

THE GOVERNANCE OF GENDER NON-CONFORMING CHILDREN: A DANGEROUS ENCLOSURE

Jake Pyne
McMaster School of Social Work, Hamilton, Canada

Abstract

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 programs deem them necessary to alleviate children's "distress" and "discomfort" while critics charge clinicians with doing harm to children through a reprehensible practice. In this paper, I apply Foucauldian theories of power to the work of two clinicians (George Rekers and Kenneth Zucker) to explore how families with gender non-conforming children are governed in corrective treatment programs. While it is frequently noted that gender non-conforming children face rejection and exclusion, I argue for consideration of corrective treatment programs as a calculated and dangerous form of inclusion – an ensemble of disciplinary techniques drawing these children and their families into an enclosure of dangerous power relations. I propose that these treatments are reflective of the historical shift in the exercise of power in modern liberal democracies whereby populations are increasingly governed through expert knowledge, the administration of shame and the exploitation of the desire for success and normality. I outline a politic of response based on Butler's concept of *intelligibility* and the goal of *doing justice to someone*.

Keywords: gender non-conforming; transgender; children; gender identity disorder; psychiatry.

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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 (Bryant, 2006). Proponents of these corrective programs deem them necessary to alleviate children's "distress" and "discomfort" (Zucker & Bradley, 1995; Zucker, 2008; Zucker, Wood, Singh & Bradley, 2012). Critics, however, charge clinicians with doing harm to children through a reprehensible practice (Burke, 1996; Ehrensaft, 2011; Langer & Martin, 2004; Tosh, 2011). In this paper, I apply Foucauldian theories of power to the work of two clinicians (George Rekers and Kenneth Zucker) to explore how families with gender non-conforming children are governed in corrective treatment programs. While it is frequently noted that gender non-conforming children face rejection and exclusion (Lev, 2005; Menvielle & Hill, 2011), I argue for the consideration of corrective treatment programs as a calculated and dangerous form of inclusion – an ensemble of disciplinary techniques drawing these children and their families into an enclosure of dangerous power relations. I propose that these treatments are reflective of the historical shift in the exercise of power in modern liberal democracies whereby populations are increasingly governed through expert knowledge, the administration of shame and the exploitation of the desire for success and normality. I outline a politic of response based on Butler's concept of *intelligibility* and the goal of *doing justice to someone*.

As a group described largely in relation to what they are *not*, gender non-conforming children are challenging to define. Definitions penned by clinicians tend to cite the persistence of children's cross-gender identification, behaviour or dress (Menvielle, Tuerk & Perrin, 2005). In contrast, a definition offered by parent and advocate Kim Pearson (2011), foregrounds the power relations inherent in the experience of these families. Pearson offers: "You know you have a gender non-conforming child when your family meets with resistance because of your child's gender presentation". A growing number of clinicians advocate for supporting families to embrace children with diverse expressions of gender (Di Ceglie & Thummell, 2006; Ehrensaft, 2007, 2011; Lev, 2004, 2005; Malpas, 2011; Menvielle, 2011, 2012). Nonetheless, gender non-conforming children remain under the purview of psychiatry through the Gender Identity Disorder in Childhood (GIDC^{1,2}) diagnosis in the Diagnostic Statistical Manual (DSM), and its associated psychological treatments (APA, 2000a).

1 At the point of entering the DSM III, Gender Identity Disorders applicable to children and adults were separated into two diagnoses ("Gender Identity Disorder in Children (GIDC)" and "Transsexualism"). In the DSM IV they were amalgamated into one diagnosis "Gender Identity Disorder" with specifications for children and adults. For consistency I will use GIDC to refer to all diagnosis of children.

2 In May 2013, while this article was under review, *Gender Identity Disorder* was removed from the DSM-5 and replaced with *Gender Dysphoria*. Many in queer and transgender communities feel this was a positive step, though more work is needed to fully de-pathologize transgender identities (Winters, 2007). The *Gender Identity Disorder* diagnosis, having been in use for 33 years, remains an important site to study the regulation of gender. For further details about the *Gender Dysphoria* diagnosis, see APA, 2013.

In this article I explore how families with gender non-conforming children have been governed through the GIDC diagnosis and corrective treatments. I use the term “corrective” to distinguish programs which regard gender non-conformity as a pathology and seek to alter a child’s gender identity/expression to align with gender-typical norms (Zucker et al., 2012), versus “affirming” programs which view gender non-conformity as healthy human variation and aim to support young people to express themselves authentically (Ehrensaft, 2012) and support their families to embrace them (Menvielle, 2012). Though multiple researchers and clinicians have engaged in corrective treatments (Green & Money, 1960; Greenson, 1966; Meyer-Bahlberg, 2002; Stoller, 1970), I focus on the work of two individuals: George Rekers, an American psychologist conducting treatment studies primarily in the 1970’s; and Kenneth Zucker, a contemporary psychologist at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada. Given the noted absence of treatment details published by most clinicians (Bryant, 2006), the level of detail provided by Rekers’ volume of publications (over 100), is significant and presents unique opportunities for study. Zucker holds influential positions both as the director of the Gender Identity Service in the Child, Youth and Family Program at CAMH and as the chair of the American Psychiatric Association’s (APA) Sexual and Gender Identity Disorder Work Group. He also publishes widely on GIDC diagnosis and treatment; thus his work is central to a discussion of this field (Ansara & Hegarty, 2012).

It is important to note that a comparison between the work of Rekers and Zucker is not intended to imply an affiliation between the two. In fact, Zucker has critiqued Rekers’ work (Zucker, 1985; Zucker & Bradley, 1995). Rekers and Zucker have utilized distinct modalities with Rekers practicing behavioural therapy (Rekers & Lovaas, 1974) and Zucker’s work aligning more closely with psychotherapy (Zucker et al., 2012). They have also proposed distinct rationales for treatment. Rekers became increasingly open over time about his religious motivations for preventing the homosexual and transsexual futures he foresaw for these children (Rekers, 1982). Zucker has expressed no religious motivation for his work and in his most recent (co-authored) publication, he hastened to express support for homosexual development (Zucker et al., 2012, p.391) though advocated the prevention of transsexuality to help children feel “more comfortable in their own skin” (Zucker et al., 2012, p.383). As a result of the APA declaration that reparative therapies are unethical (APA, 2000b), in addition to a number of scandals (Thorp & Bullock, 2010), Rekers’ work has since lost favour. Zucker continues to hold a number of high profile positions (Ansara & Hegarty, 2012). Yet despite these significant differences between the two practitioners, I demonstrate that what remains consistent and worthy of concern across their programs, are the specific ways in which power is exercised. I rely on Foucauldian theories of power to understand how families have been and continue to be drawn into corrective treatment programs.

