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Historical and social forces in the Iridescent Life Course: key life events and experiences of transgender older adults

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Abstract

The lives of transgender older adults are rarely examined, and little is known about the critical life events and experiences of this population. Informed by the Iridescent Life Course, this study investigates how intersectionality, fluidity, context and power impact the life events and experiences of trans older adults by generation and gender. Utilising 2014 data from the National Health, Aging, and Sexuality/Gender Study: Aging with Pride (National Institutes of Health/National Institute on Aging funded), a national sample of LGBTQ+ individuals 50 years and older, living in the United States of America, were analysed to examine life events of 205 transgender older adults, including identity development, work, bias, kin relationships, social and community engagement, health and wellbeing. Ordinary least-squares regressions and logistics regressions are used to compare the life events between the generations then test the interaction effect of gender. Pride Generation more openly disclose their identities and are more likely to be employed and married compared to the Silenced Generation, who have more military service, higher rates of retirement, fewer same-sex marriages and more different-sex marriages. Invisible Generation, the oldest group, are more likely retired, have more children and are more likely engaged in the community compared to the Silenced Generation, who experienced more discrimination. Applying the Iridescent Life Course is instrumental in understanding older trans adults' lives through intersecting identities of both generation and gender. These insights have the potential to create a greater appreciation of how historical events shape differing generations of transgender people, creating an opportunity to link generations together.

Keywords: trans; transgender; non-binary; gender; lifecourse; ageing; generations; iridescent

Introduction

Shifting social, economic and political forces have had unique impacts on the development and generational experiences of today's transgender older adults. The life-course perspective emphasises how historical and social forces have contextualised

and influenced human development throughout the lifespan (Riley *et al.*, 1972; Elder, 1974), particularly during critical developmental periods (Dannefer and Daub, 2009). Coming of age, or the process of entering adulthood, has been one way of conceptualising a transformative period of development, especially early coming of age (aged 12–17) and later coming of age (aged 18–22) (Riley *et al.*, 1972). Rogler's (2002) theory of historical generations postulated that generations develop as a result of cataclysmic historical events, periods of tumultuous revitalisation and/or abrupt secular change. At the heart of Rogler's conceptualisation was that, although critical historical events may be sporadic and vary in duration and extent of social change, they are experienced as a 'sense of rupture with the past' (Wohl, 1979: 210). As they became embedded within symbolic representations, generational identities remained robust and endured (Rogler, 2002). Importantly, the notion of a generation facilitated questions about generational diversity, which was necessary for expanding our understanding of the heterogeneity of human lives and experiences understood from a lifecourse perspective (Dannefer, 2003).

Evidence has shown that transgender and gender non-binary and diverse (hereafter referred to as transgender) lives are heterogeneous, with important differences in experiences given shifting historical and social contexts and encounters with bias and discrimination (Fredriksen-Goldsen *et al.*, 2014). A growing body of transgender ageing research has suggested that transgender older adults have unconventional life sequences as they challenge normative expectations regarding gender, sexuality, and age (Witten and Eyler, 2012; Fabbre, 2014, 2015; Siverskog, 2014). Taken together, these empirical claims call for a historically attuned conceptual approach to understanding the lifecourse of transgender older adults. In order to accomplish this, we used data from the National Health, Aging, and Sexuality/Gender Study: Aging with Pride, a national sample of LGBTQ+ individuals 50 years and older, living in the United States of America (USA), and examined key life events among 205 transgender older adults.

The Iridescent Life Course

We explored heterogeneity in human experience by examining the ways that oppressive social forces, such as ageism, racism and heteronormativity, had differential impacts on groups of people and shape how we see and interpret the social world. The lifecourse perspective, while an immensely helpful paradigm in social science, has been subject to the consequences of the application of a normative lens and, thus, should be expanded and refined in order to account for meaningful heterogeneity in the arc of human lives. Today's transgender older adults have exemplified this heterogeneity and closer attention to their generational experiences is needed to expand our understandings of the human lifecourse.

The Iridescent Life Course theory has illuminated and highlighted the interplay of light and environment, creating dynamic and fluid colours, thereby emphasising the role of intersectionality, fluidity, timing, context and power inherent in lived experience, while providing a guide for expanding theory and building an analytical framework for understanding patterns that create distinct experiences and life events of historically disadvantaged and marginalised people (Fredriksen-Goldsen *et al.*, 2019). *Iridescence*, from the Latin word *iris*, means rainbow (Doucet and

Meadows, 2009), and describes the blurring of colour as seen from different angles and perspectives (Meadows *et al.*, 2009). Understanding iridescence has required the blending of the natural (biological and physical sciences) and the social sciences. It has extended earlier lifecourse work by incorporating evolutionary and ecological forces while characterising how optics and structures produced social and behavioural functions and how these changed over time.

The Iridescent Life Course has investigated *intersectionality* and connections between a multiplicity of identities and the ways in which structures of inequality have operated within varying social, economic and political contexts, drawing attention to the overlapping and interdependent systems of advantage and disadvantage (Crenshaw, 1991; Mehrotra, 2010). This perspective has helped to address the limited empirical research about within-group differences in life events and experiences, and highlighted heterogeneity in the lives of transgender older adults.

Integration and fluidity of colour from a shifting angle and perception have characterised the structures responsible for producing iridescence. *Fluidity* may have occurred from resisting and negotiating human agency in an intersecting space of gender binary discourse as we have considered generations and genders, which may differ among transgender men, transgender women and non-binary individuals. The evolution of transgender lives through the generations has highlighted how language and concepts continue to evolve.

The Iridescent Life Course has offered several other key concepts for building an analytical framework to understand the different life events and experiences of transgender older adults, including *camouflaging*, a strategy used for survival to disguise or reduce detectability by blending into natural surroundings (Stevens and Merilaita, 2009; Akkaynak *et al.*, 2017). For example, many transgender people have needed to navigate their lives, meaning they concealed their identities in some or most aspects of their lives. We preferred the concept of camouflaging to 'passing', which suggests that members of minority groups have tried to protect themselves through representing a member of the majority group rather than their true selves (Iantaffi and Bockting, 2011). Here camouflaging is used to provide protection against *predation* (Doucet and Meadows, 2009; Pike, 2015). For example, transgender people have some of the highest rates of victimisation in the USA compared to other historically disadvantaged groups (Fredriksen-Goldsen *et al.*, 2017).

Iridescence has also shed light on the critical role of *signalling* (Doucet and Meadows, 2009), making oneself visible, such as engaging in street-level protest, as many transgender women have done in resisting police brutality (Stryker, 2017). Important for both *courtship and sexual selection*, iridescent signalling can also enhance functional versatility for the detection of resource acquisition (Kemp and Rutowski, 2007; Doucet and Meadows, 2009), critical for the survival and advancement of historically disadvantaged communities through kin and community building. Conspecific interactions within communities can mark iridescence in various evolutionary contexts (Doucet and Meadows, 2009). For example, in transgender communities, protests and parades have often been used to signal, to be visible, to be seen and to build community. Extending current lifecourse models, these examples illustrated the catalytic nature of iridescence via both individual and collective agency and the power of connection, support and protest to promote social justice. For example, transgender people played a key role in the

Stonewall Riots, which became a symbolic representation of change. To examine the role of such key life events, we began by describing historical generations that exist among today's transgender older adults.

