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Past Experiences and Anticipated Futures in the Lives of Transgender and Nonbinary People

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Abstract

Transgender and nonbinary people's life experiences are highly heterogenous and shaped by broader structural and cultural forces. We analyze experiences identified on lifeline interviews from 87 transgender and nonbinary adults in Atlanta, New York City, and San Francisco. We find that the type, timing, and relative importance of these experiences varied across categories. For example, experiences related to "Rejection and violence" were more often identified in childhood and in the past, whereas experiences related to "Gender-affirming medical interventions" were more often in adulthood and anticipated futures. Experiences related to "Community involvement," "Extracurriculars," "Gender exploration and revelation," and "Gender-affirming medical interventions" were labeled by respondents as relatively more important compared to other experiences, whereas experiences related to "Family of origin relationships," "Place of residence," "Rejection and violence," and "Sexuality" less important. These experiences were patterned according to the respondents' gender, birth cohort, race/ethnicity, and geographic location. In analyzing these lifeline data, we advance theoretical understandings of the salience of a variety of key experiences for transgender and nonbinary people at different points in the life course. Our life course approach provides empirical analyses of intra-individual processes over time for transgender and nonbinary people and provides insight into the usefulness of a lifeline method for life course studies more generally as it draws attention to within-person assessments of the distribution and importance of events over the course of a lifetime.

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INTRODUCTION

Transgender and nonbinary (TNB) people are a growing population within the United States, especially within younger cohorts (Meerwijk and Sevelius 2017). The lives and experiences of TNB people are highly heterogeneous (James et al. 2016), and TNB people's experiences at the individual level reflect broader structural and cultural forces (Bradford and Syed 2019; Gagné, Tewksbury and McGaughey 1997). Given the tremendous amount of social change in recent years affecting the diverse lives of TNB people, including shifts in public awareness, policy, stigma, and technology (Stryker 2017), there is a pressing need for deeper and more nuanced understandings of how TNB people's life courses—and specifically TNB people's varied life experiences—unfold over time within specific social and historical contexts. Yet life course studies of diverse samples of TNB people are scarce, limiting empirical understandings of what experiences TNB people view as most salient.

Our life course study of transgender and nonbinary people is grounded within prior research and theory related to life course studies and transgender studies. Life course studies conceptualize individual lives as characterized by life events and trajectories that unfold over time, embedded within specific and influential social contexts (Barrett & Barbee 2022; Elder, Johnson and Crosnoe 2003). Lifeline methods involve the use of a visual tool—a horizontal line to illustrate the passage of time between birth and end of life—to facilitate the identification of past and anticipated events within a person's life course, drawing particular attention to the types, timing, and significance of these events as emphasized by life course frameworks (de Vries et al. 2017; Sexton Topper and Bauermeister 2021; Thomeer et al. 2018). Our approach also builds on transgender studies' call for recognizing TNB people's lives and experiences as sociologically important in and of themselves (Nordmarken 2019; Schilt and Lagos 2017). Significant for—yet often overlooked within—life course studies, this approach includes queering temporality, meaning recognizing the potential non-linear aging and developmental experiences of TNB people rather than taking for granted previous life course theories and research—overwhelmingly conducted with cisgender people—as universal (Halberstam 2005; Pearce 2019). We ask a diverse sample of TNB people to identify what important life experiences occurred in their past as well as what important experiences they anticipate in their future. Based on analyses of these data, in this study we address, “What notable life experiences do TNB people describe, how do they vary by type, timing, and relative importance, and how are they distributed by gender, birth cohort, race/ethnicity, and geographic location?”

Our lifeline method provides a unique perspective on how transgender and nonbinary people experience their lives by conducting an empirical analysis of intra-individual processes across the life course. We draw on these rich lifeline data for our descriptive analysis of the life experiences of a diverse group of TNB people. We consider the types of experiences, their timing within the life course, how important participants interpret these experiences to

be, and how such experiences are patterned according to sociodemographic characteristics (e.g., birth cohort, race/ethnicity). Notably, in addition to considering past experiences, we ask respondents to identify anticipated experiences, as understanding anticipated futures is crucial to reveal the concerns of TNB people as they look ahead in their lives and their hopes and goals and feelings of agency in pursuing these goals (Komp-Leukkunen 2020; Markus and Nurius 1986). Our approach—blending life course frameworks with transgender studies—emphasizes important concepts from each of these perspectives, calling for scholars within both fields to draw on these conversations to understand the lives of TNB people and other groups.

BACKGROUND

Life Course Perspectives on the Type and Timing of Past and Anticipatory Experiences

Life course approaches highlight the significance of life experiences, contextualized in time and place, that unfold over a life (Elder et al. 2003). We use the term “experiences” as this is more encompassing and inclusive than the more commonly used term “events.” These life experiences often occur at the individual level, but are also embedded within relationships, groups, collectivities, and institutions. As Elder states, “The life course can be viewed as a multilevel phenomenon, ranging from structured pathways through social institutions and organizations to the social trajectories of individuals and their developmental pathways” (1994: 5).

Past research identifies a range of experiences deemed important by people as they age, including stressful experiences such as discrimination and chronic health condition diagnoses and generally pleasurable experiences such as engaging in hobbies or romantic encounters (Barrett & Barbee 2022; Frost et al. 2017; Hammack et al. 2018; Muraco and Fredriksen-Goldsen 2016; Thomeer et al. 2018). Experiences both comprise and shape life trajectories, and each type of experience is embedded within multiple levels of society, reflecting individual agency, interpersonal relationships, organizational policies and norms, and institutional structures. The timing and sequencing of experiences within people’s lives importantly shapes their meaning and impact (Eliason, Mortimer and Vuolo 2015; Thomeer et al. 2019). For example, family of origin-related experiences may have heightened salience in early life, whereas career and economic-related experiences could become more important as a person ages (Hammack and Toolis 2014). Life course researchers have identified some experiences as having normative timing, such as completing educational attainment in 20s or experiencing death of a spouse in later life (Elder et al. 2003; Mortimer 2012). But, reflecting dominant norms and structures within society, having these experiences “off timed”—like completing educational attainment in midlife or experiencing death of an intimate partner in young adulthood—can impact how people understand themselves and how they are received by their communities (Eliason et al. 2015; Hammack and Toolis 2014).

Related to this issue of timing, people’s life experiences are situated in the past, the present, and anticipated in the future (Grace 2020; Thomeer et al. 2018). Studying expectations of future experiences provides unique insight into people’s interpretations of social conditions in the present and of what might be (Komp-Leukkunen 2020; Pearlin and Bierman 2013).

Previous lifeline studies show that people typically report a greater number of past compared to anticipated future experiences (de Vries 2013; Thomeer et al. 2018), yet these future experiences offer a theoretically rich look into people's lives. Multiple research disciplines and clinical practices have recognized the value in theorizing and analyzing the anticipated future, with studies consistently concluding that anticipatory experiences should be more fully incorporated into our psychosocial models (García 2018; Grace 2020; Thomeer et al. 2018). Many psychosocial models do center ideas of the future to understand contemporary outcomes and contexts. For examples, within the minority stress model, expectations of rejection, devaluation, and discrimination (i.e., anticipated stigma) reflect an anticipatory context, shaping present day well-being for sexual and gender minorities (Frost et al. 2017; Meyer et al. 2008). Additionally, the social psychological concept of "possible selves," seen as the cognitive link between past experiences and future hopes, desires, concerns, and fears, recognizes the construction of possible selves as an important act of agency while also anchored in the context of a person's perceived present reality (Markus and Nurius 1986).

Transgender and Nonbinary Lives

Life experiences are often shaped by and interpreted through dominant societal structures, including cisnormativity—a discourse that privileges cisgender and binary genders over other genders (Allen and Mendez 2018). Queer theory critiques both the idea of cisnormativity as well as chrononormativity, which is the idea that life paths should unfold in a pattern dictated by the dominant (e.g., cisgender, heterosexual) society (Freeman 2010; Halberstam 2005). Chrononormative approaches to life course studies center specific types of experiences as well as a determined timing of those experiences, including family experiences such as leaving parents' home at 18 and economic experiences such as establishing financial independence from one's family of origin in early adulthood, among others (Hammack and Toolis 2014). Chrononormativity does not necessarily reflect the life experiences of most people within a society but is rather idealized and culturally hegemonic, contributing to the stigmatization of people with divergent life trajectories (Allen and Mendez 2018).

Life course studies including transgender and nonbinary people, especially those centering the narratives of TNB people without imposing preconceived categories, draw attention to the limitations and inaccuracies of a life course approach based on chrononormative ideals (Fabbre 2014; Fredriksen-Goldsen et al. 2017; Siverskog 2015). Often studies with TNB people that reject chrononormative framings pay attention to gaps and losses within a TNB person's life, including those brought on by stigmatization, violence, and—as Freeman says—"the unbearable heaviness of the gender binary" (2010: 11). Although TNB people navigate the same dominant gendered contexts as cisgender people, they encounter stigma specific to their minoritized genders, suggesting that significant life experiences and transitions may unfold in distinct patterns for TNB people (Austin and Goodman 2017; Fredriksen-Goldsen et al. 2017; Paine 2018). Studies of TNB people's experiences highlight the role of resilience and community, including the creation and maintenance of chosen families, engagement in activism, and navigation of legal systems (Allen and Mendez 2018; Gandy-Guedes and Pacey 2019; Jackson Levin et al. 2020). These studies find more emphasis by TNB people on emotional and physical safety and intimacy outside of

traditional institutions, in contrast to a chrononormative approach of forming legal families and prioritizing individual resources.

