

## Seeking to understand the trans-gender phenomenon

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We are delighted to publish this comprehensive review of Dr Miriam Grossman’s book *Lost in Trans Nation* by **Richard House**, Ph.D., C.Psychol.

**Dr Miriam Grossman, *Lost in Trans Nation: A Child Psychiatrist’s Guide Out of the Madness*, Skyhorse Publishing, New York, 2023, 356 pp, ISBN-13: 978-1510777743, price (hardback) \$32.50, with a foreword by Dr Jordan B. Peterson**

What began as a monster psychologist’s idea, then became a fringe movement in radical feminism and gender studies, and has taken over the medical establishment and beyond – almost without resistance. Their victory is now almost complete.

Puberty is not a disorder.... It is a complex biological process that we are far from understanding.

*The goal is to recognize everyone is a mosaic of male and female. Honor the mosaic and **leave the body alone.*** [her italics, my bold]

*Dr Miriam Grossman*

I will start this review article with acclamation, and a declaration of interests. I want to start with fulsome acclaim for US psychiatrist Dr Miriam Grossman, a practising clinician for 45 years, for having the personal and professional courage to write the book under review here. She will know all too well the professional dangers of going public on her grave concerns about the social-political movement that is trans-gender ideology and practice (or TGIP, for short), and the opprobrium that will doubtless be heaped upon her – unjustifiably, in my view – by an aggressive trans-movement that commonly brooks no divergence from, or critique of, its core ideology (much more on this later).

I must also declare an interest on these issues. I am not neutral when it comes to transgenderism. I am deeply concerned – to put it mildly – about the way in which children are being inserted into the world of TGIP, without any careful public and dispassionate public conversation, and robust research evidence base, about its appropriateness. I also have grave questions about the wider meaning of the surgical violence against the body that arguably often accompanies TGIP. But I am also not in any way “transphobic” – the label (or smear) that is so often indiscriminately launched at anyone who dares to question TGIP. What I am wishing to do is to understand deeply, and at as many levels as possible, this comparatively new cultural phenomenon in Western culture – not least, what it means psychologically, culturally and spiritually; and the multiple existential, philosophical, ethical and spiritual questions it necessarily raises.

Notwithstanding my own biases, however, I will endeavour to give as balanced a review as I can – though as will become clear below, Miriam Grossman makes absolutely no secret of her own position on TGIP, especially in relation to children and young people.

Dr Jordan Peterson sets the scene for what is a forthright book in his engaging seven-page foreword, which merits some commentary here. Peterson (in his book endorsement) decries what he terms “the criminal misbehavior of the medical professionals and counselors perpetrating the ‘gender-

affirming care travesty”, referring to “the demented excesses” of contemporary psychological epidemics. He writes of “transmissible psychological diseases” and the related notion of “social contagion” – into which Grossman delves deeply later in the book (discussed later).

One type of transmissible psychological disease is when “poorly trained clinicians entice themselves into leaping on the latest ‘medical’ bandwagon”. It is sobering indeed to read that “Surgeons and anesthesiologists... may exhibit higher levels of narcissism, Machiavellianism, psychopathy and sadism than those typifying the general population” – a point backed up by Peterson with reference to five published studies. The prevalence of “gender-affirming treatments” for vulnerable young people has been rocketing in recent years, and Peterson pulls no punches in referring to “the role that political and ideological ideas play in shaping treatment, and the oft-terrible consequences for confused children, destroyed physically and psychologically by those who should be caring for them”.

Peterson further points out that in many Western countries today, the theory (a key term here) that sex and subjective gender identity are separate is now legally enforced by statute – with medical professionals therefore now being forced to “affirm” the subjective identity claimed by clients and patients. London’s now-disgraced Tavistock Clinic in particular attracts Peterson’s opprobrium, and he refers to the “egregious lie” often told to the parents of trans children – “Would you rather have a live trans child or a dead child?”. One is reminded of the appalling “Don’t kill granny!” trope with which children were deliberately targeted by government “behavioural insight teams” in the Covid crisis – shame, guilt and terror being deliberately and disgracefully deployed in order to bring about compliance.

