Parent and Teacher Guideline for Gender Dysphoric Youth

Authors, Michelle A. Cretella, MD. (Chair of the Adolescent Sexuality Council of the American College of Pediatricians, and past executive director of American College of Pediatricians); Linda Blade, PhD Kinesiology, Professional Sports Coach and former Canadian Champion in the Heptathlon; and Lara Forsberg M.Ed., mother of middle-school children; together we provide an evidence based guideline for supporting dysphoric youth.

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Introduction

The vast majority of youth with gender dysphoria are recognized as suffering from unresolved traumas, mental illness, and/or being on the autism spectrum. Ethical medical treatments restore normal development, health and function, and relieve suffering. Our guideline shares fundamental principles in the context of child development and evidence based psychotherapeutic interventions with children and adolescents. We will provide background information into child psychology based on the research and case studies and the testimonies of experts in child development. Studies and outcomes referenced provide recommendations from which to have further discussion regarding child development. Children mirror the behaviour of the adults they encounter, so it is everyone's job to help the children around them by monitoring their own behaviour. This psychodynamic paper was written to be understood by a layman by using diagrams that make it easy to grasp psychotherapy. Understanding psychological development, and common problems that arise in development, will help parents and teachers help kids who are confused during identity formation.

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Gender Dysphoria in Youth -- Written Expert Testimony of:

Michelle A. Cretella, MD (Chair of the Adolescent Sexuality Council of the American College of Pediatricians, and past executive director of American College of Pediatricians)

The American College of Pediatricians (ACPeds) is a professional organization of physicians and other pediatric healthcare professionals dedicated to the care of children and the ethical principle of first do no harm. ACPeds promotes recommendations expected to yield optimal health outcomes for youth from conception through young adulthood. Contrary to the claims of some Western governments, academic, medical, and psychological associations, transgender-affirming interventions, including social transition, puberty blockers, cross-sex hormones, and surgeries, are neither evidence-based nor the international standard of care for youth with gender dysphoria (GD). Since 2019, there have been several systematic reviews and the 2024 Cass Independent Review of the world's scientific literature regarding transgender affirmation of childhood and adolescent gender dysphoria. All have concluded that support for pediatric gender transition is based on low to very low-quality evidence and therefore must be considered experimental. This means the alleged benefits put forth in pro-pediatric transition studies are likely not true due to significant design flaws in those studies.[1], [2], [3], [4], [5], [6], [7] As a result, the UK, Sweden, Finland and Denmark have greatly restricted the use of transgender-affirming interventions among youth with gender dysphoria, and instead recommend comprehensive psychotherapy to address underlying issues and comorbid conditions.[8] Norway may soon follow suit since all four of its regional health councils recently determined that

puberty blockers and cross-sex hormones for gender-distressed minors are experimental treatments that should be restricted to clinical trials.[9] The best available evidence indicates that nations promoting pediatric transgender-affirming interventions should reverse course, and nations that have yet to embrace pediatric transgender-affirming interventions should maintain this position.

Gender dysphoria (GD) of childhood and adolescence describes a psychological condition in which youth express a marked incongruence between their experienced gender and their sex. The associated emotional distress may result in impaired social function. However, when this occurs in the pre-pubertal child, GD resolves in the vast majority of patients by young adulthood.[10] Prior to the 21st century, the international standard of care for GD in children was watchful waiting with or without psychotherapy. The protocol of socially, chemically, and surgically altering children's bodies to match their incongruent gender beliefs first arose in the Netherlands for only the most resistant cases of pediatric GD. Between 2007 and 2016, however, this "Dutch Protocol" as it was initially called, gradually became widespread across Western nations with social affirmation being recommended for all gender incongruent children regardless of age.[11] The pervasive application of this protocol, beginning with social transition for children as young as 18 months of age, and puberty blockers as young as 8 years of age, followed by cross-sex hormones, is rooted in the ideological assumption that a transgender identity is innate. Significant debate over the protocol's expansion arose because pubertal suppression with gonadotropin-releasing hormone (GnRH) agonists (puberty

blockers) followed by the use of cross-sex hormones can result in the permanent sterility of minors as well as other long-term iatrogenic diseases across the lifespan. What follows is a brief review of important definitions, the protocol's potential harms, and how to best uphold the ancient medical ethics principle of "first do no harm" while effectively identifying and treating the underlying causes of gender dysphoria in youth.

Normality has been defined as "that which functions according to its design."[12] One of the chief functions of the brain is to perceive physical reality. Thoughts that are in accordance with physical reality are normal. Thoughts that deviate from physical reality are abnormal—as well as potentially harmful to the individual and others. This is true whether or not the individual who possesses the abnormal thoughts feels distress. A person's belief that he is something or someone he is not is, at best, a sign of confused thinking; at worst, it may be a delusion. Just because a person thinks or feels something does not make it reality. This would be true even if abnormal thoughts were biologically hardwired, which they are not.

Sex is an objective biological trait that can be diagnosed with medical tests; gender identity is not. The norm for human development is for an individual's thoughts to align with physical reality, for an individual's gender identity to align with his or her sex. People who identify as "feeling like the opposite sex" or "somewhere in between" remain biological males or biological females. Gender dysphoria (GD) is a problem that resides in the mind, not in the body. Children with GD do not have a disordered body—even though they may believe and feel as if they do. Similarly, a

child's distress over developing secondary sex characteristics does not mean that puberty should be treated as a disease because puberty is not, in fact, a disease.

Sex is a binary biological trait determined at fertilization that declares itself in utero and is acknowledged at birth. To understand what sex is, one must first identify and distinguish between what defines sex and what determines sex. In the life sciences, sex is defined by how that organism is structured to function during the reproductive act.[13] The primary purpose of the reproductive system is to propagate the species. Among organisms that reproduce sexually (whether plant or animal), the structure of the sexual reproductive system consists of two complementary halves. Sexual reproduction requires the union of these two halves—the union of exactly two distinct sex cells, which arise from exactly two distinct sets of sexual organs—to form a new organism. Organisms whose reproductive organs are structured to donate genetic material during the reproductive act are designated male. Organisms whose reproductive organs are structured to receive that genetic material during the reproductive act are called female. This is why sex is a binary trait. In humans, sex is determined at fertilization by sex-determining genes on the sex chromosomes.[14] Every nucleated cell in a person's body—every organ—has the same sex chromosomes. Thus, no one is born with an 'opposite-sexed brain'; no one is 'born in the wrong body'. The sex-determining genes in individuals with XY chromosomes result in the development of male gonads (testes), which produce male sex cells (sperm). Sex-determining genes in individuals with XX chromosomes

result in the development of female gonads (ovaries), which produce female sex cells (ova). Since social affirmation, drugs, and surgeries do not change a person's genetics, they also do not change a person's sex. This is why sex is a binary, innate, and immutable trait across the human lifespan from fertilization forward.

Some ideologues claim intersex conditions prove sex is a spectrum and that the sex binary is a social construct. This is false. Intersex conditions are not additional sexes on a spectrum. Intersex conditions are rare disorders that occur during the development of the normal binary reproductive system of unborn males and females. The medical term for intersex conditions is Disorders of Sexual Development (DSD). DSDs are abnormal conditions that fall into one of two categories. One set of DSD includes disorders like congenital adrenal hyperplasia (CAH), which causes infants to be born with ambiguous genitalia. Infants with ambiguous genitalia do not represent a new sex because they do not possess any new reproductive sex cells. Further medical testing will, in fact, reveal that they are either male or female. A second set of DSD, including but not limited to complete androgen insensitivity syndrome (complete AIS), is associated with unambiguous genitalia but causes patients' physical appearance (phenotype) to be inconsistent with what their sex chromosomes (genotype) would predict. For example, due to a genetic abnormality, phenotypic females with complete AIS are found to have XY chromosomes.[15] Here again, the genetic abnormality fails to produce new functional sex cells; complete AIS is not another sex. Abnormalities, genetic or otherwise, that affect the reproductive system are disorders – not a spectrum of functional human sexes. DSD (intersex conditions) are

medically diagnosable disorders of the body that result in deficiencies and/or malformations of the normal male/female reproductive system. Additionally, all categories of DSD have been associated with reduced fertility.[16] Although the majority of males and females with DSD can be successfully diagnosed and treated, affected individuals experience varying degrees of suffering. For all of these reasons, intersex conditions are correctly understood as disorders of sex development. Fortunately, DSDs are exceedingly rare, occurring in only 0.02% of the general population.[13]

For similar reasons, people who possess different combinations of sex chromosomes, such as females with Turner's Syndrome and an XO karyotype or males with Klinefelter's Syndrome who possess an XXY karyotype, also do not violate the sex binary. To represent an additional sex, one must possess a new functional reproductive sex cell (something other than male sperm or female eggs that can result in human offspring). The absence of an X chromosome does not result in these individuals producing new sex cells. Individuals with Turner's Syndrome are anatomically female, as would be expected in the absence of a Y chromosome. Similarly, individuals with Klinefelter's do not represent an additional sex; they are anatomically male as directed from fertilization by the presence of male sex-determining genes on their Y chromosome.

Gender identity, in contrast to sex, is neither innate nor immutable. There is no medical test to identify people who claim to be 'transgender' because a 'transgender identity' exists only in the mind not in the body. According to the fifth edition of the Diagnostic and Statistical Manual of Mental

Disorders (DSM-5), gender is defined as the "lived role" of male or female, resulting from the interaction of cultural and psychological factors with a person's biological constitution.[17] Gender identity is defined similarly as "a category of social identity" that is determined by the interaction of cultural, psychological, and biological factors.[15] Gender identity is shaped by many factors and not determined by genetics alone, so it is not surprising that incongruent gender identities have long been documented to align with sex during childhood, adolescence, and adulthood. In other words, gender dysphoria has long been documented to desist across the lifespan, and this remains true today.[18] A recent landmark study, due to its prospective, 15-year longitudinal and population-based design, found that even among this generation of youth, a majority will outgrow their gender distress by age 25.[19]

Prior to widespread social and medical transgender interventions, it was widely acknowledged that the vast majority of young children with gender incongruence outgrew it by young adulthood when supported through natural puberty.[20] Most gender-dysphoric teens are girls and boys who are anxious, depressed, traumatized, and uncomfortable with their bodies and struggling with their identity.[21] Research suggests gender dysphoria arises from the interaction of many factors from at least three categories. These categories include a person's biological predispositions and psychological vulnerabilities (e.g.: certain personality traits, autism/other neurologic difference and/or mental illness), plus one or more of a person's environmental factors (e.g. childhood traumas, parent mental illness, social contagion via friend groups and social media, etcetera).[22] For example, two rigorous studies found that the vast majority of self-identified transgender youth

experienced on average five childhood traumas and/or suffered from mental illness, including suicidal thoughts, before developing signs of gender dysphoria or expressing a transgender identity.[23], [24] Since these studies reveal that traumas, mental illness, and suicidal thoughts occur prior to any sign of gender dysphoria, one cannot conclude that lack of social affirmation and other transgender interventions are the cause of their mental illness and suicidal ideation. Instead, one can hypothesize that the preceding traumas and mental illness may be causing both the suicidal ideation and GD. This hypothesis is consistent with the many studies that demonstrate children and teens with GD can come to embrace their bodies through counseling alone.[25]

Puberty is not a disease. It is a critical window of normal physical, cognitive, emotional, psychological, social, and spiritual development that is permanently disrupted by puberty blockers. When normal puberty is artificially arrested with puberty blockers, valuable time is forever stolen from these children, time that should be spent in normal development. This time, during which highly significant and irreplaceable advances in bone, brain, social, emotional, spiritual, and sexual maturation occur, is time in normal and active development – that can never be given back.

Lupron is one of the most commonly prescribed puberty blockers and lists the following side effects in its package insert: emotional lability, worsening of current psychological illness or new onset psychological illness.[26] In light of this, it is no surprise that one British study revealed that after a year of receiving puberty blockers, the mental health of

34% of GD youth deteriorated, and another 37% experienced no improvement.[27] Another British report found that gender-distressed girls exhibited more self-harm and emotional problems and greater body dissatisfaction while taking puberty blockers.[28] All puberty blockers, including Lupron, arrest pubertal development by acting on the brain. Boys are chemically castrated, and girls are chemically driven into premature menopause for as long as the puberty blockers are used. This developmental arrest may result in permanent sexual dysfunction, infertility, bone loss, and potentially altered brain development with cognitive impairment.[29], [30]

As previously stated, prior to pervasive social and medical affirmation of incongruent gender identities, the majority of gender dysphoric youth would embrace their bodies by young adulthood. When gender-dysphoric youth are instead socially affirmed as "trans" and given puberty blockers, nearly 100% of them persist in their "transgender" belief and request cross-sex hormones.[31] This suggests that social transition and puberty blockers "lock" kids into their gender incongruence. This is particularly troubling ethically because when blocked in early puberty and later given cross-sex hormones, these children are permanently sterilized.[26], [32] Cross-sex hormones also put these youth at an increased risk of heart attacks, stroke, diabetes, blood clots, cancer, and other diseases across their lifespan.[26], [33]

Some health professionals insist these harms must be accepted because gender dysphoric youth are at significantly higher risk for committing suicide, and social affirmation, blockers, hormones, and surgeries prevent suicide. Both claims are false. Suicide risk among trans-

identifying youth is similar to the elevated suicide rates among other at-risk youth. Based upon data from the United Kingdom's Tavistok Gender Identity Clinic, Oxford sociologist Dr. Michael Biggs has reported that being trans-identified increases suicide risk by a factor of thirteen. He notes that this elevated risk, while concerning, is less than or within range of the suicide risk associated with other disorders: anorexia increases suicide risk by a factor of eighteen; depression multiplies one's risk by a factor of twenty, and autism raises one's suicide risk by a factor of eight. Additionally, anorexia, depression, autism, and other conditions pre-disposing to suicide nearly always coincide with gender dysphoria, causing some to question whether suicidality among gender dysphoric youth is due to comorbid psychological illnesses.[34] A recent ground-breaking study out of Finland has now confirmed this. The study authors are four Finnish child psychiatrists who pioneered gender-affirming treatment of gender dysphoric minors in their country. They sought to examine all-cause and suicide mortalities in gender-referred adolescents and the impact of psychiatric morbidity on mortality. They did this by comparing the all-cause and suicide mortalities among a Finnish nationwide cohort of all adolescents and young adults who contacted specialized gender identity services in Finland from 1996–2019 (n=2083) with the all-cause and suicide mortalities of 16,643 matched controls. The researchers found that when specialist-level psychiatric treatment was controlled for, neither all-cause nor suicide mortality differed between the two groups. The investigators concluded that gender dysphoria does not predict suicide mortality in gender-referred adolescents. Instead, they identified the main predictor of suicide mortality among gender dysphoric youth as psychiatric

morbidity and found that gender reassignment does not have an impact on suicide risk [emphasis added].[35] In short, suicide prevention for youth with gender dysphoria should be the same as it is for all other at-risk youth; namely, individual and family counseling to identify and resolve underlying issues and psychiatric medications when indicated.

The vast majority of youth with gender dysphoria are recognized as suffering from unresolved traumas, mental illness, and/or neurodiversity. Ethical medical treatments restore normal development, health, and function and relieve suffering. Social transition, puberty blockers, cross-sex hormones, and cross-sex surgeries are unethical because they do not mitigate or heal the comorbid conditions of those with gender dysphoria, nor do they improve mental health or prevent suicide in this population. Instead, these transgender-affirming interventions disrupt normal health, function, and development, causing irreparable damage, including permanent sterility, bone loss, cardiovascular disease, elevated cancer risk, and other potential disease states. Sadly, many minors, young adults and their parents, as well as school, church, and government leaders, are being led astray by a vocal sector of the medical establishment driven by a deadly ideology and economic opportunism. All people of good will must unite to end this grave medical scandal and uphold the right to optimal health for these vulnerable youths.

Introduction Story to Guideline –
Lara Forsberg M.Ed. Transactional Analysis (TA) Certified, Children with Disabilities Worker

Transactional Analysis (TA) psychotherapy was devised by Eric Berne. Berne was a Canadian psychotherapist who started the first group therapy sessions for veterans in the 50's and early 1960's. TA psychotherapy is built to "do no harm." When learned, it slows reactive fight, flight or freeze reactions brought on by trauma, which helped addicted veterans recover their autonomy, and self-awareness, and move away from the military groupthink.

In TA psychotherapy, individuals think about their behaviour, gaining control to do the next right thing, rather than flailing in negative unconscious behavior patterns. Transactional Analysis (TA) child development theory is the method of analyzing interpersonal relationship dynamics in a family. TA theory does not diagnose mental illness. The language of TA is based on Attachment Theory and will provide key principles for raising healthy children. To be brutally honest with your kids is important, but there are ways to provide insight without ending the conversation or the relationship. The language from TA psychotherapy is meant to increase thinking and provide words that encourage individuals to grow up to meet expectations.

TA helps people become aware of their internal working model of attachment. No person is all or one kind of category of attachment. There are diagrams provided, meant to educate and create discussion. People oscillate between behaviours, especially at the beginning of a learning cycle. "What is the beginning of a learning cycle?":

It's a gestalt; It's a move; a break-up; a different job. It's when you're starting all over again and developing a new identity. Many gestalts happen between birth and 5 years for the child. A gestalt is the change the child must make to survive and meet the situations that arise in life.

Giving a person a diagnosis may lead to a debilitating life script. TA does not diagnose learning disabilities or prescribe medication. TA means looking at your family script. The behaviour of the individual can be described without labeling the individual into a category of illness. The decision-making process is patient-led and involves exercises that give the individual permission to take responsibility for their actions as parents while simultaneously investigating the script permissions from parental figures from the past. This guideline is for you, not your kids. If things go well, what you learn here will be passed on to your kids.

It may take a few years to really get TA, like any philosophy, sport, or occupation, but it's worth it. TA's goal is autonomy for the individual from groupthink. Autonomy is the recovery of awareness, intimacy and spontaneity. Autonomy is the path away from groupthink and the path toward self-esteem. Factors that develop self-esteem are both internal and external; we are a product of inventive survival techniques taught by grappling with family and cultural expectations.

The following pages contain case studies, gestalt terms, and the language of developmental psychology. A glossary is provided for the reader.

I was raised on Transactional Analysis (TA); my mother taught nursing and practiced gestalt/TA therapy in groups in remote hospitals in northern Alberta. She lives with me and reads my work. I have a son who is on the spectrum, and I do not use the word autism to describe him. I simply describe his behavior to him, as I do with all my five children.

Here is my own story regarding my 11-year-old daughter. It is an example of what you will learn in this guideline about giving the right messages to kids at the right time. "Adolescents with persisting gender dysphoria (persisters) and those in whom the gender dysphoria remitted (desisters) indicated that they considered the period between 10 and 13 years of age to be crucial. They reported that in this period they [the kids] became increasingly aware of the persistence or desistence of their childhood gender dysphoria."[36] For young children, and even into adolescence, attempts to compensate for feelings of insecurity are often displayed in regressive behaviour.[37] If a 10-year-old, for example, is in a state of mistrust, look for triggers that have precipitated the situation.[38] Why is she hiding? What is she mistrustful about? In becoming a person, in the first stage of development, trust vs. mistrust, children are very dependent on a few persons. Attitudes and responses greatly affect children. Transactional Analysis Psychotherapy (TA) explains that parental modeling often transfers our own attitudes and unresolved issues onto our children, leading to script decisions that manifest themselves in various areas of their lives.[39]

My daughter needed time with me to bond because she had started at a new school, and she was feeling mistrust

about her community. Because of the anxiety about school and about being nagged by her brothers, she started making masks and pretending to be different animals. It was pretend and play, which is OK and not OK. It is a script she made up in her head about being an animal from something she saw on the internet. A mask, and this culture is full of them. The push for non-binary and transgender and other magical identities, like animals, in school and media, caused me to question her about her growing interest in being a 'therian' and how that related to the Pride flag. As we did a craft costume together, she asked which flag represented furries. A Furry is a person with an interest in animals with human qualities. It is childish behavior that comes from having inappropriate rules and the relevancy of rules not being understood. It's important at this stage to learn about structure and install our own internal structure.

When she told me she wanted to be a therian furry, someone who identifies as an animal, first I explained to her why people wear masks. Masks help us pretend and hide in plain sight, I explained. I explained that a mask hides your own thoughts from yourself when you pretend to be something you're not. A furry identity is play. Play at home doing crafts, like masks or sock puppets, is okay. All children play with different identities. I asked her to tell me about her anxiety - when she said, "It's not a problem," I could see from her body language that there was a problem. She knew that there was a problem by my body language. I became very serious and explained that adult men parade naked at pride with animal masks; that is the other part of the story. She shrugged it off, discounting my objection.

Pretending that an important issue doesn't matter is called a discount. a cue that something is developing that you may want to pay attention to. My daughter was discounting the importance of herself, my seriousness, and the importance of her anxiety. Eventually she talked about all the things that were bothering her.

A parent who provides a strong sense of what is expected provides security. Happy children feel secure. Processing the many options that lead to family or career (or not) can be stressful. Children are doing this all the time between the ages of 6 and 12. This may be why the Amish kids are so happy; the cultural options are stoic and traditional, and community support is high. Too many options can take away a child's sense of security.

When a child wants to obliterate the past version of themselves, they are blocking out memories. Making a premature decision about an identity is a desire to obliterate who you are. Why do children change so suddenly? Pretending to be Emo or a Goth Girl is also wearing a mask. It is part of normal development but also indicates a loss of awareness, purposefully by an adolescent. Preferring fantasy to reality, when kids start a new chapter in life, they imagine before they achieve. Often, going back to revisit earlier development tasks is helpful to make connections in the brain. This teaches a child how to re-parent themselves, rather than make dangerous decisions. Kids start all over again, all the time, and then talk themselves through it. Identity is constructed in a child this way, as kids erase who they were and become who they are in an ongoing unfolding of character, often affirming and reworking of tasks from earlier

developmental stages is the solution for the child.

The early task my daughter revisited was a 5-year-old development stage (pretending to be a dog, fox, or cat). We played together, pretending to be animals, until she became bored and moved on. But at that time, she needed extra attention and 5-year-old play. We still make masks together, but she understands that the furry identity is inappropriate now and why.

At the same time, rebellion, which is normal, became more frequent. I affirmed and supported this as a positive move, as her move out of childhood. But in crafting, I was supporting her need to regress at the same time, to an earlier developmental stage. Children regress so that they can get their needs met from an earlier time.

So she also re-learned the times tables and began thinking about dance and music lessons again at the same time. This is the stage when children start to develop life-long skills. Encouraging children to find personal goals is a protective factor for sensitive kids.

When we disagreed about the safety of a furry identity, I explained that it is a sexually inappropriate identity, that some adults who do that have not matured and are not maturing when they do that - it isn't possible to grow up and become an animal, I explained. That is a fantasy. People become artists, engineers, and writers. That masked person will stay stuck rather than learn what they need to learn about human relationships. Fantasy is created by people to ignore some part of reality that is causing anxiety, like putting on a brave face.

In conclusion to this story, my 11-year-old can disagree with me. It is OK to have contentious discussions with kids; they won't break. I say, "I love you, even when we disagree," and mirror good behaviour. This is called an appropriate developmental affirmation for separation. This affirmation is from a list that I have on my wall, showing me what a child needs to hear at the right stage. Many messages for bonding and individuating must be given to children. Adolescence is a time of testing and being affirmed in a safe psychological separation from mom. The solution is to talk with your children about their anxiety, giving them permission to process it with love and attention.

Helpful Suggestion to Parents and Teachers that can Help Kids Through

World-renowned researcher therapists Kenneth Zucker and Susan Bradley state that when gender dysphoria occurs, anxiety presents as "Low self-esteem [which] may result from interfamilial conflict, behavioural, academic problems, and peer difficulties."[40] The treatment for any trauma is to acknowledge that these children have difficulty regulating anxiety. Childhood involves building resilience to anxiety. Lisa Littman's study on Rapid Onset Gender Dysphoria (RODG) showed the high rate of anxiety in girls who were identifying in the current gender diversity social contagion.[41] Since the Canadian clinic (CAMH), run by Zucker and Bradley, was closed down, gender clinics in Canada have popped up in every province. These clinics do not treat anxiety; they affirm the lie with medicalization, increasing the anxiety for the child and the family. Psychotherapeutic treatments have been criminalized in Canada under Bill C-4, the conversion therapy ban, so the only safe treatments, like Zucker and Bradley's family therapy, were shut down. There is a wide gap between the number of children who need help and the available safe treatment in Canada right now.

This guideline was written to fill that gap. Children will naturally develop healthy ways of coping when supported. Family and group counselling are recommended. "Detransition is often delayed due to fears of being rejected by the LGBTQ community; they risk losing friends and having to acknowledge the shame associated with having been sensitive or demanding about transition, which never delivered what they expected. Most experienced

detransphobia."[42] Based on this evidence, forming group therapy programs would be a protective factor for these kids.

A new report done through a detransition support group shows some of the reasons why individuals detransition.

Table 1. 'Detransition Facts' - taken from a qualitative report (table 2 from the group therapy report below) of the material discussed during detransitioner support group sessions.[43]

Males	Females
• Noticing people became uncomfortable around them. • Rising guilt and shame at sustaining a deception. • Lack of meaningful physical intimacy. • Iatrogenic harm. • Desire to have kids. • Noticed the *trans* "community" has many "dysfunctional people". • Increasing self-awareness around antisocial behaviours, narcissism and beliefs. • Wanting to distance themselves from radical 'trans-women'. • Other lifegoals become more important. • Renewed appreciation for what masculinity really is, that it can be healthy and enabling.	• Realized they're living a lie, missed being *genuinely authentic;* "that's not reliant on medications or surgery". • Exhausted from the stress of living to conform to 'LGBTQ+' community and its ideology around gender. • Passing is not enough; it triggers worse aesthetics like balding. • Longing for genuine emotional life again. • Maturing out of other mental health challenges. • Lacking physical intimacy. • Iatrogenic harm. • Retain the option to have kids. • To escape being perceived as a "butch lesbian". • Feel remorse for neglecting other females (awareness of feminist solidarity).

(The previous and following tables (tables 1, 2a, 2b and Figure 1 are from Bridging the Gap, 2024).

