

Praise for

IRREVERSIBLE DAMAGE

"Abigail Shrier has written a deeply compassionate and utterly sobering account of an unprecedented and reckless social experiment whose test subjects are the bodies and psyches of the most emotionally vulnerable among us."

—**JOHN PODHORETZ**, editor of *Commentary* magazine and columnist for the *New York*Post

"Courage is a rare trait. Abigail Shrier has it in abundance. She defies the politically correct tide to write a moving and critically needed book about a terrible new plague that endangers our children—'rapid-onset gender dysphoria.' This book explains what it is, how it has spread, and what we can do about it. And *Irreversible Damage* is as readable as it is important."

—**DENNIS PRAGER**, nationally syndicated radio talk show host and bestselling author of *The Rational Bible*

"Abigail Shrier dares to tell the truth about a monstrous ideological fad that has already ruined countless children's lives. History will look kindly on her courage."

—MICHAEL KNOWLES, host of The Michael Knowles Show

"Gender transition has become one of the most controversial issues of our time. So much so that most of us simply want to avoid the subject altogether. Such evasion can be just the thing that gives the majority an excuse to look away from the suffering of our fellow human beings. Abigail Shrier chooses to take the bull by the horns. She dives straight into this most sensitive of debates. The product is a work brimming with compassion for a vulnerable subset of our population: teenage girls. It is a work that makes you want to keep reading because it is accessible, lucid and compelling. You find yourself running out of reasons to look away. A must-read for all those who care about the lot of our girls and women."

—AYAAN HIRSI ALI, research fellow at Stanford University's Hoover Institution and member of Dutch Parliament 2003–06

"In *Irreversible Damage*, Abigail Shrier provides a thought-provoking examination of a new clinical phenomenon mainly affecting adolescent females—what some have termed rapid-onset gender dysphoria—that has, at lightning speed, swept across North America and parts of Western Europe and Scandinavia. In so doing, Shrier does not shy away from the politics that pervade the field of gender dysphoria. It is a book that will be of great interest to parents, the general public, and mental health clinicians."

—KENNETH J. ZUCKER, PH.D., adolescent and child psychologist and chair of the DSM-5 Work Group on Sexual and Gender Identity Disorders

"Thoroughly researched and beautifully written."

—**RAY BLANCHARD, PH.D.**, head of Clinical Sexology Services at the Centre for Addiction and Mental Health from 1995–2010

"For no other topic have science and conventional wisdom changed—been thrown away—more rapidly than for gender dysphoria. For a small but rapidly growing number of adolescent girls and their families, consequences have been tragic. This urgently needed book is fascinating, wrenching, and wise. Unlike so many of the currently woke, Abigail Shrier sees clearly what is in front of our faces and is brave enough to name it. *Irreversible Damage* will be a rallying point to reversing the damage being done."

—**J. MICHAEL BAILEY**, author of *The Man Who Would Be Queen* and professor of psychology at Northwestern University

"Abigail Shrier has shed light on the profound discontent of an entire generation of women and girls and exposed how transgender extremists have brainwashed not just these young women, but large portions of the country."

-BETHANY MANDEL, editor at Ricochet.com, columnist at the *Jewish Daily Forward*, and homeschooling mother of four

"Every parent needs to read this gripping travelogue through Gender Land, a perilous place where large numbers of teenage girls come to grief despite their loving parents' efforts to rescue them."

-HELEN JOYCE, senior staff writer at *the Economist*

"Shrier's timely and wise exploration is simultaneously deeply compassionate and hard-hitting. First carefully laying out many of the physical, psychological, and societal effects of the 'transgender craze,' she then points to the inconsistencies within the ideology itself. This book deftly arms the reader with tools for both recognizing and resisting, and will prove important for parents, health care professionals, and policy makers alike."

-HEATHER HEYING, evolutionary biologist and visiting professor at Princeton University

"Writing honestly about a difficult and vital topic, Shrier compassionately analyzes the evidence regarding rapid-onset gender dysphoria (ROGD), a phenomenon declared off-limits by many in the media and the scientific establishment. Shrier simply isn't willing to abandon the future of a child's mental health to propagandistic political efforts. Shrier has actual courage."

BEN SHAPIRO, editor in chief of The Daily Wire and host of *The Ben Shapiro Show*

AUTHOR'S NOTE

take it for granted that teenagers are not quite adults. For the sake of clarity and honesty, I refer to biologically female teens caught up in this transgender craze as "she" and "her."

Transgender adults are a different matter. I refer to them by the names and pronouns they prefer wherever I can do so without causing confusion.

Finally, I have changed the names and certain minor details of transgender-identifying adolescents (and their parents) to ensure that none is able to recognize herself and accuse her battle-worn parents of treachery. Because the stories of those vulnerable to this contagion are strikingly similar, some readers may believe they have recognized themselves—only to be wrong.

INTRODUCTION

THE CONTAGION

Lucy had always been a "girly girl," her mother swore. As a child, she would climb into high heels and frilly dresses to do her chores, retiring to a bedroom packed with Beanie Babies and an expansive array of pets she tended—rabbits, gerbils, parakeets. Dress-up was a favorite game, and she had a trunk full of gowns and wigs she would dip into, inhabiting an assortment of characters—every one of them female. She embraced the girlhood of the late 1990s, adoring the Disney princess movies, especially *The Little Mermaid*, and later, *Twilight* and its sequels.

Lucy was precocious. At five, she read at a fourth grade level and showed early artistic promise, for which she would later win a district-wide prize. But as she reached middle school, her anxiety spiked. The waters of depression rushed in. Her affluent parents—mom was a prominent Southern attorney—took her to psychiatrists and therapists for treatment and medication, but no amount of talk therapy or drugs leveled her social obstacles: the cliques that didn't want her, her nervous tendency to flub social tests casually administered by other girls.

Boys gave her less trouble, and she had male friends and boyfriends throughout high school. Home life wasn't easy; her older sister fell into a drug addiction that tore through the family like a hurricane, consuming both parents' attention. Lucy's ups and downs eventually resolved in a bipolar II diagnosis. But making and keeping female friends proved a trial that never concluded in her favor nor ever really let up.

Liberal arts college in the Northeast began, as it so often does these days, with an invitation to state her name, sexual orientation, and gender pronouns. Lucy registered the new chance at social acceptance, a first whiff of belonging. When her anxiety flared later that autumn, she decided, with several of her friends, that their angst had a fashionable cause: "gender dysphoria." Within a year, Lucy had begun a course of testosterone. But her real drug—the one that hooked her—was the promise of a new identity. A shaved head, boys' clothes, and a new name formed the baptismal waters of a female-to-male rebirth.

The next step—if she took it—would be "top surgery," a euphemism for a voluntary double mastectomy.

"How do you know this wasn't gender dysphoria?" I asked her mother.

"Because she'd never shown anything like that. I never heard her ever express any discomfort over her body. She got her period when she was in the fourth grade, and that was super embarrassing for her because it was so early, but I never heard her complain about her body."

Her mother paused as she searched for an apt memory. "I made her get a pixie haircut when she was five and she just cried buckets over it because she thought she looked like a boy. She hated it." And then, "She'd dated boys. She'd always dated boys."

This book is not about transgender adults, though in the course of writing it I interviewed many—those who present as women and those who present as men. They are kind, thoughtful,

and decent. They describe the relentless chafe of a body that feels all wrong, that seems somehow a lie. It is a feeling that has dogged them for as long as they can remember.

Their dysphoria certainly never made them popular; more often than not, it was a source of unease and embarrassment. Growing up, none of them knew a single other trans person, and the internet did not yet exist to supply mentors. But they didn't want or need mentors: they knew how they felt. Presenting as the opposite sex simply makes them more comfortable. They do not seek to be celebrated for the life they have chosen. They want to "pass"—and, in many cases, to be left alone.

I spoke with some on the record and others off. For their honesty and courage, they easily won my admiration. One became a friend. That so much trans activism claims to speak in their name is neither their fault nor their intention. They have very little to do with the current trans epidemic plaguing teenage girls.

The Salem witch trials of the seventeenth century are closer to the mark. So are the nervous disorders of the eighteenth century and the neurasthenia epidemic of the nineteenth century. Anorexia nervosa, repressed memory, bulimia, and the cutting contagion in the twentieth. One protagonist has led them all, notorious for magnifying and spreading her own psychic pain: the adolescent girl.

Her distress is real. But her self-diagnosis, in each case, is flawed—more the result of encouragement and suggestion than psychological necessity.

Three decades ago, these girls might have hankered for liposuction while their physical forms wasted away. Two decades ago, today's trans-identified teens might have "discovered" a repressed memory of childhood trauma. Today's diagnostic craze isn't demonic possession—it's "gender dysphoria." And its "cure" is not exorcism, laxatives, or purging. It's testosterone and "top surgery."

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You're not supposed to pick favorites among the amendments, because it's silly, but I have one, and it's the First. My commitment to free speech led me into the world of transgender politics, through a back door.

In October 2017, my own state, California, enacted a law that threatened jail time for healthcare workers who refuse to use patients' requested gender pronouns. New York had adopted a similar law, which applied to employers, landlords, and business owners. Both laws are facially and thoroughly unconstitutional. The First Amendment has long protected the right to say unpopular things without government interference. It also guarantees our right to refuse to say things the government wants said.

