

Psychology's Feminist Voices Oral History Project

Interview with Celia Kitzinger

*Interviewed by Jacy Young
York, England
May 26, 2015*

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CK: Celia Kitzinger, Interview participant

JY: Jacy Young, Interviewer

JY: What we usually do to start the interviews is ask you to state your full name, place, and date of birth for the record.

CK: Celia Kitzinger. My place of birth was in Strasbourg, in France on the 19th of October, 1956.

JY: Thank you. And our first question is generally about the emergence of your feminist identity and when that took place.

CK: I was brought up to be a feminist.

JY: Fantastic.

CK: My mother's a feminist, she did research and campaigning for women's rights in childbirth and she fought for women's right to give birth at home. She did some of the early research on cutting women in hospital, episiotomies. And the fact that there was no scientific research to support that at the time and that it was often worse for women than tearing. She campaigned for women's rights to move around in childbirth and give birth in the position of their choice. I grew up in a household that was full of talk about women's rights, pregnant women demanding their rights, and arguments about politics, ethics. I was also brought up as a Quaker, so again that was a context in which there was a lot to talk about - ethics and about contemporary political issues, and challenges to contemporary taken-for-granted prejudice and stereotypes. So I don't remember a time when I wasn't a feminist.

JY: Wonderful. So then moving ahead in time, how did you come to merge your feminism and your psychology? Was that an easy marriage?

CK: I don't know that I ever have merged my feminism and my psychology. I first encountered psychology when I was 17 years old because I was a lesbian and I looked in the library for some information about lesbians. Books that I found were psychology books, which when you look up lesbianism in the index, referred to perversion, referred to women in prisons, and strippers, and rape. The causes of lesbianism were supposed to be distant fathers and over-protective mothers, or was it the other way around? And

lesbians were women who smoked cigars and wore men's suits and none of it seemed to apply to me so I figured I probably wasn't a lesbian if that's what a lesbian was. And then as I came to accept the fact that I loved a woman and was having sex with her meant probably I was a lesbian, then the books were clearly wrong. So I chose to study psychology in order to challenge its representations of lesbianism. And by this time I had been expelled from two schools as a result of coming out as a lesbian. I had left higher education, I didn't have the qualifications to go to university at the point at which I had decided that I needed to challenge psychology and I needed to enter psychology in order to challenge it from within. And that's why I went back to school and got the relevant qualifications and I got into Oxford to challenge psychology. What I discovered there was experimental psychology. It had very little to do with human beings at all, let alone lesbians. I barely remember lesbians being mentioned in my courses. But what I did find at Oxford was a hotbed of radical feminists. And that led to me joining organized feminist movements, insofar as anything then was organized, and having a group of people to protest and challenge with.

[4:15]

JY: Can you talk a little bit more about that and your activism at that time? What did that look like?

CK: I was involved in rape crisis activism, in Lesbians Against Violence Against Women, in consciousness raising groups. Oh, and it would have been a bit later than that, I joined an organization called 'Friend' which was a phone helpline for lesbians and gay men, and indeed bisexuals and transgender people, who were struggling to live in the world. And that led me to go back to university to do a PhD, because I didn't have the answers and I wanted to think more about the kinds of problems and difficulties that people were calling me about and see whether there were ways in which as a scholar, as an academic, with the privilege of three or four years of funded PhD research to think about it, I could find ways of addressing the kinds of difficulties that people were confronting in their lives.

JY: And did you find going back to do your PhD was a more receptive environment to study these issues than Oxford had been?

CK: It wasn't Oxford or Reading that made the difference. At the time that I came out as lesbian in 1973, that was very early days in the de-pathologization of lesbianism. I was still treated as sick. I was in a mental hospital. They tried to cure me despite the fact that the DSM by that time, in 1973, was just removing lesbianism as a disorder in and of itself. Although it stayed as a disease in the World Health Organization International Classification of Diseases, I think until the 1990s. It was very late. So I had been through the experience of attempted cure, of my lesbianism being treated as a passing fad, a teenage fashion, something that I would mature out of. I haven't. And when I did my undergraduate degree, my main observation as an undergraduate was that lesbians were left out. Insofar as we studied people at all - which was rarely, it was mostly rats - they were heterosexual people by presumption.

When I went back to do my PhD, it was 1980 and by then there had been the stirrings of a lesbian and gay psychology in the United States and there had been some early publications that I'd read and was aware of, and that I was incredibly critical of, and very unhappy about. So those publications were mostly proving that lesbians and gay men were just as good as straight people. We were just as healthy, and we made just as good mothers and our children turned out to be straight, just like straight people's children. If we were lesbians, we were just as feminine as straight women. Or could be. So there were lots and lots of tests showing we were just like them, apart from our sexual orientation. And I did not find this an acceptable way to go. Nothing in my background meant, nothing in the way I had been brought up by a radical feminist mother meant, that I wanted to be just like ordinary straight people. And I did see lesbianism as part of my feminist agenda, as offering some challenges to the ideas of femininity, to the ideas of what a good woman was, to the ideas of how we were supposed to be as women, as wives, as mothers, and I wanted my lesbianism to be part of my feminism, not suddenly result in this claim that I was just as good as straight women.

So my PhD was really challenging in many ways the newly developed liberal, humanist, feminist, and lesbian and gay psychology that was emerging in the United States and trying to set a more radical agenda for this country. And that led to the thesis that I wrote, which was turned into a book, *The Social Construction of Lesbianism*, which very much took issue with liberal humanist psychology at the time, challenged the way in which the psychology of lesbian and gay issues was developing, and sort of politicized psychology.

JY: And did you find that people were receptive to your work at that time?