Studies of experiences of rejection and violence or resilience and community building among TNB people advance our understanding of the narratives of TNB lives, but they are rarely placed within the broader life course context. Queering temporality extends beyond a consideration of the past to also queering aging futures (Halberstam 2005), rejecting chrononormative understandings of one path toward successful aging typically rooted in cisgender assumptions (Sandberg and Marshall 2017). Additionally, existing studies often focus on trans women and/or trans men, excluding nonbinary people who do not also identify as transgender, leaving gaps in knowledge about heterogeneity within the broader TNB population (Darwin 2020; Wilson and Meyer 2021). Within the TNB category, there are multiple genders, including—for example—trans men, trans women, nonbinary, genderfluid, and third gender (Harrison, Grant and Herman 2012). Given the known heterogeneity within and across these different gender categories (Patterson and Sepulveda 2020; Schilt and Lagos 2017), paying attention to how life experiences differ for trans men, trans women, and people with nonbinary or other genders is an important step in examining how TNB people's life course experiences.

Beyond different genders, there is also important heterogeneity by birth cohort, race/ethnicity, and geographic location. First, life course perspectives emphasize the importance of historical context and cohort (Elder 1994), especially given the rapidly changing social landscape for TNB people (Stryker 2017). Second, research suggests that race and racialization are especially notable factors shaping the experiences of TNB people (Singh 2013). TNB people of color face higher levels of discrimination than White TNB people, with Black people often experiencing the most discrimination of all groups (Bradford et al. 2013). This demonstrates how a TNB person's social position in relation to structural racism intersects with hegemonic gender norms to impact life experiences (Bowleg et al. 2003). Finally, there is also likely considerable variation in TNB life experiences by geographic location, especially given the known importance of state-level policies for the health and well-being of this group (Perez-Brumer et al. 2015). Research on TNB people in the US often privileges the experiences of people in New York and California, but high proportions of TNB people live in the South, especially in cities like Atlanta, making it important to include a diversity of geographic perspectives (Stone 2018).

DATA AND METHODS

Our research goals are to describe the life experiences of transgender and nonbinary people, focusing especially on the type, timing, and relative importance of experiences, as well as the distribution of experiences by gender, birth cohort, race/ethnicity, and geographic location. To address these goals, we analyzed data from Project AFFIRM (<https://www.projectaffirm.org/>)—a three-city study of transgender and nonbinary identity and resilience across the life course. All protocols were developed with input from community advisory boards in the three study sites and were approved by To address these goals, we analyzed data from Project AFFIRM (<https://www.projectaffirm.org/>)—a three-city study of transgender and nonbinary identity development and resilience across the

life course. All protocols were developed with input from community advisory boards in the three study sites and were approved by the Institutional Review Boards of the New York State Psychiatric Institute / Columbia Psychiatry, San Francisco State University, and the University of Georgia. In the initial study phase in 2015–2016, the focus of this analysis, 87 people whose gender differed from their sex assigned at birth participated in a lifeline study designed to deepen understandings of key experiences within the lives of TNB people.

Study participants lived in one of the three study sites: Atlanta, GA ($n=30$); New York City ($n=27$); and San Francisco, CA ($n=30$). Eligibility criteria was that participants be at least 16 years of age and identify as transgender, nonbinary, and/or another minoritized gender category. We employed a modified targeted nonprobability recruitment strategy and adopted an ethnographic approach to identify key locations and venues frequented by transgender and nonbinary people in each site (adapted from Meyer, Schwartz, and Frost 2008), such as select neighborhoods and business districts. Within these areas we targeted venues such as markets and stores, bars, gender-affirming care clinics, and community-based organizations. We also attended community events, including annual LGBTQ Pride celebrations and film festivals, to let people know about the study. Trained recruiters approached individuals and small groups to provide study information, which included a study website and phone number for more information and screening for potential eligibility. Study information was also made available through local news outlets and other publications in each study site, as well as through appropriate websites, listservs, and social media. In each site, efforts were made to ensure sample diversity in terms of age, sex assigned at birth, gender, and race/ethnicity.

Table 1 shows descriptive statistics for the sample, stratified by gender. The mean age for respondents was about 38 years ($SD=18.64$, range 16–86), with nonbinary respondents significantly younger (Mean=27.77, $SD=13.69$, range 16–67). TNB respondents first graphically represented any important experiences from their life and identified when it occurred for the past or would possibly occur for the future. Respondents decided for themselves what experiences to include. In total, respondents identified 1,051 past experiences and 367 future experiences, or 12.2 past life experiences and 4.3 future life experiences per respondent, on average. Respondents were asked to identify which of these experiences were especially “memorable, influential, key, or meaningful” to their lives and development as a TNB person, rating each life experience from 0 (not at all important to development as a TNB person) to 4 (extremely important to development as a TNB person). Example of lifelines are illustrated in Figures 1, 2, and 4–6 in the Results. Ratings are shown in the black boxes in the lifeline figures. We changed the names of people, workplaces, schools, and other identifying names for confidentiality.

To analyze these lifelines, we used a modified version of the three steps in the flexible coding strategy (Deterding and Waters 2018), treating the lifelines as transcripts and indexing each experience on the lifeline within broader categories within NVivo 11. The first author read all past and future experiences on every lifeline and created subcategories for these experiences. For example, early subcategories included “coming out to family members” and “moving to a new city.” The first and second authors then placed experiences into these subcategories, collapsing subcategories or creating new subcategories

as necessary. After experiences were placed in subcategories, the first and second authors reevaluated the subcategories and coding of entries. This resulted in 61 subcategories. Next, in consultation with all authors, the first and second authors developed 14 overarching categories, discussed in the Results and shown in Supplemental Table A, with the goal of data reduction, and created analytic memos for each. We also created an additional 15th category (“Miscellaneous”) for experiences that were unclear or did not fit within the primary categories (about 3 percent of all experiences). Subcategories and categories were not mutually exclusive. For example, “retired and moved to Colorado” would be categorized as both “retirement” within “Education, career, and finances” as well as “move to new city or state” within “Place of residence.” About one-fourth of all experiences were coded within more than one category, which often reflected respondents writing about multiple experiences on the same line such as “went to college and met new friends.” As part of this coding stage, we used analytic cross-case memos to create analytic codes that allowed us to compare between the past and the future. With these analytic codes, we were able to systematically compare within and across lifelines. We finally assessed the theoretical validity of final codes, confirming that our codes and comparisons were based in the data (Silbey 2009). This included searching for negative cases within our data and confirming trends across cases.

Using Stata 13, we created a dataset to allow for descriptive statistical analysis of each experience according to category; rating of importance to TNB identity development; respondent characteristics (gender, birth cohort, race/ethnicity, geographic location); age for each experience; and number of experiences. For gender, respondents were provided the categories of man, woman, trans man/FtM, trans woman/MtF, nonbinary/genderqueer, and other identity, and could select as many options as relevant. If selected other identity, they then wrote in their gender. We created three categories from these responses: (Trans) man, (trans) woman, and nonbinary which also include other identities. (As a note, when we refer to nonbinary people throughout the manuscript, this also includes genderqueer respondents as well as other genders identified by respondents.) We considered birth cohort as a categorical variable with four categories: 1991–1999, 1976–1990, 1956–1975, and 1955 and earlier. Race/ethnicity had four categories: Black, Latinx, White, and other racial/ethnic identity. Geographic area includes three metropolitan areas: Atlanta, New York, and San Francisco. Regarding age the experience occurred, 3.6 percent of past and 33.6 percent of future experiences were missing, meaning the respondents did not identify at what age an event occurred or would be expected to occur. Because of this high level of missingness, we did not conduct analysis regarding expected future age. This constructed dataset allowed us to examine differences across categories and subcategories. Statistical analyses presented below are based on descriptive statistics and t-tests, but we also conducted supplementary analysis using regression models (not shown), allowing us to control for total number of experiences and other key variables such as birth cohort and whether event in past or future. These regression models generally support our major conclusions regarding statistically significant differences.

RESULTS

In this study, through analysis of the lifelines, we address four research questions. First, what types of life experiences do transgender and nonbinary people identify as important? Second, what is the timing of these different types of experiences within their life course? Third, how important do respondents find each of these types of experiences for who they are as TNB people? Fourth, how are these experiences patterned according to the respondents' gender, birth cohort, race/ethnicity, and geographic locations?

Regarding the first question, we identified fourteen main categories of life experiences. The categories and subcategories along with examples from each subcategory are shown in Supplemental Table A, with “Gender exploration and revelation” and “Gender-affirming medical interventions” the two most prevalent categories. “Gender exploration and revelation” included three subcategories, “Coming out about gender,” “Outlook or realization about gender” (e.g., “Absolutely felt I was a boy”), and “Uncertainty.” “Gender-affirming medical interventions” included three main subcategories, “General” (e.g., “Started medical transition”), “Hormones,” and “Surgery.”

