

PATHOLOGIZING DISABLED AND TRANS IDENTITIES: HOW EMOTIONS BECOME MARGINALIZED

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Introduction

Trans and disabled identities have been subject to vast amounts of pathologization and marginalization (Sauer and Nieder 2019; Baár 2017; McRuer 2006). Pathologization often originates in medical contexts and subsequently contributes to an overall understanding of identities that pathologizes them. In the eleventh edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), a first attempt has been made to provide a de-pathologizing account of what it means to be trans; that is, the ICD-11 introduces a new definition of gender incongruence in which being trans is no longer classified as a disorder (World Health Organization 2018). Furthermore, the ICD-11 presents a move away from a binary understanding of trans identities. Rather than define being trans on the basis of a rigid and binary understanding of transition from female to male or male to female, the new ICD-11 definition is more "flexible and explicitly includes nonbinary identities. Nevertheless, the tenth edition of the ICD (ICD-10) will remain legally authoritative until the ICD-11 becomes legally binding. In other words, trans individuals will continue to be pathologized under the ICD-10 classification "transsexualism" and additional ICD-10 labels that belong to its category of "gender identity disorders" until the ICD-11 replaces the ICD-10 (World Health Organization 2004). In short, being trans continues to be considered as a (mental) disorder and to be highly pathologized. Thus, one might, insofar as being trans is considered to

be a mental disorder, argue that being trans is pathologized by way of the pathologization of disability. Indeed, due to the current conceptualization of being trans as a disorder, medical practices have emerged that gatekeep and further pathologize trans people. The gatekeeping and pathologizing dimensions of these medical practices can range from (for instance) intrusive interrogations and demeaning comments of a medical professional from whom a trans person seeks to receive hormones to more complex problems, such as tensions between a therapist and their patient that had not existed before the patient came out as trans.

Equally, disabled people are also subjected to medical practices that pathologize them. Peter Conrad argues, for example, that categories such as attention deficit hyperactivity disorder (ADHD) or sexual dysfunction are examples of the medicalization and pathologization of behavioral differences (Conrad 2007). As Monika Baár writes: “recent decades have seen the emergence or proliferation of a plethora of new conditions, ones which had not necessarily been categorized in medical terms earlier on. These include autism, attention deficit hyperactivity disorder (ADHD) and depression” (Baár 2017: 294). According to Conrad, this medicalization of behavioral differences results in a narrow focus on the individual that ignores social context and the role of society in the emergence of categories of disorder and disability (Conrad 2007; Baár 2017). By contrast, Baár and other disability scholars consider “disability as part of a larger cultural system which forges bodies into hierarchies and then distributes power and privilege according to arbitrary distinctions” (Baár 2017: 289). This individualization of disability can be understood as part of a broader social and cultural individualization with respect to behavioral differences along lines of gender, sexuality, disability, and other social identity factors. Individualization of this kind often relies on the naturalization of certain phenomena, which may be linked to how the economic interests of pharmaceutical companies and individualized medical practices have played a significant part in the pathologization of behavioral differences (cf. Decker 2013).

To begin to understand the mutually constitutive pathologization of disabled and trans identities, consider these remarks that Robert McRuer has made. McRuer argues that “the system of compulsory ablebodiedness, which in a sense produces disability, is thoroughly interwoven with the system of compulsory heterosexuality that produces queerness: that, in fact, compulsory heterosexuality is contingent on compulsory ablebodiedness, and vice versa” (McRuer 2006: 2). Following McRuer, we can begin to understand the intersections of the diagnostic and social categories of disability and transness, their interdependence, and the social factors that contribute to their mutual pathologization and marginalization by looking at

the history of pathologization itself, drawing on the work that Baár, McRuer, and other disability, queer, and trans scholars have already accomplished to do so. We may also do so by looking at marginalization systemically through examination of the specific kinds of marginalization that trans and disabled people experience, which would include analysis of everyday forms of marginalization, such as the often indirect and subtle emotional marginalization that may occur during seemingly innocent everyday social interactions and social encounters. Like disability and transness, emotions — as a phenomenon or the subject of research—have often been considered “natural” phenomena rather than cultural products; thus, the impact of social factors on emotions has often been neglected (Lutz and White 1986; Leys 2017). This failure to investigate the social constitution of emotions ultimately reinforces and reproduces the marginalization of emotions that members of subordinated social groups experience because many of these people may fail to comply with (or may seemingly fail to comply with) dominant standards and norms with respect to emotions due to disability, gender performance, gender identity, or other social statuses. For example, someone who is trans might disappoint gendered expectations around emotional behavior; likewise, someone who is disabled might disappoint ableist expectations around emotional behavior.

