

## TRANS TERMINOLOGY

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Caveat: These are my definitions. You may hear others define things quite differently (e.g., not using transgender as an umbrella term, or viewing “trans” as an identity only while in transition). If you hear mutually exclusive definitions, that doesn’t mean you’re not getting it – it means you’re hearing mutually exclusive definitions.

**Assigned male or assigned female:** The gender put on one’s birth certificate at birth. May or may not correspond to the gender identity of the individual.

**Biofemale:** A woman who was born in a female body, and/or was assigned a female gender at birth (as opposed to a woman who had to transition in order to become female). Many now use “cisgender” instead of this biofemale or biomale.

**Biomale:** A man who was born in a male body, and/or was assigned a male gender at birth (as opposed to a man who had to transition in order to become male). Many now use “cisgender” instead of this biofemale or biomale.

**Bodily sex:** The chromosomal/physical attributes of a person’s body that cause them to be assigned “male” or “female” at birth, usually based only on visual examination. These attributes can be altered to a degree as an adult, during the process known as transition.

**Chest reconstruction:** The preferred terminology among female-to-male persons, referring to double mastectomy to remove breasts. Chest reconstruction differs from traditional mastectomy in that special attention is paid to the incisions, to follow the line of the pectoral muscle as much as possible; in addition, the nipples are preserved, resized (male nipples are generally smaller) and grafted back onto the chest in a more “male” position. This is the most affordable surgery available for FTMs (female-to-male) fortunately, as it is also the one most considered crucial for their transition. Even still, one can expect to pay upwards of \$4,000 for this surgery.

**Cisgender:** A term that means the opposite of “transgender.” “Cis” is a prefix that means to remain the same; hence, a cisgendered person is someone who feels no need to transition or express a gender different than what was assigned them at birth.

**Female-affirmed:** A term describing someone who was born male in body and was assigned a male gender identity at birth but who identifies as female. (Most appropriate for those who transition at a young age, affirmed in their true gender before reaching an age where they have to undo a lot of life to transition.)

**FTM:** Female-to-male transperson. Other terminology that is often used for similar purposes: transman, transguy, MTM (man-to-male), boyz, tranny, trannyfag (gay FTM), boi, and undoubtedly others I don’t know.

**Cross-dresser:** An individual (usually male-bodied) who enjoys wearing “opposite gendered” clothing at times. There is often a sexual/erotic component to the desire, though this may fade

over time. Anachronistic term: transvestite.

**Gender:** An unavoidable relational process inherent in all relationships between people, based on the assumptions people make about one another re the words “male” and “female.”

**Gender-affirming surgery (sometimes seen as gender-confirming surgery):** A newer term for surgery designed to bring the body into alignment with the brain. Also termed sex-reassignment surgery.

**Gender dissonance:** A term I prefer to gender identity disorder, or gender dysphoria. Gender dissonance refers to a feeling of one’s body and mind being at odds with each other in terms of gender identity. The sex of body does not match the brain’s expectation, or vice versa. Etiology completely unclear.

**Gender expression:** How does a person like to dress and “perform” gender? This may not be the same in all contexts of life.

**Gender identity:** A person’s internal sense of being male, female or some other gender which they probably have to make up words for because English limits us to two choices.

**Genderqueer:** A catch-all term, most often used by those who wish to challenge the gender binary paradigm and replace it with a model of gender fluidity. Some who transition (particularly among teens and 20-somethings) will use this term to describe themselves, wanting more fluid labels than “male” or “female,” much as some younger people will use “queer” rather than “lesbian” or “gay” as a self-descriptor, despite exclusive attractions to people of just one sex.

**Gender role:** A social construction that consists of a proscribed set of relational boundaries determining how “men” and “women” behave; there are nuances to these roles depending on age, race, ethnicity, class, and the gender of the person one is dealing with.

**Intersexed:** A condition, present at birth, of having indeterminate genitalia, such that physicians can’t clearly determine the baby’s bodily sex. Occasionally, the anomaly may be an internal one, such that the intersexed condition is not apparent upon a cursory examination of genitalia. (Older term for this condition was hermaphrodite)

**Male-affirmed:** A term describing someone born female in body and assigned a female gender identity at birth but who identifies as male. (Most appropriate for those who transition at a young age, affirmed in their true gender before reaching an age where they have to undo a lot of life to transition.)

**Man v. male:** “Man” is the cultural construct expected of the adult person who has a male body. “Man” is a social construct; “male” is biology.