Governmentality and Technologies of Power

Foucault altered the landscape of social theory and critique with his historical re-evaluation of the operation of power. According to Foucault, power in modern liberal democracies is no longer exclusively top-down, repressive, or possessed by the state, and

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has not been so for centuries. Accompanying the advent of liberal democracy in Europe, texts began to appear from the 16th to the 18th centuries introducing techniques and *savoirs* (knowledges or know-how) concerning the “art of governance” (Foucault, 2000, p.212). Foucault’s genealogical work exposed the prison, psychiatry and medicine as new sites of organized discipline and correction, providing the basis for his developing concept of *governmentality* as the ‘conduct of conduct’. In the analysis that emerges, modern power is more likely to be exercised rather than possessed, productive rather than repressive, bottom-up and networked rather than top-down and tyrannical. Rather than being imposed by force, power may be exercised through the discourses of institutions and social medicines to produce a type of control - a control which acts upon people on the basis of knowledge (Foucault, 2003).

Consistent with this analysis, Foucault’s lectures on *abnormality* at the Collège de France reveal a historical shift in the societal treatment of gender non-conforming people. In the 16th and 17th centuries, those who we might today call transgender or intersex were understood as criminals, as examples of *monstrosity*, and subjected to death. However, beginning in the 18th and 19th centuries they begin to be considered as examples of *abnormality* and subjected not to death, but to medico-scientific diagnosis, and later, clinical correction (Foucault, 2003). With the concept of “normal” becoming central to 19th century medicine, Canguilhem (1966, 1989) describes the evolution of its meaning from “usual” to both “usual” and “desirable”. As Holmes (2010) notes, during this time medical science succeeded in linking rarity with pathology. Rather than a moral imperative determined by a monarch or religious authority, normality became a scientific imperative, determined by experts (Rose, 1999, p.75). Richard von Krafft-Ebing’s (1877, 2006) scientific catalogue of sexual and gender diversity, *Psychopathia Sexualis*, can be understood as a 19th century landmark of medical science’s hold on the gender non-conforming.

Rose and Miller (2010) note that one of the enduring techniques of governmentality is “problematization”: the production of problems and the proliferation of experts to manage them (p.298). Rose (2006) enlists Becker’s (1963) concept of “moral entrepreneurship” to highlight the expansion of psychiatry through the identification of new areas of heretofore ignored suffering – suffering in need of the treatment uniquely provided by psychiatry (p. 474). Indeed, with no logical reason to consider conformity with gender norms as an indicator of health, the establishment of gender non-conformity as a disorder in need of treatment represents something of an ontological coup. Foucault’s concept of power/knowledge contextualizes this accomplishment. Particularly concerned with the political status of scientific knowledge, he coined the term power/knowledge to express the thesis that knowledge both *creates* and is *created by* power (Foucault, 1980, p.109). Rose and Miller (2010) elaborate on this notion of a self-reinforcing loop of power/knowledge with their concept of an *enclosure*, a “bounded locale” in which expert authority is consolidated (p.286). The field of GIDC diagnosis and corrective treatment is one such enclosure with the problem of gender non-conformity produced and sustained through the knowledge production of the clinicians/researchers who seek to correct it.

Governing Gender Non-Conforming Children through Knowledge

Before the “problem” of childhood gender non-conformity could be solved, it first had to be produced. In the 1960’s, the first wave of American researchers working in this area described feminine boys³, as suffering from: “incongruous gender role” (Green & Money, 1960); anomalous gender behaviour (Green, 1971); “deviant gender identity” (Rekers, 1975); “atypical gender development” (Rekers, 1977); and pathological sex role development” (Rekers, 1972). Lamenting the tendency to regard non-conformity as a phase or a non-issue, early researchers represented these children in diagnostic terms a full twenty years before an applicable diagnosis existed. In quasi-colonial language, Green, Newman and Stoller (1972) described the problem of childhood gender non-conformity as a “new psychiatric frontier”, heralding an expansion of the perimeter of governable conduct (p.217).

As Bryant (2011) notes, with gender non-conforming children doubling as both subjects to research as well as patients to treat, a subfield quickly formed examining children’s mannerisms, gait, hand gestures, voice inflection, toy, colour and playmate preferences. Treatments included: individual psychotherapy (Greenson, 1966); group and parental therapy (Green & Fuller, 1973); and most controversially, behaviour modification (Rekers, 1972, 1975, 1977, 1979). By the time data gathered from treatment studies led to the formation of the GIDC diagnosis in the DSM III (1980), researchers and clinicians had established themselves as experts in a bounded sub-specialty of their own making (APA, 1980; Bryant, 2006). Indeed, Zucker (2006) continues to defend the GIDC diagnosis on the basis of “expert consensus”, essentially arguing that if a number of like-minded professionals believe something to be true, this serves as evidence that it is so. The official truth of the GIDC diagnosis, in concert with the ongoing production of clinical rationales, establishes what Rose (1999) calls the “ethical warrant” for intervention (p.142). The sheer surface area covered by these rationales (the problematization of a child’s past, present and future) is a feat of associating these children with ill health of every kind, providing a window into how clinical truth is produced.

Early clinicians in this area often remarked on the need to convince parents of the threat posed by their child’s gender expression (Green & Money, 1960; Green & Money, 1961). As Bryant (2011) notes, the seriousness was primarily established by linking childhood gender non-conformity to the devalued future outcomes of homosexuality or transsexuality⁴. For Rekers, the threat of other grim prospects for gender non-conforming adulthood included: workplace maladjustment (Rekers & Lovaas, 1974); criminal behaviour (Rekers & Lovaas, 1974); suicide (Rekers, 1977); ethical, legal and surgical problems associated with transsexualism (Rekers, 1979); and unhappiness (Rekers, 1977). Zucker has cited prevention of future social ostracism as a rationale for encouraging children to adhere to gender

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3 There was some interest in masculine girls, but never to the same degree (Bryant, 2006).

