

Critical Inquiries in Mental Health Inequities: Exploring Methodologies for Social Justice

Workshop Abstracts

Ruby Peterson, Simon Fraser University

Meeting at the Intersection of Western Methodologies and Traditional Indigenous Knowledge in Community Action Research: Sharing Voices, Sharing Space

When doing community action research in Indigenous communities, the researcher needs to be able to understand the worldview of the community if any good is to come of the work. Every effort needs to be made to learn from the 'Knowledge Holders' of the grassroots community members in order to really understand what is important to the people of the community.

This paper will ask the audience to carefully consider the position of authority in determining the worldview lens from which decisions are made, and the colonial structures that determine just how much voice can be shared. The challenge is to be able to learn, and understand through the lens of both western and Indigenous practices. It is not enough to receive the information of another worldview, and translate it through a western value system. Nor is it acceptable to assume that when we step into an Indigenous community, that professionals necessarily are the voice of the community. To effect genuine social change and equality at the intersection of western and Indigenous worldviews, two important factors need to be considered: First, the researchers need to be willing to learn by applying the lens of Indigenous Knowledge. Second, it is not enough to consider professionals as the voice of the Indigenous community. If effective community action research is truly to be effective, it is up to researchers to ensure space is made for grass roots community members to have a voice at the decision making table.

Mary-Ellen Kelm, Simon Fraser University

Historical Trauma/Contemporary Racialization: Service Providers and Aboriginal Youth in Rural British Columbia

In *Unsettling the Settler Within*, Paulette Regan calls on non-indigenous people in Canada to decolonize their minds and face up to the historical trauma wrought by colonization to both the colonizer and the colonized. Most often the term 'historical trauma' is applied to those targeted by colonial policy. Can we apply this term to those who sit on the 'colonizer' side of the divide? And if so, to what effect? What might we learn about the impacts of historical trauma on the ways in which service providers in contemporary northern rural British Columbia understand Aboriginal youth, healthy behaviors and relationships to the state? This paper is grounded in a qualitative ethnographic study of Aboriginal youth and contraception, particularly in the two dozen interviews conducted with service providers working to promote youth sexual health. Permeating these interviews is the sense of trauma these workers experience in their own lives as a result of the work that they do and their position as advocates for Aboriginal youth. Yet they also espouse many of the common stereotypes that circulate about Aboriginal people in the region. They hold positions of considerable power over Aboriginal youth with significant surveillance opportunities and interventive authority. How might a strength-based epidemiology and a focus on decolonization affect their practice? Or does thinking about historical trauma among service providers divert our attention from more pressing issues affecting Aboriginal youth? This paper will explore these questions with attention to processes of racialization, state intervention, and the gendering of health care in the current moment.

Lorraine Halinka Malcoe, Simon Fraser University

Quantitative Research on 'Racial/Ethnic' Mental Health Inequalities: 21st Century Scientific Racism?

Since the late 17th century, population sciences have been integral to societal conceptualizations and uses of race and racial classifications, where people are ranked in hierarchies of status and value according to what are perceived and posited as distinct, natural and fixed characteristics of their assigned 'race'. Several systematic reviews have examined the uses, definitions and concepts of race and ethnicity in population health studies, demonstrating that most articles lacked a sound scientific basis for their use. However no systematic reviews have assessed racial thinking in research that aims to address health inequalities. I present a content analysis of how quantitative population scientists produce knowledge regarding race when studying causes of mental health differences among populations defined by race or ethnicity. The analysis assesses framing of paper aims, race and ethnicity constructs, and selection of explanatory variables. We systematically identified original research articles which studied explanations for 'racial'/'ethnic' mental health inequalities and were published during 2000-2009 in selected high-impact epidemiology, public health and social science journals. Trained coders independently completed standardized abstraction forms for each article. I discuss study findings and their implications, arguing that dominant present-day research practices produce 'knowledge' that promotes racism by: perpetuating race as a taken-for-granted, naturalized category of population difference; normalizing cultural practices and social positioning of persons racialized as 'White'; and erasing structural and systemic causes of mental health inequities among racialized groupings. I discuss how to conduct quantitative health research that helps rather than harms those most severely impacted by social and health inequities.

Cindy Patton, Simon Fraser University

Research Design and Social Justice: Can a Research Question Constitute a Violation of Human Rights?