CK: [Laughs] Not enormously. I think it was rocking the boat. I think at the time it was in many ways more strategic to tread softly, to try to show that we were normal human beings. At one level I could also see that, and had there been nobody around to say, "But we're just like you and we can make great mothers and we're not that different," I might have been saying that. You know, if I had been born ten years earlier, perhaps I would have taken that perspective, but as there was now a strong developing early field of lesbian and gay psychology, that was taking this message I didn't feel that I had to occupy that space. I could say what I really felt. And also there was by now the beginnings of a feminist psychology in this country, which provided some ambivalent support for at least taking a politicized perspective on psychology, at least challenging mainstream psychology. So I didn't feel a need to assimilate, even if I had been able to, which quite possibly I might not have.

[10:51]

JY: And during this period did you have mentors that were supportive of the work that you were doing?

CK: My PhD supervisor, Rex Stainton Rogers was a heterosexual man. He was extremely supportive, but he didn't occupy my world in any way. I didn't know any other

lesbians in psychology while I was doing my PhD, certainly not out lesbians. I felt pretty isolated. There were some feminist lesbians in Sociology at the time, but Psychology is very much a discipline unto itself. It has its own boundaries. They had a kind of freedom to say things and to draw on theories that I didn't have as a psychologist. So I felt pretty isolated.

JY: And how did that change over time? I'm thinking particularly of your development of what is now the Sexualities Section of the BPS [British Psychological Society]. So at some point there was a community that evolved?

CK: A small community, yes. I think it partly changed with the evolution of feminist psychology, or as they call themselves, Psychology of Women Section. They weren't allowed to be feminist psychology. And of course my partner, now wife, Sue Wilkinson was a key mover for the Psychology of Women Section. And I met her before I'd finished my PhD. I met her in 1984 and we became partners in 1990, which is shortly after I finished my PhD. So from that point on, at least there was more than me. I think once Sue and I got together we began to feel a need to do what Sue had already done for women in relation to lesbians and gays. I don't think I would have bothered with a Psychology of Lesbian and Gay Section had it not been for the fact that Sue had the experience of being involved and having a central role in setting up the Psychology of Women Section. So I just said, "Okay, you've done it for women, now let's do it for lesbian and gay people." Well, lesbians initially, we thought. We had no idea of the problems that that would involve. First, how few people were willing to be out as lesbian, or later gay. In fact, the reason why it was originally lesbian is because only lesbians would join us. So it was myself, Sue Wilkinson, Louise Comely – who is an educational psychologist – and Rachel Perkins, who I wrote a book with as well, who is a clinical psychologist. And it was the four of us, so it was a very small community originally. And it took us nine years to get what was eventually the Lesbian and Gay Psychology Section and then turned into Psychology of Sexualities Section.

It was a heady time. It was very exciting. It was very impudent of us to insist that psychology needed to involve our concerns and engage with our issues. We got hate mail from psychologists. That was the days before email. We went through the list of BPS Psychologists, which was a big book at the time, and we hand-addressed envelopes, and put them in small batches, so nobody would notice, through our university mail until we'd mailed by hand most members of the British Psychological Society. And what we got back was the flyers that we had sent out with crude remarks written on; so we knew that they were from psychologists who were members of the British Psychological Society, who were sending us abusive, sometimes religiously motivated, sometimes sexually hostile responses, anonymously of course, about our section. And some psychologists published letters in *The Psychologist*, the BPS magazine, under the heading *Are You Normal?* So the hostility was extraordinary, but in a sense it fueled our sense of self-righteousness. You know, we were up against the enemy and this is what they were doing. And it was one of those moments where you know that what you are doing is right and good and revolutionary.

Although at the same time you think, "Why bother with the British Psychological Society?" [laughs] "Wouldn't we be better off going, doing something else?" But you know, we were psychologists, we were members of the Society, there was the Psychology of Women Section, why shouldn't there be a forum where lesbian and gay psychology, which existed now in a fully developed way in the United States, why shouldn't we have that here? And so we did it and it took us – they turned it down three times, and we got it [the Section] on the fourth occasion in 1999. And it went from strength to strength. I mean, once it existed, that's the irony, once something exists like that it has institutional support, it appears to be a formal, legitimate part of a discipline. People can say that they're members of a Section, people can contribute to the Newsletter, people have an institutional base for it. It suddenly stopped being this kind of shocking, shady, disreputable thing that a bunch of lesbians had set up in kind of oppositional form. And we were oppositional. There's a wonderful time at a conference where we were refused permission to talk about why we wanted a Section and a bunch of us got t-shirts made with 'Visible Lesbian' on it and we prepared a short play, it was about five minutes, and we leapt up onto the stage after the speaker had been thanked, but before the end of public events. And we did this thing about "You think there are no lesbians but look here we are, we're visible lesbians, lesbians are all over the place, we need a Section." And this was considered outrageous, unprofessional. We were very unprofessional.

And yet at the same time increasingly a variety of us were publishing books, we were publishing in academic journals, in the United States, if not here. We were getting jobs at universities, just about. I mean, I had been unemployed for quite a while and then in jobs in education departments, or in nursing departments, anything other than psychology, which it's hard to know now, it's hard to remember now the extent of the resistance, the extent of the hostility. And the fear. People seemed really scared. Gay people in the British Psychological Society were scared, because we risked outing them. People who were straight who had doubts or questions were scared, because we were posing those questions. People who were fighting for psychology as a discipline, which after all is not enormously well respected when you compare it with neuroscience or physics, they were scared. Because, oh my god, now there was sexuality associated with psychology. So there was a lot of anxiety, a lot of fear. And to be frank, we played on that sometimes, we had a lot of fun and we got a Section. And after that it got less interesting in a way [laughs]. Because of course once you get yourself organized, whether it's Psychology of Women, Psychology of Lesbian and Gay, whatever, you start having treasurers and secretaries and chairs and minutes and agendas and you start responding to the criteria and the frameworks and the demands of the organization that you're part of and it's hard to then have as much fun or indeed keep that--

JY: That radical element going.

