

# “Be Glad That You Are Ill”: Medical Views on Transgender and Its Influence on Self-Perception Among Trans People in Poland

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**Abstract:** In Poland, most of the existing information on transgender has been heavily influenced by the pathologizing, medicalizing discourses of the 1980s and early 1990s, and deeply rooted in the essentialist perception of gender. In contrast, under the influence of queer theory and social constructionism, Polish social studies re-discovered the theory of transgender in the late 2000s. Combining these two competing viewpoints and discourses has shaped and determined that which currently constitutes transgender studies as they are gradually emerging in Poland. The article aims to explore these alternative approaches, including the discourse prevalent in the Polish medical community at present, the accompanying gatekeeping practices that it consequently employs (even though WHO no longer categorizes transgender as a disorder), and how it is perceived in the field of social sciences. Next, this article will present an analysis of the broader social perceptions of trans individuals in Poland. The authors will conclude with a number of varying perspectives from transgender persons. Based on these particular analyses, the article will argue that the existing Polish gatekeeping system not only makes transgender people dependent on diagnostic outcomes, but also promotes a specific brand of *experience policing* among trans communities, in which people are often labeled as being disordered.

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## Introduction and Theoretical Context

Transgender studies in Poland have long been the province of sexological and psychiatric studies that were mostly developed in the late 1980s and early 1990s (e.g. Imieliński and Dulko 1988; 1989). Influenced by the taxonomy and definitions included in early editions of DSM (DSM-III 1980; DSM-III-R 1987) and in ICD (ICD-9 1975; ICD-10 2016), the Polish medicalized discourse perceived transgender studies through an essentialist framework, i.e. as a condition or a disorder, an illness or an abnormality. On the one hand, however, a noticeable repositioning from presenting transgender as a deviation, an aberration or a whim has been visible. According to Imieliński and Dulko (1988),

[t]ranssexualism can't be perceived as a sexual deviation (...). It is neither a perversion, nor a disorder of a sexual orientation. We argue as follows: transsexuals' reaction to medicalization reducing sexual urge and to castration differs considerably from the reac-

tion of individuals with deviant erotic preferences. (p. 120)<sup>1</sup>

On the other hand, the new discourse still presented it as an illness and chronic calamity:

A transsexual is immersed in inner dramas, is internally torn apart. (...) A feeling of immense loneliness, often bleakness, depressive gloom and sadness never leave him<sup>2</sup>. (...) A psychophysical self-identity disorder occurs here; the transsexuals have an impression, that their body is being possessed by someone else, they are torn apart, they disagree with themselves. This disorder is not only a symbol of an internal, dramatic split. Its' self-consciousness is a reason of drama and suffering. (...) A transsexual frustrates himself, eats his heart out, displays hatred towards his own body. (pp. 121-122)<sup>2</sup>

<sup>1</sup> All citations from Polish publications have been translated into English by the authors of the article.

<sup>2</sup> In the original text, male grammatical forms are used.

Substantially, the essentialist approach inherent in Polish sexological and psychiatric studies on gender identity traditionally limited transgender variations to transsexuality only.

However, as transgender studies in Poland materialize in the field of social sciences, new paradigms have been introduced. Not only are they based on feminist approaches, but they also include social constructionism and queer theory. Yet, in Poland, it admittedly still remains a relatively fresh area of research, one that is only now beginning to develop. Furthermore, even though many social aspects of transgender are firmly grounded in the English literature (e.g. Devor 1989; 1999; Stone 1991; MacKenzie 1994; Feinberg 1996; 1999; Plummer 1996; Ekins 1997; Wilchins 1997; Stryker 1998; 2008; Cromwell 1999; Whittle 2000; 2002; Rubin 2003; Ekins and King 2006; Noble 2006; Hines 2007; Valentine 2007; Stryker, Currah, and Moore 2008; Currah 2009; Currah and Moore 2009; Schilt 2010), in the Polish language and literature transgender studies have only recently been acknowledged in the field of social sciences. Developing since the late 2000s (e.g. Bieńkowska 2010; 2012; Dynarski 2009; 2011; 2012; Klonkowska 2012; 2013; 2018), the social aspects of transgender studies can still be considered *terra incognita* for many mainstream Polish academics.

As a result, these two contending viewpoints (i.e. the pathologizing, medicalizing discourse of the late 1980s and early 1990s, one that is deeply rooted in essentialism and powered by a narrow and binary perception of gender versus the currently developing social studies, further influenced by social constructionism and queer theory) have shaped what can currently be described as the emergence of transgender studies in Poland.

## Methods

The following analysis of the dynamics of the expert discourse in Poland and its influence on trans individuals will be buttressed by several citations from trans persons' perspectives. If not stated differently, all the quotes come from the authors' two separate qualitative research studies based on in-depth, semi-structured interviews conducted with transgender people in Poland (Klonkowska 2017; Dynarski forthcoming). Research for the first project was based on interviews with 46 persons. Out of the total of the research participants, 16 self-identified as trans men, 19 as trans women, and 11 as otherwise gender non-conforming people.<sup>3</sup> The youngest participant was 19 at the moment of the interview, while the oldest was 62. The second research was based on interviews with 20 people – 15 from Poland and 5 from Slovakia – all of whom described themselves somewhere on the trans masculine spectrum. For the purpose of this article, only Polish examples have been analyzed. The interviewees had been recruited through snowball sampling. All of the participants were informed about the scope and purpose of the study. All the interviews were conducted in Polish and recorded by the authors of this paper. Selected parts of the interviews have been translated into English.

