

Understanding Transgenderism: How should Christians respond biblically to the 'Transgender Revolution'?

by Rob & Claire Smith

The transgender tipping point

In May 2014, a year before Bruce/Caitlyn Jenner became headline news around the world, the cover story of *TIME* magazine declared that the US had now reached a 'transgender tipping point'. Around about the same time, Facebook in the UK went from offering just two gender options to over 70! – a move clearly indicative of such a 'tipping point'. Sociologically speaking, a tipping point refers to a moment in time when a minority is able to bring about a significant change in the minds of the majority, such that long-held attitudes are reversed and the momentum on a particular issue begins to move in a completely new direction.

That new attitude and direction is, in essence, a new way of thinking about gender. Gender is now seen as *diverse* (landing at any number of points on a broad spectrum) and *fluid* (able to move back and forth across that spectrum). And it really is new. Much of the discourse on homosexuality over the last 40 years has been about the diversity and fluidity of *sexual orientation*, but not about the diversity and fluidity of *gender itself*. In fact, both sides in the same-sex 'debate' have tended to view gender as something that is not only *binary* (i.e., either male or female) but also as something that is *fixed* (i.e., determined by one's biological or bodily sex).

What is transgenderism?

The new way of thinking, however, makes a sharp distinction between sex and gender. Sex is still seen as *biologically determined*, but gender is now regarded as a *social construct* and, therefore, something that is (either consciously or unconsciously) *personally adopted*. This means that there is no necessary correlation between a person's gender identity and their biological sex. The two may be the same (often now referred to as 'cisgender') or they may be different (transgender). The transgendered, then, are those who claim a gender that is different from their biological sex or (as trans activists prefer to put it) 'the sex they were assigned at birth.' 'Gender dysphoria' is the latest diagnostic label for the psychological distress arising from this experience of dissonance between a person's biological sex and their gender identity.¹ However, not all who identify as 'transgender' would meet the diagnostic criteria of gender dysphoria.

¹ According to the most recent *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), 'Gender Dysphoria' is regarded as a more appropriate diagnostic name, given the symptoms and behaviours it seeks to describe. It is, however, a significant shift away from the earlier term, 'Gender Identity Disorder', which identified the dissonance itself as a 'disorder.' Now it is only the *distress* caused by the dissonance that is seen to be a problem. In other words, DSM-5 has normalised gender nonconformity.

Transgenderism, however, ought not to be confused with the handful of rare physical conditions that fall under the ‘intersex’ label (the ‘I’ in the LGBTIQ acronym), where there are varying degrees of genital, hormonal, gonadal or (even more rarely) chromosomal ambiguity with a person’s biological sex. These are *physical* variations, and on their own do not involve questions of either sexual orientation or gender identity. In other words, with intersex we are talking about a physiological condition with a clear biological basis, not a psychological condition with no apparent biological basis, as is the case with gender dysphoria.²

Are we ready for the revolution?

For the last few decades the question of homosexuality has exercised western societies and Christian denominations around the world. But what the enthusiastic media (and social media) response to Jenner’s gender transition reveals is that behind the homosexual revolution (about which much has been written), the transgender revolution (about which much less has been written) has always been present and has been steadily gaining momentum. It is, therefore, now apparent that the move toward same-sex marriage belongs to a broader complex of questions about gender, identity and the nature of human sexuality – often captured by the acronym LGBTIQ – and a much broader ‘gender agenda’ aimed at a radical and thoroughgoing moral, social, psychological and sexual revolution.

The consequence of all this, as societal, political and legislative developments around the world indicate, is that transgenderism is the next major issue that Christians are going to have to come to grips with – theologically, morally, medically, legally and pastorally. And yet, because of the way it has been largely obscured by the homosexual debate, many in our society (and particularly in our churches) have been taken by surprise. But the revolution is now upon us and is enlisting the youngest and most vulnerable members of our society. For example, schools in Brighton and Hove are now asking children as young as three to select what sex they most identify with before starting school and parents are being urged to support their child in their choice.³

Understanding transgender ideology

In large measure, the rising awareness of the transgender phenomenon is a consequence of 20th century medical and surgical advances that have now made it possible to alter a person’s physical appearance and sexual characteristics so that they resemble that of the gender with which they identify. In fact, as far as we know, prior to the 1930s, sex reassignment surgery (SRS)

² This is why many in the intersex community do not want to be included in the LGBTIQ acronym, and why there has been some criticism of DSM-5’s subsuming of ‘Intersex’ under the category of ‘Gender Dysphoria’. That said, some people with intersex conditions can experience significant psychological distress, particularly if they come to reject the medical decisions made for them at birth or in infancy.

