

Talking about Transgender Experiences, Identities, and Existences

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Revised 12.14.21

Please cite this document as: van Anders, S. M., Galupo, M. P., Irwin, J., Twist, M. L. C., Reynolds, C. J., Easterbrook, R. B. C., & Hoskin R. A. (2019). Talking about transgender experiences, identities, and existences. Link:

<https://docs.google.com/document/d/1iHodSA16oP0itTjZPkB5tslBjMHOiMdy9lt9zmTPKPs/edit?usp=sharing>

What is this document? What isn't this document?

This document is an academic reference guide to and glossary for talking about transgender people, experiences, identities, backgrounds, and existences in academic talks at academic conferences for anyone interested. It also might be useful for classrooms and teaching. We hope that it will change and evolve as understandings change and evolve, and we invite contributions of terms and framings that can improve and expand this document.

/Much of the content in this document is also relevant for talking about nonbinary people, experiences, identities, backgrounds and experiences in academic talks at academic conferences. However, we worked on this document from a lens that centered transgender people, experiences, identities, and existences, all of which can and do intersect with nonbinary people, experiences, identities, and existences, but do not always do so.

We made this document available as a reference for anyone interested. This document is not a set of mandates for what people should say, nor is it set-in-stone. Instead, it is a product of a specific group of people in a specific time and place who wanted to provide a context for understanding how specific terms convey specific meanings (whether intended or unintended). Specifically, we largely work within (and/or against) upper-middle class North American academic norms.

Who wrote this document and why?

We, a group of tenured academics (Sari van Anders, Paz Galupo, Jay Irwin), wrote the first draft of this document after hearing concerns about the language some academics were using about transgender people or experiences/existences at academic conferences. Some of these concerns were shared in a general sense, and some were brought directly to us individually. We wanted to provide some guidelines for discussing studies with trans and transgender people, experiences, existences, backgrounds, and identities, and related aspects of gender diversity, at conferences for those individuals unaware or ignorant of current best practices or approaches. And, colleagues in our fields asked us to do so.

The document's lead authors are:

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If you would like to contact us with suggestions or questions, please email Dr. van Anders, Dr. Galupo, or Dr. Irwin; we will assume that you would like to be named as a contributor in the above section if we elect to incorporate your suggestion(s) – please note if you would prefer to remain anonymous.

Document organization.

This document has three sections: terms, framings, and resources, with entries organized alphabetically.

Terms refers to specific words or word groupings that may reflect trans/transgender-relevant identities, experiences, communities, etc.

Framings refers to the ways or contexts with which an academic might bring up transgender identities or experiences, the topics an academic might link transgender experiences/identities/people to, the theoretical underpinnings underlying research with and/or about transgender people/experiences/identities, etc.

Resources refers to outside sources and references that may be helpful for extending the information provided here. We specifically provide resources centered on (1) Positionality, cisgenderism and research, (2) Ethical guidance for transgender health research, (3) Guidelines for inclusive language, (4) Resources and position papers from professional organizations, and (5) Considering positionality and critiquing resources. This last area (5) focuses on some reflection points for considering positionality and critiquing sources. If there is a term or a framing relevant to transgender people or identities that you are wondering about, feel free to search for it and see what we have noted. Or, feel free to read through in general to get a sense of current language practices (current as of August 2019, so far as we know). If your term isn't listed, consider getting in touch with one of us to ask for its inclusion.

How to use this document.

Perhaps you are coming to this document because you are involved in research focused on and/or involving transgender people, backgrounds, experiences, communities, or gender diversity and want to be engaged in community conversations about best practices and language guidelines. We welcome you to the conversation! Our recommendations for how to best use this document include:

- Challenge yourself to think critically about the terms listed in this document and what they convey to different stakeholders of your work;
- Think about how different terms have been used from different frameworks. Understand that language may carry historical connotations based on those frameworks (e.g. pathology) even if that is not your intent;
- Language is political and ever-changing. Understand that language is part of a larger discourse on how we frame and understand transgender experiences and identities in our work (see Frames below). Be clear to yourself and transparent in your work about the research frame that you are adopting when discussing trans topics;

- Reflect upon your own positionality in the work that you do. Consider the ways that your identities and experiences impact your research approach and assumptions. Consider how your assumptions are communicated in the language you choose to use;
- Reflect upon how your positionality situates you in relation to trans/transgender people and communities. Writing and doing research about a marginalized community requires that you consider both your social location and the relative power associated with such a location;
- Reflect upon the positionality of the authors your work builds upon and/or is connected to in the literature. Consider both the positionality and the framework of the literature you cite.

What to do if someone sent you this document because of something you've said.