Second, we considered the timing of these experiences within the life course—both in terms of whether mentioned more frequently in the past or future and, for past experiences, the age at which respondents said the experiences occurred. All but one of the categories were represented in both the past and the future. “Culture and new information,” which was only in the past, involved respondents discussing encountering popular culture or new sources of information—for example, “Vogue magazine article on transsexual,” “Took course on sexuality and trans identity,” and “Met my first gay man.”

Several categories, namely “Rejection and violence,” “Sexuality,” “Gender expression and presentation,” “Family of origin relationships,” and “Gender exploration and revelation,” were disproportionately represented in the past. For example, only one respondent identified a future event related to “Rejection and violence”, and only three future experiences were identified related to “Sexuality.” To illustrate, we present Jenna’s (age 33, White, trans woman, from NYC) lifeline in Figure 1. Jenna had two past experiences related to “Rejection and violence” and one related to “Sexuality,” but did not identify these types of experiences in the future.

In contrast, experiences within the “Parenthood,” “Education, career, and finances,” “Gender-affirming medical intervention,” and “Community involvement” categories were all disproportionately represented in the future compared to the past. This is again seen in Jenna’s lifeline, as two of her five future experiences were related to “Gender-affirming medical intervention” (e.g., “Facial feminization surgery (FFS)”). Javier’s (age 24, Latinx, trans man, from San Francisco) lifeline in Figure 2 also demonstrates this pattern. Most of Javier’s experiences anticipated for the future related to parenthood, such as “Maybe becoming pregnant myself,” with one experience, “Maybe top surgery,” related to “Gender-affirming medical interventions” and another, “Fostering trans youth,” to “Community involvement” and “Parenthood.” Meanwhile, Javier’s experiences related to “Rejection and violence,” “Gender expression and presentation,” “Family of origin relationships,” and

“Gender exploration and revelation” were concentrated in the past, as typical for other respondents in our sample.

In considering timing of past experiences, we analyzed the age at which experiences were identified by respondents as occurring. The distribution of past experiences within each category is shown in Figure 3, along with the mean age and standard deviation. The size of each bubble reflects the relative number of experiences at that age compared to experiences at other ages within the same theme, and the average ages are denoted as a black circles. Just as experiences within “Rejection and violence” and “Sexuality” were more often mentioned in the past, these types experiences were also more often mentioned at younger ages. “Sexuality” experiences were discussed on average at the youngest age (mean: 17.17 years) and “Rejection and violence” at the second youngest (mean: 18.39 years). Experiences within “Culture and new information,” “Extracurriculars,” “Family of origin relationships,” and “Gender expression and presentation” were—on average—mentioned in the respondents’ early 20s; experiences within “Gender exploration and revelation,” “Place of residence,” and “Health and emotional well-being” had a mean age in the mid-20s; experiences within “Intimate relationships” and “Education, career, and finances” were typically mentioned in the respondents’ late-20s; and experiences within “Community involvement,” “Parenthood,” and “Gender-affirming medical interventions” (also all overrepresented in the future compared to the past) at the oldest ages (means: 37.28 years, 36.47 years, and 36.27 years, respectively).

Kimberly (age 55, Black, trans woman, from Atlanta), whose lifeline is shown in Figure 4, illustrates an example of a typical distribution of experiences regarding timing. For Kimberly, experiences related to “Sexuality” (“A boy kissed me and I saw stars”) and “Rejection and violence” (“Stabbed and beaten several times”) were concentrated earlier in life. “Intimate relationships,” “Extracurriculars,” “Education, career, and finances,” and “Health and emotional well-being” experiences were mentioned in her 20s and 30s, with a shift towards more “Community involvement” experiences, such as “Recognized nationally for advocacy,” in her 40s.

Figure 3 also indicates the general distribution of these experiences across the life course. Some categories, like experiences within “Family of origin relationships” and “Health and emotional well-being” categories, were relatively evenly distributed across ages. This was also the case for “Education, career, and finances” experiences, although there was a concentration around age 18 when many respondents discussed graduating high school and/or entering college. Experiences in other categories were largely concentrated in the specific life course stages. “Gender-affirming medical intervention” experiences typically began to be mentioned in early adulthood, continuing through the end of the lifelines. “Culture and new information,” “Extracurriculars,” “Gender expression and presentation,” and “Rejection and violence” were both more often discussed around childhood, adolescence, and early adulthood, although they were still occasionally mentioned in mid- and later-adulthood.

Regarding the timing of “Gender expression and presentation” specifically, there were differences in the types of experiences related to this category seen earlier compared to later

in life and in the past compared to the future. Notably, the subcategories related to names and pronouns—especially changes to legal documents—were more represented in mid- and later-life and in the future. But experiences related to the subcategory of clothing and appearance, in which respondents documented many experiences of exploring and deciding on how to dress and present such as “Dressed myself as a boy,” “Wore make-up for first time,” and “No more girl clothes” were more prevalent in childhood and adolescence. This was seen in the lifeline of Jace (Figure 5; age 21, Black, genderqueer, from Atlanta), where they discuss experiences related to clothing in earlier life but experiences related to pronouns and names in their 20s and future.

As our third research question, we analyzed how important respondents interpreted these experiences to be for themselves as TNB people, with respondents rating every event from 0–4, shown in the black boxes in the lifeline figures. Our analysis focused on the importance of each experience relative to other items on the lifeline. Table 2 shows the average ratings and their standard deviations for experiences within each theme, with separate statistics for only past experiences and only future experiences. The overall mean for all experiences in the sample was 3.13 (SD=1.06). Six categories had means above the average—“Community involvement,” “Culture and new information,” “Extracurriculars,” “Gender exploration and revelation,” “Health and emotional well-being,” and “Gender-affirming medical interventions”—with each of these categories having a higher percentage of “4” ratings. The remaining categories—“Education, career, and finances,” “Family of origin relationships,” “Gender expression and presentation,” “Intimate relationships,” “Parenthood,” “Place of residence,” “Rejection and violence,” and “Sexuality”—had means below the average, as well as lower percentages of “4” ratings.

The category with the overall highest average ratings for experiences was “Gender-affirming medical interventions” (70.80% of experiences in this category rated as “4”), and the category with the lowest rating was “Rejection and violence” (32.91% of experiences rated “4”). As examples of the relatively low ratings for “Rejection and violence” experiences, Keith (age 21, identified as other race/ethnicity, trans man, from NY) rated the experience, “Dad bashed my knee for being boyish and not girly,” as “2,” and Bailey (age 29, White, genderqueer, from SF) rated the experience, “Assaulted for clothing choices/blamed,” as “2.” There was variation in ratings within the “Rejection and violence” category by subcategories. Notably, experiences within the “Discrimination” category included “Being told I can’t play baseball anymore” and “Terminated for transitioning on job,” and these types of events had the highest average ratings (3.25). But experiences around “Violence” (e.g., “Assaulted for clothing choices”) had the lowest average ratings (2.38).

Of additional note, experiences related to families (i.e., “Family of origin relationships,” “Parenthood,” “Intimate relationships”) also had relatively low ratings. This is illustrated by Max (Figure 6; age 39, White, trans man, from Atlanta), who rated “Parents divorce” as “1” and “Met partner (GQ)” as “2,” but rated “Started T” and “Chest surgery” both “4.”

As our final research questions, we considered how these experiences were patterned according to the respondents’ sociodemographic characteristics. The proportion of experiences in each category by gender, birth cohort, race/ethnicity, and geographic location

are shown in Table 3. First, considering gender with men as the reference group, there was a larger proportion of experiences among women and nonbinary people related to “Culture and new information” and a smaller proportion related to “Gender-affirming medical interventions.” Also compared to men, women had a larger proportion of experiences related to “Community involvement,” but a smaller proportion related to “Family of origin relationships.” Compared to men, nonbinary respondents had a larger proportion of experiences related to “Gender exploration and revelation” and “Sexuality.” These different distributions of experience categories are visually depicted in Figure 7 which shows the age when past experiences occurred, stratified by gender. For example, especially noticeable for nonbinary respondents are the very few “Gender-affirming medical intervention” experiences for, as well as the total absence of “Parenthood” past experiences (with the only “Parenthood” experiences identified by nonbinary people in the future). Figure 7 demonstrates, however, that the general sequencing of these events is fairly similar across gender groups, with the main difference being that the nonbinary respondents are on average younger and so have fewer experiences later in the life course.