[18:17]

CK: Well also to keep, yes, the radical. It's hard to keep focused on the same agenda outside of psychology. You get swallowed up by the whale, you get swallowed up by the

beast. The Scientific Affairs Board needs you to do this, or the Presidential Committee on something or other needs you to fill in this questionnaire. Meanwhile young gays are being bullied at school, what are you doing about that? You haven't got time, because you're responding to the committee of the BPS, or whatever. I think for me there's always this tension between what you can do within an organization, by setting up formal things that will ensure that the machinery of the organization takes account of the issues that you care about. And then the costs of that in terms of if by being part of that machinery, and by addressing that machinery, what you can't also do. So you have to do it separately in another bit of your life, that counts as not academic or not professional, or outside. And there's always wanting to bring these two bits together and they don't mesh very well.

So your original question was "How do you mesh your psychology with feminism?" I'm not sure I've ever really done that. There are lots of times where I've grabbed hold of psychology and shaken it and said, "Take account of this," and injected some feminism into it. And sometimes I've felt that that was successful as a one off and sometimes I haven't. There's many more times when I've just thought, for this thing that I want to change, for this thing that I need to fix, or address, or challenge, I don't think that psychology is very useful, so I'll just go do it.

JY: No, it definitely makes a lot of sense in terms of being strategic, I suppose, in what route you take. Depending on what you want to achieve.

[20:00]

CK: And those are hard choices to make and you don't always know when you set out which strategies are right and which strategies are not. I suppose I learned a lot from my mother in that respect, because she mostly didn't have a job outside of the home, as they say. And that gave her incredible freedom to write what she wanted to write, say what she wanted to say, be disreputable, organize marches on Hampstead Heath for birth rights for women without being worried about what her head of department was going to say.

The other thing that I think's changed actually for the better in the time that I have been in psychology, well in academic life in Britain, is that there used to be a very strong sense that academics had to be people who were somehow objectively objective, which meant being detached from the social and political struggles going on around us. That we would draw only on academic research, on the literature, on our empirical evidence, that we wouldn't bring our personal values and beliefs into our research. And that we wouldn't seek to influence the world. In a sense what we did was we did research, and we published our findings and if those were to be implemented or found relevant in any way, that was up to the people who read it.

That was what I grew up with. That was stultifying. That meant every time I tried to change anything in the real world I was stepping out of the model of the good academic. And that was seen as risky for my institutions apart from anything else. What's changed is that the government has become obsessed with impact, public engagement, and

transferability of academic knowledge into situations in the real world. And that has made such a wonderful difference in that now it is possible to consult with the people whose lives I want to help and change about what kinds of research they would find useful. To involve them as co-producers of knowledge and then to work with them to make that knowledge have relevance in the real world and create impact. And that's now seen as a good thing. But that is what I always wanted to do! Now I can get funding for it and prizes for doing it. That's been fantastic. I mean I know there are some real costs to the impact agenda as well. But in many ways I think it's been incredibly positive and I really envy young feminists today because anyone who wants to create social change now, there's a set of academic jargon for talking about how you do that. If you can translate it into their criteria and into their tick boxes and into their bullet points, you can do radical social change under the banner of impact and that is something that was disreputable and wrong when I was growing up.

JY: That's a very interesting way of thinking about this sort of change in the academic model towards public engagement. I wanted to go back to something you said when talking about setting up the BPS Section on Sexualities in terms of difficulties there and I'm wondering sort of the flip side of that, whether there were areas of support that you received when you were trying to set this up. So you had all this hostility, but did you have support from say, your colleagues in the U.S.?

CK: Yes.

JY: Or from the Psychology of Women Section or other individuals.

[23:42]

CK: We didn't have support from the Psychology of Women Section. A group of us had to resign from the Psychology of Women Section since they declined to support us. They declined to support us, because they believed that the goals of the Psychology of Lesbianism Section could be accomplished within Psychology of Women. At that point they hadn't ever addressed any lesbian issues, so this was news to us. In fact we wrote a very cross article about the Psychology of Women Section comparing it to the ways in which the women's movement had always other-ized lesbians and excluded lesbians. There's a history of feminists - heterosexual feminists, and sometimes lesbian feminists - asking lesbians to remain closeted, not to rock the boat because of the "Aren't you all a bunch of lesbians anyway" argument. And yes, we wrote a very angry article, which was published in *Feminism & Psychology* about exactly that. So that was difficult, that led to disruption. I think it was only for a year that they failed to support us, there was a change of Chair and a change of attitude, perhaps, as we got more successful and we didn't just go away and die.

Colleagues who did support us from the United States, Bernice Lott who I think was Chair of Division 35 (of the American Psychological Association) at the time, wrote a very nice letter. Esther Rothblum who was on the committee for lesbian and gay something or other, she wrote a letter, and we sought out, we looked for who were the

people in the United States who were involved in psychology around these issues, who would offer that kind of support. We got letters from them and we sent them in to British Psychological Society. So yes we did get support from there.

JY: Which must have been heartening considering the sort of hostility from some quarters during this period.

CK: Yes, British psychology was incredibly insular at the time. I mean you'd think if you wanted to have an impact on the world stage, if you wanted your little island to contribute to psychology internationally, that you would take note of international developments and that you would want to encourage people in your own country who were contributing to those areas. But I think it was instead seen as one of those wacky Californian trends and it would go away. [laughs]

JY: Yet another sort of outsider position.