Emotion theorists and philosophers working on gender, disability, or race have started to analyze and criticize the ways in which we think of emotions such as anger and anxiety (e.g., Srinivasan 2018; Munch-Juriscic 2021; Silva 2021; Archer and Mills 2019). Laura Silva, for example, argues that “anger has been unduly characterized as a hostile emotion” and that “we have reason to take seriously the view that anger is essentially recognitional, that is, that it aims for recognition of harms done” (Silva 2021: 1-2). These (and other) critical approaches to emotion theory point to norms that influence and condition which emotions and emotional displays are deemed to be appropriate and which are deemed to be inappropriate in given situations (Hochschild 1979; Scheman 1980). As suggested earlier, these norms disproportionately impact members of marginalized groups, thereby contributing to their further marginalization (cf. Kurth 2022).

Thus, this chapter will analyze how pathologization and resulting stigma contribute to the emotional marginalization of disabled people and trans people. My argument will proceed in the following way: I will first explain what marginalization is. Then, I will apply the concept of marginalization to emotions and provide a more detailed definition than I have thus far of what emotional marginalization is. In a final step, I will look at specific examples of emotional marginalization that trans and disabled people experience.

Marginalization

Marginalization is a process through which one's access to political, social, and economic goods is limited, as well as one's opportunities to access these goods. This process forces certain people to the peripheries of society. Originally, the concept of marginalization was used to describe experiences of immigration (cf. Park 1928), according to which marginalization meant a "lack of integration and the status as an 'outsider' with respect to dominant cultures" (Bernt and Colini 2013: 14). At present, as noted, however, the term marginalization is used to address a broader range of phenomena and considers cultural, social, and structural factors that limit one's access to political, social, and economic goods and push one to the peripheries of society. For example, Iris Marion Young (1990) conceived marginalization with respect to the limited access that one has to economic goods insofar as she considered the lack of access to work as a way to prevent marginalized people from participating in society in meaningful ways. In Young's framework, that is, marginalization is the social practice of exclusion of certain members of society from the workforce which renders them second-class citizens, resulting in material deprivation (Young 1990: 53–5). Marginalized social groups, for Young, include the poor, old people, people of color, disabled people, and everyone who is regarded as "unemployable."

Although an adequate understanding of emotional marginalization requires insight into the derivation of the concept of marginalization and its conceptual development, I will use rather broad conceptualizations of marginalization in this chapter, such as the notion of marginalization that Janet Billson (2005) has articulated. Although Billson explicitly refers to the notion of marginality rather than the notion of marginalization, I think it is fair to assume that a definition of marginalization can be derived from the former notion, that is, marginality. Billson (2005) explains that understandings of marginality now include more aspects than cultural marginality, an observation that I note earlier. According to Billson, structural marginality and social role marginality constitute the additional main aspects of marginality. As Billson explains it, "Social role marginality occurs when an individual cannot fully belong to a positive reference group because of age, timing, situational constraints, or when an occupational role is defined as marginal" (Billson 2005: 31). Her examples of social role marginality include women in professions dominated by men and adolescents, insofar as they are in between the social role of an adult and the social role of a child. Structural marginality, Billson writes, "refers to the political, social, and economic powerlessness of certain disenfranchised and/or disadvantaged segments within societies. It springs from location in the socioeconomic structure of society, rather than from cultural or social role dilemmas" (ibid.). In short,

authors who write on marginalization regard it as a multidimensional phenomenon. The common ground between these dimensions is the limited access that marginalized people—including trans people and disabled people—have to specific goods, whether social, economic, structural, or some combination thereof.

Since marginalization occurs on all these different dimensions, it would be wrong to argue that only extreme or explicit cases of marginalization are in fact cases of marginalization. Rather, marginalization routinely takes place in subtle ways that may go unrecognized, even by the people marginalized. Members of a specific group do not necessarily know or realize how they perceive out-groups. That is, marginalization is often not based on a deliberate and explicit process; rather, we often contribute to the marginalization of other people through the production of habits and learned behaviors that are common in dominant societal groups. Everyday kinds of marginalization occur because people exhibit social norms and cultural values that have been learned over a long period of time, often unwittingly so. The next section of this chapter considers emotional marginalization in more detail.