³ Jo Wadsworth, “Brighton and Hove schools ask three-year-olds what gender, if any, they identify with,” *Brighton and Hove News*, 19 April, 2016: <http://www.brightonandhove.org/2016/04/19/brighton-and-hove-schools-ask-three-year-olds-what-gender-if-any-they-identify-with>. Accessed 28 October, 2016.

was never attempted. However, at an ideological level, the transgender revolution is tied to both the feminist and homosexual revolutions: for if there is no necessary correlation between biological sex and gendered life roles (feminism), and if there is no necessary correlation between biological sex and your sexual orientation (homosexuality), then why should there be any necessary correlation between biological sex and gender identity?

Nor is there any necessary correlation between one's sexual orientation and one's gender identity. They are both separate (and potentially variable) categories. As it has often been put, 'sexual orientation' determines *who* you want to go to bed *with*, whereas 'gender identity' determines *what* you want to go to bed *as*. The bottom line in this way of thinking is that *biology* determines neither! Moreover, just as you can *choose who* you go to bed with, so you can *choose what* you go to bed as. Everything is, ultimately, self-selected.

What's more, once we decouple gender identity and (binary) biological sex, we are free to believe that there are many genders (omnigender), or perhaps none at all (agender), and that gender identity is potentially, if not perpetually, fluid. The end point of such an understanding is that there is, in fact, no need for any person to align their gender identity with their biological sex.

The tensions of transgender experience

However, interestingly and paradoxically, not all transgender people are comfortable with such voluntarism, nor with a radical separation of sex and gender. Indeed, as is the case in the homosexual community, many transgender people argue for a kind of 'born this way' determinism.⁴ They believe that the disparity they experience between their biological sex and gender identity is not something they have chosen, but has been determined by forces beyond their control and, rather than live with this tension, they long for alignment. In other words, they feel they've been given the wrong body and so want it changed.

It is worth noting, however, that approximately 84% of children who experience gender identity issues resolve those issues prior to adulthood. Nonetheless, those whose gender dysphoria persists into adulthood would certainly not say they have chosen what, for them, is a deeply distressing experience. In that sense their condition in and of itself is best seen as a largely non-moral affliction. Even so, some measure of choice is necessarily involved – firstly, at the level of self-belief (e.g., I believe I am an actual woman trapped in a man's

⁴ To date, and despite claims to the contrary, there doesn't appear to be any clear biological or neurological contributors to gender dysphoria. As Lawrence Mayer and Paul McHugh have observed, "the current studies on associations between brain structure and transgender identity are small, methodologically limited, inconclusive, and sometimes contradictory" (Lawrence S Mayer and Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," *The New Atlantis* Number 50, Fall 2016, p. 104: <http://www.thenewatlantis.com/publications/number-50-fall-2016>). This, of course, doesn't mean that no such component(s) will ever be identified, nor does it rule out 'softer' forms of determinism (e.g. psychological, familial, social or environmental). What it does suggest is that the 'born this way' claim is simplistic at best and that, when it comes to gender dysphoria, nurture (rather than nature) has the larger role to play.

body) and, secondly, in terms of the chosen way of addressing the perceived problem (e.g., I have decided to change my appearance or body to align with my belief).

The current approach to treatment

Whilst both medical and psychological research continues into gender dysphoria, its cause or causes are a long way from being fully understood. As with same-sex attraction, it appears to be both *multifactorial* and *case specific*, with the mix of causal factors varying from person to person. What is common, and contrary to the notion of 'gender plasticity', is the desire of those who experience it to achieve some measure of alignment between mind and body. In other words, most of those who experience gender dysphoria want to look on the outside the way they feel on the inside.

