

The Age of Advanced Incoherence

Identity Politics & Identity Crisis

By Jasun Horsley 2018

Part One

Introduction: A Premature Assumption of Knowledge



“Why is the determination to fight against a prejudice a sure sign that one is full of it? Such a determination necessarily arises from an obsession. It constitutes an utterly sterile effort to get rid of it. In such a case the light of attention is the only thing which is effective, and it is not compatible with a polemical intention.”

—Simone Weil, *Gravity and Grace*

When my older brother was ten, he grew his hair long and decided he wanted to be a girl. He told our sister that he wanted to be referred to as her sister when she introduced him to other people.

I would have been five at the time. As I have described elsewhere, my brother (not just despite but because of his mistreatment of me) was my first and most impacting role model. He was the boy I most wanted to be like—and be liked *by*. As an adolescent and an early teen, I inherited and/or adopted not only my brother’s clothes but his taste in music and movies.

Here’s another piece of anecdotal evidence: When I was born, my mother was told by the doctor, “Congratulations, it’s a boy!” Her response: “Oh, I wanted a girl.”

It's possible our mother *only* wanted girls (though her first child was one), and if so, it's also possible her desire, however it was expressed (and my mother was anything but self-contained), inspired my brother to want to self-identify as female.

Whatever motivated it, his "decision" was short-lived, and by the age of twelve he was deeply infatuated (and fully sexually involved) with a girl of his age. He grew up to be a sexual libertine with undisclosed limits (though he wrote a "tell-all" autobiography, I doubt if anyone knows the full extent of what my brother experimented with sexually). By the time he died, of a heroin overdose at age 48, he was famous as a "dandy of the underworld" who wore nail polish and top hats.

Had my brother been born in 2002 instead of 1962, he might very well have been diagnosed with gender dysphoria and encouraged to "transition" to the opposite sex. If my principal male role model had become a "girl," who knows how I would have navigated *that* labyrinth?

That didn't happen, however. At 51, I have outlived my brother, and today I am reasonably happily married. And while I am still struggling to come to terms with my sexuality (who isn't?), if there is one thing I am sure about it is that *being at home in my body* is the most essential—and the hardest—way to contentment. That and, closely related, that rejecting reality *as it is*, projecting my desires onto it and forcing it to conform to them, is the surest way to suffer.

I present this as background for why the question of "transgender" feels so important to me, and why I take such an apparently firm position on it. It is based on my own life experience, which is all any of us base anything on.

The following series of essays about identity politics and gender and other body dysphoria does not aim to cover the full spectrum of experiences associated with these loose-knit groupings. That would be a very different and much larger study. This series will not question the rights of adults to change their bodies via drugs and surgery, only the ideological rationale for such decisions currently being pushed in schools, colleges, universities, law courts, government halls, and via mass media channels. In my opinion, this ideological rationale is based on scant evidence at best, at worst on outright distortions, fabrications, and self-willed delusions.

Unfortunately, questioning *the assumption of knowledge* around gender dysphoria and/or fluidity places this series and its author unequivocally in the "anti-trans" camp, regardless of motives or the quality or intent of the arguments, which are aimed at encouraging deeper questioning and examination. One thing is abundantly clear to me: none of the advocates of gender fluidity, etc., know what they are talking about. By this I mean, none of them can coherently explain what gender fluidity *is*, what causes it, or what some of the likely outcomes are of treating it as *a problem of the incongruity between a hypothetical identity-self and the biology it is housed in*, rather than as a psychological phenomenon to be observed, explored, and fully understood, *before* attempting to formulate how best to approach it.

Local Storm in a Global Teacup: SOGI & Culture Guard



“Professor of social work, Dr. William Brennan, has written that ‘[t]he power of language to color one’s view of reality is profound.’ It is for this reason that linguistic engineering always precedes social engineering—even in medicine.”

—“Gender Dysphoria in Children,” American College of Pediatricians, June 2017

Having written about Transgender issues quite recently, I am returning to this subject matter now, with some reluctance, since it literally almost landed on my doorstep. Here’s what happened:

A Canadian group local to me called Culture Guard are currently concerned about the implementation of a massive ideological agenda in British Columbia schools, from kindergarten to universities. It is called the SOGI program, which stands for Sexual Orientation Gender Identification. Culture Guard had arranged for a public meeting about the matter two doors down from where I live, at a public hall belonging to The Royal Canadian Legion. However, when the Legion allegedly received over 900 emails objecting to the event, including threats, it caved under the pressure and canceled the meet. They were widely congratulated on Facebook for not providing a platform for hate-speakers, Christians bigots, and homophobes. I found this surprising, considering that most of the members of my community are presumably Christian, at least nominally, and I doubted if many of them had much of a clue about a subject as complex and mercurial as gender fluidity. Was this a case of a minority making so much noise it seemed like a majority?

I looked into Culture Guard. Besides the use of the term “gender deviant,” I saw no evidence of overt bigotry. Culture Guard is highly critical of SOGI and views it as part of an invasive ideological agenda only superficially concerned with tolerance, primarily aimed towards political indoctrination. It questions the dominant assumption that all sexual orientations are equal, in terms of parenting, and referred to “sexual deviants.” Obviously, this alone is enough to ring alarm bells in 2018, and I emailed Culture Guard to let them know they might want to be more careful with their use of language.

The word deviant does not have an inherently pejorative meaning (etymologically), but at this stage this is how people hear it. In its dictionary definition, it means “One that differs from a norm, especially a person whose behavior and attitudes differ from accepted social standards” — as in, to deviate from a path. Based on this definition, it’s questionable whether the word is even accurate anymore, because of how rapidly and radically social standards have changed (or been re-engineered). In 2018 in the Western world, homosexuality no longer differs from accepted social standards and is widely represented, even promoted and celebrated, in most walks of life. Even “Trans” is being quite efficiently incorporated into those standards, via the usual channels of mass media, social policies, and education programs like SOGI.

When I looked into SOGI, here’s what I found.

On the International Day against Homophobia and Transphobia, observed globally on May 17, the Faculty of Education, University of British Columbia and ARC Foundation announced a major new social justice initiative funded by an ARC Foundation gift of \$125,000 to the University of British Columbia. The UBC-ARC Sexual Orientation and Gender Identity Fund is designed to

implement transformation towards social justice goals at a faculty-wide scale at the University of British Columbia, so as to create and maintain an LGB/T2/Q inclusive curriculum, culture, work place, and learning environment. To prioritize systemic, faculty-wide interventions that focus on sexual orientation and gender identity as critical pillars in the architecture of human rights risks, resiliencies and interventions that aim to redress inequities and enhance social sustainability. To design, innovate and implement whole-climate pedagogical approaches that recognize, and intervene to transform, the impacts of systemic discrimination. ([ref](#))



In [SOGI's own words](#):

SOGI stands for sexual orientation and gender identity. Since we all have a sexual orientation and gender identity, it includes all of us. Every student understands and expresses their gender differently, with interests and choices that are common or less common for their biological sex. Some students may be unsure of their sexual

orientation. Others may identify specifically as lesbian, gay, straight, bisexual, transgender, queer, two-spirit, cisgender, or other. A SOGI-inclusive school means all of these experiences and identities are embraced and never cause for discrimination.

The promotional material for the “PrideSpeaks” session for Kindergarten grade 3 (5-8 year-olds), includes:

- What is gender? Exploring gender diversity
- Reading “I Am Jazz,” a picture book about gender diversity by Jazz Jennings, a young transgender child being called “a spokesperson for transkids everywhere”
- Discussion about the story
- Empathy exercise to demonstrate what being a good friend looks like for students who come out as transgender or gender variant
- Presenters sharing coming out stories

According to Culture Guard’s [SOGI Backgrounder](#), school districts and independent schools “have been ordered to add Sexual Orientation and Gender Identity politics to their codes of conduct, giving special rights to LGBTQ2++ political platforms, introducing one-sided “celebratory” material that fails to include statistics relating to the mental and physical health risks and issues, medical costs to taxpayers, and the social costs commonly associated with LGBTQ++ persons. Teachers are directed in the SOGI-targeted pilot schools not to use the words “mom,” “dad,” “mother” or “father” but only gender-neutral terms like “parent” and “partner.” The same applies with addressing children as “boys and girls,” instead of which teachers are instructed to use gender-neutral words like “students.”

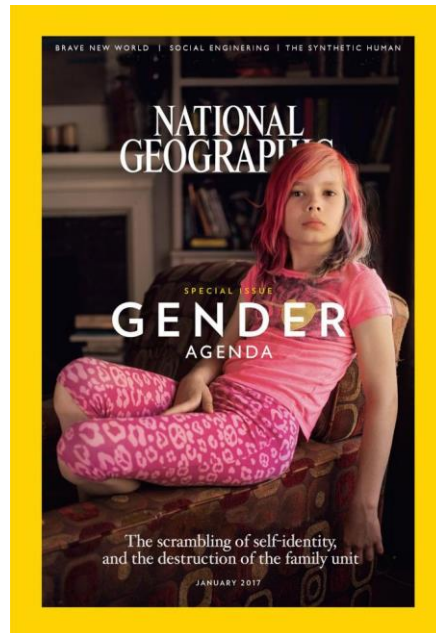
Other social reforms extend well beyond the realm of language: Under amendments to the BC Human Rights Code, and according to the SOGI mandates of BC’s Minister of Education, “sex activist men who dress—or ‘identify’—as women . . . can now use the girls/women’s washrooms in schools, daycares, churches, mosques, museums, amusement parks, public swimming pools, or recreation centre showers; and they can join all-female gyms.”

In case you missed that, this is biologically complete *men*, who have not had any kind of surgical or chemical alteration, and have merely *chosen* to self-identify as women. In the UK, these “transwomen” are now receiving government-issued IDs to “*prove*” they are women and to gain access to women’s-only spaces. Women who object to this are known, whether they like it or not, as TERFs—Trans-Exclusionary Radical Feminists. They are targets of trans aggression and violence, and, at the same time, may be liable for criminal charges for “hate speech” if they express their objections, or claim that these men are not actually women.¹

OK. Got all that? Let’s go back to the starting line again.

¹ [“Has the UK become a police state? \(And has Twitter become its informant?\)”](#)

What is Gender Fluidity?



“In contrast to the relative lack of controversy about treating adolescents and adults, there is no expert clinical consensus regarding the treatment of prepubescent children who meet diagnostic criteria for what was referred to in both DSM-IV-TR and ICD-10 as gender identity disorder in children and now in DSM-5 as gender dysphoria. One reason for the differing attitudes has to do with the pervasive nature of gender dysphoria in older adolescents and adults: it rarely desists, and so the treatment of choice is gender or sex reassignment. On the subject of treating children, however, as the World Professional Association for Transgender Health notes in their latest Standards of Care, gender dysphoria in childhood does not inevitably continue into adulthood, and only 6 to 23 percent of boys and 12 to 27 percent of girls treated in gender clinics showed persistence of their gender dysphoria into adulthood. Further, most of the boys’ gender dysphoria desisted, and in adulthood, they identified as gay rather than as transgender.”

— Drescher J, Pula J., [“Ethical issues raised by the treatment of gender-variant prepubescent children”](#)

Dictionary says: “denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.”

Wikipedia—the dictionary of the people—makes a slight (nonsurgical adjustment) and refers to “gender expression that differs from their assigned sex.”

Perhaps this is because, as in Aldous Huxley’s *Brave New World*, “birth” is now a dirty word?

I am not sure, by this new definition, who or what “assigns” sex at birth, but the implication is clear: there is a something or someone, independent of the biological organism, being “assigned” sex, as well as something or someone doing the assigning (perhaps “cisgender white-male doctors”?). And this

second something or someone can *get it wrong* and makes things really difficult for the first something or someone. Confused yet? Fasten your seatbelt Dorothy.

As SOGI makes official, it is not just the word “birth” that is fast becoming the equivalent of obscenity, but “mother” and “father” too. In the UK, the British Medical Association has asked that pregnant women not be called “expectant mothers” since it might offend transgender people. (“Pregnant people” is the non-offensive alternative.)

“The advice comes in an internal document to staff outlining a raft of common phrases that should be avoided for fear of causing offence. ‘The elderly’ are to be referred to as ‘older people,’ ‘disabled lifts’ as ‘accessible lifts,’ and someone who is ‘biologically male or female’ is to be called ‘assigned male or female.’ (There’s that mysterious assignation again. [Ref.](#))

Gender fluidity is also known as “genderqueer,” and as non-binary, a catch-all category for gender identities that are not exclusively masculine or feminine. “Genderqueer: denoting or relating to a person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders.” If that’s not as clear as a spit-polished test tube, try “identities which are outside the gender binary and ‘cisnormativity.’”

Cisnormal, as you are quite remiss if you aren’t aware, is the label assigned by advocates of gender fluidity for those of us sadly lagging behind the evolutionary curve and still suffering from relative congruity between our biological genitalia and our sense of who we are. Nothing but advocates of equal opportunity rights, the GI Joes and Janes don’t want straight folk to feel left out, and have assigned them, us, their, our, very own gender identification badge, whether they, we, like it or not.

So, it seems fair to ask, if and when cis-norms start being bullied for their assignation, will the SOGI bears huddle around and protect them, with new newspeak agendas? No, is the answer, because cis-bullying is not only acceptable, it’s part of a *necessary survival strategy* by trans-activists.

