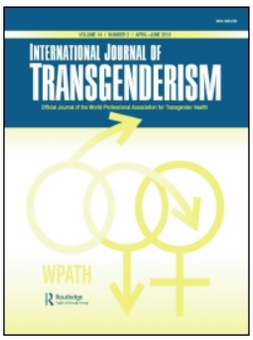

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Walter Pierre Bouman, Amets Suess Schwend, Joz Motmans, Adam Smiley, Joshua D. Safer, Madeline B. Deutsch, Noah J. Adams & Sam Winter

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EDITORIAL

Language and trans health

The use of appropriate language is a sensitive matter, because the meaning of words may be relative, situational, and language dependent. What is more, words inherently carry meaning that inevitably depends on underlying frames of reference. In this sense, language has a powerful performative power and impact. As a result, wordings, or word choices that are used without intent of harm (or even with the express desire to avoid it) may be experienced as harmful by listeners, who often bring their own experiential frame of reference to the table. Put plainly, words are often interpreted differently by individual readers, dependent on their situation and location (e.g., Hochdorn et al., 2016). Indeed, over time, contextually specific terms like *transgender* can change and shift in a complex fashion. It is, therefore, critical that we select language that is respectful, nonpathologizing and consistent with human rights standards, taking into account its shifting and complex contextual and cultural character. Ultimately this caution applies equally to trans[11] health and all other formal and informal settings in which human interaction takes place.

As both humans and researchers, language is our shared vehicle for expressing and presenting our ideas, thoughts, feelings, and opinions to the world and to one another. The word *language* itself is defined in the *Oxford Textbook of English* as (noun) "*method of human communication, either spoken or written, consisting of the use of words in a structured and conventional way*" (Stevenson, 2010). Put more explicitly, "*the purpose of language is for communication*" (Chomsky as cited in Osiatynski, 1984).

Technological innovations have, of course, affected this, as has rapid globalization, which allows and encourages individuals from all over the globe to communicate and exchange ideas rapidly and continuously. Though technological advances have served as both medium and accelerator of communication, it remains language itself that ensures effective communication among cultures, countries, organizations, communities, and ultimately individuals, and it is critical that our linguistic choices are respectful of this.

Clinical practice also has its own linguistic norms and conventions that further reflect the particular clinical model used. The use of language and clinical models that are respectful, nonpathologizing, and human rights based are critical principles of ethical contemporary trans health care, and clinical models must reflect this (e.g., approaches that can be classified as "reparative therapy" are to be avoided in all cases). At all times, it is important to account for and critically question existing power inequalities in one's clinical practice, encounters, and writing, so as to join trans–health care users in dismantling pathologizing structures.

Throughout history, language has been wielded to discriminate, abuse, marginalize, disrupt, and destabilize individuals and communities. With regard to trans people, language has been used (arguably, misused) by political, religious, legal, and medical cultural institutions for the purpose of normalizing their marginalization and discrimination against them. Examples are numerous (e.g., APA, 1987, 2000, 2013; Fenichel, 1930; Von Krafft-Ebbing, 1901; WHO, 1992), and cataloguing them is beyond the scope of this editorial. Suffice it to say that levels of linguistic discrimination range from simple cases of misapprehension and ignorance in the wider public to explicit acts of targeted violence by informed individuals.

We are primarily interested here, having established a firm basis for the existence of such linguistic discrimination and violence, in articulating a strategy for moving past it in our clinical and academic practice, while holding accountable those who choose not to do so. One such strategy involves the development of trans cultural awareness seminars that promote respectful, nonpathologizing linguistic choices that are based on a human rights framework. Such trainings, which are useful in supporting clinical practice and promoting trans rights and health care broadly, are increasingly available to both the general public and health professionals. Indeed, these trainings are increasingly becoming mandatory for the latter group.

Notwithstanding the controversial and often negative role language has played in shaping the narrative of trans health care and lives, the last decade in particular has seen a significant and positive progression in this area, particularly with regard to health care. Indeed, the language used in this field has been in an almost constant state of redefinition and refinement, with new terms discarded, old ones reclaimed (Meier & Labuski, 2013; Wylie, 2015), and new language proposed (Ansara & Hegarty, 2012) according to the degree to which it embraces a respectful, nonpathologizing, human rights–based perspective. In fact, such redefinition and refinement appear to be guided by shifts in culture over time, geography, race, and income. It is in this context that this editorial, which proposes to outline a set of linguistic guidelines for submission of transgender health care materials was conceived following the 24th Biennial World Professional Association of Transgender Health (WPATH) Symposium in 2016.

