

A Review of Abigail Shrier's *Irreversible Damage: The Transgender Craze Seducing Our Daughters*

By Abigail Shrier¹

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Irreversible Damage: The Transgender Craze Seducing Our Daughters by Abigail Shrier is an important resource for mental health professionals who practice truthfully and operate in the best interests of their patients. Shrier, a freelance contributor to the *Wall Street Journal* as an opinion writer, took on the role of an investigative journalist to compose this timely, controversial, and evidenced-based treatise on the transgender phenomenon impacting adolescent girls.

Shrier writes with a sense of urgency to garner attention to a growing trend with adolescent girls overlooked by the general society, medical professionals, and mental health providers.

The introduction to the book, appropriately entitled *The Contagion*, contains a rich, data-supported defense for the book. A study by de Graff et al. (2018), which reports a dramatic increase in biological female adolescents in the U.K.

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seeking gender reassignment, is cited by Shrier as foundational for writing *Irreversible Damage*. In the study by de Graff et al., an increase of social media usage and a higher level of psychopathology was found among adolescent girls seeking treatment for gender identity incongruence—a fact that is documented throughout the book. The de Graff et al. study prompted Shrier to investigate similar data in the U.S., only to find similar evidence of a dramatic increase of transgender identification among American teenage girls. Shrier presents her book as a much-needed message for all Americans. She states:

Whether or not you have an adolescent daughter, whether or not your child has fallen for this transgender craze, America has become fertile ground for this mass enthusiasm for reasons that have everything to do with our cultural frailty: parents are undermined; experts are over-relied upon; dissenters in science and medicine are intimidated: free speech truckles under renewed attack; government healthcare laws harbor hidden consequences; and an intersectional era has arisen in which the desire to escape a dominant identity encourages individuals to take cover in victim groups. (p. xxiii)

I. The Evolution of Transgender Identification Prevalence Among Adolescent Girls

In Chapter 1, *The Girls*, Shrier gives us a glimpse into the lives of emotionally fragile teenage girls who, due to a lack of in-person social interactions, regularly seek guidance from social media to inform their thoughts about their gender identity. Shrier includes content from her interviews with parents of

transgender-identifying, biological girls. In describing the account of “Julie,” Shrier provides details of her upbringing collected from Julie’s lesbian mothers, who reported no symptoms of gender dysphoria during her childhood. Shrier discovered that Julie was an active member of her school’s Gay-Straight Alliance, with multiple members of that group identifying as “trans.” Shrier gives two other examples of girls that, according to their progressive parents, did not display any symptoms of gender dysphoria during childhood or puberty, but seemed to suddenly identify as “trans” during adolescence.

In Chapter 2, entitled *The Puzzle*, Shrier addresses the damaging consequences of promoting transitions for biological female adolescents, through medication and surgeries, without exploring the underlying mental health symptoms that most of these girls also experience. Shrier enlists the help of Dr. Lisa Littman, a reproductive health specialist and medical researcher. Dr. Littman was alarmed by the surgical statistics report of American Society of Plastic Surgeons (2017) showing that gender transition surgeries for natal females quadrupled between 2016–2017. The issue once attributed mostly to boys, and considered rare (less than 1 in 10,000) in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (DSM-5, 2013), was now shifting to girls in profoundly large numbers.

Dr. Littman (2018) conducted a study of 256 parent reports of their transgender-identified daughters. Three things were discovered from the parents’ reports about their daughters: 1) no signs were present during early childhood of gender dysphoria; 2) 65 percent of parents said their daughters came out suddenly as transgender after prolonged social media exposure; and, 3) most of the girls had exposure to another transgender individual within a close friend group. Shrier indicates that Dr. Littman

developed a new name for this type of gender dysphoria expression: rapid-onset gender dysphoria (ROGD). Dr. Littman classified ROGD, which is not an official diagnosis, as a type of peer contagion, and feared that young girls were not getting the treatment they needed by mental health and medical professionals.