Perhaps you are seeing this link because someone raised concerns about a term or framing you used in an academic talk. Perhaps that person sent you this link, someone else recommended the link when you raised the experience, or you have found it yourself. Maybe you are feeling angry at what you perceive as censorship or thought control, maybe you are feeling shame because someone said you did something wrong or that caused them harm or hurt and you care about the impact you have had, maybe you are feeling sheepish because you feel you should have known better. Maybe you are experiencing these feelings or thoughts, or something else. Regardless of why you're here, welcome! Our perspectives include:

- Language is political, and its use cannot be neutral;
- Language changes;
- You can say whatever you want but you cannot only have the consequences you want;
- People from marginalized experiences, identities, and/or communities affected by terminology have the right to self-name and be called by those names;
- People who are not members of marginalized identities, experiences, and/or communities (even if they are members of other marginalized identities, experiences, and/or communities; even if they are studying people of said marginalized identities, experiences, and/or communities) do not get to overrule marginalized groups about linguistic practices;
- Your feelings about being called out/identified/checked about a problematic use of language matter, but not more than the problematic use of language itself. The problem is the language, not with its identification;
- Engaging with an academic or participant community involves engaging with those communities and them engaging with you; you do not get to choose a unidirectional relationship;
- Minoritized groups and members are heterogeneous and only infrequently have one universally agreed-upon standard for language, but that is no reason to ignore within-group broad consensus;
- The best way to deal with someone raising concerns about something you've said is to (1) educate yourself on why they've said that; (2) apologize sincerely and briefly and thank them for caring enough about you and the issue to raise it; (3) identify what you will do differently in the future; and (4) share and/or spread your updated knowledge.

Terms

(Please note that many of these terms are culturally-specific and may not transfer or translate to people in non-Western cultures.)

- **Agender:** This refers to someone who has no gender. It can be an identity (e.g., I am agender) or refer to someone's existence (e.g., this person has no gender, and so is agender).
- **All-Gender:** This refers to inclusiveness of all gender expressions and identities.
- **Androgynous:** This refers to people, experiences, and/or expressions that involve both femininity and masculinity, a mix of them, neither of them, or something in between.
- **Assigned Sex / Assigned Female / Assigned Male:** These are terms that identify the gender people were assigned or designated at birth apart from their current gender. These terms can be useful because they can avoid essentializing people by their birth-assigned gender/sex and are thus more accurate than terms like biological female/male, genetic male/female, natal female/male. However, in the absence of a compelling reason to use these terms for identification and/or grouping purposes, they can be problematic because they still put birth assignment ahead of current gender and thus can end up essentializing people by birth-assigned gender/sex after all.
- **Autogynephilia:** This is a contested term in academic circles, and widely disliked and disagreed with within trans communities. Autogynephilia is hypothesized as a paraphilia (see 'paraphilias' for more), and used to refer to transgender women whose birth-assigned sex was male and who are aroused at the thought of themselves as a woman; autogynephilia posits this arousal as the reason for transition. The term is used by a small group of people, including researchers, clinicians, and/or transgender women, but is otherwise seen as offensive and reflecting a pathologizing and stigmatizing framework. This concept also overlooks the arousal of many different kinds of people who may feel good about a gendered aspect of their identity or presentation.
- **Bigender/Bi Gender:** This refers to people who identify with both a feminine and masculine gender, move between masculine and feminine gender-typed behavior depending on context, express a distinctly feminine and distinctly masculine persona, and/or have two separate genders in one body.
- **Cisgender:** This refers to people who are the gender they were assigned at birth. It can be an identity (e.g., I identify as cisgender) or an existence without identity (e.g., categorizing someone as cisgender).
- **Cisgenderism:** This refers to the belief/ideology/framework that assumes gender (and/or sex, sometimes intertwined) to be assigned at birth, and that this is right, natural, universal, healthy, acceptable, and inherent to human existences. This often has the effect of delegitimizing people's own understandings of their bodies and genders. Cisgenderism includes laws, structures, relations, concepts, and utterances that naturalize cisgender with the implicit and/or explicit othering, stigmatizing, pathologizing, and/or discriminating against transgender and non-cisgender people. Cisgenderism is closely related and to and sometimes used synonymously with cissexism (see next).
- **Cissexism:** This refers to the belief/ideology/framework that assumes that cisgender is the only and/or right form of gender and/or sex. It involves prejudice, stereotyping, and/or discrimination against people with transgender identities,

backgrounds, and/or experiences. Cissexism can be understood in relation to sexism, with sexism negatively impacting women, and cissexism negatively impacting people with trans identities, backgrounds, and/or experiences. Cissexism is closely related to and sometimes used synonymously with cisgenderism (see previous).