As it is at present, not only do the new gender-fluids have the right to tell everyone else how to identify them, they also have the imperative to decide how they get to identify everyone else. In old-world political language, this is known as totalitarianism. In today’s newspeak, it’s called tolerance. It is all just part of the ongoing attempt to level the playing field and cast off the oppressive influence of “normality” by suggesting that normality is 100% in the eye of the beholder.

If, in the process, biological functionality gets surgically removed from the equation and replaced, as in Huxley’s dystopia, with State-sponsored, technological interventions, not to worry, that’s just further proof that we are living in the most progressive society in history.

The only way for the new normal not to spell the end of the species, therefore, is for various artificial inception methods to compete with—and eventually replace?—natural reproduction. This is probably why GI advocates tend to unanimously worship at the altar of Science, and to pay regular tithes to its weaponized wings, Big Pharma and the Medical Industry.

To give an outstanding example, Trans-person Martine Rothblatt—the founder of Sirius XM and one-time highest-paid “female” CEO in the world—has made a robot clone of her wife.² It is called BINA48, which stands for Breakthrough Intelligence via Neural Architecture 48. BINA48 has variously been called a sentient robot, an android, gynoid, a social robot, a cybernetic companion, and “a robot with a face that moves, eyes that see, ears that hear and a digital mind that enables conversation.” ([Ref](#))



BINA48 is owned by Martine Rothblatt’s Terasem Movement, Incorporated (TMI), and was designed to test the possibility of downloading a person’s consciousness into a non-biological or nanotech body, after combining detailed data about a person with future consciousness software. BINA48 was modeled after Rothblatt’s wife through more than one hundred hours in compiling her memories, feelings, and beliefs.

Rothblatt’s robot wife-clone has been interviewed by the *NY Times*, Whoopi Goldberg, Morgan Freeman (for *National Geographic*) Joe Rogan, and has participated in several TedTalks. ([Refs](#)) Rothblatt and BINA48 are united in proposing a future of 3D printing new body parts, leaving our bodies behind, and living forever by uploading our consciousness to the artificial intelligence “cloud.”

It should come as no great surprise, then, that the latest sets of rights under discussion are those of robots—or “electronic persons.”³

² “Martine Rothblatt is responsible for launching several satellite communications companies, including the first nationwide vehicle location system (Geostar, 1983), the first private international spacecom project (PanAmSat, 1984), the first global satellite radio network (WorldSpace, 1990), and the first non-geostationary satellite-to-car broadcasting system (Sirius, 1990). As an attorney-entrepreneur she was also responsible for leading the efforts to obtain worldwide approval, via new international treaties, of satellite orbit/spectrum allocations for space-based navigation services (1987) and for direct-to-person satellite radio transmissions (1992). In the 1990s Dr. Rothblatt entered the life sciences field by leading the International Bar Association’s project to develop a draft Human Genome Treaty for the United Nations (submitted in 1999), and by founding a biotechnology company, United Therapeutics (1996). Dr. Rothblatt is the author of books on satellite communications technology (Radiodetermination Satellite Services and Standards, Artech, 1987), gender freedom (Apartheid of Sex, Crown, 1995), genomics (Unzipped Genes, Temple University Press, 1997) and xenotransplantation (Your Life or Mine, Ashgate House, 2003). She is also cyberscripted and produced one of the first cybermuseums, the World Against Racism Museum, www.endracism.org. ([Ref.](#))

³ “In an open letter, more than 150 experts in robotics, artificial intelligence, law, medical science and ethics, warned the [European] Commission against approving a proposal that envisions a special legal status of ‘electronic

Desistance



One thing that needs emphasizing is that the whole pro- vs. anti-transgender dichotomy may be largely imaginary, because there's no clarification about what, exactly, one is supposed to be for or against. Or rather, since there's no room for questioning the premises, "pro-trans" becomes about fully supporting individuals in their choices, regardless of their age, of whether they have been arrived at in a legitimate fashion, or of whether the choices are informed, healthy, sensible, or likely to lead to lasting well-being. By extension, implicitly, this unexamined approval entails becoming complicit with corporate, medical, and governmental malpractice around the subject of transgender, and the tacit agreement to pretend it simply does not—and cannot—exist (i.e., that "our" government never deceives or exploits its subjects).

In fact—from my own perspective, having looked at the facts I have looked at—gender dysphoric children, teens, and adults *are* victims, but not merely (or even primarily) victims of the misunderstanding, hostility, and negative discrimination of "ignorant" people. They are also, I think much more significantly, victims of the agendas that claim to be creating a safe and supportive environment for them, or by "educating" them (and those around them) to accept the medical, corporate, and pharmaceutical interventions prepared for them.

If young people—even toddlers—are being coached to perceive an experience that no one fully understands in a set way that is nested in an entire ideological framework, and to then make "decisions" (at ever-earlier ages) based on illegitimately coerced perceptions, what are the chances they will later regret those decisions and resent the very people who "supported" them? Not that there aren't alternate—and considerably more cautious—approaches.

persons' for the most sophisticated, autonomous robots. 'Creating a legal status of electronic "person" would be ideological and nonsensical and non-pragmatic,' the letter says. The group said the proposal, which was approved in a resolution by the European Parliament last year, is based on a perception of robots 'distorted by science fiction and a few recent sensational press announcements.'" <http://www.euronews.com/2018/04/13/robot-rights-violate-human-rights-experts-warn-eu>

The GIC, which operates out of CAMH, pronounced “Cam-H,” had been standing firm against a changing tide in the world of psychological treatment for children with gender dysphoria. The “gender-affirmative” approach, which focuses on identifying young transgender children and helping them socially transition—that is, express their gender to others through their everyday clothes, name changes, or other means—has been on the rise in recent years, and has become the favored protocol of many activists and clinicians. GIC clinicians, who saw clients between ages 3 and 18, had a much more cautious stance on social transitioning for their younger clients—they believed that in many cases, it was preferable to first “help children feel comfortable in their own bodies,” as they often put it, since in the GIC’s view gender is quite malleable at a young age and gender dysphoria will likely resolve itself with time. ([ref.](#))

There are no forthcoming figures of the detransitioned—“or detrans.” It’s not even clear how many people identify as transgender, in the US at least, because the US Census Bureau doesn’t collect data on gender identity or sexual orientation. (A 2016 study from the Williams Institute at UCLA Law estimated 1.4 million trans adults in the United States, about 0.6 percent of the adult population.) Almost a dozen studies looking at the rate of “desistance” among trans-identified kids, and despite differences in country, culture, time period, and follow-up length and method, have come to a similar conclusion: “Only very few trans-kids still want to transition by the time they are adults. Instead, they generally turn out to be regular gay or lesbian folks.”

These studies concluded that “about 80 percent trans kids eventually identified as their sex at birth.” ([ref.](#)) There has been a counter-push from multiple trans-activist journalists and “affirmative” gender clinicians claiming that desistance is a “myth,” arguing (among other things) that researchers such as Dr. Kenneth Zucker have wrongly conflated gender nonconforming children with “true trans” kids and that their entire body of research is essentially worthless. Some critics have accused clinicians (including Zucker) of forcing harmful reparative therapy on gender dysphoric children.

Zucker is—or rather was, before he was fired—a psychologist and head of the gender-identity service at the Center for Addiction and Mental Health in Toronto. He disagreed with the “free to be” approach with young children and cross-dressing in public. Over a period of 30 years, he treated about 500 preadolescent gender-variant children, and his studies indicated that 80% grow out of the behavior, while 15 to 20% may ultimately change their sex. His approach was to “help these kids be more content in their biological gender” until they were older and could determine their sexual identity. This was accomplished “by encouraging same-sex friendships and activities like board games that move beyond strict gender roles.” ([Ref.](#))

From “The Myth of the ‘Desistance Myth’” by Julian Vigo :

Desistance has been at the center of the transgender advocates’ fight to have transgender identity publicly accepted as an urgent medical condition. At the same time, these same advocates have pressured clinicians to remove the stigma of its psychiatric diagnosis in order to create a social acceptance of the idea that “gender” is

truly biological and that “sex” is a social construct. Stunningly anti-scientific rhetoric like this is taking as its hostage the bodies and lives of children in order to prove the point that children are “born transgender.” This assertion is a self-fulfilling prophecy involving a domino effect of parents and clinicians who are effectively engaging in Munchausen syndrome by proxy (MSbP).

Zucker’s view is that most cases of childhood gender dysphoria resolve themselves over time and that non-intervention or “watchful waiting” is the more appropriate response. His approach of helping children feel comfortable in their own bodies is viewed by trans activists as a form of gatekeeping of “true transgender” children. Even though Zucker’s approach allows children to avoid a lifetime of medication that includes sterilization and other health complications, the American Psychological Association (APA) and the World Professional Association for Transgender Health (WPATH) have framed this non-interventionist approach as “an intervention that pushes the child toward suicide.” The 2011 WPATH Standards of Care states that:

Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence (Nuttbrock et al., 2010), withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.

Demonstrable evidence suggests that children who are put on puberty blockers do not generally desist. London’s GIDS clinic reports that persistence is “correlated with the commencement of physical interventions such as the hypothalamic blocker ($t=.395$, $p=.007$) and no patient within the sample desisted after having started on the hypothalamic blocker.” And yet: “90.3% of young people who did not commence the blocker desisted.” This suggests, not surprisingly, that chemically treating gender dysphoria massively reduces the chances of desistance, or the natural cessation of gender dysphoria.

Another 2010 Dutch study showed that 100% of the children put on puberty blockers went on to receive cross-sex hormone treatment. And while the numbers vary, there is a general consensus among the various studies that anywhere between 60 and 90 percent of children with gender dysphoria who receive no medical interventions desist when they reach adulthood. ([Ref.](#))

For years, transgender activists accused Zucker and his clinic of practicing “reparative” or “conversion” therapy. They claimed that one of the clinic’s primary goals was to “fix” trans people by turning them “cisgender.” Zucker’s treatment protocol came under scrutiny in March 2015 when Cheri DiNovo MPP tabled a private member’s bill that banned conversion therapies for gender identity. ([Ref.](#))

Many of Zucker’s critics

believe that even moderate limit-setting with regard to gendered activities, dress, or peers could traumatize children by interfering with their expression of their gender

identity. . . . GIC clinicians view this as a conceptual error: The critics are conflating sexual orientation—which can’t be changed, which is part of the reason we view attempts to mess with it as unethical—and gender identity, which they say isn’t some hardwired thing, but is instead formed from a variety of factors. “You’re not born with a certain gender identity,” said Owen-Anderson, “so it’s not as though it’s an expression of some innate factor.” ([Ref.](#))

Central to the trans activists’ criticism of Zucker’s approach is the conflation of psychotherapeutic methods with “conversion therapy.” Any attempt to help a person to relieve their gender dysphoria and except their biological sex is seen as ignorant and prejudicial crushing of their sacred “trans” identity. Zucker addresses this problem in his essay by pointing out a glaring contradiction. Psychotherapy that questions the etiology of gender dysphoria and attempts to help the child to adjust to their biological sex is seen as biased and as therefore illegitimately influencing the outcome (i.e., of coercing gender dysphoria children to desist and accept their biological sex). But at the same time, it encourages using psychotherapy that focuses “on reducing a child’s . . . distress related to the gender dysphoria” and giving “ample room for clients to explore different options for gender expression.” ([Ref.](#))

Gender Reversal

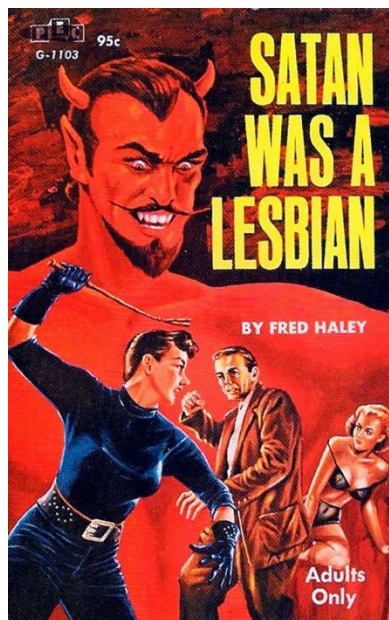


While schools and other social programs are pushing for the need to *encourage* gender fluidity and direct it down pre-existing corporate and medical channels of hormones and surgery, the fact that many individuals desist in different-sex-identification with time—and the growing number of people who are choosing to reverse-transition back to their original gender—is receiving comparatively little coverage in the mainstream discussion.

A whole tattoo industry bloomed in the 1960s. Guess what's (arguably) an equally massive industry today? [Laser surgery tattoo removal](#). It might be countered that no one would opt for a sex change on a whim; but if that was once the case, it seems unlikely to stay that way with current media saturation and social programs offering support for children deemed too young to vote, drink, smoke, drive a car, have sex, live alone, *or get tattoos*, to choose "sexual re-assignment."

There's a wide spectrum between whim, compulsion, and necessity. Would you try to tell someone who falls in love with their school teacher that they are indulging a whim? You could try, but it probably wouldn't make much difference. The whole point of tattooing is to prove it's *not* a whimsical decision but a lifetime's commitment (remember Johnny and Winona?). But how many of our adolescent convictions still hold true today? People—especially children and adolescents—often *feel* like an issue is a matter of life and death and then forget all about it after a week, a month, or a year. This is not so easy when you have undertaken a massive, costly, and probably quite painful medical process that includes sterilization and involves everyone you care about, and everyone who cares about you.

