He Made Them Male and Female

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Introduction

Before getting into the meat and potatoes of this booklet we need to define what we are discussing. In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), gender dysphoria is defined as "incongruence between one's experienced/expressed gender and assigned gender" in conjunction with "clinically significant distress or impairment in social, occupational, or other important areas of functioning."[1]

The latest edition of the DSM has changed the name of the issue from "gender identity disorder" to "gender dysphoria." The language has been changed to temper what is really being discussed here.

Despite what is being promulgated in schools, the media, and popular culture, many experts still believe this issue is a mental illness rather than a naturally occurring phenomenon. Dr. Paul McHugh explains, "This intensely felt sense of being transgendered constitutes a mental disorder in two respects. The first is that the idea of sex misalignment is simply mistaken—it does not correspond with physical reality. The second is that it can lead to grim psychological outcomes."[2]

Dr. Allan Josephson, professor of psychiatry, observed in an expert declaration to a federal court that the shift in terminology and definitions related to discordant gender identity is a result of politics not science: "Changes in diagnostic nomenclature in this area were not initiated through the result of scientific information but rather the result of cultural changes fueling political interest groups within professional organizations."[3]

Many health professionals look at gender dysphoria like other dysphorias, like anorexia nervosa. Just like some people believe they are overweight when they are not, the idea you are another sex when you are not is a similar phenomenon.

Another important point to address up front is the fact that sex reas-

signment surgery does not change a male into a female and vice-versa. "Transgendered men do not become women, nor do transgendered women become men" through hormones and surgery, Dr. McHugh emphasizes.[4]

Let us begin to understand this issue by first looking at the Bible.

Notes

[1] American Psychiatric Association, "Gender Dysphoria," Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (Arlington, VA: American Psychiaric Publishing, 2013), 452 in Ryan T. Anderson, When Harry Became Sally, (New York: Encounter Books, 2018), p. 95.

[2] Paul McHugh, "Transgender Surgery Isn't the Solution," Wall Street Journal, May 13, 2016 in Anderson p. 95.

[3] Declaration of Allan M. Josepheson, M. D., U.S. District Court, Middle District of North Carolina, Case I:16-cv-00425-TDS-JEP, Exhibit J in Andereson, p. 95.

[4] Anderson, p. 101.

Chapter 1— God Makes Mankind

In the beginning **(Genesis 1:27)** God created man "in his own image, in the image of God he created him; male and female he created them." Throughout the Bible we see no other indication of another type of gender or any indication that God would allow us to change our gender.

In fact, throughout Scripture the distinction between males and females is addressed a number of times. Going back to **Genesis 3:16** we see the differences between men and women when it comes to who can birth children and which of the two takes the lead role in marriage. It is important to note that with any team there is always a team captain, but that does not mean the captain is better than the other players in all facets of the game. The male merely leads the team in marriage but does not control or demean the wife.

In **1 Corinthians 11:3,** we see the admonition of the male leadership role reiterated again. In **1 Corinthians 14:34,** we see another distinction between men and women. The mentioning of the law here may be in reference to God addressing the distinctions in marriage in Genesis. **Ephesians 5:22–33** makes it clear the male takes the lead role in marriage, but as Christ takes the lead role in His association with the Church. This scripture must be read in context. Some use it to promote control of the husband in a marriage, but the husband has to love his wife as Christ loved the Church by dying for it. Other scriptures to consider on the male and female dynamic include **1 Timothy 2:11; 1 Peter 3:1; and Galatians 3:28.**

There are not many scriptures that speak against changing your sex, but there is one we need to take a closer look at. It is found in **Deuteronomy 22:5,** which says the following: "A woman shall not wear a man's apparel, nor shall a man put on a woman's garment; for whoever does such things is abhorrent to the Lord your God." Some commentators on the Bible believe this scripture relates back to the division of the sexes God ordained when He created man and woman. Here are a number of commentaries on this verse found in *What is Truth—Opinion Based Upon the Bible*, "History and Deuteronomy

22:5 (part one),” July 6, 2009, https://kentbrandenburg.blogspot.com/2009/07/history-and-deuteronomy-225-part-one.html:

Barnes' Notes were published in 1884–1885, and it states,

> [D]istinctions between sexes is natural and divinely established, and cannot be neglected without indecorum and consequent danger to purity (cf. 1 Cor. 11:3-15).

Keil and Delitzsch, foremost Hebrew scholars, wrote:

> As the property of a neighbor was to be sacred in the estimation of an Israelite, so also the divine distinction of the sexes, which was kept sacred in civil life by the clothes peculiar to each sex, was to be not less but even more sacredly observed. There shall not be man's things upon a woman, and a man shall not put on a woman's clothes.

Pulpit Commentary states,

> [T]his is an ethical regulation in the interest of morality…. Whatever tends to obliterate the distinction between sexes tends to licentiousness, and that the one sex should assume the dress of the other has always been regarded as unnatural and indecent.

Lange's Commentary reads,

> The distinction between the sexes is natural and established by God in their creation, and any neglect or violation of that distinction, even in the externals, not only leads to impurity, but involve (sic) the infraction of the law of God.

Louis Entzminger wrote in 1936,

> Notice v. 5 (Deuteronomy 22), forbidding women to wear male attire. This law was given to preserve the distinction of the sexes which was established at the creation of male and female.

Joseph Excell wrote in 1849, as recorded in *The Biblical Illustrator: Deuteronomy*:

> God thought womanly attire of enough importance to have it discussed in the Bible. Just in proportion as the morals of a country or an age are depressed is that law defied. Show me the fashion-plates of any century from the time of the Deluge to this, and I will tell you the exact state of public morals. Ever and anon we have imported from France, or perhaps invented on this side of the sea, a style that proposes as far as possible to make women dress like men. The costumes of the countries are different, and in the same country may change, but there is a divinely ordered dissimilarity which must be forever observed…. In my text, as by a parable, it is made evident that Moses, the inspired writer, as vehemently as ourselves, reprehends the effeminate man and the masculine woman.

In a sermon entitled, “The Sinfulness of Strange Apparel,” Puritan preacher Vincent Alsop said in the mid 17th Century:

> Nothing can justly pretend to be lawful ornament, which takes away the distinction which God has put between the two sexes.—That law, Deut xxii. 5, is of moral equity and perpetual obligation:…That which pertaineth, *keli*—The word signifies any “vessel, instrument, utensil, garment, or ornament,” military or civil, used for the discrimination of the sex: so Ainsworth (In *Pentateuchum*)…. God therefore will have the distinction between the sexes inviolably observed in the outward apparel…. What particular form of apparel shall distinguish the one sex from the other, must be determined by the custom of particular countries; provided that those customs do not thwart some general law of God, the rule of decency, the ends of the apparel, or the directions of Scripture.

Matthew Poole wrote in 1560,

> Now this (a woman wearing a man's garment) is forbidden, partly for decency's sake, that men might not confound nor seem to confound those sexes which God hath distinguished, that all appearance of evil might be avoided, such change of garments carrying a manifest umbrage or sign of softness and effeminacy in a man, of arrogance and impudency in the woman, of lightness and petulancy in both, and partly to cut off all suspicions and occasions of evil, which this practice opens wide door unto.

Jewish scholar Samson Raphael Hirsch wrote in 1966:

> It seems to us that it is clear that, according to this way of taking the prohibition, is not so much disguising one's sex by dressing in female clothes as forbidding each sex that which is more specifically pertaining to the nature of the opposite one. A man is just as little to get himself up with powder and paint and lipstick, etc.; which is all quite in order for women to do, and is in accordance with feminine nature, as a woman is to appear in a profession which belongs to the nature of men.

The Jewish Publication Society Commentary: *Deuteronomy*, states,

> “Put on a man's apparel,” Literally, “a man's *keli* may not be on a woman.” The translation “apparel” makes this clause synonymous with

> the second part of the verse; it is based on the fact that the plural of keli means "clothing" in rabbinic Hebrew…. The *halakhah* combines both views: women may not wear armor or clothing, hairdos, or other adornments that are characteristic of men, not may men wear what is characteristic of women (what is characteristic of each sex is defined by local practice).

Walter C. Kaiser, who has a tremendous handle of the Old Testament law, writes concerning **Deuteronomy 22:5,**

> The maintenance of the sanctity of the sexes established by God in the created order is the foundation for this legislation, and not opposition to idolatrous practices of the heathen. The tendency to obliterate all sexual distinctions often leads to licentiousness and promotes unnaturalness opposed to God's created order. Such a problem can arise in contemporary culture when unisex fashions are aimed at producing the bland person in a progressive desexualization of men and women. Thus, this provision aims mainly at one's clothes as an indication of one's sex.

Baptist Commentary says,

> The text teaches that Israel was to maintain a clear-cut distinction between the sexes. It was, thus, necessary that clothing, as well as other things, which pertained to one, must not be utilized by the other.