This report done through a detransition support group shows some of the reasons why individuals detransition. The reasons are different for all kids, but as they mature you can see the logic they form for themselves from the table above. The reason for a girl transitioning is different than for a boy, and the reasons for a girl detransitioning is also different than a boy's. Knowing why kids detransition in their own words is important – individuals often don't listen to our rhetoric on studies, so this is another way to reach them, using this new group therapy data. Similar to 12-step meetings that target kids with addictions, you and I can help kids by employing licensed psychotherapists, who can facilitate similar therapy groups for youth with gender dysphoria.

Table 2a. Major themes and patterns emerging from group discourse

Theme	Males	Females
Autonomy	Aware of telling lies and using deception and manipulation before and during transition. Males used this to gain status.	Most report shame or fear in adolescence around being sexualised or objectified.
	Experienced bullying – often from older sibling.	Awareness of female roles in porn: submission and objectification. Triggered fear and anxiety.
Relatedness	Abusive males in their childhood. Sometimes, also the perpetrator of bullying. Transition used to "kill" the abuser within. This then triggered levels of shame and guilt they couldn't process.	Many agree that it begins with internalised misogyny, they believed women are "weak" or vulnerable. Female role models reinforce this.
	Older: (>35) report more anxieties; not being "man enough" or fear of failure. Younger: report agentic narcissism more; often fuelled by attachment issues from childhood social anxieties, they learned to put up a "shield" to preserve safety and stability. But all admit periods of antagonistic narcissism during transitioned period.	Older: Presenting male helped to lower risk of being vulnerable to the risk of male aggression. Younger: Same as above but with social pressures and desire to "belong" to highly empathetic group ("Leftists", LGBTQ+). Some narcissism reported.
	Many felt "nobody needed me" in childhood. Males need to believe they are needed (this triggers intrinsic motivation).	Transition allowed them to be more direct or confident. Less emotional, attributed to testosterone.
	Believed that men must "fight to be loved". An idea that women are easier to love, they draw love and empathy. Could be influenced by perceptions formed from porn.	Transitioning provided access to a male community that felt more resilient, where they could address their struggles practically. This was short lived though.
	Felt easier to care for the trans-id persona, that the original self was unworthy of self-compassion.	Trans-id used to escape vanity and/or pre-transition they believed love was contingent upon being beautiful.
	Transition forced people to be "more gentle" with them.	Many had anxiety around their tom-boy traits.
	Lack of healthy male role models.	Lack of "consistent life philosophy" and healthy role-modelling from parents (and their society).
	Deeper dysphoria caused by transition – by how others react to them, from suppressing innate masculine traits.	Deeper dysphoria caused by transition – hearing their deeper voice, seeing "my father" in the mirror, suppressing innate feminine traits.
	Pre-transition eating disorder reported by some. Related to delaying masculine features, preserving feminine features from pre-puberty, relates to oedipal regression.	Agreement that "eating disorder" preceded transition ideation, resolving eating disorder "resolves trans-ideation". Relates to unachievable beauty standards perceived through social media.

Table 2b. Major themes and patterns emerging from group discourse

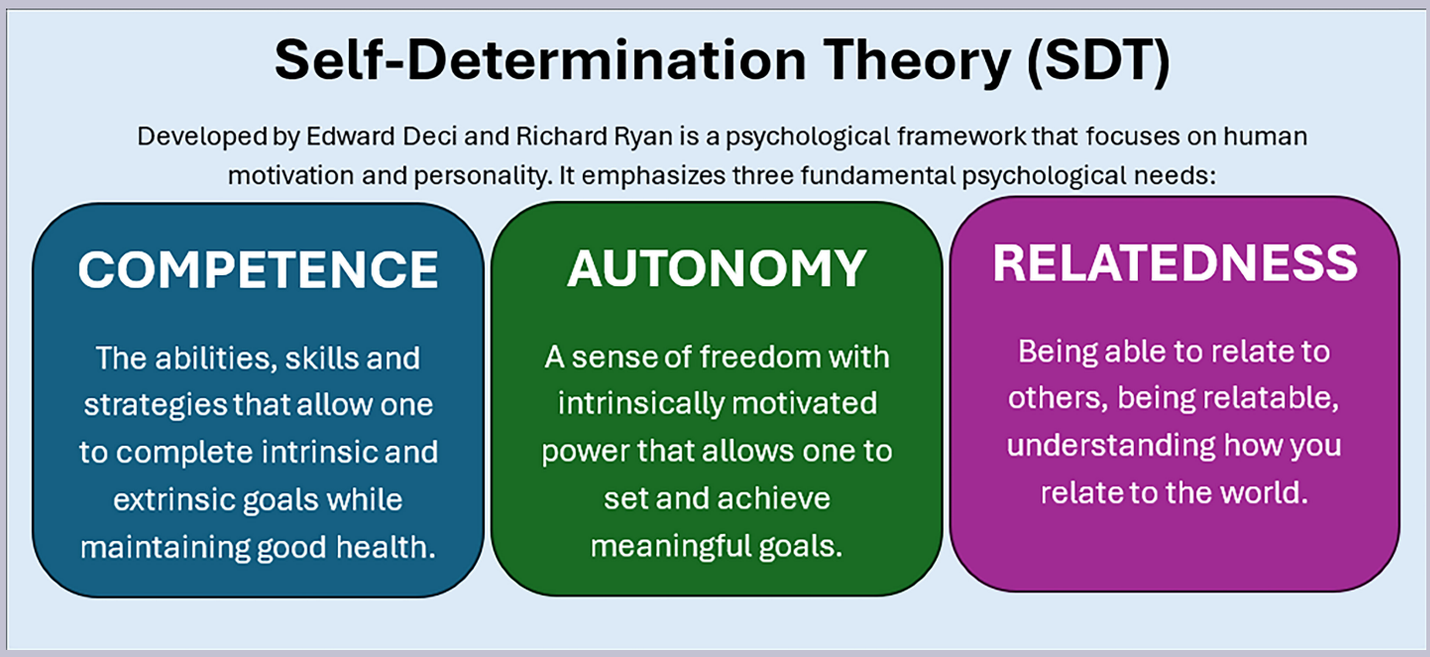
Competencies	Shame and guilt being male.	Fear and anxiety being female.
	Masculinity confusion: males respond to challenges intuitively; the transitioning pipeline is adopted in a vain attempt for higher status in society. Relates to the *Hero's Journey*.	Presenting as male initially removed body weight issues and relieved self-consciousness or vanity.
	Living as trans-identified required continuous incantation of transition ideology doctrine, suppression of the awareness of masculine interests and preferences that they still hold despite using oestrogen.	Living as trans-identified required continuous suppression of their feminine side. Continuous incantation of transition ideology doctrine, suppression of innate femininity by using testosterone.
	Transition provided permission to be more emotionally expressive, (perceived effect of oestrogen).	Testosterone provides permission to be more masculine; confident, assertive, and/or asexual.
	Pre-transition confusion about healthy sex drive. Transition used to "lower sex drive".	In childhood, adult women perceived as weak or powerless. To them, men appeared more resilient, more autonomous.
	Early exposure to porn, as young as age 8. The male role in porn; aggression and dominance, triggered guilt and shame.	Some gained weight using testosterone. Most experienced emotions being suppressed. Some early exposure to porn.
	Most report early adulthood shame around "uncontrollable" sex drive.	They wished they had learned more independence, competencies and life experience earlier in life.
	Many needed social acceptance for being gentler boys in their youth. This was in relation to their competencies regarding social skills and sexual development.	Trans-id mimics hope for a future that never arrives. Trans-id feeds change that generates hope but it "dries up".
		Confirmed being aware of telling lies and using deception and manipulation before and during transition. Females used this to increase security.
The detransition experience	After trans: They are exploring healthy ways to relate to other men, they did not have the ego strength to do this before.	Agreement that detransitioning allows genuine emotions to be addressed, which allows feelings of others to be respected.
	Detransition brings renewed value in employment or career.	Quality of relationships improves.
	Feel remorse and shame for having entered female-only spaces.	Complicated relationship with feminism.
Suggestions for pre-transition people	Dramatic changes can be achieved by changing basic sex-presentation characteristics like hair, body weight or muscle tone, and learning healthy responses that align with personal values and masculine traits. Find better role models. Medicalisation was unnecessary. Oestrogen driven breast development known to lead to "one size below your mother's breasts", triggers more dysphoria.	Dramatic changes can be achieved by changing basic sex-presentation characteristics like hair, make-up, weight etc (adding or stopping, gaining or losing depending on the individual) and building self-compassionate self-esteem in line with their personal values. Find better role models. Medicalisation was unnecessary. Testosterone caused dramatic changes, triggers more dysphoria.

Self-determination theory is a force that combats codependence as it reaches for the goal of autonomy. As children grow up and learn, as adults learn, to take responsibility for their actions, rather than blaming external forces, they stop relying on tribal identities to feel OK. In identity formation, here is a list of factors that contribute to child gender dysphoria from co-author Michelle Cretella's the Science of Transgender Belief:[44]

Factors contributing to child gender dysphoria:

1. Reactive Attachment Disorder
2. Adverse Childhood Events
3. Autism
4. Porn Addiction (sissy porn)
5. Major depression
6. General anxiety including internalized homophobia

Figure 1. Self Determination Theory (SDT)



Taking highlights from books on child development like Growing Up Again, parents can learn what messages they need to send to their kids. Many important child development facts are not taught in university anymore. University students are asked not to quote research more than 10-years-old. As a result, solid but older literature on child development has been downplayed and replaced with a lax watery version of a Client-Centered "let kids lead" approach. The protocol, to affirm a female child in her femaleness, and to affirm a male in his maleness, is considered harmful and regressive to many educators. That idea is nonsense, and goes against many decades of previous research. In the following pages you will read child development theory and learn to understand how children develop a working model for behaviour.

In an ideal world dad would discuss emerging sexual realities with his son and mom would do the same for her daughter. It is best for men to counsel boys because men

can understand the heightening effects of testosterone better than a woman, while women can explain menstruation and remember the delicate and sticky situations girls can find themselves in, better than a man. Generally, though, mom and dad can support kids in the following ways. Some behaviours are helpful, while others could shame the child, preventing a healthy self-esteem. Self-esteem is a family affair! This table is from the book Growing Up Again.[45]

Table 3. Behaviours Helpful/ Unhelpful (see full tables for Growing Up Again - Stages of Development

Helpful	Unhelpful
● Affirms Adolescent for doing developmental tasks ● Continue to offer love safety and protection ● Accept all of adolescent feelings and talk about what it was like when you had emerging sexual feelings. For parent child discussion * [this does not apply to teachers* remembering that sex discussions should be male/male and female/female at this time] ● Confront unacceptable behavior ● Be clear about position on drug use and on sexual behaviours ● Confront discounting ● Identify way the adolescent is becoming separate and affirms the ones that are supportive of independence ● Understand and affirm reworking of tasks from earlier developmental stages ● Celebrate adolescent's growing up and welcome adulthood ● Urge youth to be true to themselves and find accommodations with socially acceptable behaviour ● Take community action to make schools and streets safe	● Unresponsive, uncaring behaviour ● Withhold loving touch ● Responds sexually to adolescent's developing sexual maturity ● Uses rigid rules or no rules or unevenly enforced rules to enforce rules or refuses to negotiate rules. ● Neglects to expect thinking and problem-solving behaviour. ● Cruelly teases about sexuality, interests, fantasies, dreams, appearance, or friends. ● Fails to confront destructive or self-defeating behaviours – anything from drug abuse to limited friends and interests. ● Attempts to keep child from separating. ● Unwilling to let child feel miserable for brief times.

Identity Development Theory and Autonomy

Transactional Analysis (TA) psychotherapy is an intervention that is built to "do no harm." Much literature has been devoted to programs that target a damaged Child ego state; this is TA psychology. In TA notation, the Child, Adult, and Parent are capitalized to distinguish the meaning of the ego-state from actual people. TA will often focus on the damaged Child[46] ego state, which is alive, living below our conscious awareness. The Child ego state needs positive messages to overcome and mature from any developmental delay from the past. People become delayed when developmental obstacles are not overcome. Not coming to terms with normal human sexuality is a developmental delay. This is often a trauma-induced delay, but lack of development can be a result of a disability as well. Understanding what good mental health looks like in a family is key.

For starters, in the diagram of ego-states in the PAC model, Parent (P), Adult (A), and Child (C) are parts of each individual's personality. People can use this TA model to monitor their own behavior and change their ego-states accordingly. The Adult is advised by the Parent ego-state of rules. The child ego-state is the emotional part of the mind advising the self how they feel about things below the surface. Transactional Analysis (TA) is psychotherapy for the layman. There is no fee to learn this, and you can do it when you are ready. The intention is always to use 5-year-old language so that parents, grandparents, and children can use the language of development together. When words make sense, it's helpful.

Studies Exemplifying the use of TA

Studies on the effectiveness of TA for adults and adolescents have had positive results. Such as a study in Tehran, where 40 adolescent girls were divided into an experimental group and a control group. "The results showed a significant effect on parent-child relationships in adolescence, compared with the control group."[47] A similar, larger study, consisting of 200 individuals (100 of them in the control group), concluded that TA was effective in adolescents to facilitate self-identifying ego-states that operate during problem situations and revealed that the impact of TA is positive in reducing the depression and aggression among adolescents.[48] Parents and children with TA skills have a better awareness and increased understanding of others. Finally, a study involving women on methadone was examined, which concluded that group therapy using TA was effective in reducing addiction intensity.[49] This addiction study has further practical applications regarding parent/child attachment theory. Promoting attachment-theory that highlights the need for promoting the mother/child bond is key. Children who lack this kind of connection with those responsible for them are very difficult to parent or, often, even to teach. Only the attachment relationship can provide the proper context for child-rearing."[50]

Gestalt language, from which TA is built, has been used with parents and teachers for many years. It makes sense to me, so I provided an excerpt from a gestalt book. It may not be 5-year-old language, but it explains the fantasy thinking that happens, generally, with all kids. I have a 15-year-old son who is on the spectrum, so I understand the need for simple

language. I use TA with my son, but this language, the language of gestalt, is slightly above his memory capability. It is best to explain psychological truths to children in terms they can understand.

The Language, A Gestalt is a Learning Cycle in Child Development-

Gestalt Development – Joel Latner – A gestalt is a learning cycle

You may wish to skip this section, skim over it, or read it. The vocabulary of gestalt is introduced by Latner (1972), who describes 'putting on a mask' in childhood development terms. This is a key to understanding individuals who cross-dress. Introjection is a normal part of learning. When you learn about how children learn, you tend to think about that development in a different way, with more empathy and clarity. Sometimes, the word introjection is used to describe a parent's voice from the past that resides in the mind (Parent ego state). Any ideology from a parent can be injected into a child's mind and reside there forever. This set of beliefs is called an injunction. An injunction is a set of beliefs swallowed whole. Like a morality play, it is introjected into the mind in a meaningful way, but also, often full of mystery. An injunction is when a person holds a set of beliefs in their mind and does not question them to their logical conclusion.

The Self has characteristic ways of making contact in the process of growth...When we are at our zero point [the beginning of the learning cycle], prior to and after gestalt formation, our experience is of loose undifferentiated contact with the field [the environment]. We may feel we are as much a part of our surroundings as we are ourselves. We may experience a loss of distinctness as we appreciate the stillness of the night or the rolling of the ocean waves. In this state ... we may feel we have become those waves.

At such a point, we say we are confluent with what we are

in touch with. Our boundaries have become permeable, and we appreciate the similarity of what we contact and ourselves. Confluence is the appreciation of sameness. It is the kind of contact in which little or no contact is felt. Instead, we experience our empathy through our surroundings. At such times, if we are with another person, we may feel we truly understand his [or her] experience because we seem to be having it as he [or she] does.

Confluence is a major component in religious experiences of oneness, and it is the dynamic work in certain drug experiences. This quality of sympathetic resonance comes from maintaining contact with another at certain times and is also the basis for the knowledge and intimacy we have with others. It is the bridge from man to man. The privacy of our isolated self is gone; instead, we allow others to share our experience, to know us. At this point in the meeting, the contact is so true, and we are so compatible that we feel the experience of another's existence.

Another normal contact characteristic similar to confluence is projection. In projection, we also seem to dismantle the boundary of the self, but instead of taking on the existence of the other onto ourselves or merging with him [or her], we put our existence onto the other. The other person or object serves as a movie screen onto which we project one aspect of ourselves. In normal functioning, this is the fantasy process by which we visualize the environment differently from the way it presently is in order to test ideas for remaking the field. An Architect, viewing a wooded hillside, projects a country house onto it. Looking into the mirror, we project a mustache on our clean-shaven face or long hair on short hair. Along the way of creating a gestalt

to meet a present need, we avail ourselves of our ability to see reality differently from its actuality, more in accord with our desires. Or perhaps we re-arrange aspects of the field in a different way than their previous arrangement: Thinking about how to rearrange the living-room furniture, or packing the car trunk. This process is the beginning of the invention of self. By abstracting the field and recasting it according to our needs, we can make art or scientific discoveries. This activity is central to all creative thought, artistic and practical.

In health, we eventually gain responsibility for our needs and for what we have done. An example of this is an artist who makes over reality to suit his [or her] muse...He knows what is fantasy and what is outside of him.

Healthy projection is similar but stylistically linked more closely to confluence... By identifying the other with our needs or inventing them with our needs, we create a fantasy full of meaning. Though we may obliterate the actual other in the course of our invention—and even prefer what we have made over compared to what we started with—we do not believe our projections reflect the state of the field [the environment].

The undifferentiated state of the infant is the development precursor of projection and confluence. Boundaries are not yet well developed... the infant has no concept of self or others, so there can be no boundary. His environment is part of him, confluent with him.

Healthy introjection is similar to confluence but is stylistically linked more closely to the mode of functioning

we have called ego than is confluence. It is clearer and more forceful. Introjection is taking on attitudes and behaviors without the process of gestalt formation. It is rote learning without assimilation. In introjected behavior, all we can do is play roles because we have not become what we are doing. The gestalt that is us has not been altered by including the new material in it. We take on introjections like we put on a mask.

Healthy introjection is role play that is known to be so. It is the play-acting of a child or of an actor. In this way, we expand our possibilities, trying on new ways of being to see if they fit, or if we are interested in taking them in, or making them familiar and hence less threatening. (F.S. Perls used the example of a child who goes to the dentist, has the usual painful experience, and plays dentist after she comes home. She is trying to gain mastery of this fearful situation by taking the dentist's role.

In introjection, there is a felt boundary since introjection requires that the self function predominantly in the mode of ego, searching out from the field the parts we introject. We know there is some difference between what we are and what we are doing. Imitation, copying, and role-playing are healthy introjections. In health, we discard them when we are done playing with them.

Healthy retroflection is the self in the mode of ego ordering and regimenting our behavior according to the demands of the situation. It is what is called self-control. In healthy retroflection, we control ourselves by effort of the will, forcing our energies into precise channels perhaps different from the ones they would take without retroflection. Good

examples of healthy retroflection are learning to type or learning to play a musical instrument. It is only through careful dedication and increasing control and refinement of our actions that we come to be able to do what we wish to do. The process of refining is retroflection. This is self-restraint under the auspices of the growth of the self. Healthy retroflection is discipline.[51]

The Working Model – Nurturing and Protective Factors

Infants develop a working model of attachment from about age 0 to about age 7 (secure, anxious, disorganized, and non-attached) based on how parents respond to them; they use this working model to predict the world around them. In other words, the early years set the tone for an individual's "life script."

The man who formulated Attachment Theory was Edward John Mostyn Bowlby (1907 -1990).[52] Bowlby said that infants form internal working models of attachment. The relevant behavior is based on early attachment. The Working Model is based on decisions children make about themselves and others. Trust vs. mistrust, for example, is the first development stage, where children learn how parents respond to them. A study showed that parenting behaviours had stable traits of warm or hostile reactions to their children called "love versus hostility" and "autonomy versus control" dimensions.[53] In a study done on maltreated preschool children, it was shown that the best treatment for attachment disorders is psychotherapy for the parent.[54] When a parent is organized, the child naturally improves. The development of an autonomous sense of self is an early stage-salient task and is unequivocally linked to attachment. Secure attachment leads to healthy psychosocial development, the protective factor guarding against the development of antisocial behavior. Numerous studies also show that about one-third of the children in middle-class families are insecurely and anxiously attached, and this number may be increasing in Canada.[55]

Table 4: Continuum of Attachment[56]

Continuum of Attachment

SECURE	ANXIOUS	DISORGANIZED	NONATTACHED
Comfortable with closeness and trust Felt security Vulnerability acceptable Positive working model Individuality, togetherness balanced	Resists or ambivalent about closeness or trust Moderately controlling and insecure Negative working model Rejecting or clingy	Unable to trust or be close Aggressive and punitive control Negative working model (severe) Pseudo-independent Rejecting or clingy	Unable to form emotional connections Lacks conscience or remorse Predatory behaviors Negative working model (severe)

Levy, T. M., & Orlans, M. (1998). *Attachment, trauma, and healing: Understanding and treating attachment disorders in children and families.* Washington, DC: Child Welfare League of America, Inc.

A 40-year longitudinal study showed that three types of protective factors were identified for resilience: 1) temperament, 2) attachment to family and primary care-givers, and 3) external support, i.e. church and school.[57]

Figure 2. Protective Factors[58]

What are Protective Factors?

- Social compitence
- Attachment to family
- Empathy
- Problem solving
- Optimism
- School achievement
- Easy temperment
- Good coping style
- Supportive caring parents
- Family harmony
- Secure and stable family
- Supportive relationship with an adult
- Strong family norms and morality
- Positive school climate
- Prosocial peer group
- Sense of belonging
- Opportunities for success at school and recogntition of achievement
- School norms regarding violence
- Meeting significant person
- Moving to new area
- Opportunities at critical turning points or major life transitions
- Access to support services
- Community networking
- Attachment to the community
- Participation in community group
- Community/cultural norms against violence
- Strong cultural identity/ethnic pride

People make a map of responses to their feelings by what they learn in church, the media, at home and at school. Fight, flight or freeze reactions become mitigated through socialization. I can't change my working script overnight because I was built on it, I made my script very early in life. The script is determined by about age-5. But people mature and change their script over time.

What psychologists have learned over the years about early mother-child interaction; motor and social development; defense mechanisms; moral development; and adult life transitions all serve to provide a background of information to assist in determining the state of development at which emotions, behaviours, or interactions, have become fixated. To be fixated is to be

stuck in fantasy/script. Another way of describing this fixated impasse is as a state of interrupted contact (contact interruption), or a developmental delay resulting from an attachment disorder.[59]

Insecure attachments result from un-met needs. On one hand the child is still looking to have their needs met, on the other hand, when needs are met, the new pattern contradicts the working model of negative expectations that makes up the life script. As Bowlby points out, the term 'secure,' in its original meaning, 'applies to the world as reflected in the feeling and not the world as it is.[60] There is much fantasy overlap in our behaviour, what we perceive, and how we interpret what we perceive, and this is often out of sync with reality, it may not represent the truth, or it may only represent part of the truth. A child with a secure attachment will still have to grapple with problems, from a different perspective.

Children have different temperaments, separate from socialization. When it is said that a child has a biological predisposition to something this means that how a child perceives the security of their environment is also influenced by temperament. Children with difficult temperaments may have behavioural problems, however, "children with difficult temperaments can fare well when parents are warm, supportive, and respect their children's autonomy."[61] A working model of attachment-relevant behaviours is associated with an infants' own behaviour. What we believe shapes further beliefs about the world and ourselves.

Attachment theory is the study of parent child relationships. Adults also have internal working models of attachment relationships with their own parents, and these working models guide interactions with their own infants.

A large study classified people into one of three groups: 1) secure adults who objectively describe childhood experiences, and value their parents; 2) dismissive adults, who sometimes deny the value of childhood experiences and may be unable to recall early childhood experiences while simultaneously idealizing parents; and 3) preoccupied adults, who describe childhood experiences as emotionally charged and often express anger or confusion regarding relationships with parents.[62] The social/biological link in development is the study of epigenetics.

Epigenetics

Epigenetics refers to environmental factors at play in the brain's development. The changes that affect the way your genes work are called epigenetics. DNA methylation is a critical regulatory mechanism referred to in epigenetics. DNA methylation affects the brain's development, how we learn, memory, and diseases in the human brain. Though epigenetic changes are brought on in infancy by stress, the changes are reversible. Various studies with rats show that baby rats with high-licking mothers have babies with increased DNA methylation. The babies with low licking mothers had lowered methylation, higher autoimmune disease, and less tolerance to stress. When rats who had been neglected were put with moms that were more affectionate, those rats increased their DNA Methylation and developed a higher tolerance to stress.[63] In a human comparison, this is a biological description of a contact interruption between mother and child. A contact interruption, biologically speaking, is a central nervous system alteration. This alteration may persist into adulthood, albeit in modified or attenuated forms, because of maturation and adaptation to decreased volumes in the corpus callosum resulting from developmental trauma.[64]

The behavioural and biological features that distinguish those with interrupted interpersonal contact from others are: high levels of aggression; aggression or fear at neuroendocrine levels; higher levels of cortisol, Nero-transmitter metabolism, and lower levels of serotonin; and abnormalities in brain structure and function in the gene expression, such as methylation patterns.[65] Socially speaking, the individual has partially blocked their awareness of details in interpersonal relationships to feel safe.

Strokes, Games and Rackets

In the book Games People Play (1964), a transactional analysis book, Eric Berne describes a psychological Game as a drama that goes on and on, based on past unresolved moments in life. Berne describes how draining repetitive arguments happen and how sabotage happens below an individual's level of awareness. When people smile at their own misfortune, this is called a "gallows smile" a discount of the self, something Berne noticed in Games.

Berne wrote about personalities, social workers, for example, who may play the Rescuer position, kidnapping the child and keeping the family drama high, rather than getting on with the solution of family therapy. According to Organizational TA Practitioner John Parr: "In my view a game is by definition unhealthy. The payoff is to prove something negative in the script. Games are always scenes where someone plays a chosen role, with a hidden agenda, preventing them from change. And with the game, there is no room for intimacy. "Some Games are more harmful than others, and as they confirm destructive script behavior to reinforce the script."[66] The Game player receives strokes for playing. Children need stroking for Recognition, for Stimulation, and for Certainty. If they don't get what they need, Games become a viable replacement for intimacy. If children don't get their needs met, Games afford many strokes.