Second, looking at birth cohort, with the youngest cohort (born 1991–1999) as the reference group, there were few differences across groups. Notably, there were a larger proportion of experiences in the oldest cohort (born 1955 and earlier) related to “Community involvement” and a larger proportion in the second youngest cohort (born 1976–1990) related to “Rejection and violence.” Yet there was also a larger proportion of experiences in the youngest cohort compared to all other cohorts related to “Sexuality.” Third, with race/ethnicity, there was a larger proportion of experiences among Black and Latinx respondents (compared to White respondents) related to “Community experiences.” There is also a larger proportion of experiences among Latinx respondents related to “Family of origin relationships” compared to White respondents. But, for Black respondents compared to White respondents, there was a larger proportion of experiences related to “Sexuality” and a smaller proportion related to “Gender-affirming medical interventions.” For respondents who identified their race or ethnicity as another category, there was a smaller proportion of experiences related to “Gender expression and presentation” and larger related to “Place of residence.” Finally, regarding geographic location with Atlanta residents as the reference category, residents of New York City and San Francisco had a larger proportion of experiences within the “Gender-affirming medical interventions” categories. Also, New York residents had a smaller proportion related to “Family of origin relationships,” and San Francisco residents had fewer within “Gender expression and presentation” but more within “Place of residence.”

DISCUSSION

We analyzed the lifelines of 87 transgender and nonbinary people to gain insight into their life experiences using a life course perspective that emphasizes how TNB people’s experiences at the individual level reflect broader structural and cultural forces. Lifeline data provide a unique perspective regarding how TNB persons recall and anticipate life experiences. By asking respondents to construct lifelines, this study answers calls from scholars to document the diverse perspectives and broader lived experiences of TNB individuals in their own words (Graham et al. 2011; Patterson and Sepulveda 2020), drawing

on life course perspectives that emphasize the importance of timing (Elder 1994) as well as transgender studies perspectives that emphasize respondents' own subjective experiences (Schilt and Lagos 2017). Our approach specifically builds on key insights and concepts from both life course studies and transgender studies, rejecting the notion of one "typical" (or chrononormative) life course in favor of a queering temporality approach that highlights the unique types and timing of events as well as their relative importance across a diverse group of TNB people. We considered the types and timing of past and anticipated future experiences, the self-assessed relative importance of these experiences, and the distribution of experiences by sociodemographic factors, such as race/ethnicity and birth cohort. In doing so, we contribute novel empirical insight into what life experiences TNB people interpret to be important with implications for understanding and studying the lives of gender-diverse populations using a life course framework.

Types and Relative Importance of Experiences

Analysis of these lifelines reveals that participants identify a wide variety of life experiences as important within their lives. Drawing on the fundamental life course concept of events (Elder et al. 2003), we categorized these experiences, and this process revealed many different types of experiences, encompassing much more than the categories often emphasized in research with TNB populations such as violence, discrimination, rejection, coming out, transitioning, and stigma (Austin 2016; Bockting et al. 2016). As a life course perspective emphasizes, life experiences have different levels of salience within and across individuals. Barrett and Barbee (2022) call this the "subjective life course framework," which emphasizes people's own perceptions of the meanings and significance of life experiences. By considering the relative importance of each theme, we advance understanding of how TNB people construct their own lives and narratives, privileging TNB people's own assessments in line with a queering temporality approach (Freeman 2010; Halberstam 2005). We find, in fact, that experiences of rejection, discrimination, and violence, central to many studies of TNB people, are rated as relatively unimportant. This is not to say that experiences of violence, discrimination, and rejection do not matter; in contrast, research shows that these experiences of hardships—especially in childhood—shape a person's sense of self as well as long-term health and well-being (Johnson and Mollborn 2009; Scnarrs et al. 2019). But rather, these hardship experiences are deemphasized in TNB participants' own constructions of their life, perhaps as a tool of resilience, with participants instead viewing experiences of community involvement, culture and new information, extracurriculars, gender-affirming medical intervention, and health and emotional well-being as most meaningful.

Following the subjective life course framing (Barnett and Barbee 2022), our approach draws new attention to several categories of experiences that are noteworthy to TNB people themselves but rarely studied within this context, and we argue that future life course studies should similarly take care to not overlook events that may be assumed to be "mundane" or unimportant. For example, although graduating high school is a significant and commonly researched life event in US society, it is not typically analyzed as an important event in the lives of TNB people. TNB people in our sample, however, identify high school graduation as highly important. Graduation may offer opportunities for individuation, autonomy, and

creating a life for one's self (Sokol 2009), perhaps by opening opportunities for individuals to seek out supportive communities outside of their home towns (Frost et al. 2017). Our findings suggest high school graduation and other widely studied milestones within a cisgender or even chrononormative context may have unexamined implications for how TNB people in particular experience their gender across childhood and adulthood. More research—ideally qualitative research with the epistemological aim of uncovering meaning making—is needed to understand the role of these less-often examined experiences related to TNB peoples' understanding of their selves.

Timing of Experiences

A key focus of life course studies is considering the timing of experiences, arguing that when experiences occur shapes both their salience and consequences and can even establish long-term trajectories (Elder et al, 2003). Our findings draw on recent life course studies to examine past and future experiences together (Thomeer et al. 2018). Importantly for a subjective life course framework (Barrett & Barbee 2022), participants' descriptions of future events were generally hopeful, pointing to positive life experiences yet to come, and discussions of violence and rejection were overwhelmingly absent. This points to the future as an anticipated space of resiliency and agency, perhaps especially for TNB people, but may also reflect the prevalence of campaigns developed to encourage sexual and gender minoritized adolescents to envision for themselves a hopeful future and the growing number of other sociocultural resources—including TNB celebrities, politicians, and community leaders, reflecting potentialities for TNB people especially in the temporal context in which these interviews were done (2015–2016). Although the “It Gets Better” campaign and many of these efforts have been critiqued for their privileged and homonormative positionings which overlook the structural (e.g., racial, economic) obstacles faced by many sexual and gender minoritized children in their futures (Goltz 2013), this call to be “future oriented” has motivated many research projects, advocacy efforts, and clinical interventions (Gal, Shifman and Kampf 2016; Herrick et al. 2013) and may also shape TNB people's own future narratives. Anticipatory experiences reflect participants' ideas about their possible selves, or how they envision who they will be in the future (Markus and Nurius 1986). Comparing past and future portions of the lifeline provides more texture and nuance to studying TNB people's lives, pointing to how life course perspectives on key experiences are incomplete if only examining past experiences.

We draw similar conclusions by comparing childhood experiences to adulthood experiences, revealing the promise of a life course approach that does not confine analysis to one age but compares across ages for a fuller picture of TNB life (Elder et al. 2003). In line with life course framings which emphasizes turning points and trajectories in early life (Muraco and Fredriksen-Goldsen 2016), we emphasize the importance of not overlooking childhood in life course studies, as childhood experiences and transitions are inexplicably linked to experiences and transitions throughout adulthood (Dannefer and Settersten 2010; Johnson and Mollborn 2009). These experiences can accumulate over time, as we see with the gender expression and presentation categories where many respondents began developing their gender presentation as young children with this continuing as they age. As life course studies emphasize, these experiences can also create new pathways and trajectories, such

as respondents who experienced rejection or violence and then chose to exit those unsafe spaces including moving to a new city or leaving a job where face discrimination (Frost et al. 2017). Rather than circumscribing our study around previously studied cisgender and chrononormative lifelines and theories (Halberstam 2005; Pearce 2019), we center the narratives of TNB people themselves and provide unique insight into timing of experiences in childhood and adulthood, the past and the future.

Similarities/Differences Across Groups

Comparisons within our sample by gender, birth cohorts, racial/ethnic groups, and geographic locations reveal more similarities than variation in terms of the themes represented within the lifelines, but the differences we do find point to important areas for future research. This analysis demonstrates evidence of heterogeneity of experiences within TNB populations and thus echoes previous calls for research to unpack differences between groups (Patterson and Sepulveda 2020; Schilt and Lagos 2017). As one example from our analysis, illustrated in Figure 7, women provided the most experiences related to community involvement and nonbinary people the fewest (although statistically similar to men). This may reflect two separate findings from previous research. First, in studies of cisgender people, women often are more involved in the larger community than men (Musick and Wilson 2007); our study suggests that community involvement may be similarly gendered within TNB populations. Second, nonbinary people are often shut out of LGBTQ+ spaces, including transgender organizations (Garrison 2018). Thus, at least within our sample, community involvement is a gendered experience in the sense that women are perhaps more likely to encounter and be welcomed into trans binary communities, whereas nonbinary people may avoid or even not be invited into those spaces (Barbee & Schrock 2019). As a second example, Black participants and nonbinary participants less often include “Gender-affirming medical interventions” on their lifelines. For Black participants, in particular, it is important for future studies to address to what extent this reflects health care access and discrimination rather than preference (Goldenberg et al. 2019). In summary, differences documented in this study deepen empirical understanding of and reveal avenues for future research into diverse TNB peoples’ rich lived experiences. Yet they also point to the importance of not painting any specific group with broad strokes, instead recognizing how intersecting structures of oppression and privilege shape the experiences of people with diverse identities (Patterson and Sepulveda 2020).