So if gender reversal is on the rise, why aren't we talking about it? One obvious answer is that it's bad for business. Another is that it would undermine an ideological agenda that's already on extremely shaky ground, both ethically and ontologically. Desisters are even reviled as traitors by some trans advocates.



Admittedly, gender reversal surgery is far from being a common practice. A London-based specialist in genital reconstruction, Prof Djordjevic, "has performed just 14 surgeries to date" (in 2017). The procedure is extremely complex and can cost over \$20,000 (£15,965), and Djordjevic's "services aren't easily-accessed. He only treats patients who have undergone a one-year psychiatric evaluation, and he stresses the importance of post-surgery aftercare. So far, he "has exclusively treated transgender females who have asked to recreate their male genitalia." ([ref.](#))

While it can be (and is being) argued that “discouraging social transition is itself an intervention with the potential to impact research findings,” such arguments have the peculiar tendency to ignore (or suppress) the obvious inverse fact: “encouraging social transition is itself an intervention with the potential to impact findings.” ([ref.](#))

This kind of ideological blindness is similar to the now-orthodox interpretation of environmental factors in the shaping of sexual orientation. While it is allowed that there may be environmental causes for homosexual behavior, for example, this is only when they are seen as unequivocally *positive*. Negative factors such as abuse or trauma are inadmissible as causes for any kind of sexual orientation that has been de-pathologized because, since behaviors caused by trauma are understood to be neurotic and self-destructive, to do so would amount to re-pathologizing the orientation.

Yet even disregarding all the evidence that childhood sexual abuse can, and frequently does, lead to homosexuality (as well as an array of paraphilias), the separation of positive from negative environmental causes has *no logical or scientific basis* that I know of.

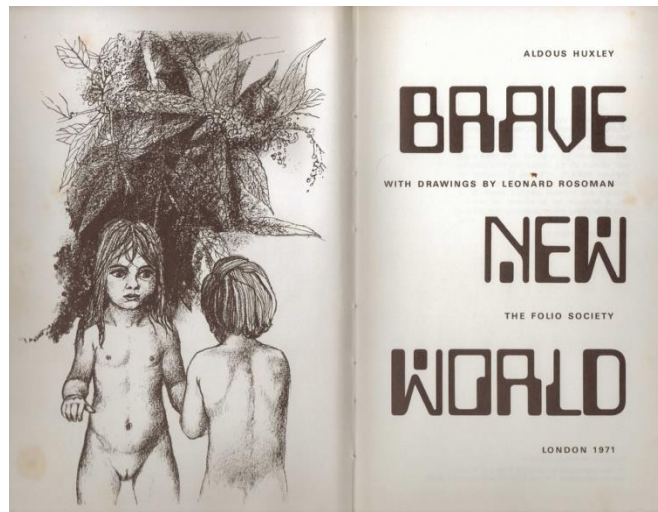
Since homosexuals were legally punished and socially condemned for their orientation, and at best seen as in need of psychological or medical intervention, the lifting of the stigma around homosexuality (understandably enough) had a compensatory side effect of “redacting” data that indicated correlations between adverse childhood experiences and adult homosexuality. It became a case of the absolute polarization of perspectives: either homosexuality was merely a disorder to be treated when possible and suppressed or penalized when not, *or* it was a normal, healthy orientation (or lifestyle choice) to be encouraged as *in every way equal to a heterosexual orientation*. Either you were 100% in favor of homosexuality or you were a backwards-thinking homophobe, and the problem was entirely yours.

The consensus on homosexuality—which is a sexual orientation, not a gender identification—is that, since it is “genetic,” viewing it as a psychological disorder to be treated is not only inaccurate but unethical. The problem with this is that it banishes ambiguity by creating the impression that *every* kind of homosexual orientation and behavior is genetic-based, and that none are sourced in psychosocial conditioning. This is patently false.

The imposition of the “correct” ideology has had the unfortunate side effect of encouraging stigmatization, contempt, and persecution of people who may be genuinely in need of help. The idea that *some* homosexuals—however small a minority, even if it is only 1%—might benefit from a re-pathologizing of their orientation as the precursor to healing traumatic wounds and becoming whole, is about as admissible in 2018 as suggesting that slavery be reintroduced.

Any ideology that is predicated on the “ethical” suppressions of some facts—and the forced distortion of others—must eventually end up eating itself.

The Ultimate in Unmentionable Obscenity



“The two greatest obscenities in the society of *Brave New World* are birth and mother. Why?”

—Study question

Brave New World was written in 1931. The Sexual Orientation Gender Identification schooling program really isn't brave *or* new. It's what William Gibson said about the future: it's already here, but not very evenly distributed. The soggy SOGI agenda has been active since the 1970s at least (in “Occult Yorkshire,” I traced it back as far as the 1860s, via [the Uranian movement](#)): it's just that it's taken this long to become evenly distributed.

In the 1960s, Johns Hopkins University was the first American medical center to venture into “sex-reassignment surgery.” It “launched a study in the 1970s comparing the outcomes of transgendered people who had the surgery with the outcomes of those who did not. Most of the surgically treated patients described themselves as ‘satisfied’ by the results, but their subsequent psycho-social adjustments were no better than those who didn't have the surgery.” Hopkins “stopped doing sex-reassignment surgery, since producing a ‘satisfied’ but still troubled patient seemed an inadequate reason for surgically amputating normal organs.” ([Ref. PDF](#))

Despite this, gender reassignment surgery has been available on the British National Health Service for more than 17 years. This means that the UK government will pay for your “sexual reassignment,” provided it establishes that you are experiencing “gender dysphoria, whereby a person recognizes a discrepancy between their biological sex and their gender identity.” Since then, however, a new condition has arisen, “Rapid Onset Gender Dysphoria”:

a new kind of trans-identifying youth, primarily natal females, who during or after puberty, begin to feel intense unhappiness about their sexed bodies and what it means to feel/be/present as a woman. Let me emphasize: What is “rapid onset” in this population is the dysphoria, not the gender atypicality. What distinguishes these young

people from the early-onset populations studied previously is that they may have been happily gender nonconforming throughout childhood (though some were more gender typical), but they were not unhappy (which is all “dysphoric” really means), nor did they claim or wish to be the opposite sex. The unhappiness set in suddenly, in nearly every case only after heavy peer influence, either on- or offline. ([ref.](#))

Gender dysphoria, rapid onset or not, is generally seen as unrelated to body dysmorphic disorder, which is an often socially crippling condition by which the individual is consumed by a feeling of dislike for their physical appearance and/or their experience of being in a body. Yet both disorders occur in subjects who believe that “some of their psycho-social conflicts or problems will be resolved if they can change the way that they appear to others. Such ideas work like ruling passions in their subjects’ minds and tend to be accompanied by a solipsistic argument.” ([Ref. PDF](#))

Why is gender dysphoria not seen as a variation of body dysmorphic disorder? Or as being related to body integrity identity disorder, characterized by the wish to have one or more healthy limbs amputated, and closely related to “transableism” (the desire to acquire a disability through choice rather than happenstance)?

A person who feels they are hideously ugly when others can see they are not (or are even attractive) is not so different from a person who feels they are of the opposite sex to their obvious biology. So is a person who wishes a limb removed—because he or she self-identifies as an amputee—entirely removed from someone who wants their genitals surgically altered to fit *their* body image? Yet people with body dysmorphic disorder aren’t encouraged to undergo plastic surgery to alter their appearance, and transablists are currently having a difficult time gaining the right to have body parts removed (so far at least⁴). It’s understood—*so far*—that their experience of their bodies does not correspond with any empirical reality, and that trying to address it *as if it did* can only compound the problem. (The same applies to anorexia and bulimia.) So how exactly does this *compassionate* understanding become so controversial when applied to transgender individuals?

The notion that suffering is something that needs to be alleviated by fixing the externals is central to the SOGI agenda and to the gender fluidity movement. It encourages turning away from internal states of suffering to external pseudo-solutions (which are often really distractions), while *appearing* to empower individuals by giving them an endless array of free choices. Ironically, and tragically, this places the power more and more firmly in the hands of the State and the Medical Industry, being the institutions which have the power to bestow “freedom” through health care, pharmaceutical enhancements, and technology.

For an ominous parallel, here’s *Cliff Notes* description of Huxley’s novel *Brave New World*:

⁴ Academic Clive Baldwin, “uses the logic of transgenderism to try to normalize people who wish to poke their eyes out or chop their hands off. Baldwin says society has to ‘stop pathologizing’ these people, and ‘to appreciate that however strange it sounds, it isn’t beyond the pale to allow people to align their body with how they feel they ought to.’” <http://www.theamericanconservative.com/dreher/caitlyn-jenner-transabled/>

In *Brave New World*, the World State has created stability by genetically engineering its citizens to be happy with who they are and what they do. People are not born, they are decanted in hatcheries; and medically and psychologically manipulated so that they have just the right intelligence, strength, and attractiveness to fill the social and economic positions that will need to be filled. . . . Family and its language are obsolete concepts. . . . There is no stronger bond than family, and family is a major factor in self-identification. And what better way to eliminate family than to make it a dirty word? . . . People are raised to think of the language of sexual promiscuity as normal and expected and accepted, while the language of the family is obscene.

Everyone in *Brave New World* is essentially parentless. “The words ‘mother’ and ‘father’ have become the ultimate in unmentionable obscenity.” Such words are “a link to the past” and hence seen as undermining the power of the State over the individual. In the absence of mothers, fathers, brothers, sisters, uncles, aunts, cousins, or grandparents, everyone “melts into a giant generic mass, all in the name of stability and progress.” Sexual freedom is legalized to further stabilize the society, and “free” sexual relations are encouraged for all, especially the young, to discourage intimacy. By controlling birth and neutralizing the emotions, while experimenting with sex at young ages, the inhabitants of *Brave New World* are subjected to “a method of programming [that] produces a society that, “adore[s] the technologies that undo their capacities to think.”⁵

The idea that people know what they need and ought to be allowed to have it is fundamental to the progressive mindset. But, as in Huxley’s novel, the state apparatus that meets all our desires is the same apparatus that manufactures them for us: it’s only in a world in which the benevolence of Science is unquestionably accepted that blind faith in government-provided orientation, direction, and interventions is possible, or desirable. We have been bred to adore the technologies that have undermined our capacity to think—or to feel, respond, or maintain a healthy relationship to our bodies.

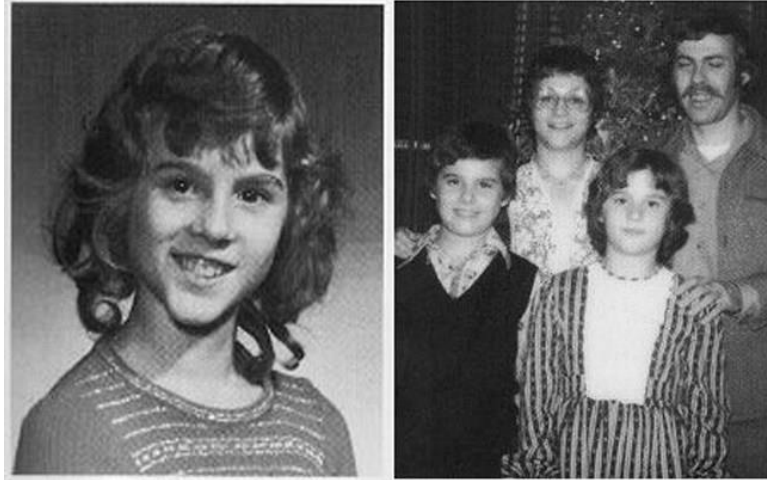
Exactly how far have we “progressed”? Is it to the point that the disease is now being sold to us as the cure? *Brave New World* used to be part of every school curriculum (I had to read it, as well as *1984*, as a teenager). In 2011, it was listed as “among top 10 books Americans most want banned.”⁶ When life imitates art, destroy the evidence.

⁵ “Brave New World: The Cost of Stability,” by Ricky Gehlhaus, Jr., also quoting Neil Postman, *Amusing Ourselves to Death*.

⁶ “*Brave New World*—ironically, set in a world in which books are banned—made it into the top 10 in third place. Huxley’s novel is no stranger to complaints: in 1980 it was removed from classrooms for making promiscuous sex ‘look like fun,’ and it has been the subject of frequent challenges in the US over the years. <https://www.theguardian.com/books/2011/apr/12/brave-new-world-challenged-books> In 2010 it was successfully banned from the curriculum at Nathan Hale High School. Seattle, when a Native girl complained about the treatment of Native people in the book. <http://archive.seattleweekly.com/home/930387-129/booksauthors> More incidents of the book’s banning in schools can be found here: <https://thecensorshipfiles.wordpress.com/volume-1/issue-2/brave-new-world/>

Part Two

The Strange Case of David Reimer



[David Reimer](#) was a Canadian born male whose penis was destroyed during a case of botched infant circumcision. His parents took him to John Money, a psychologist and pioneer in the field of sexual development and gender identity. Money worked with intersex patients, more on that later.