There is potential for good stroking or bad stroking, and this sets the microstructure of the brain accordingly. Canadian M.D. Gabor Maté wrote, "Cells that fire together, wire together."[67] Mate says that the infants of stressed or

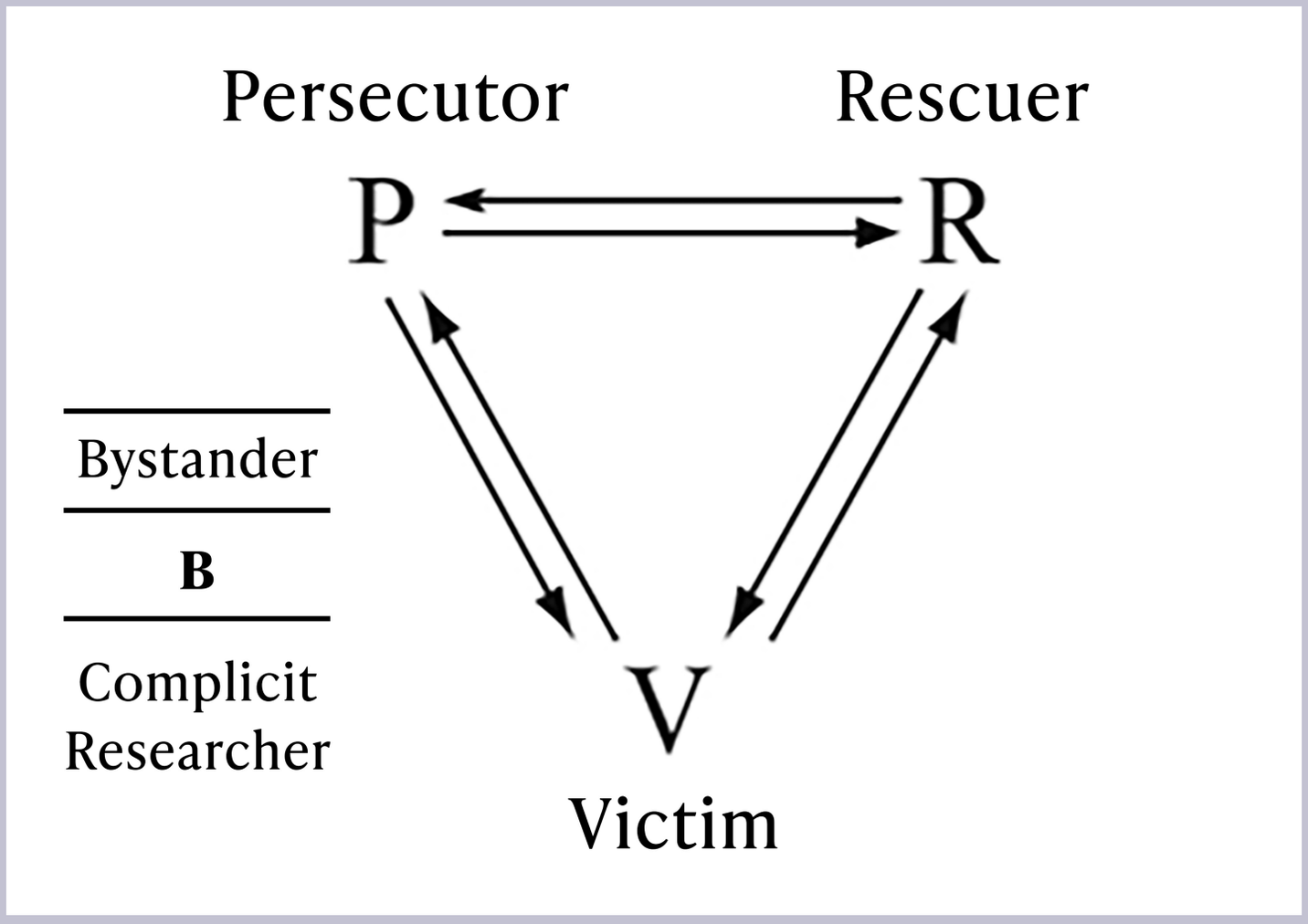
depressed parents are likely to encode similar reactions in the womb. Children may develop Rackets. Rackets are inauthentic feelings; feelings learned in childhood, often below an individual's level of awareness, for other feelings, which are used in a conditioned reflex manner to manipulate others.[68] Even perpetual happiness can be a racket if it covers up other, more authentic emotions, like sadness.

A psychological Game, or manufactured drama, is a distraction and a way to receive stimulation. The worst form of punishment is isolation, so some people spend their time getting strokes, both positive and negative, by living on the Drama triangle. TA is known for its use of Steve Karpman's psychological model of a psychological Game. This is called the Drama Triangle. Youth activists in university are often on the Drama Triangle. Activists get attention for saving the world while alleviating the guilt or resentment that has been instilled in them by whatever existing power. Activists play a Game for attention and escape from the long-term growth toward wisdom. Developing interdependence involves one-on-one discussions. The crowd mentality prevents wisdom. Youth activists are often expressing racket feelings and groupthink rather than authentic feelings; this is a cue that a Game is afoot and that real knowledge is being lost.

Drama Triangle

Steve Karpman's Drama Triangle: The triangle can be observed as an ongoing script, where players take one of three positions (Victim, Prosecutor, and Rescuer) and often switch roles.[69] Reality is lost. The exchange is not based on intimacy. Strokes are plastic (worth very little).

Figure 3. Steve Karpman's Drama Triangle



Detransitioners very rarely admit that they detransitioned. Who would listen? The activists are prone to confirmation bias. Trans activists often do not listen to parents, often because the youth activist is positioning the parent as an obstacle to their growth (the Persecuter position); the drama triangle is already set.[70]

Outside of the triangle, many doctors, teachers, parents, siblings, etc., have remained in the Complicit Researcher Position. When bystanders fail to stand up for what is right, they aid and abet the perpetrators. This is also called the "Bully Triangle." In a Drama, players are addicted to people and their problems and bully one another. Even those watching (Bystander position) are hurt by the Game, having witnessed it, and remained frozen.

If you find yourself in a situation, reveal the Game and then walk away. You can't win. The Game is based on discounts and outright lies. If it is not safe to walk away or call the Game, make an escape plan. You can't win with a liar who is "Playing Stupid". To be complicit in the bullying is to help the bully. In a family system or culture like this, the bully wins. Children interpret these losses of autonomy through the eyes of the victim (mom or dad, brother, sister, etc), putting the child bystander in their own trauma, often called "survivor's guilt."

Life Script

A life script, or a life position, is a repetition of the events and reactions of childhood.[71] Because there is no thinking in a script, discounts of reality are easy. People Play Stupid. The script provides automatic reactions to a complex life ("Be Kind", for example). A script results in a loss of awareness through automatic responses. "This loss of awareness of needs, feelings, experiences, and memories is repression - a defensive active 'forgetting' or shutting down of some part or our thinking and feeling. People believe the lies they tell in this way. The script is a collection of your ego-states; these are the players of the self in the grand play, often below your individual awareness. It is the 'working model' or a 'life script' that enables the automatic behaviour pattern to continue unchecked.

Children watch how parents love each other. An individual that is looking for a love partner to also be a parental figure, "In effect, each ends up acting like a parent one minute and a child the next."[72] The mental health of the parents and the quality of their marriage often affect the child. A marital relationship may duplicate or be diametrically opposed to the relationship that the parents saw existing between their own parents. To be diametrically opposed is to rebel against the life script without really leaving the script.

Children interpret their experience through someone else. In a system with domestic or corporeal abuse, rewards are for performing in ways that help the family/culture look good, reinforcing the denial. Children override their own

senses with someone else's information. Children who do not recognize their own feelings and live out their parents' wishes, or the wishes of the crowd, are open to totalitarian suggestion.[73]

Parents influence their children based on how they were influenced by their own parents. When parents use harsh physical punishment to discipline their children, these children tend to do the same when they are parents themselves. Codependent relationships on the Drama Triangle are draining. Children immersed in codependence are wasting important energy for growth by positioning themselves on the Drama Triangle, with siblings, against parents, or vice versa. These children will have "blowouts" where they release the steam that builds from rackets and unresolved codependent relationships.

What Children Need- Positive Strokes- Strokes for Being, Strokes for Doing and Structure

Children have a need for recognition and attention—"look at me," for example; a hunger for stimulation, "let's do something," or getting contact; and a hunger for certainty. Certainty is reassurance that the social psychological systems that keep us safe and make life predictable, "Who's in Charge here," are provided. Providing strokes for being and doing helps the child grow.

Babies need food, water, air, protection, and strokes. Yes, strokes - being caressed, being sung to, being cuddled, being touched, being talked to, being rocked, being touched, being carried, being handled, being touched... Babies who are not touched can experience depression, lack of appetite, weight loss, and death. This condition is called marasmus or wasting away. Touching a baby's skin stimulates growth. Both physical and mental. So, if you want your baby to grow up healthy and smart, cuddle her. Often

The talking and touching that the baby gets are called unconditional strokes. They are a positive reward for being. The baby does not have to earn them. She does not get them on condition that she behaves in a certain way. She gets them just because she is there. They are strokes for being and are very important since the job of the infant is to decide to be. "To be, or not to be: that is the question." If she gets enough care, if her needs are met, she will decide to be, to trust her caregivers, to trust herself, and later to trust her world. The frequency and quality of the strokes we give our infants are important because children define themselves in terms of the strokes that they get. Warm,

tender, loving responses to a baby's cry will invite her to decide that she can get her needs met, that she's OK. There's lots of positive self-esteem in that. A grumpy, rough response invites her to decide that she is not OK and maybe that other people are not OK either. She may still decide to live, to be, but will be less confident, less joyful in her decision. Not much positive self-esteem in that.

Unlucky is the child who is told not to be. "I wish you had never been born" is an invitation to a child to decide not to be; they are "Don't Be" messages. She may end her life quickly with an automobile or slowly with alcohol or drugs, or she may live her life without really being. By living only a small part of her life, she is capable of living. There is little positive self-esteem there.[74]

Stages of Development

Throughout the developmental stages, children need the right affirmations, in the proper stages, to feel permission to grow up. If a child does not get his or her developmental needs met, contact interruption may result.

One: In the stages of development, the "being" stage is the first stage of development. Birth to six months: In stage one, the child's job is to be, to live, to thrive, to trust, to call out to have needs met, to expect to have needs met, to be joyful. Developing a state of trust or mistrust happens now; a parent lies on the floor, coddling the baby with a sing-song voice, taking on the role of the child's higher power, offering good, orderly direction and unconditional love to the child for being.

Two: Stage two, six months to 18 months, is the "doing" stage where the child decides to trust others, to trust that it is safe and wonderful to explore, to trust the body senses, and to know what is known. A child is learning to be creative and active and to get support while doing all these things.

Three: The "thinking" stage lasts from eighteen months to three years. In order to separate from their parents, children must learn to think, solve problems, and deal with their emotions.

Four: The "Identity and power" stage lasts from three to six years. At this stage, the child must establish an individual identity, learn skills, and figure out role and power relationships with others.

Five: From six to twelve years old, children learn more about structure and install their own inner structure, which includes understanding rules and the freedom that comes from having appropriate rules. Much scaffolding and skill-building self-efficacy happens during this phase.

Six: From twelve to nineteen years, the youth will focus on identity, separation, sexuality, and increased competence.

Seven: Finally, adult development focuses on the journey from independence to interdependence, which includes a regular revisiting of previous tasks in ways that support the adult's goals. The final stage of life, Integration toward death, is the time when elders give wisdom to those who seek it. It is a time to wrap up old business and give back to society while making peace with one's own mortality.

Growing Up Again – Parenting Ourselves, Parenting our Children- Ages and Stages

Getting more specific about the developmental stages is important because parents who have not had their developmental needs met will need to revisit those needs and nurture themselves in order to help their children grow emotionally. Feelings that overwhelm an individual indicate a need to grow in some area. In the book Growing Up Again – Parenting Ourselves, Parenting Our Children, the developmental stages are provided with affirmations that meet our human needs. These are developmentally appropriate affirmations for growth. There are cues that indicate when a development milestone is not met and affirmations to help that development along, and these are provided with activities for re-parenting in the following tables.

Table 5. Growing up Again – Parenting ourselves, Parenting our Children – Stages 1-7

(over the following pages)

Stage 1: BEING - from Birth to about 6 Months

Stage 1 is about deciding to be, live, thrive, to trust, call out, have needs met, to expect to have needs met, to be joyful. These decisions are important to nourish and amplify throughout our whole lives.

1. Job of the Child

- to call for care
- to cry or other signal
- to get needs met
- to accept touch
- to accept nurture
- to bond emotionally
- to learn trust
- to learn caring of the adult and self
- to decide to live
- to decide to be

2. Typical Behaviors of the Child

- to call for care
- to cry or other signal
- to get needs met
- to accept touch
- to accept nurture
- to bond emotionally
- to learn trust
- to learn caring of the adult and self
- to decide to live
- to decide to be

3. Affirmations for Being (Others)

- I'm glad you are alive.
- You belong here.
- What you need is important to me.
- I'm glad you are you.
- You can grow at your own pace.
- You can feel all of your feelings.
- I love you and I care for you willingly.

4. Helpful Parent Behaviors

- to affirm child for doing developmental tasks
- to provide loving, consistent care
- to respond to infant's needs
- to think for the baby
- to hold and look at baby while feeding
- to nurture by touching, looking, talking,& singing
- to get help when unsure how to care for baby
- to be reliable and trustworthy
- to get others to nurture you

5.Unhelpful Parent Behaviors

- not responding to baby
- not touching or holding enough
- ridged, angry, agitated responses
- feeding before baby signals
- punishment
- lack of healthy physical environment
- lack of protection (including siblings)
- criticizing child for anything
- discounting

6. Clues to a Need for Adults to Grow-up

- not trusting others
- wanting others to know what you need without your asking
- not knowing what you need
- not needing anything and/or feeling numb
- Believing others needs are more important than yours
- not trusting others to come through for you
- not wanting to be touched, compulsive touching, and joyless sexual touching
- unwillingness to disclose information about self, especially negative information

7. Activities that Support Growing-up Again

- use/adapt this stage's "Helpful Parent Behaviors,"
- to care for your inner child
- take warm bath and get therapeutic massage
- sing lullabies to the little child in you
- get more hugs
- visualize yourself as a child. If all-perfect mother or father could see this child right now, what would she or he do? What would he or she say? Do those things and say those things to yourself and ask someone who loves you to do or say those things for you
- do something to make your house more comfortable
- get therapy/healing if you need it

8. Growing up again affirmations for Being (Self) (when you're ready)

- I'm glad I am alive.
- I belong here.
- What I need is important.
- I'm glad I am me.
- I can grow at my own pace.
- I feel all of my feelings.
- I love and I care for myself and willing to accept love and care from others.

Stage 2: DOING - from about 6 to 18 months

The second stage is a powerful time when it is important for the child to decide to trust others, that it is safe and wonderful to explore, to trust his/her senses, to know what he/she knows, to be creative and active, and to get support while doing all these things.

1. Job of the Child

- to explore/ experience environment
- to develop sensory awareness by using all senses
- to signal needs/trust others and self
- to continue forming secure attachment with parents
- to get help in times of stress
- to start to learn that there are options and not all problems are easily solved
- to develop initiative
- continue tasks from previous stage (Stage 1)

2. Typical Behaviors of the Child

- tests all senses by exploring the environment
- to be curious
- to be easily distracted
- wants to explore on own but be able to retrieve caregiver at will
- starts patty-cake and peek-a-boos
- starts using words during middle or latter part of stage

3. Affirmations for Doing (Others)

- You can explore and experiment and I will support and protect you
- You can use all your senses when you explore.
- You can do things as many times as you need to.
- You can know what you know.
- You can be interested in everything.
- I like to watch you initiate and grow and learn.
- I love you and I accept you when you are active & when you are quiet.

4. Helpful Parent Behaviors

- to affirm child for doing developmental tasks
- to continue to offer love, safety & protection
- to provide a safe environment
- to protect child from harm
- to continue to provide food, nurturing touch and encouragement
- to say 2 "yes's" for every "no"
- to provide a variety of things for the child to experience
- to refrain from interpreting child's behaviour when possible. "You like looking at yourself in the mirror." Instead report behavior, ex: "Judy is looking in the mirror."
- to respond when child initiates play
- to take care of your own needs

5.Unhelpful Parent Behaviors

- fails to provide protection
- restricts mobility
- criticizes or shames child for exploring
- discipline or punishment
- expects child not to touch "precious" objects
- expects toilet training
- discounting

6. Clues to a Need for Adults to Grow-up

- boredom
- reluctance to initiate
- being overactive or over quiet
- avoiding doing unless you cannot do perfectly
- being compulsively neat
- not knowing what you know
- thinking it's okay not to be safe, supported and protected

7. Activities that Support Growing-up Again

To care for your inner child:

- explore your house on your hands and knees. notice how different things look
- Ask a friend to take you some place you have never been before.
- Explore some safe objects. Shake, smell, taste, look at, listen to, stack the objects. Pay close attention to the objects. Think how you feel when you devote yourself to learning about familiar things in a new way
- Explore new talents, foods, activities and cultures
- drive to work a different way
- get therapy/healing if you need it

8. Affirmations for Doing (Self) (when you feel ready)

- I explore and experiment and I get support and protection while I do.
- I use all my senses when I explore
- I do things as many times as I need.
- I know what I know.
- I am interested in everything.
- I like to initiate and grow and learn.
- I love & accept myself when I am active & when I am quiet.

Stage 3: THINKING - from about 18 months to about 3 years

In order to separate from parents, children must learn to think and solve problems. Learning to express and handle feelings is also important.

1. Job of the Child

- to establish ability to think for self
- to test reality, to push against
- boundaries and other people
- to learn to think and solve problems with cause and effect thinking
- to start to follow simple commands
- to express anger and others feelings
- to separate from parents without losing their love
- to start to give up beliefs about being the center of the universe
- to continue tasks from earlier stages

2. Typical Behaviors of the Child

- begins cause and effect thinking
- starts to parallel play
- starts to be orderly, even compulsive
- sometimes follows simple commands, and sometimes resists
- tests behaviors: "No, I won't and you can't make me."
- try's out the use of tantrums

3. Affirmations for Thinking (Others)

- I am glad you are starting to think for yourself
- It's okay for you to be angry, and I won't let you hurt yourself or others
- You can say no or push and test as much limits as you need to.
- You can learn to think for yourself and I will think for myself.
- You can think and feel at the same time.
- You can know what you need and ask for help.
- You can become separate from me and I will continue to love you.

4. Helpful Parent Behaviors

- affirm the child for doing developmental tasks
- continue to offer cuddling, love, safety and protection
- celebrate the child's new thinking ability
- encourage cause and effect thinking
- provide reasons, how to's, and other info
- accept positive & negative expressing feelings
- teach options for expressing feelings instead of hitting or biting
- set reasonable limits and enforce them
- remain constant in face of child's outbursts; neither give-in nor overpower
- provide time and space for child to organize thinking
- give simple, clear directions child can follow, encourage and praise achievement
- expect child to think about own feelings and start to think about other's feelings
- think and refer to child as "Terrific Two"
- take care of own needs

5.Unhelpful Parent Behaviors

- use too many "don't"s and not enough "do"s
- getting caught in power struggles
- trying to appear to be a good parent by having a compliant child
- referring to the child as a "terrible two"
- refusing to set limits or expectations
- setting too high expectations
- expecting child to play "with" others before learning to play "near" others
- refusing to use discipline for thinking.
- shaming the child
- discounting

6. Clues of a Need for Adults to Grow-up

- inappropriate rebelliousness (chip on shoulder)
- rather be right than successful
- bullying, and use of anger to cover fear, sadness, shame, guilt, and other feelings
- think the world revolves around self
- fear of anger in self or others
- saying "no" or "yes" without thinking
- scared to say "no" or "yes" and allowing others to dominate the outcome of answers
- passive-aggressive behaviors

7. Activities that Support Growing-up Again

- Make a "No list" of things it is important for you to say no to and to say no to them
- Get a new recipe or find something to assemble, follow directions exactly.
- Get 3 people to tell you how well you did
- Do something to improve your memory. Learn about memory, read a book, take a workshop, practice something.
- Pick 7 things it is important for you to remember and remember them
- Learn to use a Fuss box: Get a box and kick it in private (say what you need to say), then decide one thing that you will change about the situation.
- get therapy/healing if you need it

8. Affirmations for Thinking (Self)

- I think for myself and I let others think for themselves.
- It's okay for me to be angry, and, when I am, I express it in a way that helps solve problems and does not hurt me or others
- I say no whenever I need to say no.
- I can think and feel at the same times; I use my feelings to help me think clearly whenever I need it.
- I know what I need and I ask for help whenever I need it
- I am separate from others and I love them and I am loved by them

Stage 4: IDENTITY & POWER - from about 3 to 6 years

The tasks of this stage focus on learning and activities that help the person establish an individual identity, learn skills, and figure out role and power relationships with others.

1. Job of the Child

- to assert an identity separate from others
- to acquire info about world, self, body & sex roles
- to learn that behaviors have consequences
- to discover effect on others and place in groups
- to exert power to affect relationships
- to practice socially appropriate behavior
- to separate fantasy from reality
- to learn extent of personal power
- to continue learning earlier developmental tasks

2. Typical Behaviors of the Child

- engages in fantasy play, possibly with imaginary companions
- gather information: how, why, when, how long
- tries on different identity roles by role playing
- starts learning about power relationships by watching and setting up power struggles
- practices behaviors for sex role identification
- starts cooperative play
- practices socially appropriate behavior
- begins interest in games & rules

3. Affirmations for Identity & Power (Others)

- You can explore who you are and find out who other people are.
- You can be powerful and ask for help at the same time.
- You can try out different roles and ways of being powerful.
- You can learn the results of your behaviour
- All of your feelings are okay with me.
- You can learn what is pretend and what is real
- I love who you are

4. Helpful Parent Behaviors

- affirms child for doing developmental tasks
- continues to offer love, safety & protection
- is supportive as child continues to explore the world of people, things, ideas, feelings
- encourages child to enjoy being a girl or boy - teaches that both sexes are okay
- expects child to express feelings and to connect feelings and thinking
- provides information about child's environment and corrects misinformation
- gives answers to questions
- provides appropriate positive or negative consequences for actions
- uses language that is clear about who is responsible for what
- encourages child's fantasy and reality and his separation from fantasy and reality
- compliments appropriate behaviors
- maintains contact with supportive people who help parent nurture self
- responds matter of factly and accurately to child's curiosity about the human body and the differences between boys and girls
- resolves own identity problems that surface

5.Unhelpful Parent Behaviors

- teasing
- inconsistency
- not expecting child to think for self
- unwillingness to answer questions
- ridicule for role playing or fantasies
- respond to child's fantasies as if real
- use fantasy to frighten or confuse child
- discounting

6. Clues of a Need for Adults to Grow-up

- having to be in power position
- fear/reluctance to use power
- unsure of personal adequacy
- identity confusion: needing to define self by job or relationship
- feeling driven to achieve
- overuse of outlandish dress or behavior
- frequently comparing yourself to others and needing to come off better than others
- wanting or expecting magical solutions or effects

7. Activities that Support Growing-up Again

- use and adapt stage's "Helpful Parent Behaviors" to care for your inner child
- make a list of 10 things you would like to do
- give or go to a costume party
- join a men's group/ women's group
- talk and think about your idea of sex roles
- find out about a different job or career
- write a story, "In my next life I will..."
- learn about appropriate manners to use in another culture
- get therapy/healing if you need it

8. Affirmations for Identity and Power (Self) (when you feel ready)

- I continue to explore who I am and find out who others are instead of making assumptions.
- I am powerful and I do ask for help whenever I need it.
- I try out new roles and I learn new ways of being effective and powerful.
- I accept responsibility for results of my behavior.
- I differentiate between reality and fantasy.
- I love who I am.

Stage 5: STRUCTURE - from about 6 to 12 years

It's important at this stage to learn more about structure and install our own internal structure. This includes understanding the need for rules, the freedom that comes from having appropriate rules, and the relevancy of rules.
Examining the values on which our rules are based is important.

1. Job of the Child

- to learn skills, learn from mistakes, decide to be adequate
- to learn to listen in order to collect information and think
- to practice thinking and doing
- to reason about wants and needs
- to check our family rules and learn about structures outside the family
- to learn the relevancy of rules
- to experience the consequences of breaking rules

1. Job of the Child (continued)

- to disagree with others and still be loved
- to test ideas and values and learn value options beyond the family
- to develop internal controls
- to learn what is one's own responsibility and what it others' responsibility
- to develop capacity to cooperate
- to test abilities against others
- to identify with same sex
- to continue to learn earlier tasks

2. Typical Behaviors of the Child

- asks questions and gather information
- practices and learns skills
- belongs to same sex groups or clubs
- compares tests, disagrees with, sets, breaks, and experiences consequences of rules
- challenges parent values, argues, and hassles
- may be open and affectionate or seem contankerous, self-contained, or may alternate among these

3. Affirmations for Structure

- You can think before you say yes or no and learn from your mistakes.
- You can trust your intuition to help you decide what to do.
- You can find ways of doing things that work for you
- You can learn rules that help you live with others.
- You can learn when and how to disagree.
- You can think for yourself and get help instead of staying in distress.
- I love you even when we differ; I love growing with you.

