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I have taken these extracts in order that it is understood that there is a vast difference in the meanings of the two words, Transgender and Transsexual. As you will see from these extracts, transgender is now used as an umbrella term that covers all, such as Cross-dresser and GenderQueer. As stated, *Transgender is not a formal diagnosis* of our situation as Transsexuals, and is used by some erroneously.

I would ask that only Transsexual is to be regarded as someone who has undergone sex affirmation surgery. This could also alleviate the problems at law in regard to GenderQueer, where they retain their reproductive organs. As it is a requirement that the reproductive organs are altered or removed in order to amend documentation, such as Birth Certificate, this should be made very clear.

***Extract from WPATH SOC Sixth Version***

The World Professional Association for Transgender Health's  
Standards of Care for Gender Identity Disorders  
It appears that even WPATH do not understand the difference between  
Transgender and Transsexual, or are using it in the umbrella format.

**The Development of a Nomenclature.** The term *transsexual* emerged into professional and public usage in the 1950s as a means of designating a person who aspired to or actually lived in the anatomically contrary gender role, whether or not hormones had been administered or surgery had been performed. During the 1960s and 1970s, clinicians used the term *true transsexual*. The true transsexual was thought to be a person with a characteristic path of atypical gender identity development that predicted an improved life from a treatment sequence that culminated in genital surgery. True transsexuals were thought to have: 1) cross-gender identifications that were consistently expressed behaviorally in childhood, adolescence, and adulthood; 2) minimal or no sexual arousal to cross-dressing; and 3) no heterosexual interest, relative to their anatomic sex. True transsexuals could be of either sex. True transsexual males were distinguished from males who arrived at the desire to change sex and gender via a reasonably masculine behavioral developmental pathway. Belief in the true transsexual concept for males dissipated when it was realized that such patients were rarely encountered, and that some of the original true transsexuals had

falsified their histories to make their stories match the earliest theories about the disorder. The concept of true transsexual females never created diagnostic uncertainties, largely because patient histories were relatively consistent and gender variant behaviors such as female cross-dressing remained unseen by clinicians. The term "gender dysphoria syndrome" was later adopted to designate the presence of a gender problem in either sex until psychiatry developed an official nomenclature.

The diagnosis of Transsexualism was introduced in the DSM-III in 1980 for gender dysphoric individuals who demonstrated at least two years of continuous interest in transforming the sex of their bodies and their social gender status. Others with gender dysphoria could be diagnosed as Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type; or Gender Identity Disorder Not Otherwise Specified (GIDNOS). These diagnostic terms were usually ignored by the media, which used the term transsexual for any person who wanted to change his/her sex and gender.

**The DSM-IV.** In 1994, the DSM-IV committee replaced the diagnosis of Transsexualism with Gender Identity Disorder. Depending on their age, those with a strong and persistent crossgender identification and a persistent discomfort with their sex or a sense of inappropriateness in the gender role of that sex were to be diagnosed as Gender Identity Disorder of Childhood (302.6), Adolescence, or Adulthood (302.85). For persons who did not meet these criteria, Gender Identity Disorder Not Otherwise Specified (GIDNOS)(302.6) was to be used. This category included a variety of individuals, including those who desired only castration or penectomy without a desire to develop breasts, those who wished hormone therapy and mastectomy without genital reconstruction, those with a congenital intersex condition, those with transient stress-related cross-dressing, and those with considerable ambivalence about giving up their gender status. Patients diagnosed with GID and GIDNOS were to be subclassified according to the sexual orientation: attracted to males; attracted to females; attracted to both; or attracted to neither. This sub-classification was intended to assist in determining, over time, whether individuals of one sexual orientation or another experienced better outcomes using particular therapeutic approaches; it was **not** intended to guide treatment decisions.

Between the publication of DSM-III and DSM-IV, the term "transgender" began to be used in various ways. Some employed it to refer to those with unusual gender identities in a value-free manner -- that is, without a connotation of psychopathology. Some people informally used the term to refer to any person with any type of gender identity issues. **Transgender is not a formal diagnosis, but many professionals and members of the public found it easier to use informally than GIDNOS, which is a formal diagnosis.**

The authors regard "transgender" as something of a nonsense since the term's popular meaning varies according to usage in any particular place and it has not been properly defined by either medicine or the law. The term was originally coined by Charles (Virginia) Prince, a cross-dresser who lived as a woman but had no desire to be, or any belief he actually was, a woman. Prince was a heterosexual, married man who found the "transvestite" label pejorative. He actively excluded people with transsexualism from his cohort of cross-

dressers because he understood the considerable difference they represented. See discussion in Dallas Denny, 'Virginia's Ordeal: S.P.I.C.E. Organisers should be ashamed' (2000) 89 *Transgender Tapestry*, 21.

***EXTRACT FROM VICTORIA'S JUSTICE STATEMENT: RIGHTS OR RHETORIC? BY Karen Gurney and Eithne Mills. Deakin University Law School***

Yours Sincerely, Kathy Anne Noble.  
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