Limitations and Future Directions—Although our study is an important contribution to understanding the life experiences of TNB people, it should be interpreted in light of its limitations. First, as a study with the goal of being broad in scope, exploratory, and descriptive, we are not able to provide deeper details into how participants interpret each of these experiences beyond their inclusion, numerical rating, and placement on the lines. Future work can take as a starting point the themes and subthemes generated here to focus on and examine these themes more in-depth. Specifically, we point to the need for rich qualitative study of the experiences identified on these lifelines, especially to unpack the salience and meanings of these experiences for TNB people and to identify processes linking past life experiences to anticipated future experiences. Our importance ratings specifically asks about importance to development as a TNB person, and in-depth interviews are needed

to expand understanding of how TNB people interpret this question and make sense of the relative importance of life experiences. Second, although we have a diverse sample in terms of geographic location, race/ethnicity, age, and gender, we limited sample recruitment to three study sites (Atlanta, GA; New York City; and San Francisco, CA) – three urban areas with relatively large LGBTQ+ populations. As a result, these data do not reflect the experiences of TNB persons living in urban areas with less well-developed LGBT communities and resources, or those living in rural and even suburban areas. Moreover, we did not sample based on socioeconomic status (SES). Because we recruited from a variety of recruitment venues reaching socioeconomically diverse populations, this created additional diversity beyond our core concerns, but we still are not able to systematically analyze the sample by SES.

Third, experiences on the lifelines should not be interpreted as the only experiences in TNB people's lives—or even the only experiences important to TNB people—as this retrospective data is open to recall bias. Care was taken in the study design to conduct interviews in collaboration with community groups, and our emphasis is on participants' interpretations of importance—yet it is still the case that a different approach may have yielded different identified experiences. Finally, these data were collected in 2015 and 2016 and thus participants created their lifelines prior to a period of myriad social and political changes, including the significant rollback of LGBTQ+ rights by the Trump administration and the more recent onslaught of Republican-backed legislation targeting the liberties of TNB youth and their caregivers in the United States. Additional research using these methods with this population could provide insight into how TNB people understand the importance of their life experiences within this context of change, and whether such forms of structural stigma are understood by TNB people to impact their anticipated futures.

Conclusion—Our study has implications for both life course and transgender studies. Studies of transgender and nonbinary people must broaden their focus to include a wider range of experiences identified as important by TNB people, building on some of the traditional tenets of life course research including timing and sequencing of experiences as well as more recent developments such as subjective life courses and anticipatory experiences. At the same time, life course studies would benefit from taking seriously critiques from transgender studies, especially the emphasis on queering temporality and rejecting chrononormative frameworks. Although stigmatizing and gender transition-related experiences are deemed important by TNB people in our sample, so too are a wide variety of events and experiences related to community involvement, extracurricular activities, culture, family, intimate relationships, and other more commonplace activities. TNB peoples' narratives convey that multilevel experiences across a variety of themes of not only past but also future or anticipatory experiences are important to the development of their selves. The inclusion and salience of experiences varies by TNB people's diverse sociodemographic positions. Taking a life course approach to examining TNB peoples' important experiences—as defined by TNB people themselves and moving away from a chrononormative perspective—is therefore essential for better understanding the lived experiences of TNB people and extending our understanding of life courses more generally across diverse populations.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Availability of data and material:

Due to concerns about confidentiality and in accordance with IRB instructions, the lifeline data are not publicly available, but those interested to access data should email the PI of the project (Walter Bockting).

WORKS CITED

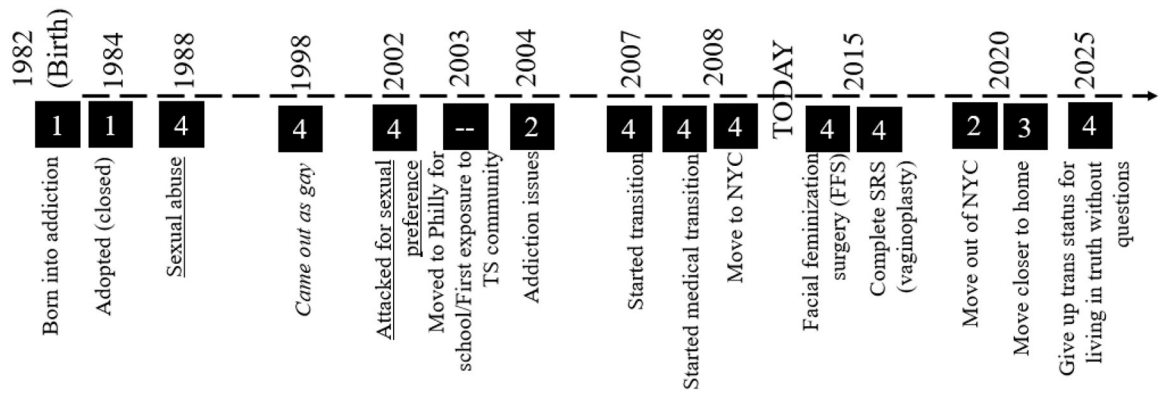
- Allen Samuel H. and Mendez Shawn N.. (2018). "Hegemonic heteronormativity: Toward a new era of queer family theory." *Journal of Family Theory & Review* 10(1):70–86.
- Austin Ashley. 2016. 'There I am': A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles* 75(5–6):215–230.
- Axinn William G., Pearce Lisa D. and Ghimire Dirgha. 1999. Innovations in life history calendar applications. *Social Science Research* 28(3):243–264.
- Barbee H, & Schrock D 2019. Un/gendering social selves: How nonbinary people navigate and experience a binarily gendered world. *Sociological Forum* 34(3):572–593.
- Barrett AE, & Barbee H (2021). The subjective life course framework: Integrating life course sociology with gerontological perspectives on subjective aging. *Advances in Life Course Research*, 100448.
- Bockting Walter O., Coleman Eli, Deutsch Madeline B., Guillamon Antonio, Meyer Ilan, Meyer Walter III, Reisner Sari, Sevelius Jae and Ettner Randi. 2016. Adult development and quality of life of transgender and gender nonconforming people. *Current Opinion in Endocrinology, Diabetes, and Obesity* 23(2):188–197. [PubMed: 26835800]
- Bowleg Lisa, Huang Jennifer, Brooks Kelly, Black Amy, and Burkholder Gary. 2003. Triple jeopardy and beyond: Multiple minority stress and resilience among Black lesbians. *Journal of Lesbian Studies* 7(4), 87–108. [PubMed: 24831386]
- Bradford Judith, Reisner Sari L., Honnold Julie A. and Xavier Jessica. 2013. Experiences of transgender-related discrimination and implications for health: Results from the Virginia Transgender Health Initiative Study. *American Journal of Public Health* 103(10):1820–1829. [PubMed: 23153142]
- Bradford Nova J. and & Syed Moin. 2019. Transnormativity and transgender identity development: A master narrative approach. *Sex Roles* 81(5–6):306–325.
- Dannefer Dale and Settersten Richard A.. 2010. "The study of the life course: Implications for social gerontology" in Dannefer Dale (Ed.), *The SAGE Handbook of Social Gerontology*, 3–19.
- Darwin Helana. 2020. Challenging the cisgender/transgender binary: Nonbinary people and the transgender label. *Gender & Society* 34(3): 357–380.
- de Vries Brian. 2013. Lifelines: A review of content and context. *The International Journal of Reminiscence and Life Review* 1(1):31–35.
- de Vries Brian, LeBlanc Allen J., Frost David M., Alston-Stepnitz Eli, Stephenson Rob and Woodyatt Cory R.. 2017. The relationship timeline: A method for the study of shared lived experiences in relational contexts. *Advances in Life Course Research* 32:55–64. [PubMed: 28584522]