4 Preventing homosexuality has been abandoned as a rationale for treatment but preventing transsexuality continues to be cited as a goal (Zucker et al., 2012).

norms (Zucker, 1990; Zucker & Bradley, 1995), yet has notably not recommended advocacy or social action to improve attitudes toward gender diversity. Butler (2004) provocatively asks if the GIDC diagnosis itself is not simply an “elevated form” of this very ostracism (p.99), joining other critics who charge that GIDC clinicians amplify the problems they purport to alleviate (Langer & Martin, 2004).

In addition to a projected problematic future, a problematic past has also been produced. While early researchers mused about the potential cause of children’s failure to conform, Zucker and colleagues embarked on extensive study of a matrix of biological, psychological and social “etiological” factors. With 131 pages devoted to these factors in one co-authored text (Zucker & Bradley, 1995), a full summary is not feasible. However parental inadequacy of some kind (most often maternal psychopathology) features prominently in this and subsequent publications (Owen-Anderson, Bradley, & Zucker, 2010; Singh, Bradley, & Zucker, 2011; Zucker, 2005, 2008; Zucker & Bradley, 1995; Zucker, Bradley, Ben-Dat, Ho, Johnson & Owen, 2003). In this conception, *common* life problems for many mothers such as: depression (Zucker & Bradley, 1995); marital discord (Zucker et al., 2003); past experiences of male violence (unfortunately common according to most studies) (Zucker, 2008); and the need to work long hours both in and outside of the home (Zucker et al., 2012) are cited as somehow predictive of the *uncommon* experience of childhood gender non-conformity. Indeed, with childhood gender non-conformity conceptualized as being caused by parental problems, a parent interview that probes all life problems, will necessarily arrive at this conclusion. Further, problems which would seem to not be problems at all, such as emotionality and protectiveness towards one’s children (Owen et al., 2010) as well as opting to make use of counseling or therapy services (Zucker et al., 2003), are also cited as correlates with gender non-conformity. Moreover, phenomena such as not enjoying being a parent, easily the result of having one’s parenting scrutinized and deemed pathological, is also cited as potentially causal in childhood gender atypicality (Zucker & Bradley, 1995). In such a theoretical enclosure, parents *cannot not* have caused the child’s “disorder”.

The GIDC diagnosis requires gender non-conforming children to be “distressed” and “impaired” to distinguish simple non-conformists from the legitimately “disordered” (APA, 2000a). Building on the production of a pathological *past* and *future*, these terms work to produce a disordered *present*, making a final study of the power/knowledge enclosure. While any child’s distress is certainly of concern, many have noted that the GIDC diagnosis fails to distinguish between *inherent* versus *socially imposed* distress (Hegarty, 2009; Langer & Martin, 2004; Lev, 2005). Distress which may result from troubling social relations, including the diagnostic and treatment process itself, serves instead as evidence of gender disorder. Zucker (2005) cements the enclosure with the tautological statement: “One can argue that these children manifest distress by virtue of their strong desire to become a member of the opposite sex. [This desire] is *ipso facto*, a valid marker of distress” (p.478). Thus while to satisfy the GIDC diagnostic criteria, a gender non-conforming child must be distressed or impaired, we are told that to *be* gender non-conforming, specifically to desire gender transformation, is to *already* be distressed and impaired. As further evidence of the “impairment” suffered by gender non-conforming children, Zucker (2006) offers that these children often “misclassify” their own gender (p.544). By this definition, it is a cognitive impairment to not view oneself as one’s clinician does. The children *cannot not* have GIDC, the parents *cannot not* have caused it, and gender-disordered children are made

and remade by the knowledge production of experts who seek to assess, to correct and ultimately to *know* them.

Governing Gender Non-Conforming Children through Technologies: Surveillance and Normalization

At the heart of Foucault's conception of governmental technologies, is the juxtaposing of two historical models of response to social danger. The first was one of exclusion, in which a threat was cast out for the wellbeing of others, as in the figure of the leper. This model remains the manner in which we typically refer to what befalls many marginalized groups (Foucault, 2003). There was, however, another model which Foucault claims has enjoyed a much longer career and through which modern liberal democracies remain governed: an inclusion of sorts, modeled on the plague quarantine, during which towns were divided into grids with citizens examined and data catalogued by a hierarchy of inspectors. Foucault (2003) maintains that the significance of this distinction cannot be overstated: "We pass from a technology of power that drives out, excludes, banishes, marginalizes, represses, to a fundamentally positive power that fashions, observes, knows [...]" (p.48). In *Discipline and Punish* (1979), Foucault introduces the *panopticon* as the "architectural figure" of this power (p.200). A prison model designed in the 18th century, the panopticon consisted of a tower at the centre of a circular building sub-divided into many windowed cells. From the tower, a supervisor was able to surveil all prisoners constantly and simultaneously. Blinds in the tower windows prevented the supervisor themselves from being seen, thus severing the relationship between *observing* and *being observed* (Foucault, 1979). Noting the docility that this sensation of perpetual surveillance inspired in prisoners, panopticon designer Bentham remarked (as cited in Foucault, 1979, p.206) that it was "a great and new instrument of government ... capable of giving to any institution..." I now consider the disciplinary techniques of surveillance and normalization in relation to the work of clinicians Rekers and Zucker.

Surveillance

It is instructive here to turn to the work of psychologist George Rekers who developed behavioural modification techniques for eliminating feminine behaviour in boys during the 1970's. Videotaping from behind one-way laboratory mirrors, Rekers observed as boys chose between tables of feminine and masculine toys (dolls and weapons), recording under what conditions they chose items (Rekers, 1975, p.138; Rekers, 1979, p. 258). Via audio recordings he tabulated the gendered inflection and content in their speech (Rekers, 1972, p.84). Complex figures and diagrams chart every offense: a girlish gait, a fey hand on a hip, a limp wrist, a favourite sister mentioned (Rekers, Sanders & Strauss, 1981). Rekers used this data to refine techniques for obtaining reinforcement control over children's behaviour (Rekers, 1972). Beyond the absurdity of this conception of gender, beyond the inherent misogyny, heteronormativity and cisnormativity, the technique itself is of interest. These are not examples of a bigot acting in ignorance, but a meticulous observation

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and systematic cataloguing of a set of bodies. This is not a project of simply *imposing* rigid gender norms, but of complete and total mastery, a sustained effort at *seeing* and *knowing* and an expanding repertoire of the technologies with which to do so. These children are not rejected for their difference, they are brought closer. Not a refusal to recognize them, but an insidious desire to acquire knowledge of them.