The analysis for this study encompassed those parts of the interviews that concerned transgender persons' attitudes towards medical experts' essentialist discourses as well as an alternative approach informed by queer theory, found within the social

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<sup>3</sup> In this case, 'gender non-conforming' pertains to those transgender respondents, whose identities did not fit the gender binary in various ways. Some of them used the word 'non-binary' to describe their relationship to gender; others, however, did not, hence broader lens to encompass these diverse experiences are introduced.

sciences. It was a cross-case analysis that focused on transgender people's opinions about the medical and the social views on negotiating one's own gender (dis)identities, as well as discussions and controversies on the topic within the transgender community itself. We have implemented the grounded theory approach in the qualitative data analysis (Charmaz 2006), using open coding as a basis for deriving axial and selective codes in order "to make comparisons and to identify any patterns" (Gibbs and Taylor 2010).

Quotes derived from the first research project are marked with [A], whereas from the second one – with [B]. The respondents' original names have been changed. Of note is that one of the interview participants is cited markedly more frequently than others. It was the authors' intentional choice, since this interviewee can concisely and aptly express his thoughts and seems to be a representative voice of a group of respondents who share his opinions.

### Expert Discourse on Transgender

Although the two approaches towards transgender issues are seen as conflicting and competing, each of them undoubtedly influences the other one in a broader sense [e.g. some postulates of social studies on transgender are being adapted by the medical discourse, as observed in the recently published ICD-11 (2018) or the WPATH Standards of Care version 7 (Davies, Papp and Antoni 2015)<sup>4</sup>]. They are observed to have been doing so since transgender (or, rather, *transsexual*, considering how the word 'transgender'<sup>5</sup> emerged later) became internationally

recognized and, as a result, developed into a social and medical phenomenon studied during the 1990s. Whether situating trans experiences into a new, discursive context, or researching trans lives under the much pathologized umbrella (based on earlier editions of the WHO International Statistical Classification of Diseases and Related Health Problems), the continuing academic work on transgender (pol. *transpłciowość*) continues to be a never-ending conflict between the medical and the social.<sup>6</sup>

The medical aspects of transgender in contemporary Poland are tightly linked to what is referred to as "gender identity disorder," or "gender dysphoria" diagnosis based on ICD-10 (2016) and DSM-5 (2013), which is an issue rarely discussed beyond the medical and social aspects of transition. The two are firmly bound together by such diagnostic tools as the so-called "real life test" and legal gender recognition, when a transsexual diagnosis must be obtained before presenting one's case to the court where, through a civil case, one's gender is eventually recognized (Śledzińska-Simon 2013:157; Olczyk 2014:146-150). This particular prerequisite was explicitly mentioned in the Polish High Court ruling that addressed legal gender recognition, and was made possible by court proceedings in the late 1960s. It has since seen a number of additional revisions, especially as it has never been codified by any legal act or governmental policy.<sup>7</sup>

<sup>6</sup> This particular aspect seems interesting from a strict identity and experience perspective, as both discourses have been hugely shaped and influenced by cisgender experts. Although social sciences in Poland have seen trans academics working on trans experiences and researching within their own communities, it is impossible to find comparable approaches in medical or even psychological research, where audible transgender voices are yet to be identified.

<sup>7</sup> Such an act, aimed at regulating gender recognition in Poland, was processed by the Polish Parliament between 2012 and 2015, and subsequently passed. The presidential veto, however,

<sup>4</sup> Significant changes are also to be introduced in the forthcoming version 8.

<sup>5</sup> The Polish equivalent of transgender – *transpłciowość* – is used as an umbrella term, encompassing a number of diverse gender experiences and identities.

To elaborate, a GID diagnosis as conducted in Poland – that of gender dysphoria – revolves around classifying an individual based on the available diagnostic measures that currently constitute the “F category” within ICD-10, specifically the F.64 sections: F64.0 transsexualism, F64.1 dual-role transvestism, F64.8 other gender identity disorders, and F64.9 gender identity disorder, as well as unspecified.<sup>8</sup> Within this classification, gender identity disorders are part of a wider frame of “disorders of adult personality and behavior,” and function as indicators of who a trans person is rather than what traits a transgender person may possess or manifest. Hence, this diagnosis – often performed by a sexologist, who is commonly assisted by a psychologist and a psychiatrist – seeks to confirm that a person seeking medical transition (and, in the context of a traditional transsexual narrative, also legal transition) fits (or does not fit, since much of this process focuses on the “exclusion of symptoms”) into one of these strict categories. Various research on trans experiences within the Polish healthcare system and transition-related services shows that a transsexual diagnosis (which acts as a prerequisite for both medical and legal transition) incorporates two of the most important goals as required by healthcare providers:

1. To confirm or reject the notion that the person seeking transition-related services behaves and thinks according to stereotypically defined Eastern European and Polish-centered gender roles.<sup>9</sup>

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together with further non-action from the Parliament, ceased policy work on this particular legal proposal.

