MEDICINE AND SOCIETY

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How the Idea of Social Contagion Shaped Trans Medicine

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The specter of a "trans epidemic" is haunting the world. In response to the increased visibility of transgender and gender-nonconforming people and their demands for recognition, politicians, activists, researchers, and health professionals have mobilized the language of epidemics and the metaphor of social contagion to restrict rights for transgender (trans) people and their access to medical transition. Young people's access to transition-related health care has been rolled back on both sides of the Atlantic. As of August 2024, a total of 26 U.S. states — home to two fifths of the young trans people in the country — had enacted laws or policies limiting access to such care for adolescents.[1] A number of European countries, most recently the United Kingdom, have restricted access to puberty blockers for adolescents, either by prioritizing psychosocial support or by limiting use of pharmacologic treatment to clinical trials.[2]

Some observers see this shift as a triumph of science over activism.[3] But to suggest that this change is an overdue response to practices built on shaky scientific foundations is an oversimplification at best. The shift cannot be understood in isolation from an increasingly hostile antitrans political climate and public discourse. In both the United States and the United Kingdom, albeit from different points of departure, politicians and activists have politicized transition medicine, turning trans rights into the defining subject of a culture war. In the United States, the fight against trans rights is primarily based in religious conservatism and right-wing politics. In the United Kingdom, antitrans activism has been spearheaded by "trans-exclusionary radical feminists," who have rallied the tabloid press and portrayed trans rights as threatening to girls' and women's rights.[4] As philosopher Judith Butler has argued, "gender" has become a "phantasm" for the connection and acceleration of various moral panics.[5]

THE VULNERABLE CHILD

A recurrent theme in these discussions is the theory of social contagion. According to this hypothesis, being trans is a trend, an idea that young people pick up on social media. But as physician–anthropologist Sahar Sadjadi has argued, a key to understanding medicine's misuse on this front is the invocation of the trope of "the vulnerable child."[6] Religious conservatives, liberals, and trans-exclusionary feminists all purport to be seeking to "protect" children from "gender ideology" and the "trans agenda." They claim that trans advocates and physicians offering transition-related care have seduced young people into becoming trans. Tellingly, a 2019 Swedish documentary was titled "The Trans Train," suggesting that activists and physicians have set young people on an "identity train" leading inexorably to medical treatment with irreversible consequences.[7]

This strategy has been effective in mobilizing public and political reactions in part because growing numbers of young trans people have been referred to gender clinics over the past decade[8] — an increase often described as an epidemic. "Currently, we appear to be experiencing a significant psychic epidemic that is manifesting as children and young people coming to believe that they are the opposite sex," one author claimed in a 2017 article titled "Outbreak."[9] A similar logic of "social contagion" underlies the concept of "rapid-onset gender dysphoria" (ROGD), proposed by researcher Lisa Littman in a 2018 journal article to describe young people who were alleged to have suddenly developed gender dysphoria, caused, Littman hypothesized, by "social influences and maladaptive coping mechanisms."[10] After Littman's research methods — interviewing parents recruited from Internet forums without talking to the young people themselves — were

criticized, the journal replaced the original version of record with a revised version that had a new title and emphasized the limitations of the research design and the fact that ROGD was not a formal mental health diagnosis.

Although some professional associations, including the American Psychological Association and the American Psychiatric Association, called for eliminating use of "ROGD" in clinical practice in light of harmful effects and a lack of evidence,[11] it was seized on by politicians and in public discourse.[12] It has since taken on a life of its own. In February 2022, for example, the National Academy of Medicine in France issued a statement on trans identity referring to the Littman study: "Whatever the mechanisms involved in the adolescent — exaggerated use of social media, increased social acceptance, or other people in the environment — this epidemic-like phenomenon leads to the appearance of cases, or even outbreaks of cases in the immediate environment."[13]

These ideas may seem specific to our current cultural moment. Yet the theory of social contagion and the politics of applying the language of epidemics to discussion of sexual minority groups are quite old, and they are pivotal to understanding the history of trans medicine. The construction of "the trans epidemic" and the aim of limiting "contagion" have informed trans medicine from the beginning. Historical analysis can help elucidate how medicine and medical knowledge are currently being hijacked for political purposes.