Peterson ends his hard-hitting foreword by referring to “the stunningly cynical co-opting of the civil rights movement”, and massive financial interest in TGIP – estimated to be \$1.9 billion by 2032 (there is a bad typo here, when it refers to \$632 billion in 2022; this must surely be \$632 million!). (Elsewhere in the book, Grossman states that by 2026, the gender-affirming industry is projected to be grossing \$1.5 billion.) For Peterson, “this is the absolute worst of capitalism meet(ing) the most dismal and destructive of ideologies in a truly unholy alliance”. The rate of increase of diagnosed gender dysphoria patients has certainly skyrocketed, as Grossman’s graph of child and adolescent referrals to London’s Tavistock Gender Identity Disorder Service, 2011–22 (on page 35) dramatically illustrates. Thus, in 2009–10, there were just 77 patients; but just over ten years later, by 2021–2, the number had exploded by a scarcely believable 4,555 per cent, to 3,585 patients (the latter also being an underestimate, as the waiting-list in 2021 exceeded 5,300).

Coming now to the body of the book itself, it consists of 13 chapters, an introduction and a conclusion, 30 pages of notes and references (700 footnotes in all – this is clearly a scholarly and very well referenced work), and seven substantial appendices. In nine pages at the beginning of the book, Grossman painstakingly lists all the parents and clients across the world to whom she movingly dedicates the book. The first chapter then delves into the disreputable history of psychiatrist Dr John Money, the “father” of genderist ideology. Six of the remaining chapters deploy the book’s common theme of a “dangerous idea” – namely, those of John Money, psychiatry, the seminal Dutch research study, educators, lawyers and surgeons. Grossman succinctly characterises these dangerous ideas thus: “John Money’s idea: deny biology. Psychiatry’s idea: normalize a disorder. The Dutch idea: block puberty. Educators’ idea: we know better than you. Lawyers’ idea: your home isn’t safe. Surgeons’ idea: you name it, we’ll do it.”

Other chapters include two detailed case studies, a discussion of the so-called “Castro complex” (whereby any contesting narrative to the (trans) orthodoxy is essentially banned), the whistle-

blower Jamie Reed, the overarching theme of loss and mourning, the euphemistic way in which trans practices are labelled, and a lengthy possible conversation between parent(s) and a child coming out as trans (constructed and distilled, carefully preserving anonymity, from Grossman's extensive clinical experience). The consistent use of intra-chapter subheadings makes the book very readable. Finally, seven substantial appendices (with an inevitable US orientation) look at: the pseudoscientific repudiation of biology (by Colin Wright); an excellent summary of 25 key scientific papers in the field; how to deal with schools (by Broyles and Thornton – see also Chapter 8 on education and schooling); dealing with the “protective services” (written by the Child and Parental Rights Campaign – ideally to be read in conjunction with Chapter 9, “Lawyers’ dangerous idea”); how to find a therapist; an excellent anonymously penned guide to internet accountability tools; and a summary of the survey results from Grossman's own International Parent Survey. Notwithstanding the US focus of the book, a great deal of the appendices' material will be generalisable to other countries.

Finally, there is a list of ten “Articles of Faith” of gender identity ideology, just before Chapter 1. Just two examples from this: “GENDER IDENTITY is sacred: thou shall not question it; thou shall not turn away from it to hard science, for GENDER IDENTITY is jealous and cannot tolerate the scientific method”; and “Thou shall honor the self-diagnosis and judgment of minors and young adults. Thou shall not recognize their emotional and cognitive immaturity.”

There is so much in this book that I would like to discuss here that I will have to limit myself to certain key themes. I'll start where Grossman does, with the extraordinary story of Dr John Money (1921–2006). Money is regarded as the effective founder of genderist ideology and the notion of “gender identity” (a term he coined in 1957 and a theory that he aggressively promoted), yet his research and practice now attract utter contempt in most circles. Peterson again pulls no punches in his foreword, referring to Money's “now-widely-discredited efforts [laying] the groundwork for the butchery of children”. In the 1950s, we're told, Money coined the term “gender identity”, proposing that biology doesn't matter in relation to gender. Thus, he argued that nurture trumps nature, and that all children are born gender-neutral. Yet Grossman avers that “Decades of hard science utterly invalidate John Money's theory”. (More on this below.)