In the past five years there has been a sudden increase in the acceptability of randomized controlled trials (RCT) for issues traditionally studied through longitudinal analysis of administrative data or through other strategies like waitlist control. The aggressive promotion of RCT by the so-called "randomistas" associated with the Massachusetts Institute of Technology Poverty Action Lab and by international NGOs such as the Bill and Melinda Gates Foundation has almost instantaneously led to a common sense perception that this is a rational and even humane approach to development of policy. This paper explores the use of RCT in relationship to the study of housing and mental health, and argues that structuring the null hypothesis in trials that use an "as usual" control group constitutes a violation of international human rights conventions because it requires deeply disenfranchised persons to consent to a potential research result that shows no actuarial value in their human rights.

Cindy Holmes, University of British Columbia

Violence Denied, Bodies Erased? Examining Racialized Exclusions in 'Lesbian Domestic Violence' Discourses

Developing and circulating educational pamphlets and offering workshops are common feminist community-based approaches to addressing violence in lesbian relationships. This presentation explores the racialized exclusions in community-based educational discourses about 'lesbian domestic violence'. An examination of pamphlets and interviews with white lesbian and queer feminist educators illustrates how discursive constructions of violence and the public/private dichotomy produce exclusions and make certain forms of violence enacted on certain bodies unthinkable and unintelligible. While these discourses challenge heteronormative constructions of violence, they have typically relied on a simple conceptual framework that has had the effect of promoting a dominant narrative or regime of truth privileging white, middle-class lesbian experiences. I discuss examples that reveal how the violent and "living nature of colonialism" (De Leeuw & Hunt, 2012) is frequently erased within queer and feminist anti-violence, safety and rights discourses in Canada. I conclude by offering thoughts towards an anti-colonial feminist spatial framework for addressing

violence in queer relationships.

Shilo St.Cyr, Simon Fraser University

Understanding Interrelationships among Social and Health Inequities, and Intimate Partner Violence in the Lives of Rural Incarcerated Women: A Mixed-Methods Structural Violence Approach

Intimate partner violence is highly prevalent among incarcerated women. Prior to coming to prison women often lack adequate housing and economic opportunities, and they experience high levels of mental distress, homelessness and substance use problems. A structural violence framework has seldom been employed in studies involving incarcerated women or in research using both quantitative and qualitative methods. We employ a mixed-method approach grounded in theories of structural violence to understand the interrelationships among socioeconomic marginalization, child abuse, substance dependence/mental health and intimate partner violence among incarcerated Native American, Latina and White women from rural communities. We collected quantitative and qualitative data from a cross-sectional sample of 99 inmates who were scheduled for release to rural counties within 6 months in New Mexico's only women's prison. We conduct bivariate quantitative analyses of key social and health inequities with intimate partner violence and then triangulate findings with information from in-depth, semi-structured interviews to illuminate and contextualize these associations. A mixed-method approach enables us to both generalize our results beyond our sample and capture the complex social contexts and realities of women's experiences. This study informs a critical intervention that seeks to build upon harm reduction strategies and support programs to prevent further abuse in women's lives, increase their access to housing, financial supports, mental health and addiction services.

Colleen Varcoe, University of British Columbia

Does Our Focus On Interpersonal Violence Sustain Structural Violence? And, How Can "Shift Happen"?

In his 2008 book *Violence*, Slavoj Žižek argues that the focus on what he calls "subjective" violence, "violence which is enacted by social agents, evil individuals, disciplined repressive apparatuses, fanatical crowds.... desperately [tries] to distract our attention from the true locus of trouble, by obliterating from view other forms of violence and thus actively participating in them" (p. 10-11). "Objective" violence is "the fundamental systemic violence of capitalism... violence [that] is no longer attributable to concrete individuals and their "evil" intentions, but is purely "objective", systematic, anonymous (p. 13)." Žižek draws upon Balibar to specify two "opposite but complementary forms" of objective violence: "the systemic violence that is inherent in the social conditions of global capitalism, which involve the "automatic" creation of excluded and dispensable individuals from the homeless to the unemployed and the violence of newly emerging ethnic and/or religious, in short, racist, "fundamentalisms" (p. 14). Following Žižek, then, popularization of the dynamics of structural violence through 'common sense' and the media, is not through failure to attend to acts of violence perpetrated by individual agents, but rather, through such attention. Žižek argues that we must give up the ethical illusion involved in attending sympathetically to suffering and pain that is witnessed directly while tolerating those less visible forms of violence. This presentation will consider how these dynamics play out in research on violence against Aboriginal women. Although well-intended, such research risks pathologizing and 'othering' Aboriginal women; further, such research may draw attention away from, while participating in sustaining, the very conditions that create the violent conditions through which Aboriginal women persist. From conception, to funding, to knowledge exchange the impulse to attend sympathetically to near suffering in such research risks sustaining the very dynamics it intends to critique. But can "shift happen"?

