



# **Transgenderism**

A Stonegate Workshop



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# Theology of Gender

## A. The Significance of the Body

1. God **created** us male and female

*So God created man in his own image; he created him in the image of God; he created them male and female...God saw all that he had made, and it was very good indeed. Evening came and then morning: the sixth day.— Genesis 1:27, 31 CSB<sup>1</sup>*

*This is the document containing the family records of Adam. On the day that God created man, he made him in the likeness of God; he created them male and female. When they were created, he blessed them and called them mankind. — Genesis 5:1–2*

*Whoever sheds human blood, by humans his blood will be shed, for God made humans in his image. — Genesis 9:6*

“These words, ‘made in the image of God,’ form the fundamental definition of who we are. The story of humanity and all it was meant to be and do begins with these words. Captured in these words are human identity, human meaning and purpose, the definition of how humans are to function, and a finger pointing to human destiny. The narrative of humanity is captured by these words. Here is the all-encompassing and inescapable human identity. It is stamped by the Creator on everyone. By his good and wise will, this is who God has chosen us to be. All other identity markers are subservient to this one. ‘Like God.’ There is no more basic thing that you could say about every human being that has ever lived.” – Paul David Tripp<sup>2</sup>

2. Jesus viewed Genesis 1:27 as **normative** for understanding human identity and behavior.

*When Jesus had finished saying these things, he departed from Galilee and went to the region of Judea across the Jordan. Large crowds followed him, and he healed them there. Some Pharisees approached him to test him. They asked, “Is it lawful for a man to divorce his wife on any grounds?”“Haven’t you read,” he replied, “that he who created them **in the beginning made them male and female**, and he also said, ‘**For this reason a man will leave his father and mother and be joined to his wife, and the two will become one flesh**’? 6 So they are no longer two, but one flesh. Therefore, what God has joined together, let no one separate.” — Matthew 19:1–6*

The binaries in Genesis are so important. . . It’s all about God making complementary pairs which are meant to work together. The last scene in the Bible is the new heaven and the new earth, and the symbol for that is the marriage of Christ and his church. It’s not just one or two verses here and there which say this or that. It’s an entire narrative which works with this complementarity so that a male-plus-female marriage is a signpost or a signal about the goodness of the original creation and God’s intention for the eventual new heavens and new earth. — N.T. Wright<sup>3</sup>

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<sup>1</sup> Unless otherwise noted, all Scripture quotations will come from the Christian Standard Bible (CSB).

<sup>2</sup> Paul David Tripp, *Do You Believe?: 12 Historic Doctrines to Change Your Everyday Life*. (Wheaton: Crossway, 2021), 231–232.

<sup>3</sup> Matthew Schmitz, “N.T. Wright on Gay Marriage: Nature and Narrative Point to Complementarity,” *First Things*, June 11, 2014.

3. Jesus affirmed the *goodness* of the human body in at least three ways: His incarnation, resurrection, and ascension.

The Word became flesh and dwelt among us. We observed his glory, the glory as the one and only Son from the Father, full of grace and truth. — John 1:14

**3** For I passed on to you as most important what I also received: that Christ died for our sins according to the Scriptures, **4** that he was buried, that he was raised on the third day according to the Scriptures, **5** and that he appeared to Cephas, then to the Twelve. **6** Then he appeared to over five hundred brothers and sisters at one time; most of them are still alive, but some have fallen asleep. **7** Then he appeared to James, then to all the apostles. **8** Last of all, as to one born at the wrong time, he also appeared to me. — 1 Corinthians 15:3–8

After he had said this, he was taken up as they were watching, and a cloud took him out of their sight. — Acts 1:9

"Jesus coming, as a human, means Jesus cares for our bodies, not just our souls. It means we are not simply embodied spirits. We were crafted, body and soul, by a loving Creator. He calls humanity 'good.' Of course, in a fallen world, our bodies decay. We face aging and disease and deformity. But Jesus' coming as a human and his death as a human and his resurrection as a human means the corruption that afflicts our bodies has been defeated and we will rise, one day, with new bodies in the resurrection (John 11:25; 2 Corinthians 5:1-10)." — Daniel Darling<sup>4</sup>

"The incarnation tells us that the human body is essential to what it means to be a human. The possession of a human body is a central part of Jesus' humanity. Scripture, the Church, and theologians affirm its centrality... Not only does Christ possess a body at the incarnation but his body matters in his obedient life, death, burial, resurrection, ascension, and return. He practices obedience not just inwardly but with his body. He physically sacrifices his body on the cross, rises from the dead in his body, ascends to heaven in his body, and will return in his same body. If Jesus assumed a human body in the incarnation, lived in obedience in his physical body, maintained a body in his resurrection, and will return with a body, his body is central to his humanity and his redemptive work.

If the body is an essential component to Jesus' humanity, what does that mean for our humanity? It means that having a body is essential to being a human. God gave us a body and that makes it significant to our humanity. Having a body is so important, that we will have them in heaven, though in a glorified and perfect state." — Sherelle Ducksworth<sup>5</sup>

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<sup>4</sup> "What the Incarnation Means for Our Bodies," Personal Blog, December 22, 2017.

<sup>5</sup> "The Incarnation: God's Blueprint for What it Means to be Human," SEBTS Center for Faith and Culture, December 19, 2021.

4. Paul says that for Christians, our bodies are **temples** of the Holy Spirit.

*Flee sexual immorality! Every other sin a person commits is outside the body, but the person who is sexually immoral sins against his own body. Don't you know that your body is a temple of the Holy Spirit who is in you, whom you have from God? You are not your own, for you were bought at a price. So glorify God with your body. — 1 Corinthians 6:18–20*

“Paul’s response to this pagan viewpoint is, also once again, to stress that the body does matter and that sins of immorality are indeed against one’s body. This does not deny, of course, that there might be other sins against the body; Paul’s sole concern in this section is with *porneia*. In fact, as he goes on to say, the human body is the temple of the Holy Spirit (once again, introduced by a “do you not know,” v. 19). This, then, is a second significant reason why the body is important and why we are not free to do with our bodies as we please: Not only will God raise the human body someday, as he did the physical body of Christ, but he also comes to abide within us through his Spirit. Imagine that! God, through his Holy Spirit, inhabits our bodies! Do we need any further proof that the Lord places a high value on the human body?” — Verlyn D. Verbrugge<sup>6</sup>

5. We will have **redeemed** bodies in the New Creation

*But someone will ask, “How are the dead raised? What kind of body will they have when they come?” 36 You fool! What you sow does not come to life unless it dies. 37 And as for what you sow—you are not sowing the body that will be, but only a seed, perhaps of wheat or another grain. 38 But God gives it a body as he wants, and to each of the seeds its own body. 39 Not all flesh is the same flesh; there is one flesh for humans, another for animals, another for birds, and another for fish. 40 There are heavenly bodies and earthly bodies, but the splendor of the heavenly bodies is different from that of the earthly ones. 41 There is a splendor of the sun, another of the moon, and another of the stars; in fact, one star differs from another star in splendor. 42 So it is with the resurrection of the dead: Sown in corruption, raised in incorruption; 43 sown in dishonor, raised in glory; sown in weakness, raised in power; 44 sown a natural body, raised a spiritual body. If there is a natural body, there is also a spiritual body — 1 Corinthians 15:35–44*

“In 1 Corinthians 15, the resurrection is a recreating of the body at death and decomposition, which Paul denotes as a “spiritual body,” imperishable, with its distinct “glory” (15:41). This is guaranteed by the resurrection of Christ, through whom believers shall be made alive. This is in contrast to our present condition of having “earthly bodies,” made “of dust” (15:47–8), mortal, and liable to decay. Our “present body” is referred to by Paul as a “tent” (2 Cor. 5:4). Spiritual bodies are “immortal,” a sign that “death is swallowed up in victory” (1 Cor. 15:54). This doctrine is meant to have ethical consequences. If our inevitable death were final, and there is no resurrection, then it would be rational “to eat and drink, for tomorrow we die” (15:32; probably a quote of the poet Menander).” — Paul Helm<sup>7</sup>

“In proclaiming the resurrection of Christ, the apostles proclaimed also the resurrection of mankind in Christ, and in proclaiming the resurrection of mankind, they proclaimed the renewal of all creation in him.” — Oliver O’Donovan<sup>8</sup>

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<sup>6</sup> “1 Corinthians,” in *Romans–Galatians*, vol. 11 of *The Expositor’s Bible Commentary Revised Edition*, ed. Tremper Longman III and David E. Garland; Accordance electronic ed. (Grand Rapids: Zondervan, 2008), 312.

<sup>7</sup> “Created Body and Soul,” Concise Theology Series, The Gospel Coalition, January 14, 2020.

<sup>8</sup> *Resurrection and Moral Order: An Outline for Evangelical Ethics*, 2nd ed. (Downers Grove: IVP, 1994), 31.

## B. Five Key Doctrines

### Creation —> Incarnation —> Resurrection —> Ascension —> New Creation

“When Jesus’ ascended into heaven he didn’t ditch his humanity like a space shuttle ditches its booster rockets (to borrow a phrase from NT Wright). Becoming human at Christmas was not meant to be reversible. It was permanent. There is now a human body sitting at the right hand of God the Father at the very center of heaven.” — Sam Allberry<sup>9</sup>

“Christianity is almost the only one of the great religions which thoroughly approves of the body — which believes that matter is good, that God Himself once took on a human body, that some kind of body is going to be given to us even in Heaven and is going to be an essential part of our happiness, our beauty and our energy.” — C.S. Lewis<sup>10</sup>

## C. An Old Heresy

### Gnosticism

- Denied the *inherent* goodness of material creation
- Physical matter was considered *evil*
- Heaven = a total discarding of the physical body.

“Gnosticism emphasizes that a person’s self-awareness is different than and more important than their physical body. Gnosticism says that there is an inherent tension between our true selves and the bodies we inhabit. The idea that our true self is different than the body we live in communicates that our body is something less than us, and can be used, shaped, and changed to match how we feel. The concept that our gender can be different than our biological sex is a modern form of the old Gnostic idea.”— Andrew T. Walker<sup>11</sup>

“Fragmentation between body and spirit, which devalues the body and heightens the inner ‘true’ spirit of one’s inner self, is a gnostic rather than Judeo-Christian view of the human body...One common theme in the gnostic worldview is the belief that all matter, including the material world, is evil and that only the spiritual realm is good...Gnostics viewed the mind and inner self as captive to the body. Thus, a person’s spirit—a person’s true self—is a transcendent self that must be separated from the restraints and biological markers of the body, which is untrustworthy. The early church decisively denounced Gnosticism and any heresies that arose from it.”— Timothy Tennent<sup>12</sup>

Gnosticism essentially conflated the two doctrines of creation and fall: it treated creation as a kind of fall of the soul from some higher spiritual realm into corrupt material realm. Gnosticism thus trained people to think of the body ‘as a total other to the self.’ ... It was an unruly ‘piece of matter’ that the soul had to struggle to control and manage. The goal of salvation was to escape the material world—to leave it behind and ascend back to the spiritual realm. A popular pun at the time was that the body (Greek: *soma*) is a tomb (Greek: *sema*).” Nancy Pearcey<sup>13</sup>

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<sup>9</sup> *What God Has to Say About Our Bodies: How the Gospel is Good News for our Physical Selves* (Wheaton: Crossway, 2021), 21

<sup>10</sup> *Mere Christianity* (New York: HarperCollins, 1952/2001), 98.

<sup>11</sup> *God and the Transgender Debate* (The Good Book Company, 2017), 25–26.

<sup>12</sup> *For the Body: Recovering a Theology of Gender, Sexuality, and The Human Body* (Grand Rapids: Zondervan, 2020), 16–17.

<sup>13</sup> *Love Thy Body: Answering Hard Questions About Life and Sexuality* (Grand Rapids: Baker Books, 2018), 35.



## D. The Bible Says (In Contrast):

- The Bible teaches that material creation is **good**. It is affected by sin, but it is still good and God still has a plan for it.
- The Bible teaches a much more **integrated** view of humanity and creation
- We have both *physical* and *non-physical* aspects to our humanity.
- Our bodies are something to **honor** and **submit** to, not discard or mutilate.

*God saw all that he had made, and it was very good indeed. Evening came and then morning: the sixth day. — Genesis 1:31*

*For everything created by God is good, and nothing is to be rejected if it is received with thanksgiving, since it is sanctified by the word of God and by prayer. — 1 Timothy 4:4–5*

*For it was you who created my inward parts; you knit me together in my mother's womb. I will praise you because I have been remarkably and wondrously made. Your works are wondrous, and I know this very well. My bones were not hidden from you when I was made in secret, when I was formed in the depths of the earth. — Psalm 139:13–15*

*Your hands shaped me and formed me. Will you now turn and destroy me? Please remember that you formed me like clay. Will you now return me to dust? ... You clothed me with skin and flesh, and wove me together with bones and tendons. You gave me life and faithful love, and your care has guarded my life. — Job 8–9, 11–12.*

### **Big Idea:** The Biblical Ethic is an **Embodied** Ethic

The very possibility of morality is based on the conviction that there is a human nature, created by God, and therefore there are enduring norms telling us how to fulfill our nature, how to be fully human. — Nancy Pearcey<sup>14</sup>

“Human beings are made up of both body and soul. These two parts are distinct but inseparable in our nature state. They will be separated in death, but this is a result of the curse and will not continue indefinitely. The body is not ethically inferior, as some unchristian sources hold it to be, but neither is it the totality of the human person. The soul is immortal, not naturally but by virtue of God's will, and possess faculties such as reason, will, and the various emotions. The body and soul function inter-dependently and together make up the human person...The body is not “unspiritual.” Both body and soul are equally the gift of the Creator...Ascribing a lower ethical place to the body has pagan sources, for soul and body together comprises the image of God according to Scripture. The togetherness of body and soul is stressed in the first account of the creation of man. Man is not a soul “captured” in the body, despite the biblical analogy of the body as a “tent” (2 Cor. 5:1) or a “prison-house” as Plato maintained. The analogy of a tent indicates that the body is perishable in the present phase of its life, but in the life to come it will be imperishable, a “spiritual body” (1 Cor. 5:25).” — Paul Helm<sup>15</sup>

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<sup>14</sup> Nancy Pearcey, *Love Thy Body*, 206

<sup>15</sup> “Created Body and Soul,”

## E. What Do We Know From Science?<sup>16</sup>

- **Basic Biology**

1. **Sex**

“The biological differences between the sexes have long been recognized at the biochemical and cellular levels. Rapid advances in molecular biology have revealed the genetic and molecular bases of a number of sex-based differences in health and human disease, some of which are attributed to sexual genotype—XX in the female and XY in the male.” — Theresa Wiseman and Mary-Lou Perdue<sup>17</sup>

“Every cell has a sex — and what that means is that men and women are different down to the cellular and molecular level. It means that we’re different across all of our organs, from our brains to our hearts, our lungs, our joints” — Paula Johnson (Cardiologist)<sup>18</sup>

2. **Size**

3. **Strength**

4. **Smell:** 2005 Study – repeated exposure to the same smell → women had a **100,000 %** increase in detecting the same smells. But Men showed ZERO improvement.