Emotional Marginalization

Just as marginalization, in general, can be understood to mean limited access to specific goods (social, economic, structural, etc.), emotional marginalization can be understood as limited access to emotion, that is, limited access to the expression of emotions, the experience of emotions, or the recognition of emotions. For the purpose of understanding how marginalization takes place in and through emotions, let us consider an account that explains how emotion regulation may take place extrinsically. Myisha Cherry (2019) addresses three different stages of extrinsic emotional regulation: identification, selection, and implementation. Identification describes the stage of emotional regulation at which somebody recognizes that a person is “experiencing an emotion and evaluates whether the emotion needs to be regulated” (Cherry 2019: 3). If the evaluation process is concluded by formulating an extrinsic regulation goal—for example, a goal to calm someone down—this evaluation triggers the selection stage. At this stage of extrinsic emotional regulation, the perceiver selects the best strategy for regulating the emotion of the perceived person. We might, for instance, take into account how well we know the perceived person or any prior knowledge that we have about them. What follows next is the implementation stage of extrinsic emotional regulation, which simply describes the execution of the selected strategy (Cherry 2019).

Marginalization may take place at any of the three stages. First, we may ascribe the wrong emotion to the person that we perceive to be emoting, a wrong ascription based on identity factors such as disability, transness, gender, or race. This mistake potentially marginalizes the perceived person emotionally insofar as failure to recognize that they have emoted X (rather than Y) may thereby limit their access to emotion X. At the second stage of emotional regulation, we may respond with a regulation strategy that is based on the wrong emotion ascription or influenced by bias or discriminatory beliefs. We may, for example, decide to ignore an emotional reaction by someone that we perceive to be overreacting or we may react too strongly to someone that we experience as overreacting. Charlie Kurth (2022) argues that the current practices that we exhibit as reactions to the emotions of marginalized people are harmful and contribute to their marginalization. As Kurth writes, “we need to substantively rethink how we appraise and respond to the emotions felt by the marginalized members of our communities” (Kurth 2022: 2).

In addition to Cherry’s proposed three stages, we need to take into account how, over a long span of time, social norms contribute to the variety of human emotions that are elicited in the first place. Given the marginalizations that we experience, norms may have an impact on how we express certain emotions, as well as condition which emotions get elicited and how these emotions are experienced. One might ask in what sense emotional marginalization may affect the emotions that we do experience. In classic emotion accounts, emotions are often said to be somewhat universal (for an extensive critique of classic emotion accounts, see Russell 1994, 2003). Surely, social factors affect emotion, but the effects largely revolve around appropriateness conditions, concerning the questions of how and when we express emotions. Nevertheless, some emotion theorists point to a deeper inculcation of norms around emotions, emphasizing that social norms compel us to adjust behaviors on the surface and influence which behaviors that we incorporate into our repertoire in the first place (cf. von Maur 2021).

Shiloh Whitney (2018) argues that emotions are embodied and get their meaning through bodily manifestations that impact the felt experiences of others. Marginalized people, according to Whitney, may experience a failure of emotional uptake that involves, “*disabling affective sense-making . . . by withholding its intercorporeal conditions [and] dis-integrating the sense and the force of affects from each other*” (Whitney 2018: 495, emphasis in Whitney). Processes that disrupt the sense-making of emotions deprive emotions of their force and, thereby, limit the ways in which the people affected by the disruption (i.e., marginalized people) can experience certain emotions. As I have noted, extrinsic processes of emotion regulation in turn exacerbate this already limited access to emotional experience.

I have now established that emotional marginalization is the process through which one's access to emotions, emotional expressions, and emotion recognition is limited, as well as that emotional marginalization may occur on different levels of an emotion event. In order to understand emotional marginalization more adequately, I will now briefly look at why emotional marginalization occurs. The reasons for why emotional marginalization occurs serve to emphasize the long-lasting and deeply penetrating influence of social norms on emotions. In what follows, I will largely attribute the occurrence of emotional marginalization to existing social norms that serve to uphold and reproduce oppressive or marginalizing social structures. Although this methodological technique does not provide a lengthy and detailed answer to the question of why emotional marginalization occurs, it does emphasize the aspects of the question that are important to understand in light of this chapter. In order to proceed in this way, I will focus on examining social norms and their role in upholding social structures by considering a specific kind of social norm: gender norms.