Following the accident, Money “reassigned” David as a girl (without performing surgery), and on Money’s advice his parents renamed David Brenda and raised him as a female. David-Brenda grew up believing he was a female and was treated by everyone around him accordingly. Society had assigned him a gender, but even so David neither felt nor acted like a girl. Between the ages of 9 and 11, he began to suspect he was actually a male, and his parents confirmed the truth. He transitioned to living as a male at age 15, and later went public with his story to help discourage similar medical practices. After years of severe depression, financial instability, and a troubled marriage, he committed suicide.⁷

⁷ In case you thought the thicket couldn’t possibly get any thornier, it behooves me to add the three founding fathers of “the transgender movement” were also pedophilia activists, namely Alfred Kinsey, Harry Benjamin, and John Money. Kinsey is world famous for his “pioneering” work on sexual psychology and credited with kickstarting the sexual revolution. I have written about Kinsey elsewhere, and how his experiments into child sexuality involved the recruitment of known pedophiles for what would—under any other conditions besides those of ritual science—be called child sexual abuse. Kinsey recruited Harry Benjamin, in 1948 in San Francisco, to see a child he had encountered during his interviews for *Sexual Behavior in the Human Male* (published that year). The child wanted to become a girl despite being born male, and Benjamin wanted to assist rather than thwart the child. Neither Kinsey nor Benjamin had seen anything of the sort before, and the case led Benjamin to conclude that there was a different condition to that of transvestism, which adults with similar needs had hitherto been classified. This was the first case of what Benjamin would later call “transsexualism.” Benjamin began treating the boy with female hormones before sending him to Germany for partial surgery. After that, Benjamin reputedly lost track of him. John Money’s involvement in transsexual surgery has already been documented and is generally seen as a black mark on his record today, along with his views on pedophilia. Describing the example 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

If “chromosomes are independent of sex or gender,” as GI-advocates argue, then David Reimer would not have failed to identify as a woman at age 9-11. If “gender identity is fluid, not innate,” then upon learning at age 15 that he was born with XY chromosomes, David should have been able to maintain his “female” identity. He wasn’t.

In fact, the concept of gender as something independent of biology was something *invented*, or contrived, rather than discovered. Prior to the 1950s, gender was a concept that applied only to grammar, not to living beings. Latin-based languages categorize nouns as masculine or feminine, which was and is referred to “gender.” During the 1950s and 1960s, however, “sexologists realized that their sex reassignment agenda could not be sufficiently defended using the words sex and transsexual. From a purely scientific standpoint, human beings possess a biologically determined sex and innate sex differences.” “([Gender Dysphoria in Children](#),” by the American College of Pediatricians, June 2017.)

Since no kind of medical intervention (neither hormones nor surgery) could change a person’s genes, sex change was objectively impossible. The solution of the sexologists was “to hijack the word gender and infuse it with a new meaning that applied to persons.” Money, the most prominent of the sexologists, redefined gender to mean “the social performance indicative of an internal sexed identity.”

In essence, these sexologists invented the ideological foundation necessary to justify their treatment of transsexualism with sex reassignment surgery and called it gender. It is this man-made ideology of an “internal sexed identity” that now dominates mainstream medicine, psychiatry and academia. This linguistic history makes it clear that gender is not and never has been a biological or scientific entity. Rather, gender is a socially and politically constructed concept.

The above quote comes from a 2017 paper, “[Gender Dysphoria in Children](#),” by the American College of Pediatricians. The ACP is a very small (about 500) splinter group of “apostates” from the American Academy of Pediatrics (AAP), the foremost national professional organization regarding pediatrics in the country, which consists of 66,000 members. The ACP holds Judeo-Christian, traditional values but is open to pediatric medical professionals of all religions provided that they hold true to the group’s core beliefs that life begins at conception and that the traditional family unit, headed by a both-sex couple, poses fewer risk factors in the adoption and raising of children. The AAP, on the other hand, holds that same-sex parenting has no inherent differences for child development than traditional both-sex parenting. The ACP has been listed as a *hate group* by the Southern Poverty Law Center for, in their words, “propagating damaging falsehoods about LGBT people.”

Despite this, ACP takes a clear and medically supported viewpoint on gender dysphoria (previously known as gender identity disorder), as follows:

Gender dysphoria (GD) of childhood describes a psychological condition in which children experience a marked incongruence between their experienced gender and the

mutual, and the bonding is genuinely totally mutual,” he stated “I would not call it pathological in any way.” “Interview: John Money,” *PAIDIKA: The Journal of Paedophilia*, Spring 1991, vol. 2, no. 3, p. 5.

gender associated with their biological sex. When this occurs in the pre-pubertal child, GD resolves in the vast majority of patients by late adolescence. Currently there is a vigorous, albeit suppressed, debate among physicians, therapists, and academics regarding what is fast becoming the new treatment standard for GD in children. This new paradigm is rooted in the assumption that GD is innate, and involves pubertal suppression with gonadotropin releasing hormone (GnRH) agonists followed by the use of cross-sex hormones—a combination that results in the sterility of minors. A review of the current literature suggests that this protocol is founded upon an unscientific gender ideology, lacks an evidence base, and violates the long-standing ethical principle of “First do no harm.”

The AAP takes a different stance and views gender as possessing inherent, empirical reality independent of biology. They promote intervention at the earliest opportunity as a response to gender dysphoria, entailing “affirmation” of alleged gender identification from infancy on, pubertal blockers or hormone suppressors from age 15, and surgery at age 18. The primary risks of pubertal suppression include adverse effects on bone mineralization, compromised fertility, and unknown effects on brain development. The medical interventionist perspective takes a more subjective view of “First do no harm,” and believes it should be *left to the child* to decide what constitutes harm, based upon their own subjective thoughts and feelings. A frequent argument made is that children suffering from gender dysphoria are a high-suicide risk if they aren’t given what they want as quickly as possible. Under threat of such an outcome, measures such as castration, double mastectomies, and sterilization are considered not to come under the rubric of “doing harm” to the child, but only of correcting a biological error in service to an indwelling gender.⁸

Many parents trust the AAP view over the APC, which they may hardly be aware of outside of the context of a “Hate Group” made up of religious zealots and homophobes. At first glance, the AAP, with its 66,000 members, has more scientific credentials—as well as ideological traction—than the APC, with its measly 500. The APC was founded in 2002, and the AAP dates back to 1930. Yet AAP Policy is created by fewer than 30 pediatricians without general member input, while the APC includes all its members in policy-making and requires a 75% majority. While its Judeo-Christian leanings might constitute an ideological bias, the AAP has even less of a claim to impartiality, at least since it began partnering with the nation’s largest pro-homosexual/pro-“trans” activist organization, the radical Human Rights Campaign (HRC), in 2016.

As the APC writes: “The debate over how to treat children with [gender dysphoria] is primarily an ethical dispute: one that concerns physicians worldview as much as science. Medicine does not occur in a moral vacuum; every therapeutic action or inaction is the result of a moral judgment of some kind that arises from the physician’s philosophical worldview. Medicine also does not occur in a political vacuum and being on the wrong side of sexual politics can have severe consequences for individuals who hold the politically incorrect view.”

⁸ The APC is also in favor of infant circumcision, the medical arguments for which are at best weak, while the possibility of traumatic side-effects is entirely ignored.

Opponents of the ACP, those who wish to brand it as a hate group with “backward” religious views, see the attempt to reintroduce morality into medicine as proof of their ideological bias, since the progressive viewpoint advocates for the privatization of morality. But since nature abhors a vacuum, where morality is ousted, ideology enters, and the AAP imperative is in its own every bit as moralistic, albeit with a secular and scientific set of ideals in place of religious ones. The case of John Money’s treatment of David Reimer may be illustrative here as regards the consequences of medicine occurring in a moral vacuum.

Queering the Pitch: Intersex & Body Dysphoria



Genderqueer and gender identity advocates now argue—in direct opposition to the struggles of feminism—that subjective (and wholly unmeasurable) gender is more empirically real than measurable biological sex. At the same time, gender-dysphoric people (including children) are to be assisted in transitioning from one biological sex to another, even though (in fact, *because*) biological sex is claimed not to exist, since only individual choice exists.

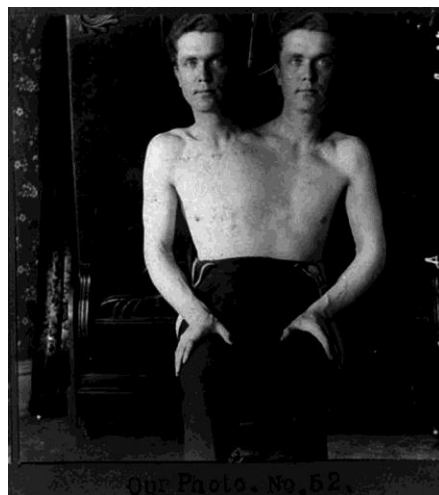
That there may be a biological basis for gender dysphoria and confusion (which is not the same as fluidity) is undeniable. “Intersex people” are born with any of several variations in sex characteristics, including chromosomes, gonads, sex hormones, or genitals that, according to the UN Office of the High Commissioner for Human Rights, “do not fit the typical definitions for male or female bodies.” Such variations may involve genital ambiguity, and combinations of chromosomal genotype and sexual phenotype other than XY-male and XX-female.

According to one source (Blackless, Fausto-Sterling et al.), “1.7 percent of human births might be intersex, including variations that may not become apparent until, for example, puberty, or until attempting to conceive.” Leonard Sax argues that intersex should be “restricted to those conditions in which chromosomal sex is inconsistent with phenotypic sex, or in which the phenotype is not classifiable

as either male or female.” This apparently brings the figure down to around 0.018% of births, and Sax “criticizes Fausto-Sterling for counting Late-Onset Congenital Adrenal Hyperplasia for 88% of her figure.”

The most original feature of Fausto-Sterling’s book is her reluctance to classify true intersex conditions as pathological (Fausto-Sterling, 2000, p. 113). . . . She often uses the word natural synonymously with normal. However, natural and normal are not synonyms. A cow may give birth to a two-headed or Siamese calf by natural processes, natural being understood as per Fausto-Sterling’s definition as “produced by nature.” Nevertheless, that two-headed calf unarguably manifests an abnormal condition. Fausto-Sterling’s insistence that all combinations of sexual anatomy be regarded as normal . . . follows that classifications of normal and abnormal sexual anatomy are mere social conventions, prejudices which can and should be set aside by an enlightened intelligentsia. This type of extreme social constructionism is confusing and is not helpful to clinicians, to their patients, or to their patients’ families. Diluting the term intersex to include “any deviation from the Platonic ideal of sexual dimorphism” (Blackless et al., 2000, p. 152), as Fausto-Sterling suggests, deprives the term of any clinically useful meaning.

Abnormalities are part of nature and it’s even conceivable they always have been. With technological advancements, including ones that have measurably polluted the atmosphere (not to mention food and drink additives, vaccines, and other medical interventions that have had a hard-to-measure impact on the human body, and hence on fetal development), the element of mutation has to be factored into the increase of natural abnormalities.



Determining how these abnormalities should be addressed is not easy. The assumption that anything that emerges within our cultural environment should be accommodated, encouraged, and celebrated is really just the flip side of the eugenic viewpoint that all abnormalities are *ipso facto* unhealthy and that they should be weeded out. Both result from premature judgment (prejudice) that shuts down continued inquiry and exploration.

What ends up determining the desirability of a given type is not science *per se* but fashion, cultural trends, albeit ones that—today at least—use science as their justification. Just as previously religion was the primary determinant of morality, today we have science, or scientism. Screening fetuses and opting to abort them based on the data is considered socially and morally acceptable, simply one benefit of the available technology. Likewise, artificial insemination and other forms of technologically-managed birth processes, while we view some of them with horror when placed in a fictional context such as *Brave New World*, they are generally regarded with sentimentality and blanket approval in the context of our own lives. Our present culture is assumed by many people to be advanced and predominantly benign. I would say this is for obvious but unnoted reasons: since we are inculcated by our culture, we are predisposed to view it as benign. In the same way, an infant is predisposed to view its caregivers as good, *regardless of how they behave towards it*: because its survival depends on them.

When it comes to gender fluidity, sexual orientation, and other areas generally viewed as proof of social progress and the wonders of science, the facts (which are themselves notoriously fluid) tend to be the first casualty of the dominant ideology (which I would say is primarily shaped via State apparatus). Just as individuals suffering from identity confusion are being either recruited into prevailing social agendas or ostracized by them, so it is with facts. Those that serve the agendas (including very loosely argued opinions) are promoted; those that threaten to undermine them, even when clearly relevant and firmly established, are stricken from the record. The primary way to ensure this is by making such facts equivalent to bigotry or hate-speak.

Gender dysphoria as a diagnosis is problematic because diagnosing something as a form of mental illness brings with it social stigmatization and gender identity advocates are all about de-stigmatization. They are caught in a double-bind, however, because if gender dysphoria is not listed as a mental disorder, there is no way for the gender dysphoric to get treatment for it on a medical insurance plan. This raises the obvious question, if gender dysphoria is not (really) a mental illness, why does it require medical treatment? What that leaves—besides the already discussed assertion that gender is an empirical reality independent of biology—is a curious reversal by which the diagnostic lens is pointed *away* from the patient and towards the society that's treating them. Society becomes the problem, a collective suffering from a shared disorder, that of prejudicial discrimination against the gender dysphoric.

Simply put: In order for gender dysphoria to be seen as normal and yet still be eligible for treatment on a medical insurance plan, the culture at large has to be seen as abnormal. The inherent paradox in this is that it is this same abnormal or “diseased” culture that is being relied upon to provide the saving treatments.

Imagine a patient came to a doctor with a pain in his arm and the doctor said, “We don’t know what causes your pain, where it originates, what it signals, or how it’s likely to develop in future. However, we *do* have a treatment for it: we can remove your arm, after which the pain will probably cease.” What would most people say to such an offer? Yet—in crude terms—this is the remedial being offered for

gender dysphoria. Cause unknown. Origin unknown. Risks unknown. Expected development over time, unknown. Treatment: double mastectomy, chemical castration, and a full biological makeover.