The Wycliffe Bible Commentary says,

> It is this fundamental principle which underlies the opening requirement of this section (i.e., of Deut. 22) that the distinction between man and woman should not be blurred by the one's appropriating the characteristic articles of the other (Deut. 22:5).

Davis' Dictionary of the Bible reads,

> By the Mosaic law a man was forbidden to wear a garment that pertains to a woman, and a woman to wear that belonging to a man (Deut. Xxii.5; cp. 1 Cor. Xi. 6, 14).

J. Ridderbos in the *Bible Student's Commentary: Deuteronomy*, states,

> The wearing of clothes of the opposite sex is forbidden.

Fred H. Wright in *Manners and Customs of Bible Lands*, writes,

> The law of Moses forbade a man to wear a woman's clothing and a woman to wear a man's clothing (Deuteronomy 22:5).

Merrill Unger says,

> While the costume of men and women was very similar, there was an easily recognizable distinction between the male and female attire of the Israelites, and accordingly Mosaic law forbids men to wear women's clothes, and vice versa (Deuteronomy 22:5).

Jack S. Deere on "Deuteronomy" in *The Bible Knowledge Commentary*, writes,

> The same Hebrew word translated "detests" (*toebah*, lit., "a detestable thing;" KJV, "an abomination") is used to describe God's view of homosexuality (Leviticus 18:22; 20:13)…. Since this law was related to the divine order of Creation and since God detests anyone who does this, believers today ought to heed this command.

The Bible is clear gender dysphoria, transsexualism, and the like are not forms of expression God supports. To better help people experiencing these things we need to first look at various causes for this behavior.

Chapter 2— The Causes of Transgenderism

The experts tell us that 80–95 percent of children who say that they are transgender naturally come to accept their sex and to enjoy emotional health by their late teens.[5] The statistics also tell us this problem is numerically very small. One report from 2016 says that somewhere around 0.6 percent of adults in the United States "identify as a gender that does not correspond to their biological sex."[6] Another says: "Gender discordance occurs in 0.001% of biological females and in 0.0033% of biological males."[7]

There is no scientific evidence that children are born transgender. The consensus of scientific data supports the idea that a baby boy and girl are what they appear 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.[8]

There are some interesting theories on what may lead adult males to become transgender. We need to understand that there are differences in why boys, girls, men, and women believe they are transgender.

Let's first look specifically at why adult males may get into transgenderism.

Dr. Paul McHugh, commenting on his colleague's (Dr. Jon Meyer) study at Johns Hopkins on men who had a sex change operation at Hopkins, reports the following: "Most of the cases fell into one of two quite different groups. One group consisted of conflicted and guilt-ridden homosexual men who saw a sex change as a way to resolve their conflicts over homosexuality by allowing them to behave sexually as females with men. The other group, mostly older men, consisted of heterosexual (and some bisexual) males who found intense sexual arousal in cross-dressing as females."[9]

Studies at the Clarke Institute in Toronto arrived at a similar conclusion: that discordant gender identity in adult males could arise from homosexuality or from autogynephilia, a man's sexual arousal in presenting himself as a woman.[10]

So what causes kids to become gender dysphoric in the first place? There is no one reason, but there are a number of possible reasons.

One popular theory is the brain-sex theory. This theorizes that the brains of gender dysphoric kids are like the brain type of their opposite sex. There is no solid evidence to support this theory.

According to research, a young child's gender identity is both "plastic" and "elastic." In other words it can change over time, and it responds to outside influence. So the fact our culture is providing messages of approval for children transitioning their sex can help lead these children to fully change.

Transgender activists suggest blocking puberty with hormones and other drugs gives kids more time to figure out what gender they really want to be. But this may lead children away from naturally confirming they are already the right sex.

The sex hormones and body development that occurs during puberty may help a child realize they should identify with the natural sex they were born with.

Obviously, **supporting a child** in their transition is one of the reasons children do transition. Dr. Michelle Cretella argues that putting a child on a path of social transition and pubertal suppression is a "self-fulfilling" protocol, for it points to an "inevitable" and irreversible outcome.[11] Citing what science now knows about neuroplasticity, she notes that for a boy with 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."[12] On top of this behavioral effect, the medical suppression of puberty "prevents further endogenous masculinization of his brain," so that he remains "a gender non-conforming prepubertal boy disguised as a prepubertal girl."[13]

Another reason for gender dysphoria may relate to **biological factors (genetic, prenatal sex hormones, temperament)**. These factors may be predisposing, but they are not determining. Let me explain.

One part of our biological makeup is temperament. Temperament can be defined as an individual's character, disposition, and tendencies as revealed in his reactions. Boys, on average, are more physically active than girls. This is part of a boy's temperament. Children with gender dysphoria might have reversed activity levels. The boys with gender confusion might have lower activity levels, and the girls might have higher activity levels. One expert thinks over time this could lead the children to identify more with the opposite sex.

Here's how this might work for some children. A boy with a low activity level might find typical girl behavior more to his liking than typ-

ical boy stuff. This could lead him to play with the girls more often than the boys. This could have a "feedback effect on the child's gender identity, especially during early development when cognitive reasoning is fairly rigid and black and white."[14]

Children have a basic understanding of what a boy or girl is. They don't have the ability to figure out that all boys are not into rough play and not all girls are into playing house. His thought process may look like this: "Because I don't enjoy rough-housing, and because most of my friends are girls who also don't enjoy rough-housing, and because I enjoy playing house, as do my friends who are girls, I must be a girl too."[15]

Exposing a boy like this to other sensitive boys might help him remain connected to his male gender.

Like the boy in the above example, some kids see gender in black and white examples until they get beyond the age of seven.

Dr. Kenneth Zucker's team found in their research that children with gender dysphoria have a delayed understanding of gender as opposed to other kids. This slowness or lag can predispose some of them to gender dysphoria.

Here is an example from a young boy who came to Dr. Zucker's clinic. When asked why he wanted to be a girl, one 7-year-old boy said that it was because he did not like to sweat and only boys sweat. He also commented that he wanted to be a girl because he liked to read, and girls read better than boys. An 8-year-old boy commented that "girls are treated better than boys by their parents" and that "the teacher only yells at the boys." His view was that, if he was a girl, then his parents would be nicer to him and that he would get into less trouble at school. One 5-year-old boy talked about having a "girl's brain" because he only liked Barbie dolls. In this boy's treatment, he created drawings of his own brain, writing in examples of what made his brain more like a girl's brain and what made his brain more like a boy's brain (e.g., when he developed an interest in Lego). Over time, the drawings of the size of his girl's brain shrunk and the size of his boy's brain expanded.[16]

All the examples above were children with pronounced gender dysphoria. They were counseled to deal with their feelings rather than what happens at other clinics where children are counseled to take drugs to become the opposite sex.

Another biological reason finds some support in Magnetic Resonance Imaging (MRI) studies. Some people suffering gender dysphoria

might have neural structures that more closely resemble the structure of their desired sex than their born sex.

But does this mean they are the wrong sex? The answer is an emphatic *No!* According to Dr. Zucker, "It's completely simplistic to say that there are 'male brains' or 'female brains'…[with] most traits, both physical and behavioral, there's a lot of overlap between boys and girls, or men and women'"[17]

Yet another reason for dysphoria is due to the occurrence of **other mental disorders** with the child. The other mental problems can predispose the child toward gender dysphoria. In evaluating two hundred peer review studies on sexuality and gender identity in 2016, Lawrence Mayer and Paul McHugh concluded that people who identify as transgender have an elevated risk for various mental health problems.[18] A study done in 2014 found that 41 percent of people who identify as transgender will attempt suicide at some point in their lives, compared with 4.6 percent of the general population.[19]

A team of researchers from the United Kingdom (UK), in a literature review published in 2016, also saw a considerably higher rate of autism spectrum disorder among children and adolescents with symptoms of gender dysphoria than in the general population.[20]

Here is how autism might predispose some kids toward gender dysphoria. Many kids with gender dysphoria show intense interest in opposite gender activities. Having autism could intensify that interest. Both gender dysphoria and autism spectrum disorder are marked by obsessive or focused interest and rigid thinking. There is also anxiety in both disorders if there is interference with their obsessive behavior. Gender can be a focus of obsessional thinking, and this obsession might be essentially a "magnification" of interests that a typical child could have at a similar stage of development.[21]

One young boy named David with autism and gender dysphoria reflected on the reasons for wanting to be a girl as he developed. David talked about being bullied by peers for his gender atypical interest. David thought that, in many ways, his interest to become a girl may have been a way to avoid the bullying from peers. David also reiterated the very reinforcing aspects of many of his female-type interests. Finally, he reflected on his negative feelings about himself and his behavior, and his therapists considered his gender dysphoria as an effort to cope with his feelings.[22]

Family issues, trauma, and abuse are other causes of some gender dysphoria. Here are a couple examples of how these can lead to gender

dysphoria. In one example a boy named Tom came to Dr. Zucker at age 4. He had wanted to be a girl for a year before his visit to Zucker. Zucker found out the boy started his new behavior after his baby sister was born. His mom was characterized as narcissistic and his dad was often absent working 18-hour days, seven days a week. Tom's mom had a volatile personality. She was intense and anxious. She looked at Tom as perfect until he started wanting to be a girl. This caused issues for the mom. She then experienced Tom as less than perfect, which, for her, was a severe narcissistic injury.[23]

Zucker believed Tom felt abandoned by his mom, who was now more invested in the daughter. Tom was focusing on being a female due to the abandonment issue and jealousy toward his sister.