The dominant binary genders of “man” and “woman” provide a structure according to which mainstream society categorizes all gender and sexual identities, a structure that has a tremendous impact on almost all areas of our everyday lives (cf. Butler 1990; Ahmed 2006). Each of the two genders is socialized to occupy roles, motives, goals, and self-schemas specific to it (Brody and Hall 2010), which in turn constitute a set of social norms around gender. Gendered socialization does not entail that someone who is assigned the sex/gender “male” at birth will be socialized as a “man.” Rather, gendered socialization points to the systemic socialization that takes place on a societal level, establishing a gender system comparable to a social structure that serves to uphold social norms around gender (cf. also Hall and Briton 1993). People who do not follow these norms, that is, people whose genders do not comply with dominant social norms may be subject to penalties such as social exclusion and differential treatment. In short, they may be subjected to marginalization (cf. Billson 2005). Social norms about gender do not take place merely on an abstract level but rather have real consequences for people who are (seemingly) norm subverters. Since social norms manifest in individual psychological processes (which is necessary if they are to be effective), women and men have typically been socialized to have disparate psychological landscapes, including roles, motives, goals, and self-schemas: that is, caretaking roles, intimacy motives, and interdependent self-schemas for women; and provider roles, control motives, and independent self-schemas for men (Cross and Madson 1997; cf. Haslanger 2007). Insofar as gender is present in virtually every aspect of our socialization that manifests in individual psychological processes, gender differences predictably also occur in emotional processes (Fischer 2000; Fischer & Manstead 2000).

Each of the two dominant gender identities gets associated with certain patterns of emotional functioning due to distinct social expectations, display rules, functions, motives, and goals that correspond to each identity. Thus, which emotional process and response occur in a given situation depends on the particular identity that is salient in a given context (Brody and Hall 2010).

Gender stereotypes can generate expectations about our interactions with partners of the same or other genders that, in turn, influence and elicit particular behaviors and emotional expressions (Hall and Briton 1993). For example, studies on blushing show gender differences in blushing frequency and intensity (Eickers 2022c; Crozier 2006; Darby and Harris 2013). Emotions such as “happiness, sadness, and fear are more typically associated with women, whereas anger and pride are more typically associated with men” (Fischer and LaFrance 2015: 23). Gender stereotypes also influence emotion recognition: in accordance with the stereotype that men are more aggressive than women, anger is more readily recognized in men (Becker et al. 2007; Öhman, Juth, and Lundqvist 2010). As Agneta Fischer and Marianne La France point out, “Stereotypes reflect descriptive norms but also generate prescriptive standards . . . about which emotions are seen as appropriate or desirable for whom” (Fischer and LaFrance 2015: 23). The ways in which gender influences emotion expression and recognition are highly dependent on other social and cultural factors insofar as gender norms are part of a larger network of interdependent social norms (cf. Fischer and Evers 2011; Brody, Hall, and Stokes 2016).

Gender norms, as part of a network of social norms that impact and structure our everyday lives, thus, play a role in how emotions are experienced, expressed, and recognized. Since norms around gender and emotion hinge on the respective dominant gender system (i.e., a binary gender system that distinguishes between “men” and “women”), gender norms contribute to the (emotional) marginalization of people who fall outside this binary system and people who fail to comply with the expectations that this system creates. In this context, it is important to note that many trans people occupy binary genders and do not fall outside of the binary system per se. However, they might in some sense fall outside of the binary system according to societal standards about gender. That is, we may speak of a binary and cisgendered gender system. Speaking of a binary and cisgendered gender system does not mean that only people outside of the system are (negatively) affected by the norms prevalent in this system. Quite the contrary: emotional marginalization also affects cis women and men, as my discussion of studies on emotion recognition and expression indicates. Gender norms around emotion, just like other social norms, become prescriptive through the social powers that they inhabit and

thus serve to uphold standards around emotion to which many of us fail to comply. The production of conditions for access to, and appropriateness of, emotions fosters emotional marginalization.

