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Breaking the Silence: Discussions about Disability, Sex, & Gender Identity

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Presenter Information

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Cassidy Donahue

May 9th, 2018

Disability Studies

Social Action Paper

Title?

This paper will primarily explore and discuss the relationship between gender identity/sexual orientation and disabilities/mental illnesses. Many people associate being gay or trans with some sort of mental illness and I wanted to really dive into that, and dive into how folks with other mental illnesses or disabilities may experience gender or sexuality differently than someone who is neurotypical. The DSM has evolved over the years, and I will compare the DSM 4 to the DSM 5 and examine their similarities and differences. I will also touch upon young ones that come out to their families and are then rejected, and the effect that has on their mental health, as well as how this experience can change for people of color, and how different societal factors affect them when it comes to this issue.

Before I even get into any of the research I have done, or anything related to my topic, I would like to address a very common misconception that people seem to have when it comes to people in the LGBTQ+ community: Sexual orientation and gender identity are **not** the same thing! Gender identity is how you identify yourself, and sexual orientation is who you're attracted to. They are two very different things! You can be trans and gay, or trans and straight, or whatever combination suits your identity!

Good to clarify - cite your source/s

For reference, I would also like to add in the DSM 5 criteria for gender dysphoric disorder. According to the American Psychiatric Association, “In adolescents and adults gender dysphoria diagnosis involves a difference between one’s experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following:

1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics
2. A strong desire to be rid of one’s primary and/or secondary sex characteristics
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender
5. A strong desire to be treated as the other gender
6. A strong conviction that one has the typical feelings and reactions of the other gender,” (American Psychiatric Association, 2013). This criteria is different when dealing with children, however. I have outlined it below for reference. Gd. use of APA - add p.#

According to the American Psychiatric Association, the criteria for diagnosis of gender dysphoria as outlined in the DSM 5 is the following: “Gender dysphoria diagnosis involves at least six of the following and an associated significant distress or impairment in function, lasting at least six months.

1. A strong desire to be of the other gender or an insistence that one is the other gender
2. A strong preference for wearing clothes typical of the opposite gender
3. A strong preference for cross-gender roles in make-believe play or fantasy play

4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
 5. A strong preference for playmates of the other gender
 6. A strong rejection of toys, games and activities typical of one's assigned gender
 7. A strong dislike of one's sexual anatomy
 8. A strong desire for the physical sex characteristics that match one's experienced gender,"
- (American Psychiatric Association, 2013).

add p.# to direct quotes

The first study I found involved people with developmental disabilities, and explored their sexual orientation and gender identity. 32 people with various developmental disabilities did 5 questionnaires that asked about their sexual orientation, sexual history, demographics, childhood gender identity, and adulthood gender identity. This study is from 2010, and it uses problematic language, which is pretty shocking considering 2010 wasn't that long ago. It uses the word "*transgendered*," as opposed to just "transgender," or even just "trans." That is slightly beside the point, but I still think it's worth noting because sometimes people can use problematic or outdated language and not necessarily realize that it's a problem. This is where it becomes our job as educated folks to teach them and help them learn from their mistakes. The results of the study showed that those who were not straight and/or cisgender were the minority. 87% of the subjects identified as heterosexual. 9.7% of them identified as bisexual or questioning, and only 3.2% reported being attracted to the same sex. Of those 32 subjects, 4 of them produced results that indicated they had gender identity disorder, and no differences were found in diagnostic category. In addition to the statistics with the results, Bedard, Zhang and Zucker also said "It is

Name it - cite the authors, year

WRite out #s when starting a sentence with them

yes, and refer here to source stating this issue

how does this compare w/ other populations?

proposed that it is good practice for professionals to rule out the possibility of ambivalence about gender and sexual issues caused by social and life experiences, especially regarding abuse and the lack of information/education. However, their identities, gender identity and/or sexual identity, must be honored as we do with the general population,” (Bedard, Zhang, Zucker, 2010).

important issue - maybe
include stats on this

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right into the article

Another study I found, titled, “Intersections in Identity–Identity Development Among Queer Women with Disabilities,” really dove into the erasure that queer folks with disabilities face. This study was conducted using interviews. Five queer women were asked a series of questions regarding the development of their identity. I read over the questions that the participants were asked, however I found myself way more interested in their responses. What I did find was general themes for the responses between the five subjects. One thing that particularly stood out to me was the generalized response to the question, “What aspects of this identity do you particularly enjoy?” The general version of the response was, “Disability and sexuality are like those are two things that are hardly talked about together or like much less disability and queerness,” (Whitney, 2006). This stood out to me because as a woman who is both queer and disabled, I cannot emphasize more how accurate this statement is. I have rarely ever heard those two identities talked about together and it’s really discouraging because that has a way of making one feel even more isolated than they already might. The two are talked about a lot separately, but very rarely together and there is so much more diversity to those individual identities than people seem to realize. Very few people even acknowledge that people with both of these identities exist. It was really refreshing to see a study like this being conducted. It gave

Great
source!

I'm glad
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the intro to
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me hope that maybe one day people won't run into these issues of feeling isolated when it comes to their own identity.