CK: Yes, I mean preparing for this interview I looked back at some of what we'd written in sort of the 1980s and 1990s and some of what our opponents wrote and the whole thing is, it's like looking at black and white photographs of people in flares and feathers and Laura Ashley floaty dresses. It's another era and it's very hard to capture it now.

[26:36]

JY: And yet undoubtedly had such an impact ultimately on the field to have it institutionalized in this way.

CK: Yes.

JY: Right up until today.

CK: Yes, and I think we've seen increasing institutionalization through first of all the Section and then the *Lesbian and Gay Psychology Bulletin*, now *Psychology of Sexualities Bulletin*. That was produced as part of it. Then the textbooks that my wonderful graduate students started producing, *Out in Psychology*.¹ And I think the second one is called [*Lesbian, Gay, Bisexual, Trans and]Queer Psychology*.² They give prizes to people for what they've done as undergraduates and graduate students. All of this is part of the trappings of making something into a fully integrated part of the discipline. And you know one bit of me thinks, "Hmph, we never wanted to be a fully integrated part of the discipline." But what it does for young people in university undergraduate psychology classes is it validates them and their worlds. And creates a career trajectory for them which simply didn't exist before. And that matters.

¹ Clarke V., & Peel, E. (Eds.). (2007). *Out in Psychology: Lesbian, Gay, Bisexual, Trans and Queer Perspectives*. Chichester, UK: Wiley.

² Clarke, V., Ellis, S. J, Peel, E., & Riggs, D. (2010). *Lesbian, Gay, Bisexual, Trans and Queer Psychology*. Cambridge, UK: Cambridge University Press.

JY: I'm going to diverge a little bit and ask you about your involvement in other societies, other groups. So you're obviously instrumental in setting up a Section in the BPS, I'm wondering what other groups you may have been involved in either professionally or in terms of your political activism during this period, either in the UK or elsewhere.

CK: Which period are we talking about? [laughs]

JY: Whenever you would like to really talk about.

CK: Okay, one of the groups that I set up, and was very proud of, was the Feminist Conversation Analysis Unit. This marked a transition in my career at a point when I was really exploring different methodologies. My PhD had been kind of split between interviews with thematic analysis and Q methodology, which was a nod towards providing a quantitative take, which seemed at that time to be required for a PhD in psychology. I think both of those were valuable and both of those had things to say, but I was ready to do something else. I'd been at Loughborough University where discourse analysis was a key part of what was exciting and different and developing and I enjoyed working with colleagues there on discourse analysis, which definitely had a radical edge and was particularly concerned with issues around race and racism. So my interests in sexism and heterosexism worked really well in that context. But by 1998, 1999, I was ready for some new challenges. I'd begun to feel I'd pushed discourse analysis as far as I could and conversation analysis was the thing that people were arguing about at the time.

And what particularly galvanized me actually was a paper by Mick Billig – a quite well known psychologist at Loughborough - saying that conversation analysis could never be used for feminism, that it was intrinsically anti-feminist. And that's the kind of blanket statement that just leads me to want to argue [laughs]. Particularly because as a feminist I kind of believe in pluralism and I had not rejected positivism or quantitative methods, or qualitative methods, or social constructionism, or indeed - though I didn't much like it - post-modernism, which was also then emerging.

So if I was being told I couldn't possibly do conversation analysis and be a feminist, I wondered why and whether that was true and I'd started already to find some conversation analysis really appealing and had written, with a graduate student who was working on women and sex, young women and sex, I'd written a paper with her called *Just Say No* which drew on conversation analysis, and that was a really fun paper and it critiques the arguments and practices of assertiveness training for young women - which herds young women in rooms and figures out that the reason they end up having unwanted sex is because they lack assertiveness and they don't know how to just say no. And it gets them in rounds shouting "No! No!" and it teaches them "I have the right to say no. Just say no." And what in fact conversation analysis shows is that people don't "just say no." If I ask you if you would you like a cup of coffee, you don't say "No!" you say, "Thank you, it's very sweet of you to offer, but I'm fine at the moment, perhaps later, I like you a lot but..." And it's the same with sex. People don't just say "no," and indeed there may not even be a specific question to say "no" to.

So we had written a kind of theoretical paper drawing on Hannah Frith's focus groups with young women talking about the difficulties of saying “no” to sex, which said we can't solve this problem by just teaching women to say “no.” Actually, what about teaching men about ways in which 'no' gets communicated without the word 'no' actually being part of that? And conversation analysis has a whole literature on this, on how refusals are done. How do you refuse? How's refusing done? And it's a 'dispreferred' action. And there's a whole literature on dispreferred actions. And this had grabbed my attention.

So I thought, “I'll go and study conversation analysis”. I had a sabbatical, I had a year - those were the days! - I had a whole year on full pay so I went to the University of California, Los Angeles and I studied with the god of conversation analysis, one of its inventors, Emanuel Schegloff. It was wonderful. It was rediscovery, it was like that heady time of setting up the Lesbian and Gay Psychology Section, I was doing something new, I was doing something really challenging, intellectually very demanding, I was sitting in undergraduate classes and taking his end of term tests and not always getting A's - that was a condition of my going there, having to do all of the assignments that I was set. He was a hard taskmaster and I loved it. I loved to be learning instead of teaching.

One of the problems of being in this country, kind of at the forefront of lesbian and gay psychology, was that I didn't really have mentors, I didn't have teachers, I didn't have classes I could go to. I was always the one pushing the boundaries. Here I was a student again and it felt such a luxury to be taught stuff. And I loved what I was learning. And what it gave me was a sense of how sexism, heterosexism, heteronormativity, is built from the bottom up. So I'd spent quite a lot of time thinking about how it is being built from the top down, how the discourses that we learn about sexuality and about gender that are created by law, by social policy, by socialization, by the media, how those impact upon us, top down. What I hadn't spent a lot of time thinking about was how we reproduce them everyday in ordinary, mundane ways. In ways that you have to look quite hard to see. And conversation analysis gave me the opportunity to do that.