In sum, we can roughly identify the following kinds of emotional marginalization:

(1) Emotional marginalization occurs at the stage of elicitation or emotion experience: we may be unable to describe or access our own emotion experience (in accordance with the given norm), or a negative emotion may be elicited due to a discriminatory situation.

(2) Emotional marginalization occurs at the stage of display: emotional display may be different from peers due to disability. That is, we may not display emotion in accordance with what is typically defined as emotion display for emotion X, or we may display emotion in accordance with internalized (gender) roles that do not match our outer presence.

(3) Emotional marginalization occurs at the stage of recognition: emotion recognition may be inhibited or filtered through one's marginalization status or experience. That is, an emotion display or performance may be rated as (too) intense, a wrong emotion may be attributed, or an emotion display may not be recognized as an emotion display.

In the following section, I focus on two aspects of social identity—disability and transness—in order to take a closer look at how pathologization of identities serves to uphold systems of normalcy and thereby creates emotional marginalization.

Emotional Marginalization of Disabled and Trans Identities

The specific social norms through which trans and disabled people, in particular, are marginalized vary, depending on a given person's experience of their trans and disabled identity, the intersections thereof, and pertinent intersections with other identity factors. The social norms that are typically relevant in this regard are norms about gender; norms about bodies in general; norms about transness, disability, and race; norms about contributions to social life; and so on. These norms, as I pointed out earlier, also generate more specific norms that manifest in psychological processes such as emotional processes. When reconsidering the historical pathologization of trans and disabled identities, it becomes clear that these norms intersect and serve to uphold systems of normalcy (cf. McRuer 2006). By examining the

pathologization and marginalization of trans and disabled identities, we can gain insight into these systems of normalcy.

Let us recall the three different stages of emotion regulation that emotional marginalization comprises: identification, selection, and implementation (cf. Cherry 2019). On the basis of these stages of emotion regulation and the considerations about social norms in a prior section, I categorized emotional marginalization into three different stages: emotion experience, emotional display, and emotion recognition. In what follows, I lay out example cases of emotional marginalization of trans and disabled people in order to address emotional marginalization from an applied perspective. Thereby, I will look more closely at where and how emotional marginalization of trans and disabled identities takes place, as well as whether and how these examples are different from other cases of emotional marginalization, that is, cases that involve cis and nondisabled people. The example cases draw in part on a forthcoming article about emotional injustice that I have co-authored with Arina Pismenny and Jesse Prinz (Pismenny, Eickers, and Prinz, forthcoming). The relationship between emotional marginalization and emotional injustice is complex and deserves proper development. In this chapter, however, I treat these phenomena as related to each other, albeit distinct from each other.

Emotional Marginalization in Emotion Recognition and Display

Emotional marginalization in emotion recognition and display are best analyzed together as they are, ultimately, interdependent. Trans and disabled people may not display emotion in accordance with what is typically defined as the appropriate emotion display for emotion X in a given context or situation or may display emotion in accordance with internalized (gender) roles that do not match their outer appearance. In these cases, an emotion display or performance may be rated as (too) intense, a wrong emotion may be attributed, or an emotion display may not be recognized as an emotion display. Thereby, trans and disabled people become emotionally marginalized.

Problems of human interaction arise at the stage of emotion recognition due to the refusal by others to adequately recognize emotions or acknowledge them; that is, everyone may experience situations in which their emotions are not properly recognized or acknowledged. However, people with marginalized identities may experience refusal of emotion recognition more frequently and more starkly precisely due to their marginalization. Some examples may help to illustrate how the refusal of emotion recognition

manifests for trans and disabled people. Consider how cis and nondisabled people ignore the emotional costs of behavior—such as unwanted attention and invasive questions (cf. Zurn 2018, 2021)—that objectifies trans and disabled people or discriminates against them in some other way, including pointing out someone’s disability or gendered appearance, demanding explanations from trans people about their transness and from disabled people about their disability, and so on. These phenomena are not emotional phenomena per se (like, for example, an anger event); nevertheless, they may, due to their objectifying and discriminatory nature, elicit a negative or unpleasant emotion from a given trans or disabled person who is on the receiving end of them. The degree to which an instance of these phenomena is perceived as emotionally taxing will depend on the situational circumstances of the interaction, whether such interaction is recurring, the affected trans or disabled individual themselves, and so on. Regardless, if a trans or disabled person experiences any instance of such phenomena as emotionally taxing, we should consider the interaction as a part of the complex processes of emotional marginalization which reproduce the historical pathologization and objectification of trans and disabled identities (which are not mutually exclusive).