What's more, beyond an immediate sense of relief that at least *some* solution has been attempted, there is no evidence these treatments work (and it's arguable how relieved a person is likely to feel immediately after having their body parts removed or having begun a process of sterilization). What evidence there is for the efficacy of chemical and surgical sex changes is mixed, at best; it is too soon to say much at all about the more recent social and medical procedures such as early "affirmation" (indoctrination) and puberty blockers. Puberty blockers also arrest brain development, and yet are being described as "reversible." This is internally contradictory because puberty only comes once in a child's life, and once it has been blocked you cannot reverse the effects on the child's biology during the period of arrested development. A 25-year-old adolescent is clearly not the same as either a 14 year old adolescent or a 25 year old adult. Parents are placing their blind faith in science, trusting it to know what it is doing; and science, meanwhile, is using these parents and their children as guinea pigs to try and figure out what it is doing.

Nor is this experiment even based on scientific hypotheses, because there really isn't one for gender dysphoria, at least not that these treatments refer to or address. The treatments are rather based on an *ideological* hypothesis, one so poorly formulated that it's difficult to sum it up without sounding either incoherent or derisive. Prosaically, it goes something like this: All suffering should be alleviated as quickly as possible, regardless of whether or not its cause is understood. Whatever a person feels, thinks, and wants is the best gauge for how to proceed, and should be acted on as soon as possible, without considering the long-term consequences, either for them or those close to them. If the patient isn't sure what they want, they should be assisted until they have sufficient certainty to make the right decision. It is wrong to pathologize any kind of behavior that is not overtly destructive to others. This includes self-destructive behaviors and mutually destructive consensual ones."

A more elegant way to sum it up might be to cite the old Hashâshîn credo: "Nothing is true, everything is permitted."

An Ideological Succession Drama



Just when you thought it couldn't get any more complicated, it turns out that gender fluidity and trans-activism, while they seem like a natural extension of prior progressive social movements such as feminism and gay rights, in terms of social *realities*, are looking more and more like drastic steps backward for these now-"outdated" causes. The reason for this is simple to state, but difficult to fully grasp. As the latest strand of identity politics, gender fluidity negates—by hijacking—both womanhood and homosexuality as forms of social self-identification. For example, some Trans activists claim that being a woman is a matter of personal choice, not biology, and that it doesn't even depend on the anatomy being surgically altered, but only on having *the right state of mind*. To state that "some women have penises" is akin to saying that some men have as much right to say what defines a woman as women (which itself becomes literally unsayable under the new definitions). So bang goes several decades of progress by the feminist movement.

This is admittedly a very general statement, and general statements tend to muddy the waters rather than clarify them, so let's look at some specifics. In "The battle over gender has turned bloody," Janice Turner described how

When white supremacists marched through US streets, the left concluded it was fine to counter-attack heavily armed racist militia who posed a physical threat to ethnic minorities. But certain trans activists have extrapolated: they believe debate itself makes them "unsafe," so it is self-defence to attack those who are "systemically violent", i.e., anyone with whom they disagree.

Nor is this hypothetical attack: Maria MacLachlan, a 60-year-old white woman who chairs the Commons women and equalities committee, was punched in the face at a London Speakers' Corner event in 2017 by "a tall, male-bodied, hooded figure wearing make-up [who] rushed over, hit her several times and as police arrived, ran away. [Turner] asked a young activist if she was OK with men smacking women: 'It's not a guy, you're a piece of s*** and I'm happy they hit her,' came the reply."

The controversy was around updates made to the 2004 Gender Recognition Act (GRA), which

lets adults officially register a change to the gender assigned at birth. They don't necessarily have to undergo surgery, but must provide psychiatric assessments and proof of living for two years in the gender they wish to be officially recognised, a process activists see as intrusive and overly medicalised. Miller's committee broadly agreed, recommending instead a system of self-identification where changing gender was as simple as signing a form. Similar arrangements now exist in Portugal, Ireland, Malta, Belgium, Norway and Denmark, and activists insist there is no evidence of anyone abusing them for sinister purposes, although the numbers involved are relatively small so far (it is estimated up to 1% of Britons may be trans, although there are no official statistics). ([Ref.](#))

MacLachlan's crime was that she was trying to protect women from further exploitation and abuse by predatory men who identify as women and thereby gain access to female victims (in refuges, prisons, and the like). This made MacLachlan a "TERF."

TERF stands for Trans-Exclusionary Radical Feminist. But lately the definition has expanded to include any woman worried that permitting men who “self-identify” as female to enter women’s changing rooms or refuges unchallenged makes her less safe. . . .TERFs, according to trans activists, are evil. TERF is the new witch. Search on Twitter for “TERFs must die” or “burn in a fire, TERF” and behold a cauldron of violent vitriol. Before the meeting, a trans-woman posted: “Any idea where this is happening? I want to f*** some TERFs up, they are no better than fash [fascists].” Search “punch a TERF” and you will find crowing approval of what happened to Maria.



As for the evidence of “sinister purposes” which activists insists doesn’t exist, the example Tuner cites is Martin Ponting, who was jailed in 1995 for raping two girls, one of them disabled. “After cosmetic surgery, but still possessing male genitalia, Ponting, now called Jessica Winfield, was moved to Bronzefield women’s prison but after making unwanted sexual advances to inmates has been segregated.” ([Ref.](#))

MacLachlan’s attacker, Tara Flik Wood (born Tanis Wolf) received a fine for the assault. He had posted on Facebook his intent to inflict violence on feminists before committing the attack, and his assault was captured on video by at least three people.

The transgender community widely supported Wolf/Wood’s violent actions, including many high profile trans activists such as Roz Kaveney, Ruth Pearce, Owen Jones, Shon Faye, Katelyn Burns, Bex Stinson, Zinnia Jones, among others, who considered the assault of Maria MacLachlan as a type of male “honor” crime against a woman they suspected of not adhering to their gender beliefs. No transgender rights organization, LGBT group, or transgender activist publicly condemned his assault. ([Ref.](#))

For another casualty in the battle for supremacy between gender fluidity and feminism, once-celebrated proto-feminist Germaine Greer made the unpardonable blunder in 2016 of expressing her view that men who have sex changes do not become women.

Students at Cardiff University tried to get Greer’s lecture on women and power cancelled on the basis that she has “dangerous” views on trans issues. . . . There’s now a wide-ranging effort to have Greer branded unfit for all public life, not just Cardiff. Her ideas “have no place in a civilised society,” we are told. She’s been labelled a “ranter” and “hateful,” even by feminists and gay-rights activists who might once have been her

allies. Kellie Maloney, boxing promoter turned trans spokesperson, caused much excitement in the Twittersphere when she ominously demanded Greer be ‘punished’ for her views. . . . “Germaine Greer is a hateful bigot,” says one headline. *The New Statesman* has a piece casually asserting that Greer has “bigoted views” and that we shouldn’t be surprised if people “protest and demonstrate when bigots speak.” The American feminist Roxane Gay says Greer is “bigoted and full of hate” and says “I honestly don’t know why she’s being included [in media discussion].” Paris Lees, *Vice* writer and self-styled representative of all trans people, accuses Greer of practicing “40 years of bigotry.” Lees says Greer is a “vile bigot,” and “exposing her bigotry” is more important than the discussion about freedom of speech. ([Ref.](#))

The open war isn’t just news; it’s also art.

The San Francisco Public Library unveiled an exhibit this week featuring blood stained t-shirts encouraging patrons to “punch” feminists, along with several installations of deadly weapons painted pink: baseball bats covered in barbed wire, axes, among others, all designed by men to kill feminist women. The male creators of the exhibit also included a helpful manifesto, blaming lesbians, feminists and other uppity women for causing more deaths (by “harassing” men with their dastardly opinions!) than all the actual real murders committed by violent men. The display, launched mere days after the mass murder of women in Toronto by “incel” terrorist Alek Minassian and echoing his philosophy, was funded by the non-profit Friends of The San Francisco Public Library and created by The Degenderettes, led by Scout Tran Caffee, founder of Trans Dykes: the anti-lesbian Antifa. The group specifically targets lesbians as “oppressors” of men - because they exclude males from their dating pools. The men in the group identify as transgender and consider themselves to be male lesbians. Materials include riot shields inscribed with the slogan “Die Cis Scum.” . . . From the exhibit manifesto: “The Degenderettes are a humble and practical club, fighting for gender rights within human reach rather than with legislation and slogans. Their agit-prop artwork has come to permeate internet trans culture, national television, and headlines as far as Germany.” . . . Explicitly states that acknowledging male violence against women is “anti-transgender.” Followed by bizarre claims that feminists “induce suicides” of men and threaten to kill them. ([Ref.](#))

Imagine an art installation that encouraged people to kill trans-individuals. I bet you can’t. Now try and imagine an art installation that encouraged people to kill women—mounted by anything other than a trans group. You probably can’t.

The idea that a lesbian is a bigot if she refuses to sleep with a man who self-identifies as a woman isn’t restricted to this particular band of trans-agit-prop artists.

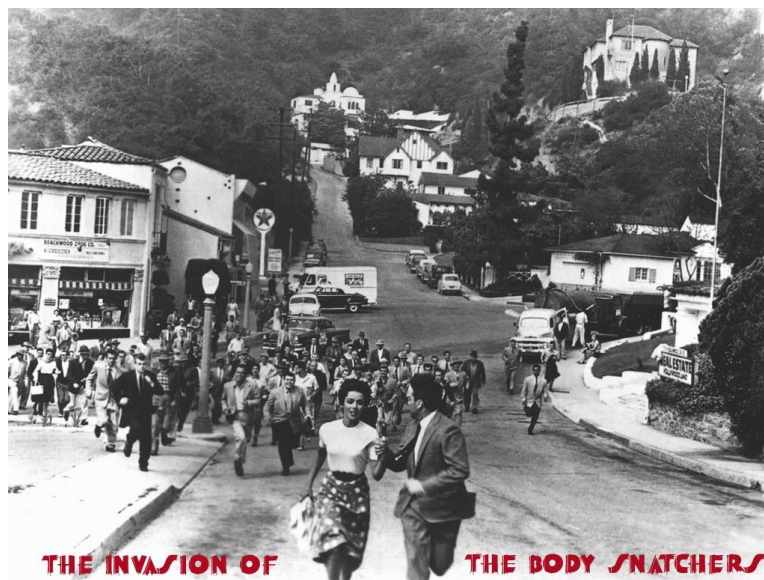
Shannon Keating of Buzzfeed suggests we eliminate the word lesbian altogether, arguing: “Against the increasingly colorful backdrop of gender diversity, a binary label

like 'gay' or 'lesbian' starts to feel somewhat stale and stodgy. When there are so many genders out there, is it closed-minded—or worse, harmful and exclusionary—if you identify with a label that implies you're only attracted to one?" . . . Lesbians have undoubtedly gotten the worst of it. There is a disturbing trend of trans women telling lesbians they should sleep with men lest they be labelled as bigots or called "vagina fetishists" (really). ([Ref.](#))

LBGTQ+++ eats itself?

And, of course, transracialism is coming.⁹

Social Contagion



"When there is a cultural atmosphere in which professionals, the media, schools, doctors, psychologists all recognize and endorse and talk about and publicize eating disorders, then people can be triggered to consciously or unconsciously pick eating-disorder pathology as a way to express that conflict."

—Sing Lee a psychiatrist and researcher at the Chinese University of Hong Kong

In the US, gender fluid individuals (a.k.a. trans people) currently make up somewhere between 0.5 and 1% of the population (it is probably lower in Canada). This tiny percentage is seen as in such need of

⁹ "Dr. Tuvel's cultural-left credentials are impeccable. Her research links race, feminism and justice for the oppressed (including animals). But she concluded that the strong philosophical arguments in favor of accepting transgender identities should also support the possibility of altering socially defined racial classifications to match people's inner sense of racial identity." "The Uproar Over 'Transracialism'" by Rogers Brubaker <https://www.nytimes.com/2017/05/18/opinion/the-uproar-over-transracialism.html>

protection that it requires massive, long-term, far-reaching social engineering, specifically around how children are being raised (from kindergarten on), and how language is being reconfigured.

If a portion of this tiny percentage finds the word “mother” or “birth” obscene, isn’t it reasonable to wonder about the 90-plus % that finds the stigmatizing of these words equally offensive? The answer is that we “cishnormals” have had our time in the sun and our feelings are trivial compared to those of the endangered brave new species emerging, via the twin miracles of technology and drugs.

So what of the argument that the gender-fluid have always been among us and are simply becoming more visible and vocal as the social environment is reconfigured to accommodate them, creating safe spaces for them to emerge into? This reasoning implies that the demand has created the supply, and not vice versa. Based on what we know about corporate culture, however, such an assumption requires closer examination.

2014 was, according to *Time* magazine, the “transgender tipping point,” when media visibility of transgender people reached a level higher than ever seen before. Since then, the number of transgender portrayals across TV platforms has stayed disproportionately high. “Research has found that viewing multiple transgender TV characters and stories improves viewers’ attitudes toward transgender people and related policies.” ([Ref.](#))

It would be naïve to suppose this doesn't have a knock-on effect. Here’s a list (by Les Parrott, Ph.D., a professor of psychology) of the most common ways in which teens act out their struggles with identity:

Through status symbols. Adolescents try to establish themselves through prestige—wearing the right clothes, having the right possessions, from stereos to sunglasses. These symbols help form teen identities by expressing affiliation with specific groups.