Since the 1980s, there has been a shift in medical practice and public opinion no longer to regard the experience of dissonance between biological sex and gender identity as a psychiatric illness or thought disorder (hence the nomenclature change noted in footnote 1). Now it is only *the distress* caused by the dissonance that is the problem, which is simply seen as a 'condition'. Even more significantly, the preferred way of treating this condition is not by focusing treatment on the person's mental health and psychology, but by seeking to change their appearance, hormones and anatomy. In other words, instead of trying to change the mind to fit with the body, the body is changed to fit with the mind.

The tragedy of this approach

The tragedy of this shift in diagnosis and treatment is that 'sex change' is, in fact, a biological impossibility, whereas psychological change is not. Chromosomes cannot be redesigned and fully functioning sex organs cannot be surgically constructed. A person's self-perception, however, can be altered (albeit often with difficulty and not always completely). In short, whatever the best way to classify gender incongruence, it should be treated with psychotherapy, not surgery. However, according to Paul McHugh (University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School), the 'meme' that "whether you are a man or a woman, a boy or a girl, is more of a disposition or feeling about yourself than a fact of nature" has so permeated our culture that, like the emperor's new clothes, few are willing to question it.⁵

But, despite its ubiquity and popularity, McHugh believes that the 'meme' is a 'pathogenic' one, based on a disastrous diagnostic misapprehension that is doing great damage. And he says this as the previous head of a department that was among the first to offer sex-change treatment – a practice it has now abandoned. Rather than treating the condition, those who promote sex-change through cross-hormone treatment and SRS, McHugh argues, are collaborating with a mental disorder, and encouraging genital mutilation. Not surprisingly, the

⁵ Paul McHugh, "Transgenderism: A Pathogenic Meme", *The Public Discourse*, 10 June, 2015: <http://www.thepublicdiscourse.com/2015/06/15145>. Accessed 28 October, 2016.

instance of ‘sex-change regret’ is disturbingly high (and little publicised) and, tragically, the experience of undergoing ‘gender transition’ seems to do little to address the high rates of suicide among transgender people (over 40%). Indeed, one longitudinal Swedish study (published in 2011) found the attempted-suicide rate following transition was some twenty times that of comparable peers.⁶

What must not be lost sight of in all this is that those who experience gender dysphoria need our heartfelt compassion and clear-headed help, as do their families, friends and wider support networks. What they do not need is to be encouraged in their disordered thinking and empowered to engage in serious and irreversible self-harm. But if the verdict of *TIME* magazine is any barometer of societal change, then the cultural momentum is with those who have accepted the transgender meme.

Developments in the UK

This is increasingly the case in the UK. For example, in May of this year, the Lloyds Banking Group announced its intention to offer sex change operations (at £10,000+ per person) to its transgender workers as part of its private health scheme. Equalities Minister, Nicky Morgan, congratulated Lloyds for “leading the way,” claiming that “we have an obligation as a society to help” people “be who they are.”⁷

Such initiatives echo the recommendations of a newly created parliamentary committee – the Women and Equalities Committee – which in late 2015 handed down its first major report on transgender equality.⁸ The report urges an overhaul the *Gender Recognition Act 2004*, in order to bring it into line with the principle of gender self-declaration. It likewise calls upon the government to commit itself to two international rights declarations,⁹ which “set out an overarching framework for trans equality in law, based on the principle of a universal right for individuals to determine their own gender identity and to have this respected and recognised” (para 27).

Perhaps the most disturbing development of all is that between April and December of 2015, the NHS’s gender identity development service treated 1,013 children (including children as young as 3), at a cost to the taxpayer of almost £2.7 million. That is up from just 97 children in 2009-10. In other words,

⁶ Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Långström, and Mikael Landén, “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden,” *PLoS One* 6:2, 22 February, 2011: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043071>. Accessed 28 October, 2016.

⁷ C.B. Condez, “Sex reassignment surgery offered to employees for Lloyds banking group; British minister lauds controversial move,” *The Christian Times*, 2 June 2016: <http://christiantimes.com/article/sex-reassignment-surgery-offered-to-employees-for-lloyds-banking-group-british-minister-lauds-controversial-move/56389.htm>. Accessed 28 October, 2016.