Abuse can also play a part in influencing kids toward gender dysphoria. A girl named Rose who was dealing with the issue found her mom dead. The mother had been murdered by her boyfriend when Rose was 4. Rose was adopted at age 6. During her assessment, Rose commented that she wanted to be a boy because boys were stronger than girls.[24] She would tell her adoptive mom when they walked down a street that no one would hurt her (adoptive mom) because Rose looked like a boy. Rose acknowledged that she has had the recurring thought that, had she been a boy, then she would have been able to protect her mother from the boyfriend because "boys are stronger than girls."[25]

Another male child treated by Dr. Kenneth Zucker wanted to be a girl to better connect with his single mother. The boy had previously been abandoned by his mom. This boy reasoned that if he was a girl his mom may not leave him again.

More recently there has been an uptick in teenage girls claiming to be gender dysphoric. Dr. J. Michael Bailey believes for many teenage girl's gender dysphoria is a hysteria like multiple personality disorder, another historical example of disturbed young women convincing themselves they possess an ailment and then manifesting the symptoms.[26]

Notes

[5] Anderson, p. 123.
[6] Lawrence S. Mayer, M.B., M.S., Ph.D., and Paul R. McHugh, M.D., "Sexuality and Gender Findings from the Biological, Psychological, and Social Sciences," Special Report, New Atlantis 50 (Fall 2016): p. 8.
[7] Declaration of Quentin L. Van Meter, M.D., U.S. District Court, Middle District of North Carolina, Case I:16:-cv-00425-TDS-JEP, Exhibit I.

[8] Mayer and McHugh, "Sexuality and Gender Findings," p. 105.
[9] Paul McHugh, "Surgical Sex," First Things, November 2004, in Anderson, p. 109.
[10] Anderson, p. 109.
[11] Anderson, p. 125.
[12] Ibid.
[13] Ibid.
[14] Kenneth Zucker, Hayley Wood, Devita Singh, and Susan J. Bradley, "A Developmental Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder," Journal of Homosexuality 59 (March 2012): 376 in Anderson, p. 135.
[15] Ibid.
[16] Zucker et al., p. 378 in Anderson p. 136.
[17] Abigail Shrier, Irreversible Damage, (Washington D.C.: Regnery Publishing, 2020), p. 125.
[18] Mayer and McHugh, "Sexuality and Gender Findings from the Biological, Psychological, and Social Sciences," p. 8.
[19] Anne P. Haas, Philip L. Rodgers, and Jody Herman, "Suicide Attempts Among Transgender and Gender Non-Conforming Adults: Findings of the National Transgender Discrimination Survey," Williams Institute, UCLA School of Law, January 2014, http://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf in Anderson, p. 93.
[20] Derek Glidden et al., "Gender Sysphoria and Autism Spectrum Disorder: A Systemtematic Review of the Literature," Sexual Medicine Review 4 (January 2016): 9, in Anderson, p. 137.
[21] Zucker et al., p. 379 in Anderson p. 138.
[22] Ibid, p. 380 in Anderson p. 138.
[23] Anderson, p. 138.
[24] Ibid, p. 139.
[25] Anderson, p. 139.
[26] Clifford N. Lazarus, "Why DID or MPD Is a Bogus Diagnosis, " Psychology Today, December 29, 2011, https://www.psychologytoday.com/us/blog/think-well/20112/why-did-or-mpd-is-bogus-diagnosis in Shrier, p. 134.

Chapter 3— Uptick in Transgenderism

Gender dysphoria used to be called "gender identity disorder." It is characterized by a severe and continual discomfort in the biological sex with which you were born.

Most who suffer from this begin to experience it in early childhood. Typically ages are two to four. In most cases—nearly 70 percent—childhood gender dysphoria resolves itself.[27] This issue, historically, has impacted only about .01 percent of the population. Usually the impacted population has been boys. There are other estimates. The Williams Institute at the University of California estimates that 0.3 percent of the US population—or about 700,000 people—is transgender.[28]

In the last ten years this has changed dramatically. Before 2012, in fact, there was no scientific literature on girl's ages eleven to twenty-one ever having developed gender dysphoria at all.[29] For the first time in medical history, natal girls are not only present among those so identifying—they constitute the majority.[30]

What is interesting about this is what has also been occurring as far as mental health concerns. Between 2009 and 2017, the number of high schoolers who contemplated suicide increased 25 percent.[31] The number of teens diagnosed with clinical depression grew 37 percent between 2005 and 2014. And the worst hit—experiencing depression at a rate three times that of boys—were teenage girls.[32] In addition to this, rates of self-harm among girls aged ten to fourteen are up 189 percent since 2010, almost triple what they were in 2004.[33]

What could be causing these increases in mental health issues among our youth? Some in the transgender community and their supporters believe adults in the community should be affirmed in their transgender identity. This idea has now trickled down to children. Those who believe transgenderism is a reality rather than a mental problem want children to be affirmed for their gender dysphoric thoughts and feelings. This is why over forty-five gender clinics popped up in the United States from 2007 to 2017.[34] It's why the United Kingdom saw a 50 percent increase in the number of children referred to gender clinics in just one year, from 2011 to 2012.[35]

This affirmation has included a change in language. Transgender pronouns are on the rise in places like college campuses. "Ze," "Hir," "Xe," and others are now used by some to refer to a person of unspecified or nonbinary gender.

Some authorities believe the uptick in transgenderism is due in large part to iPhones. The iPhone was released in 2007. By 2018—a decade later—95 percent of teens had access to a smartphone and 45 percent reported being online "almost constantly."[36] Tumblr, Instagram, TikTok, and YouTube—all very popular with teens—host a wide array of visual tutorials and pictorial inspiration to self-harm: anorexia ("thinspiration" or "thinspo"), cutting, and suicide. Posting one's experiences with any of these afflictions offers the chance to win hundreds—even thousands—of followers.[37] Anorexia, cutting, and suicide have all spiked dramatically since the arrival of the smartphone.[38] So has an increase in gender dysphoria in pre-teen and teen girls. Another reason these kids are influenced is through internet influencers.

One such influencer is Chase Ross. Chase is a female-to-male transgender. Chase thinks he helps trans-identified teens and is motivated by this. In his videos he offers breast binders as giveaways. He also reviews female-to-male transgender sex toys, and he offers insight on his medical transition.

Chase's mom left the family when he was one. He was raised by his father, who he calls his "best friend." His dad has never had a regular job.

Chase was a boy who always felt a bit different. Then one day, when he was fifteen, he found a YouTube video featuring a trans person.

Chase found the videos interesting. "I was like, 'What is this? I don't understand. What is this person?' And after watching a couple of these videos, I was like. 'Omigod, everything in my life makes sense.'"[39] At age fifteen, after binging on these videos, Chase decided he was transgender.[40]

The most recent *Diagnostic and Statistical Manual* (DSM-5) shows an expected incidence of gender dysphoria at .005-.014 percent for males, and only .002-.003 percent for females, based on the numbers of those who, a decade ago, sought medical intervention.[41]

In the last 10 years teen gender dysphoria has rapidly increased in the West. In the United States, the prevalence has increased by over 1,000 percent.[42] Two percent of high school students now identify as "transgender," according to a 2017 survey of teens issued by the Centers for Disease Control and Prevention (CDC).[43] In Britain, the in-

crease is 4,000 percent,[44] and three quarters of those referred for gender treatment are girls.[45]

Dr. Lisa Littman, an ob-gyn turned public health researcher wrote a paper on this phenomenon in 2018. Littman surmised the uptick in girls experiencing gender dysphoria is due to peer contagion—like how anorexia nervosa has spread as peer contagion among young girls.

Why would teenage girls be more susceptible to peer contagion? Many believe it has something to do with the way girls tend to socialize.[46] Speaking in general, girls and boys tend to communicate with each other in different ways. Most girls tend to reply to each other with validating and supportive statements. Boys tend to communicate in a more questioning manner.

Amanda Rose, professor of psychology at the University of Missouri, stated, "They're willing to suspend reality to get into their friends' worlds more. For this reason, adolescent girls are more likely to take on, for instance, the depression their friends are going through and become depressed themselves."[47]

Co-rumination (excessive discussion of a hardship) "does make the relationship between girls stronger," Professor Rose said.[48] But it can also have negative consequences. Teenage girls spread psychic illness because of features natural to their modes of friendship: co-rumination; excessive reassurance seeking; and negative-feedback seeking, in which someone maintains a feeling of control by angling for confirmation of her low self-concept from others.[49]

Dr. Littmann believes many of the increased number of young girls dealing with gender dysphoria might be using it to cope with real stressors or strong emotions they are experiencing.

