Review of Maria Keffler's¹ Desist, Detrans, & Detox: Getting Your Child Out of the Gender

Reviewed by

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The author of Desist, Detrans & Detox: Getting Your Child Out of the Gender Cult, Maria Keffler, is the co-founder of Partners for Ethical Care, a grassroots non-profit organization that works to "raise awareness and support efforts to stop the unethical treatment of children by schools, hospitals, and mental and medical healthcare providers under the duplicitous banner of gender identity affirmation" (Partners for Ethical Care, 2021). Understanding the content of the book begins with defining the words in the title. For example, the word "desist" means to accept your birth gender after formerly identifying as transgender. To "detrans" means to transition back to your birth gender after having gone through some degree of transition through gender outward appearance alterations, drugs, and/or surgery. The author uses the word "detox" to compare

the process of rejecting the toxic, false gender ideology to that of as going through a drug detox program (Partners for Ethical Care).

Keffler wrote the book in response to the exponentially high increase of transgender identification in children and young adolescence, particularly girls. She refers to the over 5000% increase in gender dysphoria for girls and almost 1500% increase for boys at the Tavistock Clinic in the UK over the last 10 years (Transgender Trend, 2020). The book is intended to provide strategies for parents to utilize with transgender identifying children; however, no evidence is provided strategies universally these are successful in every case. Keffler's strategies are based on information on cults. brainwashing techniques, education, psychology, and child development. Stories and comments people from

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detransitioned in Appendix B provide anecdotal support for parents to apply the techniques and approaches given in this book.

The target audience for the book is conservative Christian parents rather than academic or counseling professionals. Although the book is not overtly full of Christian content, there is a section principles about discussing theological gender from the Bible. The author's discussion of gender ideology (i.e., sex is binary) and expressed views on organizations like Planned Parenthood, follows along politically conservative party lines. The book also refers to family therapy theory, setting boundaries, and motivational theory, which interventions often utilized professional counselors. Keffler provides guidance for parents seeking a counselor or mental health therapist that is "nonaffirming" of gender ideology.

The book contains two main sections: 1) Seven chapters covering a complete range of topics related to gender ideology and current social constructs; and 2) Appendixes (A, B, C). Appendix A contains quoted statements from de-transitioned individuals. Appendix B presents the results from 2021 survey of "detransitioners" or "desisters" conducted by Partners for Ethical Care. Appendix C provides an example of a letter parents can use to opt out of mandatory sex education programs in schools. Since there are several new words created by the gender identity social movement, a helpful glossary is included in the back of the book.

The book does not have a consistent flow from one chapter to the next. Chapters one, two, three, and seven focus on aspects of the gender cult in society that may or may not be influencing every child. In these chapters, examples from websites, news articles, social media, and books are provided to explain how the current trends in transgender ideology are like a cult. Chapters three, five,

and six are dedicated to family dynamics and relationship-building skills. In these chapters, the author explores family of origin issues, relationship deficits, and parenting styles that contribute to the problem as well as to the solution.

I. Gender Ideology Is a Cult

Chapter one describes how the gender identity social activists behave like a cult. Keffler discusses eight steps that cult groups use to gather and indoctrinate followers based on an article in the New Zealand Herald (Norman, 2017). Keffler indicates that cults entrap vulnerable people into their organization through a process of identity engineering (Edge, 2015). The use of the term "deadnaming"—when a transgender identifying person's name given at birth is rejected as if that part of themselves no longer exists—demonstrates an identity engineering technique. The goal is to "kill off" all aspects of who the person was in favor of the identity the cult wants the person to have.

Chapter four continues to discuss the cult-like experience of young people detransitioning back to their biological gender. require processing Thev a deprogramming, which is described in detail. To begin the process, Keffler suggests: 1) find out exactly what happened and what is really happening with the child; 2) determine which influences in the child's life are pro- or anti-transgender ideology; 3) initiate a campaign to undo brainwashing of the child. The end of the chapter provides a complete summary of steps to take and the expected goals of each step.

Chapter seven addresses what parents can do to keep their child from regressing or being pulled back into the cult. Keffler indicates that after leaving the transgender cult, a child may experience fear of those outside the cult, adulthood, their sexuality, being a victim, lacking control, etc. Keffler provides examples of how the transgender movement uses fear as a motivator to keep members from leaving. With a trustworthy professional counselor, talk therapy interventions that are helpful to a detransitioning child's healing from post-cult fears include exposure therapy, cognitive behavioral therapy, and mindfulness therapy (Stanborough, 2020).