<sup>8</sup> The WHO ICD-10 categorization of GID also consists of a specific category for children. This paper, however, explores the experiences of adults participating in research conducted by both authors, out of whom none was, or never disclosed that they had been, diagnosed with F64.2 (gender identity disorder of childhood).

<sup>9</sup> Our understanding on how gender stereotypes in the region and in Poland are shaped is based on the existing literature on

2. To exclude any other possible disorders that may influence the person’s perception that they are not of the gender that they had been assigned at birth.

Trans people going through a transsexual diagnosis in Poland (Grzejszczak 2015) report having been subjected to a battery of psychological assessment tools, such as: interview, conversation, MMPI personality tests, sentence completion tests, tests regarding stereotypical gender roles, IQ tests, Rorschach’s tests, picture tests, puzzles, memory tests, and general knowledge tests.

As one can easily see, the Polish approach in helping a patient (or client) work through their transition process is that gender identity can be measured by tests and answering questions associated with understanding personality and general societal behavior, including how trans people function emotionally. From this aspect, one could argue that this particular process stems directly from an essentialist approach to the human psyche, where gender identity (or gender as a whole) can be called into question based on the application and results of these tools.

As reported, many trans people have already gone through the process of coming out to their respective healthcare providers and, therefore, cannot see the need for assistance in recognizing their own gender identity or narrative, even if this means having to defend their identity at the expense of benefiting from the mental health care aimed at making the transition happen.

You know, I just want to get away from the real life test. I’ll do anything, anything. (...) I’d rather go

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the matter. See: Titkow 1995; Arcimowicz 2008; Krzaklewska 2010; Weziak-Bialowolska 2015.



through the trauma once [the interviewee refers to his healthcare provider taking pictures of his naked body] and then take it easy, sacrifice something rather than wait a year or two, since I don't know how long this would take. [Adam, B]

Actually, my friends and I, when we went to our sexologists, we just needed a diagnosis (...). And it was so important during the diagnosis that I had a girlfriend, and I was supposed to show him pictures of me with her, and even better – I should have brought her with me, etc. It's like having a girlfriend then or now, or not having a girlfriend, had a tremendous impact on whether I was a man or not (...). And later on I met some people who needed that same diagnosis, that paper, etc. There was actually a practice of lending girlfriends to each other, to fulfill some stereotypical expectation (...). So everyone had to come to that office with a girlfriend, but she also needed to fit into the overall picture of a girlfriend, so when someone had a girlfriend who was significantly older than him, he would have to come with someone who was closer to his age. If he was with someone taller, he took a girl who'd be a bit shorter, it was all totally absurd. [Mietek, A]

The necessity to defend their gender identity, to express determination for transitioning, was supposed to show that trans people who managed to achieve a transsexual diagnosis would fit into a stereotype as defined by the Eastern European and Polish-centered perception of gender roles and identities in their post-transition lives.

When I started to have contact with some sexologists and other specialists, I noticed the exaggeration (...) and expectation, with which everyone [i.e. every transgender person coming for diagnosis] unambiguously defined themselves as a man or a woman. It

wasn't important if they really defined themselves unambiguously, as long as if they fit into the stereotype the sexologist had. [Mietek, A]

The "picture test" is another aspect of the transsexual diagnosis, which placed too much emphasis on a person's "gendered experience" and how it is reflected on a daily basis. As one trans person explained, they were forced to undergo the technique during a visit to the office of an expert witness:

He also told me to draw people, claiming that these were the court's instructions. He said: "draw a person, sir," and I like to draw, so I just sat there drawing and talking to him. At one point he told me to draw faster, it didn't have to be too artistic.

I found this interesting, because he had told me to draw a person and a woman. And then I realized that if this is supposed to be a person, then it has to be a male person.

I had talked about it with other people earlier, and also read about it somewhere, that when they tell you to draw a person, it would be best to draw a person of the gender you identify with. [Marcel; citation after: Grzejszczak 2014:40]

Having an expert witness as part of one's legal gender recognition process is symptomatic of Polish legal proceedings and occurs in more than 95 percent of cases submitted to the court. An expert witness is typically seen as a professional in sexology, who is a court-appointed practitioner from a predefined list. Their role is to prove that the diagnosis is reached in as scientific a manner as possible, and that the applicant is "truly transsexual." This has proved a somewhat problematic area, since on average most expert witnesses consult their clients no more than twice and, in some cases, they manage only one meeting, all of this despite the nation-wide

standards of care clearly stating that any person “claiming” to be transsexual should be observed for a significant amount of time.

An important aspect in obtaining a transsexual diagnosis in Poland is the problem of gatekeeping, since it associates a mental disorder or illness with being transgender. The Polish gatekeeping system clearly underlines that only through (and after) a lengthy evaluation of mental health – very often combined with a real life test (Grzejszczak 2015; Kryszk and Kłonkowska 2012:248-249) – can a person be “truly” identified as having a certain gender identity, one that strictly aligns with the binary male-female distinction. In the context of mental evaluation, a transsexual diagnosis can be given only to someone who has not already been diagnosed with a condition that could “deem them unable to properly assess their gender identity.” It is these aspects which lead healthcare providers to associate the F22-F29 conditions with schizophrenia as well as schizotypal and delusional disorders.

