

TRANSADVOCATE

Transgender Pathologization

By Guest

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Abstract

By Kat Haché @papierhache NOTE: Content warning below. Yesterday, I came across an article in the LA Times regarding the National Transgender Discrimination Survey's study of the elevated risk of suicide in the transgender community. To briefly summarize, the statistics are shocking: 41% of transgender/gender non-conforming individuals have attempted suicide, a rate of 9 times the national average [...]

Article

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Yesterday, I came across an article in the LA Times regarding the National Transgender Discrimination Survey's study of the elevated risk of suicide in the transgender community. To briefly summarize, the statistics are shocking:

- 41% of transgender/gender non-conforming individuals have attempted suicide, a rate of 9 times the national average
- The risk was higher for those who had suffered discrimination or violence
- For those driven to homelessness, the risk was even higher, at 69%, for those refused medical care, 60%
- For individuals who are "openly" transgender, or more often read as transgender, the risk is higher
- Even transgender individuals at "low risk" have attempted suicide at a rate of 30%-40%
- Suicide rates were lower in families that "stayed strong" after transgender individuals came out

Part of me finds these statistics shocking. They are, after all, appalling, and certainly unacceptable. However, as a transgender person, and one who is quite open about it (by choice, since I am privileged to not be read as trans, and because I am a transgender advocate), I am not surprised. In fact, before I transitioned, I too, wanted to die. I thought about how I would kill myself daily. I would pray to be hit by a truck as I drove to the store. I wondered what the most painless way to do it would be. I stopped eating and engaged in self-harm. I really, truly wanted to die. This was before I even faced much discrimination due to being transgender - I wasn't even out yet - but even so, knowing the road that lay ahead I was terrified. I was terrified knowing that the world would hate me for wanting to be myself.

I am very thankful that I got past that point and that I sought help. I am thankful that I began

hormones and started transitioning. Since that low point in my life, I am much more at peace with myself and my body, and I have become a much stronger, more well rounded individual. I feel like a person. Even so, there is a prevailing attitude that being transgender in of itself is equivalent to mental illness. In other words, the problem lies within transgender individuals, and their desires to achieve self-actualization are misguided, and ultimately, futile, attempts to cure a disease that causes them to irrationally transgress socially prescribed normative gender identities (those which correspond to one's designated sex at birth). One need only look to the comments section for evidence of this attitude:

It doesn't matter to these people and to our society that the actual "reality" of the situation (one that transgender people know quite well and have faced on a deeper level than these internet commentators could imagine) contradicts exactly what they are saying a few paragraphs above their ignorant attacks on those that they refuse to understand. It is a symptom of the real disease at play here: transphobia. Like with other social ills, transphobia is a disease that causes those affected to stigmatize those whose body, gender identity, and presentation defies their preconceived notions of normalcy. I mean, after all, how would one explain the following comments about my gender identity?

(I could go on and on here; I've received no shortage of hatred like this.)

Yes, the problem in our society is CLEARLY transgender people and not those who attack us, even when we are total strangers.

This sort of thing is not uncommon in other forms of related social prejudice. Pathologization of Otherized identities by inferring sickness or disability is an age-old practice. Quoting Tobin Siebers in Disability Theory:

"The pathologization of other identities by disability is referential: it summons the historical and representational structures by which disability, sickness, and injury come to signify inferior human status." (Siebers 2008, 6)

It's easy to see this pathologization at play with regard to an individual's transgender status - the bizarre fixation on an individuals adherence to a socially constructed notion of "healthy" genital configuration congruent with one's designated sex. The rhetoric of "mangled" or "mutilated" genitals (words chosen for their connotations of deformity, words not chosen to describe other surgeries) that pervade the discourse surrounding transgender individuals, regardless of whether or not they have even had any sort of surgery to modify their genital configuration. Many have not, due to the prohibitively high cost of what is commonly known as "sexual reassignment surgery" or "gender reassignment surgery" - which is on average \$20,000 for transgender women (who some refer to as "male-to-female") and up to \$80,000 for transgender men (who some refer to as "female-to-male"). This cost is even steeper when you factor in the high rate of unemployment and poverty in the transender community, and their lack of access to adequate health insurance. Even with health insurance, transgender health care is often denied as a necessity and described as cosmetic, despite being long established as necessary treatment for gender dysphoria. The depathologization of gender dysphoria (formerly referred to as Gender Identity Disorder) is itself a recent development that long reinforced the societal association of transgender identity to pathology. Like homosexuality and wandering uterus, also known as hysteria, it is the perception of deviance that creates the pathology,

not the behavior that is perceived as deviant.

This perception prevents transgender people from being accepted in society, let alone understood. It prevents us from equal access to necessary healthcare. It prevents us from equal economic opportunity, and as the survey shows, it prevents us from equal access to a healthy, happy life. We are defined, as Siebers says, as inferior human beings. Our existence is not the result of pathology and should not be stigmatized. If there is an illness we must combat, it does not involve transgender individuals attempting to achieve self-actualization. It is the socially communicated intolerance and hatred of bodies and identities that deviate from the status quo. It is that illness that plagues our society. It is that illness that is killing my transgender brothers and sisters, not our efforts to assert ourselves against the onslaught of violence we face for daring to affirm who we are.

If we wish to address statistics such as those in the survey, and if we wish to save lives, we must deconstruct our normative notions of only certain bodies and identities as acceptable and prerequisite to full personhood. We have to recognize the discourse surrounding transgender individuals and the negative representations of transgender identity as symptoms of a systemic intolerance of perceived deviance that delegitimizes, marginalizes, and even kills. If we don't, things will not change. The only outcome that will result from forcing transgender individuals to conform to an identity that is not their own is a life of misery or death, as the statistics indicate. If those spouting ignorant hatred of transgender individuals were truly concerned about their mental or physical health rather than their own comfort with the status quo, they would advocate the same thing that every reputable source in healthcare advocates for transgender individuals -acceptance in society, affirmation of our identities, access to our healthcare, and the same opportunity to achieve self-actualization as anyone else.

Cited:

Siebers, Tobin. Disability Theory. Ann Arbor: University of Michigan Press, 2008.

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