Jane Ussher and Janette Perz, University of Western Sydney, Australia

The Material-Discursive-Intrapsychic Construction of PMS: A Feminist Critical-Realist Analysis of Women's Madness

We are consistently told that women are more “mad” than men, evidenced by women’s higher rates of psychiatric diagnosis, often attributed to the reproductive body. Competing bio-medical, psychological and socio-cultural models adopt a realist epistemology and a discourse of medical naturalism, to position madness as a naturally occurring pathology within the woman, caused by biology, cognitions, or life stress. Feminist critics argue that this medicalises women’s misery, legitimises expert intervention, and negates the political, economic and discursive aspects of experience. However, the alternative model of social constructionism may appear to dismiss the “real” of women’s distress, and deny its intersubjective concomitants. In this paper, we argue that a critical-realist epistemology allows us to acknowledge the material-discursive-intrapsychic concomitants of experiences constructed as madness, and the relational context of women’s distress, without privileging one level of analysis above the other, in order to understand women’s greater propensity to be diagnosed as “mad”.

In order to illustrate this argument, we will draw on a recent mixed method study conducted with heterosexual and lesbian women who self-diagnosed with premenstrual syndrome (PMS). Constructions of premenstrual change as pathology, combined with adherence to hetero-feminine gendered roles, were associated with distress and absence of coping premenstrually. Conversely, acceptance of premenstrual change, combined with partner support, allowed women to engage in coping strategies, such as taking time out to be alone, or self-care. Premenstrual distress is thus a combination of the materiality of premenstrual change, discursive constructions of PMS and hetero-femininity, and women’s strategies of intra-psychic negotiation and coping.

Janine Farrell, Simon Fraser University

The Medicalization of Women's Sexual Pain

The medicalization of women’s sexual problems under the overall rubric of ‘Female Sexual Dysfunction’ (FSD) has been thoroughly critiqued by feminist scholars, health practitioners, and sex therapists. There has been much less commentary on the medicalization of women’s ‘sexual pain,’ a subset of official FSD diagnosis, which is being increasingly understood through a biomedical lens and dealt with using an array of expert led treatments. We considered ‘sexual pain’ as any ongoing acute or chronic pain experienced in or around the genitals and connected musculature (e.g. pelvic floor muscles) during sexual contact, but also may occur outside of sexual or non-sexual contact. Often, women who do not or cannot conform to heteronormative sexual standards due to their sexual pain may seek legitimization through medical diagnosis and treatment.

This paper critically examines interdisciplinary understandings and ways of addressing sexual pain. Most current research on sexual pain utilizes biomedical paradigms, which has led to rather narrow understandings and treatments of this problem. Our analysis of the sexual pain literature employs feminist theories on medicalization. While there are some clear benefits, there are also theoretical, personal, and political costs to this case of medicalization. Guided by a growing body of feminist theoretical and qualitative empirical research on this topic, we highlight some alternatives to medicalization and offer practical strategies and theoretical frameworks for understanding and addressing women’s sexual pain as a lived, embodied experience shaped by social norms as well as psycho-, bio- and physiological factors.

Lori Ross, University of Toronto

A Participatory Approach to a Qualitative Retrospective Chart Review of Women's In-Patient Psychiatric Charts.

Retrospective chart reviews have been conducted to provide insight into the social construction of ‘patients’ within the context of medical settings, and to examine how the language of the medical record, as a culturally situated narrative, reflects practitioners’ practices, ideologies, and perceptions. Such an analysis may be particularly valuable in understanding the social construction of ‘psychiatric patients’, a group that often experiences marginalization both within and outside of health care settings. This presentation will explore an

interprofessional approach, including academic, clinical, and consumer/survivor perspectives, to a qualitative retrospective chart review study that explored institutional practices related to the documentation of women's sexuality by mental health practitioners in a tertiary mental health setting. We reviewed 25 charts, including five each from five different clinical programs within the institution; and conducted eight key informant interviews with administrators and front-line service providers from a variety of professional disciplines. Not only excerpts from the charts and interviews, but also transcripts of our team's discussions of these texts served as sources of data, allowing for a deeper integration of our various standpoints into our analysis. This presentation will explore this participatory data analysis approach, together with issues of informed consent and patient confidentiality that required consideration in our project.