As part of the evaluation process, trans people are subjected to a physical assessment as well. The respondents to the “Transgender and Healthcare in Poland Report” say that as many as twenty different examinations were performed on their bodies in order for the primary transition healthcare provider to have a clearer understanding of their clients’ bodies (even though some facets of this specialist knowledge may have gone beyond their training as sexologists). These examinations (the gathered data consists of experiences recorded between 2009 and 2014) included: karyotype (determination of chromosomes), blood tests, head tomography, gynaecological exam, pap smear, ultrasound, EEG, ECG, funduscopy, hormone levels, gynaecological ultrasound, head X-ray with a special focus on sella tur-

cica, MRI, liver panel, glucose and cholesterol levels, as well as urine test (Grzejszczak 2015; see also: Kłonkowska 2015a:126).

All this reveals an interesting pattern, namely that a large part of the physical examination is linked to the possibility of sustained head trauma or any other observable trait that might disprove a person’s sense of being a differently gendered individual. As reported by participants of different studies (Dynarski forthcoming) as well as those posting online through message boards, healthcare providers underline that gender identity can be influenced by external factors, such as head injury, hormonal imbalance, or tumors, and that a thorough diagnosis combining both mental and physical evaluation (a somewhat holistic approach, which, ironically, is otherwise not recognized within the mental health services in Poland) is the only solution in making these assessments correctly even though it is almost impossible to medically determine a person’s identity.

This exacting area of a transsexual diagnosis in Poland is particularly important in the context of the newly published ICD revision, where “gender identity disorder” has been replaced by “gender incongruence” (ICD-11 2018), which is said to be a category encompassing of all forms of gender variance, reflecting a new approach related to identities and experiences. This new classification proposes that any such categories should take into account a person’s choice whether or not to transition, including methods used to obtain congruence, which is unmistakably viewed as the medical aspiration of people pursuing transition and – subsequently – a diagnosis. Naturally, this poses a question about how the ICD-11 will be received locally, since all medical classifications will be adapted by specific groups

of experts in health. Significantly, as the WHO does not possess any international legal possibilities, this could influence the state’s response to the newly established standards, which do not have to be adapted or can be adapted with additional revisions, mainly reflecting local realities, cultures, and communities.<sup>10</sup>

The publication of ICD-11 with the “gender incongruence” category may soon become an interesting talking point between medical and social sciences fields with regard to the usage of the word “*transpłciowość*,” which is the Polish equivalent of “transgender.” This term is mostly used as a catch-all, signifying anyone whose gender identity differs from that assigned at birth (regardless of transition plans or wishes), as well as those who live their gender in different ways outside or beyond cisgender normativity and its mechanism.

The emergence of the Polish word “*transpłciowość*” dates back to 2007 and 2008, i.e. to the re-introduction of trans people as a subject of their own cause. In many aspects, the newly adapted word goes beyond what was understood as “transsexualism” and its binary experience. As explained by Stephen Whittle (2006),

[a] trans identity is now accessible almost anywhere, to anyone who does not feel comfortable in the gender role they were attributed with at birth, or who has a gender identity at odds with the labels “man” or “woman” credited to them by formal authorities. The identity can cover a variety of experiences. It can encompass discomfort with role expectations, being queer, occasional or more frequent cross-dressing,

permanent cross-dressing and cross-gender living, through to accessing major health interventions such as hormonal therapy and surgical reassignment procedures. It can take up as little of your life as five minutes a week or as much as a life-long commitment to reconfiguring the body to match the inner self. (p. xi)

In the mid-1980s<sup>11</sup> in Poland, transsexuality started to emerge as a human rights issue, breaking away from its perceived medical roots. These were the years when many attempts were made to create a community of transsexual people in Poland.<sup>12</sup> In 1998, the *LOS* association (en. FATE) was founded in Gdańsk, which endeavoured to change the living conditions of transsexual people in Poland [as reported by the Polish magazine *Polityka* (Walewski 1999)], but it quickly closed its doors, which, as reported by its president, was due to financial problems. Another organization – the Help Transsexuals Association (pol. *STP – Stowarzyszenie Pomocy Transseksualistom*), founded in Wrocław on 21st May, 2001, also closed shortly after the inception.<sup>13</sup> What these two organizations had in common was that they were founded by non-trans people<sup>14</sup>; those members who openly declared being transgender, did so anonymously. Both organizations

<sup>10</sup> More information on the implementation of the ICD can be found at the World Health Organization official website (WHO).

<sup>11</sup> This was primarily initiated by Dr. Andrzej Dulko, a still practicing healthcare provider who organized a meeting – together with Agata Bleya – to which at least a dozen of his patients came in order to talk about their transsexual experiences. The meeting took place on December 10, 1985 (Imieliński and Dulko 1989:243-277).

<sup>12</sup> One of the reasons why this particular aspect of trans activism did not flourish in Poland can be that there were a number of trans people who did not want to openly come out as trans or transsexual, as well as most of the people who wanted to change the situation of trans people were cisgender themselves.