- **FTM / F2M / FtM:** This refers to the direction of transition in men, i.e., from “female” (assigned at birth) to “male”. It is used by some people, but also seen as outdated and potentially reflective of a biomedical or even pathologizing framework.
- **Gender Binary / Binary Gender (or Sex Binary / Binary Sex):** Some people (and this can include some trans and some cis people) see a gender binary with either women/girls and men/boys as the only options. This is often based (explicitly or implicitly) on ideas of a sex binary, with only female and male categories. Some people do not see the world as divided into men/boys/males and women/girls/females, but do experience their own gender and/or sex as binary (and this can include some trans and some cis people).
- **Gender Diverse:** Gender diverse can be used as a synonym for gender minority people or communities, in the way that “diversity” is often applied to minoritized persons and/or communities (sometimes problematically). The term can also be applied to communities in terms of reflecting their constitution of people existing in many (diverse) gender locations.
- **Gender Expansive:** This is a term that refers to gender expressions, identities, and existences that go beyond, transcend, play with, upend, or *expand on or from* binary genders. People who are gender expansive might exist outside a gender binary or exist in ways that stretch, change, or modify it. Other related terms include gender creative and, sometimes, gender nonconforming. However, gender expansive allows for a description that is rooted in what one is or what one is doing (e.g., gender A), rather than what one is not or not doing (e.g., gender not-B), which can be more meaningful, liberatory, and/or powerful for some people.
- **Gender Fluid:** This refers to individuals who might embody many aspects of gender at once or at different times, in contradistinction to the idea that gender is static with people existing within one gender location (whether binary or nonbinary) for their whole lives.
- **Gender Majority:** This refers to those who see themselves or are seen as existing within cultural norms for their gender, any gender, and/or a gender binary, usually cisgender, and do not experience stigmatization, marginalization, and/or restriction of rights on this basis. It is not necessarily a numerical term referring to frequency but, instead, refers to a sociocultural position in cultures relative to those who have restricted access to mainstream and/or normative power structures.
- **Gender Minority:** This refers to those who see themselves or are seen as existing outside cultural norms for their gender, any gender, and/or a gender binary, and experience stigmatization, marginalization, and/or restriction of rights on this basis. It is not necessarily a numerical term referring to infrequency but, instead, refers to a sociocultural position relative to those who have overprivileged access to mainstream and/or normative power structures. It works in similar ways to “sexual minority” or “sexual orientation minority”, but distinguishes those who are minoritized on the basis of gender-related experiences (e.g., trying to be recognized as the gender they are) from those who are on the basis of sexuality (e.g., trying to walk safely with a partner of a similar gender) (i.e., though gender and sexual/orientation

- minority issues have connections and overlaps in general and for many individuals, they also sometimes branch).
- **Gender Nonbinary/Gender Non-binary:** This refers to individuals who identify and/or exist in ways that sit outside the gender binary. This can mean people whose gender is not at all man/male/masculine or woman/female/feminine, people whose gender involves elements of both of these, people whose gender involves one of these but also aspects outside the binary, people who identify with a third gender, and more. It can be an identity term (e.g., I am gender nonbinary) and an umbrella term of a variety of related experiences. People can be nonbinary and trans, nonbinary and not trans, and trans but not nonbinary; this is an ongoing discussion, sometimes with many tensions, among nonbinary and/or trans communities. Similarly, there are ongoing discussions, sometimes with tensions, about whether nonbinary falls under the trans umbrella, vice-versa, or neither. This term is used interchangeably with nonbinary/non-binary.
 - **Gender Nonconforming (GNC):** This is a common term that is becoming somewhat dated but is still used. It refers to people, and is often especially used for children, whose gender exists outside of the norm for their gender or for a gender binary. It is sometimes used synonymously with gender diverse. Some people find it outdated and offensive because it is often used within a medical/pathologizing frame, sometimes with the idea that people who do not conform to gender norms are a problem. It is also a term applied to individuals rather than stemming from people themselves or communities, which is another reason why some people take issue with it. Some people do use it for themselves as well and see it as unproblematic or at least useful. Some people also or instead use gender creative or gender expansive.
 - **Gender Pronoun:** Pronouns are terms that are used to refer to people; in English, pronouns that refer to *other* people are often gendered. People sometimes assume someone's gender pronoun, and say "he" when they should have said "she", or "she" when they should have said "they". Binary gender pronouns for women/girls are typically she/her/hers and those for men/boys are typically he/him/his, though this should not be presumed on the basis of presentation. Nonbinary pronouns can include they/their/them or ze(zie)(sie)/hir, among others. Some people use binary *and* nonbinary pronouns (e.g., I use she or they) or two binary pronouns (e.g., I use she or he). Using the wrong gender pronoun – mispronouncing or misgendering – is something that people can do to people of any gender, but it is much more likely for cisgender binary people to do it to nonbinary and/or transgender people. Sometimes, cisgender binary people do it on purpose, in an attempt to marginalize, humiliate, delegitimize, or take power over transgender and/or nonbinary people. Sometimes, it might be without ill intent, though the impact can still be harmful.
 - **Genderqueer/Gender Queer:** This can be a term that is synonymous with gender nonbinary or non-binary, or it can refer to a specific gender location that challenges the norms of an individual gender or the gender binary.
 - **He-She:** This is an extremely dated term that gender majority people used (and infrequently still use) as an epithet or insult for trans people, butch women, and/or other people of any gender/sex who were seen as transgressing or violating gender norms for their gender.
 - **Intersex:** This term refers to people who are seen as having bodies (anatomical, reproductive, physiological, genetic, etc.) that do not fit into binary female or male