For more than a century, psychologists, psychiatrists, and other physicians have invoked epidemics and social contagion to pathologize and disavow sexual minority groups. As anthropologist Gayle Rubin noted in 1984, "no tactic for stirring up erotic hysteria has been as reliable as the appeal to protect children."[14] In the early 20th century, for example, psychiatrists and sexologists fiercely debated biologic and psychological theories of homosexuality.[15,16] Among the proponents of biologic and congenital theories was German sexologist Magnus Hirschfeld, who — for emancipatory purposes — conducted research and produced educational material for the public. By contrast, psychiatrists such as Emil Kraepelin and Karl Bonhoeffer argued that such educational material, which they labeled "homosexual propaganda," could seduce "susceptible" and "vulnerable" young people into homosexuality.[17] In 1920, using the contemporary word for homosexuality, German psychology professor William Stern suggested that war and revolution provided the grounds for an "almost epidemic spread of inversion."[18]

Given Germany's large population losses in the First World War and its political goal of population growth, the notion that homosexuality spread by social contagion fell on fertile ground. Yet the popularity of this theory and its deployment in support of the criminalization of sodomy were not limited to Germany; nor was the use of the language of epidemics and social contagion in impeding the rights and freedoms of sexual minority groups.

BECOMING VISIBLE

Ever since medical practices for reassigning sex were introduced a century ago, physicians and authorities have disagreed about who should be allowed to transition, what the criteria should be, and on what basis they should be set.[19] A common goal, however, for both physicians and the state has been to limit the number of people who transition. One strategy for doing so has been hindering public access to information about trans identity and medical transition, just as some psychiatrists once tried to do with homosexuality, in order to contain "social contagion."

When physicians performed the first sex-reassignment operations in Weimar Berlin in the 1920s, they hesitated to discuss them publicly. Of the numerous publications from Hirschfeld's Institute for Sexual Science, only one addressed these operations,[17,20] despite their spectacular nature. Although the doctors involved may have been trying to protect patients' anonymity, it seems more likely that they wanted to avoid criticism or disciplinary action for intervening in a medical and ethical gray area.

By contrast, magazines, newspapers, and television have been instrumental in publicizing the possibility of medical transition and enabling trans communities to create networks, share knowledge, and advocate for themselves. Published between 1930 and 1932, for example, *Das 3. Geschlecht* ("The Third Sex") was the first magazine aimed at trans people; it also featured criticism of genital surgery.[21] Beginning in the mid-20th century, the lay media helped delineate a modern trans identity and spread knowledge about available medical

interventions for shaping sex characteristics. Two women played particularly important roles: Lili Elbe and Christine Jorgensen. Their stories illustrate how trans medicine emerged from networks linking trans communities with physicians and reflect the importance of visibility, representation, and the media in recognizing and promoting the rights of marginalized groups.

Already 47 years old when she first traveled to Germany for medical treatment, the Danish painter Lili Elbe underwent a castration surgery supervised by Hirschfeld, probably in 1930. That operation was followed by successive surgeries in Dresden, and Elbe died of complications the following year. Her autobiographical book, published in Danish the year she died and in English 2 years later, brought her story to a broad audience and received intense media attention.[17,22-24] In what were then called "transvestite" magazines, Elbe was celebrated as a pioneer who had managed to obtain the desired operation and was "allowed to die as a woman."[20]

Two decades later, when the former U.S. soldier Christine Jorgensen underwent hormonal and surgical sex reassignment in Copenhagen, the *New York Daily News* broke the story on December 1, 1952, with the headline "Ex-GI Becomes Blonde Beauty: Bronx Youth Is a Happy Woman After 2 Years, 6 Operations."[25] Jorgensen was cast as a celebrity and role model by the press, which heralded her return to New York the following year. Trans people throughout the country began contacting her, and she became a "relay point," referring them to endocrinologist Harry Benjamin, who was establishing himself as a trans medicine pioneer.[26,27]

"SOCIAL CONTAGION"

Immediately, people from all over the world wrote to the Danish physicians seeking medical help in order to transition: in just 10 months after the publication of the article, the physicians received 756 letters from 465 people.[28] But immediately after approving Jorgensen's application for castration — the initial step for any course of genital surgery in Denmark — the minister of justice limited access to such treatment to Danish citizens only. When trans people turned to other Scandinavian countries, Norwegian authorities reacted quickly: an "avalanche" and "uncontrolled flood" of such requests had to be prevented. In a November 1953 memo, the Norwegian Ministry of Justice and the Police opined that Jorgensen had "exploited the situation in a quite unsavory manner."[29] Though it was the press that had sensationalized Jorgensen's story, critics used the metaphor of a natural disaster to mobilize policymakers to prevent "social contagion" and contain the "spread" of what then was referred to as "sex change."