Through forbidden behaviors. Teens often feel that appearing mature will bring recognition and acceptance. They begin engaging in practices they associate with adulthood—tabooed pleasures—such as smoking, drinking, drugs and sexual activity.

Through rebellion. Rebellion demonstrates separation. Teens can show that they differentiate themselves from parents and authority figures, while maintaining the acceptance of their peers.

Through idols. Celebrities may become “models” for teens who are looking for a way of experimenting with different roles. They may identify with a known figure, trying to become like that person, and in effect, losing hold of their own identities. This identification with a well-known personality gives teens a sense of belonging.

Through cliquish exclusion. Teens often can be intolerant in their exclusion of their peers. Since they are constantly trying to define and redefine themselves in relation to others, they do not want to be associated with anyone having unacceptable or unattractive characteristics. They try to strengthen their own identities by excluding those who are not like themselves.

All five of these correspond with gender fluidity and transgender-identification: it is fashion and status related, (somewhat) forbidden or taboo, rebellious, exclusive and cliquish, and at the same time, associated with celebrity or high-status, as in figures such as Bruce/Caitlyn Jenner, whose trans-career proceeded as follows:

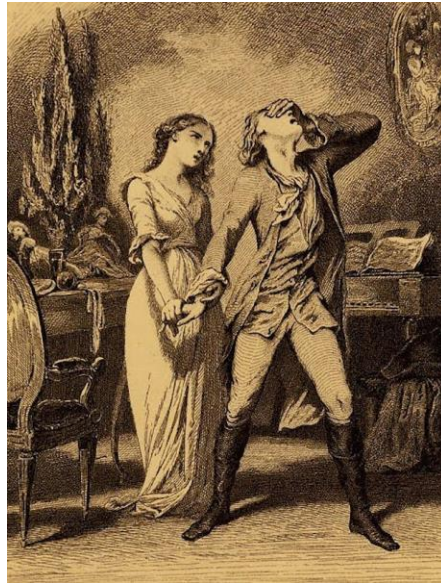
- June 2015 Cover of *Vanity Fair*
- August 2015, Jenner won the Social Media Queen award at the Teen Choice Awards.
- October 2015, *Glamour* magazine named her Woman of the Year, calling her a “Trans Champion.”
- November 2015, Jenner was listed as one of *Entertainment Weekly*’s 2015 Entertainers of the Year.
- December 2015, s/he was named Barbara Walters’ Most Fascinating Person of 2015.
- December 2015, listed on *Time* magazine’s eight-person shortlist for the 2015 Person of the Year; the second most searched for person on Google in 2015.
- April 2016, s/he was listed in the *Time* 100.
- In June 2016, Jenner became the first openly transgender person to be featured on the cover of *Sports Illustrated*.
- Jenner’s announcement that s/he is transgender came at an unprecedented time for trans visibility, including legislative initiatives.
- A 20/20 interview with Jenner had 20.7 million viewers, making it television’s “highest-ever rated newsmagazine telecast among adults 18–49 and adults 25–54.” ([Ref.](#))

Social contagion takes many forms, from the trivial (the hula-hoop, the Rubik’s cube) to the tragic. The Internet, social media, and smartphones have amplified the rate of transmissibility exponentially. It’s doubtful if any study could adequately map the rate at which behaviors are imitated, most especially when they subtly offer solutions, or at least relief, to only half-conscious problems. In “[Media Contagion and Suicide Among the Young](#),” by Madelyn Gould, Patrick Jamieson, and Daniel Romer write:

There is ample evidence from the literature on suicide clusters and the impact of the media to support the contention that suicide is “contagious.” Suicide contagion can be viewed within the larger context of behavioral contagion, which has been described as a situation in which the same behavior spreads quickly and spontaneously through a group (Gould, 1990). Social learning theory is another paradigm through which suicide contagion may be understood. According to this theory, most human behavior is learned observationally through modeling (Bandura, 1977).

Gould et al. state that “the relative risk of suicide following exposure to another individual’s suicide was 2 to 4 times higher among 15- to 19-year-olds than among other age groups.” Teenagers with friends or family members who had attempted suicide were about “3 times more likely to attempt suicide than teens who did not know someone who had attempted suicide.” This ripple-down effect also includes mass media and second or third-hand accounts.

The occurrence of imitative suicides following media stories is largely known as the “Werther effect,” derived from the impression that Goethe’s novel *The Sorrows of Young Werther* in 1774 triggered an increase in suicides, leading to its ban in many European states. [R]esearch consistently found a strong relationship between reports of suicide in newspapers or on television and subsequent increases in the suicide rate.



And not only news stories. Fictional dramatizations have also been implicated:

Those who have tracked hospitalizations after a dramatic fictional portrayal have found effects. So, for example, after the airing of a TV movie that included an act of suicide, [there was] an increase in hospitalization of adolescents who had attempted suicide. All of those interviewed reported having seen the program.

The report offers a series of recommendations to reduce the danger of social contagion resulting from fictional depictions or factual reports of suicide. It encourages against “inadvertently romanticizing suicide or idealizing those who take their own lives by portraying suicide as a heroic or romantic act.” It warns that “the danger is even greater if there is a detailed description of the method. . . . Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.” It recommends that “whenever possible stories [should] include the important role of mental disorders such as depression and substance abuse as precursors to the act.”

“The idea is to avoid emphasizing or glamorizing suicide, or to make it seem like a simple or inevitable solution for people who are at risk.” ([Ref.](#))

The point here isn’t to compare “sexual reassignment” due to gender dysphoria to suicide (though both involve violence to the body), but only to illustrate the extent to which the mass media, peer pressure, and illegitimate authority figures can and do influence individuals’ decision-making, including life decisions. This seems to be especially so when overly glamorized images are presented, repeatedly and

irresponsibly, as ways-out to individuals suffering from confusion, distress, and a scarily shifting sense of identity.

LGBTQ individuals are said to have a higher than normal susceptibility to psychological disorders such as depression, addiction, substance abuse, and self-harming behaviors. The predominant belief seems to be that this is largely, even entirely, due to the social stigmatization, discrimination, and a lack of tolerance or acceptance for their orientation or identification by ignorant people. Certainly, our culture is partially or even primarily responsible for such psychological wounding as evidenced by most gender dysphoric individuals; but this is *not* because of too many bigots or an overarching intolerance for social anomalies.

The reason I am confident in stating this is simple: The psychological damage evident in so many of the classes of individual being discussed here occurs *long before any kind of sexual orientation or gender dysphoria has become sufficiently apparent to provoke social condemnation* (this is not counting claims that gender dysphoria is identifiable in infants!). based on this, it is logical to suppose that the damage or the dis-orientation is due to psychic and physical toxins in the child's environment, including (but not limited to) those stemming from close family members, quite possibly starting in the womb. These would also include general environmental toxins, the mother's diet, and other maternal, paternal and family behaviors.

Simply stated (if increasingly inadmissible): certain sexual orientations and gender identifications might themselves be symptoms that co-exist with other forms of social maladaptation, i.e., *they share a common etiology relating to early trauma, psychological fragmentation, and/or cultural contamination.*

Part Three: Madness of the Many

Mass Media & Munchausen-by-Proxy

According to lists on Wikipedia (presumably incomplete), since 1970 there have been 68 movies & 77 TV shows featuring transgender characters.¹⁰ If we include individual TV episodes, there are over 200 listed for the 1990s alone (there are no lists for the 2000s or 2010s). Is this an accurate representation of the experiences of the people involved in those shows? Or is it evidence of an agenda shared by the corporations behind them?

¹⁰ Award-winning or nominated films with transgender subject or characters, since 1990: 2018: Out Run, The Pearl; 2016: Passing; 2015: Major! Kumu Hina; 2014: Zanderology 101, Lady Valor, The Kristin Beck Story; 2013: Open Up to Me; 2012: Trans, Riot Acts 2011: Tomboy, Albert Nobbs; 2010: Enter the Clowns; 2009: The Celestial Brides, Two Spirits; 2007: Cruel and Unusual, XXY; 2006: Red Without Blue, Almost Myself; 2005: Transamerica; 2004: Beautiful Boxer, Wild Side; 2002: The Cockettes, Venus Boyz, 2001: By Hook or by Crook, Southern Comfort; 1999: Boys Don't Cry; 1998: The Adventures of Sebastian Cole; 1993: Farewell My Concubine; 1992: The Crying Game, Orlando; 1990: Paris Is Burning.

As much as or more than evolving social policies and education programs, mass media certainly influences people in their values and behaviors. If identity confusion, including or especially confusion around so-called “gender,” has always existed, there has never been a time when corporations, governments, and ideologically-driven factions were so busy providing “orientation,” “guidance,” and “direction” towards pre-established recourses designed to “alleviate” the problem. But is this true assistance, or is it exploitation? Is the supply meeting the demand, or is it only genetically modified snake-oil for new generations of desperate and credulous people?

The article [“Transgender children allow non-traditional parents to perform stereotypical parenting roles,”](#) September 8, 2016: cites a transgender mother blogger reflecting “on the exalted status of traditional motherhood that she experiences in her role as parent of a transgender child.” It suggests “a new phenomenon: women falsely identifying themselves as parents of transgender children in order to join and participate in their private groups.” The article goes on to cite “Hilton Ryan’s finding that mothers of transgender children are using their children to express and perform exalted female gender stereotypes of caregiving and motherhood . . .” These are some of Ryan’s other findings:

- The parents in her study were predominantly white, middle class, and residents of the United States.
- The majority of parents self-identify as liberals or progressives.
- Parents of transgender children were more likely than the general population to be gay, lesbian or bisexual (19%).
- Prior to diagnosis as transgender “Nearly all” parents believed their children were exhibiting pre-homosexual behaviors and would develop into gay adults.
- Parents tried to force their children to stop gender nonconforming behaviors such as choosing non-stereotypical toys or clothes prior to diagnosing them as transgender.
- Parents of transgender children diagnosed their male children earlier: between the ages of 3-5 for males and females between 9-14.
- “All” male children in the study were diagnosed as transgender by their parents before the age of five and “most” before the age of three.
- “Most” female children were identified by their parents as transgender after the onset of puberty.
- Parents of female children were more immediate “instant adopters” of a transgender diagnosis.
- No parents in the study used the descriptors “genderqueer” or “nonbinary” or “gender fluid” to describe their child.
- Mothers “overwhelmingly” take the lead in diagnosing their children as transgender.
- Mothers of transgender children take on the majority of parenting responsibilities.

- The majority of heterosexual mothers of transgender children are more professionally qualified than their husbands.
- 51% of heterosexual mothers of transgender children have advanced education that vastly exceeds their husbands.

A mother of a trans child made a comment below the main article that I found especially interesting:

Apparently, these moms want to be special snowflakes—to enjoy the beautiful agony of suffering and the triumph of being ever the martyr. Sounds like Munchausen by Proxy. . . . Having a stunning and brave kid makes the moms feel like they are also stunning and brave by proxy, I guess. My daughter's childhood isn't about me-me-me. I don't want to be in the Stunning and Brave Club with those martyr moms. I would give anything for my daughter to give up this trans nonsense. I believe she just doesn't want to be a female in today's porn-soaked patriarchy, and/or is bi or lesbian. She clings so tightly to trans instead, as she thinks it protects her from being female.

Munchausen syndrome is when a person feigns disease, illness, or psychological trauma to gain attention, sympathy, or reassurance. It fits within the subclass of factitious disorders with predominantly physical signs and symptoms, but patients also have a history of recurrent hospitalization, travelling, and dramatic, extremely improbable tales of their past experiences (hence the reference to Baron Munchausen).



“Munchausen syndrome by proxy,” on the other hand, was first coined by the afore-cited John Money (the pioneering transgender specialist who treated David Reimer) and June Faith Werlwas to describe the abuse- and neglect-induced symptoms of the syndrome of “abuse dwarfism.” Also known as “factitious disorder imposed on another,” this is a condition wherein a caregiver or spouse fabricates, exaggerates, or induces mental or physical health problems in those in their care, with the primary motive of gaining attention or sympathy for themselves. Some experts consider it an elusive, potentially lethal, and frequently misunderstood form of child abuse, or at least medical neglect—as in cases when mothers have actually been poisoning their children to keep them in a sickly state.

Munchausen syndrome by proxy might not always manifest in such extremes, however. It may be a case of a subtler, and far more common, condition coming out in full-blown “pathological” symptoms. Closely related is something called the “masquerade syndrome,” in which “mothers keep children at home from school for long periods with apparent chronic illnesses, the illness being a ‘masquerade’ for an enmeshed relationship with the child.” ([Ref.](#))

Maternal Enmeshment Related to “Gender Fluidity”



There is, in fact, a far more common condition which rarer forms such as Munchausen by proxy and masquerade syndrome appear to stem from. This is what’s known as parental (usually maternal) enmeshment, a condition that—judging at least by how under-observed it is—may be closer to the rule than the exception in the West. This dynamic is most commonly recognized—probably because most destructive—in the form of mother-son enmeshment, with *Psycho*’s Norman Bates as the broad-stroke exemplary (based on serial killer Ed Gein). But it is by no means limited to this dynamic. In “[Maternal Enmeshment: The Chosen Child](#),” Dee Hann-Morrison describes how enmeshed families are “characterized by levels of emotional closeness that are often seen as constraining.” Such families “use manipulation, usually in the form of overly excessive, but superficial expressions of love and unity to demand loyalty from their members.” While enmeshed families “depend on each other excessively,” family members “tend to have a limited sense of their own identity”; they “make decisions based on emotions, and as a reaction to the perceived wishes of other members of the system.”

