

Book Review

***Perverse Psychology:
The Pathologization of Sexual Violence and Transgenderism***

Book by: Jemma Tosh

Review by: Shari Fitzgerald

In *Perverse Psychology: The Pathologization of Sexual Violence and Transgenderism*, Jemma Tosh (2015) presents a captivating critique of the disciplines of psychology and psychiatry in the medicalization of rape and sexual violence. Over the course of seven chapters, Tosh delves into the history of framing rape as a pervasive pathological perversion and the psychiatrized acceptance of sexual violence as a form of “madness” or ‘mental illness’. Through discourse analysis, Tosh draws upon critical psychology along with feminist and transgender theory to craftily confront the power processes by which scientific knowledge claims have become manifested and inducted as universal tales of “truth” in contemporary society. Modern day discourse—in its preoccupation with biological or “disease” models of sexualized violence—remains largely uncontested, ultimately reinforcing the villain-rapist archetype in a world comfortably committed to dichotomizations and labelled transgressions.

Tosh’s examination of the pathologization of illicit sexually violent behaviour in Western culture encourages much consideration around the perceived interconnectedness between sexual violence and gender identity within diagnostic psychological and psychiatric disorders. In deconstructing psychiatry’s characterization of sexual violence offenders, Tosh questions the reputability of scientific philosophies of uncontrollable sexual impulses used to characterize rapist behaviour and further challenges understandings of sexual deviancy as innate inevitabilities. Throughout her book, Tosh offers readers insight into the acceptance and validation of rape within gender role boundaries while highlighting psychiatry’s perpetuation of gender norms through the framing of atypical sexual identities as “perversions.” Further, Tosh promotes critical reflection of the ways in which society’s commitment to psychiatric treatment and healing bolsters rationalized support and validation of aggressive sexual behaviour.

The construction of sexual violence as a symptom of mental illness is embedded in the history of psychology and its movement away from conceptualizing sexual deviancy as a “fleeting digression” toward considering it a permanent perversion (p. 25). The rise in the perception of rape as a sadistic disorder has led to ingrained assumptions about what rape is and of what it is a function, while concurrently removing perpetrators’ sense of accountability. Ultimately, this directs the onus of “recovery” toward psychiatric treatment and rehabilitation. In her consideration of the psychiatric narrative, Tosh calls attention to the ubiquitous undermining of rape as a feminist concern and accentuates the overture of sexual violence as a social construction deeply seated in patriarchal civilization. According to Tosh, veiling sexually violent behaviour in psychiatric discourse “naturalizes” violence

as stemming from individualized abnormalities and further grants wrongdoers with a rationale—arguably, a biologically based pardon—for inexcusable actions (p. 27). In contrast to privatizing the issue of sexual violence and rape, Tosh's examination stresses the importance of consciousness-raising with respect to contextual analyses of social problems outside of the immediately convenient individualistic realm.

The portrayal of rape and sexual violence as a “paraphilic perversion” can be directly traced to the ongoing popularization of the boogeyman-rapist narrative propagated by conventional psychiatry. For decades, the professions of psychiatry and psychology have exhibited a steadfast commitment to disease models of understanding individual behaviour and have become engrossed in creating and applying medicalized markers of normative and non-normative behaviour and identity as evidenced within the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Psychiatry's preoccupation with diagnostic labelling and the medicalization of ‘psychosexual dysfunctions’ has acted to reframe sexual problems within biological discourse, ultimately reinforcing the power of the medical domain in positioning medical professionals as necessary experts in diagnosing and treating such disorders.

Even the most recent edition of the *DSM*, the *DSM-5* (American Psychiatric Association, 2013), reflects an unwavering fascination with the pathologization of rape evidenced by the repeated proposition to include ‘paraphilic coercive disorder’ (PCD) as a mental illness. Shockingly, the recommended inclusion criteria for PCD diagnosis requires perpetrators to have committed rape at least three times to meet diagnosis standards. As Tosh argues, not only does such a diagnostic classification excuse perpetrators of sexual violence from individual responsibility and accountability, but also the inclusion criteria in and of itself further imply a perturbed normalization of “opportunistic rape” within masculine ideology (p. 51).

With the rise of critical psychology and anti-psychiatry movements, conventional psychiatrization of behaviour has been met with much criticism. In particular, the subjective nature of psychiatric diagnostic labelling and the incomplete assessment practices that “skirt” the impacts of social contexts and power dynamics on individual behaviour within and outside of the client–professional therapeutic relationship have been heavily criticized. Further to critical psychology and anti-psychiatry theory, Tosh draws upon feminism and transgenderism to elucidate the limitations of mainstream psychoanalysis as it pertains to the exploration and understanding of sexual violence. Through a social constructivist lens, Tosh discusses how perceptions of gender difference contribute to narrowed definitions of what constitutes mentally “stable” and “unstable” identities for men and women. Substantiated through early medical responses (or, prevention measures) to transgenderism and through psychiatry's coercive treatment of children at odds with traditional gender norms, Tosh's discussion of gender nonconformity reveals the manner by which the socialization of accepted gender identities exist to frame gender incongruence as pathological.

