Psychotherapy and Politics International *Psychotherapy and Politics International*, 11(3), 265–268 (2013) Published online 21 January 2014 in Wiley Online Library (wileyonlinelibrary.com) **DOI:** 10.1002/ppi.1312

## **Book Review**

PREVIN KARIAN, Southampton, UK

## Greying the Pink and Red

Sexuality and Gender for Mental Health Professionals. By Christina Richards and Meg Barker. (2013). London, UK: Sage. ISBN: 9780857028426 246 pp.

Appearing as a commentary, elaboration and consolidation of work begun in the British Psychological Society (BPS) guidelines "for psychologists" (British Psychological Society, 2012), this book is a courageous attempt at setting out a rational, sane, informative and reflective discourse in the otherwise highly charged and heated debates occupying gender and sexual minority patients, their communities, and the professionals working with them. Applying grey matter thinking to pink issues, which frequently turn into a red mist of rage, the authors navigate a treacherous minefield of social taboos, histories of pain, and entrenched moral prejudices to emancipate the status of several sexual categories in the world of professionals, clients, and society. They take the reader on a sensitive journey from silence or screaming to discussion and dialogue. Although written firmly within the context of the UK's institutionalised National Health Service (NHS), and from within the discipline of psychology, embedded in the taxonomies of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), now in its fifth edition (DSM-V; American Psychiatric Association, 2013), and the World Health Organization's International Classification of Diseases (ICD), now in its tenth edition (ICD-10; World Health Organization, 2010), the content and coverage of this book make it a required text for all who work in the other psy-professions (i.e. counselling, psychotherapy, and psychiatry) working with sexual identity and relationship issues with their clients. As such, this book is painfully overdue.

To glimpse the scale of the problem in orienting a professional towards the client in this field, the authors raise two acutely relevant points: first, that "Gender and sexuality are complex, and contested, to the point at which no definition can adequately encompass them" (p. 1), and, second, that "It is unacceptable for professionals not to have a basic level of knowledge about the gender, sexuality and relationship structures of their clients" (p. 8).

In response to this apparent paradox – professionals needing knowledge about a subject or subjects about which there is no agreed definition – the authors deliver much more than a basic level of informative material in and on gender and sexual minorities by placing them alongside mainstream heteronormative behaviours and their variant expressions. This

\*Correspondence to: Previn Karian, Southampton, UK

E-mail: prevink@resonancecp.com

DOI: 10.1002/ppi

serves to de-politicise and de-pathologise gender and sexual variant individuals, normalizing them as medically and legally sane and keeping discourse outside of ideological diatribe. All diagnostic labels across sexualities are placed on an equal footing, with the repeated assertion that neither gender nor sexuality is the site or origin of pathology. Indeed, in a nice turn, the chapter on "Cisgender" represents a "diagnosis" by the trans-community of their social "Other". What was previously mental disorder now becomes a linguistic space in which the reader/professional may explore the plethora of sexual identity possibilities which could be taking place in a client, challenging professional assumptions based on client behaviours, initial presentation of issues, or unexamined prejudices and reactions.

Though the authors' relationship with the language of DSM-V remains open, fluid and loose, it is at times conflicted, even uneasy. Though the psychology profession is bound by the regime of the DSM, especially in the field of gender and sexuality, the authors claim: "Whether one is a practitioner who diagnoses or not, it is ... worth being cautious with any diagnoses and using them as a tentative bureaucratic tag ... rather than as a concrete means of formulation ... Almost all diagnoses are culturally construed" (pp. 107, 127) – a staggering admission of the long suspicion that psychiatric diagnoses rest on cultural prejudice more than scientific research. This creates an ambivalence and tension for the authors between research that affirms sexualities versus their criminalisation in law or their pathologising categories in the DSM regime. It intensifies when the authors highlight the consensual ethos in bondage, domination and sado-masochism (BDSM)/kink because of its base in "power and sensation" (p. 88), which requires a huge amount of consensual protocol and mutuality of which the BDSM community is aware. Yet the authors go on to note that: "no other consensual sexual activity is as demonised culturally as is BDSM" (p. 92). They point out that extreme legal restrictions mean that any marks on the body during such sexual activity leave individuals vulnerable to being "convicted of assault, and those receiving them could be convicted of aiding and abetting assault" (p. 92). This extends to the ownership of BDSM pornography. Meanwhile BDSM remains a "mental and behavioural disorder" in ICD-10, and has been retained in DSM-V as a "paraphilia", a retention which the authors consider "is likely to remain the same in upcoming editions, despite members of kink communities and prominent psychiatrists ... criticising its presence" (pp. 92–94) – clearly "pink" trying its best not to turn red in the absence of any rational sanity or grey matter thinking in psychiatric diagnosis and punitive legal institutions!