- expectations, apparent at birth and/or in later development. It also can include a degree of unwanted and/or unconsented to medical attention or intervention, especially within childhood, that may or may not have been kept secret from the individual. Intersex can be an identity and/or refer to a set of experiences, and can also refer to political mobilization. People who identify as intersex can also identify as cisgender or transgender, or neither. And the term can sometimes be used to refer to the experience, bodies, existence, condition, or diagnosis in addition to an identity.
- **MtF / M2F / MtF:** This refers to the direction of transition in women, i.e., from “male” (assigned at birth) to “female”. It is used by some people, but also seen as outdated and potentially reflective of a biomedical or even pathologizing framework.
 - **Nonbinary / Non-Binary:** This refers to individuals who identify and/or exist in ways that sit outside the gender binary. This can mean people whose gender is not at all man/male/masculine or woman/female/feminine, people whose gender involves elements of both of these, people whose gender involves one of these but also aspects outside the binary, people who identify with a third gender, and more. It can be an identity term (e.g., I am nonbinary) and an umbrella term of a variety of related experiences. People can be nonbinary and trans, nonbinary and not trans, and trans but not nonbinary; this is an ongoing discussion, sometimes with many tensions, among nonbinary and/or trans communities. Similarly, there are ongoing discussions, sometimes with tensions, about whether nonbinary falls under the trans umbrella, vice-versa, or neither. Nonbinary/non-binary is a term used interchangeably with gender nonbinary/non-binary.
 - **Of Trans Experience / Of Transgender Experience:** This is a term used in conjunction with person, woman, or man, e.g., "person of trans experience" or "a woman of transgender experience." This refers to someone who has transitioned gender/sex at some point in their life, but does not identify as trans, transgender, or another term; instead, they identify as a man, woman, or person who has transitioned. This recognizes that, for some people, transition is something they have experienced or done, or something in their history of life. It may not be a defining criterion in who they are now or who they identify as, or it may not be an aspect of that at all. It may be more strongly tied to use among people of color.
 - **Polygender:** This refers to a person who is and/or identifies with multiple genders, either simultaneously or varying between genders. The genders can include man, woman, masculine, feminine, nonbinary, and/or any combination of these or more.
 - **Pre-Op and Post-Op:** These are terms that people having surgical transition, operation(s), or procedure(s) can use for themselves and/or within-community to describe their state of transition. Pre-Op means before (pre) operation (op) while post-op means after (post) operation (op). They may also be terms that a person will share, but it is seen as offensive for others to ask such private information or use without explicit invitation.
 - **She-Male:** This is a dated term that gender majority people used (and infrequently still use) to describe some transgender women, feminine/feminized men, or nonbinary people, usually as an epithet, insult, or other way to fetishize/objectify/other/exoticize. It is also used by some transgender women in sex work (e.g., porn, escort services, paid sex) often to communicate a certain gender/sex to gender majority people and/or customers, sometimes one that involves transgender women who have not had medical and/or surgical transition procedures or interventions, do not plan to, and/or do plan to but haven't. Some

people do not see the term as problematic and use it for themselves as an identity term.