Foucault (1979) described governmentality as a power that is continuous, in which relations of power are fitted one to the next in a “hierarchical observation” (p.170). Indeed, Rekers did not act alone. His work includes a cast of others, including: students; research assistants; teachers; parents; a secretary, all of whom govern and are governed. Graduate students tabulating the frequency of feminine speech, are themselves observed and evaluated (Rekers, 1975, p.139). A secretary trained in behaviour modification is instructed over earphones (Rekers, 1979, p.260). Research assistants monitor teachers as they dispense punishments and rewards to feminine boys in the classroom (Rekers, 1972, p.144). Parents administer a 77 item checklist of gender norms and a token economy of rewards and punishments⁵ while researchers visit the home to supervise (Rekers, 1972, p.103). One mother is instructed over earphones in a laboratory to praise or ignore her son depending on what toys he selects. Rekers directs her: “Quick, he picked up the machine gun, praise him” (Rekers, 1972, p.91). The researcher-assistant-teacher-parent-child mechanism ensures that surveillance is seamless with each child observed by researchers in the laboratory, by parents in the home and by teachers at school. *Self-surveillance* was an explicit goal, expanded on in a later section.

To be clear, this is no simple practice of homophobic or transphobic rejection. These research subjects are revealed to us. We know the contours of their bodies and the contents of their minds. They are not pushed to the margins, but made important, almost celebrities. Five year old “Kraig”, for example, had the prestige of appearing in 17 of Rekers’ articles as evidence of a successful outcome: “Kraig’s feminine behaviours have apparently ceased entirely [...]” (Rekers & Lovaas, 1974, p.186). In fact, according to Burke (1996), when Kraig was interviewed at age 17, he reported that these treatments made him feel ashamed. Moreover, as a gay man at age 38, Kraig committed suicide, for which his family has publicly blamed these treatments (Bronstein & Joseph, 2011). In interviews, his siblings recount the distance he tried to put between himself and this past, his enlistment in the military, his move to India (Bronstein & Joseph, 2011). While we cannot know, we might wonder if what Kraig could not leave behind was the *panoptic* gaze. A report of Rekers’ (1979) describes what children were told prior to each session: “Even though you will not see me...I can see you [...]” (p.258).

In the present-day, Zucker does not endorse Rekers’ classical conditioning techniques. Yet his critique is not one of ethics; he views the technique as insufficient for the task at hand: “It is likely that the procedures used by behaviour therapists do not fully alter internal gender schemas [...]” (Zucker and Bradley, 1995, p. 273). According to Zucker (2008), the desired program features “limit-setting” in the home (p.361), however an exploration re-

5 Participant “Kraig’s” father beat him each day, the severity depending on the count of feminine tokens accumulated. This was noted matter-of-factly in study findings (Bronstein & Joseph, 2011; Rekers, 1972, p.110).

veals that technologies of surveillance and discipline remain central to this “limit-setting”. According to Spiegel (2006), Zucker’s treatment protocol with one family required that they prevent their son from dressing-up as female characters, playing with “girlish” toys or having relationships with female friends. The hiding places the child found for his favourite toys were purged and he was occasionally removed from behind closed doors where he was found with forbidden pink items. After he withdrew from playing with toys of any kind and resorted instead to drawing, his drawings were also deemed too feminine. With a gaze that reached into his very imagination, on Zucker’s instruction his drawings were brought under control, eventually consisting only of “masculine” figures drawn in “masculine” colours (Spiegel, 2006). Though Reker’s complex recording devices are absent from Zucker’s program, what Foucault understood as “the aggression in any one-sided observation”, persists in the description of children enduring in excess of 112 therapy sessions in order for others to “understand” their gender (Foucault, 1979, p.1; Zucker et al., 2012, p.380). In one excerpt from an assessment, a child is questioned regarding their gender identity until they literally run from the testing room (Zucker & Bradley, 1995, p.56/57).

Normalization

Failure to conform to gender norms has been illegal at various historical moments in modern liberal democracies (Stryker, 2008); however, this is not currently the case. Parents are “free” to *not* seek out or engage with corrective programs, and yet they do⁶. It is important to understand the texture of this freedom. As Rose (1999) notes, freedom is not antithetical to governmentality, it is integral to it. In liberal democracies in the West, we must feel we are freely choosing the norm; we would stand for nothing less. By regulating conduct through *norms*, rather than *laws*, *normalization* is a technology for governing what Foucault (1979) called “the area that the law has left empty” (p.178). Normalization governs families with gender non-conforming children through the administration of shame and desire, drawing them into an enclosure of power relations with clinicians and producing an efficient form of *self*-governance.

Corrective treatment programs and the associated clinical literatures have long made use of the technique of shame, describing parents of gender non-conforming children as inadequate parents, as well as inappropriate men and women (Green et al., 1972; Green & Fuller, 1973; Green & Money, 1960; Stoller, 1975). Zucker’s program has continued in this tradition, beginning with the aforementioned shaming “etiological” theory: that childhood gender non-conformity is caused by or perpetuated by parental psychopathology (Zucker & Bradley, 1995). Indeed, shaming practices are utilized when parents do not readily consent to corrective treatment. According to Zucker (2008), in cases of “parental ambivalence”, the focus of treatment shifts to exploring parents’ failure to accept the GIDC diagnosis and treatment (p.362). Offered as an example of “ambivalence”, a mother is quoted as saying of her son: “This is who he is... if I tell him not to, I will destroy his basic essence” (Zucker, 2008, p.362). In response to this mother’s resistance, her history is

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6 It is important to note that only the parents are free to refuse these treatments. The children have no such freedom.

probed and a prior experience of male violence is located as the cause of her “ambivalence about masculinity”, thus the source of her failure to correct her feminine son (Zucker, 2008, p.362).

Despite Zucker’s repeated characterization of these parents as unfit, in an alternative program that offers affirmation for gender diversity, parents of gender non-conforming children are described as healthy and stable (Hill & Menvielle, 2009). While potential differences between the children and parents in these two programs has been queried by Zucker and colleagues (Singh et al., 2011), a theory yet unexplored is whether the parents who seek out and stay the course of corrective treatment, are those more susceptible to shame. As Zucker and Bradley (1995) note, parents often find it “difficult to believe” that their child’s gender expression constitutes a problem (p. 280), thus they must be convinced. Since parents are not obligated to seek treatment, since there is no law, this fragile endeavour requires that parents consent to the problem, and even more enthusiastically to its treatment, as they must be its technicians. Parental shame is the key that unlocks this mechanism. As Wallace and Russell (2013) note, shame is also the effect on the child.