Parental enmeshment “not only hinders but also prevents differentiation of the child.” It creates “a dance of circular immaturity and reactivity between the parent and child.” The enmeshed parent “blurs familial boundaries and engages in hovering behaviors.” They are “overly accessible to their children” and “do too much” for them, resulting in a loss of autonomy for the child.

Adolescents with enmeshed maternal relationships

not only show difficulties in formatting identity but they also have difficulties in participating in interdependent peer relationships. . . . In such cases, these relationships are laden with boundary violations and breaches of familial subsystems. [E]nmeshed

mothers usually do not know the difference between parenting and partnering. These women, they say, are not knowledgeable about the emotional needs of children. [A]mong the primary liabilities of enmeshed mothers are their lack of role models and their own unresolved emotional issues.



Significantly, so far social contagion goes, the paper also points out how “parenting fallacies portrayed by television families” contribute “to the notion of women’s maternal responsibilities.” As an example, it cites *Leave it to Beaver*’s June Cleaver, “immersed in the goings-on of Wally and The Beaver, while placing little emphasis on her own circle of friends or on her relationship with her husband. [M]ore contemporary media portrayals of maternity *offer up the continually self-sacrificing divorced mom as the epitome of morally correct parenting*” (emphasis added).

As the “chosen child” (Love, 1990, p. 8), the boy who has found himself in his mother’s continual graces usually finds the special privileges and extra attention he receives from his mother gratifying. [A]s lofty a position as being the “chosen child” may seem, the victim of maternal enmeshment is precisely that—a victim. In exchange for his service to his mother, this child actually *relinquishes his entire life*. [He] loses out on opportunities to interact socially with peers, and ultimately loses out on his childhood. This loss of childhood . . . has a downwardly spiraling effect.

Besides “rendering the child unfit for adaptive peer interactions, the unhealthy mother–son relationship” steadily reduces opportunities for healthy adolescent interactions, preventing the assumption of more adult roles.

The chosen child reacts to his mother and she reacts to him. The reaction becomes generalized to the whole family, and this child becomes *the crusader*, so to speak, for maintaining the status quo. This reactivity leads to deepening of the fusion between mother and son, as the child is being programmed to have *similar values and tastes as his mother*.

In most cases, the chosen child, isolated in childhood, “continues to be isolated in his adult life.” It is not uncommon for them “to develop narcissistic traits, if not full-blown narcissism.” A sense of superiority

may lead to “extreme efforts at outdoing peers in his professional life. He wants to earn more money than . . . ; garner greater recognition than” and so on.

Revenge of the Supermoms



Compare all this to the blog [“Parenting Jeremy—a Gender Journey: A Wander through Parenting a Transgender Teen”](#):

I’ve been pondering what would motivate someone to pose as a parent of a transgender child; in the words of my beloved sister I got curious instead of furious. [F]rom the outside looking in, for the person who is not going through what we are going through, I guess we look inspirational. I’ve realised it’s because we are. So to every parent who can’t speak out, I have seen you. I have seen you when you have had to play parent, housekeeper, mediator and suddenly therapists when in the middle of your busy family day one child’s dysphoria becomes overwhelming. I have seen you driving across country to meet each other. I have seen you go toe to toe with schools, insurance companies, medical professionals and governments to demand rights for your child. I have heard the quiet whisper that this may become overwhelming, only to see you get up the next morning to give the world a great big middle finger and keep going. I have witnessed a million moments of love and pride. I have wept with you when you have trusted me with your child’s pain. I have watched in awe as you have woven safety nets, under children that have been rejected by families, under each other in moments of medical or marital crisis. I have had my hand held tight by men and women who I have never met but who completely understand the raw heart-searing pain that can occur when your child feels alone and isolated and you just can’t help, all you can do is love. . . . You accepted your child, and there are days that are hard and shitty and yet you still turn up. You turn up because one of the miracles in your family needs you. You turn up because your child’s smile is precious and seeing it is its own reward. You turn up

because their happiness is your breath. You are the tireless voice even when you are so very tired. You are a million conversations with strangers to demystify being transgender/gender diverse. You are signatures on petitions to have discriminatory laws overturned from bathroom bills to access to cross hormone treatment. You are strong voices howling into the maelstrom of life that our children are valid, wonderful and miraculous, look them in the eye and keep trying to deny our truth. . . . We are thousands of stories of ordinary people on an extraordinary parenting journey. What binds us is that we are testament to the power of love.

To the power of something, certainly.

Meanwhile, here's Diane Ehrensaft, one of the nation's top pediatric gender specialists, advising a medical conference on how to tell if one's baby is transgender:

[Preverbal children] are very action oriented. This is where mirroring is really important. And listening to actions. So let me give you an example. I have a colleague who is transgender. There is a video of him as a toddler—he was assigned female at birth—tearing barrettes out of then-her hair. And throwing them on the ground. And sobbing. That's a gender message. They can show you about what they want to play with. . . and if they feel uncomfortable about how you are responding to them and their gender. . . if you're misgendering them. So you look for those kinds of actions . . . like tearing a skirt off. . . . There was one on that Barbara Walters special, this child wore the little onesie with the snap-ups between the legs. And at age one would unsnap them to make a dress, so the dress would flow. This is a child who was assigned male. That's a communication, a pre-verbal communication about gender. (Ref.)

Ehrensaft asserts that “children will know [they are transgender] by the second year of life. . . . they probably know before that but that's pre-pre verbal.” (Ref.) Yet Ehrensaft also claims that gender identity can be fluid, meaning that, while a baby innately “knows” its gender identity, at the same time it depends on their mood in a given moment. On the third hand, if gender-fluid children begin to transition and then change their minds, that's OK too: “there is ‘no data’ that it harms kids to switch back and forth between identities, as long as we ‘support’ them in their ‘journey.’”

And those who don't, may need to prepare to give up their rights to oversee their children's development at all: “In Ontario, where pro-trans legislation has been passing swiftly, the state has the right to seize children from families that do not support the child's wish to live as transgendered.” (Ref.)



What Munchausen by proxy, maternal enmeshment, and many of the transgender child narratives appear to have in common is that all of them either precipitate or demand an unusual degree of involvement in the child's life by a parent or parents. The involvement is both inner and outer—i.e., it covers both the child's internal preoccupations and perceptions and their behavior and decisions, from the smallest (what clothes to wear) to the largest imaginable (what sex to be "assigned"). Such parental involvement is abnormally intense, to the point of being destructive in extreme cases, unlimited in both scale and time (transitioning children will most likely *always* require some degree of "management" around their decision). For a mother or father who wishes to have unrestricted, unending involvement in their child's life, these psycho-situations provide the *carte blanche* required.

Unfortunately, the complex psychological nature of maternal enmeshment and Munchausen syndrome by proxy means that only a tiny percentage of parents—never mind children—are likely to ever recognize it, even in the people closest to them. And if they do, what are the chances they will dare to say anything? Only a fool tries to come between a lioness and her cub—and what are the chances of rescuing a potential victim if he or she is fully complicit with the abuses being inflicted upon them? As one paper, "[Munchausen Syndrome by Proxy](#)," by Deirdre Conway Rand, puts it

older children may become active participants in creating their factitious illness, with either the child or the mother initiating aspects of the deception with which the other then goes along. Mother and child may develop a *folie à deux* relationship concerning the child's medical condition, with both believing that the child is genuinely ill or disabled.

Folie à deux is French for "the madness of two." It is more profanely called shared psychosis, a psychiatric syndrome in which symptoms of a delusional belief (sometimes including hallucinations) are transmitted from one individual to another. The same syndrome shared by more than two people may be called *folie à trois*, *folie à quatre*, *folie en famille* ("family madness"), and, ultimately, *folie à plusieurs*, the madness of many.

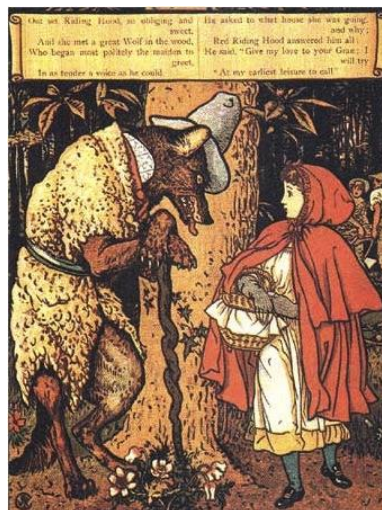
It is also associated with the lesser known term “symbiotic psychosis,” a condition seen in young children with abnormal relationships to their mothers or maternal figures. It is often the result of a precipitating traumatic event or series of events. In old-world or archetypal terms, it is known as *possession*.



Minority Rule & Late Phases of Culture

“Historically, the movement toward androgyny occurs in late phases of culture as a civilization is starting to unravel and you can find it again and again through history. [T]he people who live in such periods, late phase of culture, . . . feel that they’re very sophisticated . . . but from the perspective of historical distance you can see that it’s a culture that no longer believes in itself. . . . What you invariably get are people who are convinced of the power of heroic masculinity on the edges whether the Vandals and the Huns or whether they’re the barbarians of Isis, you see them you know starting to mass on the outsides of the culture. And that’s what we have right now, there is a tremendous and rather terrifying disconnect between the infatuation with the transgender movement in our own culture and what’s going on out there . . . I feel it’s ominous.”

—Camille Paglia



Lastly, to round up this series, there is one more, equally pressing question I want to raise. It is this:

If, as a society, we find ourselves bending over backwards to *over*-represent a tiny minority, the result is to grant said minority disproportionate influence within society. This is inherently destabilizing for the society in question. Is this really the best way to ensure tolerance, compassion, and openness towards that minority—or is it more likely to lead to an opposite and equal *reaction*?

Minorities aren't persecuted by communities because they are minorities, but *when and as they are perceived as a threat to the stability of that community*. This doesn't mean they *actually* present a threat, but if the community is sufficiently unstable, and the minority sufficiently visible to serve as a scapegoat to bind the community together, the persecution will unfold just as if in reaction to a genuine threat. So how do you make something *appear* more threatening than it actually is? You first raise it up to a higher position.

If the gender-confused turn out to be victims of the very agendas that purport to rescue them, it wouldn't be the first time a sociopolitical wolf dressed up in ideological sheep clothing. The strongest evidence for this, I think, is found by observing how the ideological drive to promote gender fluidity has such little regard for facts, figures, statistics, or even testimonies of gender fluid people that don't conform to the dominant ideological drive. This latter proceeds just as you would expect a wolf to proceed: it huffs and puffs and it blows houses down. And it tears to shreds its opponents.

Recall how another fairy tale wolf ate Little Red Riding Hood's grandmother by pretending to be Red Riding Hood, then dressed up as her grandmother and ate Red Riding Hood? Trans-wolf—what big hands you have! It's darkly ironic—and in the nature of this beast—that one of the primary rationales for this ideological drive takes the guise of compassion and tolerance, as a supposed *preventative* against prejudicial treatment, bullying, etc., of these misunderstood minorities. For example (from Wikipedia):

In the United States, the majority of respondents to the National Transgender Discrimination Survey chose 'A gender not listed here.' The 'Not Listed Here' respondents were nine percentage-points (33 percent) more likely to report forgoing healthcare due to fear of discrimination than the general sample (36 percent compared to 27 percent). 90 percent reported experiencing anti-trans bias at work, and 43 percent reported having attempted suicide.

This sort of data is designed to act as a thought-stopper because it couches facts in a primeval context, that of predator and prey, in this case innocent victims of discrimination driven to suicide by heartless bigots. Once an emotional reaction is triggered, questioning or even examining the facts becomes much harder—it risks siding with the wolf, with heartlessness and bigotry. We tend to read the data as statistical fact, rather than as subjective testimony. We assume that, if 90% of the people interviewed experienced “anti-trans bias at work,” then anti-trans bias *was* at work. Questioning the alleged victims' version of events becomes akin to adding insult to injury.

In fact, there's no *inherent* reason to take such testimony as proven fact, just as there is no reason to believe any other subjective statement about people we don't like. Being "Trans" doesn't automatically make a person incapable of poor judgment or prejudice, or of bullying, egomania, or obnoxious behavior. The alleged victims are not babies. So how do they, much less we, know if they were being "discriminated" against for existing negative qualities, i.e., quite independently of their "Trans"-ness? The answer is that we don't. But one thing we do know is that *anyone* who is given special societal status and privilege—amounting to a license to file a complaint whenever they don't get what they want—is *likely to abuse it*.