As seen from the introduction of ‘gender identity disorder’ in the *DSM-III* (American Psychiatric Association, 1980), psychiatry has shown increasing interest in creating and maintaining diagnostic categories that facilitate official diagnoses of gender nonconformists. According to Tosh, hostility directed toward those who transgress

typological gender norms has been embedded within societal perceptions of women and femininity. This constrained view of culturally appropriate gender identification—blatantly reinforced in psychiatric diagnostic criteria for adults and children—acts to perpetuate stereotypical definitions of ‘normal’ male and female behaviour, ultimately failing to recognize the oppressive nature of social expectations of hegemonic feminine and masculine normalcy. Even within the relatively recent *DSM-5* (American Psychiatric Association, 2013), the inclusion of ‘gender dysphoria’ as a diagnosis of incongruence between expressed and assigned gender has further contributed to a long history of psychiatry’s framing of gender nonconformity as “deviant” and in need of intervention. According to Tosh, this continued focus on gender nonconforming behaviours in contemporary diagnoses marginalizes intersex and transgender individuals by emphasizing therapeutic treatment for gender incongruence and thus accentuating the gender binary.

In a culture comprised of rigid definitions of gender identity, Tosh exposes psychiatry’s construction of gender nonconformity as a traversed chronicle committed to understanding sexual violence and gender identity within the boundaries of psychological disorder. Having probed the evolution of psychoanalytic schools of thought, Tosh astutely draws a parallel between the pathologization of sexual violence and gender nonconformity. Psychological constructions of gender nonconformity (or effeminacy) are recognized as being related to homosexuality and are shamelessly coupled with therapeutic intrusions aimed at meeting gender norms. This represents seemingly intentional measures from within the medical community aimed at the prevention of homosexuality and transgenderism. Tosh’s examination of the construction of homosexuality and gender-nonconforming femininity provides a solid critique of the theories, treatment, and language put forth by psychological and psychiatric perspectives. In particular, Tosh highlights the resemblance between both psychiatric and religious subcultural views of homosexuality as perverse, effectively carrying forth a cemented understanding of homosexuality as equated with prohibited “madness” (p. 64).

A major premise of Tosh’s examination of psychiatric constructions of sexual violence and transgenderism rests in the operationalization of power and control rather than in sex. In drawing upon modern pop culture, media representation, and Hollywood glamorization of “sadist” labels of psychopathology, Tosh explicates the acceptance of rape and sexual violence as symptomatic of internal abnormalities in need of treatment from psychiatric professionals. From this perspective, perpetrators of rape are simply passive victims of their fixed sexual identities. Rather than concentrating on the contextual complexities from which individuals become socialized amid hegemonic norms of masculinity and patriarchy, Tosh emphasizes psychiatry’s narrowed focus on extreme cases of sexual violence outside of larger societal issues of power, privilege, and inequality.

Despite numerous transecting oppressions at work, Tosh homes in on intersecting discourses related to sexual violence and gender nonconformity as a means to demarcate psychiatry as perverse. In the *DSM-5*, rape appears acceptable if it is seen as an extension of masculine identity. This acceptance in the psychiatric community is evidenced in continued recommendations for PCD diagnostic criteria that position “few” instances of rape as normative (Tosh, 2011). Tosh emphasizes the reliance of psychiatric discourses of rape on hegemonic constructions of aggressive masculine sexuality and notes psychiatry’s attempted normalization of rape based on occurrence frequency. In keeping

with the adherence to gender-role norms, Tosh elucidates core lines of thinking that underlie the pathologization of behaviours outside typical role expectancies.

Ultimately, the ways in which psychiatry categorizes and defines normality is in itself a form of power that is omnipresent and dangerous. Ostracism of gender nonconformity in psychiatry evidently contributes to the social segregation and discrimination of individualism based on sexuality and gender identity. In the words of Foucault (1977), “normalization becomes one of the great instruments of power” that reinforces the standardization of homogeneity (p. 184). Rather than attempting to confront and alter the context of social exclusion surrounding gender nonconformity, psychiatry attempts to “fix” nonconformists. Tosh points out that although such compliance to gender norms is often framed within a helping narrative, the existence and enforcement of categorizations that determine the need for help conclusively contribute to the social exclusion, oppression, and harm of “sufferers,” replicating the pathologization of victimization.

What remains clear through Tosh’s work is the selective void in the medical explanation of rape if one considers the social and cultural influences on sexual violence and the manipulative omission of victims’ perspectives in the conceptualization of rape. However, in recognizing the normalcy of violence within gendered norms of socialization (i.e., psychiatric constructions of men as naturally aggressive), a critical question remains: How might hegemonic standards be successfully deconstructed to provide alternative opportunities for gender expression when authoritative medicalized discourse continues to condemn and stigmatize gender deviation as pathological? Perhaps the answer lies in advocating for the re-negotiation of traditional power structures in the medical professions, which currently exist to limit the acceptance and inclusion of marginalized voices.

