Fighting for Personhood
What happens when the trans community faces the healthcare system?

Part One

Vincent was having a bad day. Junior year of high school can be tough for anyone, but it's particularly hard when you're transgender. He'd been bullied and harassed throughout high school, and it had finally come to a breaking point. Vincent left class and went to the school social worker for help. Expecting advice about coping or better yet a solution, Vincent was instead met with prying questions about his gender. "So you're trans? How long have you known you're trans? Do your parents know? How did they react?"

Vincent was one of my closest friends throughout high school. We met in a political discussion group†when he was a freshman and I was a sophomore. Over the following years we bonded while talking feminist theory, protesting at rallies, and trash-talking each others' favorite football teams. He's a brilliant person and someone who I'm very grateful to be close to.

Vincent's life hasn't been easy. He's a trans man who was raised by a conservative Catholic family. Vincent has struggled with mental illness since his childhood, culminating in a week-long hospitalization two years ago, Vincent's struggles with his gender and resulting interaction and conflict with the mental health system are indicative of the ways in which the medical community is often ill-prepared to deal with transgender individuals.

His experience isn't out the ordinary. When you're transgender, Vincent told me, doctors, therapists, and even social workers tend to see you as trans above all else. It's called "trans broken arm syndrome," where even if you're just going to the doctor for a broken arm, the doctor will want to know your whole medical history, even if it's entirely unnecessary or unrelated to your treatment. What surgeries and therapies have you undergone? What drugs are you on? What is your anatomy like "down there"? Trans activists say it's intrusive, and more than that; it's part of the medical transformation of the patient into an object.

Part Two

At birth, Vincent's parents were told he was a girl—in more clinical terms, his assigned sex was female. He had an anatomically female body, chromosomes, and hormones. For most of us, this assignment wouldn't be reason for second-guessing; people with female reproductive anatomy typically identify as women for the rest of their lives; the same goes with males who identify as men. But for trans individuals like Vincent, the sex — and therefore the gender that stereotypically goes with it — assigned by doctors at birth doesn't match up with their own experienced gender. And for people like Vincent, this discrepancy between assigned and internally constructed gender causes gender dysphoria, a state of unease in one's own body.

Vincent began to feel uncomfortable with his assigned gender at a very young age. By sixth grade, he had made a promise to himself: later in life, when he was successful and confident, he would transition to live life expressing himself as a man. At the time, he had no labels to attach to this feeling; he attended a Catholic school that stuck to strict gender identities and

roles. In one instance, a priest who came into Vincent's class explained that girls who felt as if they were boys were actually lesbians. Vincent had no language with which to understand his gender other than that provided to him, and as a result identified as a lesbian for several years despite neither feeling "like a girl," nor having any attraction towards women. The identity failed to give him any comfort.

By his freshman year of high school, Vincent had gained the confidence to cast off the illusion of trying to act "like a girl." He had met a number of older role models in his school's LGBT organization whose stories resonated deeply with his own experience. Vincent began his social transition by choosing to use ze/zir pronouns in referring to himself, mimicking the group's president who had become a close friend. He saw this as a way of "testing the waters" -- he feared "being considered a complete freak for wanting really badly to physically transition." He lived in this middle ground for several months before choosing to express himself openly as a man, use the name Vincent, and adopt he/him pronouns. Vincent was cautious about using the term "empowering," but affirmed that coming out "made [him] feel good," giving him "more control over [his] own identity and [his] personhood."

But much like his challenges with his physical appearance, Vincent's struggles with mental illness also began early. As young as eight, he began seeing a therapist for depression-linked symptoms. By his junior year in high school, he had attempted suicide, spent time in a psychiatric hospital, and had been self-medicating with alcohol and self-harm. In his first session of intensive outpatient care, he was diagnosed with generalized anxiety disorder and major depressive disorder, the latter bringing with it psychotic side effects. For Vincent, these disorders were all linked to gender dysphoria, which, as he put it, is the feeling of "knowing that your body is not how it's supposed to have been made or created." Gender dysphoria, as defined by the American Psychiatric Assocation's *Diagnostic and Statistical Manual of Mental Disorders*, is "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender." In Vincent's case, the distress overlapped with and contributed to his depression and anxiety.