Unfounded emotion ascription can be identified at the other end of the spectrum of extremes in emotion recognition. Although assumptions about people’s emotional or affective states may be made about virtually anyone and occur in all kinds of socio-emotional relations with other human beings, certain kinds of emotions seem to be specifically ascribed to disabled and trans individuals. These specific ascriptions may (and indeed often do) harm disabled and trans people, as well as contribute to their marginalization in other ways or exacerbate it (cf. Cherry 2019; Srinivasan 2018; Scheman 1980). When, for instance, trans and disabled people are framed as inspiring, brave, and courageous (i.e., ascribed a generally positive affective state), this affective ascription too often leads to emotional marginalization at the level of emotion recognition.

For example, disabled and trans people may be regarded as successful, or happy, or to have “made it” despite their disability or transness. Indeed, trans and disabled identities are particularly affected by this kind of emotional marginalization. While trans people often experience an ascription of positively connoted “courage” with respect to specific events—such as coming out or being visible—many disabled people experience these positive ascriptions when they perform mundane, everyday activities—such as engaging in conversation, buying groceries, choosing their own clothes, and so on—that nondisabled people had conceived to be impossible for them. In short, disability routinely gets associated with heroism and overcoming adversity (Schalk 2016; Shapiro 1994). Notice that these cases of “positive” ascription implicitly rely upon

assumptions according to which disability and transness are considered obstacles or abnormalities that hinder one from leading a worthwhile life. Given that the process of ascribing the wrong emotion to someone or of misrecognizing or ignoring their emotions is often not a onetime event, but rather a longer-term process in which a general affective state of mind (positive or negative) is ascribed, trans and disabled people are routinely, and in an ongoing way, expected to suppress negative emotions and to be courageous, inspiring, and confident (Scott 2006).

Emotional marginalization can, however, take the form of a negative emotional or affective state ascription which may, paradoxically, share features in common with positive emotional/affective ascription. The assumption that trans and disabled people are generally unhappy due to their transness or disability, for example, presupposes the same pathologizing understanding of transness and disability as the unfounded positive emotion ascription, that is, relies on the assumption that trans and disabled people's emotional lives revolve exclusively around their transness and disability, thereby denying them access to a "normal" emotional life. With regard to trans identities, one of the extreme forms of emotional marginalization manifests as what is referred to as "transmedicalism." Transmedicalism assumes a presumptive unhappiness of trans people prior to medical transition because of a dissatisfaction with their own bodies; in other words, transmedicalism assumes that all trans people suffer from gender dysphoria that stems primarily from a hatred of their own bodies. Not a casual misunderstanding, transmedicalism manifests in some countries' laws with respect to trans people. In Germany, for example, health insurance policies stipulate that "suffering" is a criterion that must be met in order for trans people to obtain insurance coverage for trans surgeries and hormone replacement therapy (DGfS 2019). This requirement likely has its origins in the historical pathologization of trans identities in psychiatry. Emotional marginalization of trans and disabled people is especially evident in overtly pathologizing contexts such as medicine and psychiatry. Generally speaking, marginalized people are more likely to be misdiagnosed in medical or psychiatric contexts (Glavinic 2010; Lev 2004). A famous example is Sigmund Freud's patient Dora. Dora consulted Freud after she was sexually assaulted and began to present various symptoms that she attributed to the assault. Instead of associating Dora's symptoms with the sexual assault (and possible related traumas), Freud diagnosed Dora with hysteria (Gay 2006) and attributed her symptoms to delusion. If we accept that Dora's symptoms were associated with the assault, however, we can identify how Freud misrecognized the cause of her symptoms by providing a naturalizing explanation for them. The explanation that he provided was naturalizing because he ignored the events that led to the symptoms,

attributing them instead to Dora's mind itself (cf. Pismenny, Eickers, and Prinz, forthcoming).