Another thing leading more of our children into a trans identity are the Internet influencers. There are a number of social media sites that help our kids discover their trans identity. These websites and trans social media influencers are pushing various ideas to young impressionable minds.

They are telling kids if they think they are trans they are. This is rubbish. Most people (80 percent) who have issues around their gender identity eventually resolve them.

The influencers also promote the idea you can try out being trans and always go back. You can do this with what are called binders. Binders are a spandex and polyester compression garment that flattens female breasts. It turns out that breasts—glandular tissue, fatty tissue, blood vessels, lymph vessels and lymph nodes, lobes, ducts, connective tissue, and ligaments—are not really meant to be squashed flat all day long.[50]

They also push the use of testosterone. Listen to how Alex Bertie, a British female-to-male YouTuber puts it: "I'm officially one year on testosterone. Before hormones, I was struggling with severe self-hate, jealousy, and just the urge to isolate myself from everybody…. Now, a year after starting hormones, I couldn't be happier. The changes from testosterone really have improved my quality of life and just made such a difference in shaping my future."[51]

Of course a drug might make someone feel better, but if they are suffering from a mental illness are they really addressing their issue?

The problem here is the YouTube influencers don't talk too much about serious possible side effects from taking shots of testosterone. Besides pain, there are increased risks of various cancers and prophylactic hysterectomy.[52] But the changes these kids are going through are not only impacting them in negative ways they are also doing the same thing to their families.

Notes

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Chapter 4— Tearing Down the Family

Another major issue with the new trans-positive culture is the erosion of the family. Trans influencers are influencing young people to let go of their biological family if they are not supportive of your change.

Rachel McKinnon, male-to-female cycling world champion (competing against biological women, that is) says this: "I want to give you hope that you can find what we call your 'glitter family,' your 'queer family.' We are out there, and the relationships that we make in our glitter families are just as real, just as meaningful as our blood families."[53]

So not only is transgenderism attacking the family by limiting some people from having biological children—it is also attacking the God ordained nuclear family by telling kids to create their own families if their parents are not supportive of their change.

The transgender craze is also affecting the family negatively through suicide. Suicide rates among the transgender-identified are, indeed, alarmingly high.[54] If a child is driven to commit suicide due to the mental anguish of this problem, the family is impacted by the tragedy of the death of a child. This can cause issues for parents and siblings alike.

The trans world is using the high suicide rates to argue we need to let kids transition. But many of those who transition often deal with the same mental anguish soon after transition.

Catering to the trans world is harming families in schools also. In June 2019, the California Teachers Association (CTA) approved a policy of allowing students age twelve and up to walk out the door during the school day to obtain cross-sex hormones.[55] How is this affecting the family? The kids don't require parental permission to do this. In other words some schools are promoting a break between children and their parents. And I'm sure promoting the bearing of false witness in some of these cases where kids will not be transparent with their parents on what is going on with them.

Listen to how Judy Chiasson puts it. Judy is the program coordinator for human relations, diversity, and equity for the Los Angeles unified

School District—the second-largest school district in the nation. Judy says, "The role of schools has changed…. But schools have expanded to be the hub for a lot more social services and looking more holistically, emotionally, at what's going on with children."[56]

Dr. Chiasson comments further: "The reasons that a lot of teachers are hesitant to address LGBTQ issues in the schools, is because they're worried about what the parents might say. And the parents do call up and they complain and they're upset. Yes, we serve the community, but in some places, we have to lead the community."[57]

Did you catch that? A top administrator in the second largest school district in the United States is saying schools, rather than parents, should decide what values are appropriate for children to learn. This is not just a California thing either. California, New Jersey, Colorado, and Illinois all have laws mandating LGBTQ history be taught in schools.[58] This flies in the face of the God-ordained way of parents teaching their children values **(Proverbs 22:6).** The schools should stick to reading, writing, and arithmetic.

Note another example of how California is helping to erode God-ordained family structure. One of the Ten Commandments is to honor your father and mother. This commandment has several applications, but one of them is that our parents will lead the children and teach them what is proper. But the California Board of Education provides, through its virtual libraries, a book intended for kindergarten teachers to read to their students: *Who Are You? The Kid's Guide to Gender Identity* by Brook Pessin-Whedbee.[59] After parents rallied in Sacramento, this book was removed from the official California Framework in which it was initially included.[60] However, it is still part of the virtual library of books the California Board of Education provides its teachers via teachingbooks.net.

Notice what the book says: "You are who you say you are, because you know best."[61] Really? A five, six, seven, even twelve-year-old kid knows better than their parents? Of course not, but schools are another influencer tearing away at the God-ordained institution of family **(Hebrews 2:10–11; Romans 8:16–18).**

Transgender activists are also influencing the schools against the family unit. Groups like the National Center for Transgender Equality and Gay, Lesbian, and Straight Education Network (GLSEN) are promoting a policy for schools dealing with transgender youth. In the model policy, "School staff shall not disclose any information that may reveal a student's transgender status to others, including parents or

guardians," unless absolutely required to do so by law.[62] The policy goes further to state that "it is critical that parental/guardian approval is never a prerequisite for respecting a student's chosen name, appropriate gender, and pronouns," even if this goes against the medical and psychological care that the parents are pursuing for that child.[63]

Another facet of the problem is the family itself. Many of the parents of the children investigating the transgender world are not religious like previous generations. These parents are not pushing back very much on their kids when they develop an interest in this area. Many recent surveys are providing proof of less and less of the population believing in God or attending church regularly. Parents initially have the potential to be the greatest influencers of their children. If less and less parents are influenced by biblical principles than their children will more easily move into different lifestyle scenarios.

If all this is not enough there is one more weapon being used that is helping lead more children into gender dysphoria. Many of the kids who suffer from gender dysphoria will eventually grow out of it. A lot of these kids will receive help from the medical community during their period of uncertainty and confusion. The problem today is many in the medical community are now pushing an agenda known as "gender-affirming care."

The American Psychological Association's (APA) Guidelines for Care of Transgender and Gender Nonconforming (TGNC) patients defines "transgender affirming care" as "the provision of care that is respectful, aware, and supportive of the identities and life experiences of TGNC people.[64]

That sounds good, but notice what the guidelines state: "Psychologists are encouraged to adapt or modify their understanding of gender, broadening the range of variation viewed as healthy and normative. By understanding the spectrum of gender identities and gender expressions that exist, and that a person's gender identity may not be in full alignment with sex assigned at birth, psychologists can increase their capacity to assist TGNC people, their families, and their communities."[65]

In other words, go with what the kid thinks is going on with them. Don't try and influence the kid against their possible misunderstanding of their present feelings and beliefs on their gender identity.

What if psychologists acted this way with anorexia nervosa patients? What if a girl 5'8" tall and 100 pounds tells her counselor, "I know I'm fat." What if the APA told its doctors to go with the viewpoint of the patient? Imagine this skinny girl is really overweight. Imagine the APA

encouraged therapists to respond to such patients, "If you feel fat, then you are. I support your lived experience."[66]

The problem is many so-called experts are reacting to gender dysphoria in this way. It is amazing what some experts are saying, but there are experts on both sides of this debate.

Notes

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[55] Shrier, p. 59.
[56] Shrier, p. 61.
[57] Ibid, p. 62.
[58] Ibid.
[59] Ibid, p. 65.
[60] Ibid, p. 245.
[61] Ibid, p. 66.
[62] GLSEN, "Model District Policy on Transgender and Gender Nonconforming Students," revised February 2016, p. 4, https://www.glsen.org/article/transgender-model-district-policy in Anderson, p. 43.
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[64] American Psychological Association, "Guidelines for Psychological Practice with Transgender and Gender NonConforming People," American Psychologist 70 (December 2015): 832-33, https://www.apa.org/practice/guidelines/transgender.pdf. In Shrier, p. 99.
[65] Ibid, pp. 834-835 in Shrier, p. 99
[66] Shrier, p. 99.