For psychiatrist Grossman, “John Money was an arrogant psychopath; he destroyed a family and distorted his ‘research’ to prove gender theory and further his fame. An entire field was built on his false claims.” Unsurprisingly, he had a very disturbed and abusive childhood, which Grossman convincingly shows to have had a major influence on the nature and content of his gender research. Contemporary science shows Money's theory to be “categorically false”: biology is now known to impact permanently on every system in the human body, and every one of the 70 trillion cells with a nucleus is stamped either “XX” or “XY” – with hard science demonstrating “the enduring influence of that biological reality on the brain and every other organ system”.

In Chapter 1, then, Grossman goes into great detail about Money's appalling research and the lifelong suffering it caused – including the eventual suicide of the transgendered target of Money's brutally unethical “research” – the world's first child born with normal genitals to have sex reassignment surgery, David Reimer. I won't go into further detail here,<sup>1</sup> but it is at once a compelling and highly distressing story. Grossman refers to the “unimaginable damage [that] had been inflicted on the Reimer family”. What is perhaps most disturbing, however, is that today's dramatic cultural change in the way children are perceived and understood in relation to sex and gender is underpinned by research that is now known to have been completely bogus – and, indeed, shockingly inhumane. How could someone who was a “public supporter of paedophilia and incest and... a deviant child abuser” still be celebrated to this day by some academic and medical

professionals? This is a vital question, as it throws a searching light on the way in which alleged “science” can be corrupted, manipulated and framed to serve narrow interests, and how taken-for-granted “regimes of truth” (a notion from philosopher Michel Foucault) can lead to appalling abuses masquerading as “science”, with uncritical groupthink<sup>2</sup> replacing the capacity for genuinely independent, critical thinking.

There’s also the fascinating question of what cultural and/or spiritual forces might have been in play such that a wholly bogus psychiatric theory could take root, become an unquestioned fact (notwithstanding effective dissenters to Money’s theory by people like Professor Milton Diamond), and lead to a scarcely believable “medical consensus” and such resultant devastating human consequences, reaching today what is arguably a grotesque crescendo. No less that 26 years ago, Milton Diamond and H. Keith Sigmondson published a devastating paper that finally blew the gaff on Money’s disastrous research;<sup>3</sup> but did the paper change the course of genderist history? – tragically not. This is also a classic example of the “science is settled” nonsense that we’re currently experiencing in relation to Covid and the so-called “climate crisis”, that all true scientists know to be a complete misunderstanding of the nature of properly grounded science.<sup>4</sup> In an age of mass formation, easily manipulated and seeded “groupthink” and terrorising Critical Social Justice ideology, “scientific/medical consensus” can so easily be a very dangerous thing indeed.<sup>5</sup>

Some further historical context is in order at this point. According to Grossman, TGIP “didn’t start yesterday..., [with] gender madness going on right under your noses for a long, long time”, and with children being indoctrinated with genderist ideology since at least the 1990s. “Today’s version of gender identity was hatched decades ago in the minds of activists”, she maintains, with “the ideological crusade [marching] through our institutions”. In her earlier career, Dr Grossman points out that the DSM<sup>6</sup> diagnostic category of the then-named Gender identity disorder (or GID) was “incredibly rare”. Yet just three decades later, her entire practice is “composed of kids unhappy with their sexed bodies and their parents”.

In 2013, we’re told, the psychiatric disorders manual, DSM-5, estimated the rate of adult gender dysphoria to be between just 0.002 and 0.014 per cent – or a maximum of 14 per 100,000. So “what was once an extraordinarily rare psychiatric disorder [has become] a normal variant of child development” – indeed, “a turbo-charged crusade... [driven by] a global social justice movement, ... steamrolling the medical and scientific establishments”. One can only wonder how on earth this has come about. At one point Grossman even writes, “What’s come over my colleagues? This is not practicing medicine.” Another book surely needs to be written that addresses this critical question, but for Grossman, the answer lies far more in the realms of social contagion, uncritical groupthink and aggressive social-political activism, than it does in normal, proportionate medical-scientific development.