This isn't a matter of constitutional nuance; it's remarkably straightforward. In *West Virginia State Board of Education v. Barnette* (1943), the Supreme Court upheld students' right not to salute an American flag. Writing for the majority, Justice Robert H. Jackson declared, "If there is any fixed star in our constitutional constellation, it is that no official, high or petty, can prescribe what shall be orthodox in politics, nationalism, religion or other matters of opinion or force citizens to confess by word or act their faith therein."

If the government can't force students to salute a flag, the government can't force a healthcare worker to utter a particular pronoun. In America, the government can't make people say things

PUBERTY IS HELL

Puberty is a trial for anyone, perhaps girls especially. Cramping and bloating and acne all conspire to confirm: your body really does hate you. Why else would it set off fireworks so obviously designed to confuse and alarm—the crushing pain and the sudden rush of blood? They are never more severe than for the newly inducted.

The girls weathering these changes have never been so young. The average age of menarche among American girls is now twelve, according to *Scientific American*, down from age fourteen a century ago. The average age of breast development is now nine to ten years old.

All of which would be bad enough if puberty were a private matter; it isn't. No debut so immediately captures the interest of boys and men as the arrival of breasts. The alteration thrusts a young girl under the klieg lights of uncomfortable attention from men her father's age. Girls may not *feel* sexual when their breasts arrive (very often, they don't). They are almost certainly psychologically unprepared for sexual advances—but attention from men they will receive, and they have never received it so young.

Puberty is also when today's transgender craze among girls typically takes hold. Girls feel alienated from a body pummeling them from the inside. The stress brought on by puberty is ageold. What is new is today's adolescents' relative inability to bear it—and the constant presence of apparent alternatives.

And then there is the *mise-en-scène* of our "quick fix" era—marked by the conviction that no one should ever endure any manner of discomfort. Ritalin for inattention; opioids for pain; Xanax for nerves; Lexapro for the blues; testosterone for female puberty.

Adolescence is a long haul, and today's screen-loving teens are an impatient crew. They might be forgiven, then, for adopting the contemporary creed: *There must be a pill for that*.

THE SHRINKS

A woman walks into a therapist's office, dragging her teenage son. "Doctor," she says. "Please help! My son thinks he's a chicken."

The son says: "If there is one thing I can tell you about chickens, it's that we know who we are."

"Where is your proof?" the woman demands of her son. "You have no feathers."

"True," the son replies. "I went through the wrong puberty."

The woman turns to the therapist: "You see what I mean? He's lost his mind!"

The therapist replies: "You're the one arguing with a chicken."

Yes, it's an absurdist joke. But this is, roughly, the scenario created by "affirmative care," the prevailing medical standard for the treatment of transgender patients. The standard asks—against much evidence, and sometimes contrary to their beliefs on the matter—that mental health professionals "affirm" not only the patient's self-diagnosis of dysphoria but also the accuracy of the patients' perception. The therapist must agree, in other words, that a male patient with gender dysphoria who identifies as a woman *really is* a woman.

There is nothing particularly outlandish in feeling discomfort in one's own body or in suspecting that one might feel better in another. There are so many things about our physical forms that cause us distress and regret. We lug around bodies we would never have chosen. Anyone who has ever had the unpleasant sensation of looking in the mirror and being startled by the age of the woman staring back—the blanching, the slack, the lines that stole their way in while you slept—is well acquainted with our bodies' ability to confuse and shock and disappoint.

For those with gender dysphoria, this unpleasantness must be excruciating, and we should expect mental health professionals to be respectful of it, sympathetic to those who bear it, and understanding of their pain—even perhaps by supporting medical transition. I have spoken to several transgender adults who are living good, productive lives, in stable relationships and flourishing in their careers. I believe there are instances in which gender dysphoric people have been helped by gender transition.

But the new "affirmative-care" standard of mental health professionals is a different matter entirely. It surpasses sympathy and leaps straight to demanding that mental health professionals adopt their patients' beliefs of being in the "wrong body." Affirmative therapy compels therapists to endorse a falsehood: not that a teenage girl feels more comfortable presenting as a boy—but that she actually *is* a boy.

This is not a subtle distinction, and it isn't just a matter of humoring a patient. The whole course of appropriate treatment hinges on whether doctors view the patient as a biological girl suffering mental distress or a boy in a girl's body.

But the "affirmative-care" standard, which chooses between these diagnoses before the patient is even examined, has been adopted by nearly every medical accrediting organization. The American Medical Association, the American College of Physicians, the American Academy of Pediatrics, the American Psychological Association, and the Pediatric Endocrine Society have all endorsed "gender-affirming care" as the standard for treating patients who self-identify as "transgender" or self-diagnose as "gender dysphoric."

As the World Professional Association for Transgender Health (WPATH) standards, consulted by nearly every field of medicine, advise, "Health professionals can assist gender dysphoric individuals with affirming their gender identity, exploring different options for expressing that identity, and making decisions about medical treatment options for alleviating dysphoria." Notice whose medical judgment is in the driver's seat. Hint: it isn't the doctor's.

GENDER-AFFIRMING CARE

The American Psychological Association's Guidelines for Care of Transgender and Gender Nonconforming (TGNC) patients defines "transgender affirming care" as "the provision of care that is respectful, aware, and supportive of the identities and life experiences of TGNC people."

Respect and support doesn't seem like so much to ask; in fact, it would seem a standard *all* patients ought to be afforded. But the APA guidelines go much further, mandating that mental health professionals adopt gender ideology themselves.

The guidelines state, "Psychologists are encouraged to adapt or modify their understanding of gender, broadening the range of variation viewed as healthy and normative. By understanding the spectrum of gender identities and gender expressions that exist, and that a person's gender identity may not be in full alignment with sex assigned at birth, psychologists can increase their capacity to assist TGNC people, their families, and their communities."

Imagine we treated anorexics this way. Imagine a girl—5'6" tall, 95 pounds—approaches her therapist and says: "I just know I'm fat. Please call me 'Fatty." Imagine the APA encouraged its doctors to "modify their understanding" of what constitutes "fat" to include this emaciated girl. Imagine the APA encouraged therapists to respond to such patients, "If you feel fat, then you are. I support your lived experience. Okay, Fatty?"

Or what about a black girl who has internalized the racism of her peers? Suppose Nia, twelve years old, informs her therapist that she desperately wants to become white. She wasn't sure about this for a while, but then she saw these white girls on YouTube who were just so amazing, and that's when she knew what she was supposed to be. "Call me Heather," the girl pleads. "I want my ugly nose narrowed," she says. "And I hate my hair; I want it to be straight and blonde. I want my skin bleached. There are creams; I know—I've read about them. I was never meant to look this way. Anyway, I don't *feel* black. I find white boys cute. I'm not good at basketball or singing; I'm more into hiking and playing acoustic guitar. I like the TV and food that white girls like. I'm basically white already."

Imagine if the therapist said, "Okay, Heather. Nobody knows who you *really are* better than you. So based on what I'm hearing today, I can absolutely affirm that you are Caucasian. See, sometimes white people are born with black bodies and features. I can bring your dad up to speed on the medical interventions, but even if he doesn't agree, you should know this is a safe space. I will always respect who you *really are*. We'll talk about how to procure those creams at our next session."

We wouldn't think such a therapist was compassionate. We might think she was a monster. Nia has offered meaningless stereotypes as evidence that she's not "really" black. We would expect any half-decent therapist to challenge these ideas she has, to push back on their substance, to expose their source. Who put this rot into this child's head? How had she tragically come to ingest and internalize these racist archetypes? Body dysmorphia has grotesquely exaggerated her features in the image staring back at her from the mirror. The problem's in her mind, not her face.

Race is a far more trivial biological feature than sex. Unlike male and female—of which there are statistically insignificant abnormal variations—race really does admit a spectrum.

And yet the moment a girl like Nia presented herself to a therapist, we would cry out for the therapist not to encourage the girl's distorted perception. There's nothing wrong with her nose, any more than there was for the numberless Jewish girls who rushed to get nose jobs in the 1960s, hoping to achieve a different ethnic beauty ideal. Nia is beautiful just as she is, and anyway, she's a teenager. We wouldn't tolerate any therapist encouraging her to make irreversible body modifications while she was still sorting herself out. We'd expect a therapist worth her salt to challenge Nia's self-destructive intentions. We'd want that therapist to gently probe, to get to the root of her unhappiness: Why on earth did Nia start believing there was something wrong with being African American? It's a wonderful, beautiful thing to be.

Was it something someone said to you, Nia? When did you start hating your nose, can you remember? What's wrong with it? Have I shown you this picture of Beyoncé? She has hair like yours—do you think she's ugly? Have you heard of Naomi Sims? Does she look ugly to you in this photo? Because she didn't to millions of Americans; she was an inspiration. What is your idea of African American that makes you feel you aren't really one? Did you know there are African Americans who have shared your interests, your hobbies, your passions, too? Do you think that made them any less African American, merely because they bucked a few stereotypes? They didn't think so.

Truly the last thing any of us would countenance from therapists is this response to an anorexic: "If you think you're fat, then you are, and we can talk about weight-loss programs and liposuction." Or, to Nia: "If you say you're white, then you are. There are treatments that we can explore to fix your coloring. I have a great plastic surgeon for you."