Generational context

Transgender people have had a wide array of experiences, although much of the history of transgender lives, especially people of colour (Snorton, 2017) and those assigned female at birth, have rarely been written, recorded or analysed in mainstream domains. In pre-colonised North America, for example, many Indigenous tribes had a less binary view of gender than the current norm in post-colonial society (Jacobs *et al.*, 1997). In the late 1400s, Europeans began disrupting Indigenous peoples' views and practices, leading to increased male dominance and the enforcement of a binary gender system (through violent and/or surgical means when necessary). This shift eventually led to the implementation of policy and laws that enforced a rigid view of Eurocentric binary gender and gender expression, and included policies as early as the 1850s banning dressing 'as the opposite sex' (Stryker, 2017). Stryker (2017) argued that the rapid industrialisation of US cities in the late 19th century significantly contributed to the emergence of transgender identities. She suggested that these circumstances benefited individuals who lived different-gendered lives, enabling them to meet and socialise with others like themselves as they used iridescent communications such as signalling and selective camouflaging, illustrating an early example of collective agency. Fredriksen-Goldsen (2016) differentiated three generations of transgender older adults alive today: Invisible, Silenced and Pride Generations.

Invisible Generation (birth years 1934 or earlier)

The USA experienced significant social ruptures following the First World War (1914–1918), the Great Depression (1929–1939) and the Second World War (1942–1945). Members of the Invisible Generation came of age in the shadow of the Great Depression and many also fought in the Second World War. During the interim years between the two wars, Germany's more progressive laws and thriving culture (until the 1930s) stood in stark contrast to England's persecution of writers and others. From 1942 to 1945, over 16 million Americans served in the Second World War, including 350,000 women. In 1945, with millions returning home, the 'GI Bill of Rights' provided some GIs with college educations and government-backed home loans (Canaday, 2009) to help with housing and employment, although Black GIs were excluded from this landmark social policy.

During this period, emerging physicians and sexologists began recognising gender as changeable and fluid. For example, Richard von Krafft-Ebing provided one of the earliest psychological theories of 'transsexualism' (psychopathia transsexualis) in the 1930s (Oosterhuis, 2012). Many of the earliest recorded 'genital transformation surgeries' were carried out in the early 1930s, starting with Lili Elbe who was born intersex (LGBT History Month, *nd*). In 1931, Dora Richter underwent the first documented male-to-female genital transformation surgery, arranged on her behalf by Magnus Hirschfeld, a German sexologist and physician and an advocate for sexual and gender minorities. In 1933, *Man into Woman: An Authentic Record*

of a Change of Sex was published based on a diary of Hirschfeld's patient. Still in the 1930s and 1940s, a small number of gender non-conforming people received hormone therapy from some physicians (Naz Khan, 2016). These developments exemplified the increasing attention to transgender people and transgender experiences that marked this generation's social and historical context.

Silenced Generation (birth years 1935–1949)

The Silenced Generation experienced a dramatic increase in public discourse regarding gender and sexuality, as 'deviance' and 'perversion' emerged, especially in medical domains. Convinced there were communist spies far and wide, and that 'perverts' were vulnerable to blackmail, Senator McCarthy spearheaded a far-reaching, government-sponsored, aggressive investigation and attack on sexual and gender diverse people.

At times, physicians performing gender-affirming surgeries suggested their patients completely cut all past social ties, including even their families, and blend into society following surgery (Cook-Daniels, 2006). While records of gender-affirming surgeries began in 1931, a growth in the populous realisation of transitions occurred with Christine Jorgensen. In 1952, Jorgensen's sex transition story received worldwide coverage by the media. In 1966, the Johns Hopkins University opened the first gender identity clinic in the USA, but a narrow definition of 'transsexual' was applied only to those who reported gender dysphoria at an early age and who were heterosexual after transition. Due to the restrictive criteria, only 23 out of 1,200 surgery requests were accepted by 1972 (Siotos *et al.*, 2019). As hormone therapy and surgical transition became more accessible to some transgender people, the use of 'transsexual' increased. Still, the word 'transsexual' mostly referred to transgender women in the 1950s and 1960s. While advocates were emerging, most physicians believed transgender people were mentally ill. In 1949, David Cauldwell, a psychiatrist, defined transsexual people 'as those who are physically of one sex and psychologically of the opposite sex' and pathologised them as mentally ill (Beemyn, 2014: 511). As an advocate, Harry Benjamin, an American endocrinologist, concluded that psychotherapy was useless to relieve gender dysphoria and began hormone therapy with patients in the USA. He suggested surgeons from other countries to his patients because no American physicians openly performed these types of surgeries at that time. Dr Harry Benjamin and colleagues later published *The Transsexual Phenomenon*, the groundbreaking book at the time, detailing the process of medical transitioning (Benjamin *et al.*, 1966). In the 1940s and 1950s, the Langley Porter Clinic became a major centre of research on 'variant' sexuality and gender. Importantly, some of these studies were unethical, often coercing castration.

Pride Generation (birth years 1950–1964)

The Pride Generation experienced the rupture of full-on discourse of public resistance and of pride and liberation (collective human agency) that emerged during their formative and coming of age years (early 1960s to early 1970s). The Pride Generation experienced childhood in the context of the Civil Rights Era (1954–1968), a period of visible and often violent civil unrest, alongside the sexual revolution with the advent of the birth control pill in 1960. The convergence of these two movements provided a cultural backdrop in which transgender people fought back

and a movement was sparked. In May 1959, police attempted a raid on Cooper's Doughnuts in Los Angeles, a late-night hangout for drag queens, transgender women and sex workers. Symbolic of many acts of resistance, they threw doughnuts, coffee and paper plates, and police officers were forced to leave and call for back up. This event, considered as one of the first LGBTQ uprisings in modern history, occurred ten years before the Stonewall Rebellion (Moffitt, 2015). In August 1966, the Compton's Cafeteria Riot took place in San Francisco. Transgender women had been previously arrested at Compton's Cafeteria for what were labelled 'crimes', such as 'female impersonation' and 'obstructing the sidewalk'. Provoked by an officer placing his hand on a woman, patrons threw sugar shakers through glass windows, drag queens beat police with their purses and one transgender woman threw a cup of coffee in an officer's face (Levin, 2019). In the 1960s, many transgender organisations such as Conversion Our Goal were formed and are among the first-known transgender support groups in the USA. In June 1969, the Stonewall Riot took place in New York City, sparking three days of rioting. Recent scholarship has acknowledged the important role of transgender patrons, drag performers and people of colour in the Stonewall Riots (Jenkins, 2019). 'Pride and liberation' became the rallying cry as the Pride Generation entered young adulthood.

