



## Temporal effects: How cisheteronormativity and reproductive injustice engender preventing, postponing, and becoming in trans\* biographies

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**Abstract:** This article examines how cisheteronormativity and reproductive injustices shape trans\* people's life-course timing, reproductive autonomy, and self-determination in healthcare and legal systems. Despite reforms like Germany's Self-Determination Act, significant barriers to reproductive rights remain. In this article, we extend the reproductive justice framework to include epistemic injustice and draw upon our secondary analysis of narrative interviews from three qualitative studies of trans\* lives. Our findings show that the institutionalized cisheteronormative life course marginalizes trans\* individuals, constraining their access to medical care, parenthood, and gendered becoming. They face testimonial and hermeneutical injustices and often live asynchronously to normative timelines. Achieving reproductive justice thus requires dismantling cisnormative assumptions and building inclusive systems that support diverse temporalities, non-linear life paths, and kinship networks.

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# Temporal effects: How cisheteronormativity and reproductive injustice engender preventing, postponing, and becoming in trans\* biographies

## Introducing trans\* temporality

Normative expectations structure the timing and progression of experiences across the human life course. Within cisheteronormative societies, children are increasingly presenting trans\* identities in everyday and institutional contexts while a generation of identifiably trans\* people is entering later life. But which cisheteronormative effects on trans\* and non-binary experiences of time become visible across the life course? How do temporalities structure logics of legal and medical institutions and influence the everyday practices of trans\* people and their navigation of social spaces? And how do these temporalities shape ideas of a “good life” and, for example, ideas of gender, sexuality, reproduction, or family planning?

Amid the contested dynamic global developments in the political, legal, and cultural recognition of gender identities, access to gender-affirming healthcare, and reproductive rights for trans\* people, interdisciplinary fields such as childhood studies (Meadow 2018), kinship and family research (Pfeffer 2017; Peukert et al. 2020), and gerontology (Siverskog 2015) have begun to address this expanding demographic. Nonetheless, empirical research on the spectrum of trans\* lives with respect to various dimensions of time is rather recent. The interdisciplinary field of trans\* studies asserts that any approach to trans\* research needs to engage with cisnormativity (Stryker/McCarthy Blackston 2023).

The particularity of trans\* experience, especially regarding embodiment, cannot be fully grasped by analyses of gender performativity or queer readings. Queer theorization of time can nevertheless be a starting point for understanding trans\* temporalities, articulating how cisheteronormativity has temporal regimes. “Queer time” is a dimension in which the boundaries separating past, present, and future do not align with chrononormative linearity (Freeman 2010). The concept of chrononormativity describes how institutional rhythms become incorporated and inhabited in such a way that they are deemed culturally nor-

mal and feel natural (Freeman 2010). In societally dominant “straight time” (Muñoz 2009), the normative life course follows the sequence of birth, education, paid work, marriage, starting a family, retirement, and, finally, death. Jack Halberstam has argued that queer people experience being “out of time” as they are living their lives beyond these heteronormative logics. Unencumbered by reproductive labor, for example, they instead find themselves charged with finding spaces to develop themselves and find their own kinds of families or kinship networks, which might lead to their experiencing a “stretched out adolescence” (Halberstam 2005, 2).

In this article, we present some of the working concepts for grasping trans\* temporalities, which do not fully flesh out a concept of societally dominant “cisgender time” analogous to “straight time” but nevertheless illuminate cisheteronormative effects on trans\* and non-binary experiences of time and across the life course. We pursue the empirical goal of learning about the social and institutional structuration of trans\* experiences and biographies by centering their temporal dimensions, thus addressing cisnormativity in the context of trans\* people’s experiencing of chrononormativity across their life trajectories. For the purposes of this special issue, our empirical findings about trans\* temporalities attend to epistemic injustices when it comes to trans\* reproductive bodies and subjectivities. Epistemic injustices reinforce the structural barriers impeding trans\* people’s access to reproductive rights and healthcare. We will now present these central concepts.

## Reproductive justice and epistemic injustice

The rights of trans\* people, including their reproductive rights, have emerged as a deeply contentious and widely debated issue in Germany as well as globally.<sup>1</sup> Trans\* people still face barriers in accessing healthcare and custody rights. It is against this backdrop that the concept of “reproductive justice”, encompassing and transcending matters of reproductive rights, gains relevance. Reproductive justice, in the words of Loretta J. Ross and Rickie Solinger, centers on “three primary values: (1) the right not to have a child; (2) the right to have a child; and (3) the right to parent children in safe and healthy environments. In addition, reproductive justice demands sexual autonomy and gender freedom for every human being” (2017, 65). This framework, critically articulated out of the struggles of cisgender Women of Color in the 1990s, is “increasingly conversant with the struggles of trans and nonbinary communities” (Fixmer-Oraiz 2019, 25). Their

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<sup>1</sup> In Germany, the psychopathologizing Transsexuals Act of 1981 has recently been replaced by the Self-Determination Act of 2024.

struggles call into question the gendered subjectivity at the core of reproductive-justice pursuits. What happens to the knowledge produced around birthing and parenting and to discourses of reproductive justice when the conversation moves beyond centering cisgender women? How might it be possible to harness the concept of reproductive justice for the purpose of understanding trans\* people's lived experiences?