5. **Sound:** In order for a boy to hear you, you have to speak about **8 decibels** (3 clicks on the radio dial) louder than with a girl → girls may feel like you’re yelling at them when you’re just speaking in a strong voice.

- **Developmental**

1. **Interests:** Generally — when given paper and crayons, girls tend to draw flowers and trees while boys tend to draw monsters, aliens, and actions scenes.

2. **Relationships:** Generally — boys tend to make friends shoulder-to-shoulder, whereas girls tend to make friends face-to-face. After fighting, boys are more likely to become better friends, while girls are more likely to have longer lasting hurt feelings.

3. **Aggression:** Generally — boys are more likely to need something to harness their physical and emotional aggression (#ShamelessJiuJitsuPlug), whereas girls are not as likely.

4. **Risk:** Boys are much more likely to engage in physically risking behavior (climbing trees, riding a dirt bike, jumping off a house, etc. at earlier stages of development. Boys are such more likely to over-estimate their ability and under-estimate the risks involved.

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<sup>16</sup> Adapted from Leonard Sax, *Why Gender Matters: What Parents and Teachers Need to Know About the Emerging Science of Sex Differences*, 2nd edition (New York: Harmony Books, 2017), 13–68.

<sup>17</sup> “Exploring the Biological Contributions to Human Health: Does Sex Matter?” *Institute of Medicine (US) Committee on Understanding the Biology of Sex and Gender Differences*, (Washington, D.C.: National Academies Press (US), 2001).

<sup>18</sup> “His and Hers...Healthcare,” TED Talk, December 2013.

“Surgeons are becoming more capable of constructing artificial genitalia, but these “add-ons” do not change the biological sex of the recipients, who are no more capable of playing the reproductive roles of the opposite biological sex than they were without the surgery. Nor does biological sex change as a function of the environment provided for the child. No degree of supporting a little boy in converting to be considered, by himself and others, to be a little girl makes him biologically a little girl. The scientific definition of biological sex is, for almost all human beings, clear, binary, and stable, reflecting an underlying biological reality that is not contradicted by exceptions to sex-typical behavior, and cannot be altered by surgery or social conditioning.” — Lawrence Meyer and Paul McHugh<sup>19</sup>

“The consensus of scientific evidence overwhelmingly supports the proposition that a physically and developmentally normal boy or girl is indeed what he or she appears to be at birth. The available evidence from brain imaging and genetics does not demonstrate that the development of gender identity as different from biological sex is innate. Because scientists have not established a solid framework for understanding the causes of cross-gender identification, ongoing research should be open to psychological and social causes, as well as biological ones”. — Lawrence Meyer and Paul McHugh<sup>20</sup>

“The fact that children are (with a few exceptions of intersex individuals) born either biologically male or female is beyond debate. The biological sexes play complementary roles in reproduction, and there are a number of population-level average physiological and psychological differences between the sexes.” — Lawrence Meyer and Paul McHugh<sup>21</sup>

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<sup>19</sup> “Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

<sup>20</sup> “Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

<sup>21</sup> “Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

# Transgender Ideology

“Gender is a ‘fiction,’ a ‘fabrication,’ and a ‘fantasy’ that can be made and remade at will...Gender is theorized as radically independent of sex, gender itself becomes a free floating artifice, with the consequences that man and masculine might just as easily signify a female body as a male one, and woman and feminine a male body as easily as a female one...There is no recourse to a body that has not always already been interpreted by cultural meanings.... ‘The body’ is itself a construction. — Judith Butler<sup>22</sup>

## A. Overview

- Affirms a distinction between biological sex (outward) and **gender identity** (inward)
- Biological sex is what you are **assigned** at birth; gender identity is what you **discover** over time.
- Prioritizes a person’s ideology priorities a person’s *psychological sense of gender identity* over their *biological sex*.
- Why? Because the psychological self is the true, **authentic** self.

**Big Idea:** Transgender Ideology **dishonors** the human body  
and **disintegrates** the human person.

Transgender [ideology] represents the rejection of a gender essentialist vision of humanity. Gender is not fixed and formed; gender is fluid and formless.” — Owen Strachan<sup>23</sup>

- For some: this means they feel like they operate on a “**gender spectrum**”
- For others: this means they firmly believe they are “trapped in the wrong body.”
- In all cases: the **intrinsic** significance of the human body is denied.
- *Biology* must conform to **psychology**; *outward* must conform to **inward**.

“Transgender is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth.” — American Psychological Association<sup>24</sup>

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<sup>22</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Gender Identity* (New York: Routledge, 1990), 9, 11, 12

<sup>23</sup> *Reenchanting Humanity: A Theology of Mankind* (Great Britain: Mentor, 2019), 168.

<sup>24</sup> “Answers to Your Questions about Transgender People, Gender Identity, and Gender Expression,” *APA Website*,

Transgender people are perceived to be “our best teachers in alerting us to the reality that gender exists primarily between our ears—in our brains and minds—and not necessarily by what is between our legs...or accompanying XX or XY chromosomes, as many are mistakenly prone to believe.” — Diane Ehrensaft<sup>25</sup>

The *gender binary* is a social system in which it is assumed that people come in only two genders: male and female...someone who is *genderfluid*, *bigender*, or *pangender* may have a gender identity that fluctuates between male, female, or another gender. They may feel female and express themselves in stereotypically feminine ways one day, and feel male the next day, and feel androgynous the day after that. All of these experiences are part of the person’s single gender identity.— Austin Hartke<sup>26</sup>

## B. The Logic of Transgenderism

1. Premise #1: If I deeply *feel* I am X, then I *am* X.
2. Premise #2: I deeply feel I am X
3. *Therefore*, I am X.

### Some Specific Examples

- A Man who Identifies as 20 Years Younger<sup>27</sup>
- A White Woman who Identifies as Black<sup>28</sup>
- Human Beings Who Identify as Animals (aka: Otherkin)<sup>29</sup>

### A Response

- None of these are the same **behavior**, but they follow the same **logic**
- In order to be consistent, a trans-activist must affirm these other “identities” as valid and real.
- Here’s the question: does believing you are something mean you truly are something?
- **No**

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<sup>25</sup> *Our Trans Loved Ones: Questions and Answers for Parents, Families, and Friends of People Who Are Transgender and Gender Expansive* (ebook) (2008, 2015), 9, accessed July 7, 2018 <https://www.pflag.org/sites/default/files/Our%20Trans%20Loved%20Ones.pdf>

<sup>26</sup> *Transforming: The Bible and the Lives of Transgender Christians* (Louisville: Westminster John Knox, 2018), 23, 24.

<sup>27</sup> Daniel Boffey, “Dutch man, 69, starts legal fight to identify as 20 years younger,” *The Guardian*, November 8, 2018;

<sup>28</sup> “Race activist Rachel Dolezal: ‘I identify as black,’ *BBC News*, June 16, 2015;

<sup>29</sup> Amber Roberts, “Otherkin are People Too; They Just Identify as Non-Human,” *Vice Online*, July 16, 2015.

As we grow and develop we literally...construct our bodies, incorporating experience into our very flesh. To understand this claim, we must erode the distinctions between the physical and the social body. — Anne Fausto-Sterling<sup>30</sup>

“...gender identity can be considered a ‘multiverse’ wherein there are infinite ways in which one can identify.” — Maggi Price and Avy Skolnik<sup>31</sup>

“Do all of these self-professed identities determine reality? If not, why not?” Indeed, it is hard to understand why the logic of transgender ideology shouldn’t be applied to people who believe they are “trans-racial, trans-species, and trans-abled...The challenge for activists is to explain why a person’s ‘real’ sex is determined by an inner ‘gender identity,’ but age and height and race and species are not determined by an inner sense of identity — Ryan Anderson<sup>32</sup>

“The hypothesis that gender identity is an innate, fixed property of human beings that is independent of biological sex — that a person might be “a man trapped in a woman’s body” or “a woman trapped in a man’s body” — is not supported by scientific evidence.” — Lawrence Meyer and Paul McHugh<sup>33</sup>

### Some Historical and Philosophical Context

Even the chromosomal coding of every single cell of a person’s body has no final significance for those who ... claim the right to choose their ultimate gender. Yet transgenderism is only the latest and most extreme form of this move; it stands in an obvious continuity with the antimetaphysical thought of the nineteenth century, most notably Friedrich Nietzsche. Transgenderism is a symptom, not a cause. It is not the reason why gender categories are now so confused; it is rather a function of a world in which the collapse of metaphysics and of stable discourse has created such chaos that not even the most basic of binaries, that between male and female, can any longer lay claim to meaningful objective status. And the roots of this pathology lie deep within the intellectual traditions of the West. — Carl Trueman<sup>34</sup>

In place of any metaphysical reference point, there is now “the psychological construction of the self” that “serves to render any biologically grounded categories—indeed, any fixed categories, whether economic, racial, or whatever—to be highly unstable.” This psychological construction carries with it a whole new set of ethical imperatives, rendering “my inward sense of psychological well-being...my only moral imperative.” As a result, “the imposition of external, prior, or static categories is nothing other than an act of imperialism, an attempt to restrict my freedom or to make me inauthentic...In this context, transgenderism is merely the latest iteration of self-creation that becomes necessary in the wake of decreation.” — Carl Trueman<sup>35</sup>

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<sup>30</sup> Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000), 20.

<sup>31</sup> Maggi Price and Avy Skolnik, “Gender Identity” in *The SAGE Encyclopedia of Psychology and Gender*, ed. Kevin L. Nadal (Thousand Oaks, C.A.: SAGE, 2017), 663–67.

<sup>32</sup> Ryan T. Anderson, “Transgender Ideology is Riddled With Contradictions. Here are the Big Ones,” *The Heritage Foundation*, February 9, 2018.

<sup>33</sup> “Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

<sup>34</sup> Carl R. Trueman, *The Rise and Triumph of the Modern Self: Cultural Amnesia, Expressive Individualism, and the Road to the Sexual Revolution* (Wheaton: Crossway, 2021), 367–77

<sup>35</sup> *The Rise and Triumph*, 363.

# Gender Dysphoria

- Affects around **1%** of people in America today.<sup>36</sup>
- Occurs when someone experiences a **mismatch** between their gender-identity and their biological sex.
- Not everyone who identifies as transgender experiences gender-dysphoria.
- But for those who do, it can be incredibly distressing.

“Gender dysphoria can feel different for everyone. It can manifest as distress, depression, anxiety, restlessness or unhappiness. It might feel like anger or sadness, or feeling slighted or negative about your body, or like there are parts of you missing.” (TransHub Website)

"Gender dysphoria is something that is painful. It hurts. It's... looking in the mirror and thinking, "Holy heck. Who is that person? Who am I looking at? Is that- Is that someone that's come into my house?" And then realizing, no, that's just- that's just me in the mirror." — Luna (From the TransHub Website).

“Gender identity confusion—or what we refer to as gender dysphoria—refers to experiences of gender identity in which a person’s psychological and emotional sense of themselves as female, for instance, does not match or align with their birth sex as male...this perceived incongruity can be the source of deep and ongoing discomfort.” — Mark Yarhouse<sup>37</sup>

"This experience requires a profound level of compassion on the part of Christians who want to understand and care for these people. Someone with GD truly desires a sense of wholeness and unity between their gender identity and their body. This longing for wholeness creates profound personal distress as they continue to believe their “true self” is “trapped in the wrong body.”<sup>38</sup>

## Some Context for the Label

Prior to its most recent addition, The American Psychiatric Association (APA) didn’t have a section for gender dysphoria in its *Diagnostic and Statistical Manual of Mental Disorders*. Instead, a condition known as “gender identity disorder” was listed. This disorder was defined as an experience in which someone’s internal belief about their gender was not consistent with their biological sex.

In 2013, however, the manual dropped this condition from its list of mental disorders and replaced it with the modern nomenclature we use today (gender dysphoria). Unlike the term preceding it, Gender Dysphoria is not listed among mental disorders. Instead, it is listed among psychological experiences and described as an “incongruence between one’s experienced/ expressed gender and assigned gender [at birth].” This experience of psychological incongruence is often paired with “clinically significant distress or impairment in social, occupational, or other important areas of functioning.”<sup>39</sup>

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<sup>36</sup> Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016): 8.

<sup>37</sup> Mark Yarhouse, *Understanding Gender Dysphoria: Navigating Transgender Issues in Changing Culture* (Downers Grove: Intervarsity Press, 2015), 19.

<sup>38</sup> Yarhouse, *Understanding Gender Dysphoria*, 19; Walker, *God and the Transgender Debate*, 73.

<sup>39</sup> American Psychiatric Association, “Gender Dysphoria,” *Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> ed. (Arlington, VA.: American Psychiatric Publishing, 2013), 452.

## A. What Causes Gender Dysphoria?

1. Gender [Stereotypes](#) that are overly strict, rigid, or culturally prevalent.
2. Underlying [Mental Health](#) Conditions.

- **Rapid Onset Gender Dysphoria (ROGD)**<sup>40</sup>

“In on-line forums, parents have reported that their children seemed to experience a sudden or rapid onset of gender dysphoria, appearing for the first time during puberty or even after its completion. Parents describe that the onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric and transgender-identified during the same timeframe. Parents also report that their children exhibited an increase in social media/internet use prior to disclosure of a transgender identity. Recently, clinicians have reported that post-puberty presentations of gender dysphoria in natal females that appear to be rapid in onset is a phenomenon that they are seeing more and more in their clinic.” — Lisa Litton (Physician)<sup>41</sup>

“We believe that ROGD is a socially contagious phenomenon in which a young person—typically a natal female—comes to believe that she has a condition that she does not have. ROGD is not about discovering gender dysphoria that was there all along; rather, it is about falsely coming to believe that one’s problems have been due to gender dysphoria previously hidden (from the self and others). Let us be clear: People with ROGD *do* have a kind of gender dysphoria, but it is gender dysphoria due to persuasion of those especially vulnerable to a false idea. It is not gender dysphoria due to anything like having the mind/brain of one sex trapped in the body of the other. Those with ROGD do, of course, wish to gender transition, and they often obsess over this prospect.” — J. Michael Bailey, Ph.D (Professor of Psychology @ Northwestern University) and Ray Blanchard, Ph.D (Longtime Psychologist for the Adult Gender Identity Clinic for Toronto’s Centre for Addiction and Mental Health).<sup>42</sup>

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<sup>40</sup> For more on this see Preston Sprinkle, *Embodied: Transgender Identities, The Church, & What the Bible Has to Say* (Colorado Springs: David C. Cook, 2021), 159–178. For the best book on this by a non-Christian author, see Abigail Shrier, *Irreversible Damage: The Transgender Craze Seducing Our Daughters* (New York: Regnery, 2021).