4. Helpful Parent Behaviors

- affirm child for doing developmental tasks
- continue to offer love, safety and protection
- affirm children's efforts to learn to do things their own way
- make an accurate assessment of the safety of the child's world and teach conflict-resolution skills
- give lots of love and lots of positive strokes for learning skills
- be a reliable source of information about: people , world, sex
- challenge negative behavior and decisions; encourage cause and effect thinking
- be clear about who is responsible for what
- affirm child's ability to think logically /creatively
- offer problem-solving tools
- set and enforce needed non-negotiable and negotiable rules

4.Helpful Parent Behaviors (continued)

- allow child to experience non-hazardous natural consequences for their way of doing things
- point out that you do continue to care for them even when they disagree with you
- promote the separation of reality from fantasy by encouraging child to report accurately
- be responsible for yourself and encourage child to be responsible for their decisions, thinking, and feeling
- encourage child's skills development by finding teachers and mentors in the area of the child's interest: first a teacher who is encouraging and enthusiastic, then one who teaches skills and insists on quality of performance; still later, probably not until adolescence, one who acts as a model and mentor

5.Unhelpful Parent Behaviors

- uneven enforcement of rules
- insisting on perfection
- expecting child to learn needed skills without instructions, help, or standards
- filling all of child's time with lessons, teams, and activities so child lacks the unstructured time to explore interests and learn the relevancy of rules
- unwillingness to allow child to learn needed skills without instruction, help, or standards
- rules and values too rigid or lacking
- unwillingness or lack of ability to discuss beliefs and values, to reevaluate rules, and to expect the child to develop skills for personal responsibility
- discounting

6. Clues of a Need for Adults to Grow-up

- having to be part of a "gang"
- only functioning well as a loner
- not understanding the relevancy of rules
- not understanding freedom that rules can give
- unwillingness to look at own rules, morals, values
- needing to be king or queen of the hill
- trusting the group thinking more than one's own thinking and intuition
- expecting to have to do things without knowing finding out, or being taught
- being reluctant to learn new things or be productive

7. Activities that Support Growing-up Again

- care for your inner child
- join a club and figure out what the rules are
- watch TV for one evening and list the morals and values presented. Compare the number of alcoholic drinks, cups of coffee or tea, soft drinks, water, incidents of violence, incidence of nurturing, etc.
- clean and organize something – closet, drawers, sewing kit, tool kit
- learn a new system of organization
- learn a new skill
- get therapy/healing if you need it

8. Affirmations for Structure (Self) (when you feel ready)

- I think before I say yes and no and I learn from my mistakes.
- I trust my intuition to help me decide what to do.
- I find a way of doing things that work for me.
- I know the rules that help me live with others and I learn new ones in new situations.
- I know when and how to disagree.
- I can think for myself and get help when I need it instead of staying in distress.
- I am lovable even when I differ with others; I love growing with others.

Stage 6: IDENTITY, SEXUALITY AND SEPARATION - from about 13 to 19 years

The tasks of this stage focus on identity, separation, and sexuality.

1. Job of the Child

- to achieve a clear separation from family
- to take more steps toward independence
- to emerge gradually, as a separate, independent person with own identity and values
- to be responsible for own needs feelings, behaviors
- to integrate sexuality into the earlier developmental tasks

3. Affirmations for Identity, Sexuality, and Separation (Others)

- You can know who you are and learn and practice skills for independence
- You can learn the difference between sex and nurturing and be responsible for your needs, feelings, and behavior.
- You can develop your own interests, relationships, and causes.
- You can learn to use old skills in new ways.
- You can grow in your maleness or femaleness and still be dependent at times.
- I look forward to knowing you as adult.
- My love is always with you. I trust you to ask for my support.

6. Clues of a Need for Adults to Grow-up

- preoccupation with sex, body, clothes, appearance, friends, sex role
- unsure of own values; venerable to peer pressure
- problems with starting and ending jobs, roles and relationships
- overdependence on or alienation from family and others
- irresponsibility
- trouble making and keeping commitments
- looking to others for definition of self
- confuses sex with nurturing
- unsure of maleness or femaleness or lovableness

2. Typical Behaviors of the Child

Adolescents makes some of identity separation choices by revisiting or recycling the tasks of earlier stages: Being, Doing, Thinking, Identity and Power, and Structure, with new information and with the same times confusing pressure of their emerging sexuality.

Therefore, adolescents may act very grown up one moment and immature the next. The ages at which they usually recycle and incorporate these earlier tasks are as follows:

Onset of puberty or about age 13 recycling the Being and Doing or Exploratory stages of infancy:

- sometimes independent, sometimes wanting to be fed/cared for
- exploring new areas without necessarily being concerned with standards or finishing

4.Helpful Parent Behaviors

- affirm adolescent for doing developmental tasks
- continue to offer love, safety, and protection
- accept all adolescent's feelings and talk about what it was like when you had emerging sexual feelings. Women express to girls and men to boys.
- confront discounting
- identify ways adolescent is becoming separate and affirm way the adolescent which are supportive of independence
- understand and affirm his reworking of tasks from earlier developmental stages
- celebrate growing up & welcome to adulthood
- encourage the teen's growing independence and accept the identity that is being forged urging them to be who they are and to find accommodations with socially acceptable behaviours. This may be different from the parent's expectations or dreams.

7. Activities that Support Growing-up Again

- care for your inner child
- write an essay starting: "What I want most to accomplish in my life is..."
- do something for a cause you believe in
- have a long talk with a mentor about what is important to you
- change hairstyle, new clothes, a new look
- go to a romantic movie or play or read a sexy novel.
- separate from a person who hurts you.
- join a support group.
- get therapy/healing if you need it.

2. Typical Behaviors of the Child (continued)

Age 14, recycling Independent thinking:

- sometimes reasonable and competent with intermittent rebellious bursts.

Age 15, 16,17, recycling identity and power:

- Asking questions, "why?" and "how come"?
- working out new identity with same sex and opposite sex with both peers and adults
- learning to solve complex problems.

Age 16-19, recycling structure:

- being adult and responsible with sudden short journeys back to earlier rule-testing behaviors
- may break rules, part of separation from parent

5.Unhelpful Parent Behaviors

- uses unresponsive, uncaring behavior
- withholds loving touch
- responds sexually to adolescent's developing sexual maturity
- uses rigid rules, no rules, non-enforced rules ▪refusal to negotiate rules
- doesn't expect thinking/ problem solving
- cruelly teases about sexuality, interests, fantasies, dreams, appearance or friends
- fails to confront destructive/self-defeating behaviors - anything from drug abuse to limited friends and interests
- attempts to keep child from separating
- doesn't allow teen to feel miserable for brief times
- discounting

8. Affirmations for Identity, Sexuality, and Separation (when your ready

- I know who I am and I know how to be independent.
- I get my nurturing needs met and I get my sexual needs met and I do both in a responsible way.
- I continue to evaluate and develop my interests, relationships, and causes.
- I learn new ways to use old skills.
- I continue to grow in my maleness or my femaleness, and to update my roles.
- I am dependent when I need to be, and I ask for support when I need it.
- I grow up again.
- I love myself: I am my own best friend.

Here is a quote from a 19-year-old girl exemplifying how to support a teenager:

"I needed a voice in my head when I was standing toe to toe with a panting ninth-grade boy who was telling me he loved me, telling me I wanted to 'do it' and moving right ahead. I wanted to have a reason to say no and feel that I hadn't signed some social death warrant by refusing to have sex."

Often, girls have been given the message by the media, their peers, and teachers that adolescents should not be cautioned against having sex, but rather, after being educated on pregnancy and sexually transmitted diseases, the best thing to do is to embrace sexual relations, and the decision was hers to make. Girls need guidance and support to grow, and activities such as sports can be a protective factor during puberty. Single sex sports can be a deterrent from distracting boy/girl teasing at that time as well.

Here are some examples of different parenting styles for a girl who is experiencing the onset of puberty:

- Abuse: Teases about acne, budding breasts, or voice change. Touches a child in a sexual manner.
- Conditional Care: Says, "I see you're starting to mature. I hate to see you grow up."
- Assertive Care: In a loving voice, the caregiver says, "I notice your body is changing. You are entering adolescence and becoming more grown up. That's a wonderful, important change. I love who you are." The caregiver continues to touch the child in a nurturing, non-sexual way acceptable to the child.

- Supportive Care: Says I'd like to celebrate this important milestone. How would you like to celebrate, or do you want to leave it to me?"
- Overindulgence: Says, "I see you're starting to mature. I'm glad! Now you can have boy-girl parties. Let's plan one for this Friday."
- Neglect: Doesn't notice or withholds touch. (Some parents confuse nurturing touch and affectionate touch with sex and stop touching their teenage children of the opposite sex. During puberty, however, most kids feel insecure and need the reassurance of continued, safe, parental touch.)

Here are some possible natural consequences for early sexual intercourse that are helpful to explain to girls:

- She might have regrets about being used
- She might get a sexually transmitted disease and could die of AIDS
- Sex too early can be preoccupying and leave little energy for personal growth. Relationship skills can be subsumed by sexual excitement.
- Easy sex and immature adolescent game-playing may infringe on a girl's search for identity.
- She may become busy taking care of the sexual needs of others; she may forget what her needs are, what her gifts are, and what goals she has for herself.
- Pregnancy
- When normal adolescent behaviours are postponed, later, she may want to recapture those lost teenage experiences, interfering with adult tasks.

The above sentiments were largely taken from the book Growing Up Again and the final stage of human development. The table below was also from Growing Up Again, written by Jean Illsley Clark and Connie Dawson.[75]

Stage 7: INTERDEPENDENCE: Adults

The developmental tasks of adulthood focus on the journey from independence, and include regular recycling of earlier tasks in ways that support the specific adult tasks.

1. Job of the Adult

- to master skills for work and recreation
- to find mentors and to mentor
- to grow in love and humor
- to offer and accept intimacy
- to expand creatively and honor uniqueness
- to accept responsibility for self and to nurture the next generation and the last
- to find support for one's own growth and to support the growth of others
- to expand commitments beyond self and family to the community and the world,
- to balance dependence, independence and interdependence
- to deepen integrity and spirituality
- to refine the arts of greeting, leaving or grieving
- to accommodate aging and accept dying

2. Behaviors of the Adult

There are many behaviors typical of the long years of the adult stage. The important ones for you right now are the ones you are doing; so list behaviors that are typical for you right now.

3. Affirmations for Adults (continued)

- You can build and examine your commitments to your values and causes, your roles, and your tasks.
- You can be responsible for your contributions to each of your commitments.
- You can be creative, competent, productive and joyful.
- You can say your hellos and goodbyes to people, roles, dreams, and decisions
- You can finish each part of your journey and look forward to the next.
- Your love matures and expands.
- You are lovable at every age.

3. Affirmations for Adults

- Your needs are important.
- You can be uniquely yourself and honor the uniqueness of others.
- You can be independent and interdependent.
- Through the years you can expand your commitments to your own growth, to your family, your friends, our community, and to all humankind.
- You can build and examine your commitments to your values and causes, your roles, and your tasks.
- Your needs are important.
- You can be uniquely yourself and honor the uniqueness of others.
- You can be independent and interdependent.
- Through the years you can expand your commitments to your own growth, to your family, your friends, our community, and to all humankind.
- You can trust your inner wisdom.

4.Helpful Adult Behaviors

- affirm developmental tasks
- willingness to look at self with love, objectively, and forgiveness
- willingness to celebrate successes, however large or small
- willingness to grow and change
- all behaviors that support the fulfillment of the affirmations

5.Unhelpful Adult Behaviors

- resistance
- unwillingness to learn, grow, and change
- competition with others for emotional needs
- imposing own definition of the world to others
- passivity, addiction, and codependency
- discounting

6. Clues of a Need for Adults to Grow-up

- overdependency
- afraid to be dependent
- independence to exclusion of interdependence
- difficulty making and keeping commitments
- role inflexibility
- afraid to grow old
- unwilling to say hello and goodbye
- unwilling to grieve and then move on with life
- living in the past
- living in the future
- living through others
- not knowing or getting what you need
- denial and discounting
- codependency

7. Activities that Support Growing-up Again

There are 2 types of activities that support growing up again.

One is to identify episodes from adult life and redo them, making new decisions and claiming new attitudes about who we are.

The other is to do the growing up again for each earlier developmental stage as many times necessary.

General Activities for Growing Up Again:

One way to do this is to respond to anxieties, needs, or clues that we identify in our daily lives to notice the developmental stage they may spring from, and to use the affirmations and activities that support growing up again in that stage.

Another way to grow up again is to pick a theme and choose activities to help recycle that theme at each developmental stage.

Here are some examples of themes:

- knowing what I know
- knowing that I need nurturing and accepting it
- being willing to be seen and valued
- being responsible for myself and to others
- building strong, not rigid, boundaries

8. Here are affirmations for starting to grow up again:

- It's okay to start today.
- It took me a long time to build the defenses I have built. I can take time to heal.
- Healing any weak spot strengthens other weak spots.
- I can welcome feeling stuck as a signal that the next healing is especially important and has a wonderful new freedom waiting.
- I have all the courage I need; the more I use, the more I have.
- I am worth the effort.

Here are some of the ways that you can explore the "Knowing what I know" part of stage 1 (Being):

- A couple times each week, he chose 3-4 activities that support "being."
  Give yourself affirmations for that stage and arrange for people to take care of you and to give affirmations in the way you want them
- Visualize yourself as a wonderful infant, exercise when you feel like it, and take naps or rest when tired

Sometimes, we can use our intelligence and ingenuity to create these experiences for ourselves in our daily living. Sometimes, we need the help of a book, like Breaking Free, Self-Reparenting for a New Life. Sometimes, we need the help of a respectful, caring support group. Sometimes, we need the help of a therapist and a therapy group. We can also benefit from finding new parent figures to mentor and nurture us.

Anytime we change what we believe or how we behave, we must keep several things in mind. First, people around us may not be enthusiastic about our changes. They may be more comfortable with us the way we are now. They may try hard to get us not to change or to thwart our efforts to change.

Nonetheless, adults need loving help to deal with their old defenses. Rest assured that as you make necessary changes, when you realize you have said or done something you regret, you can apologize and do it again in a healthier way.

We may choose a "new parent" therapist, as described in Jonathan and Laurie Weiss's book Recovery from Codependency: It is Never Too Late to Have a Happy Childhood, or we may contract with other people to play limited new parent roles with us. We may need loving help to deal with our old defenses.

Growing Up Again by Revising Specific Episodes:
The other type of activity that supports growing up again is to identify specific events in adult life, do them over again, let go of old negative feelings and decisions, and keep the new, positive, good ones.

One way to grow up again is to identify episodes from adult life and revisit and redo them, making new decisions and adopting new attitudes.

When you participate in an adult growing up again experience, it is important to let the new feelings and lessons in and to make new and healthy decisions about yourself and your life. Often, reliving an episode in adult life is healing and satisfying. Other times, it seems to be not enough. That often means we need to go to an earlier developmental stage to do some additional healing there. Choose activities to help recycle that theme at each developmental stage.

Adults need what children need:

1. Recognition - The hunger to be acknowledged - Look at me!
2. Stimulation - The hunger for the contact that is vital to life - Let's do something!
3. Certainty - The hunger for physical, social, and psychological systems that keep us safe and make life predictable. Who's in charge here?

Ways of Parenting:

1. Nurturing: This message is gentle, supportive, and caring. It invites a person to get his or her needs met, offers help, gives permission to succeed, and affirms.
2. Marshmallow (ineffectual): This message sounds supportive, but it invites dependence, suggests a person will fail, and discounts capabilities.
3. Structuring and Protecting: This message sets limits, protects, asserts, demands, and advocates ethics and traditions. It tells ways to succeed and affirm.
4. Criticizing: This message ridicules, tears down, tells ways to fail, and negates.[76]

Growing up again and again means getting what we missed earlier, so we don't have to go on without what we need now. Growing up again is a process, not a one-time accomplishment. All these parenting styles have different effects and make up the Parent ego-states. Nurturing Parent ego-states set rules that keep the self safe. Parents who fail to set rules are telling their children that they don't care; a marshmallow parent discounts the child's ability and gives the child permission to be helpless. At the same time, it lets the parent look good or play the martyr. Rigidity, supposedly for the sake of the child's welfare, springs from fear. It consists of old rules, written in concrete sometime in the past and usually for someone else. These rules often ignore developmental needs.

A study on the authoritarian, authoritative, permissive, and uninvolved styles of parenting showed that, over a range of racial, socio-cultural, economic, and sex differences, authoritative parents generally had positive influences for predicting well-adjusted children. Authoritative parents also provide high monitoring and expect their children to follow rules, resulting in adolescents who engage in more socially responsible behaviour. When parents are abusive, a child's well-being declines, and when parents spend time with their children, help with homework, talk about problems, encourage, and show affection, children do well.[77] The healthy inner child relationship formulates an adult-child relationship. How we talk to ourselves is as important as how we talk to our children. Maintaining a healthy self-view is key to parenting.

Physis – GOD and Spirituality

Adolescence is change and growth (physis) and the beginning of the learning cycle. A gestalt is a learning cycle; it is a time of change. Children go through many gestalts (mostly in the first 5 years). At the beginning of the learning cycle, there is regression. Before an individual chooses to change, there may be a period of regression, where things get worse before they get better. At this time, spirituality is a protective factor. At a time of change, when the individual is developing to the next level, old wounds are reopened and re-evaluated. The growth force. Also known as Good Orderly Direction (GOD) takes over. The God Drive propels healing and growth. The Growth Force is a good, orderly direction called 'doing the next right thing.

A healthy individual will reach these important three developmental milestones:

1. Attain a healthy ability to process feedback
2. Modify behaviour
3. and independently do the next orderly thing (which may or may not include asking for help or helping others).

In 12-step groups, I heard a story told comparing addiction with riding in a garbage truck. I am riding the garbage truck if I am not making decisions that have a good direction. I can take the truck all the way to the dump. Or, I can get off anytime and follow Good Orderly Direction. When I get off the garbage truck, this is the Growth Drive taking the wheel from the Death Drive. Addiction is the garbage truck. Physis is the growth force that makes organisms evolve into higher forms and get off the garbage truck; embryos develop into adults; sick people get better;

and healthy people strive to attain ideals. In 12-step groups, it is called the “higher power” and Good Orderly Direction (God). “Physis is nature, coming from the deepest biological roots of the human being and striving toward the greatest realization of the good.”[78]. Where are you going with this path? I ask myself. What will this behaviour end with? Am I riding a garbage truck all the way to the dump when I could just get off this destructive path? Listening to GOD is living a life with spiritual meaning. This is a protective factor in mental health.

Positive Developmental Psychology

Living a life with spiritual meaning is a protective factor in mental health. A diagnosis of gender dysphoria could be the beginning of an individual's limiting life script. But for the individual, it may be a spiritual awakening. It is important to understand the psychological needs that the disease meets for the individual. A medical doctor, Bernie Seigel (1986), described the resilience that can be obtained through prayer, meditation, yoga, or martial arts. He says sickness can be a manipulation. Sickness gives people "permission" to do things that would otherwise inhibit them. It can make it easier to say no to unwelcome burdens, duties, jobs, or other demands of other people. It can serve as permission to do what one has always wanted but has always been "too busy" to start. It can allow a person to take time off, meditate, and chart a new course. It can serve as an excuse for failure. It can make it easier to request and accept love, speak your feelings, or be more honest. Even a cold has a meaning. Often, its message is "You've been working too hard. Go home and nurture yourself."[79] Knowing how the disease serves the individual is key to understanding where improvement in well-being is needed.

Positive Psychology

Positive Psychology and Mindfulness look at the possibility of increasing well-being through optimism, purpose, a strong sense of self, gratitude, and intimacy.[80] Martin Seligman, the father of Positive Psychology, coined the term 'learned helplessness.[81] He pointed out the paradox that almost everything is better than it was 70 years ago (amenities, technology, purchasing power), but people are not happier. Without such amenities, it's the Amish who are doing better, psychologically, staving off depression and anxiety, than the rest of the modern world. "It has something to do with modernity and perhaps with what we mistakenly call prosperity."[82] The principles of Positive Psychology suggest that instead of focusing on diagnosis, focusing on well-being and supporting genus should be the new approach in psychology. It has been said that generally, Positive Psychology has improved the lives of many, myself included. I have found elements of these approaches in churches, schools, AA groups, and self-help books. The methods of positive psychology education involve writing about one's strengths, focusing on positive emotion, such as gratitude, finding a higher power, and considering what went well that day.[83] Positive Psychology studies highlight that other people make people happy. Community service is an integral part of treatment; through community service, individuals discover a sense of purpose by giving to others. Time spent in relationships, romantic relationships specifically, increases happiness.

The percentage of students experiencing persistent feelings of sadness or hopelessness seems to be increasing. Youth are looking for meaning and a strong sense of self.

Positive psychology outlines how this can be achieved. Through mindedness, or mindfulness techniques, such as practicing gratitude and finding a purpose. By focusing on what is meaningful and what brings joy. Positive Psychology also centers on self-awareness. Getting to know one's personality strengths, such as grit, which is a stickwithit attitude, increases well-being. Knowing your strengths increases those strengths. People who write about meaning and engagement live longer and are more likely to report life satisfaction than individuals who pursue pleasure. Studies also show that self-discipline (grit) is twice as good a predictor of high school grades as IQ.[84]

Client Centered Therapy: The Protocol

Client-centered therapy involves being congruent with myself while constructing a working alliance with a client. That means I am congruent in my beliefs while allowing the other individual their beliefs. Carl Rogers (1951) applied the humanistic concepts in his formulation of client-centered therapy in which cure is a matter of restoring growth-understanding, unconditional acceptance, and genuineness of relationship. First and foremost, the client must want to change. Given these necessary conditions, people will naturally and automatically begin to respond in healthy ways.[85]

The protocol for children with gender confusion is client-centered and starts with parent interviews. The assessment also attempts to understand the general functioning of the family matrix (e.g., the parent's relationship, parent-child relationships, sibling relationship, etc.) and how the child is functioning at school, in peer groups, etc. An effort is made to gain an understanding of how the parents have responded to their child's cross-gender behaviour prior to assessment, what goals parents have with regard to their child's gender development, and so on.[86] Most importantly, the protocol is to help the child live in their natal bodies.

1. Respect for the dignity of the person.
2. Do no harm.
3. Maintain responsibility to other members of society. If an individual is hurting themselves or others, steps can be taken to mitigate such harm.

Counselling the Adolescent

Knowledge about normal development, provided here, can help assess the developmental needs of a child or youth. Inviting a child to discuss adult issues of sexuality may be inviting a developmental path that would not have been considered by the child before the teacher introduced it; the adult introducing sexuality may be putting their 'stuff' onto a child (and possibly getting a thrill out of it). Premature insight introduces thoughts and fantasies that are not part of the child's normal development.[87] It has been noted that an increase in pornography caused a very high increase in boys committing sexual offences against girls.[88] Sex education must teach about the negative effects pornography has on society.

If youth are only ready to play with toys on the floor or express their feelings through markers, we cannot make them fit into an adult model of therapy. Many adolescents are not developmentally suited to talk therapy. Group and family therapy with a Development-based counselor is recommended.

LGBT Counselling

Homosexuality was declassified in 1981 as 'not a pathology which "regularly caused subjective distress or was associated with generalized impairment in social effectiveness of functioning."[89] We applaud that right and just decision. Sexual and Gender Minorities (SGMs) should be protected from discrimination; gay and lesbian behavior is still condemned in many countries as well as religious districts in Canada.

However, today, the push to include sexual orientation together with gender identity is marked by magical thinking - with the introduction of trans identities, reality is the enemy. It is important to affirm a child in the body they were born into. It is magical thinking to do otherwise. People may succumb to fantasy to fit into a crowd that espouses magical thinking.

Drivers

To Address Gender Confusion in Schools (Magical Thinking), it is important to look at the psychological descriptions of driver behaviour and socialized behaviours to examine the unexplained superstition and magical thinking that has surfaced in schools. Erickson's approach to delays in development as opposed to normal adolescent development involved biological drives. In Erickson's developmental stages, there was a drive at each stage; some drives overlapped and carried through many developmental stages or were set more strongly at different developmental stages. Intimacy and touch, the drive for autonomy, the drive for status and approval, etc., overlap the developmental stages. This is a normal positive development.

The negative side of biological drivers is that some drives are homicidal or suicidal, and what Freud called the 'death instinct,' also called 'mortido', [90] and these negative drives could explain the transgender phenomena. Those who know and do nothing help the oppressors.

Taibi Kahler's five drivers are a description of biological drivers that contribute to groupthink. These universal drivers, introduced by Kahler (1975), were considered to be below the level of an individual's conscious awareness and were the driving force in the unexplained behaviours of people.

These drivers are:

- Be Perfect
- Please (others)
- Try Hard
- Be Strong
- Hurry up[91]

When paired with a death drive, these drivers allow for automation and reduce awareness, providing "tunnel vision," a signature trait of transgender ideology. People who need release from constricting systems often seek support in radical groups that seem to answer all of life's problems.

The Help Gay Kids Need

Eva came out as a lesbian in high school in 2006 and, for the most part, was supported by her peers. Many gay youth, to the surprise of postmodern psychology, are not suicidal or self-destructive. Eva says that adults are divided, not kids. The inappropriate use of suicide statistics and children to justify male fetish can be found in the literature in schools on anal sex. This bothers gay students as much as heterosexual students. There is a loss of trust and confusion by students who are told to embrace pornographic teaching material. Eva says that kids don't need that or pride flags.[92] Adult men who cross-dress are allowed to share space with young female athletes; drag queens are advising young lesbians of their cis-privilege; these are double-bind mixed messages. A double-bind is a situation of impossibility. Girls are expected to be careful of strange men and to be on the defense against strange men at the same time. A double-bind message is a message that tells a child to fulfill contradicting ways of being. "Be a child."/" Think like and adult porn star." A double-bind will often have an implausible magical solution.

Magic can be an escape from life's problems. Queer theory espouses the slogan "Born that way" which is a double-bind that has encourages kids to "come out" safely during high school and university[93] but leaves no room for them to change their minds. The purpose of LGB education programs historically, to prevent bullying and provide a space for homosexual youth to belong, is noble. But it is also good and right to remember that premature sexuality is a red flag that may indicate that a child has been sexually abused or neglected.[94] The idea that genes drive

homosexuality is negligible, but temperament may have an impact on homosexual identification.[95]

Regarding transsexuals, there are two distinct subtypes of male-identified transsexuals. Members of one subtype are homosexual transsexuals, a type of homosexual male. This is a group of boys who would likely grow up to be homosexual but are labeled as trans by society and are vulnerable to sterilization. The other subtype, autogynephilic transsexuals, are motivated by the erotic desire to become women through fantasy; they are not gay. Sex Reassignment Surgery (SRS) was intended to alleviate the suffering of boys who were classified to be gay under the Kinsey testing method.

Due to the Gay Civil Rights Movement and groupthink, media is hyper fixated on victimizing trans identified youth, who may very likely be gay based on good evidence. Based on a historical collective memory of gay men being burned in our streets, it is easy for the media to spin an emotive twist by writing a sympathy piece for a trans identifying Canadian youth. The CBC shared a story about a female trans-identified youth who stood on a podium to tell Canadians that her mother had disowned her. This girl represents the suppressed gay boy of the 1960s, in the collective unconscious of some.