<sup>13</sup> More information on the history of the Polish trans movement can be found at the Trans-Fuzja Foundation’s official website (Trans-Fuzja Foundation 2009).

<sup>14</sup> In this case, “non-trans” refers to “implied cisgender.”



relied heavily on the medical informational aspects of gender transition, referring to the members as transsexual.

In 2008, a new organization emerged, one whose founders were both trans and cis, and who helped propel understanding of transgender into the Polish activist field. This not only helped widen the context of transgender, but it also structurally categorized a set of phenomena, of which transsexual was part, although, notably, it was never assigned the central role. It was not the first organizational attempt at helping the trans community be heard, but it was most definitely the first one to reject the notion of “transsexualism” as the fundamental definition; the Trans-Fuzja Foundation went beyond the narrow concept of gender identity disorder in terms of understanding both transgender (*transpłciowość*) and its non-medical aspects.

As the first institutions and organizations arose in order to support trans people in Poland— which also meant a shift away from the perception of transgender in medical discourse in the late 2000s – the situation of trans people ran parallel and, as a result, translated into a degree of recognition within social sciences. The field now distanced itself from the essentialist, medical perception, instead becoming largely inspired by social constructionism, queer theory, and feminist approaches. It also ceased to limit transgender to transsexuality only, highlighting the diversity of transgender (dis)identities, especially those beyond the binary. These different approaches are particularly visible in the use of terminology: the term “transsexualism” is central in the medical discourse, while the notion of “transgender” (pol. *transpłciowość*) is an umbrella term encompassing a whole variety of gender

(dis)identities in the constructionist approach. Research interests have also moved onto issues such as the importance of social situations, the perception of transgender people, negotiating and (re) defining gender (dis)identities, the social mechanisms in constructing, prescribing, and controlling gender identities and expressions, attitudes of assimilation and conformity, or active resistance to these mechanisms, trans activism, etc.

### The Societal Perception of Transgender

The societal perception of trans people in Poland is strongly influenced by the medicalized sexological and psychiatric expert discourse, and its tool of *power-knowledge* (Foucault 1980). It seems to oscillate between two attitudes. Apart from the fact that a significantly large part of the Polish society has no knowledge about transgender at all, is barely aware of the existence of transgender people, and generally seems to identify trans people with gays and lesbians, trans people are perceived:

1. either as freaks, deviants or degenerates who intrude upon a social order driven by sheer impulse alone;
2. or as helpless, suffering, sick people, who arouse unwanted pity and are in need of an expert’s intervention and help (see: Kryszk and Klonkowska 2012:261).

An influential publication (Imieliński and Dulko 1989), one that is immersed in the medicalized discourse of the 1980s and 1990s, aimed to do away with the labeling of trans people as deviants and creeps, promoting an alternative image sated with pessimism, illness, and suffering. As one of the authors’ respondents states,

how to convince everyone that it is the most horrible illness, difficult to live with (...) This is affliction without any joy. (Grażyna, p. 123)<sup>15</sup>

To a large extent, such attitudes have shaped the societal perception of transgender. Since then, many widely shared convictions concerning transgender, once consolidated, have become rigidly entrenched in the Polish context. In general, then,

1. Transgender is perceived in terms of a medical anomaly, an illness;
2. The only form of transgender that may be socially accepted is transsexuality, while the only way for a transgender person to be accepted is to adjust to an unambiguous gender category, i.e. either male or female, accordingly to the culturally established performativity and gender role.
3. There is a strong conviction that transgender people are (and should be) immensely unhappy because of their gender (dis)identity, and that their only salvation is expert discourse, diagnosis, classifying, and giving (or not) an allowance for “re-adjustment” and “re-enactment” into the society in a new (but necessarily normative) gender role (cf. Kłonkowska, Bojarska, and Witek 2015:198-199).

Furthermore, in an attempt to depict trans people differently – to draw away from the imagery of deviancy that produces an element of sexualizing and

<sup>15</sup> The authors attributed the citation with a masculine name (Grzegorz), consistently with the gender assigned to their respondent at birth. Yet, the person’s experienced gender was female, thus we have changed the attributed name. Importantly, Polish first names almost always reveal the gender: Typically, if the name ends in an “a,” it is a female name. If the name ends with a consonant or any other vowel than “a,” it is usually a male name.

ridiculing – the media mistakenly reinforce such attitudes by promoting trans people as individuals who are ill, as misfits weighted down by a great mental suffering and desperate to seek the help of specialists as they desire a normative gender-unambiguous appearance (e.g. film productions and programs such as *Mów mi Marianna* [Call me Marianna], *Aldona* [Aldona], *W obcym ciele* [In a Strange Body]).

On the surface it would seem that trans people have been accepted by the society, yet it is only the case if trans people recognize their prescribed status, which makes them individuals suffering from a mental illness, ones who are willing to fit into a certain kind of medical classification.