According to Miranda Fricker (2007), epistemic injustice happens when someone is wronged in their capacity as a knower (testimonial injustice) or when they lack the shared concepts needed to make sense of their own experiences (hermeneutical injustice). We can observe "testimonial injustice" in how trans\* people are denied the status of being credible witnesses to their own reproductive needs and "hermeneutical injustice" in the lack of linguistic and conceptual means by which they can give intelligible accounts of their experience. Trans\* and nonbinary people not only experience pregnancy and have needs for reproductive medicine but also have historically been subjected to forced sterilization. This violent and unfair harm has blocked trans\* and intersectionally marginalized people from fully participating in the exchange and creation of knowledge around reproduction (Yam/Fixmer-Oraiz 2025). In the context of the modern emergence of transgender subjectivity, in order to receive a medical diagnosis of "transsexual", autobiographical narrations needed to be in accordance with institutionalized cisheterosexual experiences (Amin 2014; Hirschauer 1993; Lindemann 2011). This testimonial injustice is engendered by the cisheteronormative models of a "healthy" and fulfilling life that dominate medical fields and professions, shaping trans\* experiences of reproductive (in)justice and more (Fricker/Jenkins 2017, 272). It is chrononormativity that underpins this imagined cisheteronormative life. In their exploration of queer and trans\* experiences of time, queer and trans\* studies have already begun to show how temporality plays a role in the hermeneutical marginalization of queer and trans\* people.

In this article, we will show the effects of reproductive inequalities on trans\* life experiences. We seek to illustrate, empirically, the hermeneutical injustice that occurs in the absence of concepts via which trans\* people can conceive of, express, and describe their experiences across the life course, including reproductive experiences. The first of three empirical projects discussed in this article will further elucidate how the healthcare system is a central social field through which normative temporal regimes are enforced. The second project links directly to the reproductive-justice values of the rights (not) to have a child (Ross/Solinger 2017). The third project in particular explores the hermeneutical marginalization (Fricker 2007) of trans\* experience and knowledge tied to re-

productive categories across the life course, such as motherhood and puberty. Life-course studies of trans\* temporalities have the potential to illuminate moments of queer orientation for trans\* people as well as particular atemporal and asynchronous trans\* experiences. These results provide hints about long-term and temporal effects across life trajectories.

We proceed with an overview of the state of research on trans\* life courses and temporalities. We will then present our methodological approach and empirical findings. Finally, we end with a discussion of trans\* temporalities and reproductive (in)justice in light of our results.

## The state of research on trans\* life courses

The primarily quantitative field of life-course sociology has been relatively slow to recognize the cisheteronormative structuring of trans\* life courses. While there is a long-standing tradition of engaging with queer lived realities within qualitative and biographical (family) research in English-speaking countries (for example, Weston 1991), the German research landscape in this area is nascent. Initial studies that focus on LGBTQ\* families, for example, have only recently begun to emerge (Peukert et al. 2020; Teschlade/Motakef/Wimbauer 2025), and there are some initial studies on trans\* parenthood (Pfeffer 2017; Stoll 2020). More detailed knowledge about the lived realities of trans\* and inter\* people (Gregor 2015) as well as their families (Krämer 2021) is still a desideratum in academic research.

Engaging with the queer-theoretical contributions to temporality, trans\* scholars such as Ruth Pearce (2019) both empirically record trans\* narrations of “trans\* time” and expose the shortcomings of linear conceptualizations of time. For example, Pearce corrects the notion of a “single puberty” contained in Halberstam’s depiction of a queer sub-cultural “stretched-out adolescence” by pointing out how the “second puberty” described by trans\* people during hormone-replacement therapy (HRT) as part of their medical gender affirmation as an adult is better described as an “atemporal adolescence” (Pearce 2019, 70). With respect to the linear notion of life development and aging, these experiences are not (only) delayed but out of time itself. To understand trans\* experiences, it may be necessary to comprehend time beyond chronological age. Counting in “trans years” (years since identifying as trans\* or since transitioning) or “hormone time” (years since starting HRT) are some of the ways in which trans\* people make sense of the timing of their lives or discuss non-linear aging (Pearce 2019). These terminologies mark shifts in gendered experience and embodiment and are a reminder of how gender and age intersect (Siverskog

2015). These gendered experiences are accompanied by modified temporal relations to past, present, and future, which Julian Carter approaches with the concept of “transitional time” (2022). These concepts of “trans\* time” and “transitional time” can be understood as attempts to counter the epistemic injustices of cis knowledge production about chronological human development.