Despite (and perhaps because of) this spectre of shame, there is also the possibility of redemption, success and normality for the gender problematic child and their guardians. Exploiting this desire has been a mainstay of the treatment field since its first publications. Green and Money (1960) state: “Part of the successful rearing of a child is orienting him, from birth, to his biologically and culturally acceptable gender role” (p.167). Zucker and Bradley (1995) claim: “Some parents, especially the well-functioning and intellectually sophisticated ones, are able to carry out these recommendations easily and without ambivalence” (p.280). This technique is utilized across a range of actors – to capitalize on the desire to be competent and successful. In Rekers’ program, parents were praised for bringing their children in for observation, with praise increasing if children resisted (Rekers, 1972, p. 91). Research assistants were praised through earpieces while engaging in behaviour modifications (Rekers, 1979, p.260). Children themselves were praised for their “progress” (Rekers, 1972, p. 146). According to Zucker, parents who enlist their child for long-term treatment are those who “take the time to involve themselves” (Zucker, 1985, p.151), those who provide “appropriate familial support” (Zucker, 1985, p.159) and who have “no difficulty” following instructions (Zucker, 1985, p.156). With respect to the children themselves, Zucker describes himself as “impressed” by the possibility of change when children “work hard” at self-alteration (Zucker, 1985, p.158).

Rose (1999) states that governmentality reaches its ultimate form in *self*-government (p.4). Speaking of the docility inspired by panoptic surveillance, Foucault (1979) notes that “the perfection of power should tend to render its actual exercise unnecessary” (p. 201). Indeed, self-government has been an explicit goal of corrective treatment regimes for gender non-conforming children. Rekers specifically measured self-monitoring, attempting to isolate the conditions under which boys would cease feminine behaviours while no longer being watched (Rekers & Varni, 1976). After his 56th session, Kraig is quoted as spontaneously saying to himself: “I wonder which toys I will play with? Oh these are girl’s toys here, I don’t want to play with them” (Rekers, 1972, p.99). Zucker’s protocol is less explicit regarding the goal of self-monitoring, yet this is implied in the description of the treatment phase “Outside-In” (Zucker, 2008), during which children are meant to absorb the gender

norms impressed by parents in the home (p.361). According to Spiegel (2006), one mother, after being instructed by Zucker to remove all pink items from her son's world, noted her son's attempts to self-regulate when confronted with his favourite colour: "Mommy, don't take me there! Close my eyes! Cover my eyes! I can't see that stuff; it's all pink!" Rose (1999) states: "[...] while the norm is natural, those who wish to achieve normality will do so by working on themselves, controlling their impulses in everyday conduct and habits, and inculcating norms of conduct into their children under the guidance of others" (p.76). Indeed, Rekers (1972) reported on a mother who initially expressed guilt for her son's feminine behaviour, yet later felt proud that she had "corrected her wrong doing" by modifying him (p.110). The desire for success and normality is joined to the fear of shame and abnormality, a fear that is exploitable. Rose (1999) states: "[...] To govern humans is not to crush their capacity to act, but to acknowledge it, and to use it for one's own objectives" (p.4).

Discussion

In recent years, there have been numerous responses to the treatments discussed above as well as new models developed to serve the needs of gender non-conforming children. Periodic protests against the diagnosis and treatment have been organized (Gagnon, 2007; Tosh, 2011; Wingerson, 2009). Scholarly critiques continue to emerge (Bryant, 2006, 2008; Butler, 2004; Corbett, 1999; Ehrensaft, 2011; Gotlib, 2004; Hegarty, 2009; Hird, 2003; Langer & Martin, 2004; Lev, 2005; Moore, 2002; Tosh, 2011; Winters, 2005). The World Professional Association for Transgender Health (2011) declared that treatments aimed at changing gender identity or expression are no longer considered ethical (p.16). The state of California banned therapies aimed at changing sexual orientation, including attempts to alter gender expression (Eckholm, 2012). Further, affirming service models have been developed to support families with gender non-conforming children (Brill & Pepper, 2009; Ehrensaft, 2011, 2012; Hill & Menvielle, 2009; Lev, 2004; Menvielle, 2012). Using the analysis outlined in this article, I propose a politic for guiding a critical psychology intervention based on Butler's (2004) concept of *intelligibility* and the goal of *doing justice to someone*.

In *Gender Trouble*, Butler (1990) drew on Foucauldian theories of power to expose sex and gender as effects of power rather than taken for granted truths (p.xxiv). Foucault (1978) spoke of "the grid of intelligibility of the social order" in reference to how discourse delimits in advance what it is possible to think and say (p.93). Butler (2004) took up *intelligibility* with respect to gender, positing that this grid of intelligibility delimits as well what it is possible to *be*: "What happens when I begin to become that for which there is no place within the given regime of truth?" (p.58). According to Butler (2004), intelligibility is intimately linked to justice, and thus to these unjust treatments described above. To fall outside the grid of intelligibility, the grid of the stable male or female, is to be subject to these and other acts of aggression. Justice concerns not only how we are treated, but also the important question of who is human (Butler, 2004, p.58). To be deemed one of the gender problematic, is to no longer be recognizable as human and to court "social or literal death" (Butler, 2004, p.8).

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To do justice here is to understand that the problem with gender non-conforming children lies with the power relations that act upon them. Many have noted the high levels of social exclusion that gender non-conforming children face (Lev, 2005; Menvielle & Hill, 2011). Indeed, an important and worthwhile goal within affirming models of support is assisting children and families with facing social rejection and ostracism (Menvielle, 2012). Based on the analysis provided in this article, however, the fate of children who fall outside the grid of intelligibility is not limited to rejection. The problem not only lies with the means by which gender non-conforming children are pushed out, but the means by which they are brought into the preferred inside, monitored and *made* intelligible. Expert knowledge and the techniques of observation and assessment are the means by which to objectify, to govern and enclose. Within this analysis, it is not only problematic to fix the nature of the Other, but also to fix the Other in a clinical gaze. If we are to say ‘never again’ to the power relations in these discussed treatments, then we must also ask: are these the power relations of the helping professions writ large?