Other than through her parent's divorce, something many kids face, this daughter had not been abandoned by her parents as she claimed on the CBC report. This girl was a prop for a global cultural change called 'transgender kids'; children are used this way to prop the interests of the wealthy queer lobby.

An article in Gender Dissent provided another side to the story. The parents still love and support their daughter emotionally and financially while she is attending university.[96] The mother had been going along with the changes her daughter had made for herself right up until her daughter began seeking body alterations that could destroy her fertility, maim her healthy body, and potentially end her life. However, they never stopped paying her tuition or being there for their daughter, as the CBC reported.

If a boy is told by his peers that he "plays like a girl", will a teacher also question whether or not the child is a boy? Boys must be affirmed in their maleness, and girls must be affirmed in their femaleness. Gay boys are no exception. Gender variant youth are identifying as transgender in clusters of friendship groups, where kids are not getting proper assessment before hormones and surgery are implemented.[97] "The sense of being different and feeling isolated have long been identified as risk factors for suicide or self-destructive behaviours in gay, lesbian or bisexual teens."[98] Being cautious is still the protocol, but how to support gay kids is evolving; they are not the suicidal cohort painted as such in past literature.

Let's empower the youth again!

Double-Bind Messages

It is important to remain supportive of gay relationships. Kenneth Zucker and Susan Bradly, world experts on gender distress, made it their mission to help gay or straight-identifying children feel comfortable in their natal bodies and prevented the many children who later identified as homosexual in their clinical research from being harmed in transgender medical interventions. The children from these families often had other underlying issues beyond, for some, the normal emerging homosexual feelings and homophobic reactions by parents. Many detransitoners say that their parents did not want a gay son or daughter. This is a double-bind message. A double-bind message can cause a split in the child's personality. A common double-bind espoused by trans identified females is that their mother was homophobic. A mother who sees her daughter as a lesbian and then wants her to live as a man, to cover it all up, is giving a double-bind message to her daughter.

Abusive double-bind messages:[99]

- "I love you." / "Go away."
- "You can't do anything right." / "I need you."
- "Always tell the truth." / "I don't want to know."
- "I'll be there for you." / "I promise I will be there next time."
- "Everything is fine, don't worry." / "How can I deal with all of this?"
- "Being drunk isn't Okay." / "Anything a drunk does is okay."

Viewing the problem from a family/group therapy perspective, by addressing addictions, intergenerational trauma, and introjections through psychotherapy is beneficial. Parental introjections, called injunctions, swallowed whole, are the source of the confusion and, once investigated, aid the therapeutic contracts for change. A wounded inner child can be a devastating force of contamination during one's adolescence. Even a person with a healthy inner child will still have to "refight many battles of earlier years," for adolescence is normally one of the stormiest times in the life cycle.[100]

Caring Conflict

Don't discount the importance of conflict in growth. Conflict is necessary for development. When conflict with an important issue happens, use a nurturing Parent ego-state and positive strokes; never discount the importance of an issue. Good groups have more positive statements than negative ones. A person needs three positive statements for every one negative statement. Good marriages need a ratio of 5:1 positive strokes for every one negative stroke. Affirmations for behaviour, identity, sexuality, and separation are key. Contentious relationships can be caring. Disagreement is a normal part of adolescent development. Use a positive stroke, make a request for change, and end with another positive statement (stroke). Looking for opportunities to be light and exchange strokes is called hassling. Hassling invites warm interactions.

John Bradshaw Rules for Fighting Fair:

- Be assertive, not aggressive
- Stay in the now
- Avoid lecture; stay with the concrete, specific behavioural details
- Use "I messages" and avoid judgements
- Be rigorously honest
- Don't assign blame
- Don't argue over the details
- Use active listening
- Fight about one thing at a time
- Go for a solution, not being right, and hang in there unless you are being abused[101]

Addiction and Trauma

A trait of an addiction-prone personality is a poor hold over sudden feelings, urges, and desires. Many trans identified youth have addiction and codependency issues. The absence of differentiation is codependency. The poorly differentiated person is immature and easily overwhelmed by his or her emotions, absorbing the anxiety of others. Children cannot intellectually drop a boundary to protect themselves from the definition of others; part of the development package does not belong to them but is projected onto them by parental figures. When a husband rages at his spouse, shame, anger, fear, and pain are induced into his listening children. Children cannot discriminate between someone else's irresponsible behaviour and their own behaviour. When a baby is not held, shame and fear are induced. An abused child learns to believe in nothing and hence goes to live out and experience the hopelessness of believing in nothing - a spiritual cynicism brought on by sarcasm, rage, shame, and fear-based parental figures.[102] Early childhood experiences are often the driving force in addictive personalities. The ideal culture for healthy, drug-free, mentally strong children is cemented in the parent-child bond. Furthermore, regarding prenatal stress, numerous studies in both animals and humans have found that maternal stress and anxiety during pregnancy can lead to a broad range of problems, from colic to learning difficulties.[103]

Berne based much of his research on a study done on early psychiatric childhood conditions in 1945 by Spitz. Spitz had found that infants deprived of handing over a long period

will tend at length to sink into irreversible decline and are prone to succumb eventually to Intercurrent disease, a disease that happens in tandem with other ailments. In effect, this means that what Spitz calls emotional deprivation can have a fatal outcome.[104]

As far as the theory of games is concerned, Berne said that the principle that emerges from this research is that any interpersonal contact, whatever, has a biological advantage over none at all. This has also been experimentally demonstrated in the case of the rats by S. Levine, in which not only physical, mental, and emotional development, but also the biochemistry of the brain, and even resistance to leukemia were favorably affected by handling, including electric shock. The significant feature of these experiments is that gentle handling and painful electric shock were equally effective in promoting the health of the animals."[105] It was concluded by Berne that children will learn to play psychological games that provide negative strokes and any emotional contact over none at all.

PAC- The Parent, Adult and Child Ego-States

In the PAC model, Parent, Adult, and Child are parts of each individual's mind. Addressing an individual's ego state may help identify the deficiency. Are they acting like they did when they were a child, like a past parental figure who was a critical parent, or are they acting as an adult, addressing issues in the here and now? This psychoanalytical model, devised by Erik Berne, is called the PAC model (for Parent, Adult, Child ego-states). Teaching a child this PAC model helps them gain control of themselves and harness their potential. Nomenclature in TA dictates that the ego-states are capitalized to distinguish them from real people.

THE PARENT state is very much like your mother and father or whoever raised you. This part of your personality uses words like 'should," "don't," "have to," "you better," and so on. The Parent part of you is important; when it works well, it is a source of protection and caring. However, when it is not working well, it can cloud thinking, preventing you from discovering who you really are. It may, for instance, only let you be aware of what your Mother and Father, significant adults, church, society, teachers, and Beyoncé believe to be right. Many of these beliefs and values may not be right for you in your present life. And many of them may be just right.

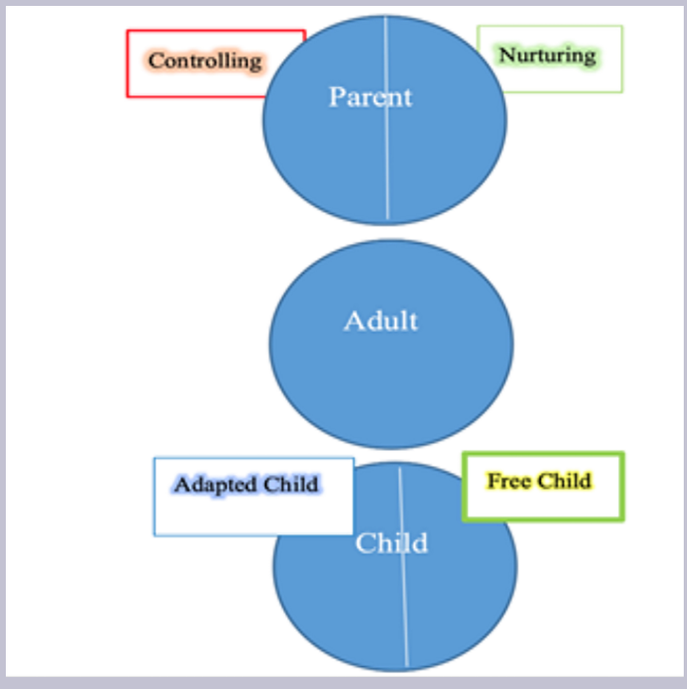
THE ADULT state is the part of your personality that acts like a computer. It is non-emotional, non-judgmental, factual, and logical. If the computer has the wrong information, garbage will come out.

THE CHILD state is the part of you that is like you when you

were a little person, about seven years old and younger. This little person in you has many feelings. Some of these feelings are real, but others may be substitute feelings. The feelings allowed in a family or culture determine how a child can express their feelings. Anger may be a substitute for sadness or vice versa. Also, people are often expected to cover up their uncomfortable feelings with a smile, called a gallows smile.

If you ask yourself what your favorite lousy feeling is – the one you experience over and over and hang onto no matter what - that is the Adapted Child. The Adapted Child is the state that can either comply or rebel. The Free Child experiences real feelings and comprises temperament and a person's natural disposition. Everyone has the potential of a fully formed seed, like an acorn, growing tall with help from the sun. Trees grown in shade are spindly and small. People who grow up under warped thinking and withheld love will think smaller, especially regarding intimacy.

Figure 4. PAC



This diagram helps the individual visualize their own mental processes. The Adult is the ego-state I want to work from. Caring and contentious relationships happen when individuals step out of the Child and assert "what they know." The groupthink, the confluence felt by the Adapted Child, is one part of the Child, where the individual lets others think for her. The other part of the Child is the Free Child, who asserts their own thinking, called the "little professor" in full autonomy.

Negative messages from the parent's Child ego-state are examples of injunctions. The injunction is a message given to the child on how he can expect to receive strokes from Mother and Father. In the diagram of ego-states, in the PAC model, Parent, Adult, and Child are parts of each individual's personality. The Adult is advised by the Parent and Child ego-states. One strives to remain an autonomous Adult, not too emotional, but intuitive and spontaneous. The Parent, Adult, and Child ego state model is generalizable in language that can be understood by most of the population. The Critical Parent is the place in the mind where rules that keep us safe reside. The Critical or Controlling Parent shows genuine concern but does not encourage innovation. Both the Nurturing Parent and the Controlling Parent are beneficial. One positive aspect of the Nurturing Parent is messaging that encourages us to take care of ourselves over others for a change. Other positive aspects are permissions to be less critical and more innovative.

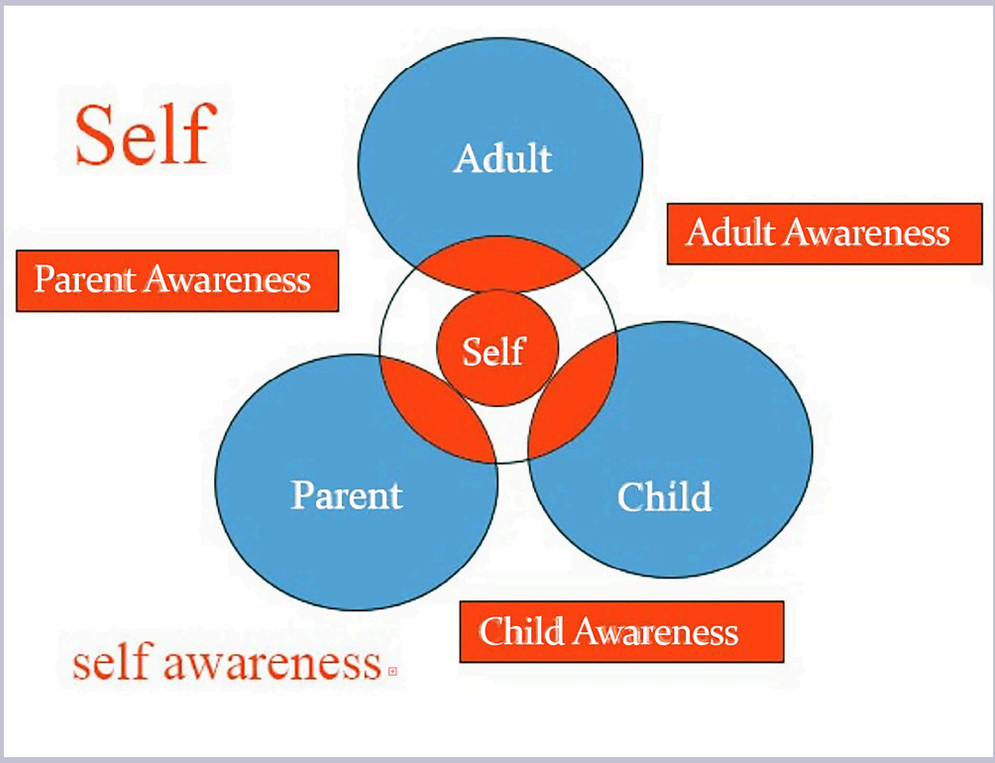
The basic aim of therapy is to enlarge self-awareness and aid the individual to observe the development of the emerging ego. Good therapy enlarges self-awareness by means of clarifying inner self-defeating conflicts which have

existed because the individual has been forced to block self-awareness at earlier times. When a person excludes an ego-state, such as the Nurturing Parent, the self-care ego-state, this loss of awareness is called Exclusion. When an individual is working with a model that is based on an Adult (the correct way to function) but is contaminated by the Child ego-state, this is called Contamination, a not-so-good way to function. Contamination is an adult who uses cocaine at the office and doesn't think about the consequences. To contaminate the Adult is to let another ego-state take power; to exclude an ego-state is to obliterate part of your thinking.[106]

From the PAC analysis of ego states, I learn what is required to help me gain autonomy from past rules that keep me stuck.

THE SELF is You among the Ego States

Figure 5. Self and Self awareness



The CEO of your behavior, yourself, is constantly advised in a dialogue among the ego states below conscious awareness. This diagram of TA psychology can help individuals visualize the parts of their personality that they might not think about otherwise.

OK Corral

Individual programming is a sequence of behaviour circumscribed by unspoken rules and regulations given by parents. These unspoken rules make up the existential life positions in life: I'M OK - YOU'RE OK, this is a healthy position; I'M OK - YOU'RE NOT OK, this is a defensive position; I'M NOT OK - YOU'RE OK, this is a depressive position; YOU'RE NOT OK - I'M NOT OK, this is a despairing position.

Figure 6. Franklin H. Ernst[107]

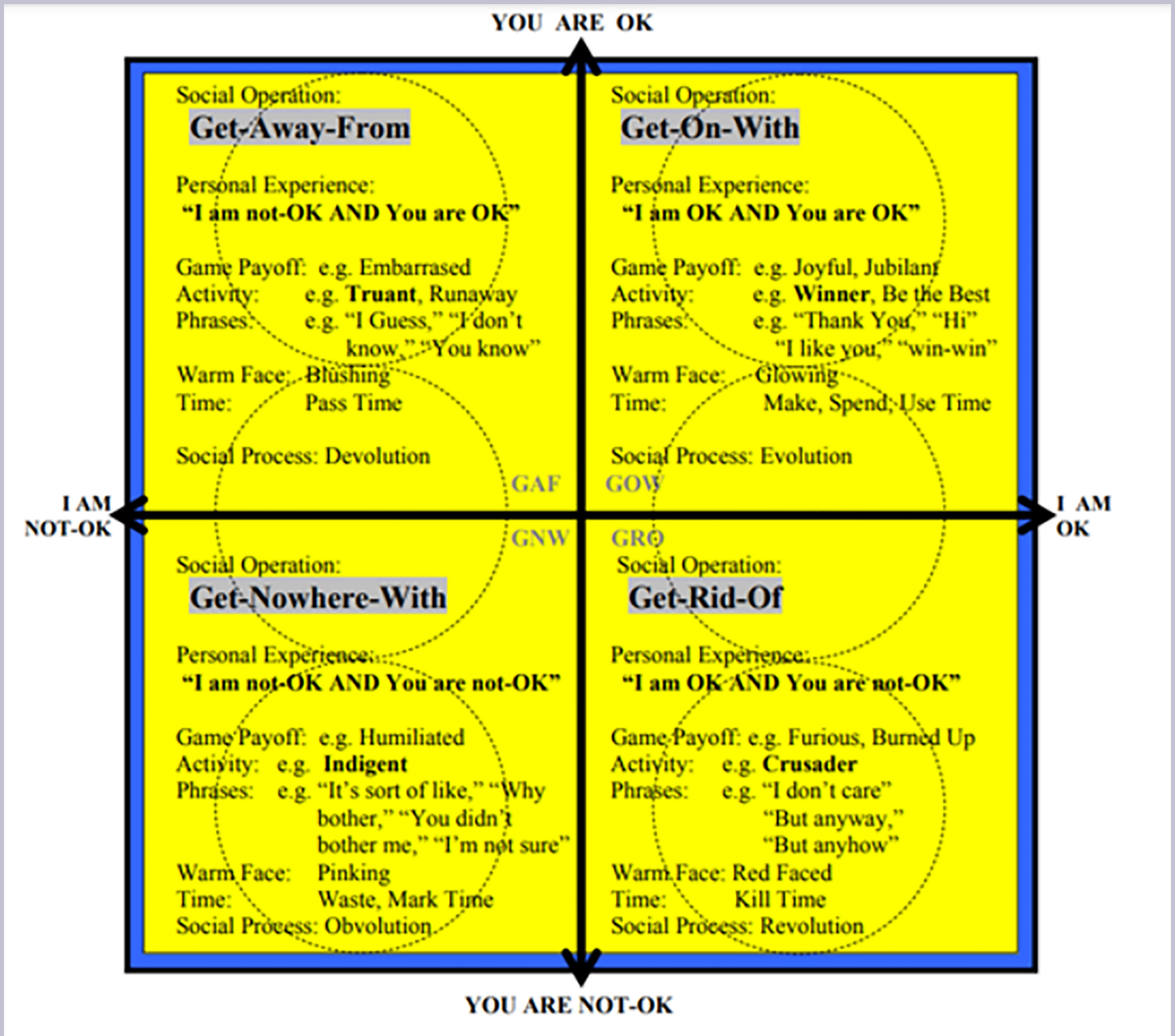
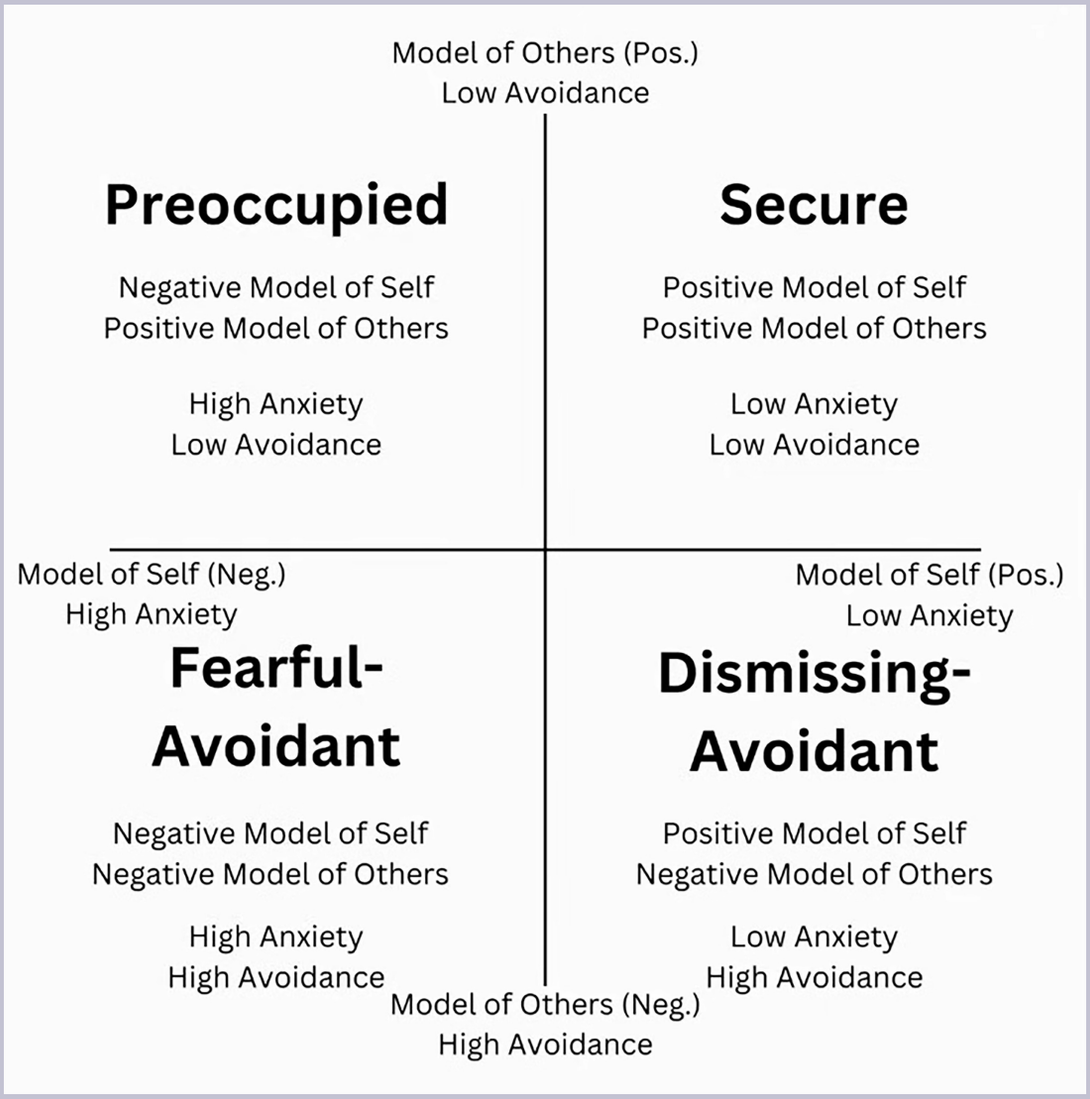


Figure 7. Bowlby Attachment[108]



As you can see, the quadrants for Attachment Theory are the same as those in the OK Corral. TA's OK Corral of attachment is based on Bowlby's model. Side by side with TA psychology, you can see the similarity. Also, from these models, you can see good words for attachment-related personalities. The language of TA child theory was developed to help people talk about their kids in a language that includes them, never behind closed doors, with language that shames them or classifies them negatively. Say what you say, and say it in front of the child, using simple language.

Describing behaviour, rather than labeling a child with a diagnosis, is a good parenting skill to practice. A diagnosis is a constant reminder of a script. This will deter normal development. The teenage years are already a volatile time, when many problems that are part of normal development. Every individual gains resilience and maturity by navigating the problems of life on life's terms. Puberty is the beginning of many learning cycles called gestalts. A gestalt is a learning cycle, and at the beginning, in growth, there is often a normal regression when getting started. This is a time when unhappiness promotes change; the world must change, or the individual must change. At this time, people oscillate between feeling OK and feeling not OK. When an individual begins the learning cycle, that process where life is messy and either the world must change or the individual must change, suicide is always a possibility.

The Cultural Script for Boys is Different than Girls

A cultural script is a culture's laws, customs, traditions, and presuppositions. Some cultures have high youth suicide rates, for brief periods, some have rarely seen that phenomenon. Youth suicide is rare. But emotions can be high for teenagers, in normal development girls ruminate more than boys, this may be why, in puberty, girls go through a flood of negative emotions. Knowing that this is normal prepares girls for adolescence. There is no single cause for the rise of gender dysphoria in many adolescent females. Instead, it is suggested that multiple pathways create a trans identity in adolescents, with a few common traits. For example, in both anorexic eating disorders and gender identity disorders, relatives, especially parents, are exposed to strong feelings of helplessness and powerlessness in addition to the massive feelings of guilt and failure.[109] Girls are often not taken seriously. The problem is that mom, who often denied her own needs as an adolescent, does not recognize a similar need in her daughter. This problem could be alleviated for girls who are told the truth about the strong feelings they will encounter in puberty and not to suppress those feelings by means of an eating disorder.

Boys and Girls often have different temperaments; boys are often constricting, while girls are enabling. For this and other reasons, the counselling needs of girls are different than those of boys. *When possible, girls should be counselled by women, and boys should be counselled by men. Extreme emotions will happen for youth in adolescence; the goal is to move the strong emotions into the background.

Don't Play the Androgyny Game

Both parents, male and female, show the child what to expect in sex roles. A man teaches a child how to deal with aggression and ideally helps build resilience through rough-and-tumble play. And a child feels empathy and comfort from mom. Mom is a safe place to regain power, while dad uses play to help the child separate and individuate. The bonding is different for fathers than it is for mothers. Men gently hassle children and use the resilience-building tactics of physical play, while mothers encourage bonding and regulating the child back to homeostasis.[110]

Virginia Satir (1964) studied institutionalized kids and described the poor self-esteem of parents as one dynamic that occurred in confused kids. It is important to know that a child learns about their sexuality through interpersonal relationships and are often given cues and affirmed in the behaviours by the opposite sex parent in the home as to who they are in their sexual role. Lesbian couples can reinforce the maleness of their son by reinforcing close relationships with men in the family, involving their son or daughter in sports, and considering the separation needs of the child. The role of the father is important for the child's separation from the mother. It is important to acknowledge that role in homes with two moms. A balanced family has both the yin and yang, male and female role models.

In the field of education, an intervention to close the gap between boys and girls has, paradoxically, had a reverse effect. By reducing freedom and safety for women and children and introducing men into their private spaces, girls have fewer opportunities than they did 30 years ago. "On

the basis of clinical experience, Lothstein (1983), speculated that parents who have been influenced by cultural zeitgeist to use non-sexist socializations techniques may have inadvertently induced gender identity conflict in children.[111] Some parents have indeed reflected praise for the androgynous child, believing that the extremes in male and female are something to be overcome. Indeed, aggressive males and emotionally sensitive girls may be the norm, as shown in developmental literature.[112] But, this difference may not be a gap to overcome as much as a reality to embrace.

This preference for androgynous children in developmental literature, since about the 70s, may have swayed teachers and parents to stop affirming children in their given sex roles. To not affirm a child as the sex they were born into will cause further anxiety and confusion. sexuality is often more precarious for girls, who generally have lower self-esteem than boys, which is often attributed to the beauty standard set by their cultural script.