A number of life-course scholars focusing on older trans\* people argue that it is possible to identify different generations of trans\* experience. Their findings “challenge assumptions about linear ‘progress’ in human history by emphasizing the interaction between generation and gender in the impact of life events” (Fredriksen-Goldsen et al. 2024, 1716). Trans\* life-course research therefore has the potential to contribute to queer and trans\* critiques of a linear conception of progress (Rao 2020). Halberstam also picks up on the notion of “trans\* generations” to discuss cross-generational interaction between trans\* people, in part to situate the experiences of transgender children – who have emerged as “trans\* kids” (Meadow 2018) – within a history of queer kinship (Halberstam 2018, 67). Trans\* and gender-nonconforming children today have different possibilities for living their lives, experiences that put them in a different relation to the generations of trans\* people who came before them. It is not possible to speak of a trans\* biography in a normative sense, because trans\* experiences differ intergenerationally. Thinking trans\* lives intersectionally, as the “iridescent life course” approach seeks to do (Fredriksen-Goldsen et al. 2024), means developing a sensitivity for multiple trans\* temporalities.

There is a research gap in regard to bringing together trans\* temporality and reproductive justice. Some initial research has shown that because biological reproductive timelines differ for differently gendered bodies, trans\* women and men may face different reproductive-justice struggles (see Riggs/Bartholomaeus 2020). Taking gender and gender roles, (biological) reproduction, and temporality together, for example, trans\* motherhood might have quite a different timing in life from that of cis motherhood. This could be read as a form of “non-linear” or atemporal reproductive experience that would be rendered unintelligible in straight, cisheteronormative reproductive temporality (for further counterstories, see Yam/Fixmer-Oraiz 2025).

Our mosaic approach of bringing together three contemporary empirical trans\* research projects is not intended to develop an empirical trans\* biography but to sharpen senses of trans\* temporalities that are life-phase-specific. Together, we show how “preventing” and “postponing” manifest as examples of “non-linear temporalities of disruption, disjuncture and discontinuity” (Pearce 2019, 61), linking them to medical and legal structures that condition possibi-

lities for trans\* becoming. At the same time, we reflect on the multiplicity of “becoming” in trans\* existence through these atemporal modes.<sup>2</sup>

## Our methodological approach

Although temporal aspects were not initially the central focuses of our three projects, time and temporality emerged as relevant in the data generated by each. We were inspired to bring together these three empirical projects because they each shed light on different specific aspects of trans\* experience and biographies. Even though the projects were analyzed differently, they all fall within the interpretive paradigm. Time-related findings were not recoded but are discussed through comparative case analysis (Charmaz 2006). Our secondary analysis focuses on the life phases of childhood and midlife, the timing of lives, and experiences of time in trans\* people’s lives. We uncover how cisheteronormativity structures the production of medical, legal, and social knowledge about trans\* life and its discriminatory implications. We intend our considerations to serve as a contribution to theories around trans\* time and temporalities, illuminating the links among various phenomena pertaining to time, temporality, and gender identity, and exploring the potential structuring effects exerted by particular conceptions of time.

Our analysis draws upon three qualitative empirical studies that approach trans\* people’s everyday experiences from distinct disciplinary perspectives. The data was collected between 2017 and 2023 by the following projects: a) the Trans\*Kids<sup>3</sup> project (Bolz/Wöhlke 2022), centered on promoting non-discriminatory treatment of young trans\* people via patient-centered training in health-care, encompassing a total of 15 semi-structured one-on-one interviews with nurses and medical administrative staff followed by an empirical ethics analysis of the data; b) the Vielfam project<sup>4</sup> (see Teschlade et al. 2023), focused on the “doing reproduction” and “doing family” of LGBTQ+ families, involving a total of 19 interviews with individuals, couples, and families in 13 LGBT family setups, analyzed via grounded-theory methodology and a hermeneutic-sociology-of-

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2 In line with trans\* studies, trans\* becoming here refers to trans\* as an ongoing process not restricted to medical, legal, or identity change.

3 This was a cooperative project (2019–2023), funded by the German Federal Ministry of Health, titled “TRANS\*KIDS. Förderung eines nicht-diskriminierenden Umgangs mit jungen trans\* Personen durch patient:innenorientierte Schulungsmaßnahmen im Gesundheitswesen”. Reference number: ZMVI1-2519FSB502. See <https://www.transkids-studie.de>.

4 The project “Ambivalent recognition order? Doing reproduction and doing family beyond the heterosexual ‘nuclear family’” (MO 3194/2-1, PE 2612/2-1, WI 2142/7-1) (2018–2021), funded by the German Research Foundation (DFG), was carried out by Mona Motakef, Almut Peukert, Christine Wimbauer, Julia Teschlade, and Leoni Linek. See <https://www.projekte.hu-berlin.de/de/ambivalente-erkennung>.

knowledge approach; and c) a sociological doctoral research project on trans\* vocality (Patch 2022), comprising a total of 16 narrative interviews conducted with singers of a trans\* chorus in the United States, analyzed via grounded theory and interpretative phenomenological analysis.

