Agora:

'Zuck Off'! A commentary on the protest against Ken Zucker and his 'treatment' of Childhood Gender Identity Disorder

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THE Division of Clinical Psychology (DCP) of the British Psychological Society (BPS) invited Professor Ken Zucker as a keynote speaker to their annual conference in December 2010 (BPS, 2010). Zucker works at the Toronto Centre for Addiction and Mental Health (CAMH) and is considered an authoritative figure in the controversial diagnosis and 'treatment' of children with 'Gender Identity Disorder' (Hill et al., 2006). He is also Chair of the American Psychiatric Association's (APA) Sexual and Gender Identity Disorders Work Group for the *DSM-5* (APA, 2010). His invitation was proposed by the DCP conference committee 'expert group' who research potential speakers for the division (J. Unwin, personal communication, 15 November 2010).

Treat society not LGBT children!

This invitation sparked an angry and concerned response from many. Zucker's work at the CAMH GID clinic has been widely criticised by academics (e.g. Wilson, 2000; Wren, 2002; Menvielle & Tuerk, 2002; Hird, 2003; Langer & Martin, 2004; Lev, 2005; Bryant, 2008), organisations (e.g. Burleton, 2008; Choe, 2008; Queerty, 2009) and individuals concerned with LGBT issues and gender diversity. Zucker's treatment has been described as 'coercive' (Ehrensaft, 2008, cited in Spiegel, 2008) and in some instances 'abusive' (Burke, 1996). Zucker and Bradley (2004) emphasise homosexuality as a common 'psychosexual outcome' of childhood GID and Zucker (2006) states that the prevention of transsexualism and homosexuality are both rationales for its treatment (although he considers the prevention of homosexuality somewhat 'problematic'). Subsequently, this 'treatment' has been compared to reparative therapy (Pickstone-Taylor, 2003) that was condemned by the American Psychiatric Association in 2000 (APA, 2000).

Zucker's 'treatment' involves emphasising the potential benefits to the child of acting in ways that are expected of their biological gender and encouraging 'sex-typical' clothing, toys, games and activities (Zucker & Bradley, 2004). Those involved in the child's life who accept their 'atypical' behaviour are considered 'problematic' and either discouraged from supporting the behaviours or are 'removed'. For example, Hird (2003) describes a case study by Zucker where the family were advised to fire the child's nanny as she was seen as encouraging cross-dressing behaviour. Zucker's justification for this treatment, which he admits lacks empirical support (Zucker & Bradley, 2004; Zucker, 2006; K. Zucker, personal communication, 3 December 2010), is to reduce social ostracism. However, he overlooks his own role in this segregation. To identify GID as pathological and requiring 'treatment,' in addition to enforcing a rigid gender binary, only encourages social exclusion to those who challenge hegemonic and normative constructions of gender.

GID: Gender is diverse

Zucker's assumption that 'stereotypical' gender binaries are 'healthy' and that deviations from expected gender behaviour are pathological is very problematic (Langer & Martin, 2004), particularly when Zucker 'treats' children as young as 3-years-old (Burke, 1996). Several clinicians have challenged this emphasis of a rigid gender binary preferring to conceptualise gender as a spectrum of possibility (Ehrensaft, 2009; Lev, 2005; GID Reform Advocates, n.d.) while others have queried the empirical validity of this underlying assumption (Hegarty, 2009). Moreover, psychiatry's long history of attempts to medicalise and naturalise socially constructed gender expectations have received much feminist critique into the pathologisation of women who challenge stereotypical gender roles as well as the negative impact that these traditional gender roles can have on women's well-being (e.g. Friedan, 1963; Ussher, 1991; Jimenez, 1997).

Academic debate or transphobic hate?

Many groups who opposed Zucker's invitation agreed with the above criticisms in relation to the narrow conceptualisation of gender and the very questionable 'treatment' of children with a diagnosis of GID. However, there were contrasting views in relation to the diagnosis of GID more generally. While there was relative agreement that the pathologisation of transsexualism is problematic and unfair, the diagnosis is a requirement for transsexual adolescents and adults to access treatment. Therefore, there were concerns that criticisms of the disorder could potentially make accessing treatment difficult or potentially impossible for gender-variant, gender-nonconforming, transgender, and transsexual individuals. These issues were discussed early on by those involved with the protest. It was agreed that for the purposes of this particular campaign, the focus would be on the 'treatment' and Zucker's work with children. This would enable the protest group to communicate a clear message that represented the perspectives of those involved. It was also agreed that GID reform as part of an ongoing process of challenging trans pathologisation and discrimination would be more effective than a sudden declassification of GID due to these complex issues of institutional barriers (see Winters, 2005; GID Reform Advocates, n.d.).

'Zuck Off!'