Generally, females who develop early experience less support and more negative attention compared to boys, who have more positive experiences when they develop early. Also, girls tend to ruminate more in adolescence than boys.[113] A cultural emphasis on size for boys invites greater responsibility and freedom and a decrease in social and attention problems.

Erikson believed that the wider society, not just immediate parental figures, played a significant role in personality development. Erickson's stages of development, which generalize across cultures, are used in this guideline as a

measuring stick for the health of relationships and cultures.

"When relationships fail to sustain people they may turn to addiction as an emotional crutch."[114] Parents and teachers should examine the media surrounding boys and girls. For example, not only do girls learn about pornography early, warping their sense of identity, but girls learn which sex is more likely to be poor. And that women are likely to do more unpaid work. It is still men that hold most of the seats of power and women are more likely to report rape and violence perpetrated by men.[115] To address these well-known concerns, schools have erased sex in their minds. They have pretended the problem away to focus on gender. There is a trend to push boys into the changing room with girls. Unfortunately, this trend to promote androgyny (sex ambiguity) as a solution to the violence and poverty women face called the "gender gap", is a dangerous trend to de-sex women, while ignoring rape, causing mass cultural confusion. Encouraging girls to be more like boys, as a solution to their lower status (generally and globally) does not address the reality of the status of women, it ignores the status of women, by ignoring women.

Scottish lesbian radical feminist Magdalen Berns (1983-2019) said that women's rights are more important than anything else. She said that if a "woman cannot talk about the fact that she has a body, a female body, she won't be able to defend any of her rights, making it completely possible to undo decades, even hundreds of years of feminism...It's this important!"[116] To encourage androgyny discounts the innate talents of girls for a social convention.

The Transsexual Empire -
Stereotypes and mass media Campaigns – Janice Raymond

Ultimately trans sexual surgery reinforces social conformity by encouraging the individual to become an agreeable participant in a role-defined society, substituting one sex role stereotype for the other. The medical solution becomes a. "social tranquillizer" reinforcing sexism and its foundation of sex-role conformity. With the increased medicalization of transsexualism, a certain group of people are encouraged to channel gender dissatisfaction into surgery. As previously mentioned, there is a continuum of surgeries, such as silicone breast implantation, designed to treat other forms of gender dissatisfaction. Since the 1950s, women who are dissatisfied with their bodies or parts of them, in this case the size of their breasts—in reality their gender image— have been encouraged to have them augmented by breast surgery and silicone implants, leading to Introduction to the 1994 Edition to disastrous health and safety consequences. In the 1980s and 1990s, the plastic surgery industry, including the association of plastic surgeons, led a campaign to convince women that having small breasts was actually a physical deficiency. According to the American Society of Plastic and Reconstructive Surgeons, small breasts are not only a deformity but "a disease which in most patients results in feelings of inadequacy." Thus millions of women have been led to change their breasts, not their image of themselves. Likewise, the medicalization of transsexualism promotes the ideology that the problem of gender dissatisfaction needs the intervention of the medical and surgical specialties to remedy the dissatisfaction by constructing a body of the opposite sex.

The question arises over the mastery children, or anyone, will have over their lives within a transgender identity. If a person, by the logic of trans, wanted to be taller or shorter or furry, would doctors perform such surgery? There has been mass campaigning to convince women that obliterating their bodies and being androgynous is the answer. Blanchard (2003) attributes increased social acceptance of sex reassignment to five factors: (1) high-profile, attractive trans pioneers; (2) positive clinical evidence; (3) the backing of prestigious experts and institutions; (4) sympathetic media; and (5) a favorable social climate.[118] There have been decades of positive trans stories to convince the public that this paraphilia is OK.

Paraphilias are persistent and recurrent sexual interests, urges, fantasies, or behaviors of marked intensity involving objects, activities, or even situations that are atypical in nature. When debating trans healthcare, a psychologist makes an argument that changing sexual mores propelled by the growth of and exposure to Internet pornography would render obsolete contemporary cultural notions of Paraphilias.[119] In other words, trans doctors hoped that porn was so rampant, that no one would notice or care about the man with DD implants, teaching in a middle-school a shop class in Toronto.

Kinsey and Money Showed that Transgender Medicine is the Pedophilic Fantasy of Castrating and Enslaving Young Children

WARNING:
This section contains dark facts on pedophilia and child abuse.

The Standards for care for sex change surgery include lessons from a fetish website called the Eunuch Files.[120] This deviant inclusion tells you everything you need to know about transgender medicine. It supports a depraved and vulgar way of life, not health or well-being.

Kinsey believed he could predict homosexuality. He couldn't; no one can. He was a morally corrupt scientist who exaggerated the population of homosexuality in his experiments by surveying criminals in jail. Kinsey's assertion pushed a narrative in the United States that as many as 1/3 of men were naturally gay.[121] The world ran on this data and began educating boys about gayness to support the exaggerated population. This false premise, and exaggerated number, gave credence to the pseudoscience of transgenderism.

Transgenderism has always been based on this false premise; that homosexuality can be predicted. No one can predict the sexual orientation of a child because the child is still developing that criteria for themselves – Kinsey's sex orientation for children and infants is an example of dangerous pseudoscience, as well as child abuse. John Money was a sexual pervert on a similar path as Kinsey. Sexual preoccupation with children could have been his means to escape his low self-esteem. Grandiose personalities are often a sign of codependency.

Money wrote in one of his books that the world would be better off if not just horses, but men were gelded. "I wear the vile mark of male sexuality"; and today we would call this gender dysphoria.[122] This is Money's script. John Money didn't want to be like his abusive father, who beat his mother, but he was. Money's life script may have been a play of wanting to obliterate the violent man within, but each scene of his life was him becoming a monster, not a healer. Transgender medicine is primarily made up of doctors who need to grow up again and who are avoiding doing so through hyper sexual interest in children. Essentially, Money was an early transgender pseudoscientist who abused children in sex experiments.

Kinsey, also aided by John Money, was a spokesman for the Man Boy Love Association of America: "If I were to see the case of a boy aged ten or eleven who's intensely erotically attracted toward a man in his twenties or thirties, if the relationship is totally mutual, and the bonding is genuinely totally mutual, then I would not call it pathological in any way,"[123] said Money.

Money sexually abused the famous Reimer twins from Canada. Overseeing the psychological heath of a baby boy named David Reimer, who had been castrated in a terrible accident. Money treated this poor child with cross-sex hormones. Money emasculated David, a twin, and manipulated him into living the role of a girl. In his depravity, he had the brothers do sexual acts for Money, which he recorded in his notes. The boys were forced to mount each other in their sessions with Money. The boys begged their parents not to take them to see Money from early on in these sessions. These boys killed themselves as

a result of this sexual abuse. Money reported his abuse to the world as a brilliant success in transgender medicine.

Kinsey performed sex abuse on a mass scale in comparison to Money. The most egregious aspect of Kinsey's methodology was his use of children as subjects for masturbation. He used over 300 children, including babies, in his investigation of the female orgasm. Kinsey was a child molester. The American Board of Pediatrics argues that his data is not the norm, that he used unnatural stimulation and, even then, did not prove his point. Using pedophiles, he charted the length and frequency of infants' and children's supposed "orgasms." When questioned about how he knew whether a baby had an orgasm, he said he measured their crying.

Five of these infants and children were subjects for months or years, and it is reported that much of the "testing" occurred when they were either strapped or held down. There is no evidence that the institute followed up to see whether they were adversely affected as a result of this sexual assault and experimentation. We do know that today, many of the adult "subjects" refuse to discuss Kinsey's research; some 50 years later, they don't even want to talk about the horrific experience.

Some Children were abused by their own parents, some abuse happened at nursery schools, but most alarming was that Kinsey asked a Nazi commander to abuse children and then send him the details. It was easy to torment the frightened children with the knowledge of the mass genocide surrounding them. Shocking descriptions of a child being sexually touched were in the study, as though

these kids were objects, not people or children.[124] Judith Reisman's research, included thousands of articles and books, validating Kinsey's pedophilic views on child sexuality show that Kinsey claimed that 100% of children were orgasmic at birth, he said that babies would cry out and writhe while pedophiles touched them, interpreting this to mean the baby was having an orgasm, rather than being abused.

Kinsey also claimed that children could benefit from sex with adults, including incest, and that pedophiles need compassion, not jail time, even though pedophiles are known to be repeat offenders. Due to heavy lobbying by Kinsey in 1948, American law began adopting a supportive or less intolerant view of man-boy relationships. Outright lies and pseudoscience have been the legacy of these doctors, convincing judges to give lesser sentences to pedophiles. Transgender medicine has followed this trajectory, functioning without morality or ethics for many years.

Johanna Olson-Kennedy, who is being sued in the United States by a girl who detransitioned, admitted that 40 percent of her patients were "lost" to follow-up and that many of her patients were prostitutes, homeless, or in foster care.[125] Olsen-Kennedy was given $10 million in government funds to experiment with puberty blockers. Before refusing to publish the bad outcomes in her study, she embellished her cohort's success, stating that "they're in really good shape when they come in, and they're in really good shape after two years."[126] If this were true, there would be no need for secrecy or litigation.

Gonadotropin-releasing hormone (GnRH) agonist (puberty blockers), when given under the skin in a slow-release medication, constitutes abuse in many ways. This medication stops a child's agency to say "no"; it's under her skin, and the child is locked in. These procedures are mental, physical, emotional, intellectual, and sexual abuse. This practice is a pedophilic drive to enslave children, often for status or money.

Brief History of Trans

Mia Hughes, a specialist in fraudulent medical interventions, who wrote the WPATH Files, recording much of the failures of transgender medicine, lists a number of examples of medical malpractice, but says that transgender medicine, has by far, been the most disturbing and destructive medical blunder to support in all of her research. Mia also wrote this brief history of trans medicine. We thank her for her work:

- In 1906, German sexologist Dr. Magnus Hirschfeld oversees the world's first attempt at "sex-reassignment" surgery.

- In Dec, 1952 New York Daily News runs a front-page story about Jorgensen on December 1st under the headline "Ex GI Becomes Blond Beauty," triggering the first mini epidemic.

- John Hopkins announces the opening of its gender clinic in 1966, later shut down by Dr. Paul McHugh in 1979. [This is where John Money worked].

- 1978 – The Harry Benjamin International Gender Dysphoria Association (HBIGDA) forms, later to become the World Professional Association for Transgender Health (WPATH). International Journal of Transgenderism launched in 1979.
- Transsexualism was included in the DSM-III in 1980.

- The first pediatric gender clinic in the US opens at Boston Children's Hospital in 2007. The same year, Barbara Walters introduces the world to the concept of the transgender child with 20/20 segment featuring Jazz Jennings.

- In 2014, the Dutch publish a deeply flawed yet groundbreaking study that forms the foundation of the puberty suppression experiment. THE EPIDEMIC BEGINS. Pediatric gender clinics all over the Western world start to observe an enormous surge in referrals.

- In 2018, Dr. Lisa Littman coins the term “rapid onset gender dysphoria” in her paper which hypothesized a social contagion element to the new cohort of adolescents identifying as transgender. The Backlash from trans activists was swift and vicious.

- In 2019, British detransitioner Keira Bell launches the first legal action after being harmed by gender-affirming care. Many detransitioners follow suit.

Above is the partial timeline from the Classical Liberalism Seminar by Mia Hughes[127]. Below is the complete timeline, which has also been added to by the national parent support group, Our Duty Canada.

Figure 8. Brief History of Trans

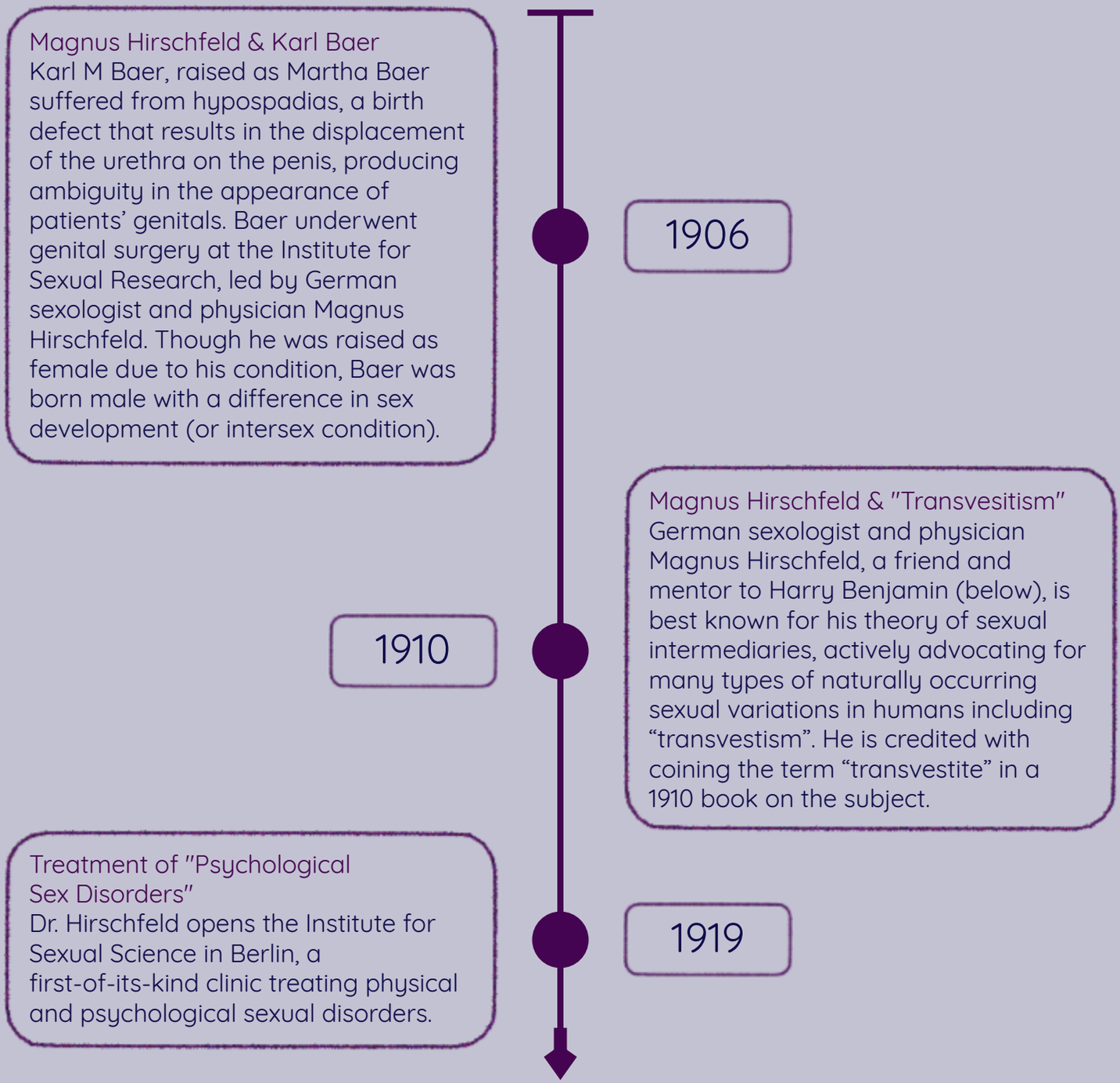


Figure 8. Brief History of Trans (continued)

1922

Origin of Orchiectomy
Dora Richter undergoes an orchiectomy under the care of Hirschfeld.

1930

Kurt Warnekros & Lili Elbe
Born Einar Wegener, Lili Elbe, was the first known individual to undergo a series of sex-reassignment surgeries, which were performed by German gynecologist Kurt Warnekros under the direction of Dr. Magnus Hirschfeld in 1930. Wegener died from complications from the fifth surgery in 1931. He is said to have had what we now know as Klinefelter Syndrome, also a difference in sex development.

1936

Introduction of Synthetic Testosterone
German scientists successfully synthesize testosterone. Two years later, it is commercially available.

1947

Alfred Kinsey & Sexual Revolution
Dr. Alfred Kinsey, an entomologist, started the Kinsey Institute in 1947 where Christine Jorgensen, the first American "transexual" was a client, later referred to John Money (below)

Kinsey "studied" the "sexual arousal of children" through experiments pertaining to masturbation and by collecting "data" from convicted pedophiles, ultimately proclaiming that "children are sexual from birth"

Alfred Kinsey's research was funded by the Rockefeller Foundation who also funded Margret Sanger, founder of Planned Parenthood, the leading dispenser of synthetic sex hormones.

Figure 8. Brief History of Trans (continued)

1952

Jorgensen in the Daily News
In Dec, 1952 New York Daily News runs a front-page story about Jorgensen on December 1st under the headline "Ex GI Becomes Blond Beauty," triggering the first mini epidemic.

1966

John Hopkins Gender Clinic Opens
John Hopkins announces the opening of its gender clinic in 1966, later shut down by Dr. Paul McHugh in 1979. [This is where John Money worked].

1978

Early WPATH Launches
The Harry Benjamin International Gender Dysphoria Association (HBIGDA) forms, later to become the World Professional Association for Transgender Health (WPATH). International Journal of Transgenderism launched in 1979.

1980

Transsexualism in the DSM
Transsexualism was included in the DSM-III.

1981

US Medicaid Coverage Banned
The U.S. Department of Health and Human Services (HHS) bans Medicaid coverage for sex reassignment surgery after an investigation concludes that "[b]ecause of the lack of well controlled, long-term studies of the safety and effectiveness of the surgical procedures and attendant therapies for transsexualism, the treatment is considered experimental. Moreover, there is a high rate of serious complications for these surgical procedures." The ban will not be lifted until 2014.

Figure 8. Brief History of Trans (continued)

1988

The Dutch Protocol Introduced
The puberty suppression experiment, later known as the Dutch Protocol, is first conceived of in an Amsterdam clinic with the case of "FG," a teenage lesbian whose Italian father disapproves of her masculinity. Dr. Henriette Delemarre-van de Waal prescribes triptorelin, a puberty blocker, to FG at age 13. FG will continue with puberty suppression until age 18, followed by testosterone, a bilateral mastectomy, hysterectomy, oophorectomy, and metoidioplasty.

1988

Dutch Study Published
The Dutch publish the first long-term follow-up study of patients who underwent medical transition. The study concludes that "sex reassignment surgery is no panacea," and the "[a]lleviation of gender problems does not automatically lead to a happy and lighthearted life." On the contrary, "SRS can lead to new problems."

1989

Blanchard Coins Autogynephilia
Canadian sexologist, Ray Blanchard coins the term "autogynephilia," meaning "love of oneself as a woman," to describe the paraphilia experienced by heterosexual males who are aroused by the image of themselves as women, which can lead many to seek hormonal and surgical interventions.

1989

Tavistock Clininc Opens
The Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Trust in London opens with the aim of serving children and adolescents who suffer from gender distress. In its first year, the clinic receives two referrals.

Figure 8. Brief History of Trans (continued)

1990

Puberty Blockers Aimed at Younger Children

Cohen-Kettenis and Delemarre-Van de Waal begin working together to treat gender dysphoric adolescents with puberty blockers. Cohen-Kettenis uses the poor outcomes she observed in the 1988 adult study to justify early intervention in adolescents.

1993

Bill of Gender Rights Introduced

The Dutch publish the first long-term follow-up study of patients who underwent medical transition. The study concludes that "sex reassignment surgery is no panacea," and the "[a]lleviation of gender problems does not automatically lead to a happy and lighthearted life." On the contrary, "SRS can lead to new problems."

1994

Gender Identity Disorder Coined

Gender Identity Disorder replaces transsexualism in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders).

1997

HBIGDA's Journal of Transgenderism Introduced

HBIGDA establishes its peer-reviewed International Journal of Transgenderism, covering research on gender dysphoria, the medical and psychological treatment of transgender individuals, social and legal acceptance of sex reassignment, and professional and public education on transgenderism.

Figure 8. Brief History of Trans (continued)

1998

HBIGDA Rejects Assessment Protocols
Dr. Stephen B. Levine chairs the HBIGDA committee working on its Standards of Care 5 (SOC5) and recommends that the guidelines require patients to obtain two letters from mental health professionals before commencing hormones. HBIGDA president, Dr. Richard Green, is unhappy with this requirement, so immediately commissions SOC6.

1999

UK Bans Bans on Sex-Change Surgery
A High Court ruling in the UK, North West Lancashire Health Authority v A, D and G, involved three trans identifying women who sued the North West Lancashire Health Authority after being denied gender reassignment surgery between 1996 and 1997, declaring it illegal for health authorities in England or Wales to impose a blanket ban on these surgeries.

2005

Puberty Blockers Introduced in Canada
The CAMH clinic in Toronto Canada first treated youth with puberty blockers. The treatments were experimental and less than a dozen Canadian children were treated per year (at this time).

2006

HBIDGA renamed WPATH
HBIDGA was renamed The World Professional Association for Transgender Health (WPATH). The purpose of this language change was to eliminate the term "gender dysphoria" as a mental illness and increase access to Gender Affirming Care.

Figure 8. Brief History of Trans (continued)

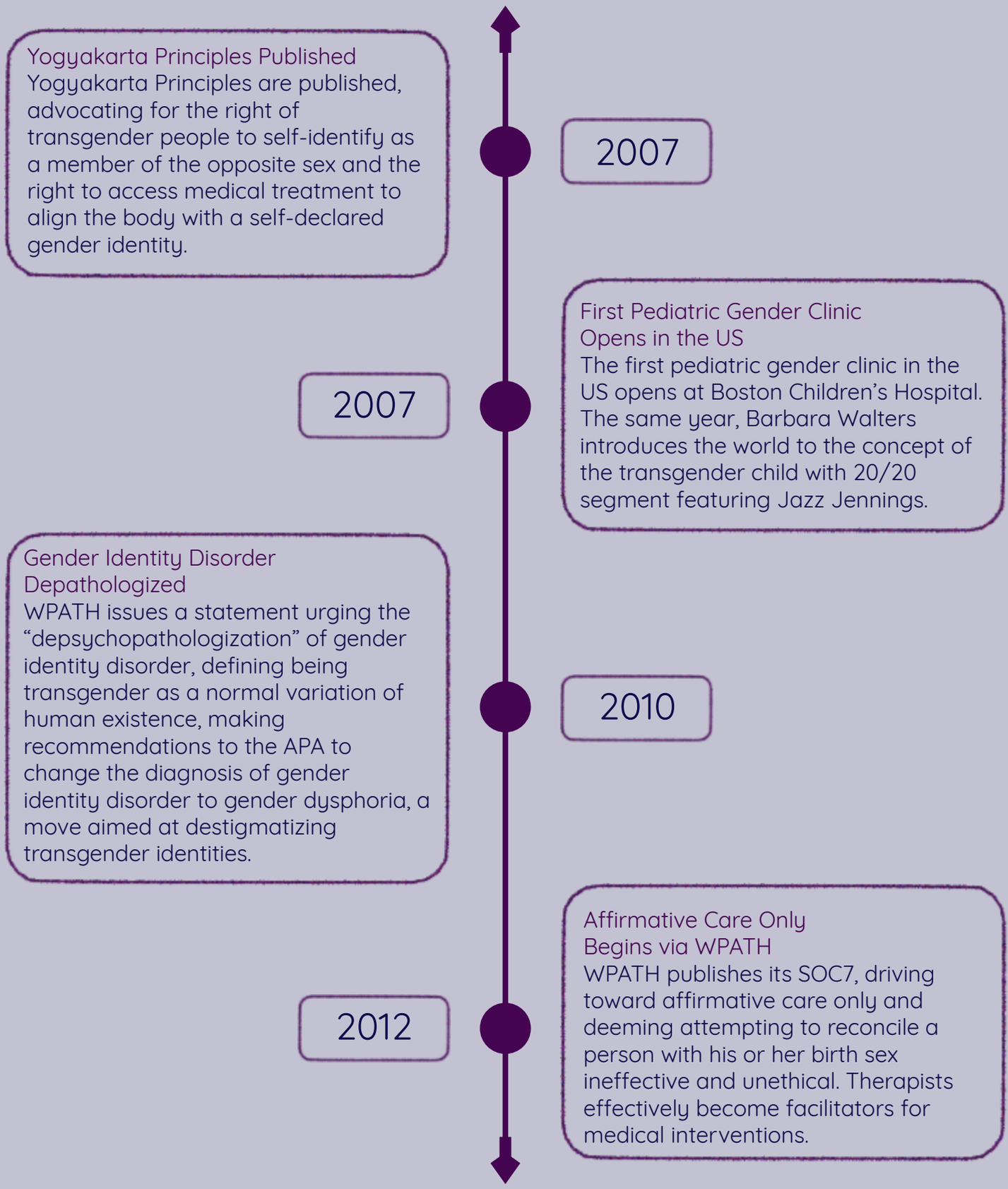


Figure 8. Brief History of Trans (continued)

2013

Gender Identity Disorder Becomes Gender Dysphoria
The APA publishes its DSM-5, redefining gender identity disorder as gender dysphoria, under pressure from activist groups including WPATH.

2014

The Dutch Publish Study on Puberty Blockers
The Dutch publish a deeply flawed yet groundbreaking study that forms the foundation of the puberty suppression experiment. THE EPIDEMIC BEGINS. Pediatric gender clinics all over the Western world start to observe an enormous surge in referrals.

2014

US Medicare Ban Lifted for Gender Affirming Care
The ban on Medicare coverage for gender affirming treatments is lifted in the US and one year later marks the uptick (up to 5000% by the early 2020's) of children and adolescents presenting to gender clinics.

2012

Assessments Deemed "Gatekeeping" & Puberty Blockers Deemed "Reversible"
The ban on Medicare coverage for gender affirming treatments is lifted in the US and one year later marks the uptick (up to 5000% by the early 2020's) of children and adolescents presenting to gender clinics.

2016

Early Intervention Study Buried
Dr. Polly Carmichael, head of the UK's Tavistock clinic, presents the results of the Early Intervention Study launched in 2011. The findings show that the psychological functioning of some study participants deteriorated. The Tavistock clinic only publishes the results in 2021 after significant pressure from researcher Dr. Michael Biggs.

