What’s in a Name?
How Conversant are You With the New Alphabet Soup?

GBT (lesbian, gay, bisexual, transgender) is well within the vocabulary of RNs, particularly those who work in the field of mental health and illness. But how about TGNC (transgender and gender non-conforming), DSD (differences of sex development), LGBTQ (lesbian, gay, bisexual, transgender, queer), or cisgender? Popular media daily publish stories about legislation in various states, or even municipalities, about who can use which bathroom, or by what name transgender people prefer to be called. We know who Laverne Cox and Caitlyn Jenner are. But we need to know how to best address and care for people, within the various alphabets, as we work in varied health care, community, and academic settings. This editorial will provide some basic definitions for this new alphabet soup and suggest some dilemmas.

SEX AND GENDER

Latin provides the prefixes for the two major categories in the TGNC spectrum.

Cisgender, or simply “cis,” refers to those whose gender identity is concordant with their sex assigned at birth. Transgender refers to those whose gender identity is discordant with that assigned at birth. Cis means “on this side” and trans means “on the other side” or “across” (Grubb, 2016, p. 336). Just as cis is not yet in common discourse, neither are the other intersex conditions, also known as DSD, which include variations in sex chromosomes, gonads, reproductive ducts, and genitalia (Lee, Houk, Ahmed, & Hughes, 2006).

Grubb (2016) provides the distinctions between sex and gender, which are commonly confused. She points out that “sex is assigned to us at birth, or in utero, and is based on genotypic, phenotypic, and anatomic characteristics, designated as male or female” (p. 335). Gender, on the other hand, is socially and culturally constructed. This term refers to the roles, behaviors, activities, and attributes a given society has come to believe are appropriate for boys and girls, or men and women. These beliefs shift over time, as those in the various stages of women’s movements emphasize. For instance, until recently, women were not supposed to fly planes or be engaged on the front lines in combat. Before today they could be in planes as hostesses, serving passengers, or in war as nurses, tending the injured military personnel. Today women are performing in roles previously assigned to men only.

SEX IS A SPECTRUM, NOT BINARY

It is important to keep in mind that although sex assigned at birth may appear to be a binary concept, it is not. It is actually distributed along a spectrum of male to female, or vice versa, with differences occurring by what configuration is in the chromosomes. Watson and Crick (in 1953) are credited with the discovery of the structure of DNA and double helix, noting “the DNA is packaged into chromosomes, which reside in the nucleus of every cell” (Collins, 2006, p. 103). How these chromosomes are organized varies among individuals and determines the degree to which sex variations occur.

People who identify as transgender experience gender dissonance or gender incongruence with the sex assigned at birth. Gender nonconforming people may choose to not identify as stereotypical men or women, and instead “may identify as both genders, neither, in between; on a spectrum or continuum; or outside of the binary system altogether” (Grubb, 2016, pp. 335-336). Clinicians should become familiar with the meaning of such terms as agender, bigender, genderqueer, genderfluid, androgynous, and so on.
Editorial

TRANSGENDER DESIGNATION ISSUES

When transgender people pursue medical, surgical, hormonal, or other means to intervene with their assigned sex, transitioning is the term generally used. Other terms, such as gender affirmation or gender assertion, may be chosen. What is important is that health care providers use the preferred terms of the TGNC group. It is also important to consider to what degree working with TGNC people challenges the cis designation for providers. It is also possible that providers may decide that it is time to disclose their secret gender identity issues.

The World Professional Association for Transgender Health has produced standards of health care for TGNC people. Coleman et al. (2011) have described these standards of care at length. Both the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders and projected 11th edition of the International Statistical Classification of Diseases and Related Health Problems have changed the manner in which they classify mental illnesses, particularly those with a sexual substrate. Drescher (2016) provides a comparison chart showing the changes in words to identify phenomena and the corresponding diagnostic category shifts, by year. Halter, Rolin-Kenny, and Grund (2013) published an interesting article about the historical perspectives of classifications. Halter, Rolin-Kenny, and Dzurec (2013) discussed the changes, controversies, and implications for psychiatric nursing. More information is available at LGBTStat (access http://ucla.us6.list-manage2.com/mailchimp/?u=a8e9cc5aaf2be7f992b2f16d8&id=dd18f9b5d0&ez=b2c51d032b), which provides free and interactive national, state, and county LGBT data.

Beyond this editorial, there are other complexities to consider. The apparent sex of newborns is generally judged by the appearance of external genitalia. However, such appearances can be misleading. For instance, there may be a later discovery of the existence of ovaries in a baby judged to be a boy or testicles may descend in a baby judged to be a girl.

POLICING WOMEN ATHLETES

Two organizations, the International Association of Athletics Federations (IAAF) and the International Olympic Committee (IOC), are the most influential bodies who have spent a half-century vigorously policing gender boundaries. Although ostensibly they investigate both male and female impostors, the athletes snagged most often have been intersex women. Padawer (2016) carefully described the trauma experienced by Dutee Chand, now almost 20 years old, when she was ousted from competing in the Olympics as a runner, specializing in 100-meter sprints.

Dutee is from a very poor Indian family, growing up in a mud hut with no electricity or water. Dutee’s older sister, a runner, enticed her to try running when she saw how fast she was. Because the prizes she would win as a runner would help their family economically.

After Dutee had come to the attention of officials, after her extraordinary win in Taipei, she was ordered to appear in Delhi, several hours away. She thought she would be tested for doping, but they did not conduct a urine analysis or draw blood. Instead, she underwent a chromosome analysis, magnetic resonance imaging, and a gynecological examination, which she found mortifying. The IAAF protocol to evaluate for high levels of testosterone includes measuring and palpating the clitoris, vagina, and labia, as well as checking breast size and pubic hair. Padawer (2016) reported that the authorities consider the word “hermaphrodite” stigmatizing, so instead use “intersex” or DSD. Some intersex women have XX chromosomes and ovaries, whereas others have XY chromosomes and internal testes, but have been raised as girls/women.

Dutee has been trying to get her disqualification reversed, using any legal means she can; her lawyers state that these international sports policies discriminate against athletes with atypical sex development. Padawer’s (2016) article includes stories of other women athletes who have been disqualified in various settings because they are “too masculine.” New chromosome tests are described, as well as “solutions,” such as having DSD women undergo surgery to look more “normal” (i.e., feminine). There are photos of gender certificates, showing XX as identity, and photos of controversial women athletes from as early as 1936.

TRANSGENDER ACCESS TO FACILITIES

The question “Who can use which bathroom?” needs a bit of perspective.

What is important is that health care providers use the preferred terms of the TGNC (transgender and gender nonconforming) group. It is also important to consider to what degree working with TGNC people challenges the cis designation for providers.
News articles in American papers and magazines are covering bathroom use in public places, such as schools, restaurants, and theaters, and the current laws. However, there are many places where bathroom use is not an issue. No airline on which I have ever flown has a designated male or female toilet. At parks, where there are portable toilets, there are no gender designations. In fast food restaurants, the restroom door has an image of both a man and woman. Many smaller hospitals and rehabilitation centers have either sex restrooms.

When I was in Belgium about a decade ago, providing a day’s consultation and workshops at a large academic psychiatric hospital, the nursing chief (a man) who invited me asked if I needed to use “the facility” after breakfast and before we started the day. I said “yes” and he led me to a door with no sign, saying, “Our staff know this is the right place.” When I entered, there was both a urinal and a stall with a door, behind which was a sit-down toilet. I finished and was washing my hands when my host entered and said, “I guess I should go, too.” He proceeded to use the urinal while I continued to wash my hands. Culture is a wonderful learning opportunity.

As I was writing this editorial, news coverage was about the states currently suing the United States government regarding transgender access. In the New York Times, Bidgood (2016) reports:

Ten more states sued the federal government on Friday over a directive to public schools on bathroom use by transgender students, adding their objections to those of 11 states that brought a lawsuit soon after the directive was released in May. (p. A9)

The directive was a letter from the Obama administration (Lhamon & Gupta, 2016) to public school districts, stating that students must be allowed to use facilities consistent with their gender identity and that schools must:

...provide transgender students with equal access to educational programs and activities even in circumstances in which other students, parents, or community members raise objections or concerns. (p. 2)

None of the news articles that I have seen included photos of the children reported to be transgender. Physical characteristics of children before puberty are such that it would be very difficult to know who was who without clothing as a guide.

WHAT’S NEW FOR YOU

When lecturing to a large class, I often joke with them, promising to deliver a new idea, fact, or perspective once every 10 minutes. I suggest that if the Dean finds out that I did not do this, I might not get paid. Occasionally, at the end of class, I ask them to volunteer to say what was new. Thankfully, I have not yet had the answer, “Nothing.”

Beyond new alphabet clusters, I hope there were new ideas/facts/perspectives for you in this editorial.

REFERENCES