We would expect compassion from any therapist who works with adolescents. We would demand that they listen. We would hope that the therapists achieve understanding. But we would never want them to automatically agree with the patient's self-diagnosis—both because that is so likely to strengthen the patient's flawed self-perception and because agreeing with the patient's self-assessment has never been a mental health expert's job. In fact, it still isn't the mental health professional's job with regard to any other psychiatric condition.⁵

But it is undeniably the current professional mandate of therapists and psychiatrists and even endocrinologists and pediatricians to accept and "affirm" the self-diagnosis of gender dysphoric patients. The American Psychological Association guidelines even recommend that mental health professionals take "affirmative involvement as allies" in the transgender community, insisting that what trans-identified patients need is "respectful treatment that addresses their gender identity in an affirming manner."

Interestingly, although the only relevant medical diagnosis is "gender dysphoria," the APA guidelines talk about the treatment of "transgender" people. In other words, the APA has given up the vocabulary and perhaps even the methods of medicine in dealing with this population and entered the world of politics. It is worth asking whether a standard guided less by biology than by political correctness is in the best interest of patients.

THE THERAPISTS

Randi Kaufman isn't the only gender-affirmative therapist I spoke to, but she is undoubtedly the most prominent. An expert in both gender identity and gender expression, she works with kids age ten and up at the Gender & Family Project of the prestigious Ackerman Institute for the Family in New York City. She has determined gender-nonconforming youths' fitness for medical intervention at Boston Children's Hospital/Harvard Medical School. And in 2004 she founded the Transgender Health Program at Fenway Health in Boston to provide mental health and medical care to transgender adults.

As for the affirmative-care model, if Dr. Kaufman didn't quite write the book, she certainly contributed a chapter. You'll find hers in the canonical work on gender-affirmative therapy, *The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children*.

In researching the theory and practice of gender-affirmative therapy, I spoke with a number of psychotherapists specializing in gender issues, including some who are transgender themselves. More than one told me it was not their job to question an adolescent patient's stated gender identity, but instead to facilitate the patient's range of options. One therapist's website, I discovered, promises he will never serve as a "gatekeeper" between patients and their gender hormones or surgeries; he guarantees a same-day first-consultation letter of fitness for gender medical interventions. Another informed me that if I wanted to know anything about genderaffirmative therapy, I needed to speak to Randi Kaufman.

So what does Randi Kaufman believe transgender-identified teenagers need from their parents and therapists? "Well, what I would say is that there are certain things that transgender and non-binary adolescents really need for good mental health—and I'd say the single most important factor is to start with family support and acceptance," Dr. Kaufman said. "There are studies that show that adolescent children who are supported by their family, the suicide rate drops dramatically and mental health increases and that gets borne out over time."

Suicide rates are often cited by gender therapists as a reason to immediately affirm a child or adolescent's stated gender identity and sometimes even as a reason to allow them to medically transition. Of course, the very prospect that their child might self-harm would bring all but the coldest parents to their knees. If adopting her new name and pronouns and buying her new opposite-sex clothing is what it takes to keep her alive, most parents would leap aboard the gender train. According to gender-affirming therapists, this is not only advisable, it is the bare minimum required for parental support.

"[P]art of the acceptance means now understanding that this child is going through a gender journey, whatever it may look like. And you know, many kids and adolescents do transition, but not everyone does," Dr. Kaufman told me. "And transition can look different for different people. Some people do social transition only, some people do social and medical transition, some people do surgical not medical. So it really varies what people choose to do or not do but the most important thing is to recognize that someone who feels like they're not cisgender, in whatever way they identify, they need to be supported and affirmed in that gender."

Asking your daughter, *Are you out of your mind?* is clearly off-limits, then. So is, *No, I will not call you "Clive."* And *We don't even eat hormone-raised beef, for God's sake!* Put out of your mind

every manner of very understandable parental interjection. You don't want your child to hang "himself" in the garage just because you accidentally referred to her as "Rebecca."

But according to gender-affirmative therapists, offering a trans-identified teen appropriate support requires not merely getting the terminology right. It requires the mental feat of *believing* it. Your daughter is gone; you now have a son. *Mazel tov!*

To support and affirm their child's journey, Dr. Kaufman told me, parents must "believe what their child says, while also understanding both that it may or may not change over time and that part of that journey means staying in step with their child each step of the way and seeing where it goes."

It's worth noting how different this is from being the parent of a gay adolescent. An adolescent who comes out as gay asks her parents to accept her for what she *is*. An adolescent who is transgender-identified asks to be accepted for what she *is not*. Even the most loving parent might be forgiven for failing this mind-bending test.

If an adolescent's understanding of her gender "may or may not change over time," how can a parent possibly support body modification? Why would parents permit their daughter to "socially transition" in school if the next year she may wish to take it all back? "By adolescence, most adolescents have a pretty good sense of how to discern the differences between things like gender identity, gender role and gender expression, which is how you express your gender with your dress, your hair, your mannerisms, your names, your pronouns, things like that," Dr. Kaufman assured me. "It's pretty rare by adolescence for people to change their mind."

But how rare is "pretty rare"? When you're contemplating injections that may permanently alter your daughter's facial features, enlarge her clitoris, leave her covered in body hair, and perhaps render her infertile, is the "pretty rare" chance that she might change her mind rare enough?

Here's when, in my various conversations with gender-affirming therapists, they typically told me to slow down. No one said we had to jump to medical treatments, did we? This is fundamentally a wait-and-see approach. The important thing to do when an adolescent comes to you with a new gender identity is to listen to them, believe them, employ their new names and pronouns, buy them new clothes, and ask whatever else you can do to make their lives easy. "I would say being attuned and supportive means you follow the child's lead. So if the child wants to go by a new name and pronoun, then you follow that. And names and pronouns—the importance of them cannot be over-emphasized," Dr. Kaufman told me. "That is something that really shows support. And even if it's challenging for the parent to change names or pronouns, it's very important that they work at it."

"Why?" I asked her—wondering if these poor parents hadn't already been troubled enough.

"Imagine if someone started to call you by a male name and pronoun," she said. "It wouldn't feel like it's you, and it would feel disrespectful, right? We don't really think about that. What if suddenly someone was calling you 'Andy' instead of 'Abigail,' and you'd be like, 'What's up with that?""

Try as it might, this notion had trouble working itself through the crusty loam of my cisgender brain. But wait. This is an adolescent we're talking about. She's been called, say, "Rebecca" her whole life. In what sense would this be a shock and trauma for her parents to continue to do what they'd always done—use the name they'd given her? Refer to her as their "daughter"? It wasn't they who had changed the rules.

I was beginning to feel like a rotten student, and I could sense Dr. Kaufman expertly exercising her considerable patience with me on the other end of the line. "Well," she said, "because the child feels like the parent hasn't understood or recognized who they are, which they haven't. If a little boy grows up believing that he's actually a little girl and the parents are calling him John and he wants to be known as Julia, and he realizes 'I'm really Julia and this is all wrong,' and the parents say, 'No, we know better than you,' I mean, think about it: We don't question an eight-year-old girl who says she's a girl. Why would we question an eight-year-old who says they're actually a boy even though they're assigned a girl at birth, when the child was too young to know or articulate who they are?"

We had landed somewhere new: Dr. Kaufman seemed to be introducing an ontology—one in which chromosomal DNA is no more determinative of identity than the ineffable feelings of an eight-year-old. "Doctors make an assignment based on external genitalia," Dr. Kaufman informed me. "But we know that anatomy does not necessarily line up nicely and neatly with someone's gender identity. A majority of people feel their anatomy lines up with how they identify, but some people do not and that's a normal variation on the human experience."

But wouldn't all the variation and inconstancy of a "gender journey" seem to provide reason to keep calling your kid what you always have? No, gender therapists will tell you, because adolescents know who they are—even if they later change their minds. "I think the most important thing to know about gender is that for some people, it's really fluid and it can remain fluid throughout life," Dr. Kaufman told me. "We don't really think about it that way. We think about it being fixed and for some people it is, and for some people, it's not," she said.

"I think as a society, if we get more comfortable with the idea of gender being fluid and not necessarily being binary, and we allow for people to shift over time, some people will do more of that and it won't be considered such a problem if someone wants to transition one way at one point in life and maybe transition another way at a different point in life. And there are people who want that."

As for the parents, Tennyson once wrote about another group of battle-worn soldiers doomed to failure: "Theirs not to make reply / Theirs not to reason why." So what if they can't understand it? Their job is not to challenge their adolescents or put the brakes on their gender journey, or even to question it. They are there to follow their teenagers' lead. To "listen to" their children. To do as requested. To adopt a new worldview, one that regards biological sex as "gender assigned at birth"—something as malleable as "name assigned at birth."

But what about all those parents who can't get these ideas through their thick skulls? What about, say, religious Christians or Muslims or Jews who insist on a gender binary, merely because people have done so for thousands of years?

"I tell them that we can't change the mind and so we have to change the body," Dr. Kaufman said. "That's sort of the nutshell. I would let them know that if someone identifies this way, it's pretty rare that they would change their mind. We have known that we can't socialize someone into or out of a gender."

In this way, being transgender is like being gay, Dr. Kaufman explained to me. We know you can't convert someone out of being gay. "So I would tell these parents, we can't convert someone to being cisgender. They are who they are. And your choice is to learn to accept this and support your child, or if you don't, what I see coming in the future is, this child is going to be very mentally unhealthy and unhappy and will likely—if they're not already—become depressed,

anxious, not function well, not being able to get on with life; not do well in school, not have friends. May be suicidal—may try to commit suicide. May be self-harming. May kill themselves. That's what you can expect."