Hence the book is organised not on the basis of psychiatrically derived gender or sexual taxonomies but on three themes of gender, sexualities (as practices and identities), and their variant relationship structures (monogamy or non-monogamy) – reflecting outlined contours of sexology and sociology towards which the "psychology" data drifts and in which it is being contextualised.

Rather than stark contrasts between one fixed category or another, we are presented with problematic overlaps and variables that can occur between or within any category. This provides particularly rich material for thought in similarities and differences between transgender, bisexuality, and cross-dressing (both autogynephilia and autoandrophilia, previously the pathologised terms for "transvestitism"), alongside the shifting status of "queer" from a term of abuse and vilification to a form of high critical thinking and existential experiencing of sexual and gender identity. The inclusion of chapters on cisgender and asexuality are even more bold than the act of placing BDSM/Kink next to normative and

variant heterosexualities. Crucial information regarding transsexual youth, the cellular biology of intersex developed organs, the painful histories of hetero, lesbian and gay sexualities in relation to bisexualities, are just a few examples of the factual and informative material in the book, together with enormously useful links to research and contemporary movements and websites.

To the extent that the book appears as an extended version of the BPS guidelines on sexual and gender minorities, the authors seem to be constrained in how much they could explore the subjects and their matter in this text. In the absence of strong definitions in what they deemed to be a fluid and variable field, there is more of a requirement to provide adequate discussions regarding key themes such as differences between gender and sexualities, as well as probing the current debates on orientation, identity, attractions, desire, and so on. This absence weakens the chapters on transsexuality, asexuality, and bisexuality. While frequent comments are made which question the authority of those propounding their views in this field, the conflicts of research funding, methods (such as the problems of sample sizes in cohort studies), and findings are not adequately addressed - see, for example, the note in Chapter 8 on Conway's bisexuality research. Additionally, there is an overuse of generalised phrases such as "there is plenty of evidence that ..." in topics which are research critical because of their controversial status. Inadequate research funding is a huge problem in a field rife with opinion, prejudice and resultant controversy, all of which impact social organisations and need to be addressed urgently in order to settle societal, legal and mental health issues.

Written from what appears as the insularity of NHS settings, there is an easy acceptance that interdisciplinary teams were necessary for some sexualities (particularly trans), without any mention of the chaos and nightmare patients experience in the lack of continuity of care in shifting personnel, with the resulting splitting of their emotions, as well as the horrors of having to persuade a psychiatrist of your need for sexual reassignment surgery. The ensuing breakdowns with this and other sexualities which can occur may lead to further (mis) diagnoses of borderline personality disorder or other personality disorders with patients accused of "playing off" professionals against each other, while professionals use the labels to get more therapy and funding – which may be entirely inappropriate (see problems of misdiagnosis in Proctor, 2007). Increasingly, this can lock patients into mis- and overdiagnosis, and being subject to inappropriate treatments and interventions. The relation between the consultant psychiatrist and the general practitioner (GP), if not the therapist, in providing the psychological holding for such clients would also have been worthy of further exploration (see the potential role of the GP in Zalidis, 2001). While it is clear that the authors are representing a group of psychology professionals, the exclusion of other relevant disciplines and approaches in the care of these clients, and particularly the role of psychotherapies that provide more than cognitive or behavioural perspectives, raises the question of which "mental health professionals" are being addressed by the book. This is particularly significant in the context of the difficult political battles for influence on mental health and public and legal policy making.

It is to their credit that the authors have taken a bold step in the literature to update the field and to attempt a normalization of variant genders and sexualities, greying what was previously pathological pink or ragingly red protest. However, this publication can only be a beginning.

DOI: 10.1002/ppi

## REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th edn). Washington, DC: Author.

British Psychological Society. (2012, February). *Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients*. London, UK: Author.

Proctor, G. (2007). Disordered boundaries? A critique of "Borderline Personality Disorder". In H. Spandler & S. Warner (Eds.), *Beyond fear and control: Working with young people who self harm* (pp. 104–118). Ross-on-Wye: PCCS Books.

World Health Organization. (2010). *International classification of diseases* (10th edn). Geneva, Switzerland: Author.

Zalidis, S. (2001). The general practitioner, patients and their feelings. London, UK: Free Association Press.



**Previn Karian** is an independent psychotherapist and trainer who works across humanist, psychoanalytic and transpersonal methologies with a Diploma in Psychosynthesis and an MA in Psychoanalysis. He has also undertaken weekly broadcasts on radio for over a year at a local radio station on the South Coast of England. He was Chair of the PCSR 6th Annual Conference on Psychotherapy and Politics in May 2013 on LGBTQ Invisibility. Apart from his daughters and grandson, his main interests are in Modern European Philosophy and Frank Zappa compositions.

DOI: 10.1002/ppi