Now the moment I started doing that, those in conversation analysis got rather cross with me, because apparently you're not supposed to do this with conversation analysis or at least that was the line at the time. That you can't bring an external set of ideas about how society works, about gender, about power, to the study of talk-in-interaction. You're not even supposed to notice whether the people speaking in a conversation that you're studying are male or female. Let alone whether they're straight or gay. So I was doing something - as usual - slightly perverse and slightly shocking in the new discipline. And I called it Feminist Conversation Analysis. Which I was told was an oxymoron. And when I came back I moved here to the University of York and set up a Feminist Conversation Analysis Unit and started getting PhD students and that was fabulous. So one of my first PhD students, Merran Toerien, studied interactions in beauty salons. She did recordings of women having their hair removed, their eyelashes done, their eyebrows shaped, their legs waxed. And she looked at the work that is being done in a beauty salon and what the

emotional labor of women who work in beauty salons involves in terms of moment-by-moment interaction.

My own work then evolved to look at the ways in which heteronormativity was reproduced. With another PhD student, Vicky Land, we looked at the way in which lesbians are put in positions in which coming out does or doesn't happen and is constantly on the table. So you phone a plumber and you find yourself using the words "our drain is blocked." Who's 'our'? It means 'me and my female lover.' Are you coming out? Well when he says, "Will your husband be in then, love?" Then you're suddenly in a pickle. And we had recorded conversations of lesbians phoning plumbers and dentists and doctors and whoever, in which they were suddenly on the spot as to which pronoun to use. Something as basic as that and there's only so long you can have a conversation without using a pronoun. So these were fascinating, just to track the way in which coming out is not always, in fact not often the, "I have something to tell you, you are not going to like this." But it's just dropping the word she.

JY: In a casual conversation.

[37:09]

CK: In a totally causal way, except that it isn't casual because you know that you're doing it. You hear yourself doing it, and what's more you see the other person re-adjusting their view of you and putting on their best possible face of, "Oh yes." So we captured that on recordings and we did an analysis of those. So that's what feminist conversation analysis gave me, a way of studying mundane, routine reproduction of the everyday heteronormative world. I'm really happy to say that some of that is now outdated because of same sex marriage, so there are issues around 'Mrs.' and what 'Mrs.' conveyed and issues around what you did or didn't do in response to a question like, "Are you married?" that came up in those interactions that now have been radically shifted. So that's a sadly true reminder of the need to study both bottom up, but also top down. If you change a law you also change mundane interaction.

JY: Really fascinating work. I'm curious about something you said at the beginning of this that you embraced plurality in terms of methods and it certainly seems like you moved through a bunch of different kinds of methods in your career and I'm wondering about particularly Q methodology that you used early on in this attempt to be quantitative and what your stance on quantitative methods is as a feminist.

CK: I'm really, really bad at them [laughs]. Personally I would never choose to use a quantitative method. I think there are questions that need quantitative methods to answer them. I'm really happy that there are feminists who are really good with quantitative methods and who can go out there and do that. They're different questions. I choose, I try to choose, questions that can be answered qualitatively since that's what I'm good at.

JY: Very interesting. Maybe I'll ask about whether there have been pronounced experiences of discrimination in your life, either as a result of being a woman, a lesbian, and what --

CK: We'd like to answer that because we're [Sue Wilkinson and I] married --

JY: You'll do that together.

CK: So we'll do that together.

JY: Well, let me maybe switch gears a little bit and let me ask you about your current work on the Coma and Disorders of Consciousness project. Which you, if I understand correctly, direct with your sister, Jenny Kitzinger?

CK: Yes.

JY: Can you tell us a little bit about that project?

CK: The personal is political. The personal always has been political. So I came out as a lesbian, I did my PhD on lesbianism. I researched for a decade on lesbian and gay issues. In 2009 my sister Polly was in a car accident, she suffered profound brain injuries and would, should have, died, nearly did. We were told that if she survived she would probably be in a vegetative state for the rest of her life. "Vegetative" meaning that she would have no awareness of herself or her environment, and that there was a small chance that she might be minimally conscious, have fleeting awareness, and one of the defining features of the minimally conscious state is that you can feel pain - which you don't if you're vegetative - or even more remotely that she would survive with very profound neurological and physical disabilities, but either way 24/7 care. And we said she wouldn't want this. That the Polly we knew, who was a lesbian and a feminist and an activist and a very independent person, who believed in her rights and her individual freedoms, would never consent to treatment under the circumstances. And under English law that carried absolutely no weight at all. The doctors get to make the decision based on best interests unless you have written an Advance Decision. And they kept her alive. And she's alive still; she's alive now.

She's done much better than they expected. She's fully conscious with profound neurological and physical disabilities. And I'm outraged that her rights have been violated and that she has been continued to be maintained in a state that she would not have chosen. With my sister Jenny, within a year of this happening, we had been told that my family's perspective is very odd, that everybody else was desperately pleading for treatment on the National Health Service for their loved one and also that we were very odd. Also we realized that we hadn't had access soon enough to enough information, that we could have used in fighting for Polly. So we started, with no money, with no funding, informally interviewing other family members, who of course were much more like us, but just hadn't said so. It was very common to find family members believing that their loved one would rather be dead than maintained in their current situation. For some

reason this really surprised clinicians. It started out of anger and outrage and distress, as did my research on lesbianism really, about what had happened to our sister.