Robert Menzies, Simon Fraser University

Mapping the Intersections of Psycho-Legal Power: A Tale of Murder, Madness, and Motherhood from British Columbia History

In this paper we explore the intersectional dimensions of psycho-legal power embodied in the classification and treatment of women confined in British Columbia's public mental health system during the first half of the twentieth century. Enlisting the stories of 'mentally ill' mothers whose criminal responsibility for the violent deaths of their young children came under the scrutiny of clinical experts, we show how official constructions of these women's madness, culpability, moral defect and deviant femininity were embedded in a complex grid of power dynamics and vectors of alterity.

These dually criminalized and psychiatrized women represented a spectrum of interlocking subjectivities, racial identities, and object positions within prevailing class and gender systems. Yet co-existing with this diversity of backgrounds and experiences were abiding commonalities in their respective encounters with the province's legal and medical establishments.

Indeterminately detained by executive order at Essondale, the province's main psychiatric hospital, each woman found herself the subject of a hybridized array of discourses, technologies, administrative strategies and professional practices aimed at comprehending and repairing the mental and moral pathologies that had supposedly occasioned the death of her child. Expert efforts to domesticate these unfortunate women's mad and lethal motherhood were, in turn, immersed in an array of convergent relations of domination and subordination, and informed by wider currents of cultural understanding about the very nature of good, sane, compliant and productive femininity and citizenship.

In retracing these women's remarkable journeys through the labyrinthine world of British Columbia's mental health system, we reflect on the potential of intersectional analysis to animate a critical feminist, anti-racist, anti-sanist engagement with the powers of psychiatry and law.

Cathleen Willging, Pacific Institute for Research and Evaluation, New Mexico

Ideologies of Community Re-entry: Contrasting the Perspectives of Women Prisoners, Parole Officers, and Mental Healthcare Personnel

I draw on qualitative research conducted in New Mexico, USA, to examine the plight of incarcerated women returning to rural communities upon their release from prison. The women are optimistic about their chances for a fruitful re-entry, asserting that their ability to succeed depends largely on their personal choices, a belief promulgated in prison pedagogy and twelve-step fellowship programs. However, stigma, discrimination, and other social contextual influences undermine their ability to secure housing and employment and to proactively address their mental health and substance use concerns during the transition. There are two sets of professionals officially positioned to help these women reintegrate into rural communities: parole officers and mental healthcare providers. I turn to intersectionality theory and Michael Lipsky's writings on street-level bureaucrats to elucidate how both parties negotiate constraints placed on them in their work with former women prisoners. I argue that neither can function effectively as advocates when (a) they are overwhelmed by large caseloads, (b) their mistrust of one another thwarts collaboration, (c) they have limited resources and hoard those that might be available, and (d) they grow frustrated with and alienated from those they serve. This combination of factors leads them to rely on gendered stereotypes in

their interactions with “needy” and “manipulative” women, and to differentiate between those who are most deserving and undeserving of their time and attention. Consequently, the quality of support they give is diminished, while the women’s risks for recidivism (a return to custody), drug overdose, and even suicide remain woefully neglected.

Susan Boyd, University of Victoria; Dave Murray, NAOMI Patients Association and Dianne Tobin, NAOMI Patients Association

Challenging Drug Prohibition Research Models: The Experiences of the NAOMI Patients Association

In January 2011, Dave Murray organized a group, the NAOMI Patients Association (NPA). The NPA is made up of people who participated in the North American Opiate Medication Initiative (NAOMI) heroin assisted treatment clinical trials from 2005 to 2008 in the Downtown Eastside of Vancouver (DTES), B.C., Canada. The NPA is an independent group that currently meets every Saturday at Vancouver Area Network of Drug Users (VANDU). In the spring of 2011 the NPA decided to conduct their own research about their experiences as NAOMI research subjects and to create ethical guidelines for future studies and programs. This presentation draws from brainstorming sessions and focus groups that were conducted in the summer of 2011, and writing workshops conducted in the fall of 2011. The benefits and problematics of heroin assisted treatment clinical trials will be explored: ethics, consent, and recommendations for future studies and programs.

Jim Overboe, Wilfred Laurier University

Why Mad Studies Needs to Abandon the Identity Bandwagon!