Grossman also points out that when the notion of gender identity was named and defined some 70 years ago, it was actually not unreasonable to assume that nurture trumps nature in human development. But as mentioned earlier, modern technological advances in biomedicine have revealed that biology is king – with Neil Bradbury maintaining that “Not only does an individual have a sex, but each and every cell within that individual’s body also has a sex”.<sup>7</sup> We’re told further that sex differences are indeed observable at birth, and that the presence of XX and XY chromosomes impacts all cells and organs in the human body.

Psychiatry’s “dangerous idea” is then explored in Chapter 2. We read about the US organisation SIECUS (Sexuality Information and Education Council of the United States), and Planned Parenthood and their conflation of sex with gender, their “deliberate weaponizing of language” and their claim

that sex lies on a spectrum, rather than being biologically binary. And then there is WPATH, the World Professional Association for Transgender Health, which in 2010 argued that it's a violation of human rights to maintain that gender confusion is a disorder. For Grossman, it was a dangerous idea to replace GID with the category "gender dysphoria" (GD), which was not labelled as a disorder, and was given a new category all of its own; and so with the normalisation of gender distress, "my profession caved to ideology... – and that capitulation set the stage for the disasters I see daily". Yet there is certainly no consensus in the clinical field on how to treat GD, we're told.

The diagnostic category "gender identity disorder" had been added to the DSM in 1980, and at that time, just a very small number of children diagnosed with the disorder continued to have diagnosable symptoms in late adolescence and adulthood. How different is the picture today; and as Grossman concludes in this chapter, given the latest scientific understanding, "If John Money lived today..., I highly doubt... that anyone would believe his theory that we are born 'gender neutral'".

We now encounter another of the great heroes in this saga – Dr Lisa Littman, under Grossman's heading "A Curious Doctor". A Brown University physician and academic who noticed an unusual transgender trend in her small town in 2018, Littman conducted an online survey of 256 parents about their son/daughter's gender dysphoria that had seemingly appeared "out of the blue". Her findings suggested that there were clusters of GD outbreaks in pre-existing friend groups, coupled with immersion in social media, including binge-watching YouTube "gender transition" videos and considerable use of Tumblr. Highly significantly, a large majority of these young people had been suffering psychologically before "embracing" GD.

Littman then proposed that these young people may have rapidly adopted a transgender identity as a "maladaptive coping mechanism to avoid feeling strong or negative emotions" (my italics).<sup>8</sup> Grossman quotes Littman as saying that – and as a former therapist myself, I find this quite extraordinary – providers of treatment "were only interested in fast-tracking gender-affirmation and transition and were resistant to even evaluating the child's pre-existing and current mental health issues" (quoted on p. 41). One can only wonder about what on earth was going on to produce such an abject dereliction of normal clinical responsibilities and reflective insight. Again, remember Grossman's plaintive cry: "What's come over my colleagues?" Perhaps the idea that a kind of mindless (in the sense of critical faculties having been abandoned) "trans-mania" was infecting clients and professionals alike isn't completely out of the question. And such a remark is emphatically not "transphobic"; it's merely to initiate a conversation as to why normal professional clinical judgement seems to have been dramatically compromised in what Littman had picked up in her research.

It's at this point where the "social contagion" hypothesis (referred to earlier by Peterson) comes in. Social contagion can be defined as "the swift spread of activities, behaviors, or even emotions throughout a network"; and for Grossman, Littman's findings provided strong evidence that social contagion, driven by peer-group and online influence, were a key determinant in the development of adolescent GD. Over 86 per cent of the 256 parents surveyed said that their child became dysphoric after binging on social media. And nearly two-thirds of parents said that they had been labelled as "transphobic" or "bigoted" by their children for the slightest experienced transgression from the accepted transgender narrative.