Tosh’s examination of the relationship between the pathologization of sexual violence and the acceptance of the traditional gender binary suggests considerable implications for social work practice. Social workers involved in all areas of practice have a responsibility to be cognizant of the structures and societal norms that influence how they confront the marginalization and oppression of clients who defy traditional social norms. Through her critical analysis of psychiatry and of the socialized tendency toward grouping individuals based on preconceived binaries, Tosh’s literary sentiment resonates the importance of ongoing reflection and analysis with respect to how medicalized understandings of gender norm incongruences impact clients’ safety and wellbeing. In advocating for social justice, social workers must recognize the current state of affairs in which hierarchical categorizations serve to uphold powered interests and to strengthen structured archetypes of acceptance (Fook, 2012).

From a postmodern perspective, Tosh’s exploration of the central tenets of critical psychology—as they pertain to the medicalization of all things considered ‘abnormal’—effectively underscores the significance of pluralism as it applies to language and meaning in the development of culture (Pardeck, Murphy, & Chung, 1994). Tosh notes that as popular understandings of rape continue to dominate society, marginalized viewpoints become beleaguered and dismissed. In reflecting on the status positions held by psychologists, psychiatrists, and other medical scholars, Tosh highlights the unfilled gaps in understanding sexualized mental ‘illness’ outside of biological parameters (Tosh,

2011). In defining and constructing definitions of ‘abnormality’, psychiatry reserves the power to define “truth” for all persons, using positions of authority to sway cultural acceptance toward the necessity to “heal” those outside structuralized norms (Smart, 2002). Consequently, it is critical that social workers acknowledge society’s preference for binary distinctions and that they be intentional in recognizing the limitations of power-driven dichotomous thinking for failing to account for differences among individual experience and identity (Fook, 2012). Grounded in the concept of deconstructed thinking, from a postmodern perspective, social workers must be prepared to challenge the notion of medical universality and must accept uncertainty and relativity as it pertains to individual and global knowledge and understanding (Wood, 1997).

There is still much to discover and learn about the relationship between gender nonconformity, mental health, and the social scaffolding of rape. While mass media reports, dated literature, and shifting jargon within the *DSM* from edition to edition have made it increasingly difficult to dissociate “science fact from science fiction” (Canadian Institutes of Health Research, 2014, p. 1), it is critically important that social workers and other mental health professionals refrain from resorting to prescriptive, universally applied categorizations of ‘normality’. In line with social work’s person-in-environment principle, postmodernist approaches to understanding highlight the ways in which individuals think about society and the variety of ways in which knowledge is created and understood (Payne, 2008). In interpreting the meaning of shared social standards, social workers must be equipped to look outside powered “expertise” to deconstruct accepted versions of “truth” that individualize and medicalize sexual violence within gender nonconformity. Social workers must confront the prevailing paradigm and consider how ideas of truth influence which perceptions of reality are continuing to be privileged and accepted as ‘normal’ or “correct.” In order to ensure appropriate approaches to client empowerment and social change, social workers must further lend credence to narratives outside dominant medicalized discourses and be mindful of all sociopolitical constructions and individual experiences that contribute to changing contexts, distinct worldviews, and systems of oppression (Milner & O’Byrne, 2009). Accounting for the kaleidoscope of gender and sexuality of the postmodern citizen without pathologizing or marginalizing its many variations requires willful expulsion of the sex/gender binary.

In *Perverse Psychology: The Pathologization of Sexual Violence and Transgenderism*, Jemma Tosh presents a calculated analysis of the pathological discourse surrounding psychological and psychiatric approaches to diagnostic labelling of individuals. Tosh draws upon the linkages between sexuality and gender to methodically unpack how dominant conceptualizations of rape are unduly fashioned as gender nonconformity or “perversion” rather than a categorization based on sexuality. In contrast to what is perhaps contemporary belief, psychiatry does not encompass a wealth of perspectives on sexual violence and gender nonconformity; rather, the profession adheres to clinical dialogue without considering the impacts of blind devotion to social norms that support the oppression of individuals who do not identify with customary categorizations. By illuminating the parallels between psychiatry’s purposeful constructions of sexual violence and of gender diversity, Tosh begs readers to question the merits of the profession’s fascination with psychiatrizing rape and transgenderism. Is it the very nature of these ‘disorders’ that psychiatrists find so captivating, or is it the ways in which these

diagnoses defy gender norms that resurface as cause for concern? As Tosh suggests, if we are to be guided by psychiatric thought to see rapist behaviour as a condition to be excused and treated, and, under the same logic, view transgenderism as nefarious abnormality, we must ask ourselves, who is in fact in need of intervention?

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Reviewer Note

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