So Jenny is a Professor of Communications Research at Cardiff University. And both of us had previously done research around health issues. I haven't actually talked about my health research before [in this interview], but I'd done work around childbirth, with my mother, using conversation analysis to look at how interactions in counseling style, interactions on helpline calls, that she and other women in her organization ran, what was good about them, what was less good, what seemed to help, what didn't seem to help. So it's a whole body of research that I used feminist conversation analysis for, to look at how to help women in crisis after childbirth. And women wanting home births as well. How to empower women to get home births. So I'd done health research. And also research on polycystic ovarian syndrome with an undergraduate student. And also a book on women and health with Sue, who had been working on breast cancer. So I'd done that. Jenny had a whole series of publications in public education about health. So she'd studied mad cow disease, HIV/AIDS, child sexual abuse. We both had the kind of, and we're both professors by this time, full professors, so we both had enough status so we could research whatever we wanted, even if we were coming at it fresh, without a background in it, we could just stop our careers on doing what we had been doing and turn around and do something different because we weren't worrying about tenures and promotions and all the rest. We had a history of passionate feminist involvement in things we cared about. This was something we cared about. And we had some background in health research. So we picked it up and we ran with it.

We got funding quite quickly after starting and we focused on what is the family experience of having someone, a loved one, a relative, in a long-term coma-like state? A coma, vegetative state, or minimally conscious state How do families feel about this? What's the process that they go through? What is it like to be someone in these states? What are interactions with the medical profession like? What are their wishes and hopes for the future? What's it like to go through the court for withdrawal of treatment? What is it like to have someone die because the only way of allowing death for these people is by withdrawing treatment, so people die with untreated infections or they die from withdrawal of artificial nutrition and hydration. And that in turn led us to think about assisted dying. Which in turn engages with some of the current legislation going through parliament, well it was going through before the election, we'll see where it gets.

Which in turn led me back to the intersection with feminism and I've just completed this year a Special Feature for *Feminism & Psychology* on assisted dying. So what is a feminist position on assisted dying? And in fact it turns out there are two contradictory, very strong positions on assisted dying. One is that this is another attempt to kill off women, that women live longer than men, women are vulnerable, women are poor, women are easily manipulated, women are being denied health resources, and women can be, if not coerced, manipulated into a situation where they will agree - in order not to be a burden or an expense to their family - where they will agree to take the drug, take the pill, and remove themselves. That's one very strong position, which I don't agree with and I think the evidence contradicts.

The other very strong position is we as feminists have fought for our rights over our bodies and over our lives. Autonomous choices about, for example, abortion, contraception, childbirth, lesbian and gay sexualities. This is the next big frontier that as women we have the right to decide that we don't want to be alive anymore, we have the right to request treatment to end our lives. And that as women, it seems more likely from the cases that have been through the courts that when women request treatment withdrawal they are considered to be depressed and given medication to cheer them up. When men request treatment withdrawal they're more likely to be considered to have come to the end. So again this intersects with stereotyped notions of women and men and I have a position on that but in the Special Feature I mostly, because again it's starting a new conversation.

There was actually a conversation about feminism and assisted dying I discovered in the 1990s about the time when Oregon introduced assisted dying in the states and there's an American literature on it then and I contacted some of those feminists and they've reflected on what's happened since then. I also got a feminist, Kathy Davis, from the Netherlands to reflect on the situation in the Netherlands where they already have assisted dying. And then some feminists here as the legislation is starting to go through. I think for many feminists of my generation and older obviously, we theorized birth, we theorized marriage, we're theorizing death. And choices around death and activism around death is another big frontier.

[48:40]

JY: Can you speak a little more about the legal situation at the moment surrounding assisted death?

CK: It's illegal. [laughs]

JY: You mentioned legislation that might be going through and have you been involved with that at all?

CK: I've been cautious about being involved in it because, okay so the situation in England and Wales at the moment is that assisting a death is unlawful. This includes assisting somebody by giving them information or advice, let alone buying a ticket to go to DIGNITAS in Switzerland or helping them to get there. Although the Director of Public Prosecutions has put out guidelines that suggest that if it's wholly compassionate and motivated by compassion and if you're a family member rather than medical professional, you are less likely to be prosecuted, and there have not been many prosecutions. There have recently been a couple. So that's assisted dying and that means actively assisting a death.

But what is lawful and has been forever is withholding treatment to allow death. If the treatment is futile, if the treatment is burdensome, or if the person refuses treatment, if even contemporaneously they've said, "I don't want it," or if they've written an Advance

Decision to say "If I should ever have advanced dementia, end stage dementia, I don't want a feeding tube." Or "If I should ever be in a vegetative state I don't want a feeding tube or a respirator or antibiotics." For me the problem is that at the point at which you remove the feeding tube from somebody in a vegetative state who cannot feed themselves, you know they are going to die. It would just take ten days, two weeks, and even if they can't feel it, which doctors tell us they can't, the family can, the family are at the bedside. And the question I get from family members is, "Why do we have to wait ten days, two weeks, three weeks, why can't we just have a lethal injection, wouldn't that be more compassionate?"

Now the legislation that's going through or was going through before the election - the Falconer Bill [more recently the Assisted Dying Bill proposed by Rob Marris] - is modeled on the Oregon legislation and would not affect these people, the people that I am most concerned about. Because the person who is having the assisted death must have the capacity, the mental capacity to request it and the capacity to take it themselves. And neither of those things are true for people in vegetative or minimally conscious states. So in that sense the assisted dying battle is not at the forefront of the battle that I'm concerned with, because it wouldn't affect these people. But it's obviously a major concern.

