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Psychiatry and the 'Gay Holocaust' – the lessons of Jill Soloway's 'Transparent'

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Abstract

Aims: To consider issues relevant to psychiatry raised by the television series, 'Transparent'.
Conclusions: Psychiatry's disturbing history regarding the lesbian, gay, bisexual, transgender and intersex (LGBTI) community shares many aspects with the group's persecution by the National Socialist regime in Germany. The medicalised 'otherness' conferred on LGBTI patients, latent homophobia and transphobia, and lack of culturally sensitive clinical services for these people represent a major ethical challenge for modern Australasian psychiatry.

'Transparent'

[Spoiler alert: this paper reveals many of the plot twists in the TV program 'Transparent']

The freedoms availed by internet providers producing their own content seem to have installed high production value television series as a dominant art form and clear window into contemporary American culture. The recent Amazon-produced series 'Transparent' depicts the Pfeffermans, an affluent American Jewish family in California. Mort, the 'patriarch', is long divorced from Shelly. He gradually reveals to his children that he is transgender (Box 1) and becomes 'Maura'. Several flashback sequences disclose his early clandestine cross-dressing in 'Camp Camellia', a safe sanctuary for cross dressing and transgender women. Maura's revelation creates an earthquake in the lives of her children. It seems that her oldest daughter Sara leaves her husband to commence an emotionally abusive and chaotic relationship with another woman, who she abandons on their wedding day, later drifting into a flurry of sexual acting out. Another daughter, Ali, appears a more ego-syntonic gay woman, is propelled into a series of ambivalent relationships, culminating in a sexually exploitative pairing with her ageing narcissistic female professor. Her son Josh enters an apparently aporetic relationship with a young female Rabbi, who abandons him when he cannot engage with her traumatic grief following a pregnancy loss. His self-loathing is at its most filmic when he self-flagellates to the point of vomiting at a Cross-Fit 'box'. The series creator, Jill Soloway, based the production upon her experience of her father, a psychiatrist, coming out as transgender at age 75[5].

Box 1 – "Transgender"

"Transgender" or "trans" is an umbrella term to denote a person whose gender-identity does not conform unambiguously to gender expression or assigned sex. Variations of this concept include "genderqueer" people whose identities are not exclusively masculine or feminine and may vary or co-exist. Some people define themselves as an indeterminate gender either as "agender" or "third gender". Within the LGBTI community, "Trans" also refers to people who are defined in the DSM 5 or ICD as demonstrating "transvestic fetishism". The term "cisgender", referring to people who experience a congruent gender identity with biology and assigned sex, emerged in response to the otherness created by the use of the term "trans".

During the second season, we learn more of the family's Holocaust narrative, as daughter Ali seeks to understand the origin of a single pearl ring, the family's unwanted 'Holocaust heirloom'. Via intrusive flashbacks, we learn of Maura's mother Rose and her transgendered sibling Gershon, living as a woman 'Gittel' in Berlin during the later years of the Weimar Republic. Gittel retreats to the opulent Weimar household we identify as Dr Magnus Hirschfeld's *Institut für Sexualwissenschaft* where Gershwin tunes are sung in German, and *objets d'art* and sexual permissiveness infuse the red velvet curtains and *chaise lounges*. Yet in this characterisation, Hirschfeld seems to run his institute more as a research program than safe haven, viewing Gittel's and her contemporaries' 'eonism'^α as a scientific phenomenon to be apprehended. Hirschfeld claims to speak in defence of scientific, rather than moral truth. (Artistic licence is exercised here, as at the time of these events, Hirschfeld had likely left Germany and established himself in Zurich.) The children's mother, Yetta, secures visas to the United States, aware of what is to come. Gittel, however, will not travel as 'Gershon' and remains in Berlin, apparently to die at the hands of the *Sturm Abteilung* brown shirts. Rose's Holocaust survivorship seems to track to a symmetrical end as she spends her last moments in the company of her daughter Maura, now free to express her gender – or is she?

The complexity of Maura's freedom of transgender self-expression is a dominant theme in the narrative, and the most troubling. Maura cannot find asylum within her LGBTI community, where 'cisgender' (people whose self-identity conforms with the gender that corresponds to their biological sex) gay women remain alienated by 'the penis' and presumably its symbolic association with sexual violence and gendered power imbalances. Maura's abandonment of the role of patriarch triggers chaos in the life of her children. Maura's children decompensate and fragment as parental authority seems to vanish along with Mort's masculinity – the scenes where Maura channels Mort *qua* patriarch to admonish or defend her children are the most powerful in 'Transparent'.

