

Comments on Abigail Shrier: Science, the Transgender Phenomenon, and the Young

[Abigail Shrier explains how "this" happened.](#)

By Lee Beecher, MD (Em) – May 18, 2023

Social hysteria ensnares vulnerable youth and even populations. Young women, for example the Salem "witches" were and are vulnerable. See "[Salem Witch Trials](#)."

Social hysteria is fomented and mobilized by "causes" and political agendas. Enter Transgenderism in women's sports and locker rooms.

If organized medicine and teachers' unions view embracing trans-genderism as political correctness, and recommend gender "affirmation" therapy and hormonal and surgical interventions for young children who experience "gender dysphoria," God help us if the standard for our medical care is mitigated by Artificial Intelligence (AI)!

Abigail Shier notes the parallel between gender dysphoria and eating disorders. Eating disorders are more palatable politically correct than mental disorders. Because they are *physical* after all, not mental. Yet it's fashionable to euphemistically refer to *mental health* conditions rather than patients with mental illness. Yet, mental health is defined as an absence of mental illness. Or what else?

In the 1970s and 80s a prominent pediatrician at Methodist Hospital in Saint Louis Park MN persuaded the hospital administration to set up an [inpatient eating disorders unit](#) .

Most successful eating disorders treatment involves psychotherapy designed to empower suffering patients to take charge of controlling and quelling social media

group-think and stigma. BTW: Is obesity an eating disorder?

Abigail Shier aptly recommends a "remedy" for social hysterias: Critical thinking done by individuals and families who're active and discerning in their families, among friends, and in school, church, community, and political parties.

Normative psychiatric diagnosis is fundamentally politically based (see: [Patients for Patients](#)). We physicians are early on taught to differentiate between physical *versus* mental. In 2023 this dichotomy also serves the economic interests of physicians when "mental" is put in the algorithm leading to specialty NIMBY. The physical/mental dichotomy is also applied by employers who arrange healthcare benefits, insurance companies, and government bureaucracies.

The quest for corporate profits now dominate organized medicine and by far most US physicians are corporate employees. US medical academia is in crisis if esteemed professors are punished for dissenting for fear of losing their jobs. Public health science was abrogated to politics during the Covid pandemic.(See: [Aaron Kheriaty](#) and [Scott Atlas](#)).

Will the "final solution" to employ this apocalyptic term, be a US healthcare system not of the people, for the people, or by the people?

What is the alternative?

[Contact Lee Beecher.](#)