We were fortunate to be able to base these guidelines on Dr. Sam Winter's thoughtfully written "Reviewing Our Language Policy" (2011). Winter's initiative arose out of "Cisgenderism in Psychology: Pathologising and Misgendering Children From 1999 to 2008" (Ansara & Hegarty, 2012), which reported on pathologizing and misgendering language in the literature on gender diverse children (including in *International Journal of Transgenderism* [IJT]). Winter subsequently brought this issue (topic) to the attention of the IJT editorial board and, in 2011, to the WPATH Board meeting at the 22nd Biennial WPATH Symposium. In view of the importance of language to all WPATH documentation, conferences, and materials (e.g., IJT), a working group was formed with a mandate to develop a formal WPATH Language Policy. This group included Dr. Kit Rachlin, Dr. Jamison Green, and Dr. Aaron Devor, with Dr. Winter writing the first draft of the policy (2011).

The issue of a more formalized Language Policy was then largely shelved until the aforementioned 24th Biennial WPATH Symposium. It had perhaps been hoped that the draft would suffice to guide appropriate and respectful conference submissions. Unfortunately, however, this has not been the case. At the 24th Biennial Symposium, for example, a number of presentations evidenced extreme examples of disrespectful and pathologizing language, while others advocated clinical frameworks inconsistent with current best practice and human rights standards.

As a result, the formalization of ethical guidelines was proposed, with the following Language Policy, the output of that effort. Moving forward, we intend this policy to be used to guide WPATH documentation and to adjudicate submissions to its conferences and journal (IJT). In addition, we present a modified Language Policy approved by the Board of EPATH and published at www.epath.eu, which will be used to guide abstract submissions for the forthcoming Second Biennial Conference of the European Professional Association of Transgender Health (EPATH) in Belgrade, Serbia, from April 6–8, 2017. The two language policies follow:

Language policy for abstract submission for the second EPATH conference

Principles

This proposal:

1. Aims to be consistent with

The WPATH vision statement which speaks of promoting (inter alia) "respect, dignity, and equality for transgender, transsexual, and gender variant people in all cultural settings";

The WPATH de-psychopathologisation statement of May 2010; which "*urges governmental and medical professional organisations to review their policies and practices to eliminate stigma toward gender-variant people*";

subsequent documentation reflecting these WPATH policies (SOC-7), which include a statement condemning treatment aimed at trying to change a person's gender identity and expression;

2. Aims to balance a commitment to (on one hand) freedom of expression with (on the other hand) a desire to be consistent with our principles and by doing so to avoid becoming 'part of the problem'.
3. Is a proposal for submission of presentation guidelines (relating to language), albeit that what is proposed carries very clear indications for our own EPATH documentation and any conference paper submission policies.

Guidelines

We encourage authors to present papers consistent with EPATH's mission to promote health, research, education, respect, dignity, and equality for

transgender, transsexual, and gender diverse people in all cultural settings; as well as consistent with the above mentioned WPATH statements. In particular, we ask that, when submitting a presentation (plenary, workshop, oral presentation, poster or otherwise) to EPATH, authors:

1. **Avoid language which has the intention (or likely effect) of stigmatising or pathologising gender and bodily diversity (including a diversity of gender expressions and identities, as well as bodily characteristics).** Stigmatising and pathologising language (e.g. "*disordered*" or "*abnormal*" or "*malformation*") should be avoided altogether. Although a diagnosis of *Gender Dysphoria* and *Transsexualism* is still used in many health care systems for giving access to state-funded trans health care, authors should refrain from reifying the condition (i.e, should refer to persons *diagnosed with gender dysphoria* or *persons with a gender dysphoria diagnosis*, rather than *gender dysphoric persons* or *persons with gender dysphoria)*. In any case, affirmative language should be given preference, such as "*gender and bodily diversity", "gender diverse children", "trans people."* Where persons who do not live with a gender expression / gender identity different to the gender assigned at birth are being discussed, authors should avoid the adjective "*normal*", and use the term "*cisgender*" (or its variants).
2. **Avoid submitting papers reporting or advocating clinical interventions and practices which are not consistent with human rights standards,** such as so-called reparative therapies, aimed at coercing or otherwise imposing gender conformity upon gender and bodily diverse persons.
3. **Avoid employing misgendering language,** e.g. language which belittles or undermines a person's gender, for example, by referring to a person who identifies as female *as "pretending to be female", "natal male",* or by using ironic quotation marks ('*girl*') to describe the person.
4. **Employ references to gender and sexual orientation that respect the gender identity of persons to whom they refer**. The references should be based on the self-description of the person, without assuming a concrete gender identity or sexual orientation, and include non-binary and fluid gender expressions and gender identities, as well as non-heterosexual, queer and non-binary sexualities. For example, a person identifying as female should be referred to by way of words such as *girl, woman, female, she*, and *her,* etc., according to the term she prefers. If she is attracted to women, she should be referred to as lesbian, gay, queer, etcetera, in line with her self-description.
5. **When employing references to a person's assigned sex at birth, authors should use terms such as *birth assigned sex,* or (if appropriate) *legal sex*, instead of *natal male* or *natal female*.** Authors should not use the term *biological sex* or *natal sex*. If evidence is being presented on chromosomal, gonadal, hormonal, or genital sex characteristics, we ask that authors use those more specific terms. The term *actual sex* or *actual gender* should be avoided.
6. **Refer to adult trans-identified individuals in a way that respects their gender expression/identity before social and surgical transition.** The people concerned may have identified in their current gender identity even before undergoing transition. Pronouns should therefore be chosen in a careful way, without assuming a concrete gender identity, pronoun and/or name use. This principle also applies when the submitting author is citing the pre-transition work of a trans-identified author.
7. **Avoid the use of photos, videos or other visual representations that pathologise and stigmatise gender and bodily diversity, and/or comments on visual representations that are disrespectful of the person's privacy and intimacy.**
8. **Use of photos, videos or any other visual representations of individuals requires explicit consent of these individuals.**
9. **Refrain from violating the children's right to privacy by presenting photos or videos that reveal their identity.**
10. **Avoid ethnocentric bias, be inclusive of cultural diversity, taking into account different concepts/practices/experiences, and include reference to the specific cultural context.**

While the EPATH Board was in the process of agreeing to finalize the Language Policy for the second EPATH Meeting, the WPATH Board had formed a task force to develop language guidelines for presentations at WPATH conferences and, in particular, for use at the inaugural U.S. Professional Association of Transgender Health (USPATH) Meeting in Los Angeles, USA, February 2–5, 2017. The task force consisted of Sam Winter, Dr. Maddie Deutsch, and Noah Adams and was chaired by Dr. Josh Safer. The task force used the EPATH Language Policy as their starting point to create language guidelines for presentations at WPATH conferences. The resulting language guidelines have been approved by the WPATH Board of Directors and now read as follows:

Language guidelines for presentations at WPATH conferences

Principles

This proposal aims to be consistent with the following:

a. the WPATH vision statement that speaks of promoting "*respect, dignity, and equality for transgender, transsexual, and gender variant people in all cultural settings*"
b. the WPATH de-psychopathologization statement of May 2010, which "*urges governmental and medical professional organizations to review their policies and practices to eliminate stigma toward gender-variant people*"
c. the WPATH Identity Recognition Statement of June 2010, which recognizes that "no person should have to undergo surgery or accept sterilization as a condition of identity recognition," and the WPATH Statement on Legal Recognition of Gender Identity of January 2015, which highlights that "there is a spectrum of gender identities, and that choices of identity limited to female or male may be inadequate to reflect all gender identities"
d. the need for participants in a scientific meeting to use precise language to communicate their ideas and differences of opinion in a manner that is clear to all

Guidelines

Because many nations, cultures, experiences, and languages are represented within WPATH, the following guidelines have been developed to aid in clear, respectful communication.

We encourage authors to present papers consistent with WPATH's mission to promote health, research, education, respect, dignity, and equality for transgender, transsexual, and gender-diverse people in all cultural settings.

