Gender Identity and Trans Reparative Therapy Theoretical Bases and Some Example Cases

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Below offers three bases of information on Gender Identity Change Efforts, two coming from leading figures in the treatment field and the third reflecting on the growing body of self report of trans-identified people and their experience of GICE and its effects.

George A. Rekers

It is an important distinction that treatments which seek to correct gender identity do not use the term “conversion therapy” which relates to the religious element seen as necessary to suppress same sex attraction and same sex activity. The term “reparative therapy” is instead used, claiming a scientific basis and repairing something that has gone wrong.

However, most religiously motivated therapists claiming to achieve change in sexual orientation draw on the theory and practice base of “reparative therapy” and especially on the early cases that were expressly directed at rectifying gender non-conformity.

Many supporters of reparative therapy do not recognise a difference between same-sex attraction and gender non-conformity, seeing them all as variations of “gender disturbance”. This is claimed as subject to correction through a treatment that applies punishment of gender non-conforming behaviours, (such as beatings, ridicule, being ignored, having toys confiscated, confinement) and rewards for acting in gender-conforming ways (praise, attention, being allowed to go out).

The basis of these claims is largely the published work of George Rekers that expressly addresses experiments and cases of gender non-conformity. One of the most referenced cases is known as “The Sissy Boy” experiments which claimed to be the first proven case of behaviourally rectifying gender non-conformity.

The results were published in:

“Behavioral treatment of deviant sex-role behaviors in a male child” by George Rekers and O. Ivar Lovaas in Journal of Applied Behaviour Analysis 1974 7(2) 173-80 and


In this case, Kirk Andrew Murphy, given the pseudonym of “Kraig”, was a 6 year old who was anatomically male but demonstrated stereotypically “girly” behaviours. It is essentially the gender variant elements that Rekers and Lovaas focused on in their approach.

“The clinical history of the subject paralleled the retrospective reports of adult transsexuals, including (a) cross-gender clothing preferences, (b) actual or imaginal use of cosmetic articles, (c) feminine behavior mannerisms, (d) aversion to masculine activities, coupled with preference for girl playmates and feminine activities, (e) preference for female role, (f) feminine voice inflection and predominantly feminine content in speech, and (g) verbal statements about the desire or preference to be a girl.”
Kirk Murphy later committed suicide and the family have widely publicised their belief that it was Rekers’ treatment that, far from successfully “repairing Kraig”, drove a previously happy and caring child to self-hatred, isolation and intolerable despair as an adult, causing him to take his life.

Rekers was filmed by CNN in 2011, learning of the suicide of “Kraig” and responding “I didn’t know that. That’s too bad.” and denying that a suicide could be traced back to the trauma inflicted upon “Kraig” by the abuse he received as behavioral modification therapy ‘sissy boy syndrome’.

https://www.youtube.com/watch?v=Q0IZBL2H4nI

However, Rekers’ conflation of sexuality and gender identity lent his work also to anti-lgbt theory and practice, as well as providing him with many career opportunities.

Rekers was on the founding Board of the passionately anti-lgbt organisation, Family Research Council and a listed advisor of the National Association for the Treatment of Homosexuality. Throughout, NARTH claims Same Sex Attraction and Gender Non-Conformity are part of the same complaint of gender disturbance, recommending early treatment of children as soon as gender non-conforming behaviors take hold in the child.

Rekers has published many books for parents to advise them in parenting that can avoid inadvertently cultivating homosexuality and gender non-conformity, to confront it gender non-conformity at the earliest age and to guide specialist therapists in the practice of “reparative therapy” and its various interventions of stamping out gender variant behaviour.

He is also a contributor to “Handbook of Therapy for Unwanted Homosexual Attractions: A Guide to Treatments” by Ph. D. Julie Harren Hamilton (Editor), Ph. D. Philip J. Henry (Editor) 2009

Rekers was forced to leave both FRC and NARTH when in 2010 he was revealed to have hired the services of two rent-boys over a sustained period. Rekers denied homosexual activity, apparently suggesting that as he had employed the other man to “service” him, (tasks including carrying luggage, masturbating him and providing anal stimulation massage), but had not returned these behaviours to the other man, he was not active in homosexual behavior.