<sup>41</sup> Lisa Littman, “Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria.” *PLoS ONE* 13(8): e0202330. <https://doi.org/10.1371/journal.pone.0202330>

<sup>42</sup> “Gender dysphoria is not one thing” 4thWaveNow, December 7, 2017.



## B. Gender Stereotypes

- A stereotypes is an over-simplification — a shorthand way of saying “this is what a real man/woman is/does.”
- Many in the trans community identify as Gender *Non-Conforming* or as those who exist on a Gender Spectrum.
- What they usually mean is: they do not identify with or fit into typical *Behaviors* that are customary of their gender.<sup>43</sup>

### Our Response

- Gender *Identity* does not exist on a spectrum, but Gender *Expression* most certainly does.
  - You can be a boy and love to cook or make music
  - You can be a girl and love to hunt and fish
  - You can be a boy and be emotionally sensitive
  - You can be a girl who is rough-and-tumble.

“The average boy is different from the average girl in many ways. But on most of these parameters, the average boy is not the *opposite* of the average girl, just different. And there’s lots of variation *among* boys and lots of variation among girls...If you are a man who has some (or many) feminine qualities, or you are a woman who has some (or many) masculine qualities, that doesn’t mean you are transgender. It means that you are a human being. ” — Leonard Sax<sup>44</sup>

When society attaches stereotypes to gender and sex, it can easily send the signal that anyone who fails to conform to those stereotypes is somehow failing to epitomize manhood or womanhood ...In our quest to stay true to God’s calling as men and women, it is possible to play to extreme stereotypes in such a way as to bring confusion. — Andrew Walker<sup>45</sup>

Christians must never fail to obey all that God says about gender; but equally, Christians should never go beyond what he says. When we do, we obscure what God really does say, and we have no right to complain when people misunderstand what the Bible says or reject biblical teaching along with the cultural norms that we ourselves have raised to have the same authority as God’s word. — Andrew Walker<sup>46</sup>

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<sup>43</sup> Many of these stereotypes are the left over remnants of the Industrial Revolution that took men out of the home. In this period, the bifurcation between “women’s work” as exclusively related to homemaking and ‘men’s work’ being exclusively related to aggression and competition became prevailing notions in American culture that had no precedent in American culture. See Nancy R. Pearcey, *Total Truth: Liberating Christianity from Its Cultural Captivity* (Wheaton: Crossway, 2005), 325–48.

<sup>44</sup> Sax, *Why Gender Matters*, 296, 298.

<sup>45</sup> Walker, *God and the Transgender Debate*, 55. Walker gives specific examples of both stereotyped masculinity and femininity by noting how these stereotypes can lead people “wrongly to believe that the standard or epitome of masculinity is aggression and that the standard or epitome of femininity is playing dress up. A man who cooks or a woman who likes watching football is not blurring inappropriate gender norms; nor is that any sort of concrete evidence that a person has gender-identity issues.” (56)

<sup>46</sup> Walker, *God and the Transgender Debate*, 55.

- This *doesn't* mean all stereotypes are unbiblical
  - God does call on men to be the *primary* (though not exclusive) leaders and protectors within the church and the home (1 Timothy 2:8–3:15; Ephesians 5:22ff).
  - God also calls women to lead, provide, and protect in various ways as well (cf. Deborah, Esther, Phoebe, Proverbs 31 Woman, etc.)
- *How this looks* will be different from person to person, family to family, and situation to situation.
- Not every stereotype is a biblical command and not every biblical command is a stereotype.

Sax argues that such variation doesn't indicate the eradication of life-affirming gender roles. He states, "Not all traditional gender roles deserve to be condemned as gender stereotypes. There are life-affirming gender roles, and there are gender stereotypes that are harmful and destructive." Sax points to the examples of "the dumb blonde" or "dumb jock" as examples of destructive gender-stereotypes. In contrast, he notes that "no one should condemn the ideal of the husband and father who sacrifices himself for the sake of his wife and children. Instead, that ideal should be affirmed as a role model, as one among several." — Leonard Sax<sup>47</sup>

"No man is complete without some feminine qualities, no woman is complete without some masculine qualities." — Herman Bavinck<sup>48</sup>

"We must be careful not to equate biblical manhood and womanhood with one-dimensional cultural stereotypes — real men drive pickup trucks, hunt, fish, and watch football; real women bake cookies, sew, share their feelings, and watch the Hallmark Channel. Stereotypes can be harmful when they function as unreflective and constraining prejudices.

At the same time, stereotypes come from somewhere. The word *stereotype*, originating in the world of printing, refers to a kind of impression. *A stereotype is a cognitive shortcut*. As such, it can box people in, but it can also quickly point to basic shapes and patterns. Most enduring stereotypes probably reflect a complex mix of culture and nature. Do all girls like playing with dolls? No, but most do, from a very young age, prior to intense socialization. Do all boys turn sticks into swords and guns? No, but most do, and more so than girls. There's a reason you don't hear moms telling their boys, 'Be careful in playing with those girls; they're too rough.'" — Kevin DeYoung<sup>49</sup>

- Stereotypes are **descriptive**; not *prescriptive*—They describe how men/women *often* behave, not how they *ought* to behave.
- Stereotypes are always **changing**, but the Word of God is not.
- **Bible + Biology** = better than Culture + Psychology
- When we let the culture guide us, the consequences are very serious.

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<sup>47</sup> Sax, *Why Gender Matters*, 286, 296.

<sup>48</sup> *The Christian Family* trans. Nelson D. Kloosterman (Grand Rapids: Christian's Library Press, 2012) 8.

<sup>49</sup> *Men and Women in the Church: A Short, Biblical, Practical Introduction* (Wheaton: Crossway, 2021), 123–24.

## C. Transgenderism and Mental Health

- Many trans people, especially teenagers, have **Co-existing** mental health concerns (eg. anxiety, depression, eating disorders, etc).<sup>50</sup>
- Trans people experience **higher** rates of borderline personality disorder, schizophrenia, OCD, ADHD, and the Autism spectrum.
- A significant percentage of **children** who identify as transgender exhibit traits of autism (one study indicates 50%).<sup>51</sup>
- Many health professionals consider Gender-Dysphoria to be a mental health **disorder** on it's own.

“Gender dysphoria—the official psychiatric term for feeling oneself to be of the opposite sex—belongs in the family of similarly disordered assumptions about the body, such as anorexia nervosa and body dysmorphic disorder. Its treatment should **not be directed at the body as with surgery and hormones** any more than one treats obesity-fearing anorexic patients with liposuction...The treatment should strive to **correct the false, problematic nature of the assumption** and to **resolve the psychosocial conflicts** provoking it. With youngsters, this is best done in family therapy.” — Paul McHugh (Professor of Psychiatry, John Hopkins University)<sup>52</sup>

A person’s belief that he or she is something they are not is, at best, a sign of confused thinking. When an otherwise healthy biological boy believes he is a girl, or an otherwise healthy biological girl believes she is a boy, **an objective psychological problem exists that lies in the mind not the body**, and it should be treated as such.” — American College of Pediatricians<sup>53</sup>

“A girl with anorexia nervosa has the persistent mistaken belief that she is obese; a person with body dysmorphic disorder (BDD) harbors the erroneous conviction that she is ugly; a person with body integrity disorder (BIID) identifies as a disabled person and feels trapped in a fully functional body. Individuals with BIID are often so distressed by their fully capable bodies that they seek surgical amputation of healthy limbs or the surgical severing of their spinal cord.” — Michelle Critella (President, American College of Pediatricians).<sup>54</sup>

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<sup>50</sup> Haylens, *et al*, “Psychiatric characteristics in transsexual individuals: multicentre study in four European countries,” *The British Journal of Psychiatry* 204,151–156 (2014).

<sup>51</sup>Elise Ehrhard, “The Transgender Movement Targets Autistic Children,” *Crisis Magazine*, December 12, 2016; Hall, J.P., Batza, K., Streed, C.G. *et al*. “Health Disparities Among Sexual and Gender Minorities with Autism Spectrum” *Disorder. J Autism Dev Disord* 50, 3071–3077 (2020); Warrier, V., Greenberg, D.M., Weir, E. *et al*. “Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals.” *Nat Commun* 11, 3959 (2020); Jennifer Murphy, Freya Prentice, *et al* , “Autism and transgender identity: Implications for depression and anxiety,” *Research in Autism Spectrum Disorders*, Volume 69, (2020).

<sup>52</sup> Paul McHugh, “Transgenderism: A Pathogenic Meme,” *The Public Discourse*, June 10, 2015, accessed May 15, 2021,

<sup>53</sup> American College of Pediatricians, “Gender Ideology Harms Children,” updated September 2017, accessed May 15, 2021, [https://acped.org/assets/imported/9.14.17-Gender-Ideology-Harms-Children\\_updated-MC.pdf](https://acped.org/assets/imported/9.14.17-Gender-Ideology-Harms-Children_updated-MC.pdf)

<sup>54</sup> Michelle A. Cretella, “Gender Dysphoria in Children and Suppression of Debate,” *Journal of American Physicians and Surgeons* 21 (Summer 2016): 51, accessed online May 15, 2021 <https://www.jpands.org/vol21no2/cretella.pdf>

# Gender Transitioning

- Sadly, many advocate for a process known as *Gender-Transitioning*
- Looks different for everyone: social transitioning, hormone therapy, full Gender-Reassignment Surgery (G.R.S.)
- However, someone doesn't really become another gender; they become a *surgically altered* version of themselves.
- **And the consequences are often quite tragic**

Henry Benjamin, a fierce proponent of GRS, declared in 1966, "Medically, or rather endocrinologically, we are reminded that no 'female' can ever result from the operations but merely a castrated (or mutilated) male, with artificially created sex organs resembling those of a female and, if successfully created, allowing normal peno-vaginal relations." Benjamin also noted that, "these persons, in a strictly scientific sense, fool themselves. No actual sex change is ever possible."<sup>55</sup>

"GRS does not *really* change males into females or vice versa. In fact, the combination of hormone therapy and surgery results in *a surgically altered male* with high levels of female hormones *or a surgically altered female* with high levels of testosterone....We must be clear: An MtF will never ovulate, menstruate, become pregnant, give birth, or nurse a child. An FtM will not have a prostate, will never produce sperm, [and] will never father a child...Furthermore, *the person's genetics are still those of his or her birth sex—given a DNA test*, an MtF will still show "male" and an FtM will still show "female." — J. Alan Branch<sup>56</sup>

For some individuals, a full GRS is the preferred path to harmonize their gender-identity with their biological sex. For others, a more moderate form of gender-transitioning is preferred. This latter form may include the injection of testosterone or estrogen, puberty blockers for children, or simply choosing to present as the opposite sex through aesthetic qualities like dress, hair style, etc. When discussing GRS as a medical procedure, it's important to understand there is no one type of GRS. On one level, the type of GRS someone receives is going to be dependent upon their biological sex. For example, biological females who seek to transition as males (female-to-male or "FtM") may choose to pursue "top surgery" in which the breasts are removed. At another level, individuals may simply choose to social transition or to be placed cross-sex hormones without proceeding without undergoing a full GRS. The pursuit of psychological and biological conformity varies depending on both biological sex of the person, personal transitioning ambitions, and even financial costs involved.

"People who transition often start by expressing their preferred gender in situations where they feel safe. They typically work up to living full time as members of their preferred gender by making many changes a little at a time. [Some common changes] may involve one or more of the following: adopting the appearance of the desired sex through changes in clothing and grooming, adopting a new name, changing sex designation on identity documents (if possible),

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<sup>55</sup> Harry Benjamin, *The Transsexual Phenomenon* (New York: Julian, 1966), 113, 46.

<sup>56</sup> *Affirming God's Image: Addressing the Transgender Question with Science and Scripture* (Bellingham, W.A.: Lexham Press, 2019), 105.

using hormone therapy treatment, and/or undergoing medical procedures that modify their body to conform with their gender identity.” — American Psychological Association<sup>57</sup>

The World Professional Association for Transgender Health (WPATH) says that for some people, GRS is “essential and medically necessary” and that “relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity.”<sup>58</sup>

As of July 2018, there were forty-five pediatric gender clinics in America that aim to guide children who experience gender dysphoria through the transitioning process.<sup>59</sup> For many in the medical community, the right to pursue medical options consistent with one’s gender-identity is now considered a civil right. An example of this occurred in May 2016 when, “The Office for Civil Rights at the Department of Health and Human Services (HHS) announced that a ban on ‘sex’ discrimination in Obamacare was now being required to ban ‘gender identity’ discrimination. This would require all health-care plans regulated under Obamacare to cover sex reassignment procedures, and all relevant physicians to perform them.”<sup>60</sup>

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<sup>57</sup> “Answers to Your Questions about Transgender People, Gender Identity, and Gender Expression,”

<sup>58</sup> The World Professional Association for Transgender Health, *Standards of Care for Health of Transsexual, Transgender, and Gender Nonconforming People*, 7<sup>th</sup> edition., *WPATH Website*, 2012, 54–55, accessed May 15, 2021 [https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7\\_English2012.pdf?\\_t=1613669341](https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341)

<sup>59</sup> “Interactive Map: Clinical Care Programs for Gender Expansive Children and Adolescents,” *Human Rights Campaign Website*, accessed July 7, 2018.

<sup>60</sup> Ryan Anderson, *When Harry Became Sally: Responding to Our Transgender Moment* (New York: Encounter Books, 2018), 12.

## A. Transitioning Consequences: Children

- There is currently no long-term study that conclusively shows the benefits of gender-transitioning or gender-reassignment surgery for children.
- Taking cross-sex hormones has been shown to be linked to “dangerous health risks including ... cardiac disease, high blood pressure, blood clots, stroke, diabetes, and cancer.”<sup>61</sup>
- 60–90% of all children and teenagers who experience Gender-Dysphoria experience *Natural Relief* once they pass through *Puberty*.

“Puberty suppression hormones prevent the development of secondary sex characteristics, arrest bone growth, decrease bone accretion, prevent full organization and maturation of the brain, and inhibit fertility. Cross-gender hormones increase a child’s risk for coronary disease and sterility. Oral estrogen, which is administered to gender dysphoric boys, may cause thrombosis, cardiovascular disease, weight gain, hypertriglyceridemia, elevated blood pressure, decreased glucose tolerance, gallbladder disease, prolactinoma, and breast cancer...

