

## LETTERS

### To the Editors

It was with regret that we read the article published in your January issue, “Butch/Femme, F2M, Pregnant Man, TrannyBoi: Gender Issues in the Lesbian Community.” The article misused terminology and referred to “transgender women and girls” and “women identifying as male or transitioning to become male” for those assigned female at birth and identifying and presenting themselves as men. Fundamentally, the term “transgender women” refers to people whose true gender is on the female spectrum. “Transgender men” or “trans masculine” refers to people who have been assigned female at birth but experience a true gender that is on the masculine spectrum. This terminology has been used consistently within many academic works as well as those within transgender communities.

The article’s reduction of gender issues into a focus on transmasculine people within lesbian communities also ignored the history and issues faced by transgender women. For example, the “womyn-born-womyn” policy at the Michigan Womyn’s Music Festival was focused primarily upon transgender women not transgender people globally, as mentioned within the text. Transgender women who are lesbian face exclusion from lesbian communities and generally have their lives negated. Focusing on assigned birth sex allows for the dismissal of people’s lives and experiences and perpetuates beliefs and attitudes that can have a negative impact on the mental health of transgender people. Thus, the author and reviewers both displayed a lack of knowledge of the studied population and the current literature on transgender health.

Transgender people are an underrepresented population who experience pronounced health disparities. As transgender researchers, we know this systemic discrimination has limited the number of transgender people who can obtain sufficient qualification to become researchers. We also have concerns about the difficulties we hear and have experienced in getting research published on this population. Thus, both promoting research by nontransgender people and encouraging publication of these studies are very important. While we want to provide this encouragement, the research must clearly meet basic standards and not misrepresent our population.

We would like to suggest the following strategies for ensuring peer reviewed literature on transgender issues meets reasonable scientific standards. While we developed these standards for use with transgender

research, they also may have merit for other underrepresented populations as well.

### Standards for Determination of Scientific Expertise

1. Journals ask for an author's statement of either:
  - a. Personal expertise in the underrepresented population by dint of membership or
  - b. Evidence of community leadership helping to advise the research study and article development.
2. Journals ask reviewers to confirm their qualification to review an article on an underrepresented population as either:
  - a. Members themselves, or
  - b. Self proclaimed sufficient experience with the population to be deemed an expert.
3. If the scientific reviewer base of the journal does not include self-proclaimed experts on the population, supplement this with additional review by lay community members.

Further information regarding the treatment of transgender subjects in academic writing can be found here:

- Suggested Rules for Non-Transsexuals Writing about Transsexuals, Transsexuality, Transsexualism, or Trans\_\_\_\_: <http://www.sandystone.com/hale.rules.html>
- GLAAD Media Reference Guide: <http://www.glaad.org/Document.Doc?id=99>

We hope these standards set a platform to encourage further research and publication while they provide guidance to ensure it is beneficial to the people being studied.

Sincerely,  
Scout, PhD  
Network for LGBT Tobacco Control, The Fenway Institute  
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Emilia Lombardi, PhD  
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and  
Bali White, MA  
New York, New York

## Author's Reply

As a clinician who has always worked to bring more sensitive care to often marginalized children, adolescents, adults, and their families, it was painful to read that my inappropriate use of words relating to gender identity added to misunderstanding rather than better understanding of the needs of transgender men.

I can give several explanations for how the unfortunate language mistakes in the paper came about, but I am sure they will all sound like weak excuses. All I can really do is apologize for the errors in the paper.

In reflecting on why the errors occurred, I can say that the paper started as an oral presentation and suffered from “translation problems” in being put to paper. A second issue was that I am a clinician foremost and not primarily an academic. While I try to stay current with the literature and appropriate terminology, there are times when I clearly have made mistakes. The final issue is that I often work with young people, both children and adolescents, some of whom are firm in their gender identity and some of whom are still in the process of clarifying it, or finding the identity and role where they feel most comfortable. That identity could be as a tomboy, a gender-variant girl, a lesbian, a transmasculine individual, a transboy, or a transman.

I appreciate the willingness of Dr. Scout and colleagues to put their concerns in writing so that I, and others, may do better in the future. Since so little is written about transmasculine people and transgender men, it is important that what is written appear to be clear, consistent, and correct. I am deeply sorry that my paper did not follow that guideline at all times.

I have often noticed as a clinician and supervisor that colleagues and therapists in training are reluctant to treat transgender people for fear of their limited knowledge. They are afraid of offending the patient or asking the wrong question, so they simply avoid the topic of the person's transgender identity or decline to treat the person at all. This is a sad state of affairs when there are too few clinicians experienced in treating gender-variant children or transgender individuals available. In this and many other issues, I am well aware that I do not know everything, and I have tried in my presentations and in this paper to convey that clinicians should ask their patients when they are unsure about something, as well as refer to what literature is available.

In my years of working with gender variant children and adolescents, transmasculine people, as well as transmen and their families, I have learned

much from them about identity, personal growth, language, and respect. I expect to continue to learn and grow in my clinical work going forward. Through this personal dialogue in therapists' offices, and through the public dialogue in the literature, we can all hopefully become more effective in our work with transgender people.

I thank you for bringing these errors to my attention, contributing to my education as a clinician and a supervisor, and to the public dialogue in the literature.

Sarah E. Herbert, MD  
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## Editors' Reply

We agree that the article “Butch/Femme, F2M, Pregnant Man, Tranny-Boi: Gender Issues in the Lesbian Community” (Herbert, 2010) contains problematic and confusing language.

The author is a clinician who has worked with gender variant children and adolescents for many years and spoke of her work with children who are assigned female at birth. Some of these children and youth identify as male and some do not; some change their view of themselves from their initial presentation to later. In the article, Dr. Herbert talks about young people who initially identify as butch lesbians and later come to realize an identity as transmen. Unfortunately, this process of realizing one's identity as trans was oversimplified, and several issues were conflated in the incorrect use of terms such as “transgender women and girls.”

Scout and colleagues are also correct in pointing out that the mention of the Michigan Womyn's Festival, while related to the lesbian community, is problematic as well in that it relates to transgender women (male to female transgender people), which was not the focus of the article.

We hope that the author's intent in giving the original talk and writing the article comes through in the paper as a whole. The article is about the importance of clinicians appreciating the issues that transgender men and transmasculine people may face as they become aware of their identities, and the different ways they may express their identities. It is fundamentally about openness and understanding, and as editors we regret that our failure to correct language errors in the article may have diverted from that intent.

As a lesbian and a gay man, as well as psychiatrists, we are keenly aware of the importance of language, and of the hurtful effects of its careless or intentional misuse. We regret that we have hurt some of our readers by our editing mistakes.

*JGLMH* is committed to publishing research and clinical papers on, by, and for the transgender community. We agree that Scout and colleagues' recommendations are sensible and will help prevent such mistakes in the future. We appreciate these guidelines and will implement them going forward.

## REFERENCE

Herbert, S. (2010). Butch/femme, F2M, pregnant man, tranny-boi: Gender issues in the lesbian community. *Journal of Gay & Lesbian Mental Health*, 14(1), 70–78.

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