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# Gender Diversity: Trans, Transgender, Transsexual, and Genderqueer People

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People whose gender identities or gender expressions differ from social norms have lived in all societies all across the globe, and have existed throughout history. While gender has been universally used by societies as a central social organizing principle, understandings of the meanings of gender and the criteria used to determine what constitutes gender conformity and gender variance have varied. In some cultures gender nonconforming people have been well integrated and have enjoyed considerable social acceptance, whereas in others there has been little or no tolerance for significant gender nonconformity. A word widely used in globalized cultures today to describe gender-variant people is *transgender*. First adopted in English-speaking Euro-American cultures, it has spread into others, where it increasingly competes with indigenous ways of understanding genders.

The word *transgender* is often shortened to *trans* or *trans\**, in an attempt to be more inclusive of many other words for nonstereotypical gender identities that may use the same prefix, such as “transsexual,” “transman,” transwoman,” “transmasculine,” “transfeminine,” and the now archaic “transvestite.” Trans is employed as an umbrella term that also applies to other gender-variant identities – such as crossdresser, drag king, drag queen – as well as to ones that are less based on binary conceptualizations of gender – for instance genderqueer, gender-fluid, gender-questioning, agendered, pangendered, two-spirited, and neutrois. According to [Global Action for Trans\\* Equality \(n.d.\)](#), trans\* (or trans) can be defined as “people who have a gender identity which is different to the gender assigned at birth and/or those people who ... present themselves differently to the expectations of the gender role assigned to them at birth.”

Thus the category of people with gender-variant identities can include a wide range of people who, to varying degrees, feel that the sexes and genders that were assigned to them at birth do not match well with their own gender and sex identities. They may identify themselves in a variety of ways, through new gender and sex identities and presentations that constantly come into use. Some people with gender-variant identities may actively wish to be easily identified as such; some prefer to appear nontransgender but are nonetheless recognizable as gender nonconforming due to aspects of their physical presence; some gender-variant people live very comfortably in their preferred gender and are unrecognizable as trans. Recent estimates of the incidence of trans people in Euro-American urban societies put them between 0.5 percent and 1 percent of the entire population ([Conron et al., 2012](#)).

The terms *trans* or *transgender* are often used as umbrella terms meant to include the full spectrum of people with gender identities or gender expressions that are at variance with common social expectations about the nature of

gender and sex differences. Commonly held beliefs about sex and gender are embedded in biologically based conceptualizations of physical sex as strictly binary (male and female only) and immutable. The idea that physical sexes come only in two forms is accompanied by a correlative set of assumptions to the effect that genders are, similarly, binary and biologically rooted in the physical sexes. Anyone whose identity or gender presentation challenges the idea of sexes as binary and immutable or challenges the assumption that genders must match physical bodies in any particular way may identify, or be thought of, as trans.

The term *cisgender* has been developed in an effort to counter the social tendency of using linguistic specifiers to mark minority people as different while leaving members of majority groups free to occupy the space of an undefined “normal.” As a parallel to how the prefix *trans-* (from the Latin preposition *trans*, “beyond,” “across,” “on the other side”) is used to mean going across genders or beyond one’s originally assigned gender, the prefix *cis-* (from the Latin preposition *cis*, “here, on this side”) has been employed to indicate being comfortable in the gender that one was originally assigned at birth.

*Genderqueer* people, often thought of as a subset of trans people, tend to eschew gender identities and gender presentations that support the idea that sex and gender need to be confined to dualistic options. They may prefer to identify and mix gender presentations in novel ways, to move fluidly between the two standard genders, or to identify and present themselves in ways that are meant to avoid gender categorizations altogether. Some genderqueer people consider trans identities to be too closely tied to binary ideas about sex and gender and therefore do not include themselves under the trans umbrella. Those who mix gender in unique ways may also identify as, or be thought of as, *gender fluid*, *gender-questioning*, *two-spirited*, or *pangendered*. Those who entirely eschew gender as a way of thinking about themselves may identify, or be thought of, as *agendered* or *neutrois*.

The terms *transmasculine* and *transfeminine* are used to describe people across a spectrum of gender identities and presentations. *Transmasculine* designates people who were assigned as female at birth but do not feel that their sex assignment and correlated gender assignment were correct. Such individuals may identify as *transmen* or as some form of genderqueer. Some transmasculine people may identify as eunuchs. An older term for transmen is *female-to-male* (FTM).

Similarly, *transfeminine* designates people who were assigned as male at birth and feel that that was incorrect. They may identify as *transwomen*, as *crossdressers*, or as genderqueer. Some transfeminine people may identify as eunuchs. An older term for transwomen is *male-to-female* (MTF). Typically, *crossdressers* are male-bodied people who live most of their lives as normative men and enjoy spending part of their time presenting themselves, fully or partially, as women. Frequently such crossdressing is accompanied by sexual arousal to the point of orgasm. A controversial term for this phenomenon is *autogynephilia*. Some crossdressers pursue sex reassignment procedures later in life. An older term for crossdressers is *transvestites*.

*Transsexual* people are most often thought of as those who undertake the most far-reaching sex and gender transformations available to them. Some transsexual people prefer not to be included under the trans umbrella because they feel that the diversity that defines trans dilutes and undermines the specificity of their unique situation and needs.

While it is possible to make some generalizations about the sex and gender transformations undertaken by people who might identify as, or might have attributed to them, any particular type of gender variance, what individuals may do in actual practice varies widely. People with a variety of identities may have bodies which have been transformed – or not – in similar ways.

## Contexts: Gender Assumptions in Everyday Life

Trans, transsexual, and genderqueer people form their identities and make decisions about transforming their physical bodies in the context of the assumptions that most members of society make about the meanings attached to physical features of human bodies and about the social statuses, identities, and behaviors believed to be naturally associated with them. In particular, most people assume that the possession of a penis and testicles defines a person as both male and a man, and that the actions of the hormones typically produced in such bodies will cause those people to be masculine in body, mind, and behavior. Similarly, the possession of a vulva and vagina and the actions of ovarian and related hormones are assumed to produce female women who are feminine in body, mind, and behavior. Conversely, all women are presumed to be females who have vulvas, vaginas, and corresponding internal organs; all men are assumed to be males who have penises, testicles, and corresponding internal organs. People whose masculinity or femininity is somewhat less traditional than expected may be assumed to be gay men, lesbian women, or bisexuals, but their essential maleness or femaleness is rarely questioned. However, when gender presentations and genitals appear to be

sending irreconcilable messages, genitals will trump gender presentations as the defining factors in the minds of most people (Kessler and McKenna, 1978).

Trans, transsexual, and genderqueer people negotiate their gender presentations within these everyday assumptions. Those who are most adept at successfully communicating their gender identities are the ones best able to make use of the commonplace assumptions about the relationships between physical bodies and gender presentations. They strategically deploy various aspects of stereotypical masculinity or femininity so as to cause observers to recognize them as their desired configuration of gender and sex, because observers generally assume that people possess bodies that match their gender presentations in stereotypical ways. This is more easily accomplished in situations that involve neither disrobing nor physical contact that would expose nonstereotypical bodies.

When sex characteristics and gender presentations are known to align in atypical ways, trans, transsexual, and genderqueer people become much more vulnerable to a number of indignities and dangers. They may be objectified or fetishized, may have their gender identities invalidated, and may be denied due respect, abused, violated, assaulted, or murdered. Some trans, transsexual, and genderqueer people choose to brave some of these risks because to do otherwise would be to hide their gender identities. Others' gender identities are such that, under most circumstances, their gender presentations are sufficiently conforming to normative expectations for the risks of adverse outcomes to be low. However, every trans, transsexual, and genderqueer person, even those who approximate cisgender appearances to the highest degree, remains vulnerable to the entire catalogue of invalidations and dangers, should information about their gender identity become known. Hence trans, transsexual, and genderqueer people are continually attempting to strike a balance between gender expressions in which they remain true to themselves and effective stigma management.

## Gender Presentation Techniques Used by Trans, Transsexual, and Genderqueer People

Some people with gender-variant identities find that it is not necessary to permanently change their bodies in substantial ways in order to effectively communicate their gender identities. Techniques used by trans, transsexual, and genderqueer people to express their gender identities may include changes to deportment; body-, facial-, and head-hair styles; clothing; cosmetics; jewelry and fashion accessories; body fat and muscularity. Trans, transsexual, and genderqueer people may also strategically employ padding, concealment devices, genital or breast prostheses, genital enhancement or diminishment devices, sex toys, tattooing, or piercings. Gender transitions that do not permanently alter physical characteristics are usually referred to as *social transitions*. While people of all ages may engage in social transitions, this is generally the only kind of transition available to children.

Some trans, transsexual, and genderqueer people who feel that they fall in neither of the two most commonplace genders or that they are some mixture of the two may combine any of the above techniques in unusual and fluid ways, which disrupt common assumptions about the usual correspondences between sexes and genders. Some people feel a periodic need to step outside of their quotidian genders and inhabit other gender positions for shorter periods of time. They may make wholehearted attempts to present themselves as the other normative gender, may make symbolic partial gestures in this direction, or may adopt parodic or hyperbolic presentations that nonetheless serve as valid and satisfying forms of gender identity expression for them.

Many people, however, will take steps to transform their secondary or primary sex characteristics so as to better express their gender identities. Such alterations may involve treatment with sex steroid hormones, surgical sex reassignment procedures, and ancillary procedures designed to feminize or masculinize facial features or body contours. These treatments and procedures are typically combined with at least some of the techniques described above. How they might be combined is as varied as the gender identities of the trans, transsexual, and genderqueer people who employ them.

In most jurisdictions, procedures that will alter secondary or primary sex characteristics are governed by the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People published by the World Professional Association for Transgender Health (Coleman *et al.*, 2011). For these procedures to be applied, a diagnosis is usually required: either one of gender dysphoria according to the criteria in the fifth edition of the *Diagnostic and Statistical Manual* (DSM-5) (American Psychiatric Association, 2013), or one of gender identity disorder according to the World Health Organization's (2010) classifications.

Adolescents below the legal age of medical consent are generally not permitted to undergo hormonal treatments that have permanent effects. Hormonal treatments for such adolescents usually involve gonadotropin-releasing hormone (GnRH) analogues that suppress puberty until such time as adolescents are able to make their own medical decisions about what gender treatments they would or would not like to pursue.

The effects of exogenous sex steroid hormones will vary depending on one's specific genetic inheritance. In transmasculine-spectrum people, the effects of testosterone may include lower pitch of the voice, thickening and increased oiliness of skin, growth of facial and body hair, loss of head hair, increased muscularity, masculine body fat distribution, cessation of menses, and growth of the clitoris. In transfeminine-spectrum people, the antiandrogen effects of progestins and GnRH analogues and the positive effects of estrogens may include increased softness and decreased oiliness of skin, growth of breasts, slowed growth of facial and body hair, decelerated loss of head hair, decreased muscularity, feminine body fat distribution, loss of erectile function, decrease in testicular and penile volume, and decrease in fertility.

Surgical interventions for transmasculine-spectrum people may include breast reduction, breast removal (mastectomy), recontouring the chest for a masculine look, removal of the internal reproductive organs (hysterectomy, salpingo-oophorectomy), removal of the vulva (vulvectomy), removal of the vagina (vaginectomy), transformation of the enlarged clitoris into a small penis (metoidioplasty), construction of a penis (phalloplasty), rerouting of the urethra (urethroplasty), construction of scrotum and testicles (scrotoplasty and testicular implants), erectile implants, liposuction, voice-masculinizing surgeries, facial masculinizing surgeries, chest implants, calf implants. Surgical interventions for transfeminine-spectrum people may include breast augmentation (mammoplasty), removal of the testicles (castration), removal of the penis (penectomy), construction of a vulva (vulvoplasty), clitoris (clitoroplasty) and vagina (vaginoplasty), rerouting of the urethra (urethroplasty), voice-feminizing surgeries, brow, chin, or Adam's apple recontouring (facial feminization surgery and lipofilling), scalp hair implants, and hip and buttocks augmentation (implants and lipofilling).

## Gendered Sexualities

Genders and sexualities are related, in that most people, at least in the early stages of sexual attraction, are attracted to others on the basis of gendered appearances and assumptions. In other words, most people are attracted to men, women, trans, transsexual, or genderqueer people, and they unthinkingly make stereotypical assumptions about what kinds of bodies those people might bring to sexual encounters.

Among those trans, transsexual, and genderqueer people whose bodies do not align with their gender identities in stereotypical ways, people tend to claim their sexual identities more on the basis of their gender identities than on the basis of their physical bodies. For example, a significant minority of transmasculine people, including many who do not have penises, are sexually attracted to men and identify themselves as gay men. Similarly, a significant proportion of transfeminine people, including many who do not have vulvas and vaginas, are attracted to women and identify themselves as lesbians. Also, many trans, transsexual, and genderqueer people prefer sexual partners who are themselves trans, transsexual, or genderqueer. They, too, will most often identify themselves on the basis of their own gender identities and those of their partners. So, for example, two transmasculine people without penises in relationship with one another might identify themselves as gay, bisexual, or queer men (Devor, 1993, 1994; Dozier, 2005).

Although attractions may start from gender presentations, sexuality generally requires interactions with bodies. When trans, transsexual, and genderqueer people contemplate sexual contact with others, they have to make strategic decisions about how, when, and what to disclose to potential partners about their bodies. Such disclosure decisions and acts are often a source of anxiety for trans, transsexual, and genderqueer people. This adds an extra, and thick, layer of apprehension to the usual acceptance and performance anxieties inherent in most sexual encounters.

Sexual relationships involve other people, real or desired. When one or more persons in such relationships change their gender identities or gendered appearances, or both, the categorizations of relationships involving them may change correspondingly. Trans, transsexual, and genderqueer people may also find that their patterns of sexual attractions and desires change as their gender identities change. Surgical alterations to primary and secondary sex characteristics will necessarily change the sexual practices associated with them. Such changes may cause established sexual relationships to become transformed into other varieties of sexual relationships or into nonsexual relationships – or to end. For example, if a previously cisgender man, married to a cisgender woman, physically and socially transitions into a woman and the couple continues the relationship, their sexual practices may change and the relationship may be redefined by them in such a way that most observers will perceive it to be lesbian.

Thus the sexual identities and practices of trans, transsexual, and genderqueer people and those of their sexual partners may be significantly affected both by changes in identities and by changes in bodies. Because they may require less challenging adjustments of partners' sexual identities, those relationships that have the greatest likelihood of continuing as sexual relationships after gender and sex changes are the ones that were established within a context of a

bisexual, trans, genderqueer, or target-gender identities.

The majority of trans, transsexual, and genderqueer people have bodies that are in some ways different from those of cisgender people. When they engage in sexual practices that are congruent with their gender identities, trans, transsexual, and genderqueer people can lead the way in creating new understandings of the relationships between genders, sexed bodies, sexual practices, and sexual identities. For example, transmen who retain their vaginas and have not acquired penises may live fully as heterosexual, bisexual, or gay men and enjoy the use of their vaginas for sexual pleasure. And, because most trans, transsexual, and genderqueer people have sexual relationships with cisgender people, the ways in which they and their partners practice and understand their sexuality together are gradually creating more opportunities for all people to engage in more diverse and affirming sexualities.

## Minority Stress in the Lives of Trans, Transsexual, and Genderqueer People

Social prejudice and discrimination against trans, transsexual, and genderqueer people remain high. The effects of this reality can be seen in the long-term sequelae of minority stress. Trans, transsexual, and genderqueer people are much more likely than cisgender people to have inadequate healthcare, to live in extreme poverty, to be homeless, to be un- or underemployed, and to experience harassment, mistreatment, or discrimination in their workplaces. Furthermore, trans, transsexual, and genderqueer people report staggering rates of attempted suicides (41 percent). Many of these adverse outcomes can be avoided or ameliorated through strong familial support. Despite pervasive institutionalized systemic discrimination, many trans, transsexual, and genderqueer people are resilient survivors who contribute in every way to the benefit of society (Grant *et al.*, 2011).

SEE ALSO: [Body Modification](#); [Coming Out/Closets](#); [Doing Gender](#); [Drag Queens and Drag Kings](#); [Female Masculinity](#); [Hirschfeld, Magnus](#); [Passing](#); [Queer Theory](#); [Sex and Gender](#)

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## Further Readings

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