As more trans people sought help,[30] physicians began describing the phenomenon as a "worldwide epidemic." In a 1956 article entitled "Le désir de changer de sexe: forme epidemique actuelle d'un mal ancient" ("The desire to change sex: the current epidemic manifestation of an old disease"), French endocrinologist Jean Vague argued that the press was driving the fabrication of new hopes out of old desires. He hypothesized that the feminization of society was the underlying cause: spurred by advances toward gender equality, new medical technology, and mass-media attention, the "epidemic" became a symptom of modernity itself.[31] The construction of a trans epidemic was thus enabled by broader social concerns about the dissolution of the nuclear family and traditional values and gender norms.

Over the next decade, the idea that the media were vehicles of transmission for trans identity gained popularity among psychiatrists. "Many transsexuals have embraced their sex transformation with sensationalistic showmanship and publicity," Norwegian psychiatrist Johan Bremer wrote in 1961. "It is precisely this sensationalist publicity that has awakened the desires of transvestites who, until then, at least may have adjusted to their transvestism. Now, however, they become obsessed with the idea of 'sex transformation.'"[32]

Avoiding publicity became a strategy for limiting the availability of information to prevent people from transitioning. When the main Norwegian medical journal published articles about sex reassignment in the early 1960s, they included an editor's note reading "not to mention in the press."[32,33] Such a caveat was often added to articles addressing sensitive topics, but here it was probably also a strategy for limiting "social contagion." Framing trans identity as an epidemic had direct consequences for government policy: in the ensuing decades, Norwegian medical authorities repeatedly declined to formalize appropriate diagnostic and therapeutic practices for medical transition.

CONSTRUCTING DIAGNOSIS

Another strategy for keeping trans medicine at bay and limiting "social contagion" was circumscribing diagnostic decision making by constructing strict diagnostic criteria. For example, as Jules Gill-Peterson has detailed, when trans people sought help from doctors at Johns Hopkins in the 1930s, the doctors reformulated their desires as expression of homosexuality, denying them medical treatment.[34] Refusal to take people's requests for care at face value and retelling their stories in psychiatry's pathologizing vocabulary has been one approach to denying trans people self-knowledge and the tools for gaining support. This tactic is an example of what philosopher Miranda Fricker has labeled "epistemic injustice"[35]: by depriving people of the concepts and knowledge that would give meaning to their experiences, physicians sought to limit the desire for medical transition.

As more people sought treatment to change their sex in the 1950s and 1960s, psychiatrists constructed nosologic categories and diagnostic criteria that were met by very few trans people. The criteria for transsexuality excluded most trans people, denying them the possibility of medical treatment.[36,37] Physicians argued that the strict eligibility criteria would protect patients, but as historian Beans Velocci found in analyzing correspondence between Benjamin, the endocrinologist, and surgeon Elmer Belt, it was primarily a strategy for physicians to protect their credibility and shield themselves from litigation.[38] In the 1960s, medical researchers in Sweden, for example, excluded from clinical research most gender-nonconforming people — those with a nonbinary identity, in contemporary terminology — and thereby reproduced a narrow and strictly binary definition of transness.[39] Trans studies scholars have noted how this nosologic framework circularly reinforced its own validity: since the entry ticket to medical treatment was a diagnosis of transsexuality, people learned to tell their life stories in the diagnostic language of transsexuality.[40-42] The restrictive framework provided a sense of "epidemic control" but led to an impoverished understanding of the plurality and richness of trans lives and experiences.