It's a gun to the head: do as your kid says, or she just might take her own life. Again and again, I heard this question from gender therapists and also from parents to whom they had spoken: "Would you rather a dead daughter or a live son?"

THE THEORY OF GENDER AFFIRMATION

The weltanschauung of gender-affirmative therapy rests on several key claims. A great many irreversible medical outcomes depend on it being good theory. Is it?

1. "Adolescents know who they are."

For those of you who have ever been an adolescent or attempted the toe-curling, hair-whitening endeavor of raising one—hold your laughter. Resist the urge to squeal out loud at the preposterous notion that a teenager in any sense knows who she is with the level of certainty sufficient to entrust her with life-altering decisions.

Exponents of gender affirmation often argue that, unlike childhood gender dysphoria, which shows very high rates of desistance when no affirmation or transition is made, adolescent dysphoria has higher rates of persistence into adulthood. It's hard to evaluate this claim since there is no long-term study to prove it. Those studies that exist are based largely on samples of adolescents whose onset of gender dysphoria began in early childhood. 10

What studies *do* show is that nearly all adolescents who identify as transgender *and are put on puberty blockers* go on to take cross-sex hormones in adulthood. Of course, that does not prove that these adolescents "knew who they were"; at most, it proves that if you *medically halt a kid's puberty so that they do not obtain secondary sex characteristics*, while also socially affirming their new gender identity, that adolescent will be less likely to later reverse course.

Teenagers test boundaries. They press limits. They question authority. Erik Erikson called identity formation the key task of adolescence for a reason: identity isn't already formed. More than adults and even young children, adolescents typically engage in a profound period of tumultuous self-discovery. So why on earth would we presume they have already discovered everything about themselves?

A funny thing about wanting body modifications—small changes, like a tattoo, or more invasive ones, like a nose job, liposuction, or even a double mastectomy: we're often sure that if we just had that thing, we'd be a lot happier. We're very good at knowing what it is we want right now; far less good at predicting whether the object of our desire will produce the satisfaction we take for granted.

The reason we typically discourage teenagers from making significant alterations to their identities or bodies—religious conversion, name changes, tattoos, and so forth—is not only because they so often fail at predicting what they will want in the future, when their identities are more fully formed and their hormones have calmed down. Even adults regret major decisions they made about their lives post-adolescence. And yet, as a society, we tend to trust adults to make them. What teenagers fail at so miserably is avoiding risky behaviors that their peers approve of. 12 Turns out, adolescents really care what their friends think—quite a lot, in fact—and this distorts all kinds of choices they make.

Teenagers take more risks than any other age group. They may even be neurologically inclined toward risk, especially where peer approval is on the line. 13 It isn't just that teenagers do dumb things. It's that, when faced with their peers, they almost can't help themselves. The prefrontal cortex, believed to hold the seat of self-regulation, typically does not complete development until age twenty-five. 14

But what about those sober teenagers, the careful, thoughtful ones? The ones who did their homework, studied hard, got into good schools, occasionally even made sense? For most of my teenage years, I fell into this awkward camp, the ones who took "internships" and did our homework without being asked, maybe even enjoying it (though we were always careful to deny it).

By my freshman year of college I had come to realize a few things about myself, including this: I hated the way my clothing pulled and puckered, the way the center button on every shirt looked ready to pop. I could never wear sleeveless shirts without exposing a moon slice of bra. I hated that I couldn't wear normal bathing suits, without the built-in shelving. I could never own a sexy bra. I was confined to the more industrial apparatuses, those that involved feats of engineering and came in various shades of drab. Each so hideously practical, so wholly impervious to fun. I discussed it with my best friend, and she heartily agreed: things would be much better for me if I went down a cup size or two. I informed my parents: I had decided to get a breast reduction.

I knew my mother might put up some protest, what with her genetic bequest at issue. What I hadn't anticipated was my father's opposition. He said absolutely not. No way. He said there was nothing wrong with me, that I looked like a woman should, even if I couldn't see that now. He added that I might want to breastfeed one day. This needless surgery could put that capacity at risk, and for what?

I assured him there was no chance I would want to nurse any babies. (At the time, I was utterly failing to rouse myself for 9:00 a.m. Hebrew class. I was pretty sure my future children's lack of access to breast milk would be the least of their problems.) Besides, breastfeeding? Did I look like an imbecile? I felt certain bottles and formulas had been developed for a reason.

I had neither the money nor the imagination to plow ahead with a breast reduction without my parents' buy-in, so my plan more or less ended there. (The "like a woman should" comment, which I had pretended to ignore, comforted me—as only reassurance from my father could—that one day, just as I was, I would capture the right man's attraction and love.) But even a year or two later, as I grew more comfortable in my body, or at least resigned to it, I was still sure my father was wrong: there was simply no way I was going to want to breastfeed a child. This wasn't the Middle Ages, and I would no more forego the magic of baby formula than I would that of vaccines.

More than a decade later, I would nurse three children—one of the most profoundly tender undertakings of my life. There are other ways of transmitting comfort to a newborn, of course, but nursing is among the most effective. It facilitates communication with the most vulnerable creature imaginable, who knows no language but is mercifully programmed to imbibe a mother's calm. Nursing, I discovered, is its own kind of lullaby, a private mother-and-baby song. But the thought that forgoing it would be any kind of loss was as foreign to me in adolescence as it is obvious to me now.

I offer this personal story as a reminder of how imperfect our knowledge of our future desires is, how cavalier adolescents often are with risks they are in no position to assess, especially when faced with the encouragement of friends. This is not a reason to proscribe all identity alterations or body modifications for teenagers—it is merely cause for hesitation. A reason to be skeptical of the idea that teenagers' self-diagnoses should be automatically accepted, especially when the terminus of that new identity involves dangerous surgeries.

Even gender therapists—for those paying attention—effectively concede that adolescents' knowledge of their gender identities is imperfect. Dr. Kaufman described identity formation for teens as a "journey," noting that many adolescents turn out to be "gender fluid"—that is, tending to change their minds about what their gender really is or should be. And, according to her, there is no way of knowing ex ante which distressed teenagers claiming gender dysphoria will likely turn out to be not "trans" but "fluid."

The many desisters and detransitioners already writing and talking about their own experiences, some of whom we'll meet in Chapter Ten, provide proof enough: some percentage of adolescents who claim certainty of their transgender identity will change their minds. We have no way at this time of predicting which of them will fall into this group. In the absence of mental health professionals' ability to predict this, it would seem obviously unwise to encourage teenagers to make any significant life changes on behalf of a feeling that may soon flip or subside.

This is not to say that a therapist shouldn't explore a teenager's ideas about gender identity and expression; that would seem a role of therapy. But affirming is the endorsement and encouragement of a feeling. Affirming is likely to reify and harden an idea. In the absence of the ability to predict which teenagers will prove "fluid," it seems worth asking how psychological and medical associations could mandate that doctors immediately assent to these patients' (or any patients') self-diagnosis.

2. "Social transition and affirmation is a 'no lose' proposition."

A common response to the problem I just raised is that therapists and parents might as well affirm trans-identifying kids and adolescents because affirmation causes no harm. In response to my question of whether there was anything to lose by social affirmation, Dr. Kaufman said flatly: "No, there's nothing to lose."

Parents often worry that if they permit their children to socially transition, something irrevocable will have occurred. "Let's say... they change names and pronouns and they go to a different bathroom and they change their hairstyle and their clothing," she said. "And let's say in three years they start to go through adolescence and puberty and they decide, 'You know what? I'm gonna go back to being a boy,' and it's really fine. And then they need to sort of transition back."

Dr. Kaufman explained that there is "not a lot of data out there" on the effects of social transition on adolescents. But she still maintains, "Generally, it's a lot more harmful to a child to not go with a transition in the first place, even if they transition back, than it is to wait and say, 'No, you can't make this decision. You're not old enough' or 'You don't know your own mind.' Those can be very damaging things for children and adolescents."

Faced with this dire prognosis, many parents understandably give in. Any parent who has ever refused an adolescent knows how much strength such stands require. The most persistent street hustlers have nothing on the average teen faced with something she wants.

Commence the rewriting of history: your daughter is not only a boy, she somehow *always was*. So fine, call Grandma, and tell her Janet is now Jorge. Let her use the boys' bathrooms and play on the boys' teams—the therapist said it was riskier not to. And if she later changes her mind—no harm, no foul? That's gender therapists' claim: that social transitioning can always be readily and harmlessly undone.

Is this right? "The truth is that our identities are socially negotiated," said Lisa Marchiano, Jungian analyst and an outspoken critic of gender-affirmative therapy.

It's a heckuva point: Social transition, by definition, is a communal activity, requiring the buyin of others. It insists on the community's participation in this new identity. It requires that others accede to certain practices, if not entirely adopt the belief themselves. And it may even increase an adolescent's dissatisfaction with her body: Once you've cemented her belief that she really *is*—or is supposed to be—actually a boy, her given body can only be an endless source of disappointment to her.

Years ago, I was writing a Holocaust-era work of historical fiction that required me to spend many hours in the basement of the Los Angeles Museum of the Holocaust and at the Shoah Foundation, listening to testimonies of survivors. I heard stories about Jews from all over Europe and Asia, representing every level of religiosity, social class, and education. I heard stories of brutal psychological torture, of starvation and beatings and the torment of those watching their loved ones starved and beaten in front of them.