These 50 interviews, conducted with participants of a variety of ages, genders, and social standings, make up the corpus of our meta-analysis. All interviews were audio recorded, transcribed, and anonymized. Time-related terms are prevalent across the projects in how our interviewees discuss various life stages, feelings of belonging to a generation, as well as chronological and biological age. Their narrations show the use of concepts of time to make sense of their experiences as trans\* people or, in the case of healthcare providers, in their argumentation for how they provide care. Given the present paper's meta-analytical framework, we do not systematically compare the situation in Germany to that in the United States, although data was collected in both these countries.

## Findings

Our empirical findings on trans\* temporalities cover time spans from childhood to adulthood and expose the cisheteronormative medical and legal knowledge regimes to which trans\* people are subjected. We structure our presentation of them along the temporal effects that each respective project most centrally illuminates: "preventing", "postponing", and "becoming". How does the analysis of trans\* temporalities engage with issues of reproductive justice?

### **Preventing: Trans\* children and young people in healthcare systems, navigating protection and self-determination**

Examining the treatment of trans\* children and adolescents in the healthcare system through the lens of epistemic injustice exposes contradictions. Some healthcare professionals<sup>5</sup> appear to be invested in the violence-free care of trans\* youth; yet, based on their self-positioning as professional care givers, they tend to place themselves in the role of experts in judging the authenticity of someone's trans\* identity. They scrutinize it closely, and, in some instances, make interventions. They undermine what trans\* children and young people know about their subjective experiences. Epistemic justice calls for healthcare professionals to listen more closely to young trans\* people and to actively involve them in decision-making so their health needs can be met. The following

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<sup>5</sup> This group includes nurses, medical assistants, and healthcare administrators.

analysis will explore the ambivalences in health professionals' interactions with young trans\* people that may give rise to tensions as well as emotional and moral dilemmas in their day-to-day work.

The recent revision of the International Classification of Diseases in 2022 (ICD-11) to depathologize trans\* identity represents a significant milestone toward achieving medical equality for trans\* people. The ICD-11 defines any attempt to change a person's gender identity by therapeutic means as unethical, and indeed, in 2020, Germany made such endeavors a criminal offense. According to the standards of care as laid out by the World Professional Association for Transgender Health (WPATH), interventions by professionals should primarily seek to support trans\* individuals in living and developing their gender identity freely.<sup>6</sup> Yet, healthcare professionals may fail to recognize and respect the knowledge of minors who experience gender incongruence or dysphoria, which could, in ethical terms, be defined as a form of epistemic discrimination (Hädicke/Wiesemann 2021). Individuals' credibility is being called into question solely based on their belonging to a specific social group. This dynamic is based on the belief that the moral consideration for (trans\*) children is inherently lower than for adults. Children have the same moral status (moral equality) as adults, but this does not mean they are treated identically. The distinction concerns not their worth, but the form that moral consideration takes. Because children are more dependent, have interests that are often oriented toward their future, and exist within relationships that carry moral significance, their claims must be considered in ways responsive to these circumstances (Wiesemann 2016). The hierarchical, knowledge-based system of medicine therefore carries a high risk of discrimination through epistemic testimonial and hermeneutical injustice. The lack of sensitivity toward trans\* temporalities in healthcare is evident in many healthcare professionals' communication styles. Discriminatory and stigmatizing behavior can happen in the form of misgendering or "dead-naming"<sup>7</sup>; allocating beds in gendered hospital rooms that do not match the patient's gender identity; being insensitive when conducting physical examinations; expressing transphobic attitudes; and making derogatory jokes or remarks about looks and transition.

Our interviewees consider childhood and puberty to be biologically and socially relevant periods of time in the gendered becoming of an individual in a cisheteronormative way, following the logics of chrononormative linearity, oriented to the dominant "straight time" (Muñoz 2009). Many of the healthcare professionals we interviewed consider themselves to be patient-centered, emp-

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6 This group includes nurses, medical assistants, and healthcare administrators.

7 The term refers to the practice of being addressed by the name and pronouns assigned at birth despite having chosen a different name and pronouns.

athic, and sensitive to diversity. However, these attitudes are accompanied by judgments that influence these professionals' practice and routines. This ambivalence manifests in our data: Professional caregivers prioritize trans\* children's status *as children* over their trans\* identities. These two categories, seemingly difficult to reconcile, effectively find themselves competing for relevance and urgency, being weighed up and played off against each other. Astrid, a 45-year-old art therapist who works in a psychiatric and psychotherapeutic setting, "see[s] the biggest danger in [having] to decide too quickly, taking [a young person's] bodily integrity too quickly" (English translation). Her repetition of "too quickly" indicates an attitude that denies trans\* children their inherent autonomy and strips them of the right to be responsible for assessing the future consequences of their actions in the present, an autonomy and responsibility that, in this argumentative logic, encompasses their (corporeal) reproductive capacity. She follows the logic of "having children (...) later in life", which shows the power of the imagined ideal cisheteronormative life course. Petra, a 26-year-old assistant who specializes in pediatric endocrinology, provides a similar argument:

"The question is just always that, especially with 13, 14-year-olds [...], during puberty none of us really know who we are, where we want to go in life [...] which gender we maybe feel attracted to [...] the question is just whether you really intervene in this sort of development process [...] or whether it might actually be better to wait a little bit, till puberty's over and done with, for example, or till the patient's grown up, can decide for themselves, and live with the consequences themselves." (English translation)

While Petra does make references to a relatively open conception of gender and sexuality (often used synonymously), the idea of "protecting" her young patients predominates. This type of argumentation ascribes a childlike quality to the will of young trans\* people. Compared to adults, understood as people of the age of majority, young people are portrayed as deficient when it comes to knowing the (irreversible) physical changes that may result from their decisions. Andrea, a 36-year-old nurse who specializes in pediatric psychiatric and psychotherapeutic care, describes one "difficulty" in her work as being "to distinguish whether the child really feels they're in the wrong body or if the child is simply going through puberty, where sometimes none of us really know" (English translation). Although a more fluid interpretation of gender and sexuality is suggested by her statement, she uses this reference to a common pubescent experience as a basis for exclusion. Andrea deems herself an authority on assessing gender identity, deciding whether the trans\* identification taken up by a young patient is suitable.

These examples show the powerful construction of minors as in great need of protection. The interviews overall show that healthcare professionals are concerned about the (irreparable) consequences of decisions made before adulthood for the life course of the trans\* children in their care. Most of the healthcare professionals we interviewed instrumentalize the biological reproductive capacity or “fertility” of young trans\* people in their narrations. They define it as an essential value or as something to be preserved at all costs and to be centered in all medical interventions. The attempt to secure their bodily reproductive capacities for the future follows a cisheteronormative logic that is orientated to starting a family and having children. This logic tolerates trans\* identities but dismisses them as a “phase”, a temporary period or site of youthful arrogance. Other interviews reveal an analogous logic in participants’ reduction of trans\* identities to the past. Petra, for example, alleges that “frequently, [the experience of] a rape or a sexual assault [...] can play a role” (English translation) in the emergence of trans\* identities. This point of view references psychological dispositions and concepts such as trauma as a result of past experiences of sexual violence as causes for “wanting to be trans” in the present. It is not unusual for healthcare professionals to create chains of temporal causality, linking a diagnosis (for example, depression) directly to the patient’s (trans\*) gender identity – even if the diagnosis as such is unrelated to gender identity. They thereby ascribe social and psychological deficiencies to the young people that are their patients, deny the agency of trans\* children, and reproduce negative stereotypes. They pursue their primary objective of avoiding possibly erroneous decisions that could have potential long-term implications for children in their future.<sup>8</sup> This cisheteronormative view imposes a mistaken trans\* identity of the past onto the imagined future, which results in the prevention or postponement of children’s processes of transition, or trans\* becoming, in the present.

### **Postponing: Facing the choice between starting transition and starting a family<sup>9</sup>**

In 2024, Germany adopted the Self-Determination Act, replacing the Transsexuals Act (TSG) of 1981. The TSG severely limited the right of trans\* people to have a child. It led to temporal postponements and discontinuities in trans\* people’s life courses. Until 2024, the TSG set out stipulations regarding the circumstances

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8 The exclusion and discrimination of trans\* people in everyday life (for example, in work contexts and systems of education, health, and justice) can lead to psychosocial stress, which can result in suicide (Austin et al. 2020; Inderbinen et al. 2021).

9 This section is closely based on a section in Teschlade et al. (2023) and has been translated into English.

in which people could have their registered legal gender changed. It required the individual applying for the change to have undergone gender reassignment surgery; to be unmarried, which meant that married trans\* people had to divorce prior to changing their legal gender; and be “permanently unable to reproduce” (English translation). In other words, it required trans\* people to renounce parenthood in order to gain legal recognition. This highly pathologizing and stigmatizing aspect of the legislation attracted frequent criticism. On six occasions, Germany’s Federal Constitutional Court (Bundesverfassungsgericht) found the TSG provisions to be unconstitutional, among them the requirement of inability to reproduce, which it considered a serious infringement on fundamental rights. Even after the abandonment of mandatory sterilization in 2011, it was still the case until 2024 that a trans\* person’s change of first name became null and void if they gave birth or acknowledged biological parenthood of a child up to 300 days after the change had been registered.