Consequently, not to adopt this classification means that trans people might be perceived as deviants and degenerates. As some transgender people have commented,

they [the society] will somehow tolerate you, if they pity you. You know, it’s like that: since you are ill, it’s not your fault that you are like that, right? [Klemens, A]

(...) the most frustrating is the constraint of lying in order to fit the heteronormative pattern of a poor, unhappy misfit who, with the help of God-doctors, can finally become an ordinary Mr. Smith. Not only do we have to beg successive institutions to give us a chance of a normal, decent life, but we don’t even get the right to be ourselves – no, we have to be almost a perfect example of dysfunction. [Marcin, A]

## Trans People’s Self-Perception

Although the category of trans self-perception in Poland has only just attained recognition and is now studied separately (see: Kłonkowska et al.

2015), research and case studies have suggested that very often trans identities and expectations of certain expressions or lifestyles are shaped by societal expectations rooted in the cis- and heteronormative understanding of gender and sexuality (cf. Klonkowska 2015b). These societal attitudes tend to influence expert discourse, since sexology as a scientific discipline in Poland still relies on the mono- and cis-sexist approach to diverse experiences. Expert discourse, however, also influences the societal understanding of transgender issues. Sexologists (as primary trans healthcare providers) are very often invited to debate programs in order to discuss trans issues (also with regard to matters concerning politics or policy change) or talk about the social aspects of trans lives, whereupon they 'give voice' to the experiences of going beyond a transsexual diagnosis, with their expert testimony being added to documentaries portraying the lives of trans people.

This understanding of expert discourse in Poland creates situations in which a trans person's experience (as well as legal gender recognition and any type of medical intervention related to transition) can only be legitimized so long as a representative of the sexological discourse confirms this experience, which invariably is the reason why so many trans people pursue recognition in all aspects of life, ultimately subscribing to these expectations. In the end, this means that diagnostic tools fail to change as quickly as societal views on gender binary and sexuality do, since trans healthcare providers tend to structure their work and understanding of gender identity around their patients' reported experiences, thus creating a vicious circle.

Such doctors [diagnosticians] draw a conclusion that all trans people are straight. This is what they

tell their next patient, that's what they write in their publications, and this is how their publications are cited in the Internet. And as a result, a few years later, a poor little trans person who is looking for some knowledge and identity discovers that since their sexual orientation is different, it means that they must be some kind of a "pervert" and will not qualify for treatment. [Sławka, A]

On the other hand, trans people in Poland tend to categorize themselves using a structural diagnostic approach in relation to their experience, what is called the "true ts" or "true transsexual"<sup>16</sup> experience, which usually refers to a person who completely subscribes to the medical expectations of a patient suffering from GID. From this position, it can be said that "true transsexuals" possess a very heteronormative experience of their sexuality, and favor a cisnormative approach to gender expression (cf. Klonkowska 2015b), while simultaneously arguing for a clearly medical approach to trans identities as being the only possible approach open to them. This discourse relies on trans people linking their non-cisgender experience with mental illness, or sustaining that they were born into "the wrong body." Sometimes, trans people in Poland view this as a disability which is amply supported by gatekeeping procedures, which, in effect, separates their experiences from other (non-F64.0) trans individuals. This, in the end, also upholds the structured and cis-sexist approach to gender diversity.

A Polish transgender blogger (Rzeczkowski 2011) comments on this as follows:

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<sup>16</sup> As English resources are becoming more and more popular among the Polish trans population, it is a matter of time before an equivalent Polish term used to identify the "true transsexual experience" emerges.

A trans person must prove to their diagnostician that they suffer from transsexualism and 'deserve' gender reassignment. To achieve this, they are ready to say anything that may help obtain this aim. (...) The main problem of a transsexualism diagnosis is that the image of a bookish, typical transsexual person was created in the 1980s. (...) A typical transsexual was thought to be heterosexual, that they hated their body, especially the genitals, thus seeking full sex reassignment surgery, and have always known since childhood the nature of their real identity. (...) Since the 1980s, in order to get hormones, Polish trans people have accordingly adjusted themselves to the image of a true transsexual, solidifying it in the diagnosticians' knowledge. Some of them don't have to lie – their experiences and feelings are in fact identical with those expected by the diagnosticians. But others fear that if they did tell the truth, they might lose their chance for gender correction. (...) As a result, the official image of a transsexual person has remained invariable since the 1980s.<sup>17</sup>

In the end, it is the system that is responsible for placing trans people in a disruptive and troubling context, where the only measure of relief is to identify trans experiences in accordance with a structured and available classification. This classification then allows trans people to become *the* patient, whereupon they find social acceptance through a category of mental disorder, one which is easily monitored and evaluated by an expert healthcare provider.