- Deterding Nicole M. and Waters Mary C.. 2018. Flexible coding of in-depth interviews: A twenty-first-century approach. *Sociological Methods & Research*:0049124118799377.
- Elder Glenn H. Jr., Johnson MK and Crosnoe Robert. 2003. The emergence and development of life course theory. In *Handbook of the life course*, edited by Mortimer JT and Shanahan MJ. New York: Kluwer Academic/Plenum Publishers.
- Elder Glen H. Jr. 1994. Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly*:4–15.
- Eliason Scott R., Mortimer Jeylan T. and Vuolo Mike. 2015. The transition to adulthood: Life course structures and subjective perceptions. *Social Psychology Quarterly* 78(3):205–227. [PubMed: 26441473]
- Fabbre Vanessa D. 2014. Gender transitions in later life: The significance of time in queer aging. *Journal of Gerontological Social Work* 57(2–4):161–175. [PubMed: 24798691]
- Fredriksen-Goldsen Karen I., Bryan Amanda E.B., Jen Sarah, Goldsen Jayn, Kim Hyun-Jun and Muraco Anna. 2017. The unfolding of LGBT lives: Key events associated with health and well-being in later life.” *The Gerontologist* 57(suppl_1):S15–S29. [PubMed: 28087792]
- Freeman Elizabeth. 2010. *Time binds: Queer temporalities, queer histories*. Durham, NC: Duke University Press.
- Frost David M., LeBlanc Allen J., de Vries Brian, Alston-Stepnitz Eli, Stephenson Rob and Woodyatt Cory. 2017. Couple-level minority stress: An examination of same-sex couples’ unique experiences. *Journal of Health and Social Behavior* 58(4):455–472. [PubMed: 29172770]
- Gagné Patricia, Tewksbury Richard and McGaughey Deanna. 1997. Coming out and Crossing over: Identity formation and proclamation in a transgender community. *Gender & Society* 11(4):478–508.
- Gal Noam, Shifman Limor and Kampf Zohar. 2016. ‘It gets better’: Internet memes and the construction of collective identity. *New Media & Society* 18(8):1698–714.
- Gandy-Guedes Megan E. and Pacey Megan S.. 2019. Activism in southwestern queer and trans young adults after the marriage equality era. *Affilia* 34(4):439–460.
- García San Juanita. 2018. Living a deportation threat: Anticipatory stressors confronted by undocumented Mexican immigrant women. *Race and Social Problems* 10(3):221–234.
- Garrison Spencer. 2018. On the limits of “trans enough”: Authenticating trans identity narratives. *Gender & Society* 32(5):613–637.
- Goldenberg Tamar, Laura Jadwin-Cakmak Elliot Popoff, Reisner Sari L., Campbell Bré A., and Harper Gary W.. 2019. Stigma, gender affirmation, and primary healthcare use among Black transgender youth. *Journal of Adolescent Health* 65(4):483–490.
- Goltz Dustin Bradley. 2013. It gets better: Queer futures, critical frustrations, and radical potentials. *Critical Studies in Media Communication* 30(2):135–151.
- Grace Matthew K. 2020. Status variation in anticipatory stressors and their associations with depressive symptoms. *Journal of Health and Social Behavior*:0022146520921375.
- Graham Robert, Berkowitz Bobbie, Blum Robert, Bockting Walter, Bradford Judith, de Vries Brian and Makadon Harvey. 2011. *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: Institute of Medicine 10:13128.
- Halberstam Judith. 2005. *In a queer time and place: Transgender bodies, subcultural lives*. NYU Press.
- Hammack Phillip L., Frost David M., Meyer Ilan H. and Pletta David R.. 2018. Gay men’s health and identity: Social change and the life course. *Archives of Sexual Behavior* 47(1):59–74. [PubMed: 28585157]
- Harrison Jack, Grant Jaime and Herman Jody L.. 2012. A gender not listed here: Genderqueers, gender rebels, and otherwise in the National Transgender Discrimination Survey. *LGBTQ Public Policy Journal at the Harvard Kennedy School* 2(1):13–24.
- Herrick Amy L., Stall Ron, Chmiel Joan S., Guadamuz Thomas E., Penniman Typhanye, Shoptaw Steven, Ostrow David and Plankey Michael W.. 2013. It gets better: Resolution of internalized homophobia over time and associations with positive health outcomes among MSM. *AIDS and Behavior* 17(4):1423–1430. [PubMed: 23283578]
- Levin Jackson, Nina Shanna K. Kattari, Piellusch Emily K. and Watson Erica. 2020. ‘We just take care of each other’: Navigating ‘chosen family’ in the context of health, illness, and the

mutual provision of care amongst queer and transgender young adults.” *International Journal of Environmental Research and Public Health* 17(19):7346.

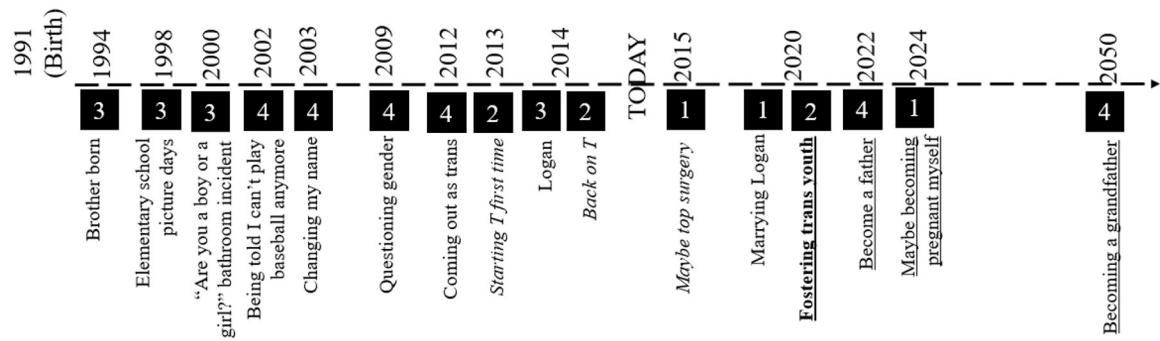
- James Sandy, Herman Jody, Rankin Susan, Keisling Mara, Mottet Lisa and Anafi Ma’ayan. 2016. The report of the 2015 US Transgender Survey. National Center for Transgender Equality. <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>
- Johnson Monica Kirkpatrick and Mollborn Stefanie. 2009. Growing up faster, feeling older: Hardship in childhood and adolescence. *Social Psychology Quarterly* 72(1):39–60. [PubMed: 21921972]
- Komp-Leukkunen Kathrin. 2020. What life-course research can contribute to futures studies. *Futures* 124:102651.
- Markus Hazel and Nurius Paula. 1986. Possible selves. *American Psychologist* 41(9):954–969.
- Meerwijk Esther L. and Sevelius Jae M.. 2017. Transgender population size in the United States: A meta-regression of population-based probability samples. *American Journal of Public Health* 107(2):e1–e8.
- Meyer Ilan H., Schwartz Sharon and Frost David M.. 2008. Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine* 67(3):368–379. [PubMed: 18433961]
- Mortimer Jeylan T. 2012. The evolution, contributions, and prospects of the Youth Development Study: An investigation in life course social psychology. *Social Psychology Quarterly* 75(1):5–27. [PubMed: 22844173]
- Muraco Anna and Fredriksen-Goldsen Karen I.. 2016. Turning points in the lives of lesbian and gay adults age 50 and over. *Advances in Life Course Research* 30:124–132. [PubMed: 28066158]
- Musick Marc A. and Wilson John. 2007. *Volunteering: A social profile*. Indiana University Press.
- Nordmarken Sonny. 2019. Queering gendering: Trans epistemologies and the disruption and production of gender accomplishment practices. *Feminist Studies* 45(1):36–66.
- Paine Emily A. 2018. Embodied disruption: “Sorting out” gender and nonformity in the doctor’s office. *Social Science & Medicine* 211: 352–358. [PubMed: 30018025]
- Patterson Charlotte J. and Sepulveda Martin-Jose J.. 2020. *Understanding the status and well-being of sexual and gender diverse populations*. Washington, DC: The National Academies of Sciences.
- Pearce R 2019. Trans temporalities and non-linear ageing. In *Older Lesbian, Gay, Bisexual and Trans People; Minding the Knowledge Gaps*, edited by King A, Almack K, Suen Y-T and Westwood S. Oxon: Routledge.
- Pearlin Leonard I. and Bierman Alex. 2013. Current issues and future directions in research into the stress process. In *Handbook of the Sociology of Mental Health*. Springer.
- Perez-Brumer Amaya, Hatzenbuehler Mark L., Oldenburg Catherine E. and Bockting Walter. 2015. Individual- and structural-level risk factors for suicide attempts among transgender adults. *Behavioral Medicine* 41(3):164–171. [PubMed: 26287284]
- Sandberg Linn J. and Marshall Barbara L.. 2017. Queering aging futures. *Societies* 7(3):21.
- Schilt Kirsten and Lagos Danya. 2017. The development of transgender studies in sociology. *Annual Review of Sociology* 43:425–443.
- Schnarrs PW, Stone AL, Salcido R Jr, Baldwin A, Georgiou C, & Nemeroff CB 2019. Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities. *Journal of Psychiatric Research*, 119:1–6. [PubMed: 31518909]
- Topper Sexton, Patrina and Bauermeister José A.. 2021. Relationship timelines, dyadic interviews, and visual representations: Implementation of an adapted visual qualitative technique. *International Journal of Qualitative Methods* 20.
- Silbey Susan. 2009. In search of social science. In *Workshop on interdisciplinary standards for systematic qualitative research*, edited by Lamont M and White P. Arlington, VA: National Science Foundation.
- Singh Anneliese A. 2013. Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles* 68(11–12):690–702.
- Siverskog Anna. 2015. Ageing bodies that matter: Age, gender and embodiment in older transgender people’s life stories. *NORA-Nordic Journal of Feminist and Gender Research* 23(1):4–19.