Via an empirical example, we consider the impact of this legislation on people’s plans to start a family. Henrik and Conny Herwald are a married couple and have two children. When we met, Henrik introduced himself to us as a “trans man” and described Conny as a male-to-female trans\* person, although “currently not transitioning” (English translation). Conny cannot, or does not wish to, identify permanently with one particular gender, while Henrik recently began living as a man. He has changed his name and legal gender, is receiving hormone therapy, and is planning to undergo gender-reassignment surgery. He came out as trans\* just one year before we interviewed him, having previously kept his trans\* identity secret from Conny because of their shared desire to start a family. Having initially hoped to adopt, yet turned down by German children’s services due to their relatively young age, the couple found biological parenthood to be their sole option, at a time at which sterilization was a required precondition of a change of legal gender. Henrik thus faced the prospect of pregnancy and the dilemma of deciding which would be the lesser of two evils: having biological children and giving up the idea of transition, or undergoing transition, changing his legal gender, yet losing the opportunity of parenthood and possibly also losing Conny, whose heart was set on having a family. The couple also wished to get married, which would not have been possible had Henrik transitioned. Henrik found it was impossible to simultaneously be a married parent and live as his chosen gender identity:

“I didn’t see any other way forward for me at that time. Starting the transition process and coming out, but alongside that this sort of traditional lifestyle – wanting a family, children, a house, wanting to get mar-

ried – didn't go together for me back then, it was an equation I couldn't solve. And then I thought about it for myself, okay, can I do it? What's more important to me, what has the bigger role in my life? So, in the end, I could only make my choice to have a child, to marry, by giving up doing the other thing [transition] alongside it." (English translation)

This experience illustrates the severity of the restrictions that previous legislative conditions placed on trans\* people's choices and actions on the basis of their gender identities and, in some circumstances, of their sexual orientations. The law made Henrik's two greatest desires in life, transition and a family, mutually exclusive. Faced with this "either/or" situation, Henrik chose to start a family. This choice was not without impact. Henrik reports having been in a "very bad" place during pregnancy, describing this period as something "I had to get through somehow, these nine months" (English translation), compounded by being very unhappy for many years because he wanted to live as a man rather than as a woman. This turmoil manifested in various health issues that caused him considerable difficulties. It was not until years later, when he came out and began moving toward transition, that his health started to improve.

We reemphasize at this point that, between 1981 and 2024, German legislation sought explicitly to prevent trans\* people from starting families. Until 2024, then, trans\* family life took place in conditions dictating the mutual exclusivity of being trans\* and being a parent. Trans\* people found themselves facing the choice of postponing either transition or children to a later life stage – or, where possible, delegating them to their partner – thus effectively choosing between two highly personal life goals and rights. Legislation on parentage used exclusionary wording that did not permit the legal recognition of a person as a trans\* parent; a *father* could not birth a child. Life in this state of limbo left numerous trans\* people facing negative social and health impacts. In terms of the sociology of inequality, we can say that being trans\*, in many instances, limited people's life chances and range of options. Here, it is the knowledge-based system of law that discriminates through testimonial and hermeneutical injustice. The advent of Germany's "Self-Determination Act" in 2024, with its provision for people to change their registered legal gender and their first name via a simple declaration at the registry office, removed the necessity for people to apply to the courts for these changes and their obligation to provide two costly psychiatric reports in support of their petitions. The new law makes no stipulations regarding gender-reassignment treatment, and the matter of trans\* parenthood has been consigned to a future reform of the law on parentage. It remains unclear whether Germany will continue to recognize only the categories of "mother"

and “father” or whether a gender-neutral category of “parent” will achieve recognition. We are still far away from trans\* inclusivity in terms of our societal thinking about reproduction.

### **Becoming: Puberty as a heuristic for expressing out-of-time and atemporal gendered vocal experiences**

Early medical and clinical approaches to treating trans\* voices started from measurements of difference between cisgender male and female physical and acoustic properties, using these as the standards against which trans\* voices are measured. With their focus on “passing”, the pathologizing narrative of having the “wrong body” gets imposed upon the voice. Due to the presence of androgen receptors on the vocal folds, testosterone will usually thicken the folds, resulting in lower fundamental frequencies – a contributing factor to what is interpreted as a masculine vocal sound. Testosterone therefore figures as the responsible party for irreversibly masculinizing some voices during the life transition of puberty, while it represents a solution later in life for other, not-yet masculinized voices. The hegemony of this measurable understanding of gendered voice renders it difficult to formulate experiences of voice beyond the framework of cisgender natal puberty or ways of listening to gender beyond the gender binary, which serves as an example for hermeneutical marginalization (Fricker/Jenkins 2017, 273). Yet, gender is perceived in the human voice in culturally specific ways that cannot be explained through differences in physical characteristics alone. Socialization into womanhood and manhood during adolescence includes sounding like women and men. While not dealing explicitly with reproductive capacities, this subsection addresses a life phase central to reproductive development, puberty, and seeks to show the ambivalent nature of articulating trans\* biosocial experience against hermeneutic confines.

In vocal-music-performance settings, voice parts and roles are binarily gendered. It is therefore unsurprising that in interviews with singers of the Trans Chorus of Los Angeles (TCLA), “puberty” features as an orientation point in their making sense of their singing experiences. In the following, we show four temporal qualities of this relation to puberty emerging from the vocal biographies of the trans\* singers, including their effects on the singers’ gendered vocal becoming. The first three relate to individual experiences of gender and voice across the life course: anticipation of effects of puberty on the voice, withdrawal from singing during natal puberty, and the shorthand “second puberty” descrip-

tion of hormonal effects on the voice as adults. The final example relates to the collective “coming of age” experienced in the trans\* chorus.

