

Miriam Grossman Vs Trans Nation



by Bruce Bawer

If you've seen Matt Walsh's invaluable documentary *What Is a Woman?*, you know that it was, in large part, a circus parade of credentialed freaks – out-and-out train wrecks who, incredibly enough, are certified as psychiatrists or psychologists and are therefore actually permitted to “treat” children and young people who've been convinced that they're trans. The only responsible-minded mental-health professional in the whole film (unless I'm forgetting somebody) was a child psychiatrist named Miriam Grossman. The moment her segment began, you knew she was going to be the truth-teller in the bunch: whereas you could discern the madness in her colleagues' eyes from a hundred yards, it was clear from the moment you saw Grossman that she was about to deliver a sane verdict on the wack jobs' claptrap.

I've since run across interviews with Grossman online, and seen her give no-nonsense testimony before a congressional committee. She's an impressive woman, profoundly knowledgeable and experienced in her field. Until not too long ago, transgenderism was a vanishingly small part of her practice; in recent years, however, because she's been increasingly at odds with the medical establishment on the subject – and highly vocal about it – she's found herself advising parents around the world whose children claim to be something other than what they are. In her new book, [*Lost in Trans Nation: A Child Psychiatrist's Guide out of the Madness*](#), she sums up that advice.

But first she spells out the hard facts – and she doesn't mince words. Women are women and men are men, period. And they're different in countless little ways that can't be changed by a scalpel or a hormone shot. For example, “women are better at fighting bacteria, fungi, and parasites,” while “men are more likely to survive severe burns.” Sex differences manifest themselves even at one day old, when “boys look longer at a mobile, while girls are more interested in faces.” And to tell patients otherwise – to reinforce a girl's delusions that she's *really* a boy, or vice-versa – is to usher an ignorant minor down a highway to happiness that turns out to be a road to perdition.

In one chilling section, Grossman catalogs just some of the many common side effects of so-called “gender-affirming care” for kiddies – among them the alarming fact that teenagers, who during normal puberty experience increased bone density, will, if given puberty blockers, lose bone density, sometimes to the extent that their bones are indistinguishable from those of an octogenarian. What do endocrinologists, who administer these blockers, say when confronted with the reality of their side effects? Grossman quotes one of them who, while acknowledging the downsides of this kind of “treatment” (and the possibility that patients will later regret having undergone it), says

that he offers it nonetheless because it makes his patients “happier in the moment.” Yes, says Grossman, and so does Ecstasy. “This,” she states emphatically, “is not practicing medicine.” And she sums up the danger of such “treatment” in one unforgettable sentence: “Parents, if you allow your children to go on puberty blockers, you are closing the lid on your biological grandchildren’s coffins before they have a chance to be conceived.”

For those who think that all this insanity started just the day before yesterday, Grossman provides some of the backstory. She recounts the career of John Money, the doctor at Johns Hopkins who won international respect and renown for an experiment that he touted as proof that children could be successfully “transitioned” – but who, it turned out, was a sick, lying, child-molesting creep whose experiment had, in fact, failed utterly. Grossman also rips the halo off of Alfred Kinsey, who has long been celebrated for liberating Americans from sexual prudishness (check out the nauseatingly hagiographic 2004 biopic starring Liam Neeson), but who was really, in her blunt but honest words, a “degenerate, disturbed” creature.

Despite Money’s chicanery, his cockamamie ideas began to make inroads into the medical profession. In 1997, Grossman attended a meeting of the American Academy of Child and Adolescent Psychiatry at which the French movie *Ma Vie en Rose*, about a boy who thinks he’s a girl, was screened. Grossman’s colleagues fatuously praised the film as a valuable critique of society’s “rigid definitions of male and female.” Grossman dissented, pointing out that “it was the boy who was disordered, not society.” Nobody backed her up. Seven years later, she attended a UCLA conference at which psychiatrists were instructed to accept unquestioningly the self-diagnoses of patients who say they’re transgender. And at a 2005 professional gathering, a male-to-female M.D. put out the same message, telling psychiatrists that their job wasn’t to be

“gatekeepers” – i.e., to respond to claims of transgenderism by *doing their job* – but simply to “validate” such patients with “gender-affirming care.”

How did this reality-denying viewpoint become an orthodoxy in the medical world? Because over the years, transgender ideologues elbowed their way into positions of influence at all the major medical organizations. Dissenters were silenced. Grossman quotes one doctor’s lament: “the AAP [American Academy of Psychiatry] is a lost cause.” So are the leading scientific journals. Part of this grim story is that after same-sex marriage became the law of the land in 2015, the Human Rights Campaign cynically pivoted from gay rights to trans “rights,” pressuring professional organizations to agree that anything other than medical “affirmation” of self-declared trans people amounted to prejudice. It was owing largely to pressure from the HRC (as well as other groups, such as the Southern Poverty Law Center) that the Endocrine Society, without discussion or debate, issued new guidelines in 2017 calling for “affirmation” of gender dysphoric children and teenagers, and the AAP, in 2018, seconded this endorsement of “affirming” treatment, whatever the patient’s age.