There could also be a victimology process operating here, with transgenderism offering "a way for adolescents to be absolved of privilege and join the ranks of the oppressed" – echoes of Critical Social Justice ideology here.<sup>9</sup> And so we – inevitably, perhaps – find ourselves in the midst of "culture wars" – which certainly has to be a player, perhaps even a key one, when striving to

understand the modern phenomenon of transgenderism. Based on her research, Littman wisely concluded that it's unknown whether gender dysphoria in young adults is temporary or likely to be long-term; so "clinicians need to slam on the breaks" (Grossman), and "extreme caution should be applied before considering the use of treatments that have permanent effects such as cross-sex hormones and surgery" (Littman). Moreover, the self-diagnoses of minors are not always or necessarily accurate; and from the viewpoint of best clinical practice, it is nothing short of outrageous that, as Littman observed, "The majority of clinicians described in this study did not explore trauma or mental health disorders as possible causes of gender dysphoria or request medical records in [sic.] patients".

This is where the "cancel culture" of the culture wars rears its ugly head; for perhaps predictably, Lisa Littman immediately found the medical gender establishment working to discredit and quash her research findings. Thus, pro- gender affirmation activists wrote to Littman's employers demanding she be sacked. She was also rebuffed by her university, and removed her paper from its website, and even apologised. To this reviewer there is certainly a whiff of something decidedly nasty going on here. But Littman "stood strong", and republished her paper in March 2019 with minor changes,<sup>10</sup> but with the same overall conclusion: viz, that *social contagion may be a factor in the development of adolescent-onset gender dysphoria*. And tellingly, we're told that her paper has to date been viewed or downloaded around half a million times.

All this is hardly surprising when we read that the prestigious American Academy of Pediatrics (AAP) "has been taken over by gender zealots"; and yet the AAP is considered to represent the gold standard in child treatment! Indeed, according to psychologist Dr James Candor, any claim that AAP policy is based on evidence "is demonstrably false". And it gets worse, with "AAP bullies stifl[ing] debate". According to paediatrician Dr Julia Mason (quoted by Grossman), with "22 professional organizations support[ing] [gender] affirmation, this is... the position of a few activists that have captured key committees at these medical societies". So the result is that only one approach is permitted – gender affirming care (GAC), with the establishment institutions erroneously proclaiming that "the science is settled".

Littman has by no means been the only target of trans cancel culture – or what Grossman evocatively terms the "pro-affirmation inquisition". *Wall Street Journal* journalist Abigail Shrier has also experienced considerable opprobrium after the publication of her "bombshell" 2020 book *Irreversible Damage*,<sup>11</sup> with Amazon blocking advertising for the book in its month of release. Grossman gives the further example of Dr Kenneth Zucker, who founded Toronto's Youth and Family Gender Identity Clinic, and who had a cautious approach to gender dysphoria, termed "watchful waiting" – which is eminently and clinically sensible, given that between 61 and 98 per cent of young children diagnosed with gender dysphoria do eventually embrace their biological sex-at-birth. Yet incredibly, Zucker was accused of practising conversion therapy due to his watchful-waiting approach. After an external hospital review, Dr Zucker was "ambushed" while on vacation, called back to his office and summarily sacked. A subsequent investigation exonerated Zucker, however, finding that activists wanted his removal solely because he helped children to come to terms with their biological sex. Zucker was awarded substantial damages and received a public apology. Grossman quotes her mentor Dr Stephen Levine, who said that "Nowhere in medicine has free speech been so limited as it has been in the trans area. Skeptics are being institutionally suppressed, ...and pressure has been exerted to get respected academics fired."

In Chapter 5 we read about the courageous whistle-blower Jamie Reed, who worked as case manager at Washington University Pediatric Transgender Center, and who self-defines as "queer", is married to a transman and is politically to the left of Bernie Sanders! – in other words, a million

miles from the “far right conservative” that it’s routinely and lazily assumed is the political orientation of those challenging trans ideology. Yet Reed was appalled by the medical practices she observed in her center, with “a parade of malpractice and deception inflicted on vulnerable children and their parents... that she called ‘morally and medically appalling’”. Her sworn affidavit that was publicly released when she quit the clinic certainly bears close scrutiny – if you can find it!<sup>12</sup> In that document, Reed writes, ‘Sometimes clusters of girls arrived from the same school.... Many children themselves would say that they learned their gender identities from TikTok.... In hundreds of ...cases, Center doctors automatically issued puberty blockers or cross-sex hormones without considering the child’s individual circumstances or mental health.... [And] teenagers are simply not capable of fully grasping what it means to make the decision to become infertile while still a minor.’”