- **Trans:** This is a common term that refers to a gender that is different than the one assigned at birth. It can be used as an identity term on its own, or as an umbrella term that includes transgender, transsexual, trans*, and other interrelated terms. It is sometimes seen as more casual/less formal, and more of a term that people use to identify themselves or their experiences. But it is also used as a term for an academic discipline (trans studies) and as an academic topic. It can be used as an identifier (I am trans), a verb (to trans something; akin to queering something, but only within the context of specific trans theory), or an adjective/qualifier/identifier (a trans person).
- **Trans*:** This is similar to trans (see above) in terms of being an inclusive umbrella term. It seems to be becoming much less used, however, due in part to community discussion regarding potential connotations of its use (i.e., that it may not be as inclusive as intended).
- **Trans fem/ Trans Feminine / Transfeminine:** This term refers to an individual who is/identifies as feminine but not necessarily a woman/girl, female, or trans woman/girl, and who was not assigned as a girl or female at birth. Trans feminine individuals may be/identify as nonbinary and/or trans, or neither. This is a newer term to acknowledge a broader spectrum of femininities not tied to womanhood/girlhood. Note that transfeminine and trans feminine are seen as roughly the same, unlike trans woman and transwoman, where transwoman is often understood to be outdated and/or offensive when used by non-trans people (see transwoman).
- **Transgender:** This is a term that, like trans (see above) refers to a gender that is different than the one assigned at birth. It can also sometimes serve as an umbrella term for related terms. It can be used as a term for an academic discipline (transgender studies) and an academic topic (the study of transgender experiences). It can be used as an identifier (I am transgender) or an adjective/qualifier/identifier (a transgender person). Transgendered is seen as inaccurate and offensive.
- **Transgendered:** This is sometimes used to mean trans or transgender (see above) but is seen as inaccurate and offensive (i.e. implying that being trans is something that happens to someone, rather than what/who a person is).
- **Transman:** This is considered by many people to be an outdated formulation. Some critique it as making transgender men sound like they are some non-human, otherworldly, science fiction creation, rather than men who are transgender and/or who have transitioned. Some people do not see it this way and use it for themselves.
- **Trans man:** This refers to a man who is transgender or trans (see above), meaning he is a man who was not assigned as a boy (or as a male baby) at birth. Please note: this is a much better term than transman (see above).
- **Trans masc / Trans Masculine / Transmasculine:** This term refers to an individual who is/identifies as masculine but not necessarily a man/boy, male, or trans man/boy, and who was not assigned as a boy or male at birth. Trans masculine individuals may be/identify as nonbinary and/or trans, or neither. This is a newer term to acknowledge a broader spectrum of masculinities not tied to manhood/boyhood. Note that transmasculine and trans masculine are seen as roughly the same, unlike trans man and transman, where transman is often understood to be outdated and/or offensive when used by non-trans people (see transman).

- **Transgender man:** Like trans man, this refers to a man who is transgender or trans (see above), meaning he is a man who was not assigned as a boy (or a male baby) at birth. Transman is seen as outdated and offensive (see above).
- **Transgenderism:** This is an outdated term not currently in use (though it was, until recently, used by one academic journal). It is usually tied to medicalized or pathologized understandings of trans and also can connote a belief system rather than an existence, identity, and/or set of experiences. It is not a complement to cisgenderism.
- **Transphobia:** This term refers to fearful, hateful, discriminatory, and/or exclusionary ideologies, beliefs, attitudes, and/or actions that people may hold against people who are or who are perceived as transgender, genderqueer, and/or gender non-conforming.
- **Transsexual / Transexual:** This is a term that refers to people who have a gender and/or sex that differs from that which they were assigned at birth and may involve medical and/or surgical transition. Some people use this term to describe and/or identify themselves. Many other people see the term as outdated and potentially offensive, especially when used by non-transgender or cisgender people.
- **Transwoman:** Like transman (see above), this is considered by many people to be an outdated formulation. Some critique it as making transgender women sound like they are some non-human, otherworldly, science fiction creation, rather than women who are transgender and/or who have transitioned. Some people do not see it this way and use it for themselves.
- **Trans woman:** This refers to a woman who is transgender or trans (see above), meaning she is a woman who was not assigned as a girl (or a female baby) at birth. Please note: this is a much better term than transwoman (see above).
- **Transgender woman:** Like, trans woman, this refers to a woman who is transgender or trans (see above), meaning she is a woman who was not assigned as a girl (or a female baby) at birth. Transwoman is seen as outdated and offensive (see above).
- **Transvestite:** This is an older and largely outdated term that refers to a woman or man who wants and/or needs to wear the clothes associated with the other gender/sex in a gender binary (e.g., a man who wears “women’s clothes”). This term is often associated with medical or psychiatric verbiage, including fetishes or paraphilias. It may be a term that people use to describe themselves but is considered generally offensive otherwise.
- **Two-Spirit:** This is a term created by First Nations/Native American/Indigenous peoples for First Nations/Native American/Indigenous members whose sexuality and/or gender/sex exists in ways that challenge colonial constructions of a gender binary. It can mean different things to different nations and/or communities, and be used alongside nation-specific terms (for nations that do have them).

Framings

- **Cause:** (see also pathology and etiology) Because trans and transgender experiences, identities, and existences were historically studied as a disease, researchers were interested in its causes, in part to understand ‘abnormal’ gender or to help inform insights about ‘normal’ gender. Accordingly, many people are rightly suspicious about research into the ‘causes’ of being transgender, since this was part of a project that saw being transgender as a disease and abnormality. And, since