“All competent authorities agree that between 80 and 95 percent of children who say that they are transgender come to accept their sex and enjoy emotional health by late adolescence.” — Paul McHugh<sup>62</sup>

“Across all eleven long term studies ever done on gender-dysphoric children between 60 and 90 percent desists by puberty.” These numbers hold true “whether we look at older or newer studies, no matter how large or small the sample size, or where in the world and which research team conducted it, the data are irrefutable...And even when you remove kids who are less severe from the study analysis, the rate of desistance is still over 80 percent.” — Debrah Soh<sup>63</sup>

Soh is not the first to make this observation. Indeed, one of the well known facts in the discussion of transgender health care for adolescents is the fact that if we allow teenagers to naturally progress through puberty, their gender-dysphoria almost always desists.<sup>64</sup>

“According to the DSM-5, as many as 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.” — American College of Pediatricians<sup>65</sup>

**The Tragic Reality:** The trans-affirming medical community is engaged in a massive *experiment* on children.

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<sup>61</sup> The American College of Pediatricians, “Gender Ideology Harms Children.”

<sup>62</sup> Paul R. McHugh, Paul Hruz, and Lawrence S. Mayer, Brief of *Amici Curiae* in Support of Petitioner, Gloucester Country School Board v. G.G., Supreme Court of the United States, No. 16–273 (January 10, 2017), 12, <https://www.scotusblog.com/wp-content/uploads/2017/10/17-301-cert-tsac-public-advocate.pdf>

<sup>63</sup> *The End of Gender: Debunking the Myths About Sex and Identity in Our Society* (New York: Threshold, 2020), 141, 144.

<sup>64</sup> A. Churcher Clark and A. Spiliadis, “Taking the Lid off the Box”: The Value of Extended Clinical Assessment for Adolescents Presenting With Gender Identity Difficulties,” *Clinical Child Psychology and Psychiatry* (2019), 24, 338–352; Paul W. Hruz, Lawrence S. Mayer, and Paul R. McHugh, “Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria,” *The New Atlantis* 52 (Spring 2017): 19–20; *Diagnostic and Statistical Manual of Mental Disorders V*, 454

<sup>65</sup> “Gender Ideology Harms Children.”

**“There is not a single large, randomized, controlled study** that documents the alleged benefits and potential harms to gender-dysphoric children from pubertal suppression and decades of cross-sex hormone use,” **good intentions are not enough to base a life-changing decision.** Moreover, when **there is not “a single long-term, large, randomized, controlled study** that compares the outcomes of various psychotherapeutic interventions for childhood [gender dysphoria] with those of pubertal suppression followed by decades of toxic synthetic steroids...this should give everyone pause...Neuroscience clearly documents that **the adolescent brain is cognitively immature** and **lacks an adult capacity for risk assessment** prior to the early to mid-twenties. There is **a serious ethical problem** with allowing **irreversible, life-changing procedures** to be performed on **minors** who are **too young to give valid consent themselves.**” — Michelle Critella <sup>66</sup>

Such a process can be a **“self-fulfilling” protocol**, because for a boy who experiences gender dysphoria **“the repeated behavior of impersonating a girl alters the structure and function of the boy’s brain in some way—potentially in a way that will make identity alignment with his biologic sex less likely.”** On top of this behavior consequence, the medical suppression of the body’s natural process of puberty “prevents further endogenous masculinization of his brain” so that he persists as “a gender non-conforming prepubertal boy disguised as a prepubertal girl.” She concludes that gender-transitioning is ultimately, **“A protocol of impersonation and pubertal suppression that sets into motion a single inevitable outcome (transgender identification) that requires life-long use of synthetic hormones, resulting in infertility, [that] is neither fully reversible nor harmless.”**<sup>67</sup>

“Gender is reality. Gender matters. You can ignore reality if you like, but ignoring it doesn’t make it go away...The key to successful outcomes is not to ignore gender, but to guide and inform your child’s development into constructive rather than self-destructive channels...Gender is not alien to human nature, nor is it accidental, nor is it an arbitrary invention of society. It is close to the core of human identity. Gender matters....If you encourage a boy to break out of the prison of being a boy and to ‘transition’ to being a girl, you may not succeed in creating a happy, well-adjusted girl...long-term outcomes for individuals who undergo sex-reassignment surgery are not uniformly positive. You are more likely to be successful, based on the evidence we have available, if you help that boy to become more comfortable with being a boy, which may require you to broaden his understand of what it means to ‘be a boy.’” — Leonard Sax<sup>68</sup>

“[A child’s gender identity] can change over time, and it responds to outside forces, including the approval or disapproval of parents, as well as messages received from the broader culture. This means that transgender affirming treatments may cause some children to persist in a transgender identity when they would otherwise have grown to accept their natal sex.” — Ryan Anderson<sup>69</sup>

There is strong evidence that even many children with rather severe gender dysphoria will, in the long run, shed it and come to feel comfortable with the bodies they were born with.” — Jesse Singal<sup>70</sup>

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<sup>66</sup> “Gender Dysphoria in Children and Suppression of Debate.”

<sup>67</sup> “Gender Dysphoria in Children and Suppression of Debate.”

<sup>68</sup> *Why Gender Matters*, 287, 291–92.

<sup>69</sup> *When Harry Met Sally*, 123.

<sup>70</sup> Jesse Singal, “What’s Missing From the Conversation About Transgender Kids,” *The Cut*, July 25, 2016,

There is little scientific evidence for the therapeutic value of interventions that delay puberty or modify the secondary sex characteristics of adolescents, although some children may have improved psychological well-being if they are encouraged and supported in their cross-gender identification. There is no evidence that all children who express gender-atypical thoughts or behavior should be encouraged to become transgender. — Lawrence Meyer and Paul McHugh<sup>71</sup>

“We in the Johns Hopkins Psychiatry Department eventually concluded that human sexual identity is mostly built into our constitution by the genes we inherit and the embryogenesis we undergo. Male hormones sexualize the brain and the mind. Sexual dysphoria — a sense of disquiet in one’s sexual role — naturally occurs amongst those rare males who are raised as females in an effort to correct an infantile genital structural problem.” — Paul McHugh<sup>72</sup>

“It is important to consider both predisposing and perpetuating factors that might inform a clinical formulation and the development of a therapeutic plan: the role of temperament, parental reinforcement of cross-gender behavior during the sensitive period of gender identity formation, family dynamics, parental psychopathology, peer relationships and the multiple meanings that might underlie the child’s fantasy of becoming a member of the opposite sex.” — Kenneth Zucker (Psychologist @ University of Toronto)<sup>73</sup>

“The use of puberty blocking medication, “leaves a young person in developmental limbo without the benefit of pubertal hormones or secondary sexual characteristics, which would tend to consolidate gender identity.... [and is likely to threaten the maturation of the adolescent mind...to halt the natural process of puberty is an intervention of momentous proportions with lifelong medial, psychological, and emotional implications.” — Christopher Richards, Julie Maxwell, and Noel McCune<sup>74</sup>

“These professionals are using the myth that people are born transgender to justify engaging in massive, uncontrolled, and unconsented experimentation on children who have a psychological condition that would otherwise resolve after puberty in the vast majority of cases. Today’s institutions that promote transition affirmation are pushing children to impersonate the opposite sex, sending many of them down the path of puberty blockers, sterilization, the removal of healthy body parts, and untold psychological damage.

These harms constitute nothing less than institutionalized child abuse. Sound ethics demand an immediate end to the use of pubertal suppression, cross-sex hormones, and sex reassignment surgeries in children and adolescents, as well as an end to promoting gender ideology via school curricula and legislative policies.” — Michelle Critella<sup>75</sup>

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<sup>71</sup> Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

<sup>72</sup> Paul R. McHugh, “Surgical Sex: Why We Stopped Doing Sex Change Operations,” *First Things* (November 2004)

<sup>73</sup> Kenneth J. Zucker, “Children with gender identity disorder: Is there a best practice?,” *Neuropsychiatrie de l’Enfance et de l’Adolescence* 56, no. 6 (2008): 363

<sup>74</sup> Richards C, Maxwell J, McCune “Use of puberty blockers for gender dysphoria: a momentous step in the dark” *Archives of Disease in Childhood*, 2019.

<sup>75</sup> Michelle Cretella, “I’m a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse,” *The Daily Signal*, July 3, 2017.



## B. Transitioning Consequences: Psychological Problems

- As a population, transgender people experience higher rates of depression, anxiety, and psychological distress of various kinds.
- Many studies indicate “[No advantage](#) of surgery.”<sup>76</sup>

“Even after making the transition, the risk of mental illness and premature death remains many times higher than for non-transgender individuals.” — Leonard Sax<sup>77</sup>

A 2016 study found that “Sex Reassignment is associated with more serious psychological sequelae and more prevalent regret than had been previously been supposed.”<sup>78</sup>

Another 2016 study found there was no positive net-benefit for individuals post-surgery. This study was a review of “the four best designed and conducted studies that assessed quality of life before and after surgery using validated (albeit non-specific) psychometric studies.” The researchers “did not demonstrate clinically significant changes or differences in psychometric test results after GRS.”<sup>79</sup>

In 2019 the most substantial population study to date was conducted and published in *The American Journal of Psychiatry*. The data came from the “Swedish Total Population Register, a massive, longitudinal survey effort that collected information from over 9.7 million Swedes, or about 95 percent of the country.<sup>80</sup> The researchers initially concluded, “the longitudinal association between gender-affirming surgery and reduced likelihood of mental health treatment lends support to the decision to provide gender-affirming surgeries to transgender individuals who seek them.”<sup>81</sup>

In his initial review of the paper, sociologist Mark Regnerus observed how the original study should be praised for its research methods and its data base. The problem, however, is how the researchers arrived at their conclusions. As Regnerus states, “The study’s trumpeted conclusion may hinge on as few as three people in a data collection effort reaching 9.7 million Swedes, 2,679 of whom were diagnosed with gender incongruence and just over 1,000 of whom had gender-affirming surgery.”<sup>82</sup>

Regnerus was correct. The following August, the journal released a correction to the article after receiving several criticisms of it. In their correction, the authors noted how they “reanalyzed the data to compare outcomes between individuals diagnosed with gender incongruence who had

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<sup>76</sup> For a great article that summarizes and links to various studies see Paul Dirks, “Transition as Treatment: The Best Studies Show the Worst Outcomes,” *The Public Discourse*, February 16, 2020.

<sup>77</sup> Sax, *Why Gender Matters*, 277.

<sup>78</sup> Kenneth Zucker, Anne Lawrence, and B.P.C. Kreukels, “Gender Dysphoria in Adults,” *Annual Review of Clinical Psychology*, volume 12, (2016), 237.

<sup>79</sup> Jensen, et al, “Proposed Decision Memorandum on Gender Reassignment Surgery for Medicare Beneficiaries with Gender Dysphoria,” *Centers for Medicare and Medicaid*, June 2, 2016,

<sup>80</sup> Mark Regnerus, “New Data Show ‘Gender-Affirming’ Surgery Doesn’t Really Improve Mental Health. So Why Are the Study’s Authors Saying It Does?,” *The Public Discourse*, November 13, 2019

<sup>81</sup> Richard Bränström and John E. Pachankis, “Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study,” *The American Journal of Psychiatry*, October 4, 2019

<sup>82</sup> Regnerus, “New Data Show.”

received gender-affirming surgical treatments and those diagnosed with gender incongruence who had not.” Their conclusion?

While this comparison was performed retrospectively and was not part of the original research question given that several other factors may differ between the groups, *the results demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder-related health care visits or prescriptions or hospitalizations following suicide attempts in that comparison.* Given that the study used neither a prospective cohort design nor a randomized controlled trial design, the conclusion that “the longitudinal association between gender-affirming surgery and lower use of mental health treatment lends support to the decision to provide gender-affirming surgeries to transgender individuals who seek them” is too strong.<sup>83</sup>

Two observations are worth noting from this correction. The first is that the researchers directly state “the results demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder-related health care.” Second, they admit that their initial conclusion about the positive outcome for individuals who pursue GRS was not warranted. Indeed, the initial study explicitly stated, “individuals diagnosed with gender incongruence who had received gender-affirming surgery were more likely to be treated for anxiety disorders compared with individuals diagnosed with gender incongruence who had not received gender-affirming surgery.”<sup>84</sup>

In the latter case we have direct admission of sustained psychological problems persisting post-transition surgery. But in the former case, we must recognize that “no advantage of surgery” means that for individuals who experience gender-dysphoria is their pre-surgery psychological conditions continue.

Numerous studies have shown that such conditions are far more troubling and distressing for individuals with GD than for the wider population. In fact, the researchers in the above mentioned a 2019 study which found that compared with the general population, individuals diagnosed with GD were “about six times as likely to have had a mood and anxiety disorder health care visit, more than three times as likely to have received prescriptions for antidepressants and anxiolytics, and more than six times as likely to have been hospitalized after a suicide attempt.”<sup>85</sup>

These findings are consistent with other studies done across the globe and hold true, no matter how affirming the surrounding culture is of LGBTQ identities.<sup>86</sup>

Members of the transgender population are also at higher risk of a variety of mental health problems compared to members of the non-transgender population. Especially alarmingly, the

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<sup>83</sup> “Correction to Bränström and Pachankis,” *The American Journal of Psychiatry*, August 1, 2020, <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.1778correction>. Emphasis mine.

<sup>84</sup> Bränström and Pachankis, “Reduction in Mental Health Treatment.”

<sup>85</sup> Bränström and Pachankis, “Reduction in Mental Health Treatment.”