For myself though one of the, again the political and the personal intersect, I have written my own Advance Decision, I am doing research on Advance Decisions to Refuse Treatment, so I'm not for resuscitation, if I collapse right now you could call an ambulance but when the ambulance comes they will have already received notification through the Clinical Commissioning Group, because I've lodged my Advance Decision - do not attempt resuscitation - that when they arrive they give me palliative care, they don't attempt to save my life. So I've done that for myself, I've discussed it with my family, I've discussed it with anyone who will listen and the reasons for it and for myself I would certainly consider an assisted death if and when the time comes and there is something wrong with me. I'm horribly healthy [laughs]. I'm in full health at the moment.

But I think part of the fear that people have is a fear, okay, why do people want an assisted death? People want an assisted death for a whole range of different reasons, some of which can be fixed actually so that they don't want an assisted death anymore. And some of which we need to fix. Some people are very frightened that they won't get adequate care from the National Health Service. And you know what, they might not get adequate care and there have been some horrible exposés recently about the way in which certain end of life care programs were implemented and about lack of resources within the NHS and just about sadists in the NHS taking it out on old people and people who are dying. So I want to fix that. I also think people are very frightened of pain. And pain control could be improved and one of the reasons why pain control isn't always as good as it could be at the end of life right now is because doctors are very scared of being accused of murdering people. So they ration pain relief. And I don't want us to have to be in that position, when somebody's dying to be rationing their pain relief. And I keep hearing those stories. So those are not good arguments for assisted dying. You want to fix the pain relief and you want to fix the health care.

What I do think is a good argument for assisted dying is that people want to leave life on their own terms before the dementia has left them a husk of who they were before. People, not everyone but some people, want to be the authors of their end of life the way they were authors all the way through. Autonomy is very important to some people, not everybody. I think fear of losing yourself while still having a body there is very scary to a lot of people. I think a really interesting concern that people have is the burden argument. I do listen to quite a lot of people actually - not just women - people saying that they don't want to be a burden and that that would be one reason for dying.

And for some feminists, and for me sometimes, it's like, we shouldn't have to feel that we're burdens and that we all should care about each other, that people are interconnected, that nobody's an island, that we're not autonomous human beings, that we live in webs and networks of connection and that I would willingly, I did willingly, take on the burden of being with my mother as she was dying and that that was a gift. And another bit of me knows there are many ways in my everyday life in which I choose not to be a burden to other people. I withhold requests because I figure that they're too hard or unreasonable or because I think that the thing of the person of whom I would make the request, the thing that they're doing right now is actually more important than what I want them to do for me and I'd rather Sue went out and gave the talk that might change some people's minds than that she'd stayed home and nurse me with the flu. So we all make choices about not being burdens sometimes and I feel I also have that right at the end of my life to choose. Yeah, I know you could sit by my bed for the next three months while I die slowly but I don't choose that. [Tape skips]

[I've set up three key research – and activism – groups over my career, one for each of the three different areas I've worked in. One was the Lesbian and Gay Psychology Section. The second was the Feminist Conversation Analysis Unit.] A third really key group that I've set up with my sister Jenny who is a Professor of Communications Research at Cardiff University, is the Coma and Disorders of Consciousness Research Centre and that's for researching long-term coma. And we have a large centre, it's more than 20 people involved in it now. The best thing about it is it's interdisciplinary across economics, law, philosophy, health care, and it involves practitioners. So we're working with some of the key people in rehabilitation medicine, physiotherapy, nursing. The possibilities that that offers for asking the right questions before you even start worrying about how to answer them are huge and then also for having the answers that you come up with affect policy and practice. Really important. Again this is very exciting research, again it's cutting edge research, there has been no research on families' experiences around these issues and again we're asking for changes in social policy and practice.

[57:40]

JY: Have you found that you've identified a body of health care practitioners who are receptive to changes in policies when it comes to these issues?

CK: Yes. I think one of the surprising things was that we felt very embattled in relation to our sister, as though the entire medical profession was against us. And we kind of geared up to go into battle the way we had with lesbian and gay issues and child sexual abuse issues and all the other topics that we'd studied and what's been really wonderful has been the extent to which we've located, or they've come to us, the health care practitioners at the very top of the profession who've said, "Thank goodness someone is doing this." And not only are they on board, they're showing us the way.

Many practitioners are really concerned about the way in which end of life care is being managed and about in particular the treatment of people in long-term coma, which has escalated hugely over the last few decades. These are people who would have died 20 years ago, but with the improvement in ambulance response times, the improvement in basic things like feeding tubes that people used to get infections from and die from, the improvements in intensive care, people are surviving who never would have survived. But medicine has saved the body but not the mind, not the soul of the person. And hospitals, care homes, rehabilitation centres are filling up with people who will never be conscious again. That is not a situation that medical carers want, actually, and it's devastating for families. So yes, there's a lot of will to, it's wonderful actually to feel as though we're not constantly pushing against closed doors, we're working really collaboratively with people who want to create change, because the current situation is intolerable but as a group we're trying to figure out how to change it for the best because that's less obvious and there are different avenues that one could take.

JY: Very interesting. So you've mentioned a few times throughout the interview that you have worked with family members and obviously you've worked with your wife as well on various projects. I wonder if you could talk a little bit about working with collaborators who you have these deep personal relationships with as well. How has that been for you?

CK: I think the most exciting thing about working with my family members, first my mother, then my sister Jenny, and my wife Sue, has been that we think similarly, that we draw on the same set of skills. It's very time efficient. One of us can suggest an edit to an article and the other sees instantly not just how, but why. It's minds in common and that's fantastic. For me the exciting thing with working with people who have skill sets I know nothing about - quantitative researchers in rehabilitation medicine, philosophers - these people bring a completely different set of knowledge and assumptions and abilities and those are much harder to work with because you make assumptions and then you suddenly stop short because somebody else didn't assume that and you didn't even know that they didn't until you have to explore it. But the productive nature of that is by crossing those boundaries, by engaging with those challenges, you actually get to speak to more people and you come at the problem from a wider range of perspectives. So I love both forms of collaboration, but for sure the ones with my family members are easier [laughs].