There were a variety of perspectives about how best to respond to Zucker's keynote invitation. One option was to push for the keynote to be cancelled and his invitation retracted. This position was taken due to the lack of an alternative speaker to challenge Zucker's work at the conference. However, this perspective was also related to Zucker's involvement in the 'treatment' of children who were considered (by Zucker) as 'at risk' of becoming homosexual or transsexual. Several individuals were concerned with the potential breaches this treatment has in relation to human rights legislation, such as the UN Convention on the Rights of the Child (UNCRC). For these reasons it was argued that Zucker's work is potentially so harmful that he should not be given a platform that would only validate and legitimise his position further.

The other position pushed for the inclusion of alternative perspectives at the conference, and the focus of criticism was the positioning of Zucker as an 'expert' and advertising his presentation as a 'keynote', which attached value and status to his perspective. While several individuals were contacted, none were available to challenge Zucker at the conference. In discussions with the DCP conference organisers it was agreed that Zucker would be given an introduction by the DCP Chair Jenny Taylor, who would outline the objections from the other BPS sections and summarise the criticisms of Zucker's work. It was also arranged for the session to be slightly longer to encourage a more thorough debate about these issues and conference delegates would be offered a copy of my statement regarding Zucker's work and its criticisms (Tosh, forthcoming).

Enough is enough!

Several months of organisation and mobilisation accumulated on Friday 3 December, amidst freezing temperatures in Manchester city centre. This campaign, which began with only a few emails being sent out to enquire if others were aware of this keynote presentation, soon developed into an international and multifaceted response aimed at the DCP. The Psychology of Sexualities Section (POSS) of the BPS were the first to formally contact the DCP stating their objections, and included my statement describing the objections in more detail. At the same time, the protest group were organising and advertising protest meetings in Manchester. The DCP conference organisers quickly became aware of these meetings and were keen to discuss these issues with the protest organisers. However, the meeting with the DCP conference chair had limited success, as we were informed that the keynote would go ahead despite the objections from POSS and the protesters. However, the DCP were keen to arrange a panel to enable a discussion at the conference but it was difficult to find a suitable speaker at such short notice. The DCP arranged for Polly Carmichael to debate these issues with Zucker as she works at the Child GID clinic in London, but this appeared a rather superficial gesture as she was quoted as saying 'that although his work is controversial, it is valid' (J. Unwin, personal communication, 15 November 2010). Carmichael also cites Zucker in her own work (e.g. Carmichael & Alderson, 2004), so it is unlikely that our objections would have been voiced at the debate if this panel went ahead.

The Psychology of Women Section (POWS) sent their objections soon after this and the protest meetings increased in frequency and numbers, as we organised what our messages would be and how best to communicate them at the conference. We had also set up an online petition at the request of several individuals who wanted to participate but were unable to attend meetings (iPetitions, 2010). On the day of the conference this petition had collected over 330 signatures from individuals in the UK, US, Canada and Australia and included comments from a wide range of concerned individuals. For example, Professor Spurlin stated, 'This is just another example of the perpetuation of misogyny and homophobia in culture under the guise of medical authority' and Misha Balch of Gender Alliance of the South Sound stated, 'Dr' Zucker's work…is an affront to the dignity of transgendered people everywhere. Transgenderism is a reaction to a society that rejects 'whole people' whose personalities do not conform to the patriarchal polarised socio-political constructs of 'male' and 'female' (iPetitions, 2010).

The DCP then began to receive criticism from within the Division, from the Faculty of Sexual Health and HIV of the DCP. The Faculty sent its concerns formally to the DCP just after the conference, and the Community Psychology section of the BPS sent their objections on the first day of the conference. The Community Psychology section also produced a statement outlining their concerns, particularly emphasising the human rights legislation that Zucker's treatment potentially breaches (The UK Community Psychology Discussion List, 2010).

In addition to these formal responses within the BPS, the awareness and support for the protest was increasing outside the organisation. Several media outlets published articles and blogs on these events and encouraged people to support the protest either by attending the meetings or signing the online petition (e.g. 'Intersex in Australia', 2010; Lockhart, 2010). There was also a lot of discussion within professional and activist networks via email lists, blogs, and online groups. This accumulation of interest and support demonstrated to DCP conference organisers and delegates on the day of the protest that although there were over 40 people protesting in the snow, the views they represented were supported by many more. It also enabled us to achieve more than previous protests had been able

to do, particularly in terms of having our perspective heard at the conference (N. Kennedy, personal communication, 3 December 2010). The DCP conference organisers invited two protesters into the keynote presentation to ask Zucker questions and meet with him face-to-face. Natacha Kennedy, who organised the protest against Zucker in London in 2008, and I attended Zucker's keynote presentation and voiced our concerns.