Dr. Littman's (2018) research published in *PLoS One* was wrongly discredited as having conservative bias; however, the parents interviewed in Littman's study were predominately supportive of gay rights, politically progressive, and white. Shrier documents how Littman suffered attacks from LGBTQ activists and was continually ostracized by her peers, who called her names like "bigot" or "bully." Even though she recorded her professional observations using the same methods for assessing childhood mental health in existing research, Littman lost her job just for publishing and defending her findings.

II. The Influence of Social Media, Educators, Parents, and Mental Health Professionals

Shrier devotes Chapters 3 through 6 to sectors of American society promoting the false narrative that biological gender assignment can be altered to fit how a person feels. Shrier identifies several social media celebrities, primarily on YouTube, that vulnerable adolescents listen to and obey as if they are members of a religious cult. These social media transgender cult leaders offer advice on how to self-diagnose your gender identity (e.g., if you are questioning whether you might be "trans," then you are "trans"). Adolescent girls can also find YouTube instruction videos on how to secretly obtain and wear breast binders, properly use testosterone (without revealing any of the dangers and downplaying irreversible side-effects), and effectively deceive parents and

doctors to get a gender dysphoria diagnosis, meds, and treatment. Some YouTube celebrities promised followers they will be a "glitter family" for them if they are rejected by their biological families. "Like glitter, they add fun adornment without the weight or encumbrance of an actual relationship" (Shrier, p. 56).

In Chapter 4, *The Schools*, Shrier documents how the U.S. educational system is now a type of indoctrination program, comprised of politically correct propaganda and pro-sexual diversity curriculum. Depending on the state, some school systems assist students in obtaining the hormones they want without parental notification. According to Shrier's research and interviews, many educators believe parent education on sex is inadequate. They believe it is their responsibility as educators to normalize LGBTQ sexuality and gender diversity in the minds of the K-12 public school population for the sake of promoting inclusion and social justice. Shrier is quick to point out that the curriculum being utilized, including the book *I Am Jazz* (Herthel, 2014) that is read to kindergarten classes, is rooted in sexual identity politics and gender ideologies, not science. Activist groups like the ACLU, Planned Parenthood, and GLSEN are providing the curriculum, guest speakers, teacher training, and after school clubs (e.g., the Gay-Straight Alliance).

Shrier revisits telling real-life stories from parents in Chapter 5. Parents may not realize how they are promoting their child's gender confusion. Many parents contribute by default by adopting progressive worldviews, having minimal involvement with their adolescent children, or lacking adequate knowledge. When parents tried getting help for their troubled daughters, they were greatly disappointed to find what little help was available to them. One mother sought out "so-called therapy" at a gender clinic, but later learned it was really all about

guiding clients through gender transitioning steps, beginning with hormones and puberty blockers, without any form of psychotherapy.

Examples of how parents are now fighting back to help their daughters are addressed in Chapter 5. One mother's heartbreaking experience with her transgender-identified daughter led her to develop 4thWaveNow.com as an online resource blog for parents questioning the medicalization of transgender youth. Another mother founded the Kelsey Coalition (kelseycoalition.org) to help protect young people identifying as transgender from medical or psychological harm. Shrier claims that some mothers "have grown disillusioned with progressivism and disaffected from the Democratic Party, which they believe has abandoned girls for the sake of the transgender cause" (Shrier, p. 86). Unfortunately, these mothers are fighting a seemingly impossible-to-win battle against mainstream American culture.

III. Politics, Laws, and Activists: Challenges for Therapists Who Adhere to Biological Truth on Gender and Evidenced-Based Practice

The standard treatment for transgender patients is something called "affirmative care." The American Psychological Association (APA) provides guidelines for affirmative therapy that stipulate mental health professionals should adapt their views of gender to include transgender as normal rather than as pathological. Shrier believes the APA guidelines force therapists "to endorse a falsehood: not that a teenage girl feels more comfortable presenting as a boy—but that she actually is a boy" (p. 98). Shrier also questions one gender therapist, Dr. Randi Kaufman, who claims parents must use a transgender patient's new name and pronouns to provide necessary support. Dr. Kaufman also claims that since a transgender

patient's mind cannot be changed, their body must be changed to align with their perceived gender identity. Of course, Shrier rightly points out that this is problematic for patients who identify as gender-fluid or non-binary because there is no standard for what gender fluid or non-binary persons looks like—the physical presentation is created in the mind of the patient based on how they feel.