<sup>86</sup> Alix Aboussouan, et al., “Non-suicidal self-injury, suicide ideation, and past suicide attempts: Comparison between transgender and gender diverse veterans and non-veterans,” *Journal of Affective Disorders*, Volume 259 (December 2019): 186–194; Runsen Chen, et al., “Suicidal ideation and attempted suicide amongst Chinese transgender persons: National population study,” *Journal of Affective Disorders*, Volume 245 (February 2019): 1126–1134.

rate of lifetime suicide attempts across all ages of transgender individuals is estimated at 41%, compared to under 5% in the overall U.S. population. — Lawrence Meyer and Paul McHugh<sup>87</sup>

In 2004, Birmingham University's Aggressive Research Intelligence Facility (Arif) assessed the findings of more than one hundred follow-up studies of post-operative transsexuals. It concludes that "that none of the studies provides conclusive evidence that gender reassignment is beneficial for patients. It found that most research was poorly designed, which skewed the results in favour of physically changing sex. There was no evaluation of whether other treatments, such as long-term counselling, might help transsexuals, or whether their gender confusion might lessen over time. Arif says the findings of the few studies that have tracked significant numbers of patients over several years were flawed because the researchers lost track of at least half of the participants. The potential complications of hormones and genital surgery, which include deep vein thrombosis and incontinence respectively, have not been thoroughly investigated, either. "There is huge uncertainty over whether changing someone's sex is a good or a bad thing," says Dr Chris Hyde, director of Arif. "While no doubt great care is taken to ensure that appropriate patients undergo gender reassignment, there's still a large number of people who have the surgery but remain traumatized — often to the point of committing suicide."<sup>88</sup>

"The scientific evidence ... suggests we take a skeptical view toward the claim that sex-reassignment procedures provide the hoped-for benefits or resolve the underlying issues that contribute to elevated mental health risks among the transgender population. While we work to stop maltreatment and misunderstanding, we should also work to study and understand whatever factors may contribute to the high rates of suicide and other psychological and behavioral health problems among the transgender population, and to think more clearly about the treatment options that are available." — Lawrence Meyer and Paul McHugh<sup>89</sup>

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<sup>87</sup> Lawrence S. Meyer and Paul R. McHugh, "Sexuality and Gender Findings from Biological, Psychological, and Social Sciences," Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

<sup>88</sup> David Batty, "Mistaken identity," *The Guardian*, July 30, 2004,

<sup>89</sup> Lawrence S. Meyer and Paul R. McHugh, "Sexuality and Gender Findings from Biological, Psychological, and Social Sciences," Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

## C. Transition-Regret Stories

“The world of regretters that I see and support is vastly different from that world of the transition advocates... [Many] live in secret and hide the shame and disappointment of falling for the fraud of gender change... Being transgender required destroying the identity of Walt so my female persona, Laura, would feel unshackled from Walt’s past, with all of its hurt, shame, and abuse. ***It’s a marvelous distraction*** for a while, but ***it isn’t a permanent solution*** when ***the underlying issues remain unaddressed.***” — Walt Heyer<sup>90</sup>

“The short version of my detransition story for those who want the bare details is that when I was fifteen, I was introduced to gender ideology on Tumblr and began to call myself nonbinary. Over the next few years, I would continue to go deeper and deeper down the trans identity rabbit hole, and by the time I was eighteen, I saw myself as a “trans man”, otherwise known as “FtM”. Shortly after my eighteenth birthday, I made an appointment at a Planned Parenthood to begin a testosterone regimen. At my first appointment, I was prescribed testosterone, and I would remain on this regimen for a year and a half. It had an extremely negative effect on my mental health, and I finally admitted what a disaster it had been when I was 19, sometime around February or March 2018. When the disillusionment fully set in, I stopped the testosterone treatment and began the process of getting my life back on track. It has not been easy, and the whole experience seriously derailed my life in ways I could never have foreseen when I was that fifteen-year-old kid playing with pronouns on Tumblr.

...

My story is not a fluke, and I am not uniquely troubled or irresponsible. What I am though, is fortunate, because there are others for whom the harm has been exponentially worse... Today, any young person who remotely struggles with self-esteem, making friends, fitting in to common gender roles, or body image is now vulnerable to being subjected to what amount to medical experiments that may permanently destroy the prior functioning of their bodies before they have had the chance to build identity and strength through the normal means of overcoming life’s challenges.” — Helena Kerschner (Internet Blogger)<sup>91</sup>

“Transitioning was an act of self-destruction, enabled by medical professionals who were supposedly “helping” us to be our “true selves.” It is truly horrifying to come out of that dissociated state and realize that not only were you suppressing and trying to destroy yourself but that other people were there encouraging and assisting you to do so... Transitioning is not the only viable treatment for dysphoria, however severely it may manifest... Many of us found that transitioning made our dysphoria worse instead of improving it... changing my body did not get at my root problems, it only obscured them further.” — Internet Blogger<sup>92</sup>

"I should have been challenged on the proposals or the claims that I was making for myself... I was allowed to run with this idea that I had, almost like a fantasy, as a teenager... and it has affected me in the long run as an adult... I’m very young. I’ve only just stepped into adulthood and I have to deal with this kind of burden or radical difference - in comparison to others at least... I would say it was saving me from suicidal ideation and depression in general and at the time I felt it relieved all those mental health issues I was feeling, alongside gender dysphoria... So I think it’s up to these institutions... to step in and make children reconsider what they are saying, because it is a life-altering path." — Keira Bell (age 22)<sup>93</sup>

**See a full list of testimonials and resources at: [www.sexchangeregret.com](http://www.sexchangeregret.com)**

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<sup>90</sup> Walt Heyer, “Transgender Characters May Win Emmys, But Transgender People Hurt Themselves,” *The Federalist*, Feb. 22, 2015

<sup>91</sup> “By Any Other Name: The story of my transition and detransition,” *Prude Posting Blog*, accessed May 2, 2022.

<sup>92</sup> Crashchaoscats, “An Open Letter to Julia Serano from One of the Detransitioned People You Claim to ‘Support,’” *Crashchaoscats (Personal Blog)*, August 8, 2016, cited in Anderson, *When Harry Became Sally*, 74. This quotation is no longer available on the original site. The blogger has sense sought to “re-transition” to their previous psychological gender identity.

<sup>93</sup> Alison Holt, NHS Gender Clinics ‘Should Have Challenged Me More’ Over Transition,” *BBC News*, March 1, 2020.

## D. Transitioning Consequences: Suicide

- **Myth:** “Non affirming people are responsible for the deaths of countless transgender people.”
- **Truth:** Suicide rates are up to **20x** higher after treatment/surgery — even in countries like Sweden, which is one of the most LGBTQ affirming countries in the world.

“Rates of suicide are nearly **twenty times greater** among adults who use cross-sex hormones and undergo sex reassignment surgery, **even in Sweden which is among the most LGBTQ – affirming countries.**” — American College of Pediatricians<sup>94</sup>

The best study to date on the issue of suicidality for transgender individuals is a 2011 Sweden study. This study was a massive study of individuals who received gender-reassignment surgeries in Sweden between 1973–2003. This study was crucial, because it tracked long-term effects of GRS over a period of 30 years. Tragically, the results showed a definite increase in mortality rates. The study observed:

The overall mortality for sex-reassigned persons was **higher during follow-up** than for controls of the same birth sex, particularly death from suicide.” The study also found an increase in “suicide attempts and psychiatric inpatient care.” The study concluded, “Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population.”<sup>95</sup>

An important feature to observe about these results is that the persistent and increased psychological distress, suicide attempts, and higher mortality rates were not related to ongoing gender-dysphoria.

To the contrary, Sax notes that, “Transsexuals who had undergone sex-reassignment surgery reported feeling less gender dysphoria...” These results held true, even when researchers controlled for other psychological distress factors like pre-existing depression, anxiety, schizophrenia, bipolar disorder, and the like. In other words, despite the desistance of their GD, post-GRS individuals were attempting suicides at higher rates because of how their GRS directly contributed to their negative psychological state. Finally, these surgeries increase the likelihood that someone would die of natural causes later in life.<sup>96</sup>

“Compared to the general population, adults who have undergone sex-reassignment surgery continue to have a higher risk of experiencing poor mental health outcomes. One study found that, compared to controls, sex-reassigned individuals were about 5 times more likely to attempt suicide and about 19 times more likely to die by suicide.” — Lawrence Meyer and Paul McHugh<sup>97</sup>

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<sup>94</sup> “Gender Ideology Harms Children.”

<sup>95</sup> C. Dhejne, et al. “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden.” *PLoS ONE*, 2011; 6(2). <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>. The HHS cited this study as one of the key studies for why they chose not to cover sex-reassignment surgeries in 2016, “The [Sweden] study identified increased mortality and psychiatric hospitalization compared to the matched controls. The mortality was primarily due to completed suicides (19.1-fold greater than in control Swedes), but death due to neoplasm and cardiovascular disease was increased 2 to 2.5 times as well. We note, mortality from this patient population did not become apparent until after 10 years. The risk for psychiatric hospitalization was 2.8 times greater than in controls even after adjustment for prior psychiatric disease (18%). The risk for attempted suicide was greater in male-to-female patients regardless of the gender of the control.” Jensen, et al, “Proposed Decision Memorandum.”

<sup>96</sup> Sax, *Why Gender Matters*, 271–72

<sup>97</sup> “Lawrence S. Meyer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

# What Can We Do?

## A. Upstream

1. Cultivate a healthy *Emotional Climate* in your home<sup>98</sup>

- Talk about your *Feelings* !!! :)
- “Rules without *Relationship* leads to *Rebellion*”
- Lots of “I love you” and “It’s okay to cry.”

*Therefore, as God’s chosen ones, holy and dearly loved, put on compassion, kindness, humility, gentleness, and patience, bearing with one another and forgiving one another if anyone has a grievance against another. Just as the Lord has forgiven you, so you are also to forgive. Above all, put on love, which is the perfect bond of unity. — Colossians 3:12–14*

“Our children will act like it annoys them to see us kissing each other or embracing each other too long. Who cares? It is better for them to be a little uncomfortable than to wonder if Mom and Dad even like being together. If this does not come easy for you, work on it anyway. It’s worth the work because it provides a layer of confidence and security for children.” — Jimmy and Kristen Scroggins<sup>99</sup>

*Fathers, don’t stir up anger in your children, but bring them up in the training and instruction of the Lord. — Ephesians 6:4*

“The degree of the father’s *active, involved affection* toward his children is the most important factor related to normal heterosexual role development in his child. Research studies have shown that the father who is *affectionate* and *involved* with his child is most likely to foster masculinity in his son. Appropriate sex-role development has been correlated with father-son interactions that can be characterized as *warm, nurturant, and affectionate*. The warm affection of the father was more important than the father’s actual, literal encouragement of masculine behaviors... Many different studies have shown that appropriately masculine boys come from families with fathers who are *affectionate, nurturant, and actively involved* in childrearing. *Boys are more likely to identify with their fathers if their fathers are rewarding and affectionate toward them than if they are not.*” — George Alan Rekers<sup>100</sup> (cf. Ephesians 6:4)

According to Dr. André Van Mol—the co-chair of the American College of Pediatricians’ Committee on Adolescent Sexuality—in the overwhelming majority of cases, the desire to switch one’s gender identity is closely connected to adverse experiences in childhood. More broadly, studies have reported a high frequency of childhood emotional and physical neglect and abuse among transgender-identifying individuals.<sup>101</sup>

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<sup>98</sup> For an excellent article on the importance of this element, see Walt Heyer, “Gender Dysphoria and Adverse Childhood Experiences,” *The Public Discourse*, April 27, 2022.

<sup>99</sup> *Full Circle Parenting: A Guide for Crucial Conversations* (Nashville: B&H, 2021), 73

<sup>100</sup> “Psychology: Psychological Foundations for Rearing Masculine Boys and Feminine Girls” in *Recovering Biblical Manhood and Womanhood*, ed. by John Piper and Wayne Grudem (Wheaton: Crossway, 2006), 303.

<sup>101</sup> Christian Medical and Dental Associations, “Court Brief: Oppose Prohibited Business Bylaw- Unlawful, Dangerous, and Unnecessary,” June 15, 2020; Phillip W. Scharrs, et. all, “Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities,” *Journal of Psychiatric Research*, Vol. 119 (December 2019); Guido Giovanardi, et al., “Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria,” *Frontiers of Psychology*, February 2018.

2. Help them cultivate *Toughness* and *Resilience*

*We can rejoice, too, when we run into problems and trials, for we know that they help us develop endurance. 4 And endurance develops strength of character, and character strengthens our confident hope of salvation. 5 And this hope will not lead to disappointment. For we know how dearly God loves us, because he has given us the Holy Spirit to fill our hearts with his love. — Romans 5:3–5 NLT*

*Consider it a great joy, my brothers and sisters, whenever you experience various trials, 3 because you know that the testing of your faith produces endurance. 4 And let endurance have its full effect, so that you may be mature and complete, lacking nothing. — James 1:2–4*

*12 Dear friends, don't be surprised when the fiery ordeal comes among you to test you, as if something unusual were happening to you. 13 Instead, rejoice as you share in the sufferings of Christ, so that you may also rejoice with great joy when his glory is revealed. 14 If you are ridiculed for the name of Christ, you are blessed, because the Spirit of glory and of God rests on you. — 1 Peter 4:12–14*

“Prepare the child for the road, not the road for the child.”

[Overprotective] parents,”made it more, rather than less, difficult, for the child to control an initial urge to repeat from strangers and unfamiliar events. The equally accepting mothers who made age-appropriate demands [for their sons to mix and mingle] helped their highly reactive infants tame their timidity...Mothers who protect their [timid] infants from frustration and anxiety in the hope of effecting a benevolent outcome seem to exacerbate the infant's uncertainty and produce the opposite effect.”—Jerome Kagan<sup>102</sup>

“The sons of protective parents who are ‘sensitive’ to their child's preferences are the boys who have the worst outcomes. Baby boys who are fearful and withdrawn become *more* fearful and withdrawn if their parents shield them from minor stresses and injuries....when parents who [have] limit children also believe in being ‘sensitive to a child's needs’ in every case, the timid baby boy grew up to be a timid, fearful child.”— Leonard Sax<sup>103</sup>

“Sociologist and anthropologists have analyzed and compared the various ways that cultures train its members for grief, pain, and loss. And when this comparison is done, it is often noted that our contemporary secular, Western culture is one of the weakest and worst in history at doing so.” — Tim Keller<sup>104</sup>

It is because the meaning of life in the United States is the pursuit of pleasure and personal freedom that suffering is so traumatic for Americans. All other cultures make the highest purpose of life something besides individual happiness and comfort...In older cultures (and non-Western cultures today) suffering has been seen as an expected part of a coherent life story, a crucial way to live well and grow as a person and soul. But the meaning of life in our Western society is individual freedom....In this worldview, the only thing to do with suffering is avoid it at all costs,

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<sup>102</sup> Jerome Kagan, *Galen's Prophecy: Temperament in Human Nature* (New York: BasicBooks, 1994), 205 quoted in Leonard Sax, *Why Gender Matters*, 199.

<sup>103</sup> *Why Gender Matters*, 199.

<sup>104</sup> Tim Keller, *Walking with God Through Pain and Suffering* (New York: Penguin Books, 2013), 14

or if it is unavoidable, manage and minimize the emotions of pain and discomfort as much as possible.” — Tim Keller<sup>105</sup>

“In the United States...I encountered a society that seeks to avoid pain at all costs. Patients lived at a greater comfort level than any I had previously treated, but they seemed far less equipped to handle suffering and far more traumatized by it.” — Dr. Paul Brand (Missionary to India)<sup>106</sup>

“If we protect children from various classes of potentially upsetting experiences, we make it far more likely that those children will be unable to cope with such events when they leave our protective umbrella. The modern obsession with protecting young people from ‘feeling unsafe’ is, we believe, one of the (several) causes of the rapid rise in rates of adolescent depression, anxiety, and suicide.” — Jonathan Haidt and Greg Lukianoff<sup>107</sup>

Jonathan Haidt lists some of the symptoms of unhealthy psychological reasoning that he seeks to treat within people that contribute to them being unprepared for the challenges and adversities of life. This list is provided to give a picture of specific conditions or qualities we can identify and address with our children:

- *Emotional Reasoning*: Letting your feelings guide your interpretation of reality.
- *Catastrophizing*: Focusing on the worst possible outcome and seeing it as the most likely
- *Overgeneralizing*: Perceiving a global pattern of negatives on the basis of a single incident.
- *Dichotomous Thinking*: Viewing events or people in all or nothing terms.
- *Mind Reading*: Assuming that you know what people think without having sufficient evidence of their thoughts
- *Labeling*: Assigning global negative traits to yourself or others (also called dichotomous or “black and white” thinking).
- *Negative Filtering*: you focus almost exclusively on the negatives and seldom notice the positives
- *Discounting Positives*: Claiming that the positive things you or others do are trivial, so that you can maintain a negative judgment
- *Blaming*: Focusing on the other person as the source of your negative feelings; you refuse to take responsibility for change yourself.