- impact matters at least as much as intent, many people's concerns will not be eliminated by statements or professions of non-transphobia or 'trying to help'.
- **Choice:** Transgender existences are highly stigmatized in most cultures, including Western ones where some rights for transgender people exist, but those rights are often transient or not fully implemented. Part of this stigmatization includes suggesting that being trans is a choice or lifestyle, but there is nothing inherently stigmatizing about choosing; instead, the language of choice is often used as a part of stigmatizing or marginalizing rhetoric. It is important to avoid reifying the link between choice and stigma by suggesting that choice is impossible or unlikely or by using choice alongside other stigmatizing arguments. And, many if not the majority of trans people experience their need to transition outside a choice framework and instead as a need, and it is critical to reflect and respect that.
 - **Etiology:** (see also cause and pathology) This refers to the study of the causes of a disease and comes from medicine. Because being trans was historically studied as a disease, researchers were interested in its causes, in part to understand 'abnormal' gender or to help inform insights about 'normal' gender. Accordingly, many people are rightly suspicious about research into the 'causes' of being transgender, since this was part of a project that saw being transgender as a disease and abnormality. This is a term that is offensive for many people who are trans and/or are involved with research with trans people.
 - **Gender Diversity:** This refers to a framework that situates people of all genders, exploring specific genders, connections between different genders, and the ways various genders may be related or not. While doing this, a gender diversity framework takes inequities between genders into account.
 - **Gender Dysphoria:** This refers to a diagnostic label from the American Psychiatric Association's fifth/2013 edition of the Diagnostic and Statistical Manual of Mental Disorders in which a person must be experiencing a marked difference between their expressed/experienced gender and the gender assigned to them at birth for at least six months, and it must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. In children, there must be a desire to be the 'other' gender that is present and verbalized. Many researchers, clinicians, and trans individuals view this language as pathologizing and problematic, and many others do not.
 - **Identity:** For many people, trans or transgender (or other terms) is an identity (e.g., I identify as trans; I am a transgender woman). It may be the primary aspect of a person's identity, including about their gender. For others, transition is something they experienced or went through, and part of their development and history, but not a part of their identity (e.g., I am a man who has transitioned). It is important to recognize that trans experiences, identities, backgrounds, and existences are heterogeneous in whether trans is included in a person's identity and/or lived experience.
 - **Health:** (see also medicine) For many trans people, health is a major focus because cisgender people subject trans people to high levels of stigma, poverty, discrimination, and violence, especially transgender women, and especially transgender women of colour. Access to gender-affirming health care (physical, mental, relational, reproductive, sexual, etc.) is an ongoing challenge because many providers are transphobic, cisgenderist, cissexist, and/or ignorant/unknowing of trans issues. Health can also be a major issue because many trans people seek and/or

need health care providers to sign off on changes to gender designations on documents. And, many trans people seek and/or need medical, hormonal, and/or surgical transition, which are mainly provided within health care systems. Finally, health can be a major issue because of the cost of gender-affirming health care, including medical, hormonal, and/or surgical transition, such that financial ability to access gender affirming health care may depend on diagnoses, insurance, and such. While some people experience their transgender existence/identities/experiences as sitting within a health framework, and sometimes very positively so, some experience it as sitting outside a health framework, or within health only because of the medicalization or gatekeeping of being trans within the health care professions. As such, trans identities and/or existences cannot be presumed to be a health-related phenomenon for all trans people.

- **Kink:** (see also paraphilia) Historically, and more limited at present, being trans (usually using the language of transsexual) was seen as related to an error or atypicality of gender and sexuality, since the two were seen as intertwined. This means that transgender people were often treated by those who saw their existences as a kink, or who saw attraction to transgender people as a kink. Health practices have generally moved well beyond this framework, which is very much seen as outdated and extremely offensive. While this may relate in some way to the stigmatization of kink, it more relates to the generally inaccurate outdated/offensive framing of being trans as a sexual rather than gender issue. It is important to not add to the stigmatization of kink when clarifying why being trans is not and should not be framed as a kink issue.
- **Medicine:** (see also health) For many people who can afford it, transitioning involves gender-affirming care, including surgery. For some time, any gender/sex changes on identity documents required the approval of medical (including psychiatric) practitioners who would only approve if surgery was performed, making surgery necessary for those who wanted/needed identity documents that matched their gender/sex. Though surgery is less frequently mandated, many identity document changes still require the signature of a medical authority. Being trans thus often has, and continues to often exist, within a medical sphere. And, because the United States (U.S.) is a dominant cultural force but does not have universal health care, the ability to pay for transition-related surgery or medical processes frequently relied and still relies on there being a diagnostic box that insurance companies could/can check. For some trans people, being trans is a medical issue and would be regardless of all this; for some trans people, being trans is a medical issue because of all this; some people consider their being trans to be done with transition (social, bodily, and/or identity, etc.) and no longer a medical issue; and, some trans people do not see being trans as a medical issue at all. The assumption that being trans is a medical issue or must be one is inaccurate.
- **Minority Stress:** This refers to a theoretical framework that describes the stigma/stress associated with having a trans identity or status. It identifies both distal stressors (e.g., external factors such as discrimination and prejudice) and proximal stressors (e.g., internal factors such as internalized stigma, anticipated stigma, identity concealment) as a way to explain or predict health/mental health disparities for trans individuals. The concept of minority stress first was developed in relation to sexual minority people, racial/ethnic minority people, Black people in the U.S., and people of colour.