Foucault’s (1979) historical analysis revealed that the emergence of the humanistic helping professions did not reflect a simple advancement toward a more compassionate society. Though the helping professions may indeed help, their operation is intimately tied to the exponential growth in the capacity to govern (Hook, 2010). Foucault expressed particular concern about psychological knowledge, which first appeared as part of the exercise of power in late 18th century response to social crime (Hook, 2010). Subsequent scholars (Epstein, 1994; Hook, 2010; Rose, 1999) have reiterated the special place the psy professions occupy in establishing the norms that individuals should strive toward and the provision of the therapeutic technologies for doing so. Psychology lends the theories, the techniques and the legitimacy of modificatory power relations to other disciplinary professions such as teachers and social workers, and to the family itself (Rose, 1999, p.92). Nowhere can this be better seen than in the enlistment of parents to implement corrective therapies, central to both Rekers’ and Zucker’s programs. As demonstrated, this enlistment takes place not through force, but through governance; through the enclosure formed by expert knowledge, through disciplinary techniques such as surveillance, and normalizing techniques such as the administration of shame and the exploitation of the desire for success and normality.

Embedded as these power relations are, at the heart of psychology and other therapeutic professions, how then might a critical psychology depart from this? This task must begin with the deconstruction of what is considered ‘normal’, followed by the re-deployment of professional skill away from the goal of achieving ‘normal functioning’ and toward the goal of achieving justice. Practicing mental health professionals must challenge heteronormativity and cisnormativity⁷ within the helping professions as well as within the social environments of gender non-conforming children, including the family and the school. Indeed, recent critical work undertaken in educational contexts offers such a challenge by proposing the deconstruction of gender discourses in the classroom (Blaise, 2005; Meyer, 2010). Clinical psychology skills can be redirected to the task of assisting parents to validate all gender possibilities for their child, as suggested by affirming programs (Menvielle & Hill,

⁷ Cisnormativity refers to the assumption that individuals who are not transgender or transsexual are more normal, authentic and legitimate (Bauer et al., 2009).

2011). In fact, some clinicians opt *not* to see gender non-conforming children as clients at all, but rather to see only their parents to assist with the process of acceptance (Susset, 2012). Psychological research methods can be redirected to better understanding the barriers that prevent gender diversity from being intelligible, and the factors that facilitate the removal of such barriers. One promising focus of research is the investigation of the effects of corrective programs on enlisted families, a project recently begun in Wallace and Russell's (2013) theoretical exploration of shame and attachment within such programs. Further, as proposed by McKee (2009), theoretical studies of governmentality such as this can be augmented by empirical data. The direct experience of families with gender non-conforming children can be queried to better understand how they resist and negotiate these power relations and ruling discourses in the clinical setting – to better understand how the desires and goals of corrective clinicians may or may not be fully realized in practice. Shifting away from clinical governance in this way, however, may also be challenging for the mental health field. Departing from the power relations described in this analysis requires not only a departure from the correction of the gendered Other, but also from the observation, classification and measurement, of that Other. With research required to support programming and policy change, strategies are urgently needed for conducting justice-focused research that can investigate social barriers for gender non-conforming children, rather than their individual behaviours.

Foucault (1979) notes that to be focused on as an individual was historically an elite privilege of the powerful. The rise of the psy professions was linked to a reversal of the importance of “individuals”, such that the lives of the powerless were opened up for detailed inquiry and sustained focus (Foucault, 1979, p.93). Indeed we see this clearly in the detailed case studies of young children that feature prominently in Zucker's publications, as well as in many other psychology publications. Yet as Hook (2010) notes, psychological analysis can also be mobilized for political purpose, to elucidate the processes at work in the subjection of the Other, as did Franz Fanon through his writings on White racism (p.57). Thus a final potential direction for a critical psychology, a potential direction for doing justice, might be to harness the tools of psychological inquiry to explore the intentions, the fantasies, the disorder, among those who seek to monitor and modify the gender expression of others.

Conclusion

In closing, a review of corrective treatment programs for gender non-conforming children (one past and one present) reveals an ensemble of troubling observational and disciplinary techniques governing their families. Consistent with Foucault's conception of the historical shift in the exercise of power in modern liberal democracies, the families of gender non-conforming children are rendered governable through expert knowledge, the administration of shame and the exploitation of the desire for success and normality. Through these means, these families are drawn into an enclosure of dangerous power relations. I suggest that we have lacked a full understanding of this enclosure, both in process and impact, and this article reflects an attempt to advance this understanding so that we may usher in the end of these power relations. Butler's (2004) concept of *intelligibility* and

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the goal of *doing justice* guides our interventions toward a commitment to doing justice to difference and an appreciation of all gender identities and possibilities as potential “occasions for flourishing” (Butler, 2004, p.4).

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References

- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association (2000a). *Diagnostic and statistical manual of mental disorders* (4th ed. rev.). Washington D.C.: American Psychiatric Association.
- American Psychiatric Association (2000b). *Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies): Position Statement*. Retrieved January 13, 2013 from: <http://web.archive.org/web/20110110120228/http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/Position-Statements/200001.aspx>
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders fifth edition*. Washington DC: Author.
- Ansara, Y.G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologizing and misgendering children from 1999 to 2008. *Psychology & Sexuality*, 3, 137-160.
- Bauer, G., R. Hammond, R. Travers, M. Kaay, K. Hohenadel & M. Boyce (2009). “I don’t think this is theoretical; this is our lives”: How erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348-361.
- Becker, H.S. (1963). *Outsiders: Studies in the sociology of deviance*. New York: Free Press of Glencoe; London: Collier-Macmillan.
- Brill, S., & Pepper, R. (2008). *The transgender child*. San Francisco: Cleis Press.
- Bronstein, S. & Joseph, J. (2011, June 7). Therapy to change feminine boy created a troubled man, family says. *CNN*.
- Bryant, K. (2006). Making gender identity disorder of childhood: Historical lessons for contemporary debates. *Sexuality Research & Social Policy*, 3(3), 23-39.
- Bryant, K. (2008). In defense of gay children? ‘Progay’ homophobia and the production of homonormativity. *Sexualities*, 11(4), 455-475.
- Bryant, K. (2011). Diagnosis and medicalization. In P.J. McGann, D. Hutson & B. Katz Rothman (Eds.), *Sociology of diagnosis* (pp.33-57). Bingley, UK: Emerald Group Publishing Ltd.
- Burke, P. (1996). *Gender shock: Exploding the myths of male and female*. New York: Anchor Books.
- Butler, J. (1990). *Gender Trouble*. New York: Routledge.
- Butler, J. (2004). *Undoing gender*. New York: Routledge.