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<sup>105</sup> *Walking with God Through Pain and Suffering*, 23–24.

<sup>106</sup> Dr. Paul Brand & Philip Yancey, *The Gift of Pain*, 12

<sup>107</sup> *The Coddling of the American Mind: How Good Intentions and Bad Ideas are Setting up a Generation for Failure* (New York: Penguin Books, 2018), 24



3. Be **Pro-Active** about gender and sexuality conversations — Start early and *you* bring it up!!!

**Some Recommended Online Resources:**

- Passport to Purity by Family Life
- *Learning about Sex* resources from Concordia Press
- *Full Circle Parenting* by Jimmy and Kristen Scroggins
- *Mama Bear Apologetics* by Hillary Ferrar

“Even the talk is just an introduction to more conversations. There is no way you can explain everything or answer every question in a single session or even a single weekend. Still, we would encourage you to err on the side of earlier, not later, and more information, not less. You want to get the information to your kids before someone else does. This allows you to present God’s design proactively instead of reactively.

...

As part of these conversations, parents need to give their kids room to fail. Sexual temptation is so pervasive that many (if not all) of our children will make sinful choices in this area .... Our kids will inevitably experience some level of brokenness when it comes to their sexuality. Christen parents should be in tensional about communicating that no matter what happens, there is always a party to restoration. The gospel always makes it possible to recover and pursue God’s design.” — Jimmy and Kristen Scroggins<sup>108</sup>

“Generally speaking, parents really should be the ones who initiate conversations with their children about sex, because the children’s health-education teacher or kids on the playground might not share the same values, and it is values — more than biological and anatomical diagrams — that matter....Your children are *already* forming an understanding of sex. But what kind of input is shaping that understanding?” — Sam Crabtree<sup>109</sup>

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<sup>108</sup> *Full Circle Parenting*, 78, 79.

<sup>109</sup> “How Do I Talk to My Children About Sex?” *Desiring God*, February 6, 2021.

4. Teach and Explain the **Goodness** of God's Design — “you were created *on purpose* and *for a purpose*.”

“Children can begin learning God's sign when they are very young. Parents shouldn't wait for 'the' talk—kids need a lifetime of modeling and conversations about gender, sexuality, and family structure. When little boys and girls ask questions about their bodies, parents should respond by pointing them to God's design. Parents should speak clearly to boys about their masculinity and to girls about their femininity. Boys should be taught that God made them to be strong and to work hard so they can protect and help provide for their wife and children. Girls should be taught that God made them special — that one day girls grow up to be women, wives, and mommies. God made women to be strong and wise and to work hard so that they can influence their children and help provide for their families. Kids need thousands of short, age-appropriate conversations that help them learn God's design for their sexuality and appreciate God's design for families.” — Jimmy and Kristen Scroggins<sup>110</sup>

5. Model the beauty and goodness of God's Design for Gender **Roles** in your home (Ephesians 5:22–6:4; Colossians 3:18–21; 1 Peter 3:1–7).

Consider the Findings of University of Virginia sociologist W. Bradford Wilcox in 2004. Drawing on the most comprehensive and respectable data sets available (the National Survey of Families and Households and the General Social Survey), he compares the beliefs of mainline and conservative Protestant men on marriage, gender, and the family.<sup>111</sup>

“These family men are consistently the most active and emotionally engaged group of fathers and the most emotionally engaged group of husbands in this study. These men take an approach to family life that comes surprisingly close to the new man ideal of active and emotionally expressive familial involvement celebrated in the society at large” (191).

“Contrary to the assertions of feminists, many family scholars, and public critics, [churchgoing conservative Protestant men] cannot be fairly described as “abusive” and “authoritarian” family men wedded to “stereotypical forms of masculinity.” They outpace mainline Protestant and unaffiliated family men in their emotional and practical dedication to their children and wives... and they are the least likely to physically abuse their wives.” (199–200)

“Compared to the other men in this study, [nominal conservative Protestant men] are not highly invested in the emotional and practical lives of their families, they do the least household labor, and they are the most likely to physically abuse their wives.” (200)

“Nominal conservative Protestant family men appear to be singularly disengaged from family life — especially in comparison to their active conservative Protestant brethren. If my findings about domestic violence are any indication, these backsliding men and their female peers are probably leading the way in the types of family behaviors—divorce, marital trouble, child neglect—that conservative Protestants see as the poisonous fruits of family modernization.” (202)

Wilcox found that churchgoing conservative Protestant men “spend more time with their children; they are more likely to hug and praise their children; their wives report higher levels of satisfaction with the appreciation, affection, and understanding they receive from their husbands; and they spend more time socializing with their wives” (206–207)

“Compared to their unaffiliated and mainline counterparts, conservative Protestant married men with children are consistently the most active and expressive fathers and the most emotionally engaged husbands.” (195)

“We have also seen that, contrary to the predictions of their critics, churchgoing conservative Protestant men register the lowest rates of domestic violence of any group in this study. Indeed... churchgoing conservative Protestant family men have the lowest rates of domestic violence of any major religious group in the United States.” (207)

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<sup>110</sup> *Full Circle Parenting*, 75; cf Megan K. Beckett, Marc N. Elliott, Steven Martino, David E. Kanouse, Rosalie Corona, David J. Klein, Mark A. Schuster; Timing of Parent and Child Communication About Sexuality Relative to Children's Sexual Behaviors. *Pediatrics* January 2010; 125 (1): 34–42.

<sup>111</sup> *Soft Patriarchs, New Men: How Christianity Shapes Fathers and Husbands* (Chicago: University of Chicago Press, 2004),

6. Don't box them in with **Unbiblical** cultural stereotypes — love your kid as *your* kid.

“The average boy is different from the average girl in many ways. But on most of these parameters, the average boy is not the *opposite* of the average girl, just different. And there's lots of variation *among* boys and lots of variation among girls...If you are a man who has some (or many) feminine qualities, or you are a woman who has some (or many) masculine qualities, that doesn't mean you are transgender. It means that you are a human being.” — Leonard Sax<sup>112</sup>

“When society attaches stereotypes to gender and sex, it can easily send the signal that anyone who fails to conform to those stereotypes is somehow failing to epitomize manhood or womanhood ...In our quest to stay true to God's calling as men and women, it is possible to play to extreme stereotypes in such a way as to bring confusion....Christians must never fail to obey all that God says about gender; but equally, Christians should never go beyond what he says. When we do, we obscure what God really does say, and we have no right to complain when people misunderstand what the Bible says or reject biblical teaching along with the cultural norms that we ourselves have raised to have the same authority as God's word.—“ Andrew Walker<sup>113</sup>

7. Help them interpret their **Emotions** and their natural **Transitions**.

“Puberty is also when today's transgender craze among girls typically takes hold. Girls feel alienated from a body pummeling them from the inside. The stress brought on by puberty is age-old. What is new is today's adolescents' relative inability to bear it — and the constant presence of apparent alternatives.” — Abigail Shrier<sup>114</sup>

8. Place wise limits and boundaries around **Technology** — especially Social Media.

“Psychologically, however, they are more vulnerable than Millennials were: Rates of teen depression and suicide have skyrocketed since 2011. It's not an exaggeration to describe iGen as being on the brink of the worst mental-health crisis in decades. Much of this deterioration can be traced to their phones...the twin rise of the smartphone and social media has caused an earthquake of a magnitude we've not seen in a very long time, if ever. There is compelling evidence that the devices we've placed in young people's hands are having profound effects on their lives—and making them seriously unhappy.” — Jean Twenge<sup>115</sup>

“The phenomena sweeping teenage girls...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...For these girls, trans identification offers freedom from anxiety's relentless pursuits; it satisfies the deepest need for acceptance, the thrill of transgression, the seductive lilt of belonging.” — Abigail Shrier<sup>116</sup>

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<sup>112</sup> Sax, *Why Gender Matters*, 296, 298.

<sup>113</sup> Walker, *God and the Transgender Debate*, 55. Walker gives specific examples of both stereotyped masculinity and femininity by noting how these stereotypes can lead people “wrongly to believe that the standard or epitome of masculinity is aggression and that the standard or epitome of femininity is playing dress up. A man who cooks or a woman who likes watching football is not blurring inappropriate gender norms; nor is that any sort of concrete evidence that a person has gender-identity issues.” (56)

<sup>114</sup> *Irreversible Damage: The Transgender Craze Seducing our Daughters* (New York: Regnery, 2020), 18.

<sup>115</sup> “Have Smartphones Destroyed a Generation?” *The Atlantic*, September 2017 available online <https://www.theatlantic.com/magazine/archive/2017/09/has-the-smartphone-destroyed-a-generation/534198/>

<sup>116</sup> *Irreversible Damage*, xxx.

## B. Downstream<sup>117</sup>

### 1. Don't stop *Loving* them

*Love is patient, love is kind. Love does not envy, is not boastful, is not arrogant, 5 is not rude, is not self-seeking, is not irritable, and does not keep a record of wrongs. 6 Love finds no joy in unrighteousness but rejoices in the truth. 7 It bears all things, believes all things, hopes all things, endures all things. — 1 Corinthians 13:4–7*

*Above all, maintain constant love for one another, since **love covers a multitude of sins.** — 1 Peter 4:8*

*Parents, don't come down too hard on your children or you'll crush their spirits. — Colossians 3:21 MSG*

*But you, dear friends, as you build yourselves up in your most holy faith, praying in the Holy Spirit, keep yourselves in the love of God, waiting expectantly for the mercy of our Lord Jesus Christ for eternal life. Have mercy on those who waver. — Jude 1:20–22*

### 2. Try to *Understand* before being understood.

*The tongue of the wise makes knowledge attractive, but the mouth of fools blurts out foolishness. — Proverbs 15:2*

*A fool does not delight in understanding, but only wants to show off his opinions. — Proverbs 18:2*

*The one who gives an answer before he listens— this is foolishness and disgrace for him. — Proverbs 18:3*

*Do you see someone who speaks too soon? There is more hope for a fool than for him. — Proverbs 29:20*

Before you ask them any questions or give them any response, it's important to emphasize: many teenagers struggling with their identity (at any level) really want their parents to hear and validate where they are coming from. Even if we disagree with the conclusions or how they interpret their experiences, we can still let them know: "I see you, I hear you, I *understand* where you're coming from."

Additionally, this might be a conversation they've agonized over. So, before you freak out and fire off a response, *thank them* for being honest with you. Express to them how much you appreciate them opening up and trusting you with their feelings of dysphoria or identity struggles. It may even be wise to hold off your questions or comments until a second conversation. Instead, you may find it best to just listen and thank them for opening up to you. If nothing else, you want them to walk away knowing that you heard them and care about where they're coming from.

With this in mind, here are some questions you could ask in the process of seeking to understand and challenge their conclusions / interpretations:

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<sup>117</sup> To read a story of a mother who walked through this personally, see Charlie Jacobs, "What I've Learned Rescuing My Daughter From Her Transgender Fantasy," *The Daily Signal*, December 13, 2021. See also the resource page for parents at Focus on the Family entitled, "Transgender Resources." See also Tim Geiger, "John Wants to Be Jane: 3 Ways to Counsel a Gender-Confused Child," *The Gospel Coalition*, August 19, 2019; Walt Heyer, "Resources for Parents," *Sex Change Regret Website*.

### Some Questions to Consider Asking:

- What makes you think you're transgender / non-binary / gender-fluid/ etc.?
- How do you define a male / female?
- How much research have you done on this? Aside from what you read / see on social media, how much have you looked into the medical literature on this?
- What do you think about the many stories of de-transitioners? Are you willing to read some?

Don't forget to *empathize* and *relate* this to your own experience as a teenager. Remind them of the emotions, environment, and struggles you experienced during the same season of life. Help them understand that being a teenager is radically complex and difficult for everyone. Firmly, but graciously ask them, "Do you really think it's wise to make such a life-altering, life-changing decision at this stage in your life?"

3. Don't stop being a **Parent** - you still have rules to enforce and you can still require them to do things that are good for them.

*"Listen, Israel: The Lord our God, the Lord is one. 5 Love the Lord your God with all your heart, with all your soul, and with all your strength. 6 These words that I am giving you today are to be in your heart. 7 Repeat them to your children. Talk about them when you sit in your house and when you walk along the road, when you lie down and when you get up. 8 Bind them as a sign on your hand and let them be a symbol on your forehead. 9 Write them on the doorposts of your house and on your city gates. — Deuteronomy 6:4–9*

*Listen, my son, to your father's instruction, and don't reject your mother's teaching, for they will be a garland of favor on your head and pendants around your neck. My son, if sinners entice you, don't be persuaded. — Proverbs 1:8–10*

*Do not despise the Lord's instruction, my son, and do not loathe his discipline; for the Lord disciplines the one he loves, just as a father disciplines the son in whom he delights. — Proverbs 3:11–12*

*Young people are prone to foolishness and fads; the cure comes through tough-minded discipline. — Proverbs 22:15 MSG*

*The human heart is the most deceitful of all things, and desperately wicked. Who really knows how bad it is? — Jeremiah 17:9*

*Fathers, don't stir up anger in your children, but bring them up in the training and instruction of the Lord. — Ephesians 6:4*

### Some Practical Steps to Consider:

- Invite them or require them to read papers, listen to interviews, or watch presentations from medical experts like Paul McHugh, Michelle Cretella, or others (see Recommended Resources).
- Invite them or require them to read the testimonials, listen to interviews, or watch presentations from people who have de-transitioned.
- Require them to read books on biblical sexuality and gender (see recommended resources).
- Take a hard, honest look at how your child (and your family) utilize technology. Be willing to be important, even drastic changes in how much external messaging you allow into your home through social media.
- Be willing to take each of these steps with your kiddos! Don't just require them to do it, you do it too — share with them what you're learning or what you think is helpful.
- Remember: almost every teenager is searching for their own sense of identity. It's common for teenagers to buck authority in pursuit of answers. That's normal — be patient, be prayerful, and persevere.