Despite this, Rekers work continues to be cited by NARTH and Core Issues as cases proving the possibility to rectify gender non-conformity through “reparative therapy”.

Kenneth Zucker
Kenneth Zucker, with his earlier research partner Susan Bradley, is cited internationally as an authority in treating gender variance in children using “reparative therapy” treatments. NARTH lauds Zucker and organisations like Core Issues in UK refer to him and have promoted him as a speaker at their conferences publicising Sexual Orientation Change Efforts.
NARTH cites him as follows:

“Zucker’s priority is “helping these kids be happily male or female,” but he also acknowledges that the treatment process does, in some cases, apparently avert homosexual development. And in support of parents’ rights to avert a homosexual outcome for their children, Zucker cites a persuasive quote from Richard Green: “The right of parents to oversee the development of children is a long-established principle. Who is to dictate that parents may not try to raise their children in a manner that maximizes the possibility of a heterosexual outcome?”” - NARTH


When criticised for his work resembling and being absorbed into “conversion therapy” models and literature, Zucker responded that prevention of homosexuality was never a goal in their treatments, but a happy consequence if “gender disturbance” was treated early enough in the gender non-conforming child, as by averting trans-sexuality he believes homosexuality is less likely to take hold.


Zucker cites in his research over 50 cases of practice of reparative therapy with gender variant children, closely resembling Rekers advised treatments whereby the male child is forced to reject everything even remotely feminine in an attempt to suppress his impulses, and conversely for an anatomically female child who presents with stereotypically male behaviours and interests.

Zucker claims a range of treatments as well as aversion based behavioural modification. "We recommend that one goal be to help the child feel more secure about his or her actual gender, another to deal with the child’s emotional difficulties, and a third to help with problems in the family.”

Zucker and Susan J. Bradley believe that reparative treatments can reduce rejection by enabling gender non-conforming children to mix with children of the same sex, reducing the possibility of adult gender dysphoria. In 1991, tremendous concern was expressed when Zucker was appointed to the DSM-IV Subcommittee on Gender Identity Disorders.


Zucker has also sought extensive media publicity.

Some articles that report his ongoing reparative therapy with gender variant children:

“Drop the doll! Toronto’s gender identity clinic aims to set kids aright when they’re young — very young”, story by Gillian Morton, Xtra (Canada), January 11, 2001.
http://archives.xtra.ca/Story.aspx?s=1423736

A 2001 Magazine Article Revisited in 2007:
"Drop the Barbie! If You Bend Gender Far Enough, Does It Break?"
By Stephanie Wilkinson, BRAIN, CHILD : The Magazine for Thinking Mothers.
http://www.brainchildmag.com/essays/fall2001_wilkinson.htm

"But For Today I Am A Boy", by Marc Lostracco, Torontoist, May 9, 2008.

http://torontoist.com/2008/05/but_for_today_i_am_a_boy.php

“Dr. Ken Zucker, a controversial “reparative” therapist who has extensively worked with transgendered kids and who subsequently evaluated Bradley over a few months, resulting in a clinical diagnosis of Gender Identity Disorder.

Dr. Zucker’s suggested treatment for GID is problematic and harsh: Bradley, now almost six, would not only be denied access to girls’ toys or be allowed to pretend he was female, but wouldn’t even be allowed to play with girls. His favourite toys were dolls, which his mother was instructed to confiscate. When he drew rainbow-coloured pictures of princesses, he was told to draw boys instead. Dr. Zucker warned Bradley’s mother that her son would be rejected by both male and female peer groups as he grew older if he wasn’t made to feel comfortable with his born biological gender.”

Zucker’s treatment protocol came under further scrutiny in March 2015. Zucker’s gender identity clinic stopped accepting new patients the same month, awaiting the result of an ongoing review of the practice.

Self Report from Trans Survivors of Reparative Therapy

The much cited research of Bartlett, Smith and King did not seek data on the trans experience and asked respondents only about cases of minority sexual orientation.