Drawing upon my career as a social worker with ‘mad’ people; my involvement with critical disability studies, as well as my involvement with development of Richard Ingram’s concept of PsychoCrips this paper will argue that the burgeoning field of Mad Studies distance itself away from the logic of emancipation through identity and representation. This logic has a long history within the civil rights movement, feminism, queer movements, and the fairly recent movement, Disability Studies. Cheryl Wade (1994) argues that Disability Studies disavows its impairments by embracing the able-disabled at the expense of a crippled sensibility. My concern is that similarly Mad Studies will disavow the affirmation of madness by embracing the sane/ mad and rejecting the vivacity of a life enriched by madness, in order to join the fraternity of social movements. I detail how ableism and disableism through normative shadows perpetuate the able/disabled within Disability Studies. In the same manner sanism and mentalism through normative shadows create discourses that reify the sane/ mad that restricts the potentiality of Mad Studies. Drawing upon recent critiques of identity, self and the politics of recognition within feminist theory, queer theory and disability theory I end the paper by proposing a different register for social change that affirms madness.

Adrienne Fitch, West Coast Mental Health Network Society

Challenging Sanist Legislation in BC: A User/Survivor Activist Research Project

Adrienne will discuss the Network’s resolution to challenge legislation that explicitly denies rights for people swooped up by BC’s Mental Health Act; and the Network member-only research that has led to a ready-for-circulation position paper.

Ron Carten, West Coast Mental Health Network Society

Advocacy and Change in Psychiatric Patient Rights

Michel Foucault held that “a new mode of the ‘connection between theory and practice’ has been established. Intellectuals have got used to working, not just in the modality of the ‘universal’, the ‘exemplary’, the ‘just-and-true-for-all’, but within specific sectors, at the precise points where their own conditions of life or work situate them....” The panel presentation and associated paper will explore power in the state model of treatment decision-making in mental health law in British Columbia. Motives for, and strategies employed in, a

legal reform project initiated by the West Coast Mental Health Network will be examined, with reference to the social location of those involved in this political activism and reform effort.

Muriel Groves, BC Civil Liberties Association

Rights Denied to Mental Health Patients

Under BC's Mental Health Act, as opposed, for example, to that of Ontario, people being considered for involuntary admission, admitted involuntarily to a mental health facility or "released" on leave are denied the rights enjoyed by all Canadians, including those otherwise hospitalized or treated as out-patients. These rights are legislated in BC's Representation Act and Health Care (Consent) and Care Facility (Admission) Act, which in their provisions notably exclude such people with mental disorders. Just a few of the rights lost include: having a patient designated representative to approve or reject admission/treatment, the need to require the patient/representative's informed consent after provision of the various treatment options including the least intrusive and the pros and cons of each, the presumption of competency unless otherwise assessed, the stated criteria for capacity assessment, adherence to a patient's previous wishes when capably expressed etc. It is interesting that Canada ratified in 2010 the UN Convention of the Rights of Persons with Disabilities, which as explained by the UN High Commissioner regarding mental illness "the legal grounds upon which restriction of liberty is determined must be de-linked from the disability and neutrally defined as to apply to all persons on an equal basis." The BC's Civil Liberties Association has adopted a position paper advocating changes to BC's Mental Health Act such that those with mental disorders would enjoy the same above rights as all those living in BC.

Indrani Margolin, University of Northern British Columbia; Dawn Hemingway, University of Northern British Columbia; Terry Krupa, Queen's University; Sean Kidd, University of Toronto

Using Art-Based Research to Create Research Spaces that Encourage Meaningful Dialogue about Gender, Social Inequity, Recovery and Mental Illness

This panel presentation will discuss the research process and findings of a multi-site study that used creative and artistic processes to develop research spaces that engaged women living with mental illness in exploring their experiences of recovery.

While much recovery research has used qualitative approaches to include voices of people with lived experience, it has largely been professionally directed and bound by approaches, procedures and standards that limit self-representations of the experience and favour explicit over implicit experiences of the phenomenon. These limitations are problematic when the research concerns those whose lived experience is characterized by social inequities and marginalization. Arts-based research has emerged as a potentially powerful participatory and critical form of inquiry. It was hoped that this research approach would further understanding of recovery as it intersects with gender and social inequity.