In the 1950s and 1960s, an important criterion for access to hormonal and surgical treatment for trans people was fulfillment of stereotypical bodily criteria for masculinity or femininity.[19] In the 1970s and 1980s, however, as a new generation including gay, lesbian, and feminist physicians entered the field, the tables were turned. The transsexual diagnostic script, once the key to obtaining treatment, became instead a complicating factor for many people seeking hormones and surgery: some physicians now saw requests for medical transition as reproducing archaic, repressive, and sexist gender norms. This critique was fueled by the emerging trans-exclusionary radical feminism, particularly that of Janice Raymond, who claimed that transsexuality and the desire to transition were a product of patriarchy and the medical establishment.[43]

These theories directly affected medical practice. In Norway, for example, clinicians implemented an exceedingly restrictive diagnostic regime, which excluded almost everybody requesting treatment for transition. These clinicians saw requests for "sex change" as responses to personal and social issues, such as narrow gender norms and repressed homosexuality. According to this argument, it was easier to "change sex" than to come out as lesbian or gay. Such clinicians portrayed medical transition as a "quick fix" for internalized homophobia, arguing that transition treatment would merely reinforce strict standards of "gender-role conformity."[44] This take, however different it may seem from past dismissals, was merely another way of interpreting the desire to transition as inauthentic and redefining it as something other than what trans people described. The common thread is that clinicians have blamed society, the media, or trans communities themselves for the emergence and "spread" of such requests for medical treatment.

CARING FOR TRANS PEOPLE

The phenomenon of young trans people seeking medical treatment to modify their bodies is not new.[34] The earliest examples I have found in my research on trans medicine in Scandinavia date back to the 1950s. If young trans people were not subjected to "conversion therapy" in attempts to change their identity, they were often told to come back when they reached the legal age for treatment. In the 1990s, however, a Dutch team of psychologists and physicians suggested a new approach: in selected trans adolescents, they prescribed puberty blockers followed by hormone-substitution treatment. The approach was recom-

mended in the 1998 edition of the international *Standards of Care for Gender Identity Disorders*[45] and implemented by gender clinics in Europe and the United States in the early 2000s.

In the past decade, as trans medicine has been increasingly politicized, access to medical treatment for trans adolescents has become tightly connected with advocacy for trans rights. This linkage has restricted opportunities for nuanced discussion about known and unknown effects of hormone treatment and has limited the conversation about children's capacity to make medical decisions, with potentially major consequences for reproductive health.[6] Unanswered questions remain about long-term physical and psychological effects of puberty blockers and hormones for medical transition. Providing good care does not mean uncritically embracing pharmaceutical solutions to existential questions; asking questions is a prerequisite for good medical practice. But physicians can work to avoid further stigmatization of a marginalized group and can promote inclusive research centered on the subjectivity and knowledge of trans persons.[34,46-49] We can start by taking young trans people seriously and considering their desires in a way that honors the complexity of these treatment decisions while acknowledging the power differentials in both public discussions and clinical encounters.

THE SPECTER OF THE "TRANS EPIDEMIC"

One way to move forward is to recognize past harms and their ongoing reverberations. One lesson here is that clinicians and politicians should stop trying to suppress information to limit transitions. A likely reason why more young people are seeking medical transition today is that more information is available from social media. There are direct parallels between past efforts to suppress information about transition and current discussions of "gender ideology" and "social contagion" and related attempts at censorship and prohibition. There are also parallels in the links between fears of "the trans epidemic" and concerns about the decline of traditional values.

Another lesson from the history of trans medicine is that medicine and the state constructed requests for medical transition as an epidemic from the beginning. Such framing may appeal to physicians in part because epidemics demand broad political responses, not merely medical solutions. The AIDS and Covid epidemics for example — and the language used to discuss them — aroused social anxieties, led to moral panics, and triggered both new medical approaches and new political positioning.[50-53] Deployment of the language of epidemics and the metaphor of social contagion in discussions of requests for medical transition may reflect medicine's attempt to shift responsibility — which would require the conduct of proper clinical trials, for example — by recasting a doctor–patient matter as a public and state concern. Ultimately, it's also a strategy to avoid asking what it means to give trans people the help they need to grow and flourish.

Disclosure forms provided by the author are available at NEJM.org.

I thank Rainer Herrn, Anne Kveim Lie, Jeremy Greene, and Volker Hess for providing helpful comments on an early version of this article and Brian Clarke for careful suggestions and proofreading of the manuscript, as well as four anonymous reviewers for their close reading and suggestions.

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DOI: 10.1056/NEJMms2407430