**MTF:** Male-to-female transperson. Other terminology: transwoman, transgal, grrls, tranny, and probably others I don’t know.

**Metoidioplasty:** A lower surgery for FTMs. The clitoris is released from the folds of the labia, which are used (with saline implants) to create testicles. Given typical degrees of clitoral

enlargement due to the introduction of testosterone, the result is a small penis, with full orgasmic capacity retained. (Some FTMs have reported the result being large enough for intercourse that satisfies both partners.) This procedure is less expensive than phalloplasty (\$30-40,000 in the U.S.), but still financially beyond the reach of most FTMs. More FTMs seem inclined to choose this option over phalloplasty, but given that most don't have the money to actually be in a position to have either procedure done, it's hard to know what they would choose.

**Orchiectomy:** Removal of the testicles. Optimal for those MTFs (male-to-female) who know they are never going to desire to live/functional sexually as male again. This procedure is desirable as it eliminates the need to take spiro, the medication that blocks testosterone production in the MTF. Spiro can cause problems for the liver. After undergoing this procedure, the MTF only has to take estrogen (and at lower doses than if she does not undergo the procedure).

**Phalloplasty:** A lower surgery for FTMs. Using skin from the forearm or abdomen of the patient, a penis is sculpted from the flesh and grafted in the appropriate position. Clitoral tissue is incorporated into the new penis (there are several different techniques for this), to preserve sexual sensation and orgasmic ability. As with metoidioplasty, the skin of the labia is used (with saline implants) to create testicles. However, though the result often closely resembles a penis, the tissue in question is not erectile in nature and therefore the new penis is incapable of independent erection. Various forms of prosthetic implants or air pump processes are available to facilitate an erection when desired. Very expensive procedure (upwards of \$60,000 in the U.S.).

**Queer:** A largely-reclaimed word, encompassing the entire spectrum of possibility within the GLB and/or T communities. Usually used by somewhat younger people who don't remember this as a pejorative term.

**Sexual orientation:** A person's psycho-emotional-physical affiliations - who does the person fall in love with, feel most comfortable in relationship with, feel sexually attracted to.

**Sexual preference:** How does a person like to have sex? Do they enjoy S/M, for instance? Or bondage?

**Standards of Care:** There are two Standards: WPATH (World Professional Association for Transgender Health) Standards of Care and Health Law Standards. The former is widely accepted as constituting "best practices" in working with trans clients. The latter standard is based on an informed-consent model, taking the stance that as long as individuals are aware of the consequences and ramifications of their decisions, have adequate knowledge of the processes they are undertaking, and are willing to absolve others from responsibility, they should be able to sign the HLS and move forward without any need for referral letters or diagnoses from anyone. Developed in the early 1990s, the HLS have never caught on and are not generally used by professionals.

**SRS:** Short-hand terminology for sex reassignment surgery. There are a number of different

procedures available.

**Trans:** An umbrella term encompassing all transgender and transsexual persons.

**Transgender:** A person who does not resonate to some degree with the gender assigned to them at birth. This is a continuum of possibility.

**Transition:** A process of body modification, resocialization, education, and disclosure, leading to a person changing their social gender role/physical body from female to male, or vice versa.

**Transman:** One of the more common terms used as a self-descriptor by female-to-male persons. This term is not appropriate in referring to those who were born male and now live female.

**Transsexual:** A person who does not resonate with the gender assigned to them at birth, to such an extent that they feel the need to alter their bodies to bring their gender expression/bodily sex more in line with their internal gender identity. Transsexuals are pretty far along on the continuum of transgendered. Note: The desire or psycho-emotional need to transition does not mean all transsexuals actually undergo such body modifications; many can't afford it, and some are precluded from doing so because of existing medical conditions.

**Transwoman:** One of the more common terms used as a self-descriptor by male-to-female persons. This term is not appropriate in referring to those who were born female and now live male.

**Vaginoplasty:** Creation of a vagina from the tissue of the penis. Preserves sexual functioning and is cosmetically nearly identical to an actual vagina, with optimal surgical result. Many MTFs now go to Thailand for this surgery, as results are very good, cost is much lower than anywhere in the U.S. (even after factoring in airfare), and the after-surgery care is far superior to what one ordinarily experiences in U.S. hospitals.

**Woman v. female:** "Woman" is the cultural construct expected of the adult person who has a female body. Woman is a social construct; female is biology.