a mature adult who enjoyed a successful career and peak earning potential. With these resources (i.e., maturity and savings), M.J.R. was poised to transition: “I began to believe. Oh, my God, it is possible…. I always thought that if I ever…realized it was possible to transition, [then] I would be ecstatic.” But as often happens, giddiness dissolved into a stern reality and “I’m not a natural born woman. I’m not a real person. I’m an object to scorn.” In essence, M.J.R. claimed her own humanness.

Experiencing Wholeness. M.J.R. acknowledged that full transition “takes a long time, a lot of dedication,” and declared, “I identify as transgender. I’m not a natural born woman. I’m not a cisgender woman…. I’m coming to this from a lifelong male perspective [so] I cannot in all honesty claim that I’m a complete female.” M.J.R. faced other challenges and uncertainties:

One of my biggest unknowns when I transitioned is what would my sexual orientation be. Would I still be attracted to women or would I be attracted to men? [When I started] dating after my transition, I dated men…. It was wonderful to be treated like a woman.

An exemplary illustration of M.J.R.’s becoming whole was an event early in her transition. The transgender community in San Francisco held an annual debutante ball. When M.J.R. was introduced on stage, she said, “It was like, ‘Hello World, this is who I am!’” Although spoken in her head, this exclamation roared loudly and reverberated in her soul. Years later, after transition, M.J.R. experienced wholeness in a conversation she enjoyed with an older aunt, whom she had not seen for decades. The aunt, who had only known M.J.R. as Richard, looked her up and down, and finally uttered a keen observation: “Richard, this is the first time I’ve ever seen you happy.”

DISCUSSION
In this section, M.J.R.’s narrative is related to lifespan and empowerment theories. The partial truths thus revealed harvest meaning from M.J.R.’s narrative and give significance to the lives of other transgender women.

Lifespan Theory
From M.J.R.’s narrative, the current authors inferred she successfully accomplished the Eriksonian tasks of childhood (Erikson, 1968). M.J.R. began to feel a growing turmoil inside. Her role identity was confused during adolescence. Although she developed competencies needed in adult life, her gender identity was a source of confusion, doubt, and shame. Although the current authors loathe labeling M.J.R.’s experience as a psychopathology, dressing in women’s clothes became a compulsion that M.J.R. kept concealed for many years. In the nomenclature of addictions, M.J.R. used the terms “bingeing” and “purging” to describe repeated attempts to try on the role of transgender woman, but these strategies faded as she fully embraced her transgender identity.

Risky choices and M.J.R.’s raw descriptions of them demonstrate a
second adolescence that transgender individuals may experience. Just as teenagers believe they are invincible to any threat and do not think twice about taking chances, transgender individuals may experience a similar naiveté, having been a deliberate and cautious adult before transition. Biphonal adolescence is the term other authors have used to describe this phenomenon (Johnston & Jenkins, 2004; Maylon, 1981).

The current authors hypothesize that transgender women may have two closets: (a) a figurative closet much like the closet that gay men, lesbians, and bisexual individuals use to hide their sexual orientation, except a transgender woman conceals her gender identity (i.e., the cisgender closet); and (b) a literal closet in which a transgender woman stores her clothes, wigs, and makeup (i.e., the transgender closet). Although the cisgender closet served a useful purpose for M.J.R., it was a trap in which she could not express herself fully and publicly.

M.J.R.’s isolation as a young adult increased. Her most gratifying moments were times stolen from marital intimacy to dress privately in the transgender closet, which she literally built. Heterosexual marriages became a pattern of avoidance, a cover, and an imprisonment. As Richard, M.J.R. alternately experienced comfort and discomfort in her cisgender closet.

M.J.R.’s slow emergence from the cisgender closet encouraged her generativity in midlife. Seeking a new life course as a transgender woman, M.J.R. contributed lessons to future generations of health and social services professionals by candidly sharing her story. In older adulthood, M.J.R.’s ego integrity displaced despair.

Empowerment Theory

As a transgender woman, M.J.R. transitioned, transformed, and transcended the limitations of her biological heritage, which was alien to her inner self. She is now content and happy at least partly due to reconciling earlier role confusion and isolation by re-experiencing her adolescent and young adulthood as a transgender woman. M.J.R. has pursued peace and power through transition. Her unspoken exaltation ("Hello World, this is who I am!") illustrated the wholeness she experienced as a transgender woman. Finding her tribe empowered M.J.R. to inform others as a way of provoking structural changes in institutions and organizations that care for transgender older adults. These changes, in turn, encourage empowerment of the transgender community and its allies to promote transgender-sensitive practices and transform policies to meet the needs of transgender individuals.

PRACTICE AND RESEARCH IMPLICATIONS

M.J.R.’s case has implications for practice and research. The theme of *naming the ambiguity* may be applied to the practice of cultural humility, which includes honoring clients’ life stories, affirming their strength to overcome fear and conformity, and encouraging their search for identity. This search is particularly important for transgender individuals. Nurses who maintain client confidentiality and respect client diversity set a norm for practicing cultural humility.