In particular, we ask that, when submitting or delivering a presentation (plenary, workshop, oral presentation, poster, or otherwise) to WPATH, authors:

1. **Use terminology that is precise, scientifically based and detailed.** The goal is to be clear rather than betraying bias. For example, if evidence is being presented on chromosomal, hormonal, or gonadal status, we ask that authors use the specific terms. The terms *actual sex/gender, genital/gonadal sex, or natal sex/gender* are ambiguous and should be avoided.
2. **Use current English language terminology.** Because English is the formal written and spoken language of WPATH business, publications and conferences, its correct use is important for both respect and clarity. For example, in English, the term transgender is an adjective, as in "transgender person." Transgender is not a noun (i.e., the following is incorrect: "a study of 27 transgenders"). *Transgendered* and *cisgendered* are not correct.
3. **When employing references to a person's sex recorded at birth, authors should say so explicitly,** or use terms such as *sex assigned at birth,* or *legal sex (as appropriate).*
4. **Refer to trans-identified individuals in a way that respects current gender expression/identity when possible.** Authors should assume, unless there is evidence to the contrary, that persons concerned are identified/referenced in their current gender identities even before undergoing medical or social transition. This principle also applies when the submitting author is citing the pre-transition work of a trans-

identified author unless the author in question has proactively requested otherwise, or the publication hasn't been updated to reflect the new name.

5. **Employ references to gender and sexual orientation that respect the gender identity of persons to whom they refer**. For example, a person identifying as female should be referred to by way of words such as *girl, woman, female, she*, and *her,* etc. If she is attracted to men, she should be referred to as *heterosexual, straight, androphilic,* etc. Exceptions may occur when an individual specifically uses terminology, which differs from this recommendation when self-identifying.
6. **Avoid language, which has the intention (or likely effect) of stigmatizing or pathologizing gender expression, gender identity, and/or bodily characteristics.** Stigmatizing and pathologizing language (e.g., "*disordered*", "*abnormal*", or "*malformation*") should be avoided. Affirmative language should be given preference, such as "*gender and body diversity*", "*gender diverse children*", "*trans and intersex people.*" For non-trans individuals, authors should avoid adjectives like "*normal*", and use terms like "*cisgender*", "*non-transgender*", or other similar terms, as appropriate.
7. **Avoid language which belittles or undermines a person's gender identity or expression,** such as referring to a person who identifies as female *as "pretending to be female", "natal male", "transsexual/transgender male",* or by using ironic quotation marks ('*girl*') to describe the person. All identifying language should reference the affirmed gender identity.
8. **Avoid advocating interventions and practices, which are not consistent with human rights standards,** such as coercing or otherwise imposing gender conformity upon gender and bodily diverse persons**.**
9. **Use photos, videos or any other visual representations of individuals only with explicit consent of the individuals, and refrain from violating individuals' right to privacy with photos or videos that are identifying.** The exception would be for images of public figures that are already in the public domain or images, which have been previously published and are being used with permission from the publisher or copyright holder.
10. **Avoid the use of photos, videos or other visual representations that pathologize or stigmatize gender and/or body diversity**; avoid comments on visual representations that are disrespectful.
11. **Collaborate with transgender individuals and communities** who may help with language and terminology that can evolve rapidly over time and geographic location. These groups can help to select language and terminology that is relevant and meaningful to a target population.
12. **Take care in translating materials.** A term or concept such as gender identity may not have a direct counterpart in the target language. Where translators are employed, they should be knowledgeable of both the target language and the cultural context.
13. **Avoid ethnocentric bias.** Be inclusive of cultural diversity, taking into account different concepts, practices, and experiences, while including references to the specific cultural context.

There are now two Policies/Guidelines regarding the use of language for submission of abstracts and presentation at forthcoming conferences regarding trans health. Surely, this must be seen as a welcome development in our field. There are differences, which will need to be discussed and debated, and resolved in order to reach consensus. These guidelines regarding the use of language will remain a 'live' and 'dynamic' document, which will evolve and develop as language has done in our field. The guidelines serve as a turning point of an ongoing process of awareness raising, a process in which this editorial wishes to contribute. Now that the tone is set, we move forward and use our developing language in our field to communicate in order to promote health, research, education, respect, dignity, and equality.

The authors of this editorial propose ongoing dialogue on relevant principles for respectful, non-pathologizing and human rights-based language use and clinical practice in order to facilitate ongoing development and updates to the Language Policy Guidelines at

upcoming WPATH, ANZPATH, CPATH, EPATH, and USPATH symposia and conferences.

Walter Pierre Bouman
Amets Suess Schwend
Joz Motmans
Adam Smiley
Joshua D. Safer
Madeline B. Deutsch
Noah J. Adams
Sam Winter

Note

1. For the purposes of this editorial we use the term *trans* to include a very broad and all-encompassing understanding of the diverse trans communities, i.e. communities of people with gender expressions and gender identities that differ from the sex recorded at birth, including nonbinary people.

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