Bartlett A, Smith G, King M. The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation. BMC Psychiatry. www.biomedcentral.com/1471-244X/9/11

This does not mean that trans people have not been as routinely abused by “corrective” therapies and in fact they may be more vulnerable as gender variant behaviours manifest earlier in children than expression of sexual orientation, according to Rekers and Zucker and their exponents.

The reparative therapy narrative is that all gender and sexual minorities issuing from conditions of “gender disturbance”. This inflicts an additional abuse on Trans people of declaring them as non-existent, echoing the exclusions that Trans people have already experienced from both the heterocentric and the LGB communities.

Self report from trans teens who have been subjected to “reparative therapy” repeatedly reveal methods that comply with Rekers’ original claims and treatment protocols. The negative conditioning of experiencing pain upon showing gender variant behaviour intensify trauma for trans children as they might find it more difficult to hide their variance.

Owing to the common lack of change in the child’s identity in response to these treatments, the model inevitably leads to punishments that become more and more severe until they would normally be classified as acts of psychological and/or physical torture, such as electric shock and hands tied up in ice cold water.
Such accounts from survivors are usually collected through social media sites, LGBT support groups and campaigns. For obvious reasons, trans survivors of reparative therapy are less likely to wish to publicise their experience than LGBT survivors. The Born Perfect Campaign has collected many such case stories from LGB and T individuals, most famously Samuel Brinton, who identifies as genderqueer and gay.

Brinton was invited to address the UN Committee Against Torture in 2014, giving account of “treatment” received from the age of 10 years old, in accordance with Rekers “scientific” method and his claim that these cultivate the Christian ideal of family and sexuality that he subscribes to. https://www.youtube.com/watch?v=YHT5Jb879lc

As in Brinton’s account, Rekers and Zucker advise parents and child that unless the gender variant behaviours are stamped out, the future will be lonely for the child as they insist they will be rejected by peers of both sexes. These projections could be cause for embedding suggestions of no possible life worth living and might have some influence on the shockingly high suicide rate and suicide attempts of trans teens.

The Case of Leelah Alcorn

The death of Leelah Alcorn brought international attention to the trans victims of reparative therapy and conversion therapy, causing President Barack Obama to call for an end to “conversion therapy”, explicitly citing this case and the need to protect gay, bi and trans people.


http://www.theguardian.com/commentisfree/2015/apr/10/obama-conversion-therapy-lgbt-teens-leelah-alcorn

http://www.people.com/article/obama-conversion-therapy-leelah-alcorn

What caused the increased attention to this case after decades of abuse of trans youth was how Leelah co-ordinated social media to publicise her own death and that this determined action was directly related to the “Christian pastoral counselling” she was receiving. This blew away claims by Rekers and those practicing according to his protocols that links were impossible to ever be established between his treatment protocols and suicide of trans teens as, he argued, science could never prove an indisputable cause and effect.


Descriptions Leelah gave of her “therapy” revealed that it closely followed reparative therapy protocols, shaming her for being “selfish” for not complying to her parents wishes for their “son”, threatening a life of loneliness and exile would await if she did not conform to her anatomical gender. These threats of a hopeless future if the trans person does not recant their trans or gender queer identity may be a significant factor in the high suicide rate of trans youth as they constitute an embedded suggestion to which isolated young people are particularly vulnerable, as Samuel Brinton’s case also confirms.

Prior to her death on December 28, 2014, Alcorn had scheduled for her suicide note to be automatically posted on her Tumblr account at 5.30pm. In the note, she stated her intention to end her life, commenting:

I have decided I've had enough. I'm never going to transition successfully, even when I move out. I'm never going to be happy with the way I look or sound. I'm never going to have enough friends to satisfy me. I'm never going to have enough love to satisfy me. I'm never going to find a man who loves me. I'm never going to be happy. Either I live the rest of my life as a lonely man who wishes he were a woman or I live my life as a lonelier woman who hates herself. There's no winning. There's no way out. I'm sad enough already, I don't need my life to get any worse.