

## ***ABIGAIL SHRIER'S IRREVERSIBLE DAMAGE***

**Shrier, Abigail, *Irreversible Damage: The Transgender Craze Seducing Our Daughters*.  
Regnery Publishing, 2020.**

Abigail Shrier is a writer for the Wall Street Journal. She holds an A.B. from Columbia College, a B.Phil. from the University of Oxford; and a J.D. from Yale Law School. She does not identify as a Christian.

“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.’”<sup>1</sup>

“Gender dysphoria—formerly known as ‘gender identity disorder’—is characterized by a severe and persistent discomfort in one’s biological sex. It typically begins in early childhood—ages two to four—though it may grow more severe in adolescence. But in most cases—nearly 70 percent—childhood gender dysphoria resolves. Historically, it afflicted a tiny sliver of the population (roughly .01 percent) and almost exclusively boys. Before 2012, in fact, there was no scientific literature on girls ages eleven to twenty-one ever having developed gender dysphoria at all. In the last decade that has changed, and dramatically. The Western world has seen a sudden surge of adolescents claiming to have gender dysphoria and self-identifying as ‘transgender.’ For the first time in medical history, natal girls are not only present among those so identifying—they constitute the majority. Why? What happened?

---

<sup>1</sup> Abigail Shrier, *Irreversible Damage*, XXIV-XXV.

How did an age group that had always been the minority of those afflicted (adolescents) come to form the majority? Perhaps more significantly—why did the sex ratio flip: from overwhelmingly boys, to majority adolescent girls?”<sup>2</sup>

“But the phenomenon sweeping teenage girls is different. It originates not in traditional gender dysphoria but in videos found on the internet. It represents mimicry inspired by internet gurus, a pledge taken with girlfriends—hands and breath held, eyes squeezed shut. For these girls, trans identification offers freedom from anxiety’s relentless pursuit; it satisfies the deepest need for acceptance, the thrill of transgression, the seductive lilt of belonging.”<sup>3</sup>

“Some small proportion of the population will always be transgender. But perhaps the current craze will not always lure troubled young girls with no history of gender dysphoria, enlisting them in a lifetime of hormone dependency and disfiguring surgeries. If this is a social contagion, society—perhaps—can arrest it.”<sup>4</sup>

“Teens and tweens today are everywhere pressed to locate themselves on a gender spectrum and within a sexuality taxonomy—long before they have finished the sexual development that would otherwise guide discovery of who they are or what they desire. Long before they may have had any romantic or sexual experience at all. Young women judged insufficiently feminine by their peers are today asked outright, ‘Are you trans?’”<sup>5</sup>

“Two patterns stood out: First, the clear majority (65 percent) of the adolescent girls who had discovered transgender identity in adolescence—‘out of the blue’—had done so after a period of prolonged social media immersion. Second, the prevalence of transgender identification within some of the girls’ friend groups was more than seventy times the expected rate. Why?”<sup>6</sup>

“According to the DSM-5, gender dysphoria in children is a condition defined by the presence of at least six of the following symptoms: (1) A strong desire to be of the other gender or an insistence that one is the other gender; (2) A strong preference for cross-dressing or simulating [other gender] attire; (3) A strong preference for cross-gender roles in make-believe play or fantasy play; (4) A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender; (5) A strong preference for playmates of the other gender; (6) A strong rejection of toys, games and activities typically associated with birth sex; (7) A strong dislike of one’s sexual anatomy; (8) A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender These are

---

<sup>2</sup> Abigail Shrier, *Irreversible Damage*, XXVII.

<sup>3</sup> Abigail Shrier, *Irreversible Damage*, XXX.

<sup>4</sup> Abigail Shrier, *Irreversible Damage*, XXX.

<sup>5</sup> Abigail Shrier, *Irreversible Damage*, 13.

<sup>6</sup> Abigail Shrier, *Irreversible Damage*, 26.

not the sorts of things a small child can easily conceal from parents; five are readily observable behaviors and preferences.”<sup>7</sup>

“Dr. Littman created a ninety-question survey consisting of multiple-choice Likert-type (scale-of-agreement based) and open-ended questions. Data were collected anonymously from 256 parents whose kids had not met the criteria for gender dysphoria in childhood, but had suddenly identified as transgender in adolescence. Among Dr. Littman’s findings (in her own words, lightly edited): Over 80 percent of the adolescents were natal females, with a mean age of 16.4 years. Most were living at home with parents at the time of their transgender announcement. The vast majority had had zero indicators of childhood gender dysphoria (in addition to universally failing to meet the six-criteria requirement for childhood gender dysphoria). Almost a third of the adolescents did not seem at all gender dysphoric, according to parents, prior to the adolescents’ announcement of being trans. A majority had had one or more psychiatric diagnosis and almost half were engaging in self-harm prior to the onset of the gender dysphoria. Forty-one percent had expressed a non-heterosexual sexual orientation before identifying as transgender. Nearly half (47.4 percent) had been formally assessed as academically gifted. Nearly 70 percent of the teenagers belonged to a peer group in which at least one friend had also come out as transgender. In some groups, the majority of the friends had done so. Over 65 percent of teens had increased their social media use and time spent online immediately prior to their announcement of transgender identity. Among parents who knew their children’s social status, over 60 percent said the announcement brought a popularity boost. Over 90 percent of the parents surveyed were white. More than 70 percent of the parents had earned bachelor’s or graduate degrees. Over 85 percent of parents reported supporting the right of gay couples to marry. Over 88 percent of parents surveyed reported being supportive of transgender rights. Nearly 64 percent of parents had been called “transphobic” or “bigoted” by their children for such reasons as: disagreeing with the child about the child’s self-assessment of being transgender, recommending that the child take more time to figure out if the child’s feelings of gender dysphoria persisted, calling their child by the wrong pronouns, telling their child that hormones or surgeries were unlikely to help, calling their child by his or her birth name, or recommending that the child work on other underlying mental health issues before undergoing medical transition. Fewer than 13 percent of the parents believed that their adolescents’ mental health had improved after transgender identification. Over 47 percent reported that mental health had worsened.”<sup>8</sup>