- **Paraphilia:** (see also kink) Transgender identities were, for some time, seen by many academics as a paraphilia, which could be defined as an incorrect or abnormal sexual orienting (of attention, desires, etc.); accordingly, trans was often studied as a paraphilia and within this context. Few academics see transgender existences as a paraphilia any longer and presenting them in general as a paraphilia reflects outdated academic practice and is usually seen as highly offensive.
- **Pathology:** (see also etiology and cause) Pathology refers to the study of disease and, for some time, researchers studied transgender identities as a disease, which is now seen as highly offensive and outdated (and was throughout, too, by many people). There are many norms and linguistic practices that were developed in this frame, and most or many of them are seen as problematic or offensive because of this actual connection. Note: examples can include gender dysphoria, autogynephilia, and transvestite (see above).

Resources.

Below is a non-exhaustive list of helpful resources organized topically. New knowledge is generated daily and good resources are regularly updated, which means that any list of resources can only be partial. These are not intended to represent entire fields, but rather to provide some current resources to help interested people develop critical lenses as researchers when talking/writing about transgender experiences, identities, and existences. To that end, there are five main topics: (1) Positionality, cisgenderism, and research; (2) Ethical guidance for transgender health research and practice; (3) Guidelines for inclusive language; (4) Resources and position papers from professional organizations; and (5) Considering positionality and critiquing sources. Some resources may become outdated; some may exist in tension with others; we recommend that you consider and critically engage with them to make sense of how, when, and even if they are relevant to the work you are doing. If you know a resource you believe should be provided, consider getting in touch with one of us to ask for its inclusion. If you cannot access a resource, you are welcome to contact one of us for a copy.

(1) Positionality, Cisgenderism, and Research

- Ansara, Y. G. & Hegarty, P. (2013). Misgendering in English language contexts: Applying non-cisgenderist methods to feminist research. *International Journal of Multiple Research Approaches*, 7(2), 160-177. <https://doi.org/10.5172/mra.2013.7.2.160>
- Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. *Psychology & Sexuality*, 3(2), 137-160. <https://doi.org/10.1080/19419899.2011.576696>
- Ashley, F. (2019). Science has always been ideological, you just don't see it. *Archives of Sexual Behavior*, 48, 1655-1657. <https://doi.org/10.1007/s10508-019-01519-7>
- Blumer, M. L.C., Green, M. S., Knowles, S. J., & Williams, A. (2012). Shedding light on thirteen years of darkness: Content analysis of articles pertaining to transgender issues in Marriage/Couple and Family Therapy Journals. *Journal of Marital and Family Therapy*, 38(S1), 244-256. [doi:10.1111/j.1752-0606.2012.00317](https://doi.org/10.1111/j.1752-0606.2012.00317).
- Bouman, W. (2018). Transgender and gender diverse people's involvement in transgender health research. *International Journal of Transgenderism*, 19(4), 357-358. <https://doi.org/10.1080/15532739.2018.1543066>

- Galupo, M. P. (2017). Researching while cisgender: Identity considerations for transgender research. *International Journal of Transgenderism*, 18(3), 241-242. <https://doi.org/10.1080/15532739.2017.1342503>
- Patterson, G. (2018). Entertaining a healthy suspicion of the ally industrial complex in transgender studies. *Women and Language*, 41(1), 146-151. Retrieved from https://www.academia.edu/37627041/Entertaining_a_Healthy_Suspicion_of_the_Ally_Industrial_Complex_in_Transgender_Studies_G_Patterson_.pdf
- Veale, J. F. (2017). Reflections on transgender representation in academic publishing. *International Journal of Transgenderism*, 18(1), 121–122. <https://doi.org/10.1080/15532739.2017.1279868>

(2) Ethical Guidance for Transgender Health Research

- Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A., & Thom, K. C. (2017). Guidance and ethical considerations for undertaking transgender health research and institutional review boards adjudicating this research. *Transgender Health*, 2(1). <https://www.liebertpub.com/doi/pdfplus/10.1089/trgh.2017.0012>
- Bauer, G., Devor, A., Heinz, M., Marshall, Z., Pullen Sansfaçon, A., & Pyne, J. for the CPATH Research Committee. (2019). CPATH Ethical Guidelines for Research Involving Transgender People & Communities. Canada: Canadian Professional Association for Transgender Health. <http://cpath.ca/en/resources/cpath-ethical-guidelines/>
- Iantaffi, A. (2015). Gender and sexual legitimacy. *Current Sexual Health Reports*, 7(2), 103-107. doi:10.1007/s11930-015-0044-z
- Mayo Jr, J. B., & Sheppard, M. (2012). New social learning from two spirit Native Americans. *The Journal of Social Studies Research*, 36(3), 263-82. Retrieved from <http://philpapers.org/rec/MAYNSL>
- Richards, C., Barker, M., Lenihan, P., & Iantaffi, A. (2014). Who watches the watchmen? A critical perspective on the theorization of trans people and clinicians. *Feminism & Psychology*, 24(2), 248-258. doi:10.1177/0959353514526220
- Vincent, B.W. (2018). Studying trans: recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology and Sexuality*, 9(2), 102-116. <https://www.tandfonline.com/doi/abs/10.1080/19419899.2018.1434558>