We also read here about the paucity of research existing on the effect of puberty blockers, with the UK National Institute of Health and Care (NICE) assessing the quality of puberty-blocker evidence to be “very low”, and Professor Carl Heneghan calling it “terrible”. For Grossman, puberty is emphatically not a “disorder”; rather, it is “a complex biological process that we are far from understanding”. But we do know that blockers interrupt a natural process – for example, we have no idea how they might affect brain development. Blockers can also trap young people in a gender-identity crisis, with Lisa Littman saying that medical affirmation may cause “persistence of gender dysphoria in individuals who would have had their gender dysphoria resolve on its own”. Pharmaceuticalising human development is thus effectively playing Russian Roulette with the unfolding human development process.

I want to say something (possibly controversial) here about what I see as the hubris and sheer arrogance of modern technological medicine and its arrant materialism. What does it say about the medical profession that it deems it appropriate and legitimate to “play God” with human bodies and human identity via grotesque surgical interventions? Were I a surgeon, it is just unimaginable that I would ever view such abhorrent procedures to have any ethical, professional or spiritual legitimacy. And what does it say about people that they treat their own body as akin to a kind of malleable fashion accessory, whereby they can pick and choose, as they wish, what kind of body they wish to have? Being human is significantly about *suffering*,<sup>13</sup> and our capacity to live with suffering. There’s something here about ego, and the worldview that we can have anything we want, that our discomfort and suffering must always be assuaged by external (in this case medical), often technological interventions. In my view, these existential and spiritual perspectives should be factored into and given an important place in these conversations.

Chapter 6 presents a detailed analytical critique of the small Dutch research study,<sup>14</sup> backed by a pharmaceutical company that made a puberty-blocking agent, that was to become “The Dutch Protocol”. Based on a small sample of just over 100 participants, the researchers claimed to have found that puberty suppression and surgery were associated with marked reduction or resolution of gender dysphoria, improved mental health and overall functioning. The Dutch study has never been replicated, we’re told, and that it has numerous flaws. And yet it has become the study used as the basis for all gender-affirming care.

A very recent paper by Abbruzzese et al.<sup>15</sup> goes deeply into the flaws of the Dutch study and its widespread adoption. No less than eleven major flaws are identified (listed on pp. 84–5). Not least of these is that, incredibly, the study deliberately excluded participants with underlying mental health issues! And in 2021, one of the primary authors of the Dutch studies is quoted as saying, “We don’t know whether studies we have done in the past can still be applied to this time.... *The rest of the world is blindly adopting our research.*” (my italics)

I was fascinated to learn about the notion of “runaway diffusion” named in the Abbruzzese paper – whereby “the medical community mistakes a small innovative experiment as a proven practice, and a potentially harmful practice ‘escapes the lab’, rapidly diffusing in general clinical settings”. The authors write that “‘Runaway diffusion’ is exactly what has happened in pediatric gender medicine. ‘Affirmative treatment’ [i.e. the Dutch Protocol] rapidly entered general clinical practice worldwide *without the necessary rigorous clinical research to confirm the hypothesized... benefits of the practice.*” (my italics)

I think there’s a complex and generalisable process happening here, whereby a piece of research, however inadequate, resonates with a cultural-activist trend in society, and so gets seized upon by activists to justify the advancement of that same ideology. This should be a grave warning against the uncritical adoption of “science” as being a dispassionate, objective and unpoliticised practice. A huge literature on the sociology of science shows this to be far from the case.

This chapter also contains a discussion of “the scandal” at London’s Tavistock Clinic, which received wide coverage in the UK mainstream media several years ago. Associate clinical director of Adult and Adolescent Service at the clinic, Marcus Evans, resigned in 2019, citing parents concerned with children being “fast-tracked through their Gender Identity Disorder Service (GIDS) without any serious psychological evaluation”, charging that “children are now being used as pawns in an ideological campaign”. In a high-profile case, the British High Court ruled that people under 16 were unlikely to be able to provide legitimate informed consent, lacking the capacity to understand and evaluate the possible lifelong effects of these interventions. In an independent review of GIDS by Dr Hilary Cass, serious deficiencies were found in the clinic’s service provision, including failing to gather evidence about either co-morbidities or long-term outcomes. Following the publication of Dr Cass’s report, the NHS decided that the clinic had to close.<sup>16</sup>

