

Stevie Riley

Chris Monier

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Psychiatry and Mental Health – Are They Mutually Exclusive?

I recently looked into getting my name legally changed from Stephanie to Stevie. In the state of Louisiana it would cost me \$503.50 and could lead to me holding conflicting documents that make it harder to access government or legal services. While I don't experience gender dysphoria, or identify as trans, I have often felt confused in life by the gender options presented to me. As a little kid I wanted to grow up and be an old man, mostly because I thought they got to be crotchety and yell at kids to get off their lawn, while in my mind grandmas had to always be polite and baking cookies. Also I've always thought that having a beard seemed really cool. A few years ago I started getting involved in queer communities and meeting trans individuals and I freaked out. Did my desire for facial hair and a bad grandpa attitude mean I was trans? Was I going to have to take hormones and undergo a transition? I was watching my friends experience violence and discrimination from their families, their doctors and strangers just for expressing who they were. Was this going to be my fate? How could I tell if I was actually a female or if I was just too scared to be "other" in a society that severely punishes gender variance – or for that matter any deviation from the "norm"? I still don't exactly know, although it feels less pressing now. If however, I had decided to come out as transsexual and begin testosterone therapy I would have first had to see a mental health professional and prove that I had an aversion to "stereotypical" female clothing and pastimes and a "strong dislike of [my] sexual anatomy"

before I could potentially get insurance to cover the costs of hormones. Herein lies a lot of the problem with this system. Not only is a \$500 name change and private psychotherapy economically unavailable to me but someone else would be defining my gender and my life – I couldn't be a girl with a beard, I'd have to be a boy. Also, I would have been given the permanent label of "Gender Identity Disorder" on my file. I personally think that my desire for a cool beard is less "disordered" than a society that sees gender as a binary where all clothes, interests and activities are divided not by personal preference but by sex. Ultimately though, the issue at hand has less to do with gender specifically and more to do with who gets to set the standards of behavior in society. Credos set by authority figures can easily lead to us policing our own thoughts and actions in ways that don't allow us to fully express ourselves as individuals and that is a *truly* sad thing.

Up until last year the Diagnostic and Statistics Manual, used by psychologists and psychiatrists, characterized trans individuals as having Gender Identity Disorder (or GID). GID was listed under the "Sexual Dysfunctions and Paraphilic Disorders" section in the DSM. Trans activists and allies argued that labeling gender nonconformity as a "disorder" or "dysfunction" was stigmatizing and pathologizing. The DSM-5, which came out in 2013, changed the name of the "disorder" to Gender Dysphoria or GD. It also changed the criteria for having Gender Dysphoria to focus less on the desire to live as the other sex, and more on "distress or impairment in social, occupational or other important areas of functioning" caused by this desire. This distress is almost entirely caused by reactions trans individuals get from people who consider being trans a disorder or unnatural. Thus the DSM's previous stigmatizing of trans people is playing into their current definition of being trans as something that causes distress, trapping people within the mental health- industrial complex framework.

I would argue that diagnostic labels of any kind are problematic and that people should be able to access the care they want without them. First, because many people do not have access to mental health professionals and thus diagnostic labels, they cannot access the medical treatment they know they need. Oftentimes their efforts to receive this care outside of the established system are criminalized. However, I don't believe the solution is creating more access to psychiatric services, but reframing our discussions around mental health care to be entirely patient-oriented. People who are able to access psychiatric services and receive diagnostic labels can be stigmatized and suffer negative social and legal consequences from these markers. Beyond the real world consequences there are also the emotional ones. Taking the power to define what is healthy and normal away from an individual and giving it to an authority has serious costs. It doesn't allow a person to define her experience in her own language. An unnamed Rwandan man talking to a western reporter spoke negatively of his experiences with western mental health workers and how they conceived of depression saying "there was no acknowledgement of the depression as something invasive ... that could actually be cast out again" (Solomon.) The poet and philosopher Rainer Maria Rilke, in a letter to a friend, speaks of depression this way: "If there is anything unhealthy in your reactions, just bear in mind that sickness is the means by which an organism frees itself from what is alien; so one must simply help it to be sick, to have its whole sickness and to break out with it, since that is the way it gets better."

The views of Rilke and the man from Rwanda go against the conventional wisdom of depression, illustrating that there are other ways of viewing issues than those given to us by authorities. It is just that these alternative views become harder to conceive of the more we are told how to think. Forcing people to defer to authority also takes away their power to choose

appropriate medicinal responses for themselves and this can be very patronizing. Instead of allowing for a large variety of experiences and definitions around these issues, our current system simply sees many behaviors as flawed, broken or disordered and thus needing to be “fixed.” Everyone has quirks and idiosyncrasies, things that make them uniquely human – this uniqueness doesn’t need to be “fixed” or pathologized any more than a unique relation to one’s gender does.

The American Psychiatric Association (or APA) argued that some definition of transsexualism needed to stay in the DSM so that patients could receive a diagnosis and use that diagnosis to get insurance coverage for medical treatments such as hormone therapy or sexual reassignment surgery. Without the classification of GID or GD as a mental disorder, sexual reassignment interventions can be seen as cosmetic rather than medically necessary and insurance companies can refuse to cover them. I do understand that there has to be regulation on access to medical intervention. I would even agree that in cases where the patients are children, outside approval before making irreversible changes to one’s body is necessary. Still, I would argue that telling an adult that an authority figure (who may not be understanding of them or even accessible to them) knows better than they do what is right for their life is *patronizing and dangerous*. If someone can’t access a mental health professional, or won’t because of previous hostility, and instead accesses things like hormone therapy or antidepressants through the black market, this action is criminalized. We are creating inaccessible and condescending systems and then punishing people when they don’t use these systems.

Despite showing that many people have negative consequences for choosing not to engage in current mental health systems the opposite could be argued: Many people suffer serious negative consequences when they *do* choose to engage in psychiatric structures - it’s

damned if you do, damned if you don't. Once a person has a label such as GD on their file this label can be with them for life. Many states protect against discrimination based on sexual orientation but not on gender identity. Numerous people have lost custody battles in court in part because of psychiatric labels. If you are accused of a crime, having a diagnosis such as schizophrenia or bipolar disorder is likely to be used against you. Stigmatization in social settings is rampant. While it isn't the label of GID that makes people commit acts of violence against trans people, the idea that trans people are abnormal or dysfunctional, perpetuated by this diagnosis, can play into this violence. Nearly half of all transgender and gender variant folks have attempted suicide and many are the victims of assault and murder. The same psychiatric system that coined GID, also coined Trans Panic Defense – basically the defense that if you take someone home to sleep with them and then realize they have different genitalia than you expected and you kill them in a panic your crime should be seen as lesser than a 1st degree-murder because your reaction was *normal* within the definition of our society. While it is often thrown out trans panic defense *has been used* to successfully lower charges in court and as of 2014 California is the only state to outlaw its use.

This idea that Trans Panic can be labeled as a normal behavior but that being trans cannot brings me to my last, and most troubling criticism of our current model. I would argue that we are allowing one group of people to define what is normal for other people, and that sometimes they get it wrong. Up until 1986 homosexuality as “Ego-dystonic homosexuality” was listed as a disorder in the DSM. Our ideas around what is disordered behavior and what isn't shifts as our society shifts. Why are things like homosexuality and variance in gender identity considered worthy of psychiatric intervention when things like an inability to express emotion or cry as a male are not? Wouldn't it be just as easy to see this lack of emotion as deeply troubling and

abnormal? Do mental wellness and “sanity” mean the ability to thrive and find joy in a deeply unjust and chaotic world where we daily benefit from others suffering? Can’t mental distress be seen as a reaction to this reality, and perhaps instead of “curing” the distress we should be attempting to create less violent societies? The difference of whom we deem worthy of psychiatric care between a trans person and a stereotypical male is how they situate themselves in our hetero-patriarchal capitalist society. A man who never cries or becomes emotional is an ideal worker – he is functioning well in society, even if, or perhaps because, he is machine-like. A homosexual, who produces no children of his or her own, and a transsexual individual, who challenges the role given to them by society (particularly a MTF person who “gives up” their male privilege) are neither ideal nor normal in the eyes of capitalism. A person born as a man who always knew they were a woman and one day begins to present this way may know great joy and reach self-actualization but she will always be considered more disordered, and thus suspect, within our current system than a man who hasn’t allowed himself to cry in 20 years.

Currently the APA calls for “patient desired outcomes” in therapy for patients diagnosed with GD. This includes altering the body to match gender identification, also known as gender-affirming care. I consider this approach ideal and I can acknowledge that the APA has come a long way in its thinking about this issue. Still I would argue that this doesn’t mean we can sleep easy with our current mental health model in place. Psychiatry has been wrong many, many times before (see hysterectomies, lobotomies, rest cure, pathologizing homosexuality, shock therapy, Freud, etc.) and it is going to be wrong again. Not to mention the many ways that while it may be working, sort of, for some people, it is failing to meet the needs of many others. We need to have alternative models in place.

A variety of groups are practicing alternative forms of mental health care that focus on reorienting the individual as the authority in their life. The Icarus Project is a group that has meetings all over America, including in New Orleans. The Icarus Project encourages the individual to define their own experience, saying they are a group “for people struggling with extreme emotional distress that often gets labeled as mental illness.” Alcoholics Anonymous and its affiliates NA, OA, Al-Anon are other groups that focus on having horizontal structures of recovery instead of hierarchical ones. These groups actively discourage people from using medical lingo or ‘jargon’ in meetings and instead urge people to share from their own experiences. This acknowledges that everyone’s experience is different and sometimes the vocabulary given to us from the psychiatric field doesn’t capture this experience. Letting a person define what mental wellness looks like for them can open up some scary doors and really questions the foundation of “mental health.” What if a person as a form of self-preservation engages in acts of self-harm such as substance abuse? While respecting individual's choices the Icarus Project operates on a principle of harm-reduction. This means they accept everyone while trying to reach the desired outcome of the person seeking help even if it isn’t what everyone would define as healthy. Trusting someone to make their own decisions means giving up the illusion of control and this can be difficult. One of the core tenets of these groups is that no one can control or be an authority over anyone else and this takes constant practice. Al-Anon’s first step is admitting powerlessness over “people, places and things.” Perhaps psychiatrists could learn a thing or two.

I understand that calling for patient-determined mental health care and medical interventions is idealist. In reality just taking GID or GD out of the DSM without completely overhauling how we think about mental health would have negative effects on trans individuals.

Already some people, primarily incarcerated trans women are arguing that the change from GID to GD weakens their case that access to gender affirming care is medically necessary and must be provided to them by the state. This isn't something we can do piecemeal; but it is something that must be approached if we are actually committed to having a healthy society. The rules and edicts set down by authority figures, such as mental health professionals, have consequences for everyone. They can quickly turn into us policing our own thoughts and actions and those of others. A world where everyone lived and let live instead of passing judgments on each other's "bodies, experiences and health needs" (Strangio) and where we trust adults to make autonomous decisions would be one where *everyone* could thrive.

Works Cited

"Gender Dysphoria." (n.d.): n. pag. *Www.dsm5.org*. American Psychiatric Publishing, 2013. Web.

"Gender Dysphoria Symptoms." *Psych Central.com*. N.p., n.d. Web. 28 Oct. 2014.

"The Icarus Project." *The Icarus Project*. N.p., n.d. Web. 28 Oct. 2014.

Rilke, Rainer Maria. *Letters to a Young Poet*. Trans. Stephen Mitchell. New York: Modern Library, 1984. Print.

Solomon, Andrew. "Notes on an Exorcism." *The Moth*. N.p., n.d. Web. 30 Oct. 2014.

Strangio, Chase. "Debating 'Gender Identity Disorder' and Justice for Trans People." *The Huffington Post*. TheHuffingtonPost.com, 05 Dec. 2012. Web. 30 Oct. 2014.