Here are some more "stats," these from [The Guardian, 2018](#):

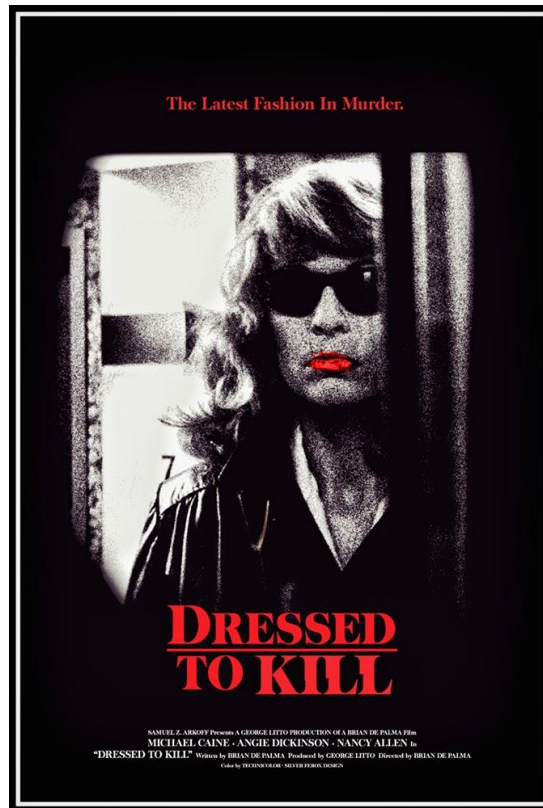
Of those trans people lucky enough to have a job, one in eight have been physically attacked by a colleague or customer within the past year. Drink after work? Maybe next time, eh. A third of trans people have been discriminated against when visiting a cafe, bar or restaurant. Quiet night in? A quarter of trans people in a relationship in the last year have experienced domestic abuse. These are just some of the findings published in new research by YouGov and LGBT charity Stonewall, revealing the profound discrimination trans people face in Britain. It's shocking stuff, though not surprising, I suspect, to the majority of trans people who, like me, will have experienced some if not all of these kinds of bullying at some point.

And [The Independent 2017](#):

Campaigners believe the statistics could be the "tip of the iceberg" with the majority of victims not feeling safe in reporting their experiences to the authorities. In Manchester, an initiative has been launched between the LGBT Foundation and Greater Manchester Police, where the charity would act as a third-party for reporting hate crime in a bid to encourage people to come forward. "Whether you are a victim or a witness, it is important to report every hate crime," said James Huyton, community safety officer at LGBT Foundation.

The problem here is circular reasoning: *because* transgender is a natural and normal variation in human behavior, any resistance to it or intolerance of it is proof of ignorance, prejudice, and bigotry. This leaves out the possibility (explored in the previous seven parts of this series) that at least *some* gender dysphoria is neither natural nor normal (in the sense of healthy and desirable) but is rather symptomatic of intense psychological distress that's sourced in early trauma and other adverse environmental factors.

By this same token, the assumption that the high suicide and suicide attempts rates among gender dysphoric people can be wholly (or even primarily) attributed to the adverse effects of social intolerance and bigotry is just that, an assumption. The possibility that *already* suicidally-inclined psychological types might also suffer from weak boundaries and a confused or poorly formed sense of identity, and therefore be drawn towards "gender identification" "solutions" is more or less ignored, if it isn't being reviled as prejudice.



Inseparable from this is the possibility that transgender behaviors—being evidence of psychological instability and despair—might be *genuinely* threatening towards some members of a community, just as it was once quite normal, even sensible, to feel threatened by a man wearing a wig and a dress outside of the realm of performance, since *a man in disguise* indicates to our primordial brains that something isn't right. (Cf. the "uncanny valley" hypothesis.¹¹) Of course, people can be educated and socially reconditioned out of this "prejudice," but not without some unpredictable side effects or the likelihood of social, cultural backlash.

¹¹ The uncanny valley hypothesis predicts an entity appearing almost human risks eliciting cold, eerie feelings in viewers, see "The Uncanny Valley: Implications for Facial Plastic Surgery" by Joshua Choo, MD Gerald O'Daniel, MD: "According to the cognitive psychology literature, objects such as faces are evaluated by a complex process of contextual integration—often referred to as category processing or membership. These evaluations assimilate cues inherent to the object and to the larger environment that form a rich contextual basis for categorization. Objects that are congruent with their contextual setting "make sense" and are therefore perceived to be more beautiful." Also: "Japanese roboticist Dr Masahiro Mori postulated that the more closely a robot approximated human features, the more endearing it became until a point was reached when the subtle imperfections of appearance or behavior created an opposite effect—that of eeriness and revulsion. Several theories exist to explain why this response occurs and what elicits it, but it is this concept of category congruence that the authors believe to have the most explanatory power when applied to plastic surgery. [T]he uncanny valley is encountered when cosmetic procedures create category uncertainty." (Ref.) "But what we're finding today is that it's not robots we have to worry about; the uncanny valley is all around you. Just consider. . . The Booming "Realistic" Sex Doll Industry. People Who Want to Be Anime Characters—Animegao Kigurumi – btw, most costumes out there are female. Most players are male. People Who Want to be Anime Characters (Part 2) — Ulzzang. Photoshop is Filling Magazines With Dead-Eyed Humanoids. CGI Humans Are More Terrifying Than Ever."

The ideological bias that supports anyone who self-identifies or is identified as a victim of “discrimination”—and condemns anyone who feels threatened by social aberrations or mutations—is apparent in the ways in which the discussion so often proceeds around this subject. Anyone who questions the prevailing doctrine about gender fluidity and dysphoria, or who presents factual data that contradicts it, is frequently accused of being a “transphobe,” a bigot, etc.

Technically, however, bigotry is defined as “intolerance towards those who hold different opinions from oneself.” In my experience, this more closely describes the people who violently defend the concepts of gender fluidity or sexual orientation from alleged “hate speech,” than it does those questioning these concepts, as I have done. This includes especially anyone who questions, as I have done, the assumption that gender fluidity has been scientifically proven as positive and life-enhancing, and that children should be “educated” to see it this way.

By today’s definition of “an anti-trans bias,” anyone who doesn’t support a gender fluid individual in their worldview 100% is acting prejudicially and is therefore a bigot, even if they don’t know it yet because they haven’t been educated properly.

Pillars of Salt, Eyes of the State (Problem-Reaction-Solution)



Lot's Wife by Marcelle Hanselaar

“Brighton Council is advocating that all adults in a child’s life work to set in stone for the child a sense of identity which is split off from the body, to condition the child into a mind-body disconnect which is an indicator for mental ill-health. Schools should be an environment where a child’s sense of self is given the space to develop, expand and change, and no school should be actively reinforcing hatred and rejection of the body as a foundation upon which to build a sense of self.”

—[Transgender Trend, 2016](#)

I have spent so much time on the warp and woof of gender fluidity not because I consider these questions particularly meaningful—they seem to me like the secular equivalent of counting angels on the head of a surgical needle—but to illustrate just how fragmented, factitious, and self-devouring progressivist identity politics discourse has become—and how violent. What is of greatest significance, in my opinion, is the fact that children as young as two or three years old are being dragged into an ideological battleground around human sex and sexuality, and that parents have less and less of a grasp of the artillery being deployed.

Curiously, all of this debate centers around an ideological framework (gender fluidity) based on very flimsy evidence, beginning with the evidence for an identity-self that possesses gender and exists independent of biology. From here, it is argued by some that there is no such thing as biological sex, at all, because, like gender, it is a purely social construct. This notion has never been proven because, like $2 + 2 = 5$, it is inherently unprovable and self-contradictory. Yet like Orwell's proof of State-allegiance, it has been uncritically accepted by many people who blindly support the supposed needs of children to be encouraged to "transition," and to be protected from any sort of questioning or criticism (even when intended to help them). The reasoning is that these children will be happier if they are allowed to reject the biology they were born with, and given total freedom to define their own reality, as well as the power to oblige everyone else to go along with their definitions.

How is it possible for so many people to believe so strongly in social policies, education reforms, and medical interventions involving the most invasive technologies imaginable as a means to address something they have not even begun to understand? Perhaps the answer is found in the question: that as long as science *appears* to offer the solution, it follows that it must have fully understood the problem. This is probably the primary pitfall of a technologically driven society in which all the solutions address problems *externally*, and hence are increasingly founded on *ignoring all internal causes*.

Clearly, we have managed to convince ourselves—or let ourselves be convinced—that we understand the problem of transgender and gender fluidity. Now all that's required is to educate others to understand it too. How did this happen? Besides the section on mass media presentation, I have shied away from looking at the deeper social engineering programs behind the gender fluidity movement—programs which began at least as far back as Havelock Ellis, at the start of the 20th century, and that continue to this day in (mostly open but very little known) deep state sociopolitical agendas. The reason I have avoided going into this material (which would require perhaps an equally long exploration) is that I don't want to alienate the average reader with too much unfamiliar and potentially threatening information, especially when it is the kind of information which uninformed and credulous readers tend to dismiss as "conspiracy theory."



Fortunately, there's a much simpler and shorter answer to the question of how a belief devoid of understanding became so widespread and so passionate so quickly. It is that most people in 2018 are almost completely ignorant of psychology. And because the psyche abhors a vacuum, when people are deprived of even the most rudimentary knowledge of the psychological principles of their existence (which prior to Freud were generally provided by the arts), they become vulnerable to possession by a counterfeit set of beliefs. This counterfeit belief-set is in a self-determining, self-inventing, and self-orienting *identity* that exists, like a reverse circle, with a circumference (outer shell) that is everywhere, and a center that is nowhere found.

In [a recent celebrated case](#), Australia changed its laws so adolescents can now freely choose to change their sex without court approval. The first beneficiary of the new law was 14-year-old Isabelle Langley (trans-girl), who was quoted as saying: "By [the court's] logic it was as though trans kids aren't mature enough to decide how they want to manage their own puberty. . . . I want to have control over my body and what goes into my body. . . . I know what I need. . ."

Dr. Michelle Telfer, the head of the gender service at the Royal Children's Hospital treating Langley, added this:

And what I will say about many of the youth who want puberty blockers is: I have never met such an altruistic group of kids around adoption! Never! "I will adopt because there are so many children who need good homes." And I think that's both heartfelt but also they're trying to tell us the most important thing to me right now is being able to have every opportunity to have my gender affirmation be as complete as possible. Anything else is secondary.

It is apparently a given in today's progressive circles that children are mature enough to "manage their own puberty." But I wonder how many of these people, the adults I mean, would claim they managed their own puberty wisely? Did *anyone*? Isn't it literally an oxymoron to say that an adolescent is mature enough to manage his or her own sexual development, especially when most forty-year-olds haven't yet

got the hang of it? Most adults are still figuring out when to have sex and with who, how to sensibly navigate alcohol and drug use, and how to maintain a healthy diet. Suddenly children have the means, motive, and opportunity to engineer their own sexual development and reconstruct their bodies—including *permanent sterilization*—and this is seen as a benign development free from risks?¹²

To cap off her testimonial, Dr. Telfer added proudly: “These young people are healthy with a strong sense of justice, they are absolute pillars of society.” I’d say that gives a pretty clear indication of what to expect.

Children are being taught that there are not two but *many* genders, and that, like the mythical creatures of fairy tales, mysterious entities called “gender identities” can morph and change according to whim, while being entirely invisible except for their effects. Like myth, these state-backed children’s stories eschew scientific or medical evidence, in favor of a theoretical mish-mash of ideological imaginings with subjective testimonies from (generally distressed) children and adolescents. Life’s a fairy tale in which you can be whatever you want to be and no one can tell you otherwise? No wonder they want to target children, because who else would believe this?

The promise that corporate raiders from the Serpent on up have perfected is this: *If* you eat our fruit, ye *shall* be as gods. There is an identity for everyone, for every occasion. You can get to be whichever “you” you want, whenever, wherever, and for however long you want. But who is the “I” that gets to decide what “it” gets to be?

The invalidation of biology as the primary determinant of identity has, at the same time and most bizarrely, made body modification central to identity-recreation. How is this circle squared? Only by leaving a vacuum where the psyche used to be, a vacuum that has been hollowed out by corporations mining for natural human resources.

The soggy SOGI merchants of self-reinvention-via-self-absorption want to appeal to the lowest part of us by promising to raise it up to the highest plateau. They are selling a cure for a soul that migrated to the wrong body without acknowledging that, if psyches are no longer finding their somas, if more and more people are not at home in their bodies, something has gone terribly wrong on Terra Firma.

¹² From the website [4thWaveNow](#): “During the closing panel discussion, Ehrensaft and Baum devote several minutes to the topic of sterilizing trans kids—but explain it away with a twofer: By equating it to treatments for children with life-threatening cancers, and by stating that parents reluctant to sterilize their 11-year-olds are only concerned because they selfishly want grandchildren. . . . Ehrensaft: ‘There’s a lot of parents who have dreams of becoming grandparents. It’s very hard for them not to imagine those genetically related grandchildren. *So we have to work with parents around, these aren’t your dreams. [laughs]. You have to focus on your child’s dreams. What they want.*’ Ehrensaft laughingly implies that parents concerned about their child’s *human right to choose or not to choose to reproduce* . . . are really only concerned about future grandchildren, not the bodily integrity or cognitive wherewithal of their *prepubescent child*. These egocentric parents are denying their children “their dreams.” These thoughtless parents need to be “worked with” by gender specialists. Here comes the punchline—the ultimate “leverage point”: *You can either have grandchildren or not have a kid anymore because they’ve ended the relationship with you or in some cases because they’ve chosen a more dangerous path for themselves.*”

This problem isn't acknowledged as a problem because the proffered "solution" is being sold as so wonderful that it promises to transform the situation into sheer opportunity. Certainly, it is some sort of opportunity, but whose? In this brave new land, all opportunities and all solutions come from the Scientific State, and all problems are sourced in the body, in Nature, and in God. Surely the inversion of this must be obvious? If there are those who don't see it, it can only be because they have replaced their eyes with a set of Google glasses.

They are now seeing with the eyes of the State.