Often within medical and psychiatric contexts, emotional processes are considered to be an aspect of someone's illness or disability or become understood as a new development of one's illness or disability. Rarely are the real-life and systemic circumstances that might have led to the emotional processes taken into account. By considering emotions merely as symptoms of certain illnesses or disabilities, the medical and psychiatric gaze distorts emotions. Depression, for example, is often treated as a mere chemical imbalance in the brain rather than as a mental and embodied reply to, say, systemic oppression. In this sense, we may consider certain emotional (phenomenological) experiences—such as specific experiences of depression—to be subject to emotional marginalization. Someone who is depressed may be marginalized because they do not engage in the same emotional display as their peers and by the very experience of depression itself. In the following section, I will look at the emotional marginalization of emotional (phenomenological) experience.

Emotional Marginalization in Emotion Experience

Among the phenomena that emotional marginalization in emotion experience encompasses is the inability to access or describe certain emotional experiences in accordance with a given norm. We may, for example, identify that we feel strange in and strange about a certain situation in which we experience a certain kind of mistreatment for the first time, yet seem to lack the concepts and scripts needed to properly describe the emotional experience that we are having. Some emotional experiences may be so restricted and inaccessible due to social norms that prescribe feeling rules and aptness conditions for a given emotion that we may never have the opportunity to experience the emotion. In addition, emotional marginalization in emotion experience can involve experience of certain negative emotions due to one's marginalization that people who are not marginalized will not experience, including emotions such as shame and guilt that stems from the discrimination that a trans person, disabled person, or other marginalized person experiences in a particular situation or that stems from repeated experiences of discrimination.

As noted, emotional marginalization in emotion experience can occur due to a person's lack of certain concepts or scripts to identify and properly experience certain emotions. Through emotion scripts that guide our emotional behavior, we can conform to the prevalent social norms around

emotions (Eickers 2022a). A script for love tells us how love can be expressed, when love is appropriate, and when expressions of love are appropriate. Furthermore, a script for love may include very specific information about how love episodes unfold, such as when to engage in physical contact and when to engage in romantic (inter)action.

For someone whose disability is located in social communication, the lack of a script to identify and experience, say, love, can create problems. If I lack the respective emotion scripts, I need to understand why I am expected to express a specific emotion only in certain situations and not others, which will ultimately influence the way that I experience the emotion. My (unscripted) experience of love may be more encompassing than a socially prescribed script would recommend. For example, I may experience and express love toward the cashier that I see every other day or toward my favorite teacher in school, both of whom are not, according to the standard love script, ordinarily considered to be appropriate objects for expressions of my love. Equally, my experience of love may be less encompassing than a standard love script prescribes. For example, I may not be able to experience and express love toward my partner, yet experience an intimate friendship or experience exhilarating enjoyment in someone else's company. In other words, due to a lack of (insight into) the standard script for emotion X, my understanding and, thus, my experience of emotion X is different from the standard understanding and experience of emotion X. In some situations (such as the situations with the cashier or my teacher), this different experience of emotions may manifest as emotional marginalization: in such situations, my access to the standard experience of emotion X is limited and this limited access or non-access to the typical experience of emotion X becomes apparent (on a social level), which might, in turn, lead to emotion misrecognition.

The prevalence of a standard love script might also present an issue for someone who cannot identify with or does not match the stereotypical person engaged in romantic love that the love scripts prevalent in our society provide. According to social constructionist conceptions of love, romantic love depends on societal aspects (such as social status and looks) that render a person lovable in society's eyes (Averill 1980, 1985). That is, the standard love script also includes information about who we are supposed to find desirable and lovable (cf. Eickers 2022b; see also Brunning and McKeever 2021; Sedgwick 1990; Behrensen 2018). However, a disabled person might not be seen for who they are but rather as only an object of their disability. Likewise, a trans person might not be seen for who they are but rather only as an object of their transness.

Lenore Manderson and Susan Peake argue that disabled people are often perceived as pre-sexual and ungendered or perceived as a "third gender"

(Manderson and Peake 2005). Trans people, too, are often not implicated in people's sexual identities because they are perceived to be an "extra gender" or, like disabled people, are perceived to be a "third gender" (cf. Eickers 2022b). In other words, trans and disabled people are considered not to be as desirable and lovable as cis people because they are not conceived as implicated in specific sexual identities (such as homosexual or heterosexual). In romantic love and related affective phenomena, that is, marginalized identities may be constructed as an Other. Limited access to romantic love often entails limited access to sex and, thus, desexualization of disabled and trans people (e.g., Siebers 2012). Trans and disabled people may even be perceived as lacking romantic interests and sexual desires.