The 'Gay Holocaust'

The yoking of Maura's sexuality and her family's Holocaust narrative is intriguing. Contrary to traditional representations of the Holocaust in American culture as purely the destruction of Europe's Jews, the victimisation of the Pfeffermans transcends European anti-Semitism and challenges the Judeo-exclusivity of the Holocaust by highlighting the suffering of other victim groups.

Homophobic laws in Germany predated the National Socialist (NS) regime and did not distinguish along traditional left-right political lines [6]. The persecution of GBTI men in the NS regime occurred predominantly under Paragraph 175 of the Wilhelmine Penal Code, extensively revised by Hitler's government to incorporate any act between men that had a sexual connotation. Any remnant of the discipline of sexology was extirpated from German medicine as part of the 'Jewish science' [7] and LGBTI people were categorised among other 'undesirables'. Once convicted, victims of the 'Gay Holocaust' [8] had varied experiences at the hands of the law. In general, those sent to concentration camps such as Sachsenhausen, Buchenwald or Flössenburg suffered in additional and different ways to other prisoners and were considered as lower status by all in the concentration camp system.[9]. In Buchenwald, many were subject to unconsented experimentation to 'treat' their homosexuality[10].

Perhaps most disturbing was the plight of many LGBTI victims post war, in both West (FDR) and East Germany (GDR). As highlighted in 'Gay Holocaust' survivor Hans Heger's memoir, *The Men With the Pink Triangle*[11], the post war prosecution of LGBTI people was as traumatic as their experience at the hands of the NS regime, and many were sent to prison under the same laws that had applied until 1945. Homophobic laws in both the FDR and

^α The term 'eonism' as a description of transgendered male is attributed to British sexologist Havelock Ellis referring to the Chevalier d'Éon, who lived the latter part of his life as a female.

GDR were not liberalised until the 1960s (like many Western nations) and Paragraph 175 was not repealed until after German unification in 1990.

As in the Nazi 'euthanasia program', the medical profession, and psychiatry in particular, was instrumental in the exclusion and human rights abuses against LGBTI citizens. The persecutory policies of the NS regime against LGBTI people, like eugenics and anti-Semitism, had a common heritage with other nations and persisted post war. The medicalised objectification and social exclusion of LGBTI people from the 19th Century to present day, through active prejudice or passive indifference, is an extension of this tradition.

Australian psychiatry and the LGBTI community

The psychological insights evident in 'Transparent' and the capacity for these insights to resonate with popular audiences should not be taken for granted. Popular psychology generally follows in the footsteps of psychiatry and psychology—disciplines that have only recently begun to come to terms with the realities of sex, gender and sexual orientation. In the 2000s, in light of the looming 30th anniversary of the American Psychiatric Association's long-fought abandonment of the position that regarded homosexuality as a psychiatric disorder, Justice Michael Kirby mused on the issue [12-14]. He cited the landmark paper by King and Bartlett, which retraced the folly of psychiatry's approach to questions of sexuality and 'deviance' [15]. King and Bartlett's survey highlighted the various attempts by psychiatrists to understand 'homosexual deviance' in terms of developmental anomalies, genetics and neurohumoral models. All of these approaches sought to define LGBTI people as deviant 'other', either in terms of moral degeneracy, biological inferiority or abnormal development of character. Kirby focused particularly on psychiatrist Neil McConaghy's aversive therapy 'treatments' for homosexual men in the 1970s [16]. McConaghy's response to Kirby was measured; he highlighted that the men seeking his help were distressed by their sexuality in relation to others' expectations of them, and that it was *society* that was in need of treatment [17]. Subsequent qualitative work on patients who underwent such therapy in Britain in the 1950s supported McConaghy's argument [18]. In 2015 the RANZCP formally repudiated "Sexual Orientation Change Efforts" and asserted its position on the equality of rights of LGBTI community members [19] (box 1).

While times have changed, homophobic and transphobic attitudes persist in mental health professions [20, 21] and excess psychiatric morbidity within the LGBTI community remains a major concern [22]. The situation for transgendered patients, particularly, is troubling [3] (see boxes 2 and 3).