Ah…the infamous Tosh

Once inside the conference Natacha and I were escorted to the room where Zucker would present his keynote. The polite and professional atmosphere of the academic conference reminded me of the 'banality of evil' as the audience sat quietly waiting for such an abhorred individual to speak. It was a striking contrast to the overt and passionate chants originating from outside. When I introduced myself to Zucker he laughed and said, 'Ah…the infamous Tosh!'

Jenny Taylor delivered a critical introduction to Zucker's keynote, which was eagerly responded to by Jennifer Wild from the DCP 'expert group'. Jennifer emphasised Zucker as 'inspiring' and 'one of the world's leading experts' on GID before describing her professional relationship with him since her undergraduate degree in the early 1990s. This very brief introduction was awkwardly positioned between Jenny's critical introduction and Zucker's presentation, but illustrated the tense and polarised positions in relation to his work.

Zucker's presentation was uneventful and relatively monotonous to those familiar with his work, as he summarised research that conformed to his previous presentations and publications apart from a brief summary of the proposed revisions for the *DSM-5*. Zucker is an experienced orator who is unlikely to state a radical or controversial comment (apart from his very brief mention of 'ethnic identity disorder') and even less likely not to back up everything he says with 'empirical research'. The questions following the keynote were much more enlightening, not of Zucker's perspective, but of the audience's responses to it. One conference delegate stated that he was 'very disappointed' with the keynote presentation and that he didn't understand why Zucker insisted on using a 'psychiatric and diagnostic narrative' to describe these children. Fantastically, the majority of the audience applauded this comment. Zucker's response was less fantastic, as he offered a dismissive and avoidant answer stating that the question was 'deeply philosophical' and that is why he emphasises the 'distress and impairment' aspect of the 'disorder' rather than debate whether gender diversity should be a disorder at all. However, this is contradictory to his previous work, where he has argued that if a child does not show signs of distress this should not stop a clinician from 'treating' their GID (Zucker, 1999).

Natacha summarised her own PhD research on transgendered children and highlighted the contradictions between her findings and Zucker's work. For example, Natacha's research with transgendered adults found that the vast majority were very secretive during their childhood and adolescence and were unlikely to be referred to a service during this time. Therefore, Zucker's work generalises from a very unrepresentative sample of the trans community. Zucker stated that he was unable to respond to this question without more information regarding the specific sample that Natacha used and appeared keen to find out more about her research. However, he did state that there were two 'trajectories of development' for transgendered individuals, revalidating his work from an 'unrepresentative' description of a diverse group to a partial explanation of a dichotomous group.

Jenny Taylor queried Zucker's justification for his treatment; that these children are in 'pain' and 'distressed' by their gender incongruence. She asked, how did he know that the distress was caused by gender incongruence, and not other people's responses to the child's 'atypical' behaviour? Zucker

provided an intriguing response to this question. He stated that 'Even when you strip away and hold constant issues of family rejection and peer ostracism children are still feeling incongruent and how they feel psychologically, struggles because of that disjunction. The pain and distress from that disjunction is closest to the idea of inherent distress.' Many in the audience were left wondering, but how do you 'strip away' family rejection and peer ostracism?

I asked Zucker, due to the controversy surrounding his 'treatment' and the research describing instances of this method being harmful, how could it justify its use? Did he have any evidence for its 'success'? Were there any longitudinal studies supporting its validity? He had stated in his presentation that for children who 'lose' their GID there were a number of possible reasons for this, spontaneous remission, therapy or other social factors. If he does not know the reason why children stop demonstrating overt signs of gender incongruence, how can he argue that his 'treatment' has any positive role in these children's gender development? Zucker was very clear in responding that there was no empirical support or longitudinal outcome studies comparing his 'treatment' with any kind of control group that could support his therapy. He then went on to discuss the difficulties about implementing randomised controlled trials and that this therapy is not manualised. What he didn't say was how he justified its use with children when he has no idea of its consequences.

Queer and lovin' it!

Those who attended the keynote presentation heard Zucker's perspective, but only after an introduction that questioned his role as an 'expert' and highlighted the ethical problems of 'treating' gender diverse children. The audience also listened to questions that challenged the validity of Zucker's work once his presentation had ended. As I left the conference I saw many people taking copies of my statement and was approached by several delegates who wanted more information about the protest and our objections to Zucker's work. Several delegates had also come out earlier to speak to protesters and many took pictures of our banners and signs. The protest was filmed as part of a BBC3 documentary following a transgender young person and a local student newspaper interviewed Zucker and several protesters. If this group had not mobilised and responded to Zucker's invitation the DCP keynote would have been a very different experience. The commitment by those who were determined to intervene as well as the emails and phone calls of support and encouragement helped develop this protest into an ongoing campaign. While those involved held different views on a variety of topics, or disagreed on how best to respond, we all agreed on one thing: that 'enough is enough!'

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