- Canadian Broadcasting Corporation. (2012). The challenges of gender independent kids. *All in a day*. March 21, 2012. Retrieved April 1, 2012 from: <http://www.cbc.ca/allinaday/2012/03/21/the-challenges-of-gender-independent-kids/>
- Canguilhem, G. (1989, 1966). *On the normal and the pathological*. Brooklyn: Urzone Books.
- Corbett, Ken (1999) 'Homosexual Boyhood: Notes on Girlyboys', in M. Rottnek (Ed.) *Sissies and tomboys: Gender nonconformity and homosexual childhood*, (pp. 107–39). New York: New York University Press.
- Di Ceglie, D. & Thummell, E. (2006). An experience of group work with parents of children and adolescents with Gender Identity Disorder *Clinical Child Psychology and Psychiatry*. 11(3), 387–396.
- Eckholm, E. (2012, September 30). California is first state to ban gay 'cure' for minors. New York Times. Retrieved November 21, 2012 from: http://www.nytimes.com/2012/10/01/us/california-bans-therapies-to-cure-gay-minors.html?_r=0
- Ehrensaft, Diane (2007). Raising girlyboys. *Studies in Gender and Sexuality*, 8(3), 269-302.
- Ehrensaft, D. (2011). *Gender Born, Gender Made*. New York, NY: The Experiment.
- Epstein, L. (1994). The Therapeutic Idea in Contemporary Society. In A.S. Chambon and A. Irving (Eds.) *Essays on postmodernism and social work* (pp.3-18). Toronto: Canadian Scholars Press.
- Foucault, M. (1978). *The history of sexuality: An introduction, volume 1*. Paris: Random House.
- Foucault, M. (1979). *Discipline and punish: The birth of the prison*. New York: Vintage Books.
- Foucault, M. (1980). In C. Gordon (Ed.), *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*. London: Harvester.
- Foucault, M. (2000). In J.D. Faubion (Ed.), *Power*. New York: New Press.
- Foucault, M. (2003). In V. Marchetti, A. Salomoni & A.I. Davidson (Eds.), *Abnormal: Lectures at the Collège de France, 1974-1975*. New York: Picador.
- Gagnon, A. (2007, April 12). Boys will be girls. *Xtra! Magazine*. Retrieved November 3, 2011 from: http://www.xtra.ca/public/viewstory.aspx?AFF_TYPE=3&STORY_ID=2873&PUB_TEMPLATE_ID=1
- Gotlib, L. (2004). *Gender Truths: Disordered Identity Reproductions in a Gender Identity Clinic*. Unpublished doctoral dissertation, University of Toronto, Toronto, ON.
- Green, R. (1971). Diagnosis and treatment of gender identity disorders during childhood. *Archives of Sexual Behavior*, 1(2), 167-173.
- Green, R., & Money, J. (1960). Incongruous gender role: Nongenital manifestations in prepubertal boys. *Journal of Nervous Disorders*, 131(2), 160-168.
- Green, R., & Money, J. (1961). Effeminacy in prepubertal boys: Summary of eleven cases and recommendations for case management. *Pediatrics*, 27, 286-291.
- Green, R., Newman, L. & Stoller, R. (1972). Treatment of boyhood transsexualism: An interim report of four years' experience. *Archives of General Psychiatry*, 26, 213-217.
- Green, R., & Fuller, M. (1973). Group therapy with feminine boys and their parents. *International Journal of Group Psychotherapy*, 23(1), 54-68.
- Greenon, R.R.(1966). A transvestite boy and a hypothesis. *International Journal of Psycho Analysis*, 47, 396-403.
- Hegarty, P. (2009). Toward an LGBT-informed paradigm for children who break gender norms. *Developmental Psychology*, 45(4), 895-900.
- Hill, D. B., & Menvielle, E. J. (2009). "You have to give them a place where they feel pro-

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- tected and safe and loved”: The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, (6), 243-271.
- Hird, M. (2003). A Typical Gender Identity Conference? Some Disturbing Reports from the Therapeutic Front Lines. *Feminism & Psychology*, 13(2), 181-199.
- Holmes, M. (2010). Closing Plenary Presentation. Rainbow Health Ontario Conference, Toronto.
- Hook, D. (2010). *Foucault, psychology and the analytics of power*. Palgrave MacMillan.
- Kraft Ebbing, R. (2006). Psychopathia sexualis with special reference to contrary sexual instinct. In S. Stryker & Whittle, S. (Eds.) *The Transgender Studies Reader*. New York: Routledge.
- Langer, S. J, & Martin, J. I (2004). How dresses can make you mentally ill: Examining gender identity disorder in children. *Child and Adolescent Social Work Journal*, 21, 5-23.
- Lev, Arlene Istar (2004). *Transgender Emergence: Therapeutic Guidelines for Working With Gender-Variant People and Their Families*. New York: The Haworth Clinical Practice Press.
- Lev, A. I. (2005). Disordering gender identity. *Journal of Psychology and Human Sexuality* 17(3/4), 35-69.
- Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender non conforming children and their families. *Family Process*, 50(4), 453-470.
- McKee, K. (2009). Post-Foucauldian governmentality: What does it offer critical social policy analysis? *Critical Social Policy*, 29(3), 465-486.
- Menvielle, E. J. (2011). An affirmative intervention for families with gender-variant children: A process evaluation. *Journal of Gay & Lesbian Mental Health*, 15(1), 94-123.
- Menvielle, E. (2012). A comprehensive program for children with gender variant behaviors and Gender Identity Disorders. *Journal of Homosexuality*, 59, 357-368.
- Menvielle, E. & Tuerk, C. (2002). A support group for parents of gender-nonconforming boys. (clinical perspectives). *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(8) 1010-1014.
- Menvielle, E., Tuerk, C., & Perrin, E. (2005). To the best of a different drummer: The gender-variant child. *Contemporary Pediatrics*, 22(2), 38-45.
- Meyer, E. J. (2010). *Gender and Sexual Diversity in Schools: an Introduction*. New York: Springer.
- Meyer, W.J. (2012). Gender identity disorder: An emerging problem for pediatricians. *Pediatrics*, 129(3), 571-573.
- Meyer-Bahlburg, H. F. L. (2002). Gender Identity Disorder in young boys: A parent and peer-based treatment protocol. *Clinical Child Psychology and Psychiatry*, 7(3), 360-376.
- Moore, S. (2002). Diagnosis for a straight planet: A critique of Gender Identity Disorder for children and adolescents in the DSM-IV. Dissertation submitted to the Wright Institute, Berkeley.
- Owen-Anderson, A., Bradley, S. J., & Zucker, K. (2010). Expressed emotion in mothers of boys with Gender Identity Disorder. *Journal of Sex & Marital Therapy*, 36, 327-345.
- Pearson, K. (2011). *Minimizing the Top Ten Fears*. Gender Odyssey Family Conference. Seattle, WA.
- Rekers, G. A. (1972). *Pathological sex-role development in boys: Behavioral treatment and assessment*. Unpublished dissertation, University of California, Los Angeles.
- Rekers, G. A. (1975). Stimulus control over sex-typed play in cross-gender identified boys.