If psychiatry is to learn from the past, there is a need for a more sophisticated understanding of the Holocaust's contemporary significance for psychiatric ethics. Such an understanding should interrogate concepts of exclusion, the social construction of psychiatric disorder and the integration of concepts of mental health and psychiatric treatment with normative assumptions of human life. The National Socialist project took to an extreme the notion of racial, genetic and cultural superiority through mass exclusion and, ultimately, eliminative genocide. Crucially, the medical profession enabled the catastrophe through scientific legitimisation of such exclusion. The theoretical and ideological basis of this persists. Adorno's aphorism that to write poetry after Auschwitz was barbaric [23] warned us that culture that created the Holocaust remains. So, too, does the medicalised approaches to LGBTI otherness.

BOX 2

RANZCP Position Statement: Sexual orientation change efforts (2015)[2]

- Psychiatrists shall not discriminate against patients on grounds of age, gender, race, ethnicity, sexual orientation, disability, language, religious or political affiliation; they shall not impose their own values on patients and their families
- Lesbian, gay, bisexual, transgender and intersex people are equally valued members of society who have exactly similar rights and responsibilities as all other citizens. This includes equal access to health care, the rights and responsibilities involved in a civil partnership, the rights and responsibilities involved in procreating and bringing up children, freedom to practice a religion as a lay person or religious leader, freedom from harassment or discrimination in any sphere and a right to protection from therapies that are potentially damaging, particularly those that purport to change sexual orientation.
- Mental health workers must avoid misrepresenting the efficacy of sexual orientation change efforts when providing assistance to people distressed by their own or others' sexual orientation
- Mental health workers should assist people distressed by their sexual orientation by care and treatment approaches that involve acceptance, support, and identity exploration. These should aim to reduce the stigma associated with homosexuality and respect the person's religious beliefs.

Box 3

The mental health of transgender (“trans”) people in Australia

According to the 'The First Australian National Trans Mental Health Study'[3] (2013) the health of trans people in Australia 'is in a state of crisis'.

- Trans people experience very high levels of mental health problems, particularly depression and anxiety syndromes.
- Trans people are four-times more likely to have ever been diagnosed with depression than the general population, and approximately 1.5 times more likely to have ever been diagnosed with an anxiety disorder
- Experiences of discrimination and harassment are common, ranging from social exclusion to violence and assault.
- Trans people experience discrimination when accessing health care, and the health care system generally fails to meet their needs. Some people report good relationships with medical practitioners, but this was often a matter of luck in finding a supportive doctor and knowing where to go for help.

BOX 4

Promoting human rights

Australian Human Rights Commission (2015)[1]

‘The need for mental health services to meet the specific requirements of LGBTI people is acute.’

- violence and discrimination are the key risk factors for the relatively poorer health of LGBTI people
- the mental health system has fundamental structural shortcomings that prevent the system from adequately responding to these challenges
- ‘unconscious bias in healthcare systems is particularly relevant to the experiences of trans and gender diverse people. The gendered nature of healthcare systems make trans and gender diverse people specifically vulnerable to exclusion and discrimination in these settings.’

United Nations (2015) [4]

- ‘States have an obligation to protect all persons, including LGBT and intersex persons, from torture and other cruel, inhuman or degrading treatment or punishment in custodial, medical and other settings. ...The medical practices condemned by United Nations mechanisms in this context Include so-called ‘conversion’ therapy, forced genital and anal examinations, forced and otherwise involuntary sterilization and medically unnecessary surgery and treatment performed on intersex children.’
- ‘Laws criminalizing homosexuality and the discriminatory policies, practices and attitudes of health-care institutions and personnel adversely affect the quality of health services, deter individuals from seeking services, and may lead to the denial of care or to an absence of services that respond to the specific health needs of LGBT and intersex persons.’
- ‘Transgender persons often face particular difficulties in their access to appropriate health care. Health-care professionals may be insensitive to their needs, lack relevant knowledge and treat transgender persons in a discriminatory manner. Gender reassignment therapy, where available, is often prohibitively expensive. In certain situations, it is coerced.’

Commendably, the United Nations [4], RANZCP [2] and Australian Human Rights Commission [1]. have recently articulated some of the issues pertaining to health care for LGBTI people, but these will need to be closely monitored, particularly given the long history of abuses in this area (Boxes 2-4).

Beyond the clinically intriguing interpersonal and intrapsychic chaos of the Pfefferman family, ‘Transparent’ reminds psychiatrists of their sins against the LGBTI community, past and present. Unlike the National Socialist ‘euthanasia’ program, the complicity of psychiatry in the ‘Gay Holocaust’ remains unatoned and its lessons and contemporary significance relatively ignored.

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