One of the most important things about the topic of mental health is including the topic of finding help and resources. That in itself is incredibly hard to do if you're disabled and/or queer, however it gets harder if you're also a person of color. This is because there is a pay gap between white folks and people of color. Mental health treatment is really expensive, so one can really only access it if they have the money. This is where the pay gap comes into play. According to Meschede, Shapiro and Osoro, "Tracing the same households over 25 years, the total wealth gap between white and African-American families nearly triples, increasing from \$85,000 in 1984 to \$236,500 in 2009," (Meschede, Shapiro & Osoro, 2013). As someone with white privilege, I knew there was a wage gap, but I didn't realize how big it really is, or why it even exists. Equal pay for equal work is only fair, and that's just how I've always felt. Looking at those numbers had me wondering why they were that way. So, I dug a little bit and found that the biggest factors of the wealth gap are, according to the study:

- "Years of homeownership
- Household income
- Unemployment, which is much more prominent among African-American families
- A college education
- Inheritance, financial supports by families or friends, and preexisting family wealth,"

(Meschede, Shapiro & Osoro, 2013). This definitely explains why people of color can have such a hard time finding proper mental health services, and it makes me absolutely sick to think of a

queer, disabled (or mentally ill) person of color out there who needs services and cannot afford them because their (or their families') boss seems to think their white co-worker deserves more.

Finally, we have a study that was conducted about lesbians coming out, and how that can impact their mental health. It is a study that involved 499 people, and they did a questionnaire and answered questions about a number of things such as self-disclosure, support systems, self-identifying and socializing. Generally speaking, the study found a positive correlation between being open about their sexuality, their social lives and their sense of happiness. According to Deluty and Jordan, "The more widely a woman disclosed her sexual orientation the less anxiety, more positive affectivity, and greater self-esteem she reported," (Deluty & Jordan, 2008). [add p.# - good info. might start your paper with this to make clear why identity work for PWD is so important.](#)

Everyone experiences their gender identity differently, and everyone experiences their neurodivergence differently. People often don't understand that, and will lump people's experiences into one big thing rather than recognizing that if you know 10 trans people, you know 10 trans people who have had 10 different experiences with their identities. The same goes for folks with disabilities. No two people (even with the same diagnosis) show symptoms the same way, or experience it the same way. In all of this research, I found myself wondering if there was some sort of term for all of this. I knew there had to be, because there's so many trans folks that also have disabilities and mental illnesses.

According to an article by Lydia XZ Brown (with the National LGBTQ Taskforce), Gendervague is a term that was coined by the autistic community to describe a neurodivergent

Yay, Lydia! add the year of the source where you pulled this info. from - you can also provide context to them

trans experience. Genderqueer people cannot separate their gender identity from their neurodivergence. One does not necessarily cause the other, but they're undeniably related. Recent research shows that folks with autism are more likely to be trans or nonbinary than those without autism. A common expression in regards to trans people is, "being trans isn't a mental illness, there isn't anything wrong with us." This statement is more harmful than people realize, because it implies that those who are trans *and* have autism are still broken because they still have autism. It also implies that only neurotypical people can be trans. In the article, Brown states, "We deserve movements that recognize and affirm experiences that cannot be easily separated into trans or autistic issues only, especially given the commonalities of the oppression we face." Add p.#

Say who Brown is, and add the year to the source/citation here

In another article by NBC news, Brown says, "Whatever resources a person has to challenge injustice, we have an obligation to use them." These two identities are not talked about together in the appropriate context and that needs to end. It's hard feeling like you have to be put into a box, and like your identity is getting in the way of you being treated a certain way. It's even harder when it's more than one aspect of your identity. It's our responsibility to take any and all resources and research that we have, even if it's just a personal story, and use it to make the future better. Take those resources and that research, and make it accessible to anybody who might need it. The internet is a wonderful place, especially for things like that. It isn't fair to our kids to have to grow up feeling broken because we decided to be selfish with our resources.

The reason I picked this topic in particular is because sexuality and ability are two key parts of my identity, as a lesbian with a disability and two mental illnesses. I have heard people around me talk poorly about gay and trans folk, and they just say the most awful things. They will sit there and talk endlessly about how being gay or trans is a ‘disability,’ and it isn’t. Disabilities are incredibly hard to live with, and so is a queer identity sometimes. However, they are difficult in their own ways. Another reason I picked this topic is because not only do I want to educate people, I wanted to educate myself. Everyone experiences their identity differently, but I want to understand how and why some of those differences come into place. I plan on using the research that I’ve conducted to educate not only myself, but those around me. I want people to see this research and to gain a better understanding of how people’s identities actually work, rather than going off of assumptions or things they read on the internet. Ignorance is easily reversed with education, if the person is open-minded and willing to listen. I want kids and teens to see this research and feel less alone. I want them to read this and say to themselves, “wow, I really relate to that.” I want people to see this and feel like they aren’t broken or somehow less of a human being simply for existing. It can be difficult to feel that your way of thinking is wrong, but it’s worse to feel that your existence is wrong. We owe it to the younger generation to give them any and all resources and research we have, and make it truly, universally accessible.

So, you might appeal directly to teachers, care givers, therapists (in the Lesley community and beyond)

A very wise person once said to me, “Some days you will feel certain parts of your identity more than others. Depending on the day, it might feel like you’re on top of the world and you’ve never been more proud to be who you are. Other days it might feel like you’re at rock bottom, and you’d rather be literally anybody else besides yourself. That’s okay and totally valid,

who said this? Can you cite?

but take those days and try to find balance between them.” Every part of your identity has ups and downs, but it’s important to recognize that not everyone will have the same experience, and everyone’s stories deserve to be heard.

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In APA use References (not Works cited)

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