As the Iridescent Life Course suggests, the interplay of life events with intersectional identities is critical to understanding the experiences of three different generations of transgender older adults, given the widely varying contexts of their lives. In this paper, our goal was to explore how iridescent dynamics reflect the historical and social forces in the lives of transgender older adults, and how key life events and experiences differ by generation and gender among transgender women, transgender men and those who identify as non-binary. Our study was guided by the following research questions:

- (1) Based on the Iridescent Life Course, among transgender older adults how do key life events and experiences differ between the Pride and Silenced Generation, and the Invisible Generation as compared with the Silenced Generation?
- (2) Do the generational differences vary by gender (transgender women, men and non-binary)?

Based on the Iridescent Life Course and existing literature, we hypothesised that transgender adults of the Pride Generation would disclose their identities earlier and have a higher degree of outness compared to the Silenced Generation, although their experiences of lifetime discrimination and victimisation would be comparable. In terms of gender, we hypothesised that transgender women of the Pride Generation would have spent less time in the closet compared to those of the Silent Generation, although more time in the closet compared to transgender men.

Methods

Data

The study data are from the National Health, Aging, and Sexuality/Gender Study: Aging with Pride, the first national longitudinal study of LGBTQ+ older adults in

the USA. The study began in 2014 with 2,450 adults aged 50 and older who self-identified as lesbian, gay, bisexual or transgender, or engaged in same-sex sexual behaviour, or had a romantic relationship with, or attraction to, someone of the same sex or gender. Participants were recruited from all US census divisions through contact lists from 17 community agencies providing sexual and gender minority ageing services. Social network chain referrals were used to further reach underrepresented and hard-to-reach subgroups, including racial and ethnic minority transgender adults. Non-coverage bias was minimised by utilising a stratified sampling strategy by age cohort, gender, race/ethnicity and geographic location. Participants completed the self-administered survey in English or Spanish, paper or online, according to their preference. Study protocols were approved by the Human Subjects Division of the University of Washington. This study used 2014 cross-sectional data and analysed a subsample of transgender participants including gender non-binary older adults (N = 205).

Measures

Identity development

Identity development consisted of four measures. *Age at disclosure* was assessed as age in years when participants had first disclosed their sexual/gender identity (range = 2–73) and *time in the closet* as the difference in years between age at first awareness and age at first disclosure (range = 0–68). *Identity concealment* was measured using the mean of a three-item scale assessing identity-concealing attitudes, behaviours and style (Fredriksen-Goldsen and Kim, 2017). Scale question examples included ‘I make comments to give the impression that I am not LGBTQ+’ (1 = strongly disagree to 6 = strongly agree; $\alpha = 0.79$), and *outness* was measured by the participants’ self-rated level of visibility with respect to being transgender (1 = told no one to 10 = told everyone).

Work

Work included four single-item dichotomous measures. *Employment, retirement and military service* was assessed as yes or no to the following questions, respectively, ‘Are you currently employed either full or part time?’, ‘Are you currently retired?’ and ‘Have you ever served in the military?’ *Workplace discrimination* was measured as whether participants had experienced any of three types of workplace discrimination including discrimination in hiring, promotion or firing because they were or perceived to be LGBT.

Kin relations

Kin relations consisted of ten questions, nine of which were yes or no. First, participants were asked separately if they had been in a *same-sex marriage* and in a *different-sex marriage*. They were also asked if they were *currently married or partnered*. Those who were not currently married or partnered were further asked if they had *ever been married or partnered*, and if they had *divorced*. In the marriage and partnership questions we did not provide guidance on the interpretation of the same- or opposite-sex clause of the question because our primary interest for the analyses was the existence of this type of social relationship. Participants were

also asked if they had experienced a *death of a partner*. Additional yes/no questions included whether they had *living children* and were currently either *providing (care-giving) or receiving informal care*. Participants were also asked to rate the *number of close kin relations* including relations with ex-spouse/-partner, children, and immediate family other than child and friends, rounded to ten if ten or higher (range = 0–10).

Bias experiences

Bias experiences were assessed with summed frequencies of discrimination and victimisation experiences (0 = never to 3 = three or more times). Participants rated two *non-workplace discrimination* types (*i.e.* receiving inferior health care and being prevented from living in the neighbourhood they wanted) and nine *victimisation* types (*e.g.* verbal and physical threat; verbal, physical and sexual assault) during their lifetime as a result of their sexual orientation or gender identity or expression (Fredriksen-Goldsen and Kim, 2017). Higher scores indicated greater bias experiences (Fredriksen-Goldsen and Kim, 2017). Scores ranged from 0 to 6 for non-workplace discrimination and from 0 to 27 for victimisation.

Social and community engagement

Social and community engagement included five variables. *Community activism* was measured by a yes or no response to the question, 'I actively participate to challenge discrimination'. *LGBTQ+ community engagement* was measured using the mean of a four-item community engagement scale (1 = strongly disagree to 6 = strongly agree) (Fredriksen-Goldsen and Kim, 2017). Questions included statements such as 'I help other people in the community' ($\alpha = 0.87$), and higher scores indicated higher engagement. *Social support* was measured using the mean score of the four-item Medical Outcomes Study social support scale (Sherbourne and Stewart, 1991; Gjesfjeld *et al.*, 2008). The scale measured how frequently support was available with such questions as 'someone to do something enjoyable with' (0 = never to 4 = very often; $\alpha = 0.86$). *Spiritual and religious activity* was measured as a yes or no response to whether they had attended spiritual or religious activities in the past month. *Socialising* was measured by a yes or no response to whether they had socialised with family or friends in the past month.

Health and wellbeing

Health and wellbeing measures focused on physical impairment, disability, and physical and psychological health-related quality of life (HRQoL). *Physical impairment* was measured using the mean of eight items that assessed physical functioning defined as difficulty with lower and upper extremity performance (Fredriksen-Goldsen and Kim, 2017). Items included walking a quarter of a mile, standing on your feet for about two hours or sitting for about two hours (0 = no difficulty to 4 = extremely difficult or cannot do; $\alpha = 0.90$). *Disability* was measured by an affirmative response to any of the six items (US Department of Health and Human Services, 2011): serious difficulty in (a) seeing, (b) hearing, (c) walking or climbing stairs, (d) concentrating, remembering or making decisions; and difficulty in (e) dressing or bathing and (f) running errands alone such as grocery shopping. HRQoL was divided into two domains, including *physical* (seven items; $\alpha = 0.85$)

and *psychological* (six items; $\alpha = 0.83$) *HRQOL*. Higher scores indicated greater HRQoL and scores were calculated according to the guidelines (range = 0–100) (World Health Organization, 2004).

Sociodemographic characteristics

Sociodemographic characteristics included *age* (in years in 2014), *gender* (self-identified as women, men, or other including non-binary, non-conforming and diverse), *income* (household income at or below versus above 200% of the federal poverty level), *education* (high school or less versus some college or more), *race/ethnicity* (non-Hispanic Whites versus people of colour), *living arrangement* (living alone or not) and *sexual orientation* (lesbian/gay, bisexual, heterosexual or other/sexually diverse).