Personally, I wish every pre-teen and teenager would read *Chasing Love* by Sean McDowell. It's relevant, accessible, and biblically faithful. It covers *all* the issues and could be a great place to start. Sean also has a great list of resources on his website: [www.seanmcdowell.org](http://www.seanmcdowell.org)

#### Some Important Questions Ask Them:

- How do you know you can trust these inner feelings, desires, or inclinations?
- Do you ever have feelings, desires, or inclinations you know you shouldn't act on (eg. anger, depression, selfishness, etc.)? Do you think it's wise/safe to follow / act on these feelings?
- When you think about "true to yourself" / "authentic" — where does your body factor in? Do you think it's wise to ignore our bodies in pursuit of feelings that constantly fluctuate or change?
- What would you say to someone who has an eating disorder — should they change their body to match that dysphoria or address their dysphoria to match their body?
- What do you think *defines* a person — what's their core identity ? (point them to their status as God's image bearer and God's on-purpose design for them as male or female).

4. Walk with them — be stubbornly loyal and loving—through life's challenges.

*21 For you were called to this, because Christ also suffered for you, leaving you an example, that you should follow in his steps. 22 He did not commit sin, **and no deceit was found in his mouth**; 23 when he was insulted, he did not insult in return; when he suffered, he did not threaten but entrusted himself to the one who judges justly. 24 He himself bore our sins in his body on the tree; so that, having died to sins, we might live for righteousness. **By his wounds you have been healed.** 25 For you **were like sheep going astray**, but you have now returned to the Shepherd and Overseer of your souls. — 1 Peter 2:21–25*

*Humble yourselves, therefore, under the mighty hand of God, so that he may exalt you at the proper time, 7 casting all your cares on him, because he cares about you. 8 Be sober-minded, be alert. Your adversary the devil is prowling around like a roaring lion, looking for anyone he can devour. 9 Resist him, firm in the faith, knowing that the same kind of sufferings are being experienced by your fellow believers throughout the world. 10 The God of all grace, who called you to his eternal glory in Christ, will himself restore, establish, strengthen, and support you after you have suffered a little while. — 1 Peter 5:6–10*

5. **Reach Out:** don't try to walk through this alone.

*One who isolates himself pursues selfish desires; he rebels against all sound wisdom. — Proverbs 18:1*

*"I give you a new command: Love one another. Just as I have loved you, you are also to love one another. By this everyone will know that you are my disciples, if you love one another." — John 13:34–35*

*Carry one another's burdens; in this way you will fulfill the law of Christ. — Galatians 6:2*

**Please contact the elders anytime: [elders@stonegatefellowship.com](mailto:elders@stonegatefellowship.com)**

## Recommended Resources

### A. Theology of the Body

- *Love Thy Body* by Nancy Pearcey
- *What God Has to Say About Our Bodies* by Sam Allberry
- *For the Body* by Timothy Tennent

### B. Transgenderism and the Bible

- *God and the Transgender Debate* by Andrew T. Walker
- *Gender Ideology* by Sharon James.
- *Embodied* by Preston Sprinkle

### C. Transgenderism: History, Science, and Culture

- *Love They Body* by Nancy Pearcey
- *Strange New World* by Carl Truman
- *When Harry Became Sally* by Ryan T. Anderson
- *Affirming God's Image* by J. Alan Branch
- *Why Gender Matters* by Leonard Sax (Non-Christian Author)
- *The End of Gender* by Debrah Soh (Non-Christian Author)
- *Them Before Us* by Katy Faust

### D. Parenting Books | General

- *The Mama Bear Apologetics Guide to Sexuality* by Hillary Ferrar
- *Full Circle Parenting* by Jimmy and Kristen Scroggins
- *Parenting* by Paul David Tripp
- *Good Pictures, Bad Pictures* by Kristen Johnson (screens and pornography)
- *Anything* by Kathy Koch :)

### E. Parenting Books | Boy and Girl Specific

- *The Intentional Father* by Jon Tyson.
- *Wild Things* by Stephen James and David Thomas
- *Irreversible Damage* by Abigail Shrier (Non-Christian Author).

### F. Children and Teenagers Books

- *God Made All of Me* by Justin Holcomb (Children's Book)
- *Tell God How You Feel: Helping Kids with Hard Emotions* by Christina Fox
- *Chasing Love* by Sean McDowell (Book for Teenagers about sex, love, and relationships).
- *A Practical Guide to Culture* by Brett Kunkle and John Stonestreet (Teenagers)

### G. Technology and Screens

- *The Tech-Wise Family* by Andy Crouch
- *12 Ways Your Phone is Changing You* Tony Reinke

### H. Online Resources

- Sean McDowell ([www.seanmcdowell.org](http://www.seanmcdowell.org))
- Stand to Reason ([www.str.org](http://www.str.org))
- Mama Bear Apologetics ([www.mamabearapologetics.com](http://www.mamabearapologetics.com)).
- The Public Discourse ([www.thepublicdiscourse.com](http://www.thepublicdiscourse.com))
- Focus on the Family ([www.focusonthefamily.com](http://www.focusonthefamily.com))
- Resources by Walt Heyer @ Sex Change Regret ([www.sexchangeregret.com](http://www.sexchangeregret.com))
- The Writings of Paul McHugh, Michelle Cretella, and the American College of Pediatricians.

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## Appendix #1: Should I Affirm My Child's New Gender Identity?

**A Common Question:** What if my child demands that I affirm their new sense of gender identity?

We believe it is *not* wise to go along with your child's demands here — no matter how emotional or stressful they may be.<sup>118</sup> Consider the following reasons based on what we've discussed in this workshop:

1. All available studies indicate that your child will most likely experience a resolution between their gender identity and biological sex once they pass through puberty. As Debrah Son observes:

Across all eleven long term studies ever done on gender-dysphoric children between 60 and 90 percent desists by puberty." These numbers hold true "whether we look at older or newer studies, no matter how large or small the sample size, or where in the world and which research team conducted it, the data are irrefutable...And even when you remove kids who are less severe from the study analysis, the rate of desistance is still over 80 percent."<sup>119</sup>

On the other hand, affirming their new gender identity has a positive correlation with their trans-identity persisting into adolescence. Michelle Cretella makes this point well:

There is not a single large, randomized, controlled study that documents the alleged benefits and potential harms to gender-dysphoric children from pubertal suppression and decades of cross-sex hormone use," good intentions are not enough to base a life-changing decision.

Moreover, when there is not "a single long-term, large, randomized, controlled study that compares the outcomes of various psychotherapeutic interventions for childhood [gender dysphoria] with those of pubertal suppression followed by decades of toxic synthetic steroids... this should give everyone pause...Such a process can be a "self-fulfilling" protocol, because for a boy who experiences gender dysphoria "the repeated behavior of impersonating a girl alters the structure and function of the boy's brain in some way—potentially in a way that will make identity alignment with his biologic sex less likely.

On top of this behavior consequence, the medical suppression of the body's natural process of puberty "prevents further endogenous masculinization of his brain" so that he persists as "a gender non-conforming prepubertal boy disguised as a prepubertal girl." She concludes that gender-transitioning is ultimately, "A protocol of impersonation and pubertal suppression that sets into motion a single inevitable outcome (transgender identification) that requires life-long use of synthetic hormones, resulting in infertility, [that] is neither fully reversible nor harmless."<sup>120</sup>

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<sup>118</sup> To read a story of a mother who walked through this personally, see Charlie Jacobs, "What I've Learned Rescuing My Daughter From Her Transgender Fantasy," *The Daily Signal*, December 13, 2021.

<sup>119</sup> *The End of Gender*, 141, 144.

<sup>120</sup> "Gender Dysphoria in Children and Suppression of Debate." *Journal of American Physicians and Surgeons* Volume 21 Number 2 Summer 2016. Other studies support this same basic claim. cf. Richards C, Maxwell J, McCune "Use of puberty blockers for gender dysphoria: a momentous step in the dark" *Archives of Disease in Childhood*, 2019.



2. Medically, affirming your new child’s gender-identity is likely to encourage long-term health consequences — physically and psychologically.<sup>121</sup> In a 2021 study, Clinical Psychologist David Swartz argued, “the use of pharmacological and surgical interventions in the treatment of gender dysphoric youth, especially in light of what is known about the transience of cross-gender identification in children, is mistaken both clinically and ethically. He further argues that psychotherapy, neglected by most of those advocating pharmacological and surgical interventions, is the best treatment option for these patients.”<sup>122</sup>
3. Developmentally, you must consider if your child has the intellectual and emotional maturity to make such a life altering decision . As Michelle Critella states, “Scientific data show that people under the age of 21 have less capacity to assess risks. There is a serious ethical problem in allowing irreversible, life-changing procedures to be performed on minors who are too young themselves to give valid consent.”<sup>123</sup> These medical and developmental considerations combine to show why there are so many stories of transition regret. A recent 2021 study shows that many transitioners felt as though they rushed the transition process, often without the correct mental health treatment.<sup>124</sup>
4. Biblically, you’re still the God-given, loving authority in your child’s life (Deut. 6:4–8). That means you are the one entrusted by God to correct them, disciple them, and guide them in the way of God’s life-giving truth (Proverbs 1–9; 22:15; Ephesians 6:4). Caving in to their demands could easily reverse the parent-child roles and place your child in an unhealthy place of authority and control in your household.

In protest, your child may use something like the popular line “Would you rather have a dead daughter or an alive son.” This statement presents a proposed dilemma: Either you affirm me in my new identity or I’m going to take my life from the distress associated with my innate biological gender.

Despite the (potentially sincere) claims of distress, there is much evidence to suggest that the most potent causes of suicidal ideation within gender-dysphoric children are the underlying mental health conditions (eg. bipolar disorder, depression, eating disorder, schizophrenia, etc.) the children experienced. Moreover, there is very little evidence to suggest suicide decreases for people who have underwent trans-affirming surgery. In fact, as the section above illustrates, just the opposite is true.

Of course, none of this means we can navigate these waters without extreme compassion, prayer, and sensitivity. Our children need our ears and our hearts to be open to them as we hear what they're experiencing and try to help them navigate the difficult waters of emotional and physical development. As you seek to do this, we encourage you to reach out to your church elders and gather a team of wise counsel around you.

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<sup>121</sup> To review this information in a single place, see the detailed essay by Paul W. Hruz, Lawrence S. Mayer, Paul R. McHugh, “Growing Pains: Problems with puberty suppression in treating gender dysphoria,” *The New Atlantis*, Spring 2017.

<sup>122</sup> David Schwartz, “Clinical and Ethical Considerations in the Treatment of Gender Dysphoric Children and Adolescents: When Doing Less Is Helping More,” *Journal of Infant, Child, and Adolescent Psychotherapy*, Vol. 20 (November 2021): 439–449.

<sup>123</sup> “I’m a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse,” *The Daily Signal*, July 3, 2017

<sup>124</sup> Littman, L. Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. *Arch Sex Behav* 50, 3353–3369 (2021)

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## Appendix #2: What About Intersex Conditions?

Megan DeFranza, a theologian and co-founder of the non-profit *Intersex and Faith*, writes, “I didn’t reconsider transgender experiences until I learned about the complexity of human biology...I needed a scientist to prove to me that bodies come in more varieties than the simple categories of male (XY chromosomes) and female (XX chromosomes) that I learned in eighth-grade health class.”<sup>125</sup> Similarly Linda Tatro Herzer writes, “we now know that God creates at least four categories of intersex conditions, resulting in approximately one in every one hundred persons being born intersex.”<sup>126</sup>

In response, we must take a closer look into the specific kinds of intersex conditions being used to reject the notion of a two-gender binary established by natural law. Within the scientific community, the term “intersex” is not a euphemism for “neither male or female.” Instead, there are more than sixteen different conditions classified as intersex. Depending on the conditions under consideration, the prominence of intersex conditions can range from .022 percent of the population to 1.7 percent.<sup>127</sup>

As Preston Sprinkle rightly concludes, “Not all intersex conditions are the same.”<sup>128</sup> Even the 1.7 percent conclusion is on the high-end of the statistical scale. Biologist Anne Fausto-Sterling is the most prominent voice articulating this conclusion, but in her definition of intersex she includes various conditions in which there is little-to-no difficulty in identifying a person as male or female. In fact, she includes individuals whose biological sex is obvious, but who also retain some type of biological anomaly.<sup>129</sup> Some of the common intersex conditions included in this are:

- Late Onset Congenital Adrenal Hyperplasia (LOCAH)—1.5 in every 100 births.
- Klinefelter Syndrome—1 in every 1,000 births.
- Turner Syndrome—1 in every 2,700 births.
- Vaginal Agenesis—1 in every 6,000 births.<sup>130</sup>

In each of these cases, however, the biological sex of the person in consideration is not ambiguous. Instead, most people—as many as 99 percent—with an intersex condition are unambiguously male or female in their chromosomes and external genitalia.<sup>131</sup> The reality of intersex conditions within a person doesn’t deny the natural law categories of male and female. Quite the opposite: the reality of intersex conditions depends upon and presupposes the two-gender binary in order to identify the atypical features a person experiences. Persons with intersex conditions, in other words, are experiencing biological features from *the other gender*—not from an entirely new gender.

Sprinkle is correct when he says: “When the Bible and science talk about humans as sexed creatures, they recognize two categories of sex: male and female. Though some intersex people embody traits

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<sup>125</sup> Megan DeFranza, “Good News for Gender Minorities,” in *Understanding Transgender Identities: Four Views*, ed. James K. Beilby and Paul Rhodes Eddy (Grand Rapids: Baker, 2019), 150.

<sup>126</sup> Linda Tatro Herzer, *The Bible and the Transgender: How Scripture Supports Gender Variance* (Cleveland: The Pilgrim Press, 2016), 56–57.

<sup>127</sup> The .022 percent statistic comes from Ieuan A. Hughes, et al., “Consensus Statement on Management of Intersex Persons,” *Pediatrics* 118, no. 2 (2006) 488–500. The 1.7 percent comes from Fausto-Sterling, *Sexing the Body*.

<sup>128</sup> *Embodied: Transgender Identities, the Church, and What the Bible Has to Say* (Colorado Springs: David C. Cook, 2021), 118

<sup>129</sup> Leonard Sax, “How Common is Intersex?” *Journal of Sex Research* 39, vol. 3 (2002), 174–78.

<sup>130</sup> Sprinkle provides detailed descriptions of these (and other) conditions in *Embodied*, 118–23

<sup>131</sup> Sax, “How Common is Intersex?”

from both categories, there are still only two categories of sex...No intersex person has an innovative new sex organ.” Instead, people with intersex conditions “may have atypical features in their male or female anatomy, or they might have a blend of male and female parts. But this doesn’t mean there are more than two biological sexes. It seems more accurate to say that some people exhibit a combination of both—the only two—sexes.<sup>132</sup>

Finally, the existence of intersex persons does not indicate the reality of “new genders” or a “gender spectrum.” Instead, the existence of such persons alerts us to how the two natures of male and female have become blended into the biology of some persons. Such a reality is entirely consistent with both natural law and with a fallen world in which God’s original design for human creatures could be distorted in a multitude of ways (Gen. 3).<sup>133</sup>

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<sup>132</sup> Sprinkle, *Embodied*, 122.