Chapter 5— What the Experts Say

First, let's start with one of the most prominent gender-affirmative therapists out there. Randi Kaufman works at the Ackerman Institute for the Family in New York City. Dr. Kaufman has written one of the most important books on the gender-affirmative therapy titled, *The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children.*

Listen to this quote from Dr. Kaufman speaking about a gender dysphoric child, "…the child feels like the parent hasn't understood or recognized who they are, which they haven't. If a little boy grows up believing that he's actually a little girl and the parents are calling him John and he wants to be known as Julia, and he realizes 'I'm really Julia and this is all wrong,' and the parents say, 'No, we know better than you,' I mean think about it: We don't question an eight-year-old girl who says she's a girl. Why would we question an eight-year-old who says they're actually a boy even though they're assigned a girl at birth, when the child was too young to know or articulate who they are?"[67]

Did you catch what this so-called expert on the subject of gender dysphoria is saying? That what an eight-year-old child feels about themselves is as important as what their God-given genitalia inform us. This expert thinks an eight-year-old knows who they are at age eight! How could this person be considered an expert? Once you take the Bible out of the equation, anything goes **(Isaiah 5:20).**

Dr. Kaufman went on to say, "But we know that anatomy does not necessarily line up nicely and neatly with someone's gender identity. A majority of people feel their anatomy lines up with how they identify, but some people do not and that's a normal variation on the human experience."[68] A normal variation according to what standard? How people feel or what God's Word has to say? I think you realize where our cultural standards are going.

There are some problems with what Dr. Kaufman supports which is known as gender-affirmative therapy. One of the principles is that adolescents and teens know who they are. But this is ridiculous. I don't

feel I knew who I was till about age thirty. Not from a gender perspective, but just an adult understanding of myself in life. Everyone is different, but we know for a fact children and teens have not even fully developed in mind or body until late teens or early twenties. No wonder the vast majority who feel gender dysphoric resolve back to their birth gender.

A second problem with affirmative therapy is that it teaches affirming the child or teen or helping with transition will not cause any harm. The affirmative therapists think if a child changes their mind, no harm, no foul. But is that true? Not according to an expert on the other side of the debate, world famous gender psychologist Kenneth Zucker. Zucker calls this an "experiment in nurture" because the family, school, and health care professionals for the child participate in affirming the child's belief.[69] If the teen or child was not sure of their gender before the process begins, once they receive all this affirmation it may convince them.

Another problem with affirmation therapy is the belief that if you don't affirm your child, they may commit suicide. This causes some parents to immediately affirm due to this concern. But is this true? There is no doubt that suicide rates for gender dysphoric individuals are much higher than for the rest of the population.

But two questions need to be answered here. Is the gender dysphoria causing the suicides? Is there evidence that affirmation takes care of the mental health issues leading to suicide? The answer to both questions, it seems, is no.[70]

A study by Kenneth Zucker found that the mental health outcomes for adolescents with gender dysphoria were very similar to those with the same mental health issues who did not have gender dysphoria.[71] What this means is the mental health issues gender dysphoric kids have could have led to the suicides rather than the gender dysphoric issue. Many gender dysphoric kids suffer many other mental health issues.

One long-term study of adult transsexuals showed a rise in suicidality after sex reassignment surgery.[72] Another, more relevant to today's gender-crazed girls, comes from a leaked 2019 report from the Tavistock and Portman Trust gender clinic in the UK, which showed that rates of self-harm and suicidality did not decrease even after puberty suppression for adolescent natal girls.[73]

Affirmative therapy also promotes the contention that the gender identity someone feels they are is immutable. But this is not the case. Several studies indicate that nearly 70 percent of kids who experience

childhood gender dysphoria—and are not affirmed or socially transitioned—eventually outgrow it.[74]

Unlike Dr. Kaufman, Dr. Kenneth Zucker looks at gender dysphoria from a different perspective. In 2007, Dr. Zucker oversaw the writing of the definition of "gender dysphoria" for the DSM-5.[75] He also helped write the "Standards of Care" guidelines for the World Professional Association for Transgender Health (WPATH).[76]

Zucker's approach is to look at the whole kid. Some of these kids get into gender dysphoria to cope with trauma and distress. The therapist needs to question the patient's understanding of gender to figure out why the kid focused on that as the source of their problems. What did the patient think about boys and girls? Why did they think a change of gender would make them happier? The questioning challenges the idea that sex is the source of the patient's problem.

Zucker was very successful with this methodology. A colleague of Zucker's, Devita Singh, researched the outcomes in the cases of more than one hundred boys who had been seen by Zucker. In cases in which a child had not been socially transitioned by parents, she found that 88 percent outgrew their dysphoria.[77]

Zucker believes there are many different things that can lead kids toward gender dysphoria. For example, in one child Zucker treated, the boy's desire to be a girl stemmed from wanting to connect with his single mother, who had briefly left him, to stop her from leaving again. Zucker's therapy for the child addressed his feelings of being abandoned and secondly the gender dysphoria.

Some research has shown that some people with gender dysphoria have certain brain structures that are closer to the sex they want to be than their biological sex. Here is what Zucker has to say about that: "It's completely simplistic to say that there are 'male brains' or 'female brains.'"[78] Zucker believes there is a lot of overlap between physical and behavioral traits of both men and women.

There are a number of professionals who believe gender dysphoria is a mental disorder. They all agree that the current epidemic of gender dysphoria among adolescent girls is unique. They believe that "affirmative therapy" is either a terrible dereliction of duty or a political agenda disguised as help.[79]

Dr. J. Michael Bailey, another expert in gender identity disorders, believes that for teenage girls gender dysphoria is a hysteria much like multiple personality disorder, another historical example of disturbed young women convincing themselves they possess an ailment and then manifesting the symptoms.[80]

Lisa Marchiano is a Jungian analyst, social worker, and a published author. She is skeptical of the surge in adolescents identifying as transgender.

Marchiano says, "I think the human psyche is very susceptible to these kind of psychic epidemics. It happened with lobotomies. It happened with multiple personality disorder. It happened in Germany in the 1930s and 1940s. Human beings are susceptible to psychic contagion."[81]

Marchiano believes when we experience psychological issues, we want to have others take us seriously. She goes on to say, "So if you manifest [distress] in some novel way that no one's ever heard of before, the likelihood is you're going to be dismissed. But if it fits into a prescribed narrative, the unconscious latches onto that. It has explanatory value for you, and you receive care and attention."[82]

The idea Marchiano is promoting was developed by Edward Shorter a historian of psychiatry. Shorter's idea was made popular by journalist Ethan Watters. According to this idea, patients are drawn to "symptom pools"—lists of culturally acceptable ways of manifesting distress that lead to recognized diagnoses.[83] "'Patients unconsciously endeavor to produce symptoms that will correspond to the medical diagnostics of the time,'" Watters credits Shorter with discovering.[84]

There are examples of other social contagions being spread in this way. Hong Kong had never experienced an epidemic of anorexia nervosa until 1994. At that time local media publicized the death of a girl who had struggles with this issue. Hong Kong had experienced this problem before, but only when anorexia became a "culturally agreed-upon expression of internal distress did it become widespread."[85]

In the same way gender dysphoria has permeated popular culture on the internet, in print media, and on television programs from something rarely experienced to a normative behavior. Once gender dysphoria entered the symptom pool it began to be seen more and more by parents, therapists, and doctors. Or at least so they began thinking.

Marchiano says suicide stats are often used irresponsibly by therapists. "It's being used to force parents' hands to do something that they don't feel comfortable with. When you tell a group of highly suggestible adolescent females that if they don't get a certain thing, they're going to feel suicidal," Marchiano says; "that's suggestion, and then you're actually spreading suicide contagion."[86]

Finally, Dr. Paul McHugh, Johns Hopkins University distinguished

professor of psychiatry and behavioral sciences has an opinion on gender dysphoria too. He does believe gender dysphoric patients are suffering real distress. But he does not think most have figured out the root cause of their distress. McHugh compares gender dysphoria to anorexia nervosa. Losing weight is not going to solve the problem of anorexics just like changing genders is not going to solve the problem for most gender dysphoric people.

McHugh stated, "Policy makers and the media are doing no favors to the public or the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment, and prevention."[87]

McHugh also believes that the profession of psychiatry has been overtaken by the fad of gender dysphoria.

Notes

[67] Shrier, pp. 105-106.
[68] Ibid, p. 106.
[69] Ibid, p. 114.
[70] Shrier, p. 117.
[71] Ibid.
[72] Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," PloS One 6, no. 2 (February 2011), https://doi.org/10.1371/journal.pone.0016885. In Shrier, p. 118.
[73] See "Board of Directors Part One: Agenda and Papers of a Meeting to be Held in Public," The Tavistock and Portman NHS Foundation Trust, 53. The table on "Self-Harm" on page 54 shows that administering puberty blockers had no positive impact on gender dysphoria. Copy on file with the author. In Shrier, p. 118.
[74] J. Ristori and T.D. Steensma, "Gender Dysphoria in Childhood," International Review of Psychiatry, 28, no. 1 (2016): 13-20, 10.3109/09540261.2015.1115754 in Shrier, p. 119.
[75] Shrier, p. 123.
[76] Ibid.
[77] "Trangender Kids: Who Knows Best?" This World; See J. Ristori and T.D. Steensma, "Gender Dysphoria in Childhood," International Review of Psychiatry 28, no. 1 (2016), 15, Table 1 in Shrier, p. 124.
[78] Shrier, p. 125.
[79] Ibid, p. 127.
[80] See , e.g., Clifford N. Lazarus, "Why DID or MIPD Is a Bogus Diagnosis," Psychology Today, December 29, 2011, https://www.psychologytoday.com/us/blog/think-well/201112/why-did-or-mpd-is-bogus-diagnosis in Shrier, p. 134.
[81] Shrier, p. 136.