JY: You know what to expect in those situations.

CK: Yes, yes.

[01:01:48]

JY: Okay, so I know for the last 15 years or so you've been here at the University of York in a sociology department and I wonder if you can talk about your relationship to psychology today considering where you're located.

CK: My relationship with psychology has always been ambivalent. I went into it thinking that I wanted to be like the worm in the bud and destroy its nasty stereotypes from within. I was very pleased to leave it when I moved out of psychology departments and out of having to teach BPS approved curriculum materials, which was in 2000. That's when I moved to University of York sociology department. It was liberation, it was freedom. It was not having my curriculum materials subject to BPS control. It was being able to teach my favorite courses - Conversation Analysis and a course I teach called Birth, Marriage, Death, which explores all of those life transitions in their social context. Drawing on social policy, sociology, law, hardly at all on psychology. Those are things I couldn't have done. It also meant that I no longer felt under such pressure to publish in psychology journals and one is under this pressure if you're in the psychology department because the government Research Excellence Framework assesses you by discipline and you have to publish in psychology journals to be considered a good member of your discipline. So for all those reasons it's been very freeing.

I still have an ambivalent relationship to psychology. I see the power that it has and I want to influence it because it has that kind of power. I'm aware in the field that I'm working now that psychologists have come in and looked at family members of people in long-term comas and have written psychology articles about them, which say that they suffer from maladjustment, they're depressed, they have Post-Traumatic Stress Disorder, they have Prolonged Grief Disorder. They measure them with scales and then they send them to therapy to be cured. I'm outraged by this. The reason why family members of people in long term comas feel grief and anger and despair, and I've been there and I've felt all of those things, is because modern medicine and modern technology, combined with a set of legal and policy imperatives, have kept people's loved ones in a state of living death, have excluded - in this country - relatives from making decisions about them, have refused information to relatives. These are social things, these are structural things, these are things that can be changed. We don't have to diagnose pathologies in family members and put them in therapies in order to sort this. We can change the social context in which families are experiencing these things. Yeah, you'll always be unhappy that somebody was in the car crash, unhappy that they had the stroke, grief stricken that they are not with you anymore, devastated when they die, but those are natural human emotions, they're not pathologies that psychologists need to label and cure.

Part of what I'm doing now is talking back to psychologists and I'm again wanting to publish in psychology journals to say, "No, no, you've got this wrong. Again. Look, remember social context? That matters." It's very much the same message as the message that I've been giving before. If people are unhappy because they're lesbian it might not be

because lesbians are pathological and if only you could make them straight they'd be happy again. It's in the social context. If people are unhappy it might not be only because somebody they love has been horribly injured. It might also be because of the way in which that's being managed in law and social policy and medical terms. And we can change some of these things. So it's not a novel message but it's a new area in which to be saying it.

JY: To push forward, yeah.

CK: So I think for me I can't ignore psychology, it's always there because it is always there in society and people draw on it, people look for it, people expect it to be of use and people in the sort of situation that my family was in, is in, get sent to psychologists to sort us out. Certainly every time we got very angry about something in the early days we were told, "Oh, would you like a cup of tea? Do you want to see a psychologist? Go to counseling?" When what you wanted to say was, "No, you need to turn her every two hours, she's getting bed sores."

JY: Larger issues at hand rather than individual pathologies.

CK: Yes. And again, recently I gave an invited talk at the British Psychological Society at a conference this year, just last month I was invited to talk on end of life issues and again I met psychologists working on end of life issues and thought, "Wow, this is something I should be part of, this is something that is happening now within psychology," and about time too, they've only recently started a working party on end of life issues in psychology. But I have something to contribute to this and I'm not just because I'm in a Sociology department, I'm not turning my back on this. I can come in here. I am a Chartered Psychologist, you know, watch me contribute to this!

And I've just filled in the forms to do Continuing Professional Development (CPD) training for psychologists in the BPS, CPD training courses on Advance Decisions and how to write them, which I realized no psychologists know about. Psychologists are working with people at the end of life, they are listening to people, talking about what they do and don't want about their deaths, they do not know, at least the people who attended my talk did not know, they told me they didn't know, that you can have a legal document which says, "I refuse this," or, "I don't want that." Why don't they know this? It's not that hard. So I've set up a training course on how to do Advance Decisions. Part one basic, part two advanced. With the intersection with Lasting Power of Attorney for Health and Welfare. This is stuff I can teach - I did do a law degree somewhere in this as well, a graduate diploma in law because I wanted to get a grasp on how law worked. And I'm also submitting something on chronic disorders of consciousness, again because psychologists are peripherally involved as the people that family members get referred to and they're not doing a very good job. I know because I got sent to some.

JY: Yes.

CK: So I'm not ready to say to psychology, "No, I'm doing this in this brave new world!" There's a lot in psychology that can be fixed and there are ways in which I want to be in there still fixing it.

JY: Influencing where the field is going, yeah. Perhaps I'll end with a question of what advice you would give to young feminists entering psychology today?

CK: Don't! [laughs]

JY: Is there more to do in the field as a young feminist?

CK: There's more to do for all of us at whatever age. Okay, what advice would I give? I think for young feminists entering psychology today, the key thing is to follow your passions. Find what you really, really care about and do it. And believe in yourself and believe that you can change things. The hardest thing to communicate sometimes is that individuals can change the world and that committed work by passionate people is what makes a difference. So go for it.

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