<sup>133</sup> Sprinke cautions against this conclusion, believing that such a conclusion is psychologically damaging to persons with intersex conditions. Cf. Sprinkle, *Embodied*, 125–26. Nevertheless, such a conclusion is not unwarranted just because a person feels deeply hurt or offended by it. Instead, Christians must hold this conclusion together with a compassionate posture and a redemptive focus that encourages such persons to experience the love of Jesus through abiding in the love, identity, and purpose found in him (John 15:1–11).

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## Appendix #3: Is There a Biological Cause of Gender-Dysphoria?

### A Genetic Link?

In defense of gender-transitioning, some medical professionals have sought to link transgender-identity to physical qualities within the genes. In theory, this would place Gender-Dysphoria into the realm of neuro-biology instead of being a purely psychological phenomenon. However, of all the studies that have been done to confirm this, there is still no conclusive data to support this assertion. In fact, the exact opposite is the case.

A small 2009 Japanese study concluded, “The present findings do not provide any evidence that genetic variants of sex-hormone related genes confer individual susceptibility to MtF or FtM transsexualism.”<sup>134</sup> Similar results were found in a 2005 study of 29 transexual individuals in Sweden and a 2014 study by genetic researches in Spain.<sup>135</sup> NYU professor Laura-Erickson Schroth summarizes, “To date, no studies have conclusively linked genes to transgender identity.”<sup>136</sup>

### A Transgender Brain?

In addition to genetic studies, brain-studies have become a focus of intense investigation in order to provide a causal link for gender-dysphoria. Dutch physician Dick Swaab lead a team of researchers in 1995 and concluded “Our study supports the hypothesis that gender identity alterations may develop as a result of an altered interaction between the development of the brain and sex hormones.”<sup>137</sup> Alan Branch comments on this, however, noting the vital distinction between correlation and causation. He observes, “Current data show a correlation between some variables in the brains of some people and an increased rate of transgenderism. But correlation and *causation* are not the same thing, and causation has not been proved.”<sup>138</sup>

Branch then surveys the medical literature to support this claim. Speaking specifically of Swaab’s study, Branch notes how “his sample consisted of forty-two cadavers, only six of whom were transsexuals” and then concludes “It is quite incautious to make global claims based on a sample of *six* transsexuals.” Another confounding factor in this study was that “all six of the transsexuals... had taken female hormones as adults as part of their process of transitioning from male to female.”<sup>139</sup>

### A Consistent Problem

Branch’s observations above demonstrate one example of a consistent problem within the medical literature: sweeping claims based upon very poor evidence. In some cases, studies are lacking a large enough sample set to make an accurate determination. In the same and other cases, the sample set is tainted with factors that would predispose the researchers to certain conclusions. As Branch points out, the Swaab study is an example of both of these. In their report for medical guidelines (cited above) The Endocrine Society even acknowledged the low quality of its recommended guidelines, stating “the quality of evidence...was low or very low.”<sup>140</sup>

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<sup>134</sup> Cited in Branch, *Affirming Gods Image*, 58.

<sup>135</sup> Both of these studies are cited in Branch, *Affirming God’s Image*, 58–59.

<sup>136</sup> “Update on the Biology of Transgender Identity,” *Journal of Gay and Lesbian Mental Health* 17 (2013): 154.

<sup>137</sup> Jiang-Ning Zhou et al., “A Sex Difference in the Human Brain and its Relation to Transsexuality,” *Nature* 378 (November 1995): 68.

<sup>138</sup> Branch, *Affirming God’s Image*, 69.

<sup>139</sup> Branch, *Affirming God’s Image*, 73

<sup>140</sup> Hambree et al., “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,” 3132.

Similarly, after the HHS declared sex-reassignment surgery to be a civil right, the Centers for Medicare and Medicaid Services released their own report. This report stated they would not mandate insurance coverage for sex-reassignment surgeries because, “Based on a thorough review of the clinical evidence available at this time [2016], there is not enough evidence to determine whether gender-reassignment surgery improves health outcomes for Medicare beneficiaries with gender dysphoria.”

The report went on to acknowledge the “conflicting (inconsistent) study results.” While some studies showed positive outcomes, other studies did not. The report concluded that “The quality and strength of evidence were low due to the mostly observational study designs with no comparison groups, potential confounding and small sample-sizes. Many studies that reported positive outcomes were exploratory type studies (case-series and case control) with no confirmatory follow-up...Additional research is needed.”<sup>141</sup>

It’s important to note the “exploratory” nature of these studies. The tragic reality is that the medical community is conducting a massive experiment to determine whether gender-transitioning is a viable, healthy option for people who experience gender-dysphoria. And yet, medical experts who should be committed to scientific evidence to determine their methods are relying on the incredibly subjective nature of both diagnosing gender-dysphoria and determining the success rate of gender-transition procedures. The *APA Handbook of Clinical Psychology* acknowledges this when it states, “It is currently impossible to diagnose [gender dysphoria] on the basis of objective criteria. Psychologists are therefore dependent on the subjective information given by the person.”<sup>142</sup>

### **Twin Studies**

Another significant factor in concluding that gender-dysphoria does not have a biological link is the results of various twin studies. Michelle Critella observes:

Identical twins contain 100 percent of the same DNA from conception and are exposed to the same prenatal hormones. So if genes and/or prenatal hormones contributed significantly to transgenderism, we should expect both twins to identify as transgender close to 100 percent of the time. Skin color, for example, is determined by genes alone. Therefore, identical twins have the same skin color 100 percent of the time. But in the largest study of twin transgender adults, published by Dr. Milton Diamond in 2013, only 28 percent of the identical twins both identified as transgender. Seventy-two percent of the time, they differed. (Diamond’s study reported 20 percent identifying as transgender, but his actual data demonstrate a 28 percent figure. That 28 percent of identical twins both identified as transgender suggests a minimal biological predisposition, which means transgenderism will not manifest itself without outside nonbiological factors also impacting the individual during his lifetime. The fact that the identical twins differed 72 percent of the time is highly significant because it means that at least 72 percent of what contributes to transgenderism in one twin consists of nonshared experiences after birth—that is, factors not rooted in biology. Studies like this one prove that the belief in “innate gender identity”—the idea that “feminized” or “masculinized” brains can be trapped in the wrong body from before birth—is a myth that has no basis in science.<sup>143</sup>

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<sup>141</sup> Tamara Syrek Jensen, et al., “Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N),” *CMS Website*, June 2, 2016, accessed May 15, 2021, <https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=282>

<sup>142</sup> Peggy T. Cohen-Kettenis and Thomas D. Steensma, “Gender Dysphoria,” in *APA Handbook of Clinical Psychology*, vol. 4, *Psychopathology and Health*, ed. John C. Norcross et al. (Washington, DC: American Psychological Association, 2016), 398.

<sup>143</sup> Michelle Cretella, “I’m a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse,” *The Daily Signal*, July 3, 2017; cf. Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender Findings from Biological, Psychological, and Social Sciences,” Special Report, *The New Atlantis* 50 (Fall 2016). Available online at <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender>

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## Appendix #4: What About the Eunuchs In Scripture?

One common objection comes from the biblical examples of eunuchs in the Bible. Aren't they a clear example of individuals who transgressed the two-gender binary? Proponents of this view tend to point (ironically) to Matthew 19 in which Jesus provides an important teaching about marriage. Specifically, Jesus identifies marriage as between one man and one woman by referencing Genesis 2 in which God created Adam and Eve to experience a "one flesh" union in the bond of marriage.

Many advocates of transgender ideology (ironically) reference this chapter as providing "the closest biblical analogy that we have for transgendered people."<sup>144</sup> What are they referring to? Jesus states in Matthew 19:11–12:

But he said to them, "Not everyone can receive this saying, but only those to whom it is given. <sup>12</sup>For there are eunuchs who have been so from birth, and there are eunuchs who have been made eunuchs by men, and there are eunuchs who have made themselves eunuchs for the sake of the kingdom of heaven. Let the one who is able to receive this receive it."

In this passage, Jesus makes reference to the eunuchs. Specifically, three kinds of eunuchs: "(1) those who were born eunuchs (2) those who are made eunuchs by others, and (3) those who choose to live like eunuchs."<sup>145</sup> The common feature among all eunuchs is that they were biological males who were *infertile*, most often as a result of some impairment in their sexual anatomy from birth or through castration.<sup>146</sup>

At first glance, it's hard to see how Jesus was operating within the modern categories of gender identity and gender-variance, but that's exactly what some modern advocates imply or explicitly state when they comment on this passage. Linda Tatro Herzer believes that Jesus recognized a variance within gender<sup>147</sup> and Austen Hartke believes that Jesus' teaching about the eunuchs provides the most compelling biblical example for those who feel "the call to a life outside the gender and sex norms of their time."<sup>148</sup> Hartke cites New Testament scholar J. David Hester to make the point that being designated as a eunuch in the ancient world was a form of public shame, because gender-variance was threatening to the established cultural norms for men during the time of Jesus.

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<sup>144</sup> Justin Sabia-Tanis, *Trans-Gender: Theology, Ministry, and Communities of Faith* (Eugene, O.R.: Wipf and Stock, 2003), 72.

<sup>145</sup> Sprinkle, *Embodied*, 99. Sprinke elaborates "The Greek term eunouchos (and its Hebrews and Latin equivalents) is used in Jewish and Greco-Roman literature to cover a broad range of individuals. Some were asexual (having no sexual desire) and therefore served as reliable guardians of the kinds harem (or daughters) or as focused military leaders unhindered by sexual distractions. Others were men who lacked secondary male sex characteristics (such as facial hair and deep voice), typically because they had been castrated before puberty. Still others were viewed as sexually charged men who were infertile but not impotent....In some cases, eunuchs were considered neither masculine enough to be real men nor feminine enough to be real women... " (100).

<sup>146</sup> Sprinkle, *Embodied*, 100. Branch agrees with this interpretation, "The most common interpretation of these three categories among Christians with a high regard for Scripture has been that the eunuchs 'from birth' refer to people who, for whatever reason, were unable to have sexual intercourse and thus did not marry; eunuchs 'made by men' seems to refer to men who were intentionally emasculated, usually for the purposes of court service, as was somewhat common in antiquity; eunuchs 'for the kingdom of heaven' refers to people who choose to remain unmarried for the purposes of service to God." *Affirming God's Image*, 47.

<sup>147</sup> *The Bible and Transgender Experience*, 47.

<sup>148</sup> Hartke, *Transforming*, 108.

Hester lists a variety of activities (i.e. bathing too much, eating the wrong foods, having too much sex, wearing the wrong clothing, or enjoying what was considered unmanly tasks) that “constantly threatened ancient men from “becoming weak.” He states “In this setting eunuchs were the nightmare and embodiment of men’s worst fears. Eunuchs were a monstrous identity formation, a source of sex gender confusion.”<sup>149</sup>

Hartke also cites Norwegian theologian Halvor Moxnes to show how Jesus reveals the “upside-down” nature of the kingdom by welcoming the eunuch and affirming his choice to live outside the constructs of gender associated with his time. Moxnes writes, “Is the Kingdom of Heaven in Jesus’ preaching a confirmation of the existing ontological fields of sex and gender? Is it not rather a reversal, an opening up of fields? Matthew’s Gospel itself appears to suggest as much, when it combines the eunuch saying with the story of how Jesus reverses the position of children (19:13–15).<sup>150</sup>

From this, Hartke concludes:

Whether you believe Jesus was advocating for castration, for celibacy, or for something else entirely in Matthew 19, the fact that he uses eunuchs as a positive example is huge. It means that Jesus knew about people who fell outside the boundaries of sex and gender, and that he did not see them as broken or morally corrupt. He saw them as people with a variety of experiences and as people with something important to teach the world about the kingdom. More than that....He says that the desire for God’s kingdom can sometimes lead to an identity that falls outside the binary...The fact is when God calls us to something, it’s always a call to move out of bounds...When transgender Christians are called, they’re called to move outside of the gender binary our society values and into a more challenging and yet stronger and more compassionate relationship with God and others. Alongside our spiritual ancestors the eunuchs, transgender Christians are both transforming others and transforming themselves.<sup>151</sup>

## Response

In response, we must make some important observations. First, these authors seem to engage in anachronistic readings of the New Testament. A basic principle of hermeneutics is that something cannot mean for us what it did not mean for the original audience.<sup>152</sup> When these authors use terms like “gender variance” or imply that Jesus and the biblical authors would have believed in concepts like “gender identity,” they are reading modern psychological categories into an ancient world that was firmly imbedded, natural law ethic that subscribed to a metaphysical framework for human nature.

Second, if we use phrases like “gender variance” to describe eunuchs, we must ask the question: in what way were these men gender variant? It seems clear that they are not *ontologically* variant, but *culturally* variant (contra Moxnes). Instead of being called to a life of discipleship “out of bounds” from natural law categories of gender, Jesus is affirming that the culturally “out of bounds” are still valuable in the kingdom of God. Children and eunuchs, therefore, are still valid participants in the kingdom of God, despite their culturally designated weaknesses.

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<sup>149</sup> J. David Hester, “Eunuchs and the Postgender Jesus: Matthew 19.12 and Transgressive Sexualities,” *Journal for the Study of the New Testament* 28, no. 1 (September 2005): 33.

<sup>150</sup> Halvor Moxnes, “Jesus in Gender Trouble,” *Cross Currents* 54, no. 3 (2004): 41.

<sup>151</sup> Hartke, *Transformed*, 110–11

<sup>152</sup> Gordon Fee and Douglas Stuart write, “A text can never mean what it could never have meant for its original readers/hearers. Or to put it in a positive way, the true meaning of the biblical text for us is what God originally intended it to mean when it was first spoken or written. This is the starting point.” *Reading the Bible for All it’s Worth*, 5<sup>th</sup> Edition (Grand Rapids: Zondervan, 2014), 35.

At most, a sound exegetical conclusion to make is that Jesus was addressing *cultural stereotypes* and *conventional wisdom*, not a person's ontology or psychology. What's more, Jesus was not overturning the creation account in Genesis 2:24 to affirm the natural unity of man and woman in marriage (Matt. 19:1–7). For Jesus, there was and is a metaphysical structure to human biology that is both objectively real and consistent with our gender. As such, when Jesus teaches us about eunuchs and the kingdom of God, he is not making claims similar to modern transgender advocates. Such a reading is anachronistic and fails to account for the original context of the passage.