[82] Ibid.
[83] See Watters, Ethan, Crazy Like Us: The Globilization of the American Psyche (New York, NY: Simon & Shuster: 2010), 32-33 in Shrier, p. 136.
[84] Ibid.
[85] See Watters, Ethan, Crazy Like Us: The Globilization of the American Psyche (New York, NY: Simon & Shuster: 2010), 33 in Shrier, p. 137.
[86] Shrier, p. 138.
[87] Paul McHugh, "Transgender Surgery Isn't the Solution," Wall Street Journal, June 12, 2014, https://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120, in Shrier, p. 140.

Chapter 6— The Physical/Psychological Toll

Another problem that can occur when kids try to transition is damage to their body. Many gender doctors think halting the onset of puberty (ages 8 to 13) is not a big deal. But there are many issues that can develop when you start to mess with the biology of the human body.

Lupron is the primary drug used as a "puberty blocker." It is used for kids who develop much more quickly than their peers, but the Food and Drug Administration (FDA) has not approved it to stop normal puberty.

Psychotherapist Marcus Evans says, "The drugs, you know, the hormone blockers, first of all, they say it's a neutral act. What are you talking about? You're going to powerfully interfere with a person's biological development."[88]

Dr. William Malone is a critic of using puberty blockers and hormones on kids. He says the risks of shutting off the pituitary can be dire, "After a certain period, basically the way to think of this is that the system 'goes to sleep' and at some point it may not wake up."[89]

Many who transition from female to male speak highly of testosterone. They say how much better they feel. They talk about getting rid of their anxiety and depression, but what was really at the root of the anxiety and depression?

Because these are biological women taking testosterone they are getting dosages that female bodies are not meant to handle. This could increase the risk of heart attack. Long-term use of testosterone increases the risk of diabetes, stroke, blood clots, and cancer.

One other interesting problem for women taking testosterone has to do with endometrial cancer. In a normal woman the uterine lining is managed by the pituitary gland. This gland can stop uterine growth when a baby begins to form or get rid of the lining through a woman's period. Testosterone shuts down the signals the pituitary sends and turns off a woman's menstrual cycle. The problem is if a woman forgets to take her testosterone her ovaries can stimulate sudden growth in the uterine lining. This can increase the risk of cell mutation, therefore

leading to possible endometrial cancer.

Because of this suspected risk of uterine cancer, after a woman has been on a course of testosterone for five years, many women find themselves contemplating a prophylactic hysterectomy and oophorectomy (removal of uterus and ovaries), often with the encouragement of their physicians.[90] What happens for these women if they decide to transition back to female as some do? For some of these women the result of trying to transition is sterility.

And for me this reflects something much more diabolical. I believe many of these females are suffering from aspects of mental illness (depression, anxiety, etc.). For various reasons they set out on a path to transition to alleviate the mental turmoil they are experiencing. And a final result for some could be the inability to have children. I believe Satan, the prince of the power of the air **(Ephesians 2:1–3),** and his minions are battling in our culture and in the minds of these girls to lead them on a path that works against the plan of God. God wanted mankind to produce children **(Genesis 1:28).** And we are the children of God **(Hebrews 2:13).** Satan's plans are to work against God and diminish His future family.

Another part of the anatomy impacted in gender transition is the chest. Before getting to "top surgery" many girls bind their breasts with compression sleeves. To some the binding is uncomfortable and can lead to back pain, shoulder pain, chest pain, shortness of breath, and bruised and fractured ribs.[91]

Listen to the insane logic of Dr. Johanna Olson-Kennedy, medical director of the Center for Transyouth Health and Development at Children's Hospital Los Angeles. Commenting on "top surgery" (the removal of female breasts), Olson-Kennedy says, "So what we do know is that adolescents actually have the capacity to make a reasoned, logical decision." She adds, "And here's the other thing about chest surgery: If you want breasts at a later point in your life, you can go and get them."[92]

We need to be careful how seriously we take someone just because they are called a doctor. Another doctor named Patrick Lappert is a plastic surgeon. He does not think breasts can be removed and then replaced and everything will be just like normal. Lappert says, "I can reverse masculinizing your nose, I can reverse masculinizing your jaw; I can reverse masculinizing your hairline, but I cannot reverse a mastectomy. All I can do is make you a new breast mound, but it's not a breast. It's a lump on your chest which looks like a breast."[93]

A breast is a complex piece of the female anatomy. A breast is a series of fibro-glandular sections divided into parts. In these parts are lobules connected by ducts. The entire breast works like a water cistern. The breast milk runs through the ducts and out the nipple. The nipple also serves as a sexual zone. To some, like Dr. Olson-Kennedy, there is not much difference between a real breast and a manufactured breast. But others like Dr. Lappert believe eliminating biological capacities merely for the sake of aesthetics is wrong and—in virtually all other areas of medicine—strictly verboten.[94]

"To completely overthrow a natural capacity would be like a person desiring to be blue-eyed, and you deciding the best way to do that is to gouge their eyes out and give them glass eyes that are blue. Now they've got blue eyes, but they're not working. You've robbed them of the capacity," Lappert stated.[95]

Some would argue that cosmetic surgeons do this type of thing. Lappert says even cosmetic surgeons have limitations. "There is no other cosmetic operation where it is considered morally acceptable to destroy a human function. None, there is no cosmetic operation that I could propose in front of a room full of my colleagues where I could say, 'Hey, listen, I'm going to improve this guy's nose but take away his ability to smell.' Or, 'I'm going to improve the appearance of this boy's ears but he's going to be deaf.' They'd say, 'Sir, we'd like to see your credentials.' But in the case of an adolescent girl, surrendering her capacity to breastfeed so that she can appear to be a boy, that's considered morally correct. Forgive me for my skepticism."[96]

Less common than "top surgery" is "bottom surgery" for females transitioning to male. There are usually two options here. Phalloplasty, which is the making of a penis or metoidioplasty, which shapes the clitoris into something like a tiny penis. Phalloplasty is done when the surgeon takes a skin flap from a part of the body (often by de-sleeving the forearm and peeling off skin, fat, nerves and blood vessels). Then the doctor must connect nerves to bring about sensation to the grafted location. Some of the best microsurgeons in the world can do this very well. But not every surgeon is the best in the world. Problems can occur with this complex surgery.

The radial artery that supplies blood to the neophallus must be connected to the artery in the groin area under a microscope, using sutures about one-fourth the thickness of a human hair.[97] Problems that can occur include blood clots. A clot can cause the graft to fail, creating an open wound that, because of inflammation, cannot be sutured closed.[98]

The newly created urethra also can have problems. Leaks can result, leading to urine coming out in a spray. The de-sleeved forearm is not always a pretty sight either.

Of course there are successful phalloplasty's with satisfied customers, but there are also horrific experiences for some who transition.

One cautionary tale comes from a woman (Blake) who transitioned to a "male." Blake's phalloplasty was horrific. Blake's urethra developed strictures, which required more surgery for a suprapubic catheter to move the urinary flow so the wound could heal up. The suprapubic tube formed sepsis. Then a blood clot caused a pulmonary embolism almost leading to death. Due to her forearm de-sleeving, Blake could no longer lift objects. "My arm is handicapped for life," she said.[99]

Sepsis also occurred in her urethra. The skin flap taken from the forearm led to hairs forming internally inside her from the forearm flap. "Just imagine an ingrown hair in your beard or on your leg and multiply that by a thousand."[100] Also, she now has to sit down to urinate due to urethra failure.

Blake is now very angry. Angry at her surgeon, therapist, and the culture that she says pushed her to transition. "That's the thing that scares me about our youth. It scares me because [transition] is so glamorized in the news right now. It's so easy to do, it's not that big of a deal," she said. "And it is, it's a huge deal. And at forty-two, if I thought it was that easy, how is our youth going to be able to overcome something like that? That scares the hell out of me. So for me, was it easy transitioning? No, it wasn't."[101]

The biggest and most rigorous academic study on the results of hormonal and surgical transitioning, published in 2011 by Cecilia Dhejne and her colleagues at the Karolinska Institute and Gothenburg University in Sweden, found strong evidence of poor psychological outcomes.[102] This does not mean that the sex reassignment techniques were the reason for the poor psychological outcomes. But it does suggest that those procedures may not rectify the mental health problems associated with transgender people.[103] And if that is not enough to give someone pause to reconsider transitioning sexes please read on.

Notes

[88] Shrier, p. 164.

[89] Ibid, p. 165.