“But what part of this, exactly, was contagious? Dr. Littman hypothesized three things (again, I have lightly edited her words): (1) the belief that non-specific symptoms should be perceived as gender dysphoria and that their presence is proof of being transgender; (2) the belief that the only path to happiness is transition; and (3) the belief that anyone who disagrees with the self-assessment of being transgender or opposes the plan for transition is transphobic, abusive, and should be cut off.”<sup>9</sup>

---

<sup>7</sup> Abigail Shrier, *Irreversible Damage*, 36-37.

<sup>8</sup> Abigail Shrier, *Irreversible Damage*, 37-38.

<sup>9</sup> Abigail Shrier, *Irreversible Damage*, 39.

Seven wrong ideas about gender dysphoria are: (1) if you think you might be trans, you are; (2) trying out trans? binders are a great way to start; (3) testosterone, or T, is amazing. It might just solve all of your problems; (4) if you parents loved you, they would support your trans identity; (5) if you're not supported in your trans identity, you'll probably kill yourself; (6) deceiving parents and doctors is justified if it helps transition; and (7) you don't have to identify as the opposite sex to be "trans."<sup>10</sup>

"There have always been women who broke barriers and inhabited male roles, behavior that would today be sufficient to deem them 'gender nonconforming': Joan of Arc, Catherine the Great, George Eliot, George Sand, Sally Ride. But none of these women thought she was less of a woman for having taken on traditionally male roles. None insisted that she was really a man."<sup>11</sup>

Four Unsupported Claims of the Trans Movement. The weltanschauung of gender-affirmative therapy rests on several key claims: (1) adolescents know who they are; (2) social transition and affirmation is a 'no lose' proposition; (3) if you don't affirm, your child may kill herself; and (4) gender identity is immutable: you can't convert a child out of a transgender identity."<sup>12</sup>

Seven responses as parents are: (1) don't get your kid a smartphone; (2) don't relinquish your authority as the parent; (3) don't support gender ideology in your child's education; (4) reintroduce privacy into the home; (5) consider big steps to separate your daughter from harm; (6) stop pathologizing girlhood; and (7) don't be afraid to admit it's wonderful to be a girl.<sup>13</sup>

---

<sup>10</sup> Abigail Shrier, *Irreversible Damage*, 48-57.

<sup>11</sup> Abigail Shrier, *Irreversible Damage*, 62.

<sup>12</sup> Abigail Shrier, *Irreversible Damage*, 107-18.

<sup>13</sup> Abigail Shrier, *Irreversible Damage*, 212-15.

## ***10 Life Lessons from Abigail Shrier's Irreversible Damage***

In *Irreversible Damage: The Transgender Craze Seducing Our Daughters* (2020), Abigail Shrier warns about the dangers of trans ideology especially as it relates to teenage girls. Shrier is a writer for the Wall Street Journal. She holds an A.B. from Columbia College, a B.Phil. from the University of Oxford; and a J.D. from Yale Law School. Importantly, she is not a Christian. Here are 10 life lessons from her important book:

**1. The older (adult) trans community must be distinguished from the younger (young adult/teen) trans community.** “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” (XXIV).

**2. The trans epidemic among teenage girls is just another in a long series of social contagions that have plagued teenage girls for at least the past 100 years.** “The Salem witch trials of the seventeenth century are closer to the mark [of the present day trans epidemic]. 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’” (XXV).

**3. Historically, gender dysphoria afflicted boys. Now its mostly girls. Why? This question needs to be answered.** “Gender dysphoria—formerly known as ‘gender identity disorder’—is characterized by a severe and persistent discomfort in one’s biological sex. It typically begins in early childhood—ages two to four—though it may grow more severe in adolescence. But in most cases—nearly 70 percent—childhood gender dysphoria resolves. Historically, it afflicted a tiny sliver of the population (roughly .01 percent) and almost exclusively boys. Before 2012, in fact, there was no scientific literature on girls ages eleven to twenty-one ever having developed gender dysphoria at all. In the last decade that has

changed, and dramatically. The Western world has seen a sudden surge of adolescents claiming to have gender dysphoria and self-identifying as ‘transgender.’ For the first time in medical history, natal girls are not only present among those so identifying—they constitute the majority. Why? What happened? How did an age group that had always been the minority of those afflicted (adolescents) come to form the majority? Perhaps more significantly—why did the sex ratio flip: from overwhelmingly boys, to majority adolescent girls?” (XXVII).

