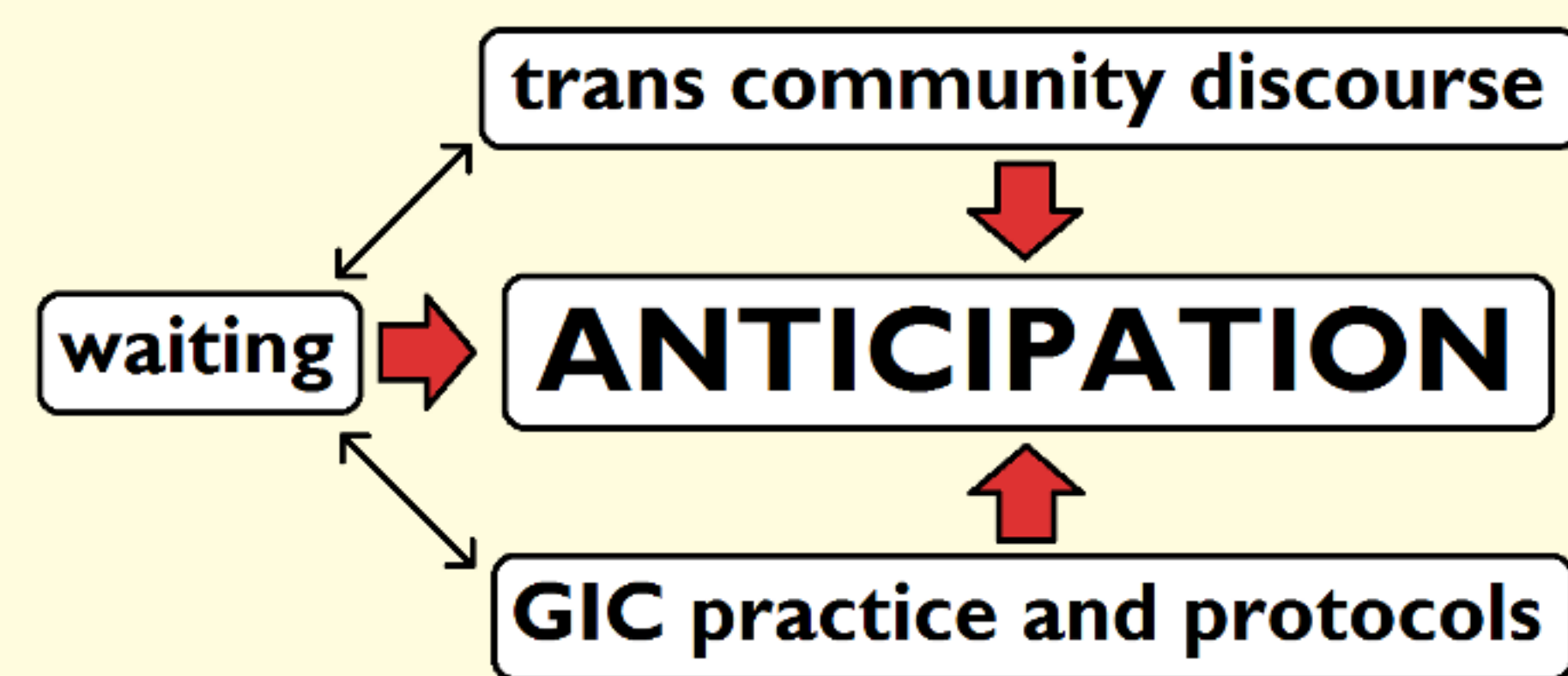


### Key Idea

“Anticipation” describes transitioning patients’ engagement with their possible futures. This is mediated by both gender identity services and trans community discourse, and shapes patient expectations, demands, hopes, and fears.



“We anticipate misgendering, perplexed looks, ignorance, transphobia. Even when what we anticipate does not occur (yet), we act as if it has. [...] I think it has something to do with waiting lists [...] We are kept in a constant state of anticipation: waiting for a letter or phonecall from the GIC, a prescription, a surgery date...”



### Research Methods

- Internet ethnography, qualitative data
- Longitudinal: 2010-2016
- Data collected from
  - Web forums, Facebook groups, Twitter
  - Blogs and media articles
  - Public health guidance/consultations
  - Pathway and protocol documents
  - Gender Identity Clinic (GIC) websites
- Results coded in NVivo
- Thematic discursive analysis

### GIC Waiting Times

Average wait to initial adult appointment:

- **42 weeks** (UK mean)
- **87 weeks** (longest wait: Leeds)
- **13 weeks** (shortest wait: Belfast)


(UK Trans Info FOI request, 2015)


Lengthy assessment period for patients in system:


- Waits of up to six months between appointments
- Real Life Experience typically two years
- Some GICs “start” RLE *after* initial appointments

### Anticipatory Discourses

- Transitioning patients frequently seek advice and support from Internet communities during wait
- **Anticipation** emerges **collectively** through shared stories/experiences of medical **practice**
- Mistrust of practitioners is common, due to:
  - patients' own experiences of transphobia/cisgenderism at GICs
  - stories (sometimes outdated) of transphobia/cisgenderism at GICs
  - time in which to **anticipate** transphobia/cisgenderism at GICs
  - GIC protocols seen as outdated/inconsistent
- GIC assessments regarded as a “test” that patients must “pass”
- Private treatment or self-medication often seen as preferable to public health GIC route

 **TransDocFailAnon**  
#transdocfail hiding anxiety and self harm from clinic doctors because I don't feel safe telling them about it.

 **Kat Gupta**  
Have an appointment with local GIC next month. Not sure either of us see the point because non-binary treatment isn't funded  
#TransDocFail

 **Phoebe Queen**  
To prove commitment to transitioned life, you usually need an official full time occupation. Unfortunately I was a f/t carer #TransDocFail

“[P]eople tweeted that [gender clinicians] have too much power [...] both medically and legally. Older trans gender people also wrote [about] their mistreatment in the past, creating ongoing fears[.]”

(NHS England report, 2015)

**We are used to waiting, orientated towards the future like iron filings lining themselves up towards a magnet.”**

(Jess Bradley and Francis Myerscough, Action For Trans Health)

“I try my best to simply laugh at it all and focus on a few years down the road when everything is sorted and I'm able to get on with being a 'regular' guy.”

(Participant: James)