About the fact that there is an illness such as transsexualism I learned from the Internet and from books only during the period between high school and university. (...) So I could identify myself either

as a mentally ill person or that I must have been guilty of something. Unfortunately, I come from a very religious, very Catholic family, so thinking in terms of 'guilt and punishment' had been inculcated within me since childhood, and fit this situation ideally. (...) I knew that something was wrong with me, I knew that maybe it would appear to be my fault, and so I started searching for the innate guilt in myself. Either illness or a 'condemnation'. (...) The moment I learned that it might be cured was like a blind person regaining their eyesight. I understood then that not everything was lost. [Magdalena, A]

I was taken to Srebrzysko [a restricted psychiatric hospital in Gdańsk, Poland], well, it wasn't a nice experience, at first I felt like I was out of my mind, at least wacky. Well, I was there for a few days as they wanted to perform some basic tests on me. (...) Well, the doctor who was taking care of me (...) came to the conclusion, that, well, there is something in it, that it wasn't a whim or any bullshit. [Irena, A]

In the 1990s, there were already publications by Dulko and Imieliński [two Polish clinical sexologists developing research on transsexuality in the late 1980s and 1990s] (...) which had become available. When I read them, I felt enlightened, illuminated, that it was me they were talking about, that at least I wasn't a creep, that it was an illness, which had even been named and described. [Piotr, A]

By identifying with a medically and socially accepted model for diagnosed "medical illness" behavior, trans people also create routes for self-pathologization and part-taking in the societal monitoring of non-binary expressions, or at least those which go beyond the category of "transsexualism," thus keeping everyone and everything in line with normative mechanisms.

<sup>17</sup> Translated from Polish by the authors of the article.

Yet, along the line of social research that criticizes the aforementioned binary perspectives of trans healthcare providers, there are some trans voices that have spoken out against the social sciences' discourse, which has provided an interesting perspective on how a non-binary or gender non-conforming social science perspective – with its umbrella term of *"transpłciowość"* encompassing a whole variety of (dis)identities – can influence trans people's situations:

But I see another problem with this. It's that these current researchers or activists are doing everything they can to create a common sexual denominator for everyone who goes beyond the idea of who typical men or typical women can be. And for me this is a problem, something that doesn't make sense and is actually damaging – putting everyone into this LGBT section. It doesn't make sense. On the one hand, people are pissed that other people are totally disoriented, and this so-called society treats everyone as "fags," and they get all worked up when someone thinks that a gay man is someone who uses make-up or something like that, but on the other hand, how come these poor people distinguish between all these things if all these researchers treat everyone as the same thing. [Mietek, A]

Interestingly, one idea put forward suggests that while a whole variety of gender (dis)identities have been uncovered in terms of the pressure that the medical discourse puts on trans people to conform to normative, binary gender identities, the social sciences' constructionist and queer theory perspective may have perpetrated analogical mistakes along the way. While fighting for the acceptance of non-binary gender identities, the constructionist and queer theory perspective has sometimes failed to recognize that there are trans people whose experienced gen-

der falls into the male/female dichotomy due to the fact that it was experienced as such (cf. Kłonkowska 2017), not expected or forced. Also among our respondents, there were individuals whose personal experience was immersed in the gender dichotomy and perceived as consistent with "the wrong body" discourse.

If someone is actually ok with this and identifies with it, they actually try to tell them that it is society which claims that they are ok, or they are treated as if they were not in line with the times, or that they don't think for themselves etc., but society didn't make me think anything, because if it did, how would transsexuals exist, right? (...) It's not that society told me to be like this or something. [Mietek, A]

While many trans advocacy groups "have argued that it is wrong for psychiatrists and other mental health professionals to label variations of gender expression as symptoms of mental disorder" (Drescher 2013:144), the trans adherents of the medical discourse perspective highlight its advantages.

For me the problem was not sociological, psychological or societal. It was a purely medical problem – an aesthetic one. (...) And to me, honest, if I was to compare it to something, I think I would use an example of someone who doesn't have an arm, a leg or any other important body part. [Mietek, A]

One of the arguments trans people make for the usefulness of transgender being depicted as an illness is that it grants them easier access to medical care and gender reassignment procedures (cf. Drescher 2013; Kłonkowska 2017).

And then I thought to myself, if things continue the way they do, transsexualism will be deleted from the



list of illnesses and then transsexuals won't be able to get their treatment. Because you treat an illness, right? And if they then delete it, there won't be any ground for treatment. And what will we do then? (...) I'm sure that for transsexuals this deletion will cause only trouble, starting from the standpoint of the various medical implications: how to use some procedures or something, right? Because this is treatment: something is being diagnosed, and then we get the correct information what to do with it: a prescription or something, some hormones, surgeries, etc. And now what? Are we treating this as plastic surgery? [Mietek, A]

Another important issue raised by some trans people (as originally promoted by the medical discourse) is the label of deviation, which determines that trans people are merely governed by a set of instincts and momentary impulses. What this essentially guarantees is that trans people can be viewed differently or, at the very least, no longer associated with transgender people, but, again, only so long as trans people depict their “situational plight” as being the result of a mental illness or dysfunction (cf. Kłonkowska 2017).

If it's treated as an illness, (...) which first and foremost is not their thing to state, it's not their fantasy, but an objective situation. If it's seen as an illness (...), it is not a matter of choice and it won't be seen as an illness, people will think it's a whim, that someone made it up. [Mietek, A]

Intragroup discrepancies regarding the competing identity discourses are visible within the Polish transgender community and highlight a diversity of experiences (for further discussion on this topic, see: Bonvissuto and Kłonkowska forthcoming). Interestingly, it is also the medical discourse opponents

who have reversed their opinions and become expert discourse adherents. As the previously quoted trans blogger (Rzeczkowski 2015) later concludes,

[m]any people started their treatment only because they were reflecting on themselves, and then later they found either a message board or a group for trans people, which replaced the need to see a professional. They come to us without any knowledge, unsure of who they are, asking for contact details to someone who will diagnose them, but they leave, just like I did, converted. And so, in turn, they do the same thing to others. As a result, there is no solid diagnosis and, honestly, there are fewer and fewer good diagnosticians in Poland than before, not more. On the one hand, it is being said that we need a good gender clinic in Poland with a team of experts, but if there's no market for that, why would experts want to organize this?