Figure 8. Brief History of Trans (continued)

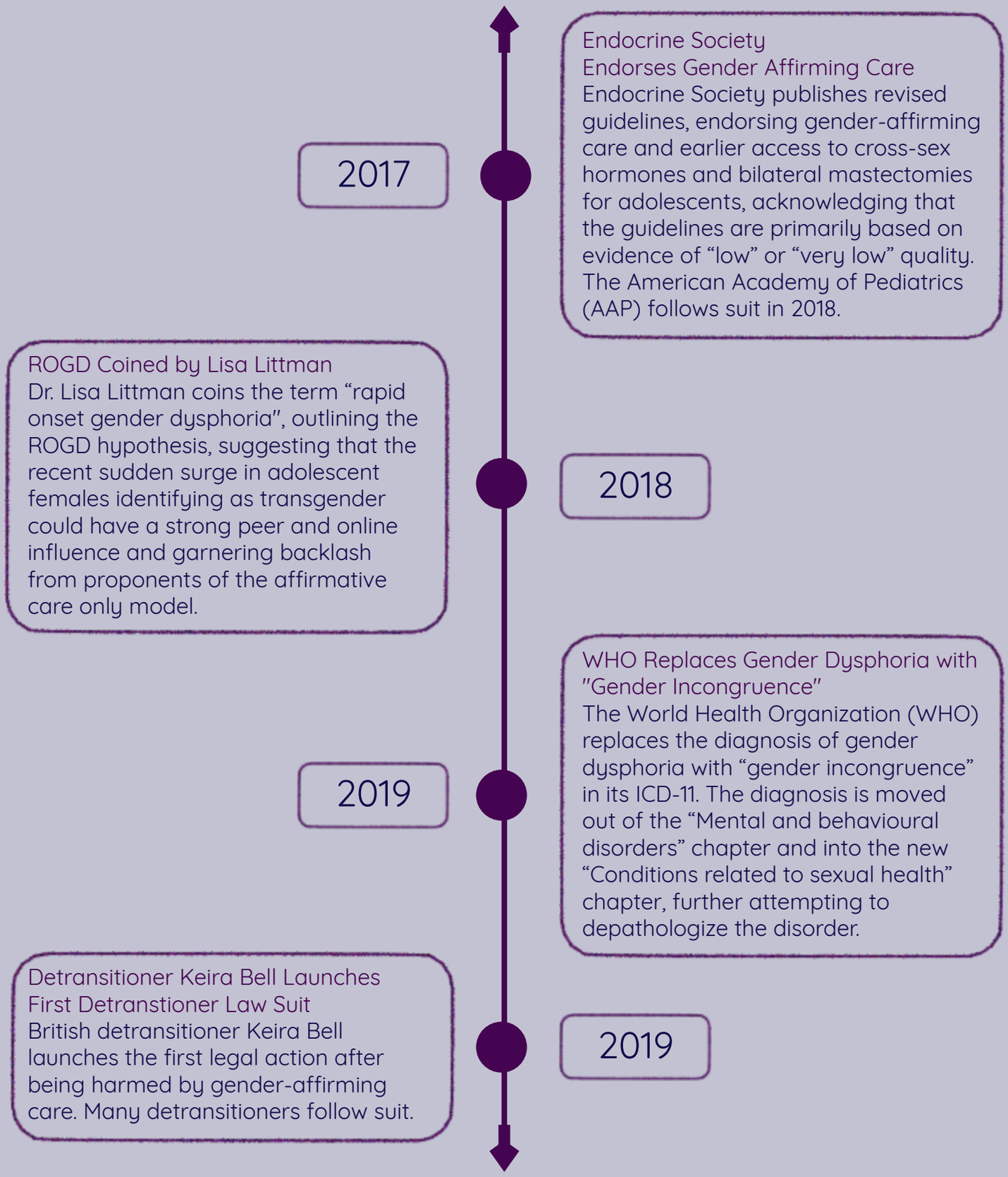


Figure 8. Brief History of Trans (continued)

Keira Bell Wins High Court Case
British High Court rules in favor of Keira Bell, finding that children under 16 cannot consent to puberty blockers and those under 18 are unlikely to be able to give informed consent. The ruling states that there "is no age-appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."

2020

2020

Finnish Review Recommends Psychosocial Support Over Medical Interventions
A Finnish Health Authority systematic review concludes that "in light of available evidence, gender reassignment of minors is still an experimental practice," recommending psychosocial support as the first-line treatment for adolescents with gender dysphoria, with medical intervention severely restricted.

Puberty Blockers Restricted in Sweden
Sweden's National Board of Health and Welfare determines after a systematic review that the risks of puberty blockers and treatment with hormones "currently outweigh the possible benefits" for minors, restricting access to puberty blockers and cross-sex hormones.

2021

Figure 8. Brief History of Trans (continued)

2021

"Low" Strength WPATH Systematic Review Released
WPATH commissions a systematic review which concludes that the evidence that hormonal treatment improves quality of life, depression, and anxiety among transgender individuals was of "low" strength, stressing the need for further research, particularly for adolescents, noting the inability to make definitive conclusions regarding the effects of hormone therapy on suicide risk.

2022

Interim Cass Review Published
The Cass Review interim report is published in March, highlighting the lack of evidence to support puberty suppression and cross-sex hormones and concerns about the affirmative model of care, prompting the closure of the Tavistock GIDS clinic.

2022

WPATH Soc8 Removes Age Restrictions for Children
WPATH publishes its SOC8, with a whole chapter on “eunuch” as a valid gender identity (even for children), a non-binary surgeries chapter (recommending nullification and bigenital surgeries), removing all lower age limits for hormonal and surgical interventions for minors, and omitting a chapter on ethics.

2022

France Withdraws Support of Puberty Blockers
France joins the UK, Finland, and Sweden in urging “great medical caution” for the use of puberty blockers.

Figure 8. Brief History of Trans (continued)

Denmark Shifts Away from Affirmation Only Care
The Journal of the Danish Medical Association confirms a marked shift in Denmark's approach to treating gender dysphoria in youth, no longer prescribing puberty blockers, hormones, or surgery to the majority, but focusing on psychotherapeutic support instead.

2023

2023

Norway Deems Gender Medicine for Youth Experimental
Norway's Healthcare Investigation Board (NHIB/UKOM) deems puberty blockers, cross-sex hormones & surgery for children & young people experimental, recommending a revision of the nation's guidelines on youth gender medicine.

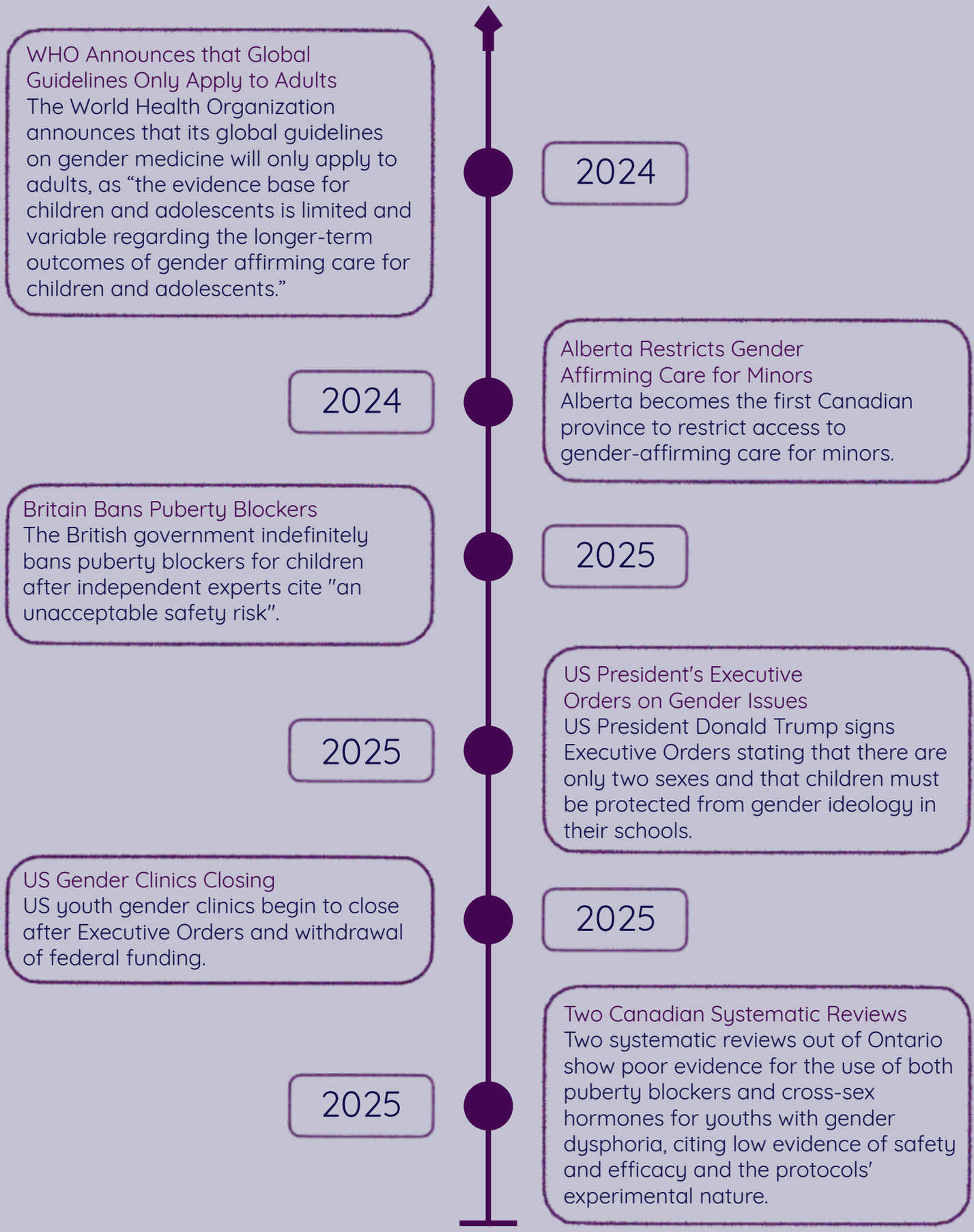
Birth Place of Puberty Suppression Questions Protocol
The Netherlands, the birthplace of the "Dutch Protocol" in 1998 (effectively the gender affirming care model), questions the use of puberty blockers citing poor research on their long-term effects.

2024

2024

Cass Review Final Report Published
The final report of this systematic review of evidence for the gender affirming care model was published on April 10, 2024. It's recommendations led to the closure of the Tavistock clinic, the UK's largest pediatric gender clinic.

Figure 8. Brief History of Trans (continued)



Groupthink – Reality and Anxiety

There is meaning in the anxiety of self-awareness; when the infant or child seeks freedom, there is discomfort in letting go of the bond called confluence with the mother so that the child might grow. Anxiety is felt when the world is unpredictable. Rollo May, the father of existential psychology, said that every person who has been seriously ill knows that he will feel severe anxiety about returning to health. An individual will focus on being well, but at the same time, they will focus on the possibility of remaining sick. An individual will flirt with the prospect of remaining sick 'sympathetic' to what is feared the most, causing a conflict with the 'life instinct'. A conflict of this sort may bring on feelings of suicide or "giving up." This kind of anxiety is related to a lack of decision-making regarding reality as well as spirituality. In this spiritual void, there is a willful disregard for both spirituality and life, according to May. This anxiety negates spirituality but embraces superstition. Superstition and unbelief are both forms of unfreedom: The bigot and the unbeliever are in the same category with respect to the form of anxiety underlying their frame of mind. But attempts to evade anxiety are doomed to failure. In running from anxiety, you lose your most precious opportunities for the emergence of yourself and your education as a human being – anxiety is at the beginning of something that must be learned. [128]

If our needs are not met and repression occurs, the unmet need can be found in activism or crowd formation. The repressed individual is open to any invitation to express their unmet needs; this is why cults have been so successful in the past. Le Bon (1897) viewed the collective mind as a disease that spread through the crowd.[129] Groupthink is a convergence among people who share similar convictions and predispositions and a need for emotional release. In the crowd

mentality, people are told what to think and are given the model they must think on. Symbols are provided to build the collective unconscious. People have been told what to think, and anything outside the model provided is blasphemy.

Edward Bernays wrote that Le Bon believed that the group mind does not think but rather uses impulse and usually follows the example of the trusted leader. “But when the example of the leader is not at hand and the herd must think for itself, it does so by means of clichés, past words or images which stand for a whole group of ideas or experiences.[130] Le Bon said Crowds are only powerful for destruction. Their rule is always tantamount to a barbarian phase. A civilization involves fixed rules, discipline, a passing from the instinctive to the rational state, forethought for the future, and an elevated degree of culture - all of which conditions crowds, if left to themselves, have invariably shown themselves incapable of. “They seek what produces an impression on them and what seduces them.”[131] Ideology is a double-edged sword: "The phenomena at its best hold groups together and create a sense of belonging, at its worst is the heart of the master slave relationship.”[132]

In Edmonton recently, parents and teachers were given a survey to provide feedback for the Sex and Gender Identity (SOGI) programming in their district. Kathleen Lowery, an anthropologist at the University of Alberta, did a Freedom of Information Request to find the survey results, which showed that parents did not actually support SOGI, as was suggested. The Board had obfuscated the results of the survey[133] to give the illusion of consensus. The results from the survey showed that about 60% of Edmonton parents

thought the new SOGI policies were awful, but the board announced that the majority supported the SOGI programs. The school board lied to create a false consensus. This false representation leads people to believe they are alone in their beliefs, which reduces the chance they will disagree.

Language is being used to control the masses. The American Psychological Association (APA) insist that researchers use terms such as transman or transwoman. This is intellectual abuse of citizens by the APA. As you know, words shape thoughts. When I can be who I am and you can be who you are, problems can be solved through critical discussion. Groupthink ends critical discussion and all innovation.

An experiment by Stanley Milgram showed how easily people could be led to commit atrocities if told to do so by a person with authority. In Stanley Milgram's experiment, test subjects believed that they were obliged to give a shock to a 'learner' in the next room when cued by an individual in a lab coat. The 'learner' pretended to scream in agony as the shock increased for every wrong answer the 'learner' gave, until the participants were finally persuaded to give what they thought was a deadly shock to the person in the next room. The percentage of participants willing to inflict a deadly voltage of electricity ranged from 28% to 98%.[134]

In Driver behavior, we want to Be Perfect, Hurry Up, and Please Others, and we Canadians have agreed to intellectual abuse for the most part by our medical officials. Trans doesn't have to make sense. The mystery of dogma can be alluring, spurred on by the fires of the human

imagination. When people are in drivers, and when words are made to induce confusion and guilt, they are vulnerable to suggestion. Those who have any negative feelings about the trans movement are forced to shut them down in Canada.

Doctors have been told over the years to tell the wives of cross-dressing men to put up with the lie that there is a real transsexual and stay in the marriage with her new "wife."[135] By telling the wives, who are often traumatized by their husbands, that they don't know what they know, intellectual boundaries are crossed; this is abuse. Men are allowed to abuse a woman based on doctors' advice to do so. The culture behind transgenderism is very codependent.

Things to Consider in a Therapist

1. First, no one can help someone who doesn't want to be helped. If your child does not want therapy, it will not work. A desire for change is a prerequisite for development.
2. Get to know your therapist.
3. What are the feelings and experiences about parenting for the therapist, both from being children and being parents (or not being parents) themselves?
4. Does the therapist over or under-identify with the child and adolescent clients?
5. Does the therapist have feelings of sympathy toward abused clients? Might this be related to their own issues?
6. Are there rigid expectations for the behaviour of children and adolescents?
7. Is there failure to apply appropriate developmental standards?
8. Inviting a child to discuss adult issues of sexuality may be inviting a developmental path that the child would not have considered before the intervention; the adult introducing sexuality may be projecting onto the child and possibly getting a thrill out of it.

There may be inappropriate boundaries with clients (e.g., feelings of sexual attraction, spending excess time with child or adolescent clients outside of sessions, displacing or discounting the effectiveness of a child's parents).

1. Are there frequent thoughts about the client outside of the session?
2. Is the counsellor attempting to solve the client's problems, provide advice, or "parent them"?
3. Be mindful of excessive physical touching or hugging by a counsellor.

The TA Contract for Change is Key to TA Therapy

The child is helped when the parent improves their own self-esteem. Psychotherapy initiatives that address the self-esteem of the parents are highly effective.[136] TA works with neurolinguistics programming, which is intended to help a person understand how their own mind works and how they come to think and behave the way they do. By using words to promote a new way of thinking, TA uses words that encourage thinking about ego-states. Looking at yourself from a nurturing parent perspective helps you want to help your inner child. The language asks you to look at yourself as an inquisitive toddler (Little Professor). Imagine yourself at age 3, age 4, or age 7. Who doesn't want to help a toddler or a young child feel nurtured?

Emphasize obtaining 'strokes for being' and 'strokes for doing' from significant people in your life in legitimate ways. Emphasize "okayness" and autonomy in your contracts for change.

A Simple Contract for Change asks a few questions to get to the root of the problem:

- What is happening now?
- What are the feelings associated with this?
- What do I want to stop doing?
- What do I want to change the feeling to?
- What do I want to start doing?
- What will I do to achieve the above?
- What's in it for me to accomplish this? (How is it meaningful to me?)
- How might I sabotage myself from the above?
- What Strokes do I need, and from whom?

What do you want to change and when will you know you have?

In growth, there is often a normal regression at the beginning of the learning cycle. This is a time when unhappiness promotes change; the OK and Not OK feelings resurface. When an individual begins the learning cycle, that time when life is messy and either the world must change or the individual must change, suicide is always a possibility. Learning how to make a simple ethical contract with a youth to "do no harm" during this time is important. Sometimes you have to make a No Suicide Contract.

Simple No Suicide Contract

If a child is telling you they will kill themselves, tell them that you take them seriously and want to hear their concerns. Ask them to make a contract that they will not kill themselves for a week. If they refuse a one-week contract (too long), ask for the contract to stand for a few days. If that is too long for them to wait to kill themselves, try a day, and keep working on them. If it can only be for an hour, so be it. Stay with them until they process through and this difficulty passes. Piaget described the individual in the learning process as having to form a new map after every crisis, moving a child toward self-actualization through positive interdependence.

Check in. Check in. Check in.

A Culture of Missing Attachments - Group Counseling

Group therapy is helpful. The contrast between traditional multigenerational cultures and today's North American society is striking; the parent and extended family bonds are not as strong as they once were.[137] In times of crisis, there is a gap between what people need and what is provided. Group treatment can be an encouraging support during recovery. In a study, following 16 weeks of group treatment, participants changed significantly on a measure of codependence." Those results indicated that group counselling appears to reduce addiction and dependence."[138] Meditation and joining a support group can also be helpful.

The 12-steps:

The benefits of meditation are that it will lower or normalize blood pressure, pulse rate, and stress hormone levels. Meditation lowers excitability, as shown in brain wave research, and lowers the need for an individual to overcompensate, seeking strokes in negative ways. "Meditation also raises the pain threshold and reduces one's biological age. Its benefits are multiplied when combined with regular exercise."[139] The positive aspects of meditation, prayer, yoga, long walks, etc., can be enhanced by group activities.

- Re-label the dysfunctional thought: "I'm only having an obsessive thought."
- Re-attribute the feeling by putting it in the context of a false message programmed into the Child ego state.
- Re-focus: "It will pass"; the brain is taught not to obey compulsion.

- Re-value: Here, an individual re-evaluates the impact of the addictive urge on the self and the environment.
- Re-create: Mindfully honouring the self through creativity and play allows the individual to continue transcending and developing new passions, self-actualizing, and increasing their bond with others. Group Becoming is part of recovery.

(Simplified step-method in addiction recovery)[140]

Many transgender identified individuals have addiction issues. AA has been used to address any kind of addiction for millions of people over the years. In step 1, "We admit that we are powerless over our addictions and that our lives have become unmanageable. The "we" is important because belonging is the cure for addiction.

Finding a good developmental psychologist to intervene with family therapy is the best route to help a child recover from identity confusion.

Other Resources:

- Our Duty Canada
- Advocates Protecting Children
- Genspect

12-Step Help Groups:

- AA, NA, CA
- Sex Addicts Anonymous
- Co-Sex Addicts Anonymous
- Sex and Love Addicts Anonymous
- S-ANON Family Groups
- Overeaters Anonymous

- ALANON
- ALATEEN
- Anorexia Anonymous
- Codependents Anonymous
- Gamblers Anonymous
- (Transgender Anonymous? (possibility very soon!)

The 12-step programs are not for everyone, but they help people clear their thinking for free. Knowing one's strengths is the first step in increasing those strengths. We all need people skills and boundaries; recovery groups can help in this way. No matter what group, avoid staying in groupthink. The warmth of believing and acting together can be powerful, but groupthink is a loss of autonomy.

Gestalt Prayer:

I am me and you are you
I am not in this world to live up to your expectations
and you are not in this world to live up to mine
I do my thing
And you do your thing
If we should meet it is beautiful
If not, it can't be helped. (Born to Win)[141]

Case Studies

Guideline Case Study Rapid Onset Gender dysphoria (RODG) – Author Lara Forsberg M.Ed., WDI Education Chair, and Children with Disabilities Worker

It is difficult to get a general picture from all the different case studies, but trauma of some kind is often the commonality in trans identification. For example, an 8-year-old boy who suffered the death of his father as well as an absent working mom found that cross-dressing soothed him. The boy improved when his mom took care to spend more time with him. Children are often enmeshed with their mothers and experience separation anxiety.

Co-author Michelle Cretella says parents are usually well-meaning and willing to do their best. Michelle had a case involving a little boy about age 4 who became insecure when his baby sister with special needs was born. Normal family dynamics can be interpreted differently by a 3-year-old who has been the apple of his mother's eye since birth, then losing that attention to a new member. The boy misinterpreted the attention his special needs sister was receiving as being because she is a girl rather than a new baby with special needs. He thought he would receive love being a girl, and when mom and dad took care of his infant needs, he returned to his former happy boy self.

Zucker describes case studies that were resolved through family therapy. In one case, a boy was being bullied at school, and he thought he could escape the torment by identifying as a girl; in another case, a girl whose mother was murdered chose to identify as a boy to empower

herself. The false belief that men are too strong to be murdered instigated her identity crisis.[142]

This story is from a friend I met in a Facebook group. A mother named Anna has a daughter who lost her father through divorce, her brother to the army, and both her grandmother and horse in the same time period. Erin began her gender identity crisis in 2015, at the age of sixteen. Anna, Erin's mother, recounts that many girl groups excluded Erin and were largely cliquish. Anna describes Erin as "highly gifted," "socially challenged", and "intellectually precocious." Throughout Erin's childhood, Erin preferred feminine clothing and hairstyles, took the mommy role when playing with dolls, and voiced no objection to being a girl. Erin's mother, Anna, reports that Erin talked to peers as if they were adults and didn't understand when they were bored by Erin's monologues. Around fifth grade, Erin started associating more with boys than girls, "not because she shared their interests or participated in their rough-and-tumble play, but for their lack of drama." Hanging out with them was much easier and preferable to being alone. And though the boys accepted her, she still felt disconnected from her peers. Erin made the statements, "Why doesn't anyone like me?" and "When will I be OK?" Anna recounts: "My intellectual girl had a hard time navigating their complex social cues. She was not aggressively bullied, but she was left out."

Erin began to struggle in school in Grade five. Psychiatrist Dr. Christopher prescribed Focolin & Vyvanse to help Erin focus. Erin met Dr. Christopher three to four times a year for medication prescription assessment. By grade eight, Erin was taken off this ADHD medication due to weight loss

and dieting. Anna says that Erin was teased about her thin frame and small breasts, and Erin was still dieting in grade nine. Anna adds that junior high was a highly sexualized environment. Anna saw that Erin needed better peer relationships and enrolled her in the 4-H club. Erin made some friends and began spending time daily with Molly, a horse they boarded on a farm; then, Erin began to maintain top grades during grades six, seven, and eight.

At age thirteen, Erin began to take a romantic interest in boys; Erin embraced the changes brought about by puberty and expressed excitement when her period started. She enjoyed shopping for bras and body-hugging clothes but continued to voice dissatisfaction about her body. Most eating disorders are the result of navigating the developmental demands of adolescents.[143]

In the middle of grade ten, Erin told Anna that she was bisexual. Anna embraced Erin's decision and validated her bisexuality but noted that Erin was only dating boys at that time. A preliminary adolescent relationship consisted of a boy who was pressuring Erin to have sex based on examples on pornography sites. When Erin ended the relationship, the boy bullied Erin on Instagram and Tumblr.

At the time that Erin came out as transgender, many girls in the high school were also identifying as transgender, approximately six of Erin's friends were on puberty blockers and cross sex hormones, and three of these girls had undergone 'top surgery'. Erin displayed a lack of motivation, spending long hours on Tumblr. Peer relationships were confined to online chat groups and a trans identified female named Holden.

Holden pressured Erin online to transition medically and followed her around at school. Holden was four years older than Erin, and the school supported this relationship. Holden made sure Erin stayed on the path to transition. Erin was made an LGBTQ leader and invited to give her testimony at school, locking her into a promise she would have to keep to the school. She explained her plan to disassociate from her own body for a crowd of teachers and peers in a full school gymnasium, which was also filmed.

Further to the school locking her in her identity, the series of tragic incidents that challenged Erin emotionally in high school had begun—first, the death of Erin's grandmother. Erin locked herself in the bathroom at the funeral home and refused to come out. Then, when Erin's horse died, Erin cut her long hair short and stopped showering. She spent most of this time online, watching YouTube videos.

When Anna tried to separate Holden, the trans-identified female friend, from her daughter, Erin had unusual outbursts of anger and pity toward her mother and herself. She showed anxiety and fear toward her father and had difficulty getting out of bed in the morning. Erin stated that most people were "foolish, petty, and duped by religion." Erin's father (divorced from Anna) did not support her trans identity, but her older brother, whom she looked up to, did.

Family, teachers, and peers who supported the trans drama have entered a very deadly Game. Many serious transgressions have happened to uphold this lie. Schools often change records (names) without parent knowledge - months later, when parents find out, the parents are told not to deadname their child. Parents and children are told

that the child will commit suicide if the parent doesn't go along with the affirmation model. That's scary stuff. As previously stated, this is not true. Unethical suicide stats are used to discount parent concerns.

Caution is replaced with a parade of celebration by relatives, teachers, and peers. Peers, like Holden, are assigned to the child to keep them on track in their new identity. Moms are reclassified as bad moms, hateful, and transphobic. The mother, Anna, in the case study was facing the emotional trauma of losing her mother while going through divorce She needed help - and the teachers and 'mentors' pushing for Erin's identity betrayed their roles. A very loving mother, overwhelmed, was sidelined and abused by teachers and students.