- Journal of Experimental Child Psychology*, 20, 136-148.
- Rekers, G. A. (1977). Atypical gender development and psychosocial adjustment. *Journal of Applied Behavior Analysis*, 10(3), 559-571.
- Rekers, G. A. (1979). Sex-role behavior change: Intrsubject studies of boyhood gender disturbance. *Journal of Psychology*, 103, 255-269.
- Rekers, G. A. (1982). *Growing up straight: What every family should know about homosexuality*. Chicago: Moody Press.
- Rekers, G. A., & Lovaas, O. I. (1974). Behavioral treatment of deviant sex-role behaviors in a male child. *Journal of Applied Behavior Analysis*, 7(2), 173-190.
- Rekers, G. & Varni, J. (1976) Self-monitoring and self-reinforcement processes in a pre-transsexual boy. *Behaviour Research and Therapy*, 15(2), 177-180.
- Rekers, G. A., Sanders, J. & Strauss, C. (1981). Developmental differentiation of adolescent body gestures. *Journal of Genetic Psychology*. 138. 123-131.
- Rose, N. (1999). *Powers of freedom: Reframing political thought*. New York: Cambridge University Press.
- Rose, N. (2006). Disorders without borders: The expanding scope of psychiatric practice. *Biosocieties*, 1, 465-484.
- Rose, N., & Miller, P. (2010). Political power beyond the state: Problematics of government. *British Journal of Sociology*, 61(s1), 271-303.
- Singh, D., Bradley, S. & Zucker, K. (2011). Commentary on "An Affirmative Intervention for Families with Gender Variant Children: Parental Ratings of Child Mental Health and Gender" by Hill, Menvielle, Sica, and Johnson (2010). *Journal of Sex & Marital Therapy*, 37, 151-157.
- Spiegel, A. (2006) Two families grapple with sons' gender preferences: Psychologists take radically different approaches in therapy. *National Public Radio*. May 7, 2010.
- Stoller, R. (1970). Psychotherapy of extremely feminine boys. *International Journal of Psychiatry*, 9, p.278-281.
- Stoller, R.J. (1975). *Sex and gender: Vol. 2. The transsexual experiment*. London: Hogarth Press.
- Stryker, S. (2008). *Transgender history*. Berkeley, CA: Seal Press.
- Susset, F. (2012). Understanding gender variant expression in children. Rainbow Health Ontario Conference. Ottawa.
- Thorp, B. & Bullock, P. (2010, May 13). How George Alan Rekers and his Rent Boy got Busted by New Times. *Miami New Times*. Retrieved January 13, 2012 from: <http://www.miaminewtimes.com/2010-05-13/news/how-george-alan-rekers-and-his-rent-boy-got-busted-by-new-times/>
- Tosh, J. (2011). 'Zuck Off!' A commentary on the protest against Ken Zucker and his 'treatment' of Childhood Gender Identity Disorder. *Psychology of Women Section Review*. 13(1). 10-16.
- Wallace, R. & Russell, H. (2013) Attachment and shame in gender-nonconforming children and their families: Toward a theoretical framework for evaluating clinical interventions. *International Journal of Transgenderism*, 14(3), 113-126.
- Wingerson, L. (2009). Gender identity disorder: Has accepted practice caused harm? *Psychiatric Times*.
- Winters, K. (2005). Gender dissonance: Diagnostic reform of gender identity disorder for adults. *Journal of Psychology Human Sexuality*. 17(3), 71-89.

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conforming
children*

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- Winters, K. (2011). *The Proposed Gender Dysphoria Diagnosis in the DSM-5*. Retrieved from: www.gidreform.org
- World Professional Association for Transgender Health. (2011). *Standards of care: For the health of transsexual, transgender and gender non-conforming people*. 7th edition. Author.
- Zucker, K.J. (1985). Cross-gender identified children. In B.W. Steiner (Ed.), *Gender dysphoria: Development, research, management* (pp.75-174). New York: Plenum Press.
- Zucker, K.J. (1990). Treatment of Gender Identity Disorders in Children. In R. Blanchard & B. Steiner (Eds.) *Clinical management of Gender Identity Disorders in children and adults* (pp.25-46). Washington: American Psychiatric Press.
- Zucker, K.J. (2005). Gender identity disorder in children and adolescents. *Annual Review of Clinical Psychology*, 1. 467-492.
- Zucker, K.J. (2006). Commentary on Langer and Martin's (2004) "How dresses can make you mentally ill: Examining Gender Identity Disorder in Children". *Child and Adolescent Social Work Journal*, 23 (5-6), 533-555.
- Zucker, K. J. (2008). Children with Gender Identity Disorder: Is there a best practice? *Neuropsychiatrie de l'enfance et de l'adolescence*, 56, 358-364.
- Zucker, K. & Bradley, S. (1995). *Gender Identity Disorder and psychosexual problems in children and adolescents*. New York: The Guilford Press.
- Zucker, K. J., Bradley, S., Ben-Dat, D., Ho, C., Johnson, L., & Owen, A. (2003). Psychopathology in the parents of boys with Gender Identity Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(1), 2-4.
- Zucker, K.J., Wood, H., Singh, D. & Bradley, S. (2012). A developmental, biopsychosocial model for the treatment of children with Gender Identity Disorder. *Journal of Homosexuality*, 59, 369-397.

Correspondence

Jake Pyne

Email address: pynejm@mcmaster.ca

Author information

Jake Pyne

Trans activist based in Toronto, Canada, and a PhD student in the McMaster School of Social Work. Jake's community work has focused on access for trans communities to homeless and anti-violence services, health care and family law justice. Most recently, Jake has led a number of initiatives to build resources and supports for families with gender non-conforming children. Jake's research interests focus on what different knowledge systems foreclose and make possible for gender non-conforming people, including biomedical and psychiatric knowledges, as well as queer theory, feminist theory, and other knowledge systems of the left.