Following a case-study in Chapter 7, in Chapter 8 (“Educators’ dangerous ideas”), we refreshingly read that “a child is not a miniature adult”, for “children process and integrate information and experiences differently than adults”. As one of the parents responding to Grossman’s International Parent Survey implored, “Keep them off of technology. Monitor any and all use. Block their ability to get on private message boards. There is so much adult content out there, too much for these children to understand.” (Anon mother, St Louis) What is essentially ideological grooming in schools is described here: “When classrooms are decorated with trans posters, rainbow flags, and slogans, it shapes students’ attitudes”; and “From the youngest of ages, children absorb beliefs about transgenderism in their classrooms, their books, from the Disney Channel, even from their Legos”.

The issue of “social affirmation” is also critiqued under the heading “The danger of social transition” – the terms often being used synonymously. Social transition is defined as the public assuming of a new gender identity. For Grossman, “social affirmation” is an Orwellian term because “what it affirms is your child’s rejection of their body, their material reality”. She is majorly concerned, and rightly so, about the long-term consequences of affirmation on young people. Grossman again: “By young adulthood 61–88 per cent of early-onset kids, depending on the study, cease wanting to be the other sex. But almost every child who socially transitions continues to reject their sex.” And for Dr Kenneth J. Zucker, social transition is a psychological intervention “with the likely consequence [being] that of subsequent (lifelong) biomedical treatments... (gender-affirming hormonal treatment and surgery)”. It may seem to be a somewhat brutal and possibly over-cynical question, but surely one must ask in whose financial interests these lifelong medical treatments are going to be? – and whether the latter may be having any influence at all on the attitudes and belief systems of medical professionals in the field.



Grossman is also concerned about the erosion of the parent–child bond, with an obvious hat-tip to John Bowlby’s attachment theory here. Specifically, she has concerns about the behaviour of schools driving wedges into families, writing that “When a school facilitates a student’s ‘social affirmation’ in the absence of parental consent, it encourages secrecy, distrust and a “double-life. This is unhealthy, will increase tension and conflict in the home, and may precipitate emotional struggles.” And she goes as far as urging parents to remove their children from the public schooling system, and embrace home education. Grossman then concludes her education chapter with a warning – “you’ve learned [here] of the catastrophes that that may result when educators think they know better than you”. The book’s Appendix 3, Dealing with Schools, is obviously complementary to this chapter.

In Chapter 9 (ideally to be read in conjunction with Appendix 4), we read that if a parent refuses to go along with their child’s newly adopted gender persona, the legal system may deem this to constitute failing to provide “affirming” care, and a judge could then “re-home” your child as a result. Words do begin to fail me at this point regarding what on earth is going on in all this. (As Grossman herself writes elsewhere in the book, “I’m often asked how so many people can embrace gender madness, what’s behind it?... – [answer] the brains and money behind the movement”.) Very appropriately, then, Chapter 10 looks at the massive psychological and emotional impact on parents of this extraordinary world. Grossman writes of parents’ “off-the-charts traumatic stress” – with the danger that all focus will be on children and transitioners, and no-one will recognise that “parents were victims of actual trauma and their symptoms were serious, even debilitating”. What on earth does any loving parent do when faced with the choice between going along with what they believe is their child’s delusion, or possibly permanent estrangement from them? With the trans agenda having been so aggressively normalised in modern Western culture, “There’s no-one more marginalized than parents who won’t accept their child’s opposite-sex persona”. There are multiple losses for parents in this situation: for Grossman they must be named and recognised; and “It’s difficult to overstate the magnitude of these losses”.