(3) Guidelines for Inclusive Language

- Ansara, Y. G. (2013, July.) *Inclusive language guide: Respecting people of intersex, trans, and gender diverse experience*. Newtown, Australia: National LGBTI Health Alliance. Retrieved from http://lgbtihealth.org.au/sites/default/files/Alliance%20Health%20Information%20Sheet%20Inclusive%20Language%20Guide%20on%20Intersex%2C%20Trans%20and%20Gender%20Diversity_0.pdf
- Gutt, B & Spencer-Hall, A. (Eds.) (forthcoming, 2020). *Trans and Genderqueer Subjects in Medieval Hagiography*. Amsterdam, The Netherlands: Amsterdam University Press. https://www.academia.edu/39627280/Trans_and_Genderqueer_Studies_Terminology_Language_and_Usage_Guide_Pre-Print_June_2019_email_work_card=thumbnail-mobile
- Radical Copyeditor's Style Guide to Writing about Transgender People <https://radicalcopyeditor.com/2017/08/31/transgender-style-guide/>

(4) Resources and Position Papers from Professional Organizations

- American Association of Marriage and Family Therapy (AAMFT)
https://www.aamft.org/Consumer_Updates/Gender_Identity.aspx
- American Association of Sexuality Educator, Counselors, and Therapists (AASECT)
<https://www.aasect.org/position-sexual-orientation-and-reparative-therapy>
- American Counseling Association (ACA) ALGBTIC Competencies for Counseling Transgender Clients
https://www.counseling.org/docs/default-source/competencies/algbtic_competencies.pdf?sfvrsn=d8d3732f_12
- American Psychological Association (APA)
 - Nonbinary Gender Identities Fact Sheet
<https://www.apadivisions.org/division-44/resources/advocacy/non-binary-facts.pdf>
 - Gender and Sexual Orientation Diversity in Children and Adolescents in Schools
<http://www.apa.org/about/policy/orientation-diversity.aspx>
 - Therapy Supporting and Affirming LGBT Youth
<http://www.apa.org/about/gr/issues/lgbt/consensus.aspx>
 - APA Guidelines for Practice with Transgender & Gender Nonconforming People
<https://www.apa.org/practice/guidelines/transgender.pdf>
- Pan American Health Organization (PAHO)
<http://www.paho.org/hq/dmdocuments/trends-final-eng.pdf>
- Sociologists for Trans Justice (S4TJ) <http://s4tj.com/s4tj/>
- World Health Organization (WHO)
https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf

(5) Considering Positionality and Critiquing Sources

When presenting information from other sources, consider these helpful tips for thinking through the positionality of the work.

- Consider the positionality of the authors/source from which you are gaining your information.
 - **Ask questions like:** Is at least one of the authors of transgender identity, background, and/or experience – if not, did the authors consult with professionals of trans identity, background, and/or experience or have a knowledge base informed by these experts? Do they speak with, for, or against trans people and communities? Are you giving visibility to their trans identity and/or experience?
- Consider the way you write about authors and experts.
 - **Ask questions like:** Do I know the genders of the authors when the piece was written and/or in the present? How can I be sure to reference their current gender? How can I be sure not to misgender and/or mispronoun them? How can I be sure to be respectful of the expertise people have gained from lived experience and scholarship?
- Consider the conference in which you plan to present your work.
 - **Ask questions like:** Is the conference trans-affirming or not, or is it unclear? How can I find out if I do not know? Is this the best fit or audience for my work or would another be a better fit? (note: “fit” might

mean presenting material in a trans-affirming space; it could also mean presenting it in less affirming place as an opportunity to reach and educate a broader audience)

- Consider the degree to which the authors/sources come from a cisgenderist perspective (i.e. pathologizing and misgendering people of trans identities, backgrounds, and experiences; see Ansara & Hegerty, 2012).
 - Ask questions like: Have I familiarized myself with the literature on cisgenderism and research in order to recognize potential problematic framings, sources, and authors in the literature? Are there other sources I can use that are less cisgenderist in their approach and language? If I do use a cisgenderist source, how can I be sure that I am also highlighting the way that the work is problematic?