I walked away with several distinct impressions, including this: Of all the brutality and psychological scarring inflicted by the Holocaust, among the most abject of its survivors were those who spent years living under an assumed identity. I remember one woman's testimony, in particular. Her parents had hidden her with a Catholic family who had agreed to take her in for a fee. Hastily taught the rosary and the Our Father and given a saint's name—I think it was "Mary"—for the duration of the Holocaust, she pretended to be someone else, never telling a soul who she really was. The artifice worked, and the girl survived.

Many years later she was invited to Israel and welcomed as a Jewish Holocaust survivor. But as she explained in her piteous testimony, she did not know what to make of the odd embrace. She felt detached from other Jews and survivors and wasn't entirely comfortable with Christians, either.

It was hard to explain, though she tried: having had to pretend for so many years to have nothing to do with the Jews—to see Jews through Christian eyes—she didn't feel like a Jew anymore. She was at least half Christian. She had managed to be both and neither, never entirely fitting in with either community. The Jewish girl who survived the Holocaust emerged as a woman with no natural community, no home, no family—and no idea who she was.

What struck me about the story was that in many ways Mary had it easy. She never saw the inside of a camp. She never knew hunger. She never weathered physical abuse or torture. She was surrounded by playmates, hosted by a good family.

And yet, unlike so many of the other Holocaust survivors I've known, she had never married nor had children. She remained in perpetual isolation, marooned on her own island. What had been stolen from her left no physical trace, but the psychological lacerations were profound; her identity had been eroded by the deceptions of a mind that had finally managed to fool itself.

Of course, unlike the girls who come out as trans, Mary hadn't chosen her new identity; it had been forced upon her. She had wanted to stay with her family, to be her parents' daughter, to be known by the name they had given her. But after years of living in a community in which everyone regarded her according to her new, Christian identity, she had managed to expunge who she once was. The erasure was so complete, she couldn't recover what she had lost, even when she might have wanted to.

We are, by nature, social animals—as Aristotle once observed. We absorb ideas about ourselves from our surroundings more often than we realize and more deeply than we know. If we attend a school or live in a family in which we are made to feel stupid or told we are, some

number of us will come to believe it. If a boy is placed in a school in which the other boys tease him for being gay, he may come to internalize their homophobia. He may turn his anger inward, at himself.

All of which is to suggest that social transition is not nothing; it is, in fact, an extremely potent and consequential act. It provides what world-renowned gender psychologist Kenneth Zucker—no fan of affirmative therapy—called an "experiment of nurture" when he spoke to me. It places a child or adolescent in an environment in which the entire school is asked to participate in affirming this child's identity as the opposite sex. If the adolescent wasn't entirely convinced of her new identity before the experiment, she may be much more so after it is underway.

In fact, a team of Dutch clinician-researchers who pioneered the use of puberty blockers found just that: Social transition is a significant intervention. In a 2011 journal article, they warned that early social transitions proved sticky. Given that girls who had been living as boys for years during childhood "experienced great trouble when they wanted to return to the female gender role," they cautioned, "We believe that parents and caregivers should fully realize the unpredictability of their child's psychosexual outcome." 15

Once you've been insisting to everyone that you're one thing, it isn't easy to announce to all your friends, classmates, acquaintances, teachers, and family that you might have made a mistake and change your mind. "You're worried about losing face," Lisa Marchiano explained. "First of all, you're going to get treated like a traitor to the trans community if you step away, but also you're going to look like an idiot. Like, you made all these people change your name and pronouns. You were up presenting at school for the Trans Day of Visibility—and now you're not? Who can do that as a teenager?"

So "social transition" and "affirmation" are not without risk—for the patient or for the doctor. It's worth wondering if a therapist who has adopted wholesale the perceptions of her patients is able to provide them with objective guidance. In the case of gender dysphoric adolescents, the perception that a teen is "born in the wrong body" is the very reason for seeking therapy in the first place. It is the cause of distress. One would think that if there were any aspect of the patients' assessment about which a therapist should maintain objective detachment, it would be the nature of the ailment that led the patients to seek therapy in the first place.

3. "If you don't affirm, your child may kill herself."

For a long time, I had a habit of reading Philip Roth's *Goodbye*, *Columbus* once a year, just for the pleasure of it. At the back of most editions, there's a collection of stories, and one—"The Conversion of the Jews"—pops to mind nearly every time I hear parents recite the suicide narrative.

The story goes something like this: Ozzie Friedman is a twelve-year-old boy preparing for his bar mitzvah, who can't seem to stop hectoring the rabbi at Hebrew school with challenging theological questions. Ozzie wants to know how the rabbi is so sure that Jesus isn't the Son of God, why he's so complacent in his belief in Judaism. Ozzie doesn't let go, and when his brazen defiance pushes the rabbi too far, the rabbi loses his temper and strikes him. The story ends with Ozzie on the roof of his Hebrew school, threatening to jump unless the rabbi, his mother, and all the Jews gathered below get down on their knees and pray to Jesus. They do, just before Ozzie leaps from the roof, landing safely in the firemen's net awaiting him.

In a sense, this is every adolescent's fantasy: to expose the hypocrisy of adults—in this case, their stubborn insistence on the rationality of their own theology compared to the alleged nonsensicalness of others'. The chance to declare one's independence in a good fight. Ozzie's leap from the building is his real bar mitzvah, as much a coming of age as any.

But the story also exposes the vulnerability of adults in the face of teenage defiance. There is one way any adolescent can bring parents to surrender: with a compelling threat of self-harm. So many parents I spoke to in the course of writing this book seemed to go blank with fear at the mention of it.

Given the power this has to disarm and disable parental judgment, there is something a little disturbing about the fact that so many therapists feel comfortable trotting it out. There is, after all, no other life decision a teenager might make, no other identity proclamation, that would likely lead a therapist to blithely suggest to parents that if they didn't go along with it, they might have a dead kid on their hands. It's a weapon so highly coercive, one would think a mental health expert would only brandish it, if ever, in a grave emergency.

But is it true? Are transgender-identified youth likely to kill themselves? And are they less likely to do so if parents and teachers and therapists drop to their knees and affirm?

The rates of anxiety, depression, self-harm, and suicidal ideation for transgender youth, adolescents, and even adults are indeed startlingly high. Nearly every study confirms this. In 2014, the Williams Institute put out a widely cited study that reported the suicide attempts among transgender and non-conforming adults at 41 percent. If true, this would be a ghastly statistic. For the U.S. population as a whole the rate of attempted suicide is 0.6 percent, and 10 to 20 percent for lesbian, gay, and bisexual individuals.

There are a few problems with the study, however. One is that it is entirely based on self-report. As a writer at 4thWaveNow, a consortium of parents who oppose medical transition for young people, pointed out in an excellent blog post, "More careful and rigorous studies always follow-up with in-person interviews, and when self-harming behaviors (not intended to end life) are controlled for, the actual suicide rate is typically halved—meaning the suicide attempt rate could be as low as 20%." 17.

That is still horrifically high. And there are other studies that seem to corroborate a very high rate of suicidal ideation and self-harm from transgender-identified kids. It's fair to assume that this is a deeply troubled population and that it is suffering acutely.

In order to justify the peculiar mandate that therapists immediately accept patients' self-diagnosis when presented with someone claiming gender dysphoria, we must answer two questions: 1) Is the gender dysphoria *causing* the suicidal ideation? And 2) Do we have any evidence that affirmation ameliorates mental health problems? The answer to both questions, it seems, is no.

In a recent academic study, Kenneth Zucker found that the mental health outcomes for adolescents with gender dysphoria were very similar to those with the same mental health issues who did not have gender dysphoria. In other words, we have no proof that the gender dysphoria was responsible for the suicidal ideation or tendency to self-harm. It may have been the many other mental health problems that gender dysphoric adolescents so often bear.

Still, even if the gender dysphoria were not responsible for the suicidal ideation, it might be worth "affirming" these youths if doing so would cure their depression and lift their suicidal fantasies. Unfortunately for proponents of affirmative therapy, there is no evidence that this is

the case. There are a few important studies on point, though none is definitive here, since the current craze is so new. One is a long-term study of adult transsexuals (the term in use at the time) showing a rise in suicidality after sex reassignment surgery. Another, more relevant to today's gender-crazed girls, comes from a leaked 2019 report from the Tavistock and Portman Trust gender clinic in the UK, which showed that rates of self-harm and suicidality did not decrease even after puberty suppression for adolescent natal girls. The report was so damning that a governor of the clinic, Dr. Marcus Evans, resigned. He told the press that he feared the clinic was fast-tracking youths to transition to no good effect and in some cases to their harm.

The most commonly cited report purporting to show the mental health benefits of social transition for children, authored by academic psychologist Kristina Olson, collected mental health data for kids aged three to twelve at an unspecified time after the children had socially transitioned. It never looked at the mental health of those children *before* social transition.

4. "Gender identity is immutable: You can't convert a child out of a transgender identity."

Dr. Kaufman told me this explicitly: "We know that we can't convert someone from being gay to being straight. So, conversion theory has been debunked and it's outlawed in certain states; you can't socialize someone into or out of being heterosexual or gay. Sort of, who you are is who you are. And the same thing with being transgender or cisgender."