- Sokol Justin T. 2009. Identity development throughout the lifetime: An examination of Eriksonian theory. *Graduate Journal of Counseling Psychology* 1(2):14.
- Stone AL 2018. The geography of research on LGBTQ life: Why sociologists should study the South, rural queers, and ordinary cities. *Sociology Compass* 12(11):e12638.
- Stryker Susan. 2017. *Transgender history: The roots of today's revolution*. Seal Press.
- Thomeer Mieke Beth, LeBlanc Allen J., Frost David M. and Bowen Kayla. 2018. Anticipatory minority stressors among same-sex couples: A relationship timeline approach. *Social Psychology Quarterly* 81(2):126–148. [PubMed: 32863497]
- Thomeer Mieke Beth, Hernandez Elaine, Umberson Debra and Thomas Patricia A.. 2019. Influence of social connections on smoking behavior across the life course. *Advances in Life Course Research* 42:100294. [PubMed: 31903090]
- Wilson Bianca D. M. and Meyer Ilan H. 2021. Nonbinary LGBTQ adults in the United States. UCLA School of Law, Williams Institute. June. <https://williamsinstitute.law.ucla.edu/publications/nonbinary-lgbtq-adults-us/>



Notes: "Rejection and violence" experiences underlined; "Sexuality" experiences italicized

Figure 1:
Jenna (age 33, White, trans woman, from NYC) Lifeline



Notes: "Parenthood" experiences underlined; "Medical transition" experiences italicized; "Community involvement" experiences in bold

Figure 2:
Javier (age 24, Latinx, trans man, from San Francisco) Lifeline

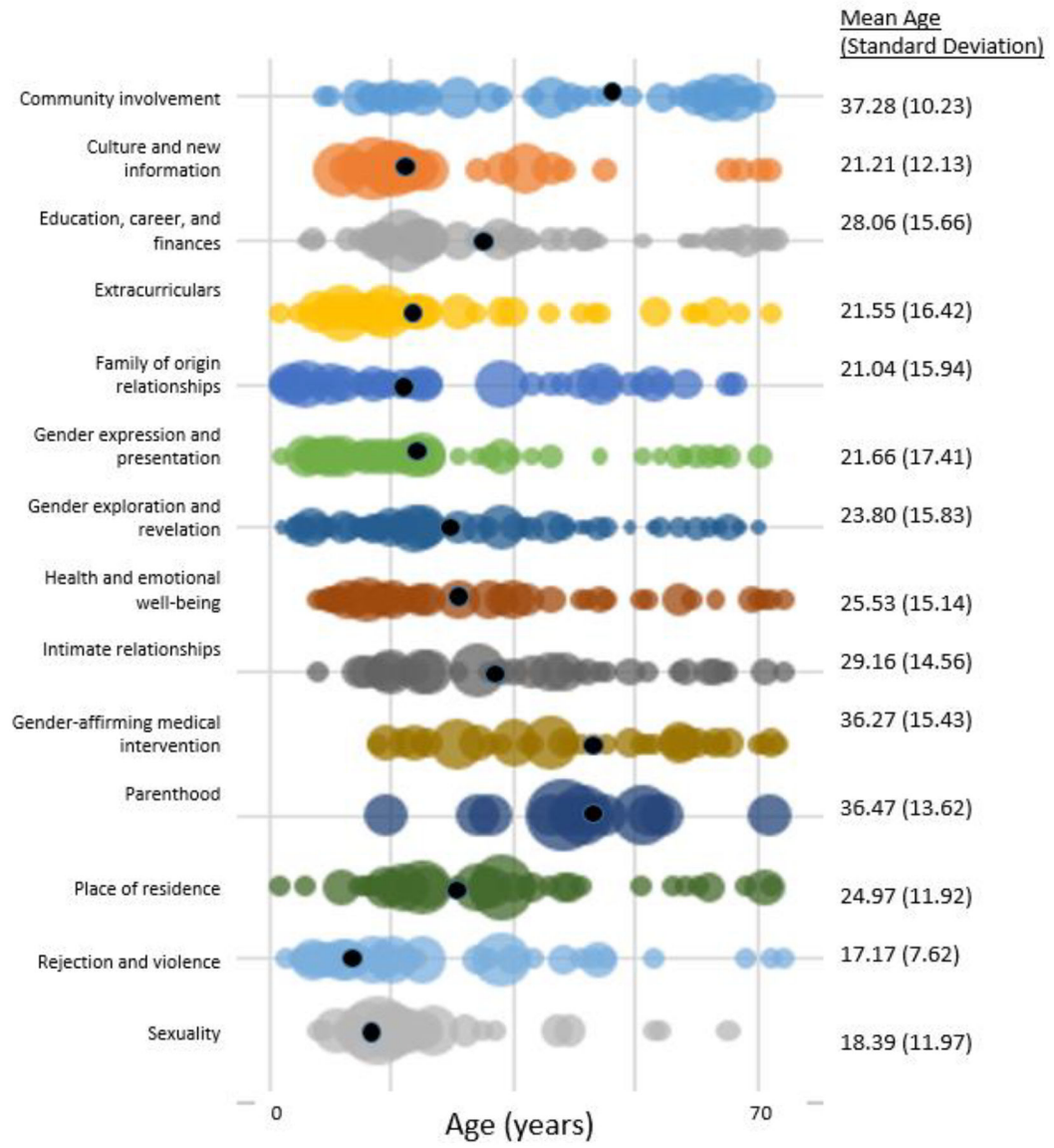


Figure 3:
Relative Distribution of Past Experiences by Age and Category (N= 87)

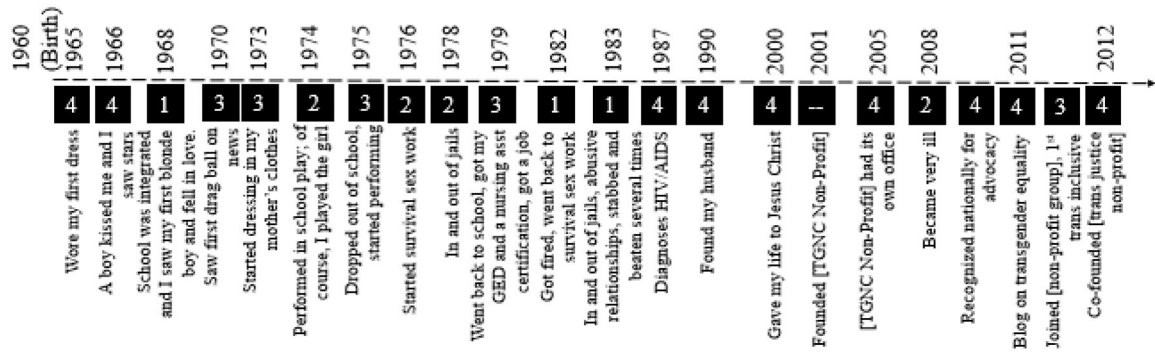


Figure 4:
 Kimberly (age 55, Black, trans woman, from Atlanta) Lifeline (Past Experiences)

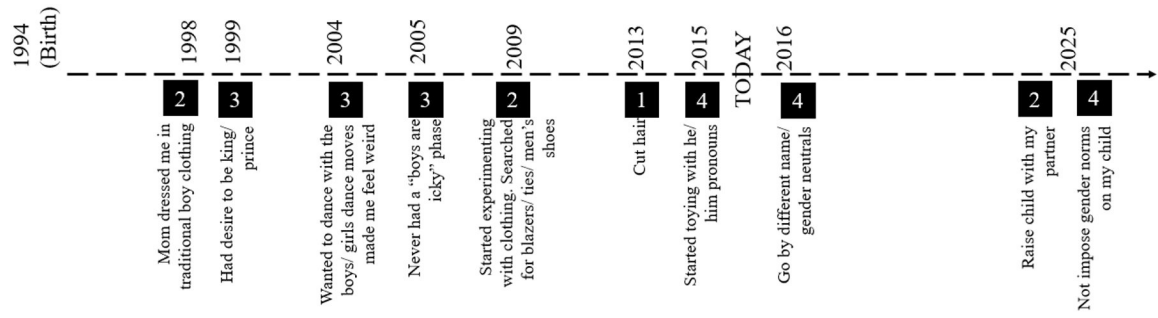
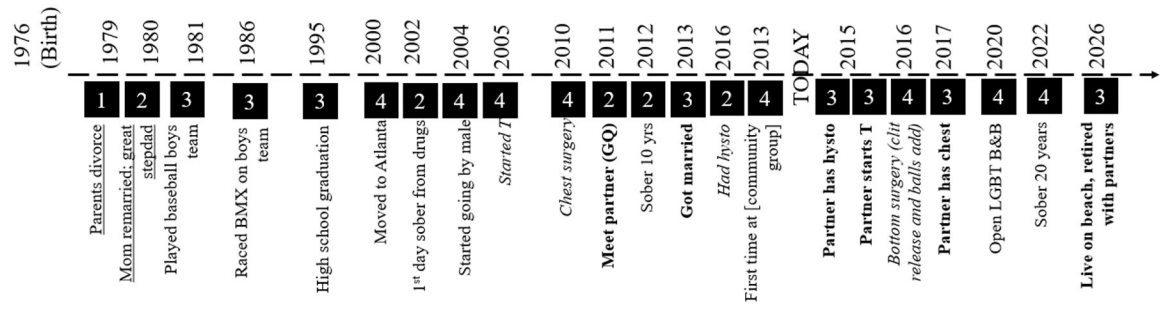


Figure 5:
Jace (age 21, Black, genderqueer, from Atlanta) Lifeline



Notes: "Family of origin relationship" experiences underlined; "Medical transition" experiences italicized; "Intimate relationship" experiences in bold