⁸ The report can be found at: <http://www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/39002.htm>. Accessed 28 October, 2016.

⁹ The ‘Yogyakarta Principles’ (2007) and Resolution 2048 of the Parliamentary Assembly of the Council of Europe (2015).

the number of children claiming to have been born in the wrong body has risen by nearly 1,000 per cent in five years. Whilst there may be many reasons for this rise, one is surely social pressure. As Andrea Williams, CEO of Christian Concern suggests, “many children are simply following the lead of others, without truly understanding the implications.”¹⁰ To make matters worse, children 12 and younger are now being put on puberty blockers. The tragedy here is that children on blockers almost inevitably go on to transition.¹¹ Yet, as we’ve already noted, if they were allowed to go through puberty naturally, the large majority (84%) would resolve their incongruence.

How, then, should we respond?

So how should Christians respond? This is neither a time for silence nor for inaction – not if we truly love our neighbours! We must pray fervently and, where possible, agitate publicly and lobby politically for a more responsible and coherent therapeutic approach to the treatment of gender dysphoria. This may not always make us popular. But here is yet another point where, if we are to be faithful to Christ, we must not shirk our prophetic calling. Our task, as Francis Schaeffer liked to say, is to present the truth with compassion but without compromise.

To this end, we will need to deepen our appreciation of the Bible’s teaching about the basic, given and binary nature of human sexuality, the way biological sex determines gender identity and gender roles, and the goodness of being either male-men or female-women (Gen 1:26-28; 2:18-25). That is, we are not to separate what God has joined together. This is not to suggest that things never go wrong. They clearly do, as Jesus acknowledges (Matt 19:12). We therefore need to grapple deeply with the impact of sin upon all aspects of our humanity – including our biology, psychology, sexuality, self-esteem and self-perception – and the need for all people to be redeemed and remade into the image of our Saviour, Jesus Christ. For only in Christ can any of us find our true identity and know lasting peace and contentment (2 Cor 5:17; John 16:33), even though our afflictions in this life may be ongoing.

Furthermore, as part of our renewal, we also need to learn to live according to God’s will. Here is where the Scriptural prohibitions against ‘gender bending’ (e.g., Deut 22:5; 1 Cor 6:9; 11:3-15) reveal that, despite our fallenness and brokenness, each human being remains a psychosomatic unity. So each redeemed man or woman, boy or girl must learn to see their body as a temple of the Holy Spirit and to treat it accordingly (1 Cor 6:19-20). For it is God’s glorious purpose to raise our gendered bodies, removing all imperfections and banishing all disease, dysphoria and disappointment forever. Therefore, whatever our ‘body image issues’ now (which, for some, are a cause of extreme distress), Scripture calls us to be “joyful in hope, patient in affliction, faithful in

¹⁰ “Children’s Gender Confusion Treatments Sees 1,000 Percent Uptick,” Charisma News, 3 September, 2016: <http://www.charismanews.com/world/55737-children-s-gender-confusion-treatments-sees-1-000-percent-uptick>. Accessed 28 October, 2016.

¹¹ “UK: Treatment Dilemmas in Puberty Suppression Seminar,” Transgender Trend, 26 March, 2016: <http://www.transgendertrend.com/uk-treatment-dilemmas-puberty-suppression-seminar>. Accessed 28 October, 2016.

prayer” (Rom 12:12) and to “encourage the disheartened, help the weak, be patient with everyone” (1 Thess 5:14).

Finally, in our evangelism we need to ensure that the temporary does not overshadow the eternal. For, as with all people, the greatest need of those who experience gender dysphoria or identify as transgender is not for their gender identity issues to be resolved (as wonderful as that would be), or to have their attempts at transition reversed (which may not be possible), but to be reconciled to God through Jesus Christ and adopted as his beloved children. Therefore, like the rest of us, transgender people need the gospel above all else. It is still the saving and sanctifying power of God, and still the only hope for sinners of every kind. Moreover, through it God offers real, existential peace; a better peace than anything this world can ever provide; a peace not just for this life but for eternity (John 14:27).

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