But it is not true that gender dysphoria or "being trans" is similarly immutable. We know this, because before "affirmative therapy" was the vogue, gender therapists practiced "watchful waiting," a therapeutic process whose goal was to help a child grow more comfortable in his or her biological sex. As we'll see in the next chapter, watchful waiting was remarkably successful. Several studies indicate that nearly 70 percent of kids who experience childhood gender dysphoria—and are not affirmed or socially transitioned—eventually outgrow it. 23

There are no long-term studies of desistance rates among those who had no childhood history of dysphoria, identified as transgender in adolescence, and underwent no social or medical transition. But there are a growing number of desisters and detransitioners among those who identified as transgender in adolescence, all of whom were quite passionate about their transgender identities until, quite suddenly, they weren't. Many of the desisters and detransitioners believe that they were influenced by their peers to identify as transgender. Later, once peer influence subsided or their own sense of self matured, they realized that they weren't actually transgender at all.

But there is something else, too: We know that homosexuality can't be eliminated through socialization—because it hasn't been for thousands of years, in all kinds of cultures that specifically attempted to repress it. And we have voluminous records, throughout history, of gay writers, poets, leaders, and philosophers living under repressive regimes, even battling their own homosexuality, unsuccessfully. We don't have any similar weight of history telling us that we can't treat gender dysphoria.

Finally, many affirmative therapists argue, as Dr. Kaufman did to me, that we know gender identity is immutable because of the famous case of David Reimer. 24

David Reimer was an identical twin (born "Bruce Reimer") whose badly botched circumcision at seven months left him without a functioning penis. Under great pressure by Johns Hopkins psychologist John Money, David's parents renamed him "Brenda" and acquiesced to full sex reassignment surgery to "transform" David into a girl. On the strict advice of John Money, the

parents never told Brenda she had been born a boy. For years, many hailed this experiment as a triumph of nurture over nature: unlike his identical twin, Brenda Reimer had actually become a girl.

But John Money's experiment failed miserably, as later follow-up studies and reports showed. David never felt comfortable as a girl, was unalterably boyish for all of his life, aggressive and unhappy. By adolescence he was so troubled and depressed that his parents reluctantly told him the truth. He abruptly renamed himself "David," underwent masculinizing hormone treatments and surgery and presented himself, once more, as a boy, then a man. David went on to marry a woman. But David, who was never able to fully regain physical functionality as a man or to escape the tortured years he spent treated as a girl, eventually committed suicide in 2004.

Transgender activists and gender-affirmative therapists often point to the David Reimer case, somewhat incredibly, as proof of the immutability of gender identity. After all, they say, David Reimer's gender identity had been "male." All the efforts by David's parents, teachers, friends, family, and therapists to convince David otherwise failed because you can't change someone's gender identity.

But of course, this case just as readily proves the opposite. After all, David's *biological sex* was also male. It was arguably David's biology that he couldn't escape—that not-so-minor detail stamped on every cell of his body—not the ethereal concept "gender," for which there is no scientific evidence.

Not every therapist agrees with the affirmative model, but those who don't are wise to keep their mouths shut. Nineteen states have now banned mental health professionals from engaging in "conversion therapy," not only with respect to homosexuality but even, specifically, with respect to gender identity. If a therapist in those states were to second-guess a patient's self-diagnosis of "gender dysphoria"—or even to suggest that whatever dysphoria there was is not the patient's most significant problem—it might be on pain of losing their licenses. Such therapists could be accused of trying to "convert" their patients out of a transgender identity. Even those mental health professionals who do not agree with the affirmative model today are loath to speak against it.

Some decry it anyway. They've lost their jobs over this, or retired, or live outside the nineteen U.S. states that have made "conversion therapy" illegal. They have conducted pioneering research into gender dysphoria, authored the *DSM-5* entry on "gender dysphoria," and devoted their entire professional careers to the treatment of gender dysphoric patients. They are giants of psychiatry or world-renowned experts in gender dysphoria, now fallen into sudden disfavor with their colleagues. They believe their professions have become badly politicized. They consider the current approach dead wrong.

TRANS RIGHTS BEAT GIRLS' RIGHTS

If the last decade has witnessed a rise to prominence for transgender Americans, it has also seen the demotion of women and girls.

Biological boys identifying as girls are already overpowering the very best high school girl athletes across the country. Female runners, ¹⁴ swimmers, ¹⁵ and weight lifters ¹⁶ are being routed by trans-identified biological boys, many of whom were only middling athletes on the boys' team. Those who object to the unfairness are either dismissed or accused of bigotry.

All of which is to say, girls have likely noticed that they've lost favor in the broader culture. Their private spaces turned coed; their sports records stolen; their protestations of unfairness shouted down as bigotry. In February 2019, tennis great and proud lesbian Martina Navratilova wrote for the *Sunday Times* that allowing trans athletes to compete in women's sports was unfair to biological women. She was labeled a transphobe and dropped by her sponsor Athlete Ally. "The trans community is under attack," Athlete Ally declared, "and we firmly stand opposed to any and all people who perpetuate attacks against them—regardless of who they are or their accolades." 18

If Navratilova, perhaps the world's most prominent gay female athlete, could be branded an anti-LGBT bigot for having stood up for girls, how could unknown girl athletes object? What chance did they have to be taken seriously? For so long, sports have offered women and girls the chance to excel, to gain scholarships and professional opportunities and to feel rightful pride in all they could do. Suddenly, it seemed the game was fixed. If they had objections, no one really wanted to hear them.

WHAT IS A WOMAN, ANYWAY?

If "women" can no longer be defined according to physical characteristics or biology, how are we to define them? Prominent transgender author Andrea Long Chu has an answer: "Female is a 'universal existential condition' defined by submitting to someone else's desires."

A more offensive or insipid definition of womanhood could hardly be imagined. But in order to redefine womanhood to include trans women, this sort of "solution" has become typical. Bereft of biological markers to explain who counts as a woman, trans activists rely on social stereotypes, many of them archaic or insulting.

In this way, women's biological uniqueness is denied outright—all reference to our specialness stripped with the acid of intersectional language. Pregnant women are increasingly referred to as "pregnant people," and the word "vagina" replaced with the hideous phrase "front hole"; the more "inclusive" language strives to whitewash the feminine nature of anatomy that transidentified biological women would prefer to forget. 20

The mainstream media has cottoned on to this newspeak with the wet-lipped, wide-eyed excitement of toddlers. In an October 19, 2019, tweet, NPR announced, "People who menstruate spend an estimated \$150 million a year just on the sales tax for tampons and pads." In the service of trans-inclusive language, "women" become "people who menstruate." Why would any young girl look forward to joining this group?

But this sort of trans-inclusive derogation of womanhood is increasingly common. Women are referred to as "breeders" or "bleeders." Those who use the terminology claim it offers a more sensitive way of referring to biological women, so that trans women do not feel excluded. But what does it offer actual girls, except membership in a group so grotesquely described that they could hardly wish to belong to it? Our biological gifts so downgraded, a young girl can only look toward the future with distaste, if not outright dread.

And then there is the internet porn.

If women my age have seen any pornography at all, they likely picture the videos their brothers and boyfriends once watched: a woman's face frozen in an expression of startled ecstasy, as if she were cresting a hill on a roller coaster, into which she had voluntarily strapped herself. Breasts bare and bouncing, stealing the show. She may not have been the picture of dignity—but at least she seemed to be having a good time.

Pornography has always been shocking and offensive to young women who first encounter it. But today's internet porn adds a layer of menace. Choking has become so common among all categories of viewing on Pornhub that there is no separate rubric for it.²³ As *The Guardian* noted of commonly depicted scenes, "Women are choked with anything from a penis to a fist to the point of gagging, and in some cases almost passing out." At the end of the scene, the woman "says, often in a hoarse voice, how much she 'loved it.'"²⁴

"In my experience, the kids that I work with are often pretty freaked out by porn," Sasha Ayad told me of the trans-identified adolescent girls she sees in her practice. "In some cases, you know, porn did play a big role in their new adopted identity."

Violent porn not only terrifies young girls about men and the prospect of sex with them, it is changing the expectations and behavior of boys. Sex researcher at Indiana University School of Public Health Debby Herbenick found that nearly a quarter of adult women say they have felt

scared during sex and "13 percent of sexually active girls ages 14 to 17 have already been choked." If you have trouble seeing the appeal of transgender life, consider that the typical dating life available to young women today doesn't look half as great as it used to.

Young women are intruded on by biological men in locker rooms, 26 trounced by biological boys on sports teams, and told work life will never offer them fair rewards. Intersectional language denies all their biological specialness. Hollywood—no longer in the rom-com business—offers them no fantasy on which to hang their girlish hopes. The gifts and presumptions of this culture make it hard to imagine why anyone should want to be a girl.

MEN HAVE IT BETTER, DON'T THEY?

For so many girls, puberty strikes like a tornado—violently and without warning. A girl's halfway through a social studies exam when she's overtaken by the horror that she may have leaked through her jeans. Or she's in chemistry lab when cramps hit, doubling her over, sending her stumbling to the nurse.

Despite the dignity and grace of so many women, the path to womanhood is neither easy nor elegant. Perhaps forever, but at least since Shakespeare's Viola arrived shipwrecked in Ilyria and decided to pass herself off as a man, it has occurred to young women: it's so much easier to be a boy. In more recent times, Beyoncé captured this sentiment full throttle in her 2008 hit, "If I Were a Boy." This notion that men have it easy may have occurred to Eve, who ate from the Tree of Knowledge only to be punished with labor pains and a domineering husband. Adam's sin saddled him only with the burden of having to work for a living. (Big deal.)