The theme of *revealing–concealing the authentic self* may be addressed as nurses conduct client admission and assessment. Nurses are morally obligated to permit clients’ candid revelations about gender identity and its expressions. To accomplish this aim, nurses may advocate periodic review of agency forms in which transgender individuals are recruited to detect bias and encourage inclusiveness. For example, transgender-positive forms provide nonbinary options for gender identity and sexual orientation. For greater specificity and clarity, forms may include categories for current gender identity and sex assigned at birth.

The theme of *discovering the transgender community* applies as nurses begin to understand the choices or struggles transgender individuals experience in accessing health care. In the transgender community, individuals may not access health care needed during transition due to fear of discrimination, or financial or insurance concerns (Merryfeather & Bruce, 2014). Transgender clients deserve thoughtful, unobtrusive questions that respect their dignity and privacy. For example, transgender women will not have the same health history as cisgender women and may be reluctant to discuss it due to prior negative experiences. When asked, they will report no menstrual periods, no menopause, and no hysterectomy, which may perplex social service and health care professionals. Transgender-sensitive care is expected in facilities dedicated to SRS, but it is not standard protocol in most emergency departments, intensive care units, and general medical–surgical units. Transgender-sensitive care may begin with a general question, such as, “What in your medical history is important to know for us to provide you the most optimal care?”

The theme of *embracing the ‘T’ identity* is illustrated when health care providers clarify whether the individual is transgender, keep the focus on care instead of indulging curiosity, and ask patients their name and pronoun preferences because their health record, chosen name, and legal name may not match. Other strategies include: asking permission before inviting staff for training opportunities in the patient’s room, only asking about genital status if relevant to the patient’s care needs, and offering resources and referrals appropriate to transgender clients. Transgender patients’ bodies do not define who they are, and their anatomy may not match their presenting gender. Therefore, nurses may need to anticipate medical services generally associated with another gender. For example, transgender females may have undetected prostate-specific antigen >40 ng/mL (Fischbach & Dunning, 2010) because symptoms of prostate cancer are not explored with cisgender female patients.

Nurse researchers must be cautious not to exploit an already marginalized...
population. Some nonexploitative strategies include partnering with the transgender community to share research findings and apply them to transform practice and policy decisions. Goals for community empowerment may be met partially through instituting participation in action research (PAR) (Jones & Gelling, 2013). PAR differs from most research methods, which attach credibility to objectivity and detachment of researchers and reproduction of research findings. PAR investigators seek to understand such phenomena as health inequities and try to change them through community partnerships. For this reason, PAR is particularly relevant to the transgender community.

LIMITATIONS

Although case study method lays an important foundation for further research, it is limited. The story of one transgender woman cannot begin to expose the diversity within the transgender population. Older transgender individuals represent a diverse group, but diversity-within-diversity cannot be ignored. M.J.R.’s narrative provokes more questions than it answers. For instance, how does it compare with experiences of other older transgender women, transgender men, and those who transition earlier in life? These questions require answers to provide empathic, transgender-sensitive care to a broad range of transgender patients, including those with and without gender dysphoria.

CONCLUSION

Although the media have showed special interest in transgender individuals, the “T” in LGBT is still misunderstood and maligned by social stigma in our society. The current case study explored the life journey of one transgender woman and uncovered four themes: (a) naming the ambiguity, (b) revealing–concealing the authentic self, (c) discovering the transgender community, and (d) embracing the “T” identity. Lifespan and empowerment theories gleaned meaning from her experiences of maturation and power dynamics. Based on findings, practice and research implications were examined. PAR offers an approach for future studies in which researchers advocate for transgender individuals and remove obstacles to their health care access.

REFERENCES


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# Trans Elders Interview Guide

## 1. Before Transitioning
A. Tell me about your life/experiences before identifying as transgender.
B. Describe your history as an individual who identified as transgender.
   i. How did you first know?
   ii. How did your identity evolve afterwards?
   iii. When did you first realize transitioning was an option?
   iv. Who/What was helpful / harmful in this process?
C. Tell me how identifying as transgender influenced your intimate adult relationships before transitioning.
D. Describe ways you tried to address this issue in your relationships.
E. How did your partner/spouse first respond to your transitioning?
F. How did aging play a part in your decision to transition?
G. How did your interactions with health care and social service professionals influence your decision to transition?

## 2. Experience Transitioning
A. Tell me about an experience that was most helpful in accepting your identity as transgender.
B. Tell me about an experience that was least helpful. Most challenging.
C. What is your best memory of identifying as transgender?
D. How did transitioning influence your intimate adult relationships?
E. Who or what else has been important to your acceptance as a transgender individual?
F. How did aging influence your transition?
G. How did your mental and physical health needs and concerns affect your transition?

## 3. After Transitioning
A. Describe your typical day as a person who identifies as transgender.
B. Describe how you see your relationship(s) developing in the future.
C. How has your transition influenced the person you are today?
D. How does aging influence your life today?
E. We are also interested in the quality of your relationships outside of your spouse/partner. Tell me who you turn to in good times and bad, and how satisfied are you with those relationships?
F. How do you think your health care will be different after transitioning?

Is there anything else you think I may have missed that is important for me to understand about your experiences?