



A Therapeutic Rape Culture

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- Failing to update
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- Sexualising violence

Tosh (2020)

1. Rape culture

- Incorporates constructions, discourses, and structures from rape culture into therapeutic contexts such as normalizing violence, blaming victims, and perpetuating harmful gender 'norms'.
- E.g. psychiatric perspectives that frame men as 'needing' to be aggressive to be 'normal', particularly in relation to sex and sexuality. This discourse can simultaneously make sexual coercion more likely to occur *and* silence men survivors of sexual abuse.

Tosh (2020)

2. Contractual consent

- Utilizes an individualistic and contractual form of consent that assumes all subsequent actions are consensual.
- E.g. asking clients to sign a form at the beginning of treatment and not considering the issue of consent in subsequent sessions. Assuming that consent is fixed and cannot or will not change.

Tosh (2020)

3. Objectification

- Objectifies and dehumanizes people as mechanical or computational bodies, devoid of subjectivity or complex interrelationships between body, mind, self, and others.
- E.g. medical perspectives that view treatments performed on intersex youth as the ‘fixing’ of a body, rather than an embodied experience and memory that can last a lifetime.

Tosh (2020)

4. Normalcy

- Promotes and glorifies a 'norm' that excludes individuals based on sexism, classism, racism, colonialism, ableism, homophobia, biphobia, transphobia, sanism, and dyadism. It positions Others as 'deviant', 'perverse', or 'abnormal'.
- E.g. including examples of specific groups, such as queer people or Indigenous peoples, only in examples of 'pathology' or 'abnormality' and focusing research and theory on 'normal' development on white straight individuals.

Tosh (2020)

5. Us/Them binary

- Assumes an 'us'/'them' binary, despite the psy professions being made up of a wide variety of people, including those who would be categorized as 'abnormal' in predominant psychology discourse and survivors of sexual abuse.
- E.g. teaching lectures on violence and abuse without recognising that some students will have those same experiences.

Tosh (2020)

6. Hierarchical

- Produces a hierarchy that is subsequently used to justify oppression and violence to those who exist outside of the narrowly constructed conceptualization of 'normal'.
- E.g. defining transgender people as 'disordered' and then using that label as justification for harmful reparative therapies.

Tosh (2020)

7. Reparative therapies

- Uses a range of methods (e.g. conversion and reparative therapies) in attempts to change those who do not fit into the constructed 'norm', rather than redefine or dismantle the problematic concept of 'normality'.
- E.g. the behavior therapy approaches that used electric shock 'treatments' in attempts to coerce queer individuals into behaving like they were straight.

Tosh (2020)

8. Masking harmful methods

- Positions these methods as therapeutic and necessary for 'health', masking the coercive and violent aspects of such practices that can result in significant harm, trauma, and abuse.
- E.g. Framing electric shock sessions as 'therapy' or 'treatment' despite similar experiences occurring in other contexts as being obviously violent and abusive.

Tosh (2020)

9. Lacking social context

- Individualises, medicalizes, and psychologises health issues and emotional distress, neglecting to consider the role of social contexts, discrimination, oppression, and violence.
- E.g. justifying reparative therapies because LGBT+ youth experience bullying and discrimination, rather than addressing the abusive context and challenging homophobia and transphobia.

Tosh (2020)

10. Breaking boundaries

- Either works within a hierarchical structure that positions the therapist as an expert and authoritative in decision-making while infantilising the client as unknowing, or...
- Works within an undefined and informal structure that is ambiguous, with inconsistent or unclear boundaries (or does not respect boundaries that are in place), creating a context where abuse can occur.
- E.g. when a therapist has flexible working hours but then uses that flexibility to meet with a client when other staff are not around. When the therapist uses their position of authority to coerce a client into doing something they do not want to do.

Tosh (2020)

11. Failing to update

- Draws on, or assumes, that because ideas have endured over a long period of time that they are 'correct', failing to update when necessary.
- E.g. believing that research done in the 1950s on gender and sexuality is still relevant in 2020 without appreciating the enormous social changes that have happened in that 70-year period.

Tosh (2020)

12. Insular

- Is insular and non-reflective, refusing or failing to engage with other disciplines, concepts, and perspectives. Does not encourage critical reflection on personal ideologies, assumptions, and beliefs.
- E.g. medical approaches to emotional distress that do not meaningfully engage with social contexts or other disciplines. Assumes that it is possible to be completely objective, as if one can remove themselves from the very population they study (i.e. people).

Tosh (2020)

13. The 'norm' defining the Other

- Places in positions of power and influence those who reflect the 'norm' produced by psychology, enabling those with no direct or lived experience to study, treat, and define oppressed and marginalized Others.
- E.g. the history of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) being led by straight white men and the long history of the pathologisation of women and femininity, such as in the diagnosis of 'hysteria'.

Tosh (2020)

14. Sexualising violence

- Sexualises violence and fetishises marginalised and oppressed groups (i.e. those positioned as 'deviant' and 'perverse').
- E.g. the sexualisation and fetishisation of transgender people through the problematic concept of 'autogynephilia', or the long history of psychiatric diagnoses regarding gender being placed alongside sexual 'disorders' and 'paraphilias' in the DSM.

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THE BODY AND CONSENT IN PSYCHOLOGY, PSYCHIATRY, AND MEDICINE

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