Far from remaining an ephemeral notion or source of humor for women, this thought has ossified into a worldview. It lurks within the scolding that women who take time off for their families have failed to "lean in." And within the tiresome insistence that jobs women disproportionately occupy—teachers, literature professors, psychologists, gynecologists—are somehow less worthy than those men tend to dominate—CEOs, software engineers, math professors, psychiatrists, orthopedic surgeons. That men also overwhelmingly occupy many lower-status and dangerous jobs—construction laborer, logger, groundskeeper, roofer, cabbie, janitor—doesn't get mentioned much.

Though it's often considered insulting to note, women in the aggregate have different preferences: we tend to put "people jobs" over "thing jobs," as someone once put it to me.² This has caused feminists a great deal of consternation. Pricked by the embarrassment of natural differences between men and women, they blame society and insist women need to be taught to adopt different preferences. But behind this insistence lies the idea that women's preferences are inferior. Young girls are left to conclude that they must strive to be more like men—they must close the novel they were enjoying and take up coding. They must want things men want because men want them.

The talking point about the dearth of women CEOs is a classic. The fact of this disparity might just as easily be understood differently: CEOs lead fairly unbalanced lives. They make a lot of money and have very little time. Their relationships suffer. They have high rates of divorce. Women might recognize this difference and assume that men are the ones to be pitied.

We might just as easily say: Women are so much better adjusted, so much wiser for preferring relationships to dollars. We might as easily say: Of course women prefer literature to software engineering! It's far more interesting. It has the power to transport, to move hearts and minds. Literature is the story one generation tells to the next. So many women study, teach, and produce great literature. Who is the wiser sex?

Instead we presume that if men dominate the STEM departments, they must be occupying the university's Arcadia. If CEOs are overwhelmingly male, then women are being unfairly excluded —by men who outfox them, a system that diminishes them, preferences that lead them astray. We want to have it both ways: acknowledging sotto voce that Sumner Redstone, Rupert

Murdoch, and Jeff Bezos have not enjoyed enviable personal lives, while insisting every woman should or would stand in their shoes, given half a chance.

Nothing I have written here should be taken to discourage young women from wanting to become CEOs or math professors. (Does this even need to be said?) The point is only that women need to own up to a hard truth: We assume—so often, so immediately— that the guys have it better, that whatever men want *must be better*, too.

We allow others to denigrate motherhood; we denigrate motherhood ourselves. We treat stayat-home moms as the most contemptible of life's losers. (I should know: I was one for years. Graduate degrees proved a flimsy shield against the withering looks and comments from women with "real jobs.")

We must stop. It's a dumb habit, thoughtless and base. It reflects an unflattering insecurity we shouldn't indulge. The jealousy at its heart suggests that either we believe women aren't truly capable, or they have somehow been duped, made victims by a "system" that, generation after generation, locks us out and shuts us in with so many glass ceilings and walls. It's an exhausting set of untruths. Worst of all, girls are listening.

They don't know it's all tongue-in-cheek. They don't realize we're merely garnering support for women's causes, bargaining with the culture for better jobs and greater pay. They don't know we're merely whipping the pols. They actually believe us.

WHAT SHOULD WE DO FOR OUR GIRLS?

Since I began writing this book, many parents of suddenly trans-identifying girls have reached out to me. Most wanted to tell me their stories. But a few wanted advice.

To those parents who are mid-crisis with their daughter—I recommend seeking out a support group immediately. The good ones will help you navigate staying connected with your child without participating in her indoctrination. "The most fundamental thing I want parents to understand is that this isn't necessarily about gender at all," says Sasha Ayad, a therapist who has worked with hundreds of trans-identified adolescents. "When these kids go online they're essentially being steeped in what could be seen as propaganda."

Sasha Ayad does not affirm adolescents' gender identities and she does not encourage parents to do so either. "I tell parents that there's a way to support your child and to honor this kind of identity exploration without necessarily taking the identity literally."

Denise, the woman who founded the prominent blog 4thWaveNow after her own daughter suddenly identified as transgender, advises against adopting the child's name and pronouns. Our kids "need us for a reality check, which is also why I don't think parents should go all the way down the road to doing whatever the kid wants. Like, 'Oh, yes, that's fine. The pronouns, the male name.' I think you have to find your own limits though."

To those who simply want to inoculate their own daughters from the fast-spreading social contagion of gender ideology, I can offer a bit more. School districts, teachers, and even other parents are right now sowing gender confusion. Confronting it requires not psychological expertise, but intellectual ammunition. Opposing a school assembly introducing a transgender adolescent to the student body requires something that is squarely within my métier, as a journalist: it requires merely knowing the truth.

1. Don't Get Your Kid a Smartphone

Parents will balk; parents will groan. Most consider this an unimaginable amputation. How could I separate a teen from her iPhone? But in terms of obviousness, this one's not even hard. It practically writes itself.

Nearly every novel problem teenagers face traces itself back to 2007 and the introduction of Steve Jobs's iPhone. In fact, the explosion in self-harm can be so precisely pinpointed to the introduction of this one device that researches have little doubt that it is the cause. If I had told you in 2007 that one device would produce a sudden skyrocketing in self-harm among teens and tweens, you would likely have said, "No way is my kid getting one." And yet, here we are: the statistical explosion of bullying, cutting, anorexia, depression, and the rise of sudden transgender identification is owed to the self-harm instruction, manipulation, abuse, and relentless harassment supplied by a single smartphone.

2. Don't Relinquish Your Authority as the Parent

You're the parent for a reason. Don't be afraid to push back; your adolescent can handle it. You don't have to go along with everything she comes up with (even claims about sexuality or identity).

Many of the parents I spoke with told me that when their, say, thirteen-year-old announced she was lesbian, they immediately supported their daughter. Many of them all but raised a Pride flag over their home. But the fact is, a thirteen-year-old—lesbian or straight—is still only thirteen. Our true sexuality is not an identity we choose online, but a feeling of attraction that emerges and even evolves over time. Understanding it requires us to go into the world, to have in-person experiences with other people.

Sasha Ayad says that parents today are often afraid of upsetting their teens because they have the idea that their job is to ensure their child is "happy and perfectly adjusted and well-balanced 100 percent of the time." Not only is that an unreasonable goal, it misunderstands the inherently tumultuous state of adolescence. Teenagers are supposed to get angry and emotional. Parents are supposed to set limits.

If you have a fight with your teenager, she might be angry with you, but she'll feel the presence of a guardrail. Sometimes, just knowing it's there may be enough. Your teenager may tell you she hates you; she may even believe it. But on a deeper level, some of her need for individuation and rebellion may be satisfied. If you eliminate all conflict through endless agreement and support, it may only encourage her to kick things up a notch.

3. Don't Support Gender Ideology in Your Child's Education

My best friend attended a posh all-girls' school in Washington, D.C., and each year they would have an assembly on eating disorders. For the few girls who were already dabbling with anorexia, it may have brought comfort. But for the rest of the class, she has often told me, it functioned as an instructional seminar. "So *that's* how you skip meals without alarming your parents!"

This is something psychologists have known for years: house anorexics on a hospital ward together, and anorexia may perseverate. As the writer Lee Daniel Kravetz puts it, "Bulimia is so contagious that support groups and in-treatment facilities designed to help patients are also primary spreading agents." Treatment centers may help those with eating disorders to recover, but they can also provide opportunities for behavior modeling and foster unconscious competition over the worst symptoms, making everyone worse off.

Offer a school assembly on one teen's suicide and you will raise awareness, possibly at the cost of more suicide. The same goes for depression and cutting. And now trans identification.

A small number of students in every school are perhaps naturally gender confused or gender dysphoric. If you make them the subject of an assembly, you will spread confusion. There are ways to oppose bullying without putting gender ideology front and center. It isn't hard: you simply punish bullying—for any reason. There is no reason to foment gender confusion merely to impress kids with the critical importance of treating *all* others with decency.

4. Reintroduce Privacy into the Home

For nearly all of the parents I spoke to, their daughters' announcement on social media of a transgender identity was a turning point. From then on, everyone knew. From then on—and sometimes despite their daughters' lingering doubts—their daughters felt locked in. It became a choice they couldn't easily take back.

Quit the habit of sharing every part of your lives (and theirs) on the internet. And here, I can only acknowledge my own hypocrisy on this score—before I wrote this book, I hadn't realized I

was doing anything wrong. But a child is entitled to quit piano without the entire world asking why she doesn't practice anymore. She's also entitled to nurse a passing crush that may end badly and take it all back without ceremony or official decree.

This is obviously true for announcements of sexual identity as well—gay, straight, trans, whatever. A teenager may believe she is merely announcing herself an adult, but she's also sending up a flare to actual adults who will immediately contact her and offer "support," primed to take advantage. Send prom pictures in an email if you must, but don't post them for the content-hungry eyes of internet strangers. Find some other way to stay connected with those you care about.

5. Consider Big Steps to Separate Your Daughter from Harm

There is a common thread in several stories that I heard from parents who achieved a measure of success in helping their daughters back away from their new trans identities: these families went to great lengths to physically move their daughters away from the schools, the peer groups, and the online communities that were relentlessly encouraging the girls' self-destructive choices. The trajectory of the life of Chiara, whose story I mentioned in the previous chapter, changed after her mother arranged for her to live on a horse farm that had no internet. Brie from Chapter Five quit her job to travel with her daughter and then moved across the country. Another family pulled up stakes and moved from a progressive city to an immigrant community that shared their values, as you will see in the Afterword.

This can work. If you find your daughter steeping in a tea of gender ideology with all of her peers, do what it takes to lift her out and take her away. If she is still living with you, a move seems incredibly effective, especially if it's early in her trans identification. If she is already at college, bring her home. A family sabbatical incorporating a year of travel was very helpful in one case. Of the parents I talked to, the few who packed up their families despite the considerable inconvenience were among the most successful. In almost every case, the young woman desisted. Not one of the families regretted it.

6. Stop Pathologizing Girlhood

In 2013, I gave birth to a girl. Right away, little differences from her brothers announced themselves—things I would come to learn are very typical of a girl. She seemed to feed on affection; she preferred snuggling to nursing. At four, she dazzled us with her verbal ability and soon proved an impressive mimic, replicating my patterns of speech whenever her grandparents would call and she was handed the phone.

She was empathetic too. She would often ask me how my day was. If she found me asleep on the couch, she would kiss my forehead. She seemed to know that buried inside the grown woman was another little girl.

Girls are different. They are not defective boys simply because they sometimes fail to be single-mindedly self-interested, especially in the face of their friends' announced need or genuine suffering. They are possessed of a different set of inclinations and gifts—a whole range of emotions and capacities for understanding that boys, in general, are not. If only we didn't make them feel so bad about this.

Adolescence is especially hard on girls. Effervescent with emotion, they buck and bray like wild horses. Parents might be forgiven for assuming that this can't be right—that there is

something wrong with them. Parents might even be forgiven for wishing to put their daughters on medication to flatten their moods and short-circuit these crazy teenage years. This is the fantasy of inducing a kind of Sleeping Beauty coma until your daughter is ready to awaken, calm and refreshed, having arrived gracefully at womanhood. (In fact, writing this book made me wonder if that wasn't the actual origin of Snow White, Sleeping Beauty, and so many similar fairy tales: the fond wish to place your unmanageable teenage girl in a brief coma.)

Except that it isn't possible. A young woman's unruly emotions in her teenage years—the whirlwind fury and self-doubt of female adolescence—may be a feature, not a flaw. That doesn't mean a parent shouldn't set boundaries or punish bad behavior. But absent a serious mental health problem, neither should a parent strive to banish all her daughter's ups and downs.

Your teenage girl may be driving you crazy. Though this be madness, there is method in it. She may just be beta testing. She's flexing her muscles, discovering the power and extent of an intellectual and emotional prowess that will enable her to be the most compassionate of parents and supportive of friends.

Women feel things deeply. We empathize. For good reason, when asked to identify their best friend, most men name their wives; most women name another woman. Soldiers write home to mom. And in the dead of night, small children cry out for one person.

A woman's emotional life is her strength. A key task of her adolescence must be to learn not to let it overwhelm her. A key task of maturity is to learn not to let it fade away.

We need to stop regarding men as the measure of all things—the language they use, the kind of careers they pursue, the apparent selfishness of which we are so endlessly envious. We blame men for this obsession, but really, it is our doing.

7. Don't Be Afraid to Admit: It's Wonderful to Be a Girl

My freshman year of high school, I was the starting goalie for my varsity soccer team, which eventually won the league championship. I wasn't a great player, but I was good enough. Physical aggression, in girls' sports, can compensate for a lot.

But then, something changed. Nothing physical—not anything I could see. But an awareness dawned. It was as if I awakened one morning and realized the breasts, the soft belly, the thighs—they were all mine—compromising my toughness. A man who looked at me wasn't merely observing something I carried, like a parcel; he was noticing *me*.

All these changes combined to produce in me a tic, fatal to athletic success: hesitation. My sophomore year, when I returned to the field, in that fleeting instant before a ball left the opponent's foot, I thought of my nose, my breasts, my belly, all places where I might be open to injury. I was suddenly fearful of being badly hurt. By the following season, I'd been replaced.

In a certain sense, we all transition. Even under the best of circumstances, it's hard. It entails loss. And it takes courage.

Becoming a woman means losing a body almost indistinguishable from a boy's in terms of strength and solidity and growing into one that is softer, more sexually inviting, but more vulnerable, too. For the first few years, you can feel like a hermit crab who has outgrown a shell it must then abandon, blindly scurrying for another. The armor you eventually take up is of a different sort. You can no longer credibly challenge the boys to an arm-wrestling match and expect to win.

Forced to rely on subtler talents, you develop them. You learn to strike with a glance; you learn to soothe with one, too. If done right, you fill your quiver with words, humor, intrigue, and emotion. You'll spend a lifetime learning when to deploy each to greatest effect—and when to forbear and offer none.

But for Pete's sake, whatever type of women young girls become, they should all listen to feminists of a prior era and stop taking sex stereotypes seriously. A young woman can be an astronaut or a nurse; a girl can play with trucks or with dolls. And she may find herself attracted to men or to other women. None of that makes her any less of a girl or any less suited to womanhood.

Young women have more educational and career options today than they ever have. Remember to tell your daughter that. Tell her also that a woman's most unique capacity—childbirth—is perhaps life's greatest blessing.

But whatever else you teach your daughter, remember to include something more. Tell her because the culture so often denies it. Tell her because people will try to make a victim of her. Tell her because it's natural to doubt. Most of all, tell her because it's true.

She's lucky. She's special. She was born a girl. And being a woman is a gift, containing far too many joys to pass up.

WHY THIS MATTERS

By October 2019, I had completed most of the interviews for this book. And while the stories of torment and loss never ceased to affect me, I adjusted. No longer did I gasp or tear up. I may never shake the image of a young girl's forearm harvested for phalloplasty—shucked of skin, fat, nerve, and artery. A tissue-thin remnant of wrinkled skin, shrink-wrapped to the bone. The distraught testimonies I had gathered of those who'd submitted to this medievalism only to decide that they'd made a mistake. They were more than enough to send my day's thoughts skittering like a scratched CD, working a vein of disturbance into an already troubled sleep.

But at some point I had more or less managed to live with the facts of a bewildering craze in which I had no personal stake. Like any topic one reports on, at some point, you get used to it.

But then an old friend, a dear friend, came through town and asked if I wanted to meet for dinner. At some point, I noticed she was avoiding the topic of what I'd been up to. To break the tension, or at least identify the elephant in the room, I mentioned this book. She became visibly upset. She said it would hurt trans people, who were already suffering greatly. She said I had likely harmed them already. She demanded to know why I would do such a thing. She said she could hardly believe it was me. She wanted to know, of all the issues in the world I might write about—why this? She said trans people might harm themselves because of what I wrote. She demanded to know why couldn't I just leave them alone.

I admire her and love her very much, and the conversation shook me. Because of course I hated the thought that my efforts to investigate a peer contagion sweeping the Western world might harm people. I have nothing but respect for the transgender adults I've interviewed. They were among the most sober, thoughtful, and decent people I had come to know in the course of writing this book.

But I was concerned about another population, too, one I considered more vulnerable. A population we seem to have abandoned in pursuit of identity politics and progressive bona fides. A group that should, by right, be making us awfully proud, but instead seems to be teetering on the edge of disaster, the brink of despair—teenage girls. They hold the very possibility for our future. If only they weren't tearing themselves apart.

Expressing concern about teens suddenly identifying as trans has become politically unwise and socially verboten—hateful by definition—an alleged assault on all transgender people, genuine and *ersatz*. But of course, the social contagion captivating teens has nothing to do with those who have suffered gender dysphoria since childhood and, in adulthood, fashioned for themselves a transgender life.

The fanatics—both transgender and, just as often, not—exploit an honest struggle that besets this tiny few to bully and harass any who might point out the sudden craze captivating our despairing young. Many trans adults I talked to apologized for the trans activists that claim to speak in their name. It's important to remember that activists are the most extreme members of any group.

All the institutions we've built to keep young people from making irreparable mistakes have failed them. The universities, the schools, the doctors, the therapists, and even the churches have been won over by a dogged ideology that claims to speak for a more important class of victim.

Girls who've been sold the promise of metamorphosis hold in their hands a bill of goods. But they retain one last redeemable asset: the parents who have never stopped worrying and still hope for a call. As far as I can tell, this card never expires.

If you're a trans-identifying teen who has cut off your family and somehow found your way to this book, I know your parents aren't the "glitter family" you might have wanted. They can't seem to quit that birth name they dumbly believed they had the right to give you just because every parent since the beginning of time assumed the same. They don't know the difference between "genderqueer" and "transgender," no matter how many times you explain it. Worst of all, they may never see you as the sex you wish to be.

Then again, even if you were "cis," ten years older, with kids of your own, they would still probably be telling you that you're doing it all wrong. If parents are fools for failing to notice that their children have, at some point, grown up, then they are at least in good company. The life's vigil begun at the moment of your birth turns out to be rather hard to quit.

So maybe your friends and therapist are right: Your parents have become "toxic"—not worth the trouble they cause. They're just the losers who crawled into your cramped bed at every nightmare, wordlessly forfeiting another night's sleep—then leapt awake the next night to do it again. They held your wriggling form through every shot and stitch, and spent more nights than anyone can remember listening to the uneven flow of your breath.

They fumbled plenty. Far too excited for your sixth grade play, oblivious to your broken heart. And now that your need for them is over, helpless and lame—they can't seem to stop. They should see you as the adult you've become. Instead, they look at you and see their whole world.

Maybe they'll never understand you. Maybe you know the life you want, and maybe you're already leading it. Then you have nothing to lose. How about giving them a call?