**4. There would be no trans movement among teenage girls without the internet and social media.** “[T]he phenomenon sweeping teenage girls is different. It originates not in traditional gender dysphoria but in videos found on the internet. It represents mimicry inspired by internet gurus, a pledge taken with girlfriends—hands and breath held, eyes squeezed shut. For these girls, trans identification offers freedom from anxiety’s relentless pursuit; it satisfies the deepest need for acceptance, the thrill of transgression, the seductive lilt of belonging” (XXX).

**5. Teenage girls identify as trans because they just want to fit in, be noticed, and be accepted.** “Two patterns stood out: First, the clear majority (65 percent) of the adolescent girls who had discovered transgender identity in adolescence—‘out of the blue’—had done so after a period of prolonged social media immersion. Second, the prevalence of transgender identification within some of the girls’ friend groups was more than seventy times the expected rate” (26).

**6. In most cases, gender transitioning worsens mental health.** “Dr. Littman created a ninety-question survey consisting of multiple-choice Likert-type (scale-of-agreement based) and open-ended questions. Data were collected anonymously from 256 parents whose kids had not met the criteria for gender dysphoria in childhood, but had suddenly identified as transgender in adolescence. Among Dr. Littman’s findings (in her own words, lightly edited): Over 80 percent of the adolescents were natal females, with a mean age of 16.4 years. Most were living at home with parents at the time of their transgender announcement. The vast majority had had zero indicators of childhood gender dysphoria (in addition to universally failing to meet the six-criteria requirement for child-onset gender dysphoria). Almost a third of the adolescents did not seem at all gender dysphoric, according to parents, prior to the adolescents’ announcement of being trans. A majority had had one or more psychiatric diagnosis and almost half were engaging in self-harm prior to the onset of the gender dysphoria. Forty-one percent had expressed a non-heterosexual sexual orientation before identifying as transgender. Nearly half (47.4 percent) had been formally assessed as academically gifted. Nearly 70 percent of the teenagers belonged to a peer group in which at least one friend had also come out as transgender. In some groups, the majority of the friends had done so. Over 65 percent of teens had increased their social media use and time spent online immediately prior to their announcement of transgender identity. Among parents who knew their children’s social status, over 60 percent said the announcement brought a popularity boost. Over 90 percent of the parents surveyed were white. More than 70 percent of the parents had earned bachelor’s or graduate degrees. Over 85 percent of parents reported supporting the right of gay couples to marry. ...Fewer than 13 percent of the parents believed that their adolescents’ mental health had improved after transgender identification. Over 47 percent reported that mental health had worsened” (37-38).

**7. A woman who acts “masculine” is still a woman.** “There have always been women who broke barriers and inhabited male roles, behavior that would today be sufficient to deem them ‘gender nonconforming’: Joan of Arc, Catherine the Great, George Eliot, George Sand, Sally Ride. But none of these women thought she was less of a woman for having taken on traditionally male roles. None insisted that she was really a man” (62).

**8. The trans movement should be forced to prove its basic assumptions.** The worldview of the trans movement rests on several key claims that are unsupported by the evidence. These claims include: (1) adolescents know who they are; (2) social transition and affirmation is a ‘no lose’ proposition; (3) if you don’t affirm, your child may kill herself; and (4) gender identity is immutable: you can’t convert a child out of a transgender identity (107-18).

**9. There are some things wise parents can do.** Seven recommended responses as parents are: (1) don’t get your kid a smartphone; (2) don’t relinquish your authority as the parent; (3) don’t support gender ideology in your child’s education; (4) reintroduce privacy into the home; (5) consider big steps to separate your daughter from harm; (6) stop pathologizing girlhood; and (7) don’t be afraid to repeat it’s wonderful to be a girl (212-15).

**10. Together, we must stop the current trans craze among teenage girls.** “Some small proportion of the population will always be transgender. But perhaps the current craze will not always lure troubled young girls with no history of gender dysphoria, enlisting them in a lifetime of hormone dependency and disfiguring surgeries. If this is a social contagion, society—perhaps—can arrest it” (XXX).

What I liked most about Shrier’s book is that her conclusions are based on objective evidence. She proves convincingly we are dealing with a social contagion and not anything biological or genetic. The trans movement is a religious movement more than anything else. As Christians, we must say no trans ideology and expose its vulnerability based on reason, science, and common sense. If we go against the grain of the universe, we’re going to get splinters. Transitioning one’s gender is going against the grain of the universe, and it will result in splinters. It is unloving and immoral to allow another human being to walk off a cliff without saying something. That’s why we must speak up clearly about the dangers of gender transitioning, especially among teenage girls.

- Jeff Coleman