A few years have passed and since solid diagnoses were ignored, emancipation and depathologization of transgender took place. It's exactly the right amount of time needed to see the first detransitions beginning to emerge. And there will be more of them. Much more. Some will try to turn back time and will undergo procedures reversing all of the changes. The weakest will simply kill themselves. The biggest mess, of course, will be caused by those who will not want to admit that this is not how things should be, and that this is how it was supposed to be, they are freaks, just like me, but less honest with themselves and everyone else.

## Concluding Remarks

To sum up, contemporary transgender studies in Poland vacillate between two approaches, which are seen as competing. The medical discourse per-

ceives transgender as transsexuality only, which is deeply rooted in an essentialist approach and presents transgender in terms of a mental illness or a dysfunction. Another, newly emerging discourse – one related to social sciences and contemporary trans activist organizations – depicts transgender as an umbrella term encompassing a whole variety of gender (dis)identities. This approach, rooted in the social constructionism paradigm and inspired by queer theory and feminist approaches, promotes a non-binary perception of gender and views transgender in terms of identity, not as a medical problem.

Many trans voices accuse the medical discourse of presenting transgender as a “malady,” employing gatekeeping practices, and forcing prescribed identities. On the other hand, there are also trans voices who claim that the practices of the medical discourse are, in fact, in their best interest, as they allow trans people for a far greater social reception even if this means arousing unwanted sentiment, such as pity.

Regardless of the divided opinions among trans people, the current situation is that the medical discourse holds the tool of *power-knowledge* in terms of access to not only medical, but also legal gender reassignment procedures. Furthermore, in order to gain access, trans people have to keep within the

diagnostic frameworks of an expected category of “transsexualism,” constructing – or at least presenting – their experienced identity as congruent with the cis- and heteronormative model of gender roles. Furthermore, trans people also have to agree to the medical perspective that depicts transgender in terms of an illness.

As a result, Polish transgender persons are kept in check and are not only dependent on diagnostic outcomes, but are also subsequently under the pressure to accept enforced identities. Being labeled as disordered becomes the ultimate objective, since it grants transgender people access to gender recognition and reassignment, enabling a person to move away from the stigma of being a deviant. “Be glad that we consider you to be ill, be glad that you *can* be considered ill,” the system seems to be telling transgender people, “otherwise we’d view you very differently, a deviant or a freak of some kind.”

Thus, we strongly believe that the significant shift in attitude towards trans individuals in the newly published 11<sup>th</sup> edition of ICD will influence and change the expert discourse and the societal perception of transgender in Poland. We also hope that this will influence trans people’s attitudes towards their own identities and genders, as well as their position within the society that is heavily marked by the pathologization of the trans community.

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## „Cieszcie się, że jesteście chorzy”: Medyczna percepcja transpłciowości i jej wpływ na autopercję osób transpłciowych w Polsce

**Abstrakt:** Większość polskiej wiedzy na temat transpłciowości powstała pod wpływem patologizujących i medykaliżujących dyskursów lat osiemdziesiątych i dziewięćdziesiątych ubiegłego wieku, mając swoje źródło w esencjalnym rozumieniu płci. Dla porównania polskie nauki społeczne – zainspirowane teorią *queer* i konstrukcjonizmem społecznym – „odkryły” transpłciowość pod koniec pierwszej dekady XXI wieku. Połączenie tych dwóch konkurujących ze sobą perspektyw i dyskursów ukształtowało i ustaliło to, co dziś składa się na stopniowo wyłaniające się polskie studia nad transpłciowością. Celem niniejszego artykułu jest przyjrzenie się tym różnym podejściom. Przedstawiony jest dyskurs obecny w polskim środowisku medycznym, wraz towarzyszącymi mu praktykami *gatekeepingu* (istniejącymi pomimo zaprzestania klasyfikacji transpłciowości jako zaburzenia przez Światową Organizację Zdrowia). Zaprezentowane jest też stanowisko rozpowszechnione w obrębie nauk społecznych. Ponadto w artykule znajduje się analiza szerszej percepcji społecznej osób transpłciowych w Polsce. Na zakończenie zaprezentowane są różnorodne perspektywy samych osób transpłciowych. W oparciu o te analizy autorka sugeruje, że istniejące obecnie w Polsce procedury *gatekeepingu* nie tylko uzależniają osoby transpłciowe od wyniku procesu diagnostycznego, lecz także promują swoistą formę kontroli doświadczeń wewnątrz transpłciowych społeczności, które często nadają osobom miano zaburzonych.

**Słowa kluczowe:** transpłciowość, Polska, dyskurs medyczny, praktyki *gatekeepingu*, narzucone tożsamości