Many of the trans\* feminine singers were aware of the imminent effects puberty would have on their voices. They experienced fear and dread as puberty approached, knowing that testosterone would change the structures of the vocal apparatus. Sarah is a soprano in the chorus, and she derives great pleasure in being able to sing in the highest voice section (again). She describes her experience singing as a child:

“I was like ten years old when I seriously started [singing high notes]. And I caught a constant fear every day that it’ll just (*snaps fingers*) I’ll just wake up and I’ll just change and I won’t have the notes anymore, just cause like, puberty would just come up and sneak up on me out of nowhere; it’s a *constant* fear.”

Like many of her fellow trans\* feminine choristers, as a child, Sarah anticipated the near-future effects puberty would have on gendered aspects of her experience, including her voice. Anticipation was also discursively salient in Pearce’s (2018) “Understanding trans health” project, although with a different frame of reference. In Pearce’s UK-based study, trans\* people were experiencing anticipation with respect to waiting for access to (medical) transition. The future-oriented temporal quality of “anticipation” can thus have multiple meanings for trans\* experiences of the present.

For both trans\* feminine and trans\* masculine singers of the TCLA, puberty marked a time when many stopped singing. While the trans\* feminine singers were grappling with changing voices attached to notions of masculinization, the trans\* masculine singers report having struggled with the social genders being attached to voices, vocal bodies, and character roles in musical performance during adolescence. The way voices become dimorphically gendered during puberty resulted in the discontinuation of their vocal performance for both trans\* feminine and trans\* masculine TCLA singers. Research on trans\* voice has tended to reproduce the cisnormative assumption that trans\* vocalizers will experience dysphoria based on the incongruous gender perception in sound. The present research shows that it was not the vocal sounds as such that caused dysphoria for trans\* masculine research participants; instead, the gender roles attached to voice parts and character roles made singing and performance untenable for some during adolescence.

Now adults, “puberty” still functions as a shorthand for how the trans\* masculine singers describe their experiences with the effects of HRT on their voices. They give rich descriptions of their voices in corporeal, gendered flux, and

they are in close temporal proximity to these changes. One participant, Finn, describes the phenomenon of vocal cracking:

"I'm unsure if it's either more embarrassing for, because uh, than a normal person going through puberty, shall we say [...] and I'll be like [...] 'It's ok, things are still changing, like think of how long it takes some people to go through regular puberty; you're fine, you're fine, you're fine'."

Finn relates their experiences with voice cracking to those of a "normal person" going through "regular puberty". Even in the singular puberty of straight time, puberty is a liminal, transitional space. Finn gives themselves permission to experience the vocal effects common to this time in adulthood as they cope with the embodied gains and losses accompanying their current vocal changes. The transitional time itself brings a temporality: vocal changes such as those during puberty take time – they happen over time. These examples point to the out-of-time-ness or "atemporal adolescence" that Pearce (2019) names, and the singers' comparison of their experiences to "regular puberty" is a way to normalize the experience of dealing with a voice that is changing from the effects of testosterone.

Finally, in the context of the chorus, the singers are experiencing their voices collectively. To explain part of the "transformative" experience of singing in a trans\* chorus, Finn describes choral singing as a collective practice of gendered "coming of age" with peers. There are many reasons why singing in the trans\* chorus feels "magical" for these singers. Finn says:

"You're simultaneously being welcomed and bonded at the same time, and it's a feeling that a lot of trans folks don't get to [...] experience [...] I mean, nowadays we're getting it a little bit better; people are actually allowing their children to experience how they like their adolescence to be experienced. But certainly, for a lot of us who are somewhat older, um, or just didn't have supportive families, we didn't get to have that kind of welcoming into the adult world that other people do, as well as that kind of bonding with your peer groups."

In this passage, Finn likens choral singing to a collective practice conducive to gendered coming of age with peers. While going through puberty-like changes, the trans\* singers are able to make up for ritualistic gendered vocal becoming of choral singing that they did not comfortably experience in their natal adolescences. The chorus space allows for a trans\* queering of vocal time: phenomena associated with male pubescence, such as cracking, are not out of place and time for a chorus of adult trans\* people. Through their singing practices, the

trans\* singers bodily “inhabit queer temporalities” and, in this case, “atemporal adolescence” (Pearce 2019, 63), asynchronously to the voicing of cis vocal bodies in “straight time” (Muñoz 2009) or “queer time” (Halberstam 2005).

Puberty is a name given to a period of significant bodily and gender development. For many of the trans\* singers of the TCLA, it is a term that describes the moment in which they are currently living. Undergoing such changes of corporeal and gendered becoming is possible later in life, a transition point within adulthood, and the chorus is significant to its members because it facilitates individual and communal growth during such a period.

## Discussion and conclusions

The temporal dimensions of trans\* lives and life courses presented in this paper illuminate the cisgendered chrononormativity enshrined in and stabilized through legal, social, and medical paradigms. We have identified epistemic injustices experienced by trans\* people throughout the life phases of childhood, puberty, and adulthood as a result of cisheteronormative conceptions of temporalities.