II. Healthy Family Relationships Are Necessary

Chapter three explores how parents cope with their transgender child, beginning with young children, under the age of 12. Keffler cites the work of Dr. Michelle Cretella (2020) with a young boy mistakenly believing he needed to be a girl like his special needs sister to get attention and be loved. With the help of a therapist, the parents were able to explore the beliefs of their son and offer the needed reassurance he was missing. He subsequently abandoned his notion that he was a girl and went back to being a boy.

For pre-teen, teens, and adult children who identify as transgender, Keffler offers suggestions to improve communication. If talking does not work with a pre-teen/teen, using a shared note pad to communicate information back and forth can facilitate a more thoughtful conversation that avoids elevated tones or yelling. Keffler gives five relationship-improving tips for parents to use with transgender identifying children: 1) make all interactions positive; 2) use openended questions; 3) listen 80/ speak 20; 4) praise things they do, not who they are; and 5) in crisis ask what they need, not tell them what to do (pp. 73-74). Keffler does offer encouragement for parents with children 18 years and older to keep things positive and to not let oneself be manipulated.

Chapter five, "Unfailing Love," contains information about maintaining love not only for your child who has left home and joined the gender cult but for the parents themselves. Parents often feel a sense of guilt

or failure that how their child turned out is their own fault or that they did not do enough to prevent the influences on their child early enough. Keffler stresses the need for parents of being in charge of boundaries with tough love, guiding the gender identity formation of their children, and being parents rather than friends with their children.

In chapter six, "the rest of the family," Keffler advises for families dealing with a transgender child on self-care and seeking additional help. Parents consumed by the identity confusion of their child often forget to care for their marriage or consistently parent their other children if they have them. Keffler gives details on how to find a trustworthy therapist for family counseling by giving a series of questions to ask before the first counseling session. She tells readers that there are excellent therapists who will explore a child's medical, psychological, and social history. An excellent therapist will provide evidence-based therapy, without giving a desired gender dysphoria diagnosis after one meeting or engaging in an unproven treatment approach. According to Keffler, one question to ask a potential therapist before scheduling an appointment is: "What is your opinion on transgenderism/gender ideology with respect to co-occurring issues like autism, anxiety, self-harm, prior trauma, substance abuse, and eating disorders?" (p. 139).

III. Results from the 2021 Desister/Detransitioner Survey

Partners for Ethical Care conducted an informal, non-randomized survey of 60 people, desisters/detransitioners and parents, during February of 2021. The participants were comprised of the following: 1) desisters—individuals who either stopped insisting they were some other genders than their birth genders, 2) detransitioners—individuals who reversed the process of transitioning to the opposite sex by changing

their appearance outwardly, and 3) parents of a transgender-identified child. The option given complete the was to survey anonymously although half of participants included contact information. Most of the survey participants (71.7%) were desisters/detransitioners and female (78.3%). Keffler stipulates that the survey results must be considered with caution. The survey was informal, the sample was small, and no official authentication of the results could be performed.

The most significant question asked was the one related to the mental health of the child. For example, Question 22 of the survey asked for the following information: "Does the child have any diagnosed or suspected health, psychological, or neurological issues?" (Keffler, 2021, p. 193) Participants could respond to more than one answer. Of the issues selected, 75.9% had depression, 50% had suicide ideation, 46.6% had trauma, 37.9% had autism, and 22.4% had at least one suicide attempt. The results of Question 22 demonstrate the importance of addressing mental health issues in people struggling with their gender identity.

IV. Final Thoughts

Keffler's book can be a useful tool for therapists to share with parents who lack understanding of what new world their child has entered. By using the cult analogy, parents have a clearer picture of how difficult the battle is. More help is needed for the child than just a conversation or a visit to a therapist. While there are no standard approaches to use in every situation, Keffler combines techniques to try that are validated in parenting, psychology, and educational research. More research is needed to determine the best approach for those detransitioning. The push to deny the existence of desisters and detransitioners persists and inhibits the publishing of this information (Shirer, 2020).

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