[90] See, e.g., Fenway Health, The Medical Care of Transgender Persons, Fall 2015, http://lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf; Frances Grimstad et al., "Evalu-

ation of Uterine Pathology in Transgender Men and Gender Nonbinary Persons on Testosterone," Journal of Pediatric & Adolescent Gynecology 31, no. 2 (April 1, 2018), https://www.jpagonline.org/article/S1083-3188(18)30025-1/fulltext. ("Many FTM/GNB persons on testosterone therapy continue to have lowly active proliferative or secretory endometrium, contrary to our hypothesis. The extent to which this relates to endometrial cancer risk is unknown; however, this data may be important in the assessment and counseling of this patient population with regards to bleeding patterns.") in Shrier, p. 171.

[91] Sarah Peitzmeier et al., "Health Impact of Chest Binding among Transgender Adults: A Community-Engaged Cross-Sectional Study," Culture, Health & Sexuality 19, no. 1 (June 14, 2016), 3, 5, 8. In Shrier, p. 171.

[92] Is This Appropriate Treatment?, "Dr. Johanna Olson-Kennedy Explains Why Mastectomies for Healthy Teen Girls Is No Big Deal," YouTube, November 5, 2018://www.youtube.com/watch?v=5Y6espcXPJk. In Shrier p. 172.

[93] Shrier, p. 172.

[94] Ibid, p. 173.

[95] Ibid.

[96] Shrier, p. 173.

[97] Ibid, p. 177.

[98] Ibid.

[99] Ibid, p. 179.

[100] Ibid.

[101] Shrier, p. 179.

[102] Dhejne et al., "Long-term follow-up of transsexual persons undergoing sex reassignment surgery," eI6885 in Anderson, p. 103.

[103] Lawrence S. Mayer, M.B., M.S., Ph.D., and Paul R. McHugh, M.D., "Sexuality and Gender Findings from the Biological, Psychological, and Social Sciences," p. 111.

Chapter 7— Cautionary Tales

With medical advances today, many of the transition surgeries usually go well. At least from a medical standpoint. But I'm providing some examples of how even when a transition is successful medically all may not be well.

Here is a little bit of the story of Cari, who was put on testosterone after no more than four visits to a therapist. "I was put on hormones after 3 months of therapy at the age of 17. In fact, because I was only seeing a therapist once per month, it was after 3 or 4 visits that I was prescribed testosterone, with no meaningful attempt made to process the issues that I brought up that led in part to my wish to transition…. When I was transitioning, no one in the medical or psychological field ever tried to dissuade me, to offer other options, to do really anything to stop me besides tell me I should wait till I was 18…. I want to ask you, how many other medical conditions are there where you can walk into the doctor's office, tell them you have a certain condition, which has no objective test, which can be caused by trauma or mental health issues or societal factors, and receive life-altering medications on your say-so?"[104]

Max is another example. She transitioned after believing no other options were available to her in coping with her problem. "I felt I had no choice but transition for a long time, and the reason I felt that way was because other choices were not offered to me. I didn't know anyone who had survived feelings like mine without transition and I didn't have any ideas about how someone might do that. That's a problem! How can someone give informed consent to transition when they believe the only alternative is a miserable life eventually cut short by suicide? People who transition believing it's absolutely the only way they can ever experience any relief are people whose community and healthcare professionals have failed them."[105]

Crash did experience some relief by beginning her transition at age 18, but it was not enough to completely help her. By 27 she detransitioned back to being a woman. "Taking testosterone didn't get to the root of my suffering, it only relieved it temporarily. I came out of my

transition with many of the same problems I had before and then some. Being supported in my trans identity didn't help me, letting go of it and accepting myself as a woman did. Changing my body didn't help me find lasting peace. I helped myself by tracing back my trans identity and dysphoria to trauma and working through how I'd been hurt."[106]

Again, there are various reasons why people head down the road of gender dysphoria, but Crash went on to explain the following about her situation. "I realized my dysphoria and trans identity were rooted in trauma and internalized misogyny. I was severely bullied and harassed starting when I was a young girl and continuing throughout my teenage years. I also see a connection between my decision to transition and my mom's suicide. She killed herself. We greatly physically resembled each other, and I think one of my motivations for changing my body is I wanted to differentiate myself from her."[107]

A man who goes by the handle TWT (Third Way Trans) created a website to talk about his transition and detransition.

"When I was a child, I experienced trauma issues with bullying. When I was young, I was physically the slowest boy but also very intellectually advanced like a child prodigy. By fourth grade I was going to the high school to take high school math, and on the other hand I was the weakest. So, I was singled out for being a kind of super nerd… . So, I suffered a lot of bullying and violence. It peaked in middle school where every day I would have some sort of violence directed at me.

"When I was a child, I started to have this fantasy of being a girl, because it meant I could be safe and not suffer from this violence due to being at the bottom of the male hierarchy. I could also be more soft. I used to cry a lot and that was also something that was not seen as good for a boy….

"I was a late bloomer but eventually once I got to be a junior in high school, I did have some success in dating and had several different girlfriends. After that my gender dysphoria declined.

"When I got to college, in the first few months I didn't meet any women and it felt like a real step back and my gender feelings resurfaced again…."[108]

Things really went south for TWT when he learned of the website "alt.transgendered." He goes on to say, "I couldn't believe there were people in the real world that felt like me! Also I was dealing with the stress of newly being in college and being away from home for the first time. I felt euphoric when I discovered people with similar feelings

and begun to believe that it was possible for me to transition."[109]

TWT decided to visit the campus health office and he got referred to the gender clinic. After just two sessions he was prescribed with estrogen. TWT did not talk about his past issues, nor were they investigated by the gender clinic. Initially TWT thought he was on the right track. "I came to believe that I had an essential transgender identity, and it was important to express it. Both the community and the therapist I saw twice before being prescribed hormones confirmed it. I was on a high dose of estrogen, and it created a kind of euphoria and emotional intensity I hadn't experienced before. This was considered to be confirmation that I found my true self…. I got quite a bit of attention from men, many of them the same sort of men that used to bully me as a teenager. This attention validated my then fragile sense of self-worth and validated I was on the right path."[110]

TWT attempted to live as a woman for the next twenty years, but he still was not complete or whole. Eventually he began to see a regular therapist. "I did a lot more therapy and eventually came to understand the roots of this with the bullying and feeling unsafe about being myself and a man in the world…. So, it was a long process and eventually I worked through. It was a big revelation because I thought my gender identity of being female was fundamental. It seemed like an absolute truth and an absolute axiom, and then it turned out not to be that at all. It turned out to be something that could be changed."[111]

Walt detransitioned in his fifties. Here is some of his story. "My grandmother withheld affirmations of me as a boy, but she lavished delighted praise upon me when I was dressed as a girl. Feelings of euphoria swept over me with her praise, followed later by depression and insecurity about being a boy. Her actions planted the idea in me that I was born in the wrong body. She nourished and encouraged the idea, and over time it took on a life of its own.[112]

Soon after this Walt began being sexually abused by his uncle, and to compound it his parents did not believe it when he told them.

Walt goes on to explain his story. "To a person undergoing gender transition, in the beginning it feels like the right thing to do, even exciting, for the first few months or years. I felt at peace for the first four or five years after I transitioned. Then I realized the high cost of that tenuous peace. 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."[113]

Walt began the detransition process after studying psychology at a university. "While studying psychology in a university program, I discovered that trans kids most often are suffering from a variety of disorders, starting with depression—the result of personal loss, broken families, sexual abuse, and unstable homes. Deep depression leads kids to want to be someone other than who they are."[114]

He went on to say, "Now it was apparent that I had developed a dissociative disorder in childhood to escape the trauma of the repeated cross-dressing by my grandmother and the sexual abuse by my uncle."[115]

Walt Heyer has gone on to start a support network for people transitioning back to their birth sex. "Every single one of them," says Walt, "had unwanted pain caused by sexual abuse, deep trauma, mental disorders, horrible loss, or terrible family circumstances in early life."[116]

One of the people who joined Heyer's support network wrote the following: "I transitioned to female beginning in my late teens and changed my name in my early 20s, over ten years ago. But it wasn't right for me; I feel only discontent now in the female role. I was told that my transgender feelings were permanent, immutable, physically deep-seated in my brain and could never change, and that the only way I would ever find peace was to become female. The problem is, I don't have those feelings anymore. When I began seeing a psychologist a few years ago to help overcome some childhood trauma issues, my depression and anxiety began to wane but so did my transgender feelings. So, two years ago I began contemplating going back to my birth gender, and it feels right to do so. I have no doubts—I want to be male!"[117]

The experiences in this section make it clear that many people are not transitioning their sexual orientation just because they feel they are trapped in the wrong body. Upon closer investigation we find many of the people who come full circle and detransition realize they were trying to escape something they could not deal with mentally or psychologically. Escape to the other gender seemed like the obvious choice to make due to parents, schools, doctors, and influencers that did not understand the individual they were dealing with.

Notes

[104] Cari Stella, "Response to Julia Serano: Detransition, Desistance, and Disinformation," video posted on YouTube, August 9, 2016, https://www.youtube.com/watch?v=9L2jyEDwpEw; and here with a transcript: http://guideonragingstars.tumblr.com/post/148691943070/detransition-desistance-and-disinformation-by in Anderson, p. 53.