There are significant ethical contradictions when it comes to healthcare. Professionals’ concern for trans\* people’s wellbeing often manifests as a paternalistic or maternalistic form of care, ultimately constraining the autonomy afforded to them. For healthcare professionals, trans\* existence, categorically, does not belong to the realm of childhood existence. The prevailing logic holds that, because experiences during childhood and adolescence may affect future reproductive capacities, biological sexual maturity and reproductive functioning must take precedence. This illogic of care leads to a medical prevention of trans\* becoming. Efforts to protect trans\* youth from perceived physical suffering can mask the costs of denying their autonomy. Pronatalism can influence a medical approach of fertility preservation in regard to trans\* people – which can be understood as attending to reproductive justice – yet, pronatalist assumptions can also be used to deny the reproductive autonomy of trans\* children and adolescents (see Riggs/Bartholomaeus 2020). There is insufficient interplay between healthcare systems and legal frameworks. Because medical and healthcare professionals play an important role in advising trans\* people and their families, it is imperative that they understand the social and political challenges faced by trans\* people – especially at a time when misinformation and disinformation on this topic are rife – and fulfill their role in providing support. We argue for more empirical research in healthcare to highlight indirect and direct discrimination

against trans\* people, which constitutes epistemic injustice, and refer here to the latest statement by the World Medical Association (2025).

The linear questioning of “before or after puberty” when it comes to determining gender-affirmative care may obscure more person-centered ways of thinking about transition and support. Even an incongruous puberty may have negative long-term effects. Turning our attention to an ongoing practice across one’s life course, voicing, we show shifting and multiple temporal relations to the cisheteronormative “normal” biography. Singing is something that many trans\* people leave behind as they approach puberty and anticipate physiological changes to their voices and incongruous gendered singing roles. The TCLA singers’ consistent narratives of experiencing anticipation leading up to the time of puberty and their stopping performing during it show how much less labor-intensive their gendered vocal becoming could be had they received medical gender-affirmative care prior to that point in their lives. Combating hermeneutical injustice when it comes to the debate around whether and when to offer hormone treatment to trans\* children and adolescents means rejecting oversimplified linear narrations of cause and effect. The all-trans\* choral framing allowed for atemporal, multiple gendered vocal becoming, regardless of gender and age. Here, this coming of age typically associated with adolescence was possible and meaningful in adulthood. This dimension shows the dominance of medical knowledge, cisnormative assumptions regarding human voice development, and imaginations of the same puberty for everyone.

Discontinuities and asynchronicities that manifest in the timing of trans\* lives not only concern gender transition(s) or ideas of puberty but also the timing of parenthood and the experience of coming of age as trans\* adults. Trans\* becoming, even if and when deemed legitimate in adulthood, poses hurdles for other adult experiences, such as starting a family. Germany’s former “TSG” law sought to prevent trans\* people from engaging in this particular experience and denied trans\* people reproductive justice by making legal gender recognition conditional on sterilization and being single, forcing many to postpone or forgo transition to have children. This created a harmful “either/or” scenario of parenthood and gender identity. In Germany, then, the synchronous experience of gendered self-determination and starting a family is a legally derived privilege of cisgender people. Although the 2024 Self-Determination Act has removed some barriers, trans\* parenthood remains legally and socially unrecognized, leaving full reproductive justice out of reach.

Reproductive justice means reducing the normative determination of life trajectories and modes of living through the eyes of the law and beyond. Our

insights about trans\* temporalities should not be interpreted solely through the lens of how to make the cisnormative biography possible or more accessible for trans\* people. The disciplines of medical anthropology, empirical ethics, and sociology of gender face the challenge of developing empirically grounded alternative concepts of time that do not frame the temporalities of trans\* biographies as deviations from normative time. Further, the point is to reduce the discrimination, limitations on freedoms, and suffering that result from enforced chrononormativity. Reproductive injustices cannot be sustainably solved through the simple inclusion of marginalized people (Yam/Fixmer-Oraiz 2025, 166). While social, legal, and medical shifts are making it more easily possible for families of trans\* kids to support their children – although not without significant pushback – Halberstam (2018) supposes that these straight pathways may again be diverted in search of queer ways to circumvent new normativities. Flourishing can manifest beyond the script of the normative life course and within kinship networks beyond the nuclear family. In the trans\* chorus, adults of all ages are coming together and experiencing trans\* vocal becoming that is neither out of place nor time. Intergenerational trans\* kinship networks are part of dynamic trans\* world-making, which is as valuable as medical and legal measures to make healthcare for trans\* youth and trans\* parenthood possible. Reproductive justice means acknowledging the diverse range of trans\* temporalities that exist and using this knowledge to dismantle institutionalized cisnormative temporal frameworks, thus fostering possibilities for making gender non-conforming lives possible and protecting them.

## Data-availability statement

The research material will not be published for ethical, privacy and other reasons.

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