

Puberty Is Not a Disorder

We vigorously object to the normalization of childhood gender identity disorder (GID) promoted by the American Academy of Pediatrics (AAP) in the article “Psychological and Medical Care of Gender Nonconforming Youth,”¹ published in the December issue of *Pediatrics*. The

recommendations of the authors to reinforce the delusions of gender identity-confused children, and to prescribe puberty-blocking hormones as though puberty were a disorder, are outrageous. This approach violates the oath physicians take to “do no harm.”

Although some affected children and their parents may report being happier when health professionals, families, friends, and schools affirm their false beliefs, “happiness” is not always consistent with good health. It can also be short-lived.

A recent 30-year study in transgendered adults in Sweden, unquestionably a transgender-affirming culture, should give the AAP and American Psychiatric Association (APA) pause: it showed that individuals who underwent sex reassignment surgery suffered significantly greater morbidity and mortality when compared with matched controls. Shockingly, their suicide mortality rose almost 20-fold above the comparable nontransgender population. The authors concluded, “Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism . . . [emphasis added].”²

There is no adequate body of research on the long-term use of puberty blockers in early adolescence followed by lifelong administration of exogenous testosterone to biological girls or of exogenous estrogen to biological boys. However, there is significant evidence indicating stunted growth and infertility from puberty-blocking hormones, and possible malignancies from chronic use of synthetic hormones.³ Yet, this is what the AAP and APA recommend.

We submit that children who dread the development of secondary sex characteristics are emotionally troubled; puberty is not a disease. In fact, puberty brings relief for the vast majority of children receiving therapy for GID, because hormone surges propel the development of their brains as well as their bodies and they come to identify with their biological sex.^{4,5} Science and ethics trump the current recommendations of the AAP and APA, which amount to conducting an ideology-driven social experiment on vulnerable children and their families. All physicians must work for the reinstatement of the diagnosis and sound treatment of childhood GID.

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None declared

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Author’s Response

We respectfully disagree with many assertions made by the authors responding to our article “Psychological and Medical Care of Gender Nonconforming Youth.”¹ First, the respondents’ use of the psychiatric diagnosis of gender identity disorder (GID) is in itself problematic. The American Psychiatric Association changed this diagnosis in the *Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*, to “gender dysphoria.” The psychiatric and pathologic focus is not on the cross-gender identity but instead on the distress stemming from the mismatch between “assigned” and affirmed gender identity and from societal stigma and lack of acceptance. Our center and other major professional organizations do not view gender nonconformity as pathologic, as our article discusses at length; this may be at odds with the stated perspective of the respondents. Furthermore, the respondents suggest that gender-nonconforming children suffer from delusions regarding their gender identity; symptoms of delusions are not included in any diagnostic criteria for gender dysphoria in the DSM-V.

The respondents misinterpret the goals of our gender-affirming approach by stating that “affected children and their parents may report being happier when [professionals and community] affirm their false beliefs,” and “‘happiness’ is not always consistent with good health.” We not only want these youth to be happy, we want them to be less depressed, less suicidal, higher functioning, and, most importantly, thriving. As explained in our article, exposure to an environment that is supportive and affirming of gender nonconformity can be protective against suicidality, depression, and poor self-esteem.^{2,3}

To promote their argument that gender-modulating therapies are deleterious, the responding authors cite a follow-up study in adults who had gender-affirming surgery. The