Shrier issues a warning for therapists who do not adhere to the "affirmative care" mandates from the APA or laws within certain state governments. Therapists who reject the affirmative care model hold to a belief that biological gender cannot be changed, and that carving up an adolescent child's body upon request is a form of self-harm and malpractice. Shrier suggests that dissenting therapists keep quiet about their work or risk losing their licenses, especially if they practice in one of the states where "conversion therapy" for adolescents is illegal. Despite the risks, some therapists continue to hold firm to their beliefs and speak out, like Dr. Paul McHugh, who believes the transgender craze is being improperly treated and will result in "patients suing their doctors" (Shrier, p. 142). Examples of other therapists specializing in gender dysphoria are presented, all of whom believe that true gender dysphoria is a form psychopathology to be treated, and that practicing affirmative therapy "is either a terrible dereliction of duty or a political agenda disguised as help" (Shrier, p. 127). To date, no longterm studies exist that indicate gender dysphoria or suicide ideation decreases after receiving hormones or cross-sex transition surgery (see Hruz, 2019).

Another battle for dissenting mental health therapists to overcome is with LGBTQ activist groups. What makes this battle easier to overcome is that LGBTQ, social justice, and feminist activists have encountered impasses among themselves, leaving them to question just what is a "woman"? Better yet,

who gets to define what a woman is? Shrier points out that women athletes have become downgraded by male athletes competing as “trans” women. Shrier describes how the transgender movement has conflicted with lesbian feminists, who are fighting to preserve their identities as biological female lesbians. “In fact, gender ideology puts transgender individuals into direct conflict with radical feminists who believe sex is the defining feature of one’s identity” (Shrier, p.150).

One of the most disturbing aspects of the “trans movement” is how it acts as an intersectional shield. In Dr. Littman’s (2018) study, Shrier reiterates, over 90 percent of parents were white, the most reviled group on politically progressive campuses in the U.S. Identifying as “trans” allows girls to escape the dreaded straight, white, and rich demographic of their parents, and find an affirming community among their peers. Of course, the evidence indicates that trans ideology begins much earlier—in high school or even middle school. An adolescent girl Shrier interviewed informed her that transgender “is a high-status identity in high school, ‘lesbian’ is not” (p. 151). The implication is that the desire to be “cool,” politically relevant, and accepted by peers, could potentially be the driving force for the transgender movement rather than true gender dysphoria.

IV. Final Thoughts

Additional chapters provide transition stories from families of transgender girls, details about failed surgical transitions of female to male adults, and one account of transgender regret post transitioning from female to male. Shrier even defines a “healthy” form of transgender identity—where an adult does not deny his biological gender but prefers presenting as the opposite gender. In other words, Shrier suggests, some transgender-

identified adults do not suffer from gender dysphoria, nor do they experience any psychopathology. There are many references to transgender adults in the book who did not have positive transitioning experiences and experienced mental health issues as a result. Shrier also includes a chapter on girls who experienced regret and went through a painful process of de-transitioning. When describing the de-transitioning young women she interviewed, Shrier states that most “of them struggled with mental health and engaged in self-harm” (p. 202). The emotional and psychological issues they had before transitioning remained.

In the last chapter, *The Way Back*, Shrier offers advice from parents she interviewed on how to protect children from journeying down the path of gender confusion and self-harm. She advises parents based on research data, something that is often ignored by mental health or medical professionals. Although Shrier wrote the book about the transgender craze impacting adolescent girls, most of the advice is also applicable for boys, such as recommending parents keep children off social media and not buying them smartphones. Shrier has more freedom as a freelance journalist to offer advice to parents about the dangers of gender ideologies than a mental health professional or even a medical doctor in the politically correct and cancel-threat culture in which we currently live. For this reason, *Irreversible Damage* is a valuable resource for mental health professionals to read and utilize in their work with families of transgender identifying children.

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