When we consider a given emotion—for example, romantic love—and affective phenomena that are related to the emotion—for example, sexual and romantic desires—the ways in which transness and disability intersect in addition to their mutual pathologization become especially evident. Manderson and Peake (2005) argue that disabled men often see themselves as less masculine than nondisabled men due to the ways in which gender and the binary gender system are currently constructed. As they explain: "Cultural constructions of masculinity and femininity are reinforced by changes in physicality: male disabled bodies are seen to lose hardness, containment, and control, becoming leaky, . . . indeterminate, liminal and soft, vulnerable to the stares of others" (Manderson and Peake 2005: 234). If disabled men are perceived as feminized due to their disability, gender and disability cannot be conceived as two entirely separate and separable social categories but rather must be seen as interdependent and mutually constitutive. If gender and disability are interdependent and coconstituting, the pathologization of transness is ultimately connected to the pathologization of disability.

Emotional marginalization in emotion experience can mean that one experiences certain negative emotions because of one's marginalization. This feature of emotional marginalization, although not specific to trans people or disabled people, is important to point to because of its connection to pathologization and discriminatory experiences that are likely rooted in pathologization. For example, shame or guilt may be elicited in discriminatory situations or situations that contribute to marginalization. A trans person or disabled person may, for example, feel shame or guilt because they are not considered desirable or they may feel guilty that they are unable to do certain things in accordance with a prevalent social norm. The negative emotional experiences that stem from one's marginalization may have associated longlasting emotional effects or long-lasting moods and emotional states. For example, Jill Stauffer (2015) identifies a particular kind of loneliness that describes the feeling that one is unheard as a marginalized or mistreated

person, especially after an injustice has been inflicted upon them. Stauffer calls this version of aloneness “ethical loneliness.” Stauffer describes ethical loneliness in this way:

Ethical loneliness is the isolation one feels when one, as a violated person or as one member of a persecuted group, has been abandoned by humanity, or by those who have power over one’s life’s possibilities. It is a condition undergone by persons who have been unjustly treated and dehumanized by human beings and political structures, who emerge from that injustice only to find that the surrounding world will not listen to or cannot properly hear their testimony—their claims about what they suffered and about what is now owed them—on their own terms. (Stauffer 2015: 1)

Stauffer explains that ethical loneliness may be experienced for a range of reasons, that is, can be experienced by someone because they experience some degree of marginalization or feel unheard, as well as experienced by someone who has been persecuted or dehumanized in more extreme ways. Feeling abandoned or pathologized in medical and psychiatric contexts would exemplify the experience of ethical loneliness, as Stauffer characterizes it. Due to their ongoing pathologization and consequent emotional and social marginalization, many trans people and disabled people are subject to ethical loneliness and related emotional phenomena that may intensify their marginalization.

Conclusion

In this chapter, I have examined a common form of marginalization that occurs due to the historical pathologization of trans people and disabled people and injustices that they currently confront, namely, emotional marginalization. I analyzed how the historical and ongoing pathologization of both trans and disabled people (and trans disabled people) through dominant social norms that uphold systems of normalcy contributes to their emotional marginalization. In order to advance my analysis, I identified three different stages at which emotional marginalization may take place, using the different stages of emotion regulation that Cherry (2019) proposes to do so: emotion experience, emotional display, and emotion recognition. Accordingly, emotional marginalization can be understood as limited access to emotion, that is, limited access to the expression of emotions, the experience of emotions, or the recognition of emotions. Trans and disabled people may not experience or display emotion in accordance with norms that define what is typical and apt for a specific emotion. This discrepancy impacts how and if

the emotions of trans and disabled people are recognized. Trans and disabled people may lack the scripts or concepts to properly describe and access certain emotions, or their access to certain emotions may be restricted externally (such as lack of access to romantic love). Trans and disabled people may also experience negative emotions due to the specific kinds of pathologization to which they are subject to (e.g., shame or guilt). If dominant norms about emotion, which disproportionately impact trans and disabled people in negative ways, continue to prevail, then common forms of emotional marginalization will also continue to prevail, including the emotional marginalization that trans and disabled people experience due to the myriad medical, psychiatric, administrative, and everyday practices that pathologize them.

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