Figure 6:
Max (age 39, White, trans man, from Atlanta) Lifeline

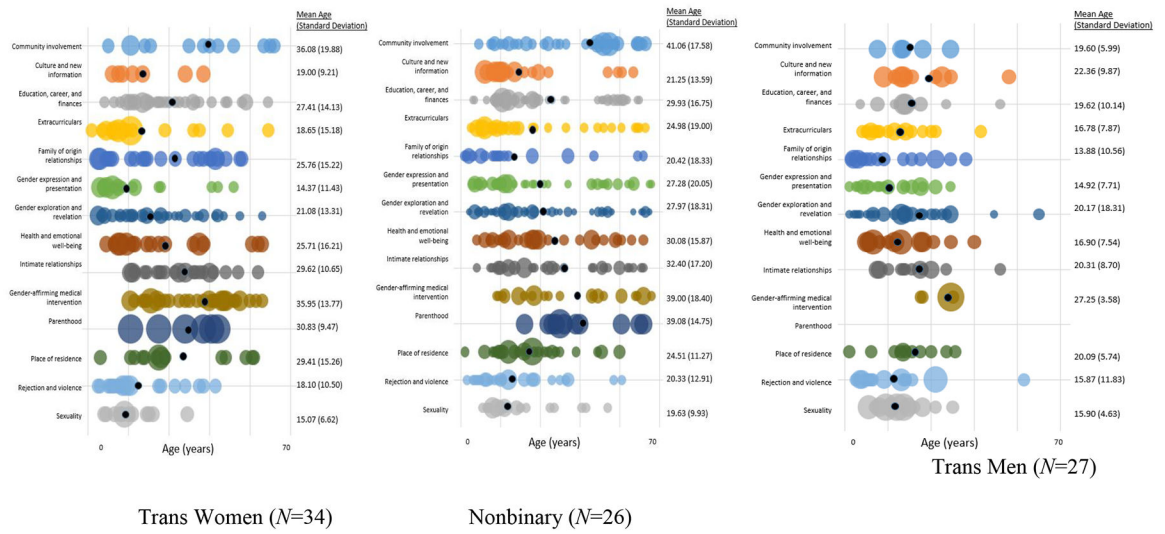


Figure 7:
Relative Distribution of Past Experiences by Age and Category Stratified by Gender

Table 1:Sample Characteristics ($N=87$)

| | | Total | (Trans) man | (Trans) woman | Nonbinary |
|--|---------------|---------------|--------------------|----------------------|------------------|
| Proportion of sample | | 1.00 | 0.31 | 0.39 | 0.30 |
| Age at time of interview (mean and standard deviation) | | 37.55 (18.64) | 40.67 (18.28) | 42.56 (19.78) | 27.77 (13.69) |
| Race/ethnicity (proportion) | White | 0.38 | 0.41 | 0.46 | 0.31 |
| | Black | 0.22 | 0.11 | 0.24 | 0.31 |
| | Latinx | 0.20 | 0.26 | 0.15 | 0.19 |
| | Other | 0.20 | 0.22 | 0.15 | 0.19 |
| Geographic site (proportion) | Atlanta | 0.35 | 0.30 | 0.38 | 0.31 |
| | New York | 0.30 | 0.35 | 0.30 | 0.31 |
| | San Francisco | 0.35 | 0.35 | 0.32 | 0.38 |

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Table 2.Self-Rated Importance of Life Experience; (*N*=87)

| Category | Importance Rating (0–4) Mean (Standard Deviation) | | | Percentage Rated as 0 or 1 | Percentage Rated as 4 |
|--|---|-------------|-------------|-------------------------------|--------------------------|
| | Total | Past | Future | | |
| Community involvement | 3.23 (1.05) | 3.19 (1.04) | 3.29 (1.08) | 6.90% | 54.31% |
| Culture and new information | 3.18 (1.08) | 3.18 (1.08) | - | 8.62% | 51.72% |
| Education, career, and finances | 3.05 (1.08) | 2.92 (1.15) | 3.21 (0.97) | 9.09% | 46.97% |
| Extracurriculars | 3.25 (0.95) | 3.21 (0.98) | 3.42 (0.84) | 6.59% | 51.65% |
| Family of origin relationships | 2.95 (1.16) | 3.01 (1.19) | 2.50 (0.85) | 11.69% | 44.16% |
| Gender expression and presentation | 3.09 (1.06) | 3.04 (1.07) | 3.41 (0.94) | 8.53% | 48.84% |
| Gender identity exploration and revelation | 3.25 (1.01) | 3.26 (1.01) | 3.24 (1.02) | 7.11% | 55.92% |
| Gender-affirming medical intervention | 3.57 (0.75) | 3.62 (0.70) | 3.51 (0.80) | 1.46% | 70.80% |
| Health and emotional well-being | 3.15 (1.14) | 3.20 (1.01) | 3.00 (1.47) | 7.77% | 53.40% |
| Intimate relationships | 3.01 (1.06) | 2.93 (1.09) | 3.18 (0.98) | 7.02% | 42.11% |
| Parenthood | 3.02 (1.14) | 3.00 (1.26) | 3.03 (1.09) | 10.87% | 45.65% |
| Place of residence | 2.92 (1.16) | 2.96 (1.16) | 2.82 (1.18) | 14.00% | 43.01% |
| Rejection and violence | 2.82 (1.13) | 2.82 (1.13) | 4.00 (–) | 15.19% | 32.91% |
| Sexuality | 2.92 (1.03) | 2.92 (1.03) | 2.67 (2.31) | 8.82% | 36.76% |

Table 3: Proportion of Experiences in Each Category, by Birth Cohort, Race/ethnicity, Gender Identity, and Geographic Location; N=87

| | Gender Identity | | | Birth Cohort | | | | Race/Ethnicity | | | | Geographic Location | | |
|---------------------------------|-----------------|--------------|-----------------------|--------------|-----------|-----------|----------------|----------------|--------|--------|--------|---------------------|----------|---------------|
| | Man or FTM | Woman or MIF | Gender queer or other | 1991–1999 | 1976–1990 | 1956–1975 | 1955 & earlier | White | Black | Latinx | Other | Atlanta | New York | San Francisco |
| Community ¹ | 0.06 | 0.10* | 0.05 | 0.06 | 0.07 | 0.08 | 0.10* | 0.06 | 0.09* | 0.09* | 0.07 | 0.09 | 0.07 | 0.07 |
| Culture ² | 0.02 | 0.05*** | 0.04* | 0.04 | 0.05 | 0.02 | 0.04 | 0.04 | 0.03 | 0.05 | 0.04 | 0.04 | 0.03 | 0.04 |
| Education ³ | 0.13 | 0.14 | 0.12 | 0.14 | 0.12 | 0.12 | 0.14 | 0.13 | 0.14 | 0.12 | 0.14 | 0.13 | 0.15 | 0.12 |
| Extracurriculars | 0.06 | 0.07 | 0.06 | 0.07 | 0.05 | 0.06 | 0.07 | 0.06 | 0.07 | 0.06 | 0.06 | 0.07 | 0.05 | 0.06 |
| Family of origin ⁴ | 0.07 | 0.04** | 0.06 | 0.06 | 0.05 | 0.06 | 0.04 | 0.05 | 0.05 | 0.08* | 0.03 | 0.06 | 0.03* | 0.06 |
| Gender expression ⁵ | 0.07 | 0.09 | 0.08 | 0.09 | 0.07 | 0.09 | 0.09 | 0.09 | 0.10 | 0.08 | 0.04* | 0.09 | 0.10 | 0.06* |
| Gender exploration ⁶ | 0.12 | 0.12 | 0.17* | 0.13 | 0.14 | 0.14 | 0.13 | 0.15 | 0.12 | 0.12 | 0.14 | 0.13 | 0.13 | 0.14 |
| GAMI ⁷ | 0.14 | 0.08** | 0.05*** | 0.08 | 0.11 | 0.08 | 0.08 | 0.09 | 0.05** | 0.11 | 0.11 | 0.07 | 0.11** | 0.10* |
| Health ⁸ | 0.08 | 0.06 | 0.08 | 0.06 | 0.08 | 0.08 | 0.07 | 0.07 | 0.08 | 0.06 | 0.05 | 0.07 | 0.06 | 0.07 |
| Intimate relationships | 0.09 | 0.07 | 0.08 | 0.08 | 0.05 | 0.09 | 0.09 | 0.09 | 0.07 | 0.07 | 0.07 | 0.08 | 0.08 | 0.07 |
| Parenthood | 0.04 | 0.03 | 0.03 | 0.03 | 0.02 | 0.04 | 0.03 | 0.03 | 0.03 | 0.03 | 0.03 | 0.04 | 0.02 | 0.03 |
| Place of residence | 0.05 | 0.07 | 0.05 | 0.05 | 0.07 | 0.07 | 0.07 | 0.06 | 0.04 | 0.06 | 0.11** | 0.05 | 0.07 | 0.08* |
| Rejection ⁹ | 0.05 | 0.05 | 0.06 | 0.04 | 0.08* | 0.06 | 0.03 | 0.05 | 0.06 | 0.05 | 0.05 | 0.04 | 0.05 | 0.06 |
| Sexuality | 0.03 | 0.04 | 0.08** | 0.07 | 0.03** | 0.04* | 0.03*** | 0.04 | 0.08** | 0.02 | 0.05 | 0.05 | 0.03 | 0.05 |

* p<.05;

** p<.01;

*** p<.001;

¹ Community involvement,

² Culture and new information,

³ Education, career, and finances,

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- ⁴Family of origin relationships,
- ⁵Gender expression and presentation,
- ⁶Gender exploration and revelation,
- ⁷Gender-affirming medical intervention,
- ⁸Health and emotional well-being,
- ⁹Rejection and violence