In grade 12, the mother was told that her daughter was chosen to be a boy or girl. This was progress, and she was happy, for the time being, not feeling dysphoric, and simply identifying as a gay boy. "What was the harm?" They said.

But much harm was done, and Erin was in trouble and on a path to medical transition. When Erin turned 18, things went very badly. Erin, this lovely girl, got hormones and surgery (2023), to her mother's great sadness. It is important to note that much of life's happiness is attained through relationships, including romantic relationships. Erin's attractiveness to boys, the sex she was attracted to, will no longer have any attraction to her. The chances of her being intimate and sexual or becoming a mom are unlikely. Many women who feel overwhelmed by a highly sexed world, where pornography involves hurting and degrading women, conclude that it isn't safe to be a girl. It happened

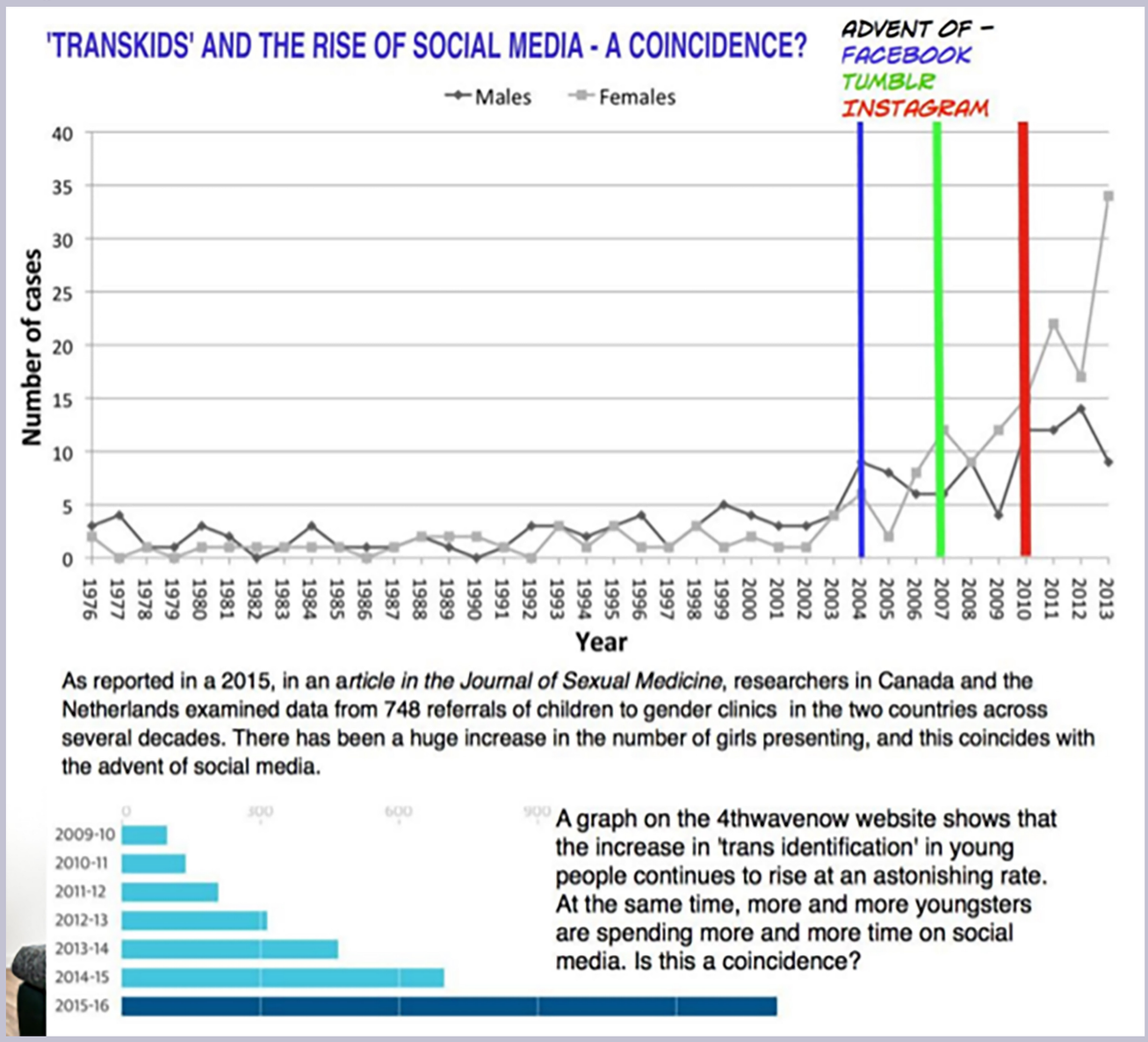
this way with Erin. My heartfelt gratitude goes to the mother who shared her story with me. Names have been changed in this story to protect the individuals in the story.

Social Media Increasing the Problem

Toddlers are not getting as many back-and-forth interactions with significant parental figures, causing speech and emotional intelligence delays. An analysis of screen time and aggressive behaviours in adolescents shows that the problem often lies with too much media time and not enough loving contact.[144] High school students spend over 7.5 hours per day in front of screens, which "reduces the rate at which one physically interacts with others in real life."[145] This also affects the release and maintenance of adequate dopamine, serotonin, endorphins, and oxytocin doses.[146] Social media was shown to be associated with longer-lasting increases in antisocial behaviours. In contrast, television viewing, when watched together, centered on family values and was shown to have a protective effect on kids. The results suggest that the nature of the relationship between screen time and aggressive behaviours depends on the type of screen time.

Trans identities have increased with the introduction of the internet and social media. There has been a 5000% increase in girls identifying as trans.[147]

Figure 9. Transkids and the Rise of Social Media - Michelle Cretella[148]



Make Media Rules:

- Healthy management, meaning a balanced and informed monitoring of screen time.
- Positive modeling: do what you want others to do.
- Meaningful screen use.

Meaningful screen use means co-viewing family programs, playing co-operative video games, and learning about the world's diversity. One hour of recreational screen time has been associated with lower depression risk compared to no screen time, but we still want kids playing more sports than doing screen time.

Parent involvement in body stimulation (sports, Tai Chi, dance, yoga, walking) needs to start early. Mostly, children need the stimulation of walking. Dr. Carla Hannaford, who developed The Brain Gym, says children learn through cross-lateral movement, where the right arm is in sync with the left leg. Cross-lateral movement is responsible for auditory development. The whole system is igniting all brain functions through balance and movement.[149] Children focusing on being unbalanced in their body makes it hard for them to learn because the body is busy dealing with the body imbalance. Hannaford calls this a survival state, which shuts critical thinking down. Children do not learn or remember as easily when their body is not balanced.

Groups and sports are excellent ways to build resilience. From a Positive Psychology perspective, meaning consists of knowing your highest strengths and using them to belong to and serve something you believe is larger than the self. Teams do this. When strengths are the focus, rather than weaknesses, people will respond in healthy ways. It is through hard work that people can let go of insecurities. Identity is tied to knowing oneself and the strengths one possesses. Self-pity is always a case of mistaken identity.

Erickson wrote that increasing technology, automation, and loss of purpose were the driving sources of anxiety; the lack of obstacles children faced in their development was a cause for anxiety and depression in later life.[150] When children lack obstacles, they lack resilience, and as a result of being treated like infants, they act like infants. We are not giving them enough responsibility, which encourages young people to think they are the center of the universe. We view people as fixed entities that are unchangeable, and we do not see behaviour as being on a continuum. Entitlement, even more so than in my generation, is allowing children to wreak havoc on themselves and each other.

Over the past 35 years in Canada, female participation in sports has declined. As girls reach adulthood, more stop playing sports, resulting in a sharper decline in girls' participation rates during adolescence than boys. However, both males and females are participating in sport less than in the early 1990s.

A Statement for Physical Education Considerations in Alberta Schools:

By Linda Blade, ChPC, PhD Kinesiology, April 2, 2024

Sport and physical activity improve quality of life for girls in three areas:

Physical Health:

- Improved Sleep
- Weight management
- Increased muscle strength
- Reduced risk of obesity
- Improves bone health (stronger bones)
- Cardiorespiratory endurance
- Prevention of bone loss
- Blood pressure management (helps maintain lower blood pressure)
- Boosts energy levels in daily activities
- Lowering of the level of blood sugar, cholesterol, and triglycerides
- Reducing the chances of developing breast cancer later in life

Mental Health:

- Higher body esteem
- Boosts Self-Confidence
- Reduced anxiety
- Improved sense of personal identity
- Reduced sense of stress and depression
- Boosts feelings of happiness and personal satisfaction

Social Advancement:

- Leading to more opportunities for fun recreation
- Maintaining sports interest
- Improving assertiveness
- Teaching goal-setting and strategic thinking
- Improving mathematical skills
- Improving spatial awareness
- Offering an opportunity to learn leadership
- Providing safe opportunities to learn how to lose constructively – leading to being less fearful of losing when taking a risk
- Improved risk management
- Understanding the value of teamwork
- Social Acceptance
- Learning how to be a role model
- Learning how to be responsible for others
- Avoidance of negative behaviors such as smoking and premature pregnancies
- Raises incentives for education and conceptual inquiry

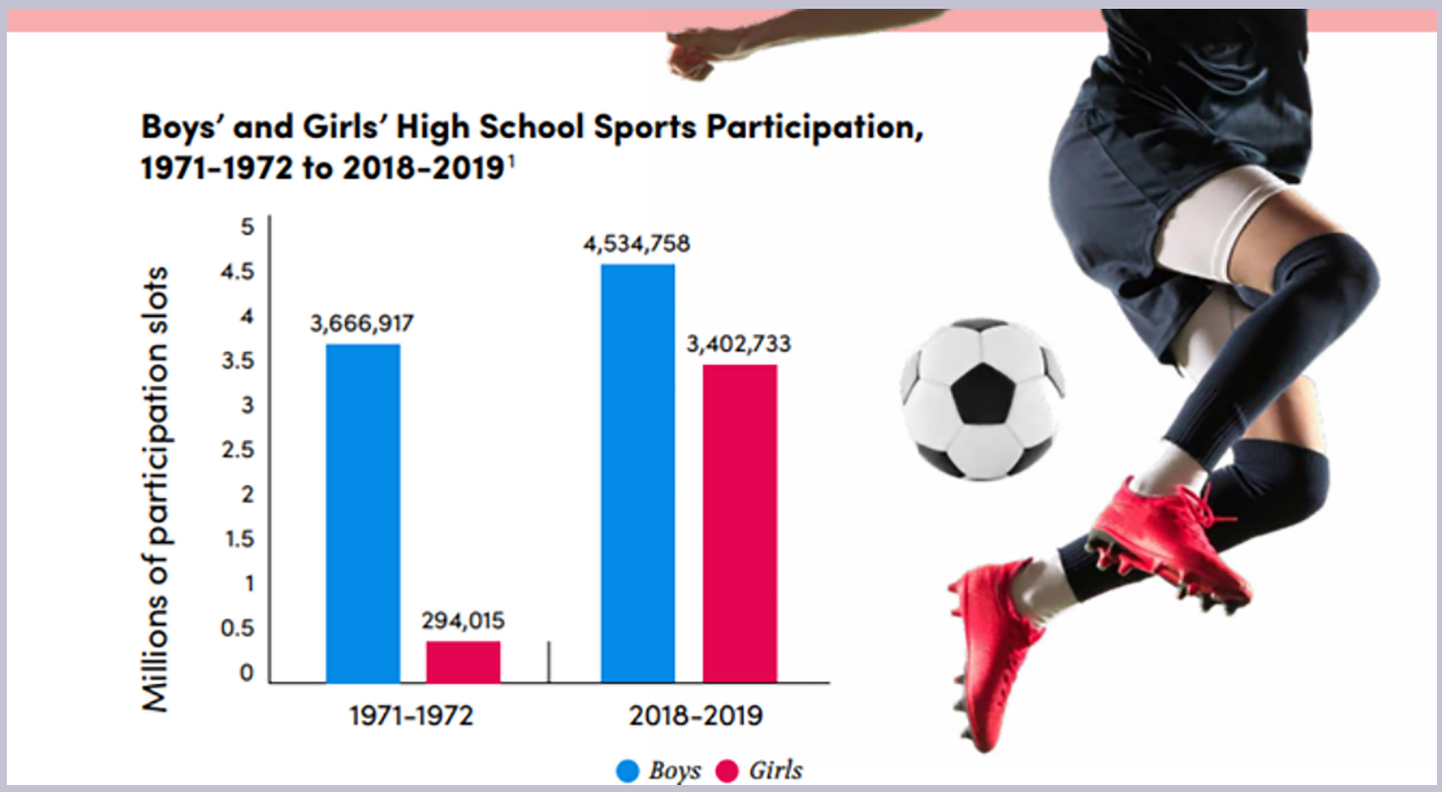
Anecdotal Evidence on the Long-Term Impact of these quality-of-life outcomes.

The largest "social experiment" on the long-term benefits of sports for girls has been the 50-year existence of Title IX in the USA.

The text of Title IX of the Education Amendments of 1972 (USA):

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance."

Figure 10. Boys' and Girls' High School Sports Participation[151]



The numbers above show that legislation can massively impact the percentage of schoolgirls who have access to sports. Better yet, there is evidence that the sports experience in a girl's life persists over her lifetime and plays an immensely positive role in her professional life. A recent survey by Ernst & Young of 821 high-level female executives revealed that 90% of them had played school sports. Among women currently holding a C-suite position, this proportion rose to 96%.

The evidence is overwhelming that playing school sports engenders empowerment in the life of girls.

What happens when boys are allowed to take opportunities from girls in sports and physical activity?

Overall, the outcome is "learned helplessness" and a sense of futility. When a girl enters this state, almost all of the benefits listed above disappear, and some of these factors become worse than the norm.

Why should this be the case?

Winning and losing in sport and play – even in the recreational context – tends to be a zero-sum situation. Someone will lose at the expense of the one who wins. It's this very characteristic of competitive play that simulates real life, and it is the reason why competitive play is so useful in teaching real-life skills. If there is nothing at risk, there is nothing to celebrate when one wins.

Pretending as if we can save children from the psychological impact of losing by providing participation badges and structuring competitive play (example: sports day) where "everyone wins" and "nobody loses" is the recipe for turning children off. Children are not fooled. They know that this is gaslighting by the adults to save their feelings.

The key to fun sports is not to structure things where "nobody loses." Rather, the key is to set the stage for fair opportunity for success and then let the scenario play out. Children can handle losing if they know that the parameters of the game were fair and that they might stand an equal chance of winning the next time by improving their performance or their game strategy.

Children are given that chance to observe the outcome, think, and strategize; when they do eventually win under these conditions, great joy is the experience. Under the conditions of observable fairness, children can learn positive life lessons whether they win or lose in competitive play.

Due to biological differences between boys and girls, mixing the sexes in physical play is unfair, and little girls know it. They know implicitly that the boys will have a better chance of winning when matched (unfairly) against them.

The girls are not wrong. Research shows that girls are, indeed, at a distinct physical disadvantage, even before puberty.

At the prepuberty level, boys are taller, heavier, stronger, faster, more agile, more explosive (in jumping and throwing), and have better cardiovascular endurance than girls.[152] And this difference is greatly magnified post puberty (late elementary to high school), with males being stronger by 25%-50%, more powerful by 20%-160% (depending upon the sport), 40% heavier, and 10% -13 % faster than females.[153]

Research also shows that no amount of medication (puberty blockers or hormones) will mitigate the male competitive advantage over females.

Given the profound, long-term benefits that girls acquire through positive experiences in sports and physical

activity, it is important that Alberta schools endeavor to foster programming that ensures sex-based equality of opportunity for all children. This means that whenever the curriculum involves lessons or activities that could be impacted by physical differences in biological sex, efforts should be made to carve out female-only spaces and rules of play that will enable girls to experience an equal possibility of success to that enjoyed by boys.

Conclusion and Recommendations

According to the panel's transcript located in the WPATH Files written by Canadian researcher, Mia Hughes, when talking about the fertility of youth, a trans supportive doctor said, "most of the kids are nowhere in any kind of a brain space to really talk about it [the long term effects of sterility] in a serious way," Metzger, the trans supportive doctor, continued: "that's always bothered me, but you know, we still want the kids to "be happy, happier in the moment, right?"[154]

Dr. Metzger's words are evidence not that he is stupid, but that he is playing a psychological Game. He is Playing Stupid. There are many Games. "Playing Stupid" is a Game where the individual can't see what is right in front of them; it is a discount of reality. A similar and related Game is called polysurgery, a Game of unnecessary medical treatments. Games can be first-degree, second-degree, or third-degree games. A first-degree game is a socially acceptable Game, a pronoun change; a second-degree game is an ambivalent game, which is an uncomfortable and unspoken Game, such as a child using puberty blockers; and a 3rd degree game is played for keeps, ending in surgery, the courtroom, or the morgue.[155] Transgender Polysurgery is a third-degree Game.

Some professionals, such as leading specialists Susan Bradley and Kenneth Zucker, showed integrity and reversed course from these Games. Bradley is a pediatric psychologist who started Canada's first gender clinic in 1975 in an addictions treatment hospital. This is where Zucker joined her research. Both Bradley and Zucker

eventually came out against the popular Dutch model of affirmation. Susan Bradley initially agreed to the Dutch protocol, putting some children on puberty blockers — a practice she says she now regrets.[156] "I had this skepticism in the back of my mind all the time that maybe we were actually colluding and not helping them, and I think that's proven correct, once these kids get started at any age on puberty blockers, nearly all of them continue to want to go to cross sex hormones."

With new research showing harm, Bradley stopped being complicit in the gender experiment on kids. We know now that blocker causes atrophy in the sex organs often resulting in sterility;[157] puberty blockers can have a possible detrimental impact on IQ;"[158] the long term study done in Sweden, 1973-2003, showed that after sex reassignment, mortality and suicidal behavior go up; with a 19 fold increase in suicidality; psychiatric disorders are 7 times higher; hospitalization is 22-44 times higher; self-harm 70-144 times higher and suicidal thoughts were 25-54 times higher than the general public; both suicide and criminality increase for females.[159], [160] Remember that social transition increases depression, as stated in Michelle Cretella's introduction. When 34% of kids had a mental health decline, and 37% showed no improvement, then 71% of these kids were harmed by the affirmation protocol. Before the social contagion, when the condition affected mostly boys, Bradley showed that 87.8% of boys referred to their clinic eventually stopped believing they were girls.[161]

Bradley, like other specialists, verifies that autistic adolescents are particularly vulnerable to find themselves targets for gender surgery.

In her study, those who did not desist were extreme cases. In these cases, children faced extreme adverse childhood events, experiences such as the death of a parent, poverty, mental illness in the family, drug addiction in the family, living as a prostitute, and other tragedies being the underlying causes of distress.[162] The medical scandal is not over yet in Canada.

Canadian medical public transgender policy is riddled with Magical thinking. For many, transgender medicine has been the pedophilic fantasy of castrating and enslaving young children, and the bystanders watching have been as traumatized as the victims.

Quinten Van Meter, who worked with John Money and told the world about Money's sick and strange experiments,[163] he said "Transgenderism is a cultural phenomenon supported by organized interest groups including beneficiaries in the medical profession. Its precepts lack conceptual and scientific integrity. Its regiments present known dangers and risks to minors subjected to them. Cross-sex medical interventions upon children are forms of human experimentation and should not be promoted or rewarded by the coercive power of law."[164]

Psychotherapy is the best practice for these children, as well as group therapy, which has made good progress with youth recently. Group and individual mental health services, based on child development, are the only appropriate ways to treat gender confusion in children. All schools in Canada need to remove gender guidelines from interventions and return to guidelines that promote child development, not with wishful or magical thinking. Boys are not girls. Own your power as free, strong, and nurturing parents, and tell it to your kids.

Glossary

Adapted Child:
The child feels at one with caregivers.

Adult Ego-State:
Where logical decisions happen based on both society's rules and intuition.

Abnormal in Psychology:
Thoughts do not align with reality. Also known as disorder.

Affirmation:
(Dutch Protocol) affirming gender incongruent children as the opposite sex or a "third gender." Not recommended. Not like developmental affirmations.

Attachment Theory:
The study of parent-child relationships.

Autonomy:
The recovery of awareness, intimacy, and spontaneity.

Child Ego-State:
In the diagram of ego-states, in the PAC model, Parent, Adult, Child are parts of each individual's personality. The Adult is advised by the Parent and Child ego-states. One strives to remain in Adult. All parts of the mind work together in health.

Contamination:
Functioning is based on an Adult but is contaminated by the Child ego-state.

Codependency:
Absence of differentiation.

Confluence:
The contact is so true and we are so compatible that we feel the experience of another's existence.

Contact Interruption:
A contact interruption is defined as a lack of awareness.

Critical Parent:
The ego-state that shows genuine concern, but does not encourage innovation.

Cultural Script:
The law, custom, tradition, and presuppositions of a culture.

Desister:
Those in whom the gender dysphoria remitted.

Developmental Affirmation:
What a child needs to hear at the right stage.

Discount:
To pretending an important issue doesn't matter.

Disorders of Sexual Development (DSD):
DSDs are abnormal conditions or set of disorders, like congenital adrenal hyperplasia (CAH), which cause infants to be born with ambiguous genitalia. These individuals are either male or female.

Double-Bind:
A message that can cause a split in the child's personality. The child cannot reconcile two ways of being.

DNA Methylation:
Effects the brains development, how we learn, memory, and disease in the human brain.

Drama Triangle:
The triangle can be observed as an ongoing script, where players take one of three positions (Victim, Persecutor, and Rescuer). A psychological game being played for strokes.

Dutch Protocol:
Gender experiment in the Netherlands on kids. Between 2007 and 2016.

Exclusion:
A loss of awareness that happens when one ego-state is excluded.

Epigenetics:
The changes that affect the way your genes work.

Field:
All of the environment in gestalt psychology. Not the self.

Fixated:
To be stuck in fantasy. Unable to grow.

Fuss box:
Get a box and kick it in private. Change one thing about the situation.

Furry:
A person with an interest in animals with human qualities.

Games:
Confirm destructive script behavior and reinforce the negative script.

Gender Dysphoria (GD):
A psychological condition in which youth express a marked incongruence between experienced gender and sex.

Gender Identity:
Interchangeable with sexual identity role. There is no medical test for an identity. A subjective idea about how men and women should behave based on cultural scripts.

Gestalt:
A learning cycle in child development.

Gonadotropin-Releasing Hormone Agonist (GnRH):
Puberty Blocker.

Grit:
A stick with it attitude.

Injunction:
When a person holds a set of beliefs in their mind and does not question them, it is a message given to the child by the parent. In essence, the message tells the child how he can expect to receive strokes from his Mother and Father.

Intersex:
DSDs, Disorders of Sexual Development, are diagnosable disorders of the body. (0.02% of the population). They are still male or female based on the sex gametes and do not represent a 3rd sex because they do not produce a 3rd gamete.

Intercurrent disease:
A disease that happens in tandem with other ailments.

Introjection:
In introjected behavior, all we can do is play roles because we have not become what we are doing. We take on introjections like we put on a mask.

Life script:
A life position is a repetition of the events and reactions of childhood.

Lupron:
Used for precocious puberty and to chemically castrate male sex offenders in jail.

Little professor:
The ego-state that is autonomous, in testing and experimenting.

Magical thinking:
A fantasy escape from life's problems.

Neurolinguistics programming:
Helps a person understand how their own mind works and how they come to think and behave the way they do.

Normality:
That which functions according to design. An organism is structured to function during the reproductive act. A female child is designed to provide offspring and her thoughts align with this reality.

Nurturing Parent:
The self-care ego-state.

Paraphilias:
Persistent and recurrent sexual interests, urges, fantasies, or behaviors of marked intensity involving objects, activities, or even situations that are atypical in nature.

Persister:
Adolescents with persisting gender dysphoria.

Playing Stupid:
A psychological Game in which the individual can't see what is right in front of them, confounding others.

Physis:
Good Orderly Direction (GOD). The growth force.

Polysurgery:
A Psychological Game of unnecessary medical treatments.

Projection:
To see reality differently from its actuality, more in accord with our desires.

Protective factor:
Sensitive kids can be protected through family and community supports that reinforce morality.

Puberty Blockers:
This chemical blocks puberty and may lower IQ. Studies in mice, sheep, and primates indicate an impact of GnRH suppression on behavioural analogues of cognitive function, effects that are often sex specific.

Re-parent:
To reshape a damaged Child ego-state.

Rackets:
Inauthentic feelings learned in childhood that are often below an individual's level of awareness, or other feelings, which are used in a conditioned reflex manner to manipulate others.

Rapid Onset Gender Dysphoria (ROGD):
Littman (2018). Gender variant youth are identifying as transgender in clusters of friendship groups, where kids are not getting proper assessment before hormones and surgery are implemented.

Retroflection:
This is self-restraint under the auspices of the growth of the self. Healthy retroflection is discipline.

Sex:
A binary biological trait determined at fertilization.

Simple Contract for Change:
A contract that promotes change and asks a few questions to get to the root of the problem.

Stroke:
A word for a measure of recognition - from words, to eye contact, to touch.

Sexual and Gender Minorities (SGMs):
Those protected from discrimination under the law - gays, women, and lesbians historically.

Transactional Analysis: a.k.a. (TA) psychotherapy:
An intervention that is built to “do no harm.” When learned, it slows reactive fight, flight, or freeze reactions. Individuals think about their behaviour, gaining control to do the next right thing.

Transgender:
A term describing individuals who self-diagnosis themselves as having gender incongruity. Transgender identity development is constructed. There is no definitive test for transgender because the condition has no typical pathway and is based on an individual’s subjective view of themselves.

Trans identified female:
This is a female who does not accept her femaleness. Used instead of "transman". Trans-identified male is then a logical reference to a "transwoman". These references are important in order to maintain the meanings of the words woman and man.

Working model:
Infants develop a working model of attachment (secure, anxious, disorganized, and non-attached) based on how parents respond to them; infants use this working model to predict the world around them.

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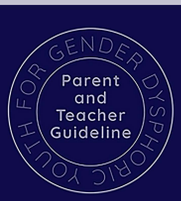

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