Analyses

We used Stata/MP 16.0 and applied survey weights throughout the analysis to reduce any sampling bias. To begin, we ran descriptive statistics (means with standard errors (SE) or weighted percentages, as appropriate) for all study variables. Next, to compare life events and experiences between the Silenced and the Pride Generations, we ran ordinary least-squares regressions or logistic regressions as appropriate after adjusting for gender, income, education and race/ethnicity. The Pride Generation was set as the reference group. Next, the interaction effects of gender were estimated to examine gender differences in generational effects on life events and experiences. Life events and experiences that had overall significant gender–generation interaction were further analysed for the interaction pattern using contrast. Thus, generational effects in each gender group (women, men and non-binary) were estimated and presented. In addition, as a preliminary analysis, we estimated the differences in life events and experiences of the Invisible Generation as compared to the Silenced Generation (reference group). Due to small sample size, interaction effects of gender were not estimated in analyses of the Invisible Generation.

Findings

The study sample consisted of 205 transgender older adults. Nearly 80 per cent (79.4%, unweighted $N = 130$) were from the Pride Generation (birth years 1950–1964) with an average age of 57 years; 18.0 per cent (unweighted $N = 65$) from the Silenced Generation (birth years 1935–1949) with an average age of 68; and 2.6 per cent (unweighted $N = 10$) from the Invisible Generation (birth years 1934 or earlier) with an average age of 81. As shown in [Table 1](#), 41.9 per cent were women (unweighted $N = 91$), 23.3 per cent men (unweighted $N = 54$) and 34.8 per cent non-binary individuals (unweighted $N = 60$). While three-quarters had more than a high school education, about half lived at or under 200 per cent of the federal poverty level. About one-third of the sample were people of colour, including Hispanics (13.0%), Blacks/African Americans (9.3%) and multiracial people (7.4%). Over 40 per cent of transgender older adults were living alone. While approximately one-third of the Pride and the Silenced Generations were

Table 1. Sociodemographic characteristics of transgender older adults by generation

	Total		Pride Generation		Silenced Generation		Invisible Generation		F or χ^2
	%	N	%	N	%	N	%	N	
Age:									667.5***
Mean	59.9		57.4		68.1		80.7		
Standard error	0.6		0.5		0.4		0.4		
Gender:									41.7
Woman	41.9	91	40.6	58	45.6	29	54.2	4	
Man	23.3	54	26.0	37	12.7	15	14.5	2	
Non-binary	34.8	60	33.4	35	41.7	21	31.3	4	
Income \leq 200% of the federal poverty level	47.0	106	47.5	68	49.2	34	17.9	4	23.7
High school or less	25.2	29	25.4	21	25.9	7	12.6	1	5.7
People of colour	33.4	72	34.1	50	24.8	19	71.2	3	57.1
Living alone	41.3	102	38.1	55	57.5	41	26.5	6	62.0
Sexual orientation:									141.5
Lesbian/gay	23.2	82	24.9	49	15.6	27	23.9	6	
Bisexual	32.0	51	33.4	36	30.1	14	4.5	1	
Heterosexual	12.3	19	14.0	14	2.7	4	23.0	1	
Other/sexually diverse	32.5	52	27.7	31	51.5	19	48.6	2	

Note: Survey weights were applied for distribution estimates, but N values are unweighted.

Significance level: *** $p < 0.001$.

bisexual, bisexuals accounted for only 5 per cent of the Invisible Generation. Approximately half of the Silenced and the Invisible Generations identified as sexually diverse or other compared to only 27.7 per cent of the Pride Generation. Participants in the Invisible Generation (23.0%) were the most likely to identify as heterosexual compared to those in the Pride (14.0%) or the Silenced (2.7%) Generations. There were no statistical differences in gender, 200 per cent poverty rate, level of education, racial/ethnic distribution, living arrangement or sexual orientation across the three generations.

Identity development

As shown in [Table 2](#), the average age of identity disclosure among transgender older adults was 31. The Silenced Generation first disclosed their gender identity at an older age than the Pride Generation, when controlling for sociodemographic characteristics. On average, transgender older adults had spent 15 years in the closet (*i.e.* time from first awareness to first disclosure). The average score of identity concealment was 1.9 on a scale of 1 to 6, indicating a low-medium level of identity-concealing attitudes and behaviour. Although there was no generational difference in time in the closet and identity concealment among transgender older adults, a test of a generation–gender interaction effect revealed that the Silenced Generation had spent less time in the closet than the Pride Generation among transgender women ([Table 5](#)), but no generational difference existed among transgender men and non-binary older adults. The current outness level, on average, was high-medium (mean = 8.4; range = 1–10), with the Pride Generation more out than the Silenced Generation. There was no significant generation–gender interaction with respect to age at disclosure, identity concealment and outness.

Work

As demonstrated in [Table 2](#), almost a half of the transgender older adults were employed, and one in five were retired. Those in the Silenced Generation were less likely to be employed and more likely to be retired than those in the Pride Generation. About one in five transgender older adults had served in the military, with the Silenced Generation showing a higher likelihood than the Pride Generation. According to the generation–gender interaction effect test, a higher likelihood of military service experience was observed among non-binary adults in the Silenced Generation when compared to the Pride Generation ([Table 5](#)), but this generational difference was not statistically significant among transgender women and men. While the majority (54.5%) of transgender older adults had experienced discrimination in the workplace (regarding hiring, promotions and/or firing) over their life, there were no differences between the Silenced and Pride Generations.

Kin relationships

As shown in [Table 3](#), nearly half of transgender older adults were currently married or partnered while 15.9 per cent had never been married or partnered and 16.5 per

Table 2. Generational differences in identity development and work among transgender older adults

	Identity development				Work			
	Age at disclosure	Time in the closet	Identity concealment	Outness	Employment	Retirement	Military service	Workplace discrimination
<i>B</i> or AOR (SE)	8.8 (4.1)*	0.6 (5.5)	0.4 (0.2)	-1.4 (0.5)**	0.1 (0.1)**	8.3 (4.7)***	3.6 (1.9)*	0.5 (0.2)
	<i>Mean values (SE)</i>				<i>Percentages (SE)</i>			
Pride Generation	28.6 (2.0)	14.8 (2.3)	1.8 (0.1)	8.7 (0.2)	54.8 (5.4)	11.9 (3.6)	14.3 (3.7)	59.1 (5.3)
Silenced Generation	38.5 (4.3)	16.6 (4.9)	2.1 (0.2)	7.4 (0.5)	23.0 (8.3)	50.9 (9.7)	37.6 (9.7)	42.2 (9.6)
Total	30.7 (1.9)	15.1 (2.0)	1.9 (0.1)	8.4 (0.2)	47.7 (4.7)	21.2 (3.7)	20.3 (3.7)	54.5 (4.7)

Notes: Survey weights were applied. With the Pride Generation as the reference category, differences of the Silenced Generation were estimated. Findings were adjusted for gender, income, education, and race/ethnicity, the estimates of which are not shown in the table (available upon request). AOR: adjusted odds ratio. SE: standard error.