[105] Anderson, p. 56-57.

[106] Crashchaoscats, "Lost to Follow-Up/How Far Can You Follow Me?" in Anderson, p. 59.

[107] Crash ChaosCats, "Why I Detransitioned (made for USPATH presentation)" in Anderson, p. 59.

[108] "TWT – Now on Video! Another detransitioner speaks," Third Way Trans, August 24, 2016, https://thirdwaytrans.com/2016/08/24/twt-now-on-video/ in Anderson p. 63-64.

[109] TWT, "To the Young Gender Questioners, I was You," Third Way Trans, September 21, 2014, https://thirdwaytrans.com/2014/09/21/to-the-young-gender-questioners-i-was-you/ in Anderson, p. 64.

[110] Ibid.

[111] "TWT Now on Video," in Anderson, p. 65.

[112] Walt Heyer, "I Was a Transgender Woman," Public Discourse, April 1, 2015, in Anderson, p. 69.

[113] Walt Heyer, "Transgender Characters May Win Emmys, But Transgender People Hurt Themselves," Federalist, February 22, 2015 in Anderson, p. 70.

[114] Walt Heyer, "I Use to Be Transgender. Here's My Take on Kids Who Think They Are Transgender," Daily Signal, February 16, 2016 in Anderson, p. 70.

[115] Heyer, "I Was a Transgender Woman," in Anderson, p. 70.

[116] Walt Heyer, "Regret Isn't Rare: The Dangerous Lie of Sex Change Surgery's Success," Public Discourse, June 17, 2016, in Anderson, p. 71.

[117] Heyer, "Regret Isn't Rare," in Anderson, p. 71.

Chapter 8— Abnormalities in Sexual Development

Some who advocate for switching genders will bring up examples of people being born with disorders in sexual development. These disorders include indiscernible external genitalia, a mismatch between external and internal reproductive organs, the lack of full development of reproductive organs, and the creation of two sets of sex organs. These disorders happen in about one out of every 5,000 births.[118]

The reason these disorders occur is primarily due to genetic, chromosomal, or hormonal defects. Many of these defects can be due to individual choices people make. Some of these choices can include work or environmental hazards. Smoking, insecticides, benzene, and per-fluorinated compounds can heavily increase the risk of aneuploidy.[119] Aneuploidy is the presence of an abnormal number of chromosomes in a cell. Hormonal disorders can be caused by tumors, medications, radiation, toxins, inflammation, and autoimmune disease. But let us not forget bodily inflammation and autoimmune disease can also be impacted by mental and physical stress on the body. Some of these issues are also hereditary and can be passed on to future generations.

We can't put all these issues into a nice little package. Some of these issues may occur without any of the above reasons, but the point I am trying to make is mankind has played a major part in bringing these issues into the mix when we first began living in a way without God.

There is no naturally occurring third sex. As the pediatric endocrinologist Quentin L. Van Meter writes, "The exceedingly rare DSDs (Disorder of Sexual Development) are all medically identifiable deviations from the sexual binary norm. The 2006 consensus statement of the Intersex Society of North America and the 2015 revision of the statement does not endorse DSD as a third sex.[120]

The way these issues are handled today is to try and determine the primary underlying sex of these babies. Medical measures are then followed, including hormones and surgery, to allow the child to develop in the presumed primary sex.

The point here is abnormalities cannot be used to support transgenderism as another alternative to male and female.

Notes

[118] Peter A. Lee et al., "Global Disorders of Sex Development Update since 2006: Perceptions, Approach and Care," Hormone Research in Paediatrics 85 (2016): 159 in Anderson, p. 88.

[119] "Chromosomal Disorders in Humans, MedMonks, https://medmonks.com/blog/chromosomal-disorders-in-humans.

[120] Declaration of Quentin L. Van Meter, M.D., U.S. District Court, Middle District of North Carolina, Case 1:16-CV-00425-TDS-JEP, Exhibit I in Anderson, p. 88.

Chapter 9— Helping the Children

With any problem we face we need to understand what might help. We always want to pray, fast, meditate, and study God's Word, but sometimes we will need to do more. Dr. Zucker's over 40 years of experience in this area can provide some added help. Zucker's basic protocol for helping children with gender dysphoria includes four areas:

1. Weekly individual play psychotherapy for the child;
2. Weekly parent counseling or psychotherapy;
3. Parent-guided interventions in the naturalistic environment;
4. When needed for other psychiatric problems in the child, psychotropic medication.[121]

Point number 1, the play psychotherapy, is to learn why the child thinks they should be the opposite sex. Zucker has found that this kind of behavior is often part of a "fantasy solution" to some other problem. The child thinks being the other sex will somehow make them happier or a more valued person. Therapy is designed to explore the underlying issues, including "cognitive gender confusion, rigid gender schemas, idealization of the opposite sex and devaluation of one's own sex, anxiety in relation to same-sex peers, the connections between separation anxiety and gender, representations of the parents, and triggers that fuel the cross-gender behavior."[122]

Some kids will be able to talk these feelings out in therapy, but others may not. Some can still play out the scenes from their family life that may help as well.

The parent counseling in point 2 is important to find out if there is anything the parents may be doing to cause or continue the child's dysphoria. In one family this therapy helped a father figure out his rage toward his child led to the child's dysphoria. In another example, a woman's hatred toward men because of a rape was projected toward her son. These examples as well as others came from Zucker's experience.

In counseling the parents Zucker also emphasizes the need to set limits on the child's behavior. This is point number 3 above. Some parents fail to question the behavior or engage in discussion about the behavior, believing this is a normal phase that will pass. For others, the reasons are more complex, and it may be necessary to deal with the parents' underlying issues before they will be comfortable in changing their approach to their child's gender dysphoria.[123] It's important for the parents to be balanced in their approach with their child. We don't want to bully a child physically or psychologically into a behavior they are not comfortable with.

The final example involves drugs only if there is some other diagnosed issue that is often dealt with by drugs. What's funny about this is how the critics of this protocol will push kids onto drugs to alter their natural male or female biology, but scream and holler at the other side for recommending drugs that would naturally be used for psychological problems the gender dysphoric kid is experiencing. This reminds me of **Isaiah 5:20:** "Woe unto them that call evil good and good evil; that put darkness for light, and light for darkness; that put bitter for sweet, and sweet for bitter!"

Notes

[121] Zucker et al., "A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder," 382 in Anderson, p. 140.
[122] Kenneth J. Zucker, "Children with gender identity disorder: Is thre a best practice?" Neuropsychiatrie de l'Enfance et de l'Adolescence 56 (September 2008):363, in Anderson, p. 140.
[123] Zucker, "Children with gender identity disorder: Is there a best practice?" 361 in Anderson, p. 141.

Chapter 10— Compassion

I'm writing this final section of the booklet to remind us about the compassion of Jesus. He died for all sinners, and Scripture makes it clear He operated with compassion and concern **(Matthew 12:20; Matthew 11:28–30).** When we encounter people suffering from the subject of this booklet we need to be very careful in how we speak to them about this problem.

I'm writing the rest of this booklet for those who have loved ones suffering from dysphoria and for people who suffer from it. One area of discussion can center on the question, How well do we really know ourselves? We have all made decisions in the past based on knowledge, feelings, emotions, and influences that we know have turned out to be wrong. We have all learned new things and experienced new things that have changed our perceptions from the past. This is one area to explore with young people who are convinced they are another gender than the one they were born as.

Provide these young people with examples from your own life where you have changed your way of thinking about something. Explain that feelings and emotions can change. But most importantly, if they believe in God and the Bible, let them know that God asks us to trust in Him and His Word rather than our own perceptions of reality **(Proverbs 3:5–6).**

The Bible warns us in **Ephesians 4:17–18** to not walk in the futility of our own mind. In other words, without God leading our minds we can go off into areas of thought that are false and futile. This of course relates to the gender dysphoric person, but it can also relate to anyone.

The person who feels morally superior or self-righteous at the sins of others—including those who have followed the transgender path—is feeding a feeling that wars against their own soul no less than the person who would like to be the opposite sex.[124]

We need to remember Christianity is all about transformation. All of us are broken people in need of redemption. For those struggling with gender dysphoria you can become a new creation **(2 Corinthians 5:17).** Even Christians are struggling and overcoming something too. We are just overcoming different things.

To become a new creation in Christ does not mean the world we live in, or the bodies we inhabit, or the minds we think with will be totally freed and completely healed.[125] Despite the fact I am married my mind can still move toward lustful thoughts if I don't fight against it. With God's Holy Spirit in me I can overcome and win those battles. I believe in the same way a gender dysphoric person can overcome what seems natural to them (becoming the opposite sex). The Bible neither explicitly nor implicitly promises that the Spirit will change or lessen someone's experience of gender dysphoria.[126] God may