Just how far, then, has transgender medicine drifted from – well – real medicine? Grossman tells of sex-change surgeons who use lighthearted jokes about breast removal to advertise their butchery on TikTok. She tells horror stories about people whose lives have been damaged or destroyed by the mainstreaming of transgender ideology – among them, a self-identified “trans boy” who, after being rescued by the FBI from a sex trafficker, wasn’t released to her family because they forgot to use her male name and who instead, after a series of institutional screw-ups, ended up being trafficked again. Grossman tells of children’s books with titles like *Bye, Bye, Binary* (for ages 0-4), *The Rainbow Parade* (ages 2-5), and *True You: A Gender Journey* (ages 4-8). She tells of a family in which all three sisters identify as trans and

quotes an Army colonel who “fought Jihadis for fifteen years” and who “writes than when his transgender-identifying daughter goes on a rant, ‘she sounds like the true believers we captured on the battlefield.’”

Founded on a massive lie, transgender ideology is riddled with self-contradictions. Grossman exposes some of them. For example, trans advocates assert that the number of trans-identifying teens has risen because society is more accepting – but at the same time they attribute those same teenagers’ psychiatric problems to societal transphobia. “This,” observes Grossman, “is intellectually dishonest. It’s one or the other, you can’t have it both ways.” Another paradox: transgender ideology professes that transgender identity is “‘unchangeable’ but also ‘fluid.’” Yet another: as a psychiatrist, Grossman is expected to instantly “affirm” a four-year-old boy who says he’s a girl; but if a 25-year-old woman regrets transitioning, Grossman isn’t supposed to provide instant affirmation but, instead, perform “a complex analysis of external and internal factors,” including the possibility that the woman is plagued by “internalized transphobia.” (I would add that many medical professionals simply turn their backs on detransitioners, often refusing even to acknowledge the reality of their existence, because it poses a challenge to their belief system.)

Routinely, medical professionals who deal with “trans kids” insist that they carefully tailor their treatment to the individual patient. By way of refutation, Grossman cites the testimony of Jamie Reed, a former employee in the trans clinic of a St. Louis hospital. According to Reed, the clinic’s “working assumption” was that it was best to treat cases of alleged gender dysphoria as early as possible. Reed assumed there was evidence to support this assumption, but discovered otherwise. She was also shocked to discover that all children who claimed to be trans received “affirmative” treatment – no matter whether they were bipolar or schizophrenic, or changed

their identity daily, or admitted to requesting hormones “because they do not want to be gay,” or were obviously being pushed to transition by a psychologically twisted parent. Reed, who reported that every patient given puberty blockers at her clinic ended up with “near-constant abdominal pain,” encountered one child who identified not only as trans but as blind; the claim to be blind was dismissed, but the claim to be trans was taken seriously.

Of course, Grossman recognizes that a tiny percentage of self-identified trans people really have suffered since early childhood from a deep-rooted identity disorder. But she also understands that teenagers who experience what researcher Lisa Littman calls Rapid Onset Gender Dysphoria are falling for a trend. Many of them, she perceives, embrace the trans label because it “offers a way for adolescents to be absolved of privilege and join the ranks of the oppressed.” (In short, the trans craze wouldn’t have happened if not for the victimhood craze.) Such children, urges Grossman, need to be helped to understand that “like the Earth, their bodies are delicate ecologic symptoms to be honored and preserved.” And parents need to know that letting their kids surf unsupervised on the Internet, where many of them first encounter material that convinces them they’re trans, “is like driving them to the most crime-ridden part of town and leaving them there to go in and out of strangers’ homes.”

Packed with practical information and wise counsel, *Lost in Trans Nation* concludes with a useful series of appendices that outline basic biology, sum up the conclusions about transgenderism that have been reached by responsible researchers, and explains how to deal with schools and Child Protective Services and find a good therapist. Wise, compassionate, and brave, Grossman has put together a fine guide for parents of children who’ve been caught up in this folly. On a podcast the other day, Jordan Peterson confessed that one thing he’s discovered in recent years is that

“courage is a very, very rare virtue.” Alas, Miriam Grossman’s isolation in her profession is proof of that. Meanwhile the pusillanimity of other child psychiatrists on the trans issue proves that if courage is rare, cowardice, alas, is as common as dirt.

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