Significance levels: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Table 3. Generational differences in kin relationships among transgender older adults

	Same-sex marriage	Different-sex marriage	Married/partnered	Never married/partnered	Divorced	Death of a partner	Living child	Close kin relationships	Care-receiving	Care-giving
<i>B</i> or AOR (SE)	0.3 (0.2)*	4.2 (2.2)**	0.8 (0.4)	0.7 (0.5)	3.0 (1.6)*	2.1 (1.1)	1.2 (0.6)	-1.1 (0.7)	0.5 (0.3)	1.2 (0.6)
	<i>Percentages (SE)</i>					<i>Mean values (SE)</i>			<i>Percentages (SE)</i>	
Pride Generation	28.7 (5.1)	42.2 (5.4)	48.5 (5.4)	17.1 (4.3)	13.8 (3.3)	17.9 (4.0)	56.1 (5.4)	5.1 (0.4)	28.7 (4.8)	33.2 (5.1)
Silenced Generation	12.9 (5.3)	68.3 (9.0)	42.8 (9.6)	13.1 (7.6)	30.4 (8.9)	28.8 (9.1)	58.5 (9.6)	4.2 (0.5)	17.1 (7.1)	38.5 (9.8)
Total	25.0 (4.2)	48.5 (4.7)	48.1 (4.7)	15.9 (3.7)	16.5 (3.2)	20.1 (3.7)	57.4 (4.7)	4.9 (0.3)	26.6 (4.0)	34.0 (4.5)

Notes: Survey weights were applied. With the Pride Generation as the reference category, differences of the Silenced Generation were estimated. Findings were adjusted for gender, income, education and race/ethnicity, the estimates of which are not shown in the table (available upon request). AOR: adjusted odds ratio. SE: standard error.

Significance levels: * $p < 0.05$, ** $p < 0.01$.

cent had been divorced. About a quarter had been married with someone of the same sex, and approximately half with someone of a different sex. The Silenced Generation, compared to the Pride Generation, were more likely to have been in a different-sex marriage, more likely to have been divorced and less likely to have been in a same-sex marriage. About one in five transgender older adults had experienced the death of partner, with no generational differences. Over half (57.4%) had a living child and, on average, transgender older adults had five close kin relationships (ranging from none to ten) including children, other immediate family and/or family of choice including friends. There were no generational differences found between the Silenced and Pride Generations in the likelihood of having a child or number of close kin relationships. Over a quarter of transgender older adults were receiving care from an informal care-giver, and over a third were care-givers themselves, with no differences between generations. No generation-gender interaction was found, so the patterns of generational differences did not differ by gender in kin relationships.

Bias

More than four in five (84.3%) transgender older adults experienced victimisation and nearly half (47.2%) experienced discrimination outside the workplace over their lifetime. As shown in [Table 4](#), the degree of lifetime non-workplace discrimination and lifetime victimisation experienced by transgender older adults was not statistically different between the Silenced and Pride Generations. However, generation-gender interaction effects were found for non-workplace discrimination ([Table 5](#)). Transgender women of the Pride Generation had experienced more non-workplace discrimination than those of the Silenced Generation, but no differences were found among transgender men and non-binary older adults.

Social and community engagement

Over 80 per cent of transgender older adults were engaged in community activism. The average score of community engagement was 4.1 on a scale of 1 to 6, and the average score of social support was 2.5 on a scale of 0 to 4. Eighty-four per cent reported that they had spent time socialising with friends or family. In addition, 41.4 per cent of transgender older adults attended spiritual or religious activities. There were no significant generational differences between the Silenced and the Pride Generations in social and community engagement indicators. Generation-gender interaction effect tests revealed that the Silenced Generation was more likely to be engaged in community activism than the Pride Generation among transgender men, but no difference was found among transgender women and non-binary older adults ([Table 5](#)).

Health and wellbeing

More than half of transgender older adults had a disability (52.5%). The average scores of physical and psychological HRQoL were 64.0 and 63.5, respectively, on

Table 4. Generational differences in bias experiences, social and community engagement, and health and wellbeing among transgender older adults

	Bias experiences		Social and community engagement					Health and wellbeing			
	Non-workplace discrimination	Victimisation	Community activism	LGBTQ+ community engagement	Social support	Spiritual/religious activity	Socialising	Physical impairment	Disability	Physical HRQoL	Psychological HRQoL
<i>B</i> or AOR (SE)	-0.5 (0.3)	-1.9 (1.3)	1.0 (0.6)	-0.3 (0.3)	-0.3 (0.2)	0.8 (0.4)	1.0 (0.7)	0.1 (0.2)	0.7 (0.4)	5.8 (4.7)	5.1 (4.3)
	<i>Mean values (SE)</i>		<i>Percentages (SE)</i>		<i>Mean values (SE)</i>		<i>Percentages (SE)</i>		<i>Mean values (SE)</i>		<i>Percentages (SE)</i>
Pride Generation	1.3 (0.2)	7.3 (0.7)	79.4 (4.6)	4.1 (0.1)	2.5 (0.1)	41.7 (5.4)	83.0 (4.1)	0.7 (0.1)	53.0 (5.5)	62.9 (2.3)	62.5 (2.1)
Silenced Generation	0.8 (0.2)	5.3 (1.2)	82.3 (7.7)	3.9 (0.2)	2.2 (0.2)	37.1 (9.4)	85.9 (6.2)	0.8 (0.1)	45.0 (9.7)	69.4 (3.7)	67.2 (3.9)
Total	1.2 (0.2)	6.8 (0.6)	80.4 (3.9)	4.1 (0.1)	2.5 (0.1)	41.4 (4.7)	84.0 (3.5)	0.8 (0.1)	52.5 (4.7)	64.0 (1.9)	63.5 (1.8)

Notes: Survey weights were applied. With the Pride Generation as the reference category, differences of the Silenced Generation were estimated. Findings were adjusted for gender, income, education and race/ethnicity, the estimates of which are not shown in the table (available upon request). HRQoL: health-related quality of life. AOR: adjusted odds ratio. SE: standard error.

Table 5. Gender interactions in the generational differences in life events and experiences among transgender older adults

	Time in the closet	Military service	Non-workplace discrimination	Community activism	Physical HRQoL
Joint interaction effects, <i>F</i>	3.1*	4.2*	2.9 ²	4.3*	5.0**
Silenced Generation, <i>B</i> or AOR (SE): ¹					
Women	−9.8 (4.5)*	2.1 (1.6)	−1.2 (0.4)**	0.8 (0.7)	17.2 (6.5)**
Men	19.5 (12.7)	0.3 (0.3)	0.6 (0.7)	25.9 (30.9)**	−12.9 (7.1)
Non-binary	8.6 (11.1)	19.5 (20.7)**	−0.0 (0.5)	0.3 (0.4)	−0.0 (6.6)

Notes: Survey weights were applied, and findings were adjusted for income, education and race/ethnicity, the estimates of which are not shown in the table (available upon request). 1. *B* (SE) are the coefficients indicating the generation effects in each gender group (Silenced versus Pride (reference) Generation). 2. Presented despite marginal significance ($p < 0.06$) for substantive importance. HRQoL: health-related quality of life. AOR: adjusted odds ratio. SE: standard error.