The research was conducted at three sites across Canada. Each site focused on engaging women with a specific shared experience: one focused on older women (over 50) with lengthy histories of mental illness, a second focused on racialized women, and the third on young women, very new to receiving mental health services. Creative, artistic experiences, over several sessions, were used at each site to explore the central research question: "What are the important moments, people, places, events, activities, and milestones in your recovery?" Dialogue about both the artistic processes and the meanings of the experiences captured in the art were integrated throughout the process. Findings are compared to extant conceptualizations of recovery and mental illness with a view to understanding and advancing perspectives on recovery that attend to issues of gender and social inequity.

Jake Pyne, University of Toronto

The Government of Gender Non-Conforming Children and the Danger of Inclusion

Since the 1960's, children who fail to conform to expected gender roles (gender non-conforming children) have been the recipients of troubling psychological treatments designed to bring their gender expression in line with social norms. Proponents of these behaviour modification programs deem them necessary to alleviate children's "distress", while critics charge clinicians with doing harm through a

homophobic, transphobic and unethical practice. In this paper, I attempt to open a new dimension in this debate by drawing on Foucauldian theories of power to explore how families with gender non-conforming children are governed in both historical and contemporary treatment programs. While the societal response to gender non-conforming people is typically described as one of marginalization, this lens has its limitations. I argue that the psychological treatment of gender non-conforming children is best understood not as a practice of exclusion, but rather, as a calculated and dangerous form of inclusion – an ensemble of disciplinary techniques drawing gender non-conforming children and their families into an enclosure of dangerous power relations. Abhorrent as these treatments are, they are not shocking, but reflective of the historical shift in the exercise of power in modern liberal democracies in which we are governed through expert knowledge, shame and the desire for normality. I explore the implications of this analysis for emerging clinical, research and activist alternatives.

Cathleen Willging, Pacific Institute for Research and Evaluation, New Mexico

Queering Mental Health Intervention Research: An Example from Rural New Mexico

The mental health and substance use problems experienced by lesbian, gay, bisexual, transgender, and queer (LGBTQ) people are commonly influenced by minority stress, referring here to stigma, prejudice, discrimination, and violence toward socially disadvantaged groups. Minority stress may be most chronic and acute for individuals with gender-atypical presentation, non-White populations, and LGBTQ people living in rural communities. Our formative research in New Mexico, USA, suggests that rural LGBTQ people, especially those isolated from supportive social networks, have few LGBTQ-specific resources to draw from when in need of assistance for mental health and substance use problems. Working in hetero-centric, trans-phobic treatment systems, professional providers openly, and even unashamedly, admit that they are ill-prepared to provide quality services to this population. Despite the myriad disparities affecting their lives, there is a complete absence of interventions tailored to rural LGBTQ people, partly due to government policies that have limited services for and research on sexual and gender minorities. We describe a response to this situation that is informed by intersectionality research and theory, queer-driven, community-engaged, and designed to promote social justice in mental health for a neglected segment of a larger population. In particular, we share our model and methods for developing and evaluating a novel and replicable peer-based program in which specially-trained LGBTQ community members strive to reduce social contextual factors associated with minority stress, help people advocate for and address mental health concerns on their own terms, provide outreach to professional providers, and cultivate LGBTQ social support within inhospitable rural communities.

Trish Garner, Simon Fraser University

Chest Surgeries of a Different Nature: Locating the “Disorder” in the Mind or the Body

For men with gynecomastia, the medical term for “excess breast tissue,” chest surgery is assumed to the extent that the post-surgical body is naturalised. In contrast, for trans folks assigned female at birth, the same surgical procedure is often perceived as “mutilation” of the natural. Clearly, some cuts are considered to do harm while others are thought to correct it. Through a close comparative analysis within medical discourse, this paper explores the inconsistencies between the discursive figurations of FTM chest surgery and gynecomastia surgery, in particular, in relation to the ways in which notions of the ‘natural’ and ‘normal’ are employed. Grounded in the theoretical framework of “somatechnics,” the question is not how do these processes act on ‘natural’ male and female bodies, but rather, how do they constitute particular bodies as naturally male and female?

Naturalisation is achieved within medical discourse through the use of multiple and varied themes that intersect with the natural, and upon which the natural is grounded. This paper focuses on the location of “disorder” as a central theme in this process, comparing the mental health diagnosis of Gender Identity Disorder on FTMs requesting chest surgery to the attribution of bodily disorder in the case of men with gynecomastia, and the subsequent normalisation of “psychological discomfort” in their desire to remove their breasts. Revealing the discursive operation of this difference, this paper emphasises the material and ethical implications of the inconsistency.