There is much useful and enlightening case material in the book, for both gender-dysphoric young people and parents, that will likely be empowering. In Chapter 11 there is much information about the “binding” phenomenon, where young women tightly bind their breasts – often with negative / injurious physical consequences. The question of informed consent, and whether children and young people are able to give it, also recurs throughout the book. For example, the Swedish Pediatric Society says, “Giving children the right to independently make vital decisions whereby at that age they cannot be expected to understand the consequences of their decisions is not scientifically founded and contrary to medical practice”. Dr Stephen Levine is quoted as writing that “the consent process for youth gender transition is so problematic... that it can no longer be considered ‘informed’”. And Grossman quotes prominent detransitioner Chloe Cole as saying that “*I was being treated as if I were an adult* with the mental faculties to be able to consent to all this and understand what I was consenting to.” (my italics)

As a reader warning, I should just mention that Chapter 12, “Surgeons’ dangerous idea”, which goes into what many find to be gruesome detail about the mechanics of gender-reassignment surgical procedures, makes for very harrowing reading indeed, certainly for this reviewer. WPATH, the World Professional Association for Transgender Health, comes in for particularly withering criticism from Grossman.

Chapter 13 then gives very useful templates for parents on how to respond with sensitivity yet resolve to their children announcing their trans-gender status. Grossman sets out her own therapeutic approach on pp. 213–22, and as an ex-therapist myself, it was an inspiring read. Finally, the appendices, listed and described earlier, are a goldmine of information for parents and

researchers. It is worth pointing out that any research in this highly controversial area is necessarily fraught with difficulty. One obvious danger is that the variables chosen to measure in any quasi-positivistic research approach can easily simply end up “proving” what was tacitly assumed to be the case in the first place, because of the implicit world-view and ontology embedded in the variables chosen to be measured. Moreover, one can’t necessarily assume that merely because a trans person expresses satisfaction with their gender re-assignment, that it was the right thing for them to do – as there are people who will make anything work, and adapt well enough to whatever reality they find themselves in. So for these and many other reasons, reliable research in this field is fiendishly difficult. And it follows from this that relying upon aggregative research findings in order to make fateful and irreversible individual decisions in this area needs to be treated with extreme caution – by people on both sides of the trans divide.

Notwithstanding the understandable and perhaps unavoidable heaviness of a book of this nature, it’s not all bleak news, however. Grossman writes, “there’s hope. Young people and their families... can be helped by psychotherapy.” And “you don’t need a Ph.D.” to engage with the system effectively, she reassures parents. As further positive examples, Grossman reports that the militantly pro-transgender WPATH has had its recommendations formally rejected by Sweden, Finland, Norway and Britain, and questioned by medical groups in France, Australia and New Zealand. And groups like the Gender Exploratory Therapy Association (GETA) advocate for exploratory psychotherapy before young people embark upon irreversible medical treatment and surgery.

One small gripe I have is that a book as important as this one does not have an index. In the course of reading the book, there were a number of occasions when my cross-referencing was severely limited by the absence of an index, and it seems a shame that researchers are handicapped by this lack. The footnotes notes are also in a miniscule point size, so some readers might need a magnifying glass! I also can never understand why publishers publish very long and complicated web links. Only the most dedicated and tenacious reader is going to take the time and effort to type these into browsers; and a simple alternative is for the copy-editor to convert them into short links. And of course there’s the occasional ubiquitous typo!

But these are minor quibbles in the light of the massive contribution this book will make to this urgent, even epochal human debate. It feels important to say in closing that the challenging of transgender ideology is by no means the preserve of the “far right”, as progressives routinely claim. I am very much on the political left, and my concern is to defend what is truly human, and to problematise any ideology or practice that in my view undermines our deep humanity. This is emphatically not a left/right issue, and all attempts to frame it as such in the culture wars need to be firmly challenged and resisted.

A word of fulsome praise is due to Skyhorse Publishing in New York for releasing a stream of books in recent years that make a massive contribution to human culture in an era of massive upheaval, and of which this is one of the latest. Regarding *Lost in Trans Nation*, for anyone with an interest, however tangential, in gender-affirming ideology and practice, this book is absolutely essential reading. Adolescent psychiatrist Christopher Gillberg said in 2019 that unproven treatment of gender-distressed children is “possibly one of the greatest scandals in medical history” – and Dr Grossman’s book gives chapter and verse on why this might be so. Her humanity and person-centred professionalism shine unerringly throughout these pages, and we – meaning the world – owe her a deep debt of gratitude for having the courage and the will-forces to write it. In future times, it will deservedly be looked back upon as a true classic of its genre.

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