Significance levels: * $p < 0.05$, ** $p < 0.01$.

a scale ranging from 0 to 100. There were no generational differences between the Silenced and the Pride Generations with regard to physical impairment, disability, and physical and psychological HRQoL. However, a generation–gender interaction was observed in physical HRQoL (Table 5). Transgender women of the Silenced Generation had better physical HRQoL than those of the Pride Generation, whereas no generational differences were found among transgender men and non-binary older adults.

Invisible Generation

When testing for differences between transgender adults of the Invisible Generation compared to the Silenced Generation, there were no significant differences in the identity development domain. However, the Invisible Generation had higher rates of retirement (adjusted odds ratio (AOR) = 24.4, SE = 31.0, $p < 0.05$), lower rates of lifetime workplace discrimination (AOR = 0.1, SE = 0.1, $p < 0.05$) and less lifetime non-workplace discrimination ($B = -1.0$, SE = 0.3, $p < 0.01$) when compared to the Silenced Generation. In terms of kin relationships and social and community engagement, the Invisible Generation showed higher rates of having ever had a different-sex marriage (AOR = 12.3, SE = 15.0, $p < 0.05$) and having a child (AOR = 11.1, SE = 12.7, $p < 0.05$) than the Silenced Generation. The level of community engagement for the Invisible Generation was higher than that for the Silenced Generation ($B = 1.0$, SE = 0.4, $p < 0.05$). While the other health and well-being indicators were similar between the Invisible and Silenced Generations, the Invisible Generation's disability rate was higher than the Silenced Generation (AOR = 14.0, SE = 16.0, $p < 0.05$).

Discussion

Based on the Iridescent Life Course, the purpose of this study was to examine how key life events and experiences differed by generation (Invisible, Silenced and Pride) and how they interacted with gender (transgender women, men and non-binary individuals). To our knowledge, this study was the first to use a lifecourse perspective to examine the key life events and experiences of transgender older adults across generations including those aged 80 and older and inclusive of those who identify as non-binary. We found that most transgender older adults across all three generations had experienced adversities within heteronormative environments, such as challenges in psychological, social and economic wellbeing. Despite some improvements in visibility and acceptance, they continued to face systemic oppression (e.g. poverty and victimisation) as well as predation through consistent backlash as gains in civil rights have been achieved. For example, some transgender women reported experiencing increased street harassment after Laverne Cox was on the cover of *Time* magazine in 2014 (Dugan and Fabbre, 2018). Our findings challenge assumptions about linear 'progress' in human history by emphasising the interaction between generation and gender in the impact of life events. These findings reinforce Hammack's (2005) argument for balancing essentialist (i.e. biological) and constructionist (i.e. the influence of current social norms) underpinnings – that is, considering historical location. We found transgender

older adults were notably resilient, with the vast majority currently engaged in community activism to contest discrimination as they maintained high levels of identity visibility and built support networks. Consistent with the Iridescent Life Course, the findings highlighted the heterogeneity of human experience and the importance of taking an intersectional approach to understanding life events among transgender older adults.

The Silenced Generation was distinct from the Pride Generation in differing life events and experiences, including relatively later identity disclosure and lower degree of outness overall. As Nuttbrock *et al.* (2009) pointed out, transgender people negotiate multiple needs and challenges when deciding to self-disclose and/or transition, often having to balance the psychological benefits of coming out with the need for physical safety from predators. Interestingly, the time duration of being in the closet did not differ between the Silenced and the Pride Generation, despite the former reporting later identity disclosure. This finding suggests that awareness of their gender identity was later for the Silenced Generation, as they likely spent a longer time sorting out their identity given the dominant heteronormative discourse during the historical periods of their lives, and they may have suppressed their identities. Yet, according to the results of the generation–gender interaction effect analyses, and contrary to our hypothesis, the transgender women of the Silenced Generation reported a shorter time in the closet compared to those in the Pride Generation. Nuttbrock *et al.* (2009) noted the importance of identity disclosure and subsequent affirmation for transgender women, who may come out and/or transition later in life than transgender men (Cook-Daniels, 2006; Fabbre, 2014, 2015, 2017). While lifecourse theorists have often pointed to adolescence as the ‘critical time period of coming of age’, Fabbre (2015) detailed intense identity development in later life among transgender older adults. Transgender women may disclose their identity late in life, experience lower levels of discrimination, and have better physical HRQoL due to many factors that need further exploration, such as the role that male-centred context and privilege plays in their experiences of being treated as men in society prior to a transition, or their fear of transmisogyny should they express themselves more freely and/or pursue a gender transition. For transgender women not disclosing their identity, stealth camouflaging may reduce their exposure to harassment and discrimination as they learn how to navigate sexism, something they likely did not previously experience before socially transitioning.

Consistent with the Iridescent Life Course, we documented fluidity in language used to describe gender. While previous work has documented non-binary identities as pertinent to the lives of younger transgender people, we found that more than one-third of transgender older adults identified as non-binary. Perhaps the stereotype of older adults being less likely to adopt new possibilities in their identities has reflected agism rather than the lived experiences of older adults. Non-binary identities have existed throughout history (Jacobs *et al.*, 1997). Though some models of identity development have existed for transgender people (Devor, 2004), far less academic research and theorising have investigated the experiences of non-binary people, their identities and their experiences (Morgan and Stevens, 2012). It is likely that a number of factors influence non-binary

identity development, including access to language, online and offline support, race and other cultural factors, as well as the historical context.

In terms of work, the Silenced Generation showed a higher rate of military service than the Pride Generation. From a lifecourse perspective, the high number of military veterans in the Silenced Generation likely reflected the military draft associated with the Vietnam War (1964–1973). One of our most notable findings was that non-binary older adults from this generation showed the highest rates of military service. Given the strict gender norms and expectations of the military, it was likely that these service members embraced their gender identity after their service careers. In addition, it may be that some aspects of work life in the military, such as learning new skills and taking on leadership roles, promoted self-efficacy among non-binary people as they aged. We know from previous research that having a history of prior military service significantly predicted lower depressive symptomatology and higher psychological HRQoL for transgender older adults (Hoy-Ellis *et al.*, 2017). Future research exploring the lived experiences of non-binary people in the military, especially the processes that impact health and wellbeing, is needed.

Beyond military work, members of the Silenced Generation were more likely to be retired than the Pride Generation, yet one-fifth of them were still employed. This likely reflected the persistent economic challenges experienced by transgender people. These economic challenges were exacerbated by workplace and other types of discrimination. While there were no differences in the overall rates of lifetime discrimination in both workplace and other types of discrimination, the rates were high across all generations, supporting recent work on transgender older adults' experiences of stigma, which take place at multiple levels and impact transgender people's capacity to build stable family and work lives (Fabbre and Gaveras, 2020). Future research should examine how transgender people experience and resist discrimination, victimisation and stigmatisation as they age in a changing society.

Nearly half of the transgender older adults in this study were married or partnered, with no difference between the Silenced and Pride Generations, but we found important differences by generation and gender in kin and other social relationships. Members of the Silenced Generation had higher different-sex marriage rates and divorce rates and lower rates of same-sex marriage than the Pride Generation. This reinforces earlier empirical findings that transgender older adults, when compared with cisgender sexual minorities, are more likely to report having had a legal marriage and children, while showing a higher likelihood of divorce and limited support network (Fredriksen-Goldsen *et al.*, 2014; Kim *et al.*, 2017). These findings may reflect influential medical policies (carried out through gender clinics across the country) that required patients pursuing gender transitions to cut off previous relationships and social networks to begin 'new' lives. This finding may also reflect the 'hiddenness' and camouflaging of many transgender older men, whose relationships prior to transition often look very different from transgender women's, or the more nuanced kin relationships of non-binary people. The concept of iridescence may help to explain these differences, in that visibility is both a liability in a transphobic society and a core part of healthy intimate relationships. Transgender women from the Silenced Generation may have coped with high

visibility by cutting off relationships, while transgender men and non-binary people from this same generation may have relied more on 'invisibility' for survival.

We saw other important differences by gender within specific generations. For example, transgender men in the Silenced Generation had the highest community activism and engagement. While it may be difficult to explain this finding fully, examining historical context may help. Many individuals from the Silenced Generation were in their thirties and forties during the early days of the HIV pandemic, before the advent of highly effective antiretroviral therapy. Historically, AIDS volunteerism reflected ongoing commitment rather than a short-term action, which exemplifies the iridescent quality of collective agency. While the transgender population is still disproportionately impacted by HIV and other health inequities (Centers for Disease Control and Prevention, 2019), their commitment to making lives better for others transcends their own wellbeing, harkening to the times when advocacy and activism were a life-or-death struggle. In addition to a historical perspective that may influence community engagement, evolving views of the 'ageing brain' could have some influence on this. Iridescence suggests that among some species, the most vivid colours occur with old age. In the later stages of life, we free ourselves of inhibitions and limitations, leading to 'manifestations of creativity and social engagement' never before known (Cohen, 2005: xix). Thus, it is possible that activism and changing perspectives with advancing age influence community engagement. Overall, transgender people's lives are shaped by exerting human agency within constraining historical and social forces. Generativity, the caring and nurturing of others, including the younger generations (Erikson *et al.*, 1986), has been found to be a strong personal motivation in old age, and transgender older adults likely view making the world a better place for younger transgender people as important, thus linking generations together.

While this study provided new insights into the study of key life events and experiences of transgender older adults, some limitations need to be considered. The sample for the study was recruited exclusively from the USA. Therefore, our generational analysis is centred upon key life events based on the experiences of trans individuals in the USA. Due to the cross-sectional nature of the data, gender identity was captured at one point in time. In addition, generalisability and the power to detect differences are important considerations, especially due to the very small number of people represented in the Invisible Generation. Although the findings for the oldest generation were preliminary, to the best of our knowledge, this was the first study to include a subset of transgender people over the age of 80. In this paper, we assessed the intersectionality of generation and gender, yet a critical next step in these multivariate analyses would be to integrate race and ethnicity as racism and other oppressive forces in society have profound impacts on the lifecourse. To date, mainstream history has often erased transgender people of colour from dominant narratives of American social life, yet important new models are emerging. For example, Snorton (2017) used rare archive data to illuminate the historical influence of Black Americans who expressed 'queer' gender expressions and sexualities throughout history.

Future work is needed to examine the effects of the historical and social forces both longitudinally, to further understand the trajectories of diverse transgender people's lives, as well as through first-hand narratives. It will be important in future

research to explore more fully the ways gender transition status changes over time and to examine gender identity of partners and spouses.

As we continue to better understand the impact of intersecting social identities on transgender lives through the Iridescent Life Course, we can have a greater appreciation for how historical events may shape future generations of transgender people, including the rich history of pre-colonial and indigenous cultures with differing systems of gender identity. As contemporary society's conceptions of gender become more fluid, the acceptance of diverse ways of being will create additional possibilities for the lives of all older adults.

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References

- Akkaynak D, Siemann LA, Barbosa A and Mähger LM (2017) Changeable camouflage: how well can flounder resemble the colour and spatial scale of substrates in their natural habitats?. *Royal Society Open Science* 4, 160824.
- Beemyn G (2014) US history. In Erickson-Schroth L (ed.), *Trans Bodies, Trans Selves: A Resource for the Transgender Community*. Oxford: Oxford University Press, pp. 501–536.
- Benjamin H, Lal GB, Green R and Masters REL (1966) *The Transsexual Phenomenon*. New York, NY: Ace Publishing Company.
- Canaday M (2009) *The Straight State: Sexuality and Citizenship in Twentieth-century America*. Princeton, NJ: Princeton University Press.
- Centers for Disease Control and Prevention (2019) *HIV and Transgender Communities*. Available at <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf>.
- Cohen GD (2005) *The Mature Mind: The Positive Power of the Aging Brain*. New York, NY: Basic Books.
- Cook-Daniels L (2006) Trans aging. In Kimmel D, Rose T and David S (eds), *Lesbian, Gay, Bisexual, and Transgender Aging: Research and Clinical Perspectives*. New York, NY: Columbia University Press, pp. 20–35.
- Crenshaw K (1991) Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Review* 43, 1241–1299.
- Dannefer D (2003) Whose life course is it, anyway? Diversity and 'linked lives' in global perspective. In Settersten RA Jr and Hendricks J (eds), *Invitation to the Life Course: Toward New Understandings of Later Life*. New York, NY: Routledge, pp. 259–268.
- Dannefer D and Daub A (2009) Extending the interrogation: life span, life course, and the constitution of human aging. *Advances in Life Course Research* 14, 15–27.
- Devor AH (2004) Witnessing and mirroring: a fourteen stage model of transsexual identity formation. *Journal of Gay and Lesbian Psychotherapy* 8, 41–67.
- Doucet SM and Meadows MG (2009) Iridescence: a functional perspective. *Journal of the Royal Society Interface* 6, S115–S132.
- Dugan JT and Fabbre VD (2018) *To Survive on This Shore: Photographs and Interviews with Transgender and Gender Nonconforming Older Adults*. Heidelberg, Germany: Kehrer Verlag.
- Elder GH (1974) *Children of the Great Depression: Social Change in Life Experience*. Chicago, IL: University of Chicago Press.
- Erikson EH, Erikson JM and Kivnick HQ (1986) *Vital Involvement in Old Age*. New York, NY: Norton.

- Fabbre VD** (2014) Gender transitions in later life: the significance of time in queer aging. *Journal of Gerontological Social Work* 57, 161–175.
- Fabbre VD** (2015) Gender transitions in later life: a queer perspective on successful aging. *The Gerontologist* 55, 144–153.
- Fabbre VD** (2017) Agency and social forces in the life course: the case of gender transitions in later life. *Journals of Gerontology: Series B* 72, 479–487.
- Fabbre VD and Gaveras E** (2020) The manifestation of multilevel stigma in the lived experiences of transgender and gender nonconforming older adults. *American Journal of Orthopsychiatry* 90, 350–360.
- Fredriksen-Goldsen KI** (2016) The future of LGBT+ aging: a blueprint for action in services, policies, and research. *Generations* 40, 6–15.
- Fredriksen-Goldsen KI and Kim H-J** (2017) The science of conducting research with LGBT older adults: an introduction to Aging with Pride: National Health, Aging, Sexuality and Gender Study. *The Gerontologist* 57, S1–S14.
- Fredriksen-Goldsen KI, Cook-Daniels L, Kim H-J, Erosheva EA, Emler CA, Hoy-Ellis CP, Goldsen J and Muraco A** (2014) Physical and mental health of transgender older adults: an at-risk and underserved population. *The Gerontologist* 54, 488–500.
- Fredriksen-Goldsen KI, Bryan AE, Jen S, Goldsen J, Kim H-J and Muraco A** (2017) The unfolding of LGBT lives: key events associated with health and well-being in later life. *The Gerontologist* 57, S15–S29.
- Fredriksen-Goldsen KI, Jen S and Muraco A** (2019) Iridescent life course: review of LGBTQ aging research and blueprint for the future. *Gerontology* 65, 253–274.
- Gjesfeld C, Greeno C and Kim K** (2008) A confirmatory factor analysis of an abbreviated social support instrument: the MOS-SSS. *Research on Social Work Practice* 18, 231–237.
- Hammack PL** (2005) The life course development of human sexual orientation: an integrative paradigm. *Human Development* 48, 267–290.
- Hoy-Ellis CP, Shiu C, Sullivan KM, Kim H-J, Sturges AM and Fredriksen-Goldsen KI** (2017) Prior military service, identity stigma, and mental health among transgender older adults. *The Gerontologist* 57, S63–S71.
- Iantaffi A and Bockting WO** (2011) Views from both sides of the bridge? Gender, sexual legitimacy, and transgender people's experiences of relationships. *Culture, Health, and Sexuality* 13, 355–370.
- Jacobs S-E, Thomas W and Lang S** (eds) (1997) *Two-spirit People: Native American Gender Identity, Sexuality, and Spirituality*. Urbana, IL: University of Illinois Press.
- Jenkins A** (2019) Power to the people: the Stonewall revolution. *QED: A Journal in GLBTQ Worldmaking* 6, 63–68.
- Kemp DJ and Rutowski RL** (2007) Condition dependence, quantitative genetics, and the potential signal content of iridescent ultraviolet butterfly coloration. *Evolution* 61, 168–183.
- Kim H-J, Fredriksen-Goldsen KI, Bryan AEB and Muraco A** (2017) Social network types and mental health among LGBT older adults. *The Gerontologist* 57, S84–S94.
- Levin S** (2019) Compton's Cafeteria riot: a historic act of trans resistance, three years before Stonewall. *The Guardian*, June 21. Available at <https://www.theguardian.com/lifeandstyle/2019/jun/21/stonewall-san-francisco-riot-tenderloin-neighborhood-trans-women>.
- LGBT History Month** (nd) *Lili Elbe*. *Equality Forum*. Available at <https://lgbthistorymonth.com/lili-elbe>.
- Meadows MG, Butler MW, Morehouse NI, Taylor LA, Toomey MB, McGraw KJ and Rutowski RL** (2009) Iridescence: views from many angles. *Journal of the Royal Society Interface* 6, S107–S113.
- Mehrotra G** (2010) Toward a continuum of intersectionality theorizing for feminist social work scholarship. *Affilia* 25, 417–430.
- Moffitt E** (2015) 10 years before Stonewall, there was the Cooper's Donuts riot. *Out Magazine*, May 31. Available at <https://www.out.com/today-gay-history/2015/5/31/today-gay-history-10-years-stonewall-there-was-coopers-donuts-riot>.
- Morgan SW and Stevens PE** (2012) Transgender identity development as represented by a group of transgendered adults. *Issues in Mental Health Nursing* 33, 301–308.
- Naz Khan F** (2016) A history of transgender health care. *Scientific American*. Available at <https://blogs.scientificamerican.com/guest-blog/a-history-of-transgender-health-care/>.
- Nuttbrock LA, Bockting WO, Hwahng S, Rosenblum A, Mason M, Macri M and Becker J** (2009) Gender identity affirmation among male-to-female transgender persons: a life course analysis across types of relationships and cultural/lifestyle factors. *Sexual and Relationship Therapy* 24, 108–125.

- Oosterhuis H** (2012) Sexual modernity in the works of Richard von Krafft-Ebbing and Albert Moll. *Medical History* **56**, 133–155.
- Pike TW** (2015) Interference coloration as an anti-predator defense. *Biology Letters* **11**, 20150159.
- Riley MW, Johnson M and Foner A** (1972) *Aging and Society: A Sociology of Age Stratification*. New York, NY: Russell Sage Foundation.
- Rogler LH** (2002) Historical generations and psychology: the case of the Great Depression and World War II. *American Psychologist* **57**, 1013–1023.
- Sherbourne CD and Stewart AL** (1991) The MOS social support survey. *Social Science & Medicine* **32**, 705–714.
- Siotos C, Neira PM, Lau BD, Stone JP, Page J, Rosson GD and Coon D** (2019) Origins of gender affirmation surgery: the history of the first gender identity clinic in the United States at Johns Hopkins. *Annals of Plastic Surgery* **83**, 132–136.
- 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 CR** (2017) *Black on Both Sides: A Racial History of Trans Identity*. Minneapolis, MN: University of Minnesota Press.
- Stevens M and Merilaita S** (2009) Animal camouflage: current issues and new perspectives. *Philosophical Transactions of the Royal Society B: Biological Sciences* **364**, 423–427.
- Stryker S** (2017) *Transgender History: The Roots of Today’s Revolution*, 2nd edn, New York, NY: Seal Press.
- US Department of Health and Human Services** (2011) *Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status*. Available at <http://aspe.hhs.gov/datacncl/standards/ACA/4302>.
- Witten TM and Eyler AE** (2012) Transgender and aging: beings and becomings. In Witten TM and Eyler AE (eds), *Gay, Lesbian, Bisexual and Transgender Aging: Challenges in Research, Practice, and Policy*. Baltimore, MD: Johns Hopkins University Press, pp. 187–269.
- Wohl R** (1979) *The Generation of 1914*. Cambridge, MA: Harvard University Press.
- World Health Organization** (2004) *The World Health Organization Quality of Life (WHOQOL)-BREF*. Geneva: World Health Organization. Available at http://www.who.int/substance_abuse/research_tools/en/english_whoqol.pdf.

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