When asked about his experience in the mental health system, Vincent responded with exhaustion: "Don't even get me started." He was institutionalized in an inpatient program at a local psychiatric hospital as a sophomore in high school for eight days, a period which he described as "like hell." Structured interaction between patients was in gendered groups; for the first several days, healthcare providers at the hospital put Vincent in groups with girls. For the entirety of his stay, while everyone else had roommates, Vincent roomed alone in a misguided attempt to protect him from his peers. Instead, for as many as four hours each day as well as all night, he was deprived of social interaction. He resorted to self-harm repeatedly.

Part Three

In a 2017 study about suicide in LGBT youth, social scientists Audrey Bryan and Paula Maycock discuss how this tendency for self-harm becomes a pathology. Trans people are cast as individuals who need to be saved from themselves with the power of biomedicine and

psychotherapy. The general public, policymakers, and even social scientists and social workers who attempt to understand the "suicide consensus" have thus far done little to understand why this drive for self-harm and suicide exists. "There have been few empirical studies," the authors note, "which engage critically with the question of how LGBT-identified research subjects themselves actually take up, resist or rework the vulnerability script." Trans people become targets of care rather than participants in caretaking.

The social factors driving dysphoria-related distress are immense. According to a 2011 study, the bulk of depression, anxiety, suicide, and substance abuse in LGBT teenagers is linked to victimization by peers. However, this "social dysphoria," where a trans individual is made to feel uncomfortable in their body due to social pressure, does not stand alone; instead, it is built on a "physical dysphoria," which is a much more personal and individual experience. Vincent said that even if he had been accepted immediately as a trans man, he still would have felt overwhelming dysphoria. The sense of inhabiting a body which was not one's own is a source of psychological trauma which exists even without social factors exacerbating it. Cultural understandings of sex and gender, of course, shape this sense of physical dysphoria, but the lesson here is that dysphoria goes deeper than just bullying.

Indeed, the mental health system, and the psychiatrists and care workers who comprise it, contribute enormously to the stressors that intensify dysphoria. In his case, Vincent noted feeling a constant compulsion to feel "cured" by medical professionals, as if those working with him saw his condition as a binary "functioning or sick" dichotomy in which "curing" the patient — as in, sending them away with a drug regimen or a therapy course which would be static and permanently effective — would mean success and the end to care. But care is not a transaction; it is a process. Clinicians cannot simply dispense drugs or perform surgery to solve problems. Even in Vincent's case, where he so desperately desires hormone therapy and gender confirmation surgery, viewing them as a sort of "light at the end of the tunnel," the medical aspect is just one part of his transition.

Ultimately, Vincent found that the medical system was largely unable to understand him, resulting in negative consequences when it came to his care. As Vincent attested, the therapists and care workers who failed him weren't bad people. They were simply never given the tools to treat him. Some, like a therapist he worked with throughout much of middle school, would avoid discussing the issue; Vincent, not wanting to be in therapy in the first place, was more than willing to deflect. More common, though, were those who could only see him as a transgender patient and not as a whole person. After talking about a particularly stressful meeting with his high school's social worker, he noted that she seemed "more concerned in the exhibitionist aspect than in actually helping me." In other words, the social worker was so caught up with the fact that Vincent was trans that she ignored the problems he was actually facing.

Unfortunately, the behavior Vincent experienced from medical professional is common. Harvard academics Mary-Jo and Byron Good, looking at medical school training, argue that this lack of understanding begins early. As soon as doctors encounter a clinical situation they're unprepared for, they react against it. The Goods discuss the "reconstruction of the patient as object of the biomedical gaze," where doctors are taught to see patients as a biological thing which can be dealt with by medicine, rather than a complete person with individuality and experiences who must be understood for the process of caring to succeed. Vincent experienced this biomedical gaze in his therapists' failures to comprehend his gender and navigate the mental health system in light of it.

Psychiatrists aiming to diagnose gender dysphoria are instructed by the *Diagnostic and Statistical Manual of Mental Disorders*, the diagnostic book universal among American psychiatry, to ask for signs and feelings of nonconformity, an act which forces the patient to demonstrate their trauma. Social workers looking for ways to help a patient demand to see exactly how they've been hurt. Seeking care is made a performative act, and is only doled out to those deemed to have an exceptional need. As a result, patients are compelled to relive and exhibit their illness and abuse. For Vincent, this was a deeply traumatic process which stood in the way of care.

Still, it's important not to discount the work that that many members of the medical and psychiatric community have done to better the lives of trans people. Vincent himself attested to this several times. He spoke, for example, of the great help his prescribed drugs have been for his mental health. Although he is still depressed ("Can't be perfect," he noted), his anxiety and psychosis are "not cured per se," but manageable. When discussing his institutionalization, Vincent was sure to mention the work his psychiatrist did to demand that he was put with the right groups, finally winning him the right to socialize with the boys only after a call with the hospital director. Indeed, psychiatric care is often an essential part of navigating life as a transgender person. Therapists who deal appropriately with trans people are able to act in conjunction with their patients to "challenge dominant social norms" and find a place in society for their clients.

Moreover, therapists and clinicians can help transgender patients gain access to other care, acting at once as therapist and administrator in order to navigate the bureaucratic healthcare system. Vincent spoke excitedly about the prospect of beginning hormone replacement therapy, or HRT, as soon as he turned 18, a possibility made available by his diagnosis. In the past, a diagnosis of dysphoria had the double-edged effect of improving access to surgeries and hormone therapy, both which would otherwise be inaccessible, while at the same time severing trans people from many insurance plans.

However, according to University of Washington professor Marieke van Eijk, the advent of the Affordable Care Act has helped mitigate this issue—so long as a trans gender person has a knowledgeable therapist who can help navigate insurance plans, drug regimens, and systems of care. Without such an effective advocate and caregiver, the medical system is practically inaccessible. As Vincent noted: "That's basically what it's like to access mental health as a trans person, you either find a specialist or put up with all that."

For Vincent, "all that" was the ordeal of getting placed in the right group in the mental hospital. For others, "all that" might entail difficulty finding an appropriate drug regimen, dealing with medical doctors who work poorly with trans patients, or negotiating insurance coverage for care relevant to trans people. Therapists are often essential in the lives of trans people, especially mentally ill individuals, and for this reason it is paramount that they are able to do their work effectively and respectfully.

Part Four

`In the middle of February, Vincent sent me a stream of texts out of the blue:

> *NBD MY APPOINTMENT TO TALK ABOUT STARTING HRT IS JUST TOMORROW*
> *IDK HOW IM GONNA SLEEP*

IM SO EXCITED I'VE JUST BEEN WALKING AROUND ALL DAY LIKE.....WOAH THIS IS REAL!

The next morning, Vincent found out he'd be able to start hormone therapy by the end of the month. Following the appointment, Vincent texted me a half-dozen times over the course of the day:

I literally feel 1,000 lbs lighter, like there was a weight taken off me
the doctor was convincing my mom that they should let me get top surgery asap 😍😍😍😍
I'm SO ANXIOUS for it to finally happen!!!!
it feels so far away but the difference is that i feel like i can hold on SO MUCH BETTER bc it all has an end date!!!

The prospect of physically passing as a man was thrilling for Vincent. He knew that in a matter of months, he'd start seeing changes in his physique that would begin to resemble the body he'd always hoped for.

This past month has demonstrated medicine's power to change lives for the better. After having spent half his life in and out of the mental health system to no avail, the "light at the end of the tunnel" Vincent told me about is nearly within reach. At long last, Vincent is on the path towards the body he wants.

Part Five

Keeping in mind Vincent's story and the tales of countless transgender people, how can the American medical system see more success in trans patient care? It starts with reimagining what we offer by the term "care." Arthur Kleinman, psychiatrist, anthropologist, and Harvard professor, offers lessons for understanding what care means. To Kleinman, it's ultimately "down to a question of what we truly value." If clinicians are to understand Vincent and those sharing similar experiences, they must not just care *for* but care *about* trans people. Neither biomedicine nor psychotherapy is apolitical; both are shaped both by the systems in which they operate and the individuals who direct and carry out care.

In tackling the struggles which trans people face in the healthcare system, far-reaching change is necessary. It is essential to confront the systemic violence trans people face at a personal and structural level outside a medical context. It is even more essential that doctors humanize their patients. In particular, Kleinman notes that respect, self-reflection, and understanding the patient's personhood underpin "what it should mean to be a physician."

The few successes that mark Vincent's experience in the mental health system, with therapists who understand him and work with him rather than about him, are indicative of the type of care psychiatry as a field must aim for. Vincent's early therapists' failures, his social worker's prodding questions, and most of all his time in the mental hospital, are the types of care which must be avoided. Trans people exist in a unique space in the world of biomedicine, and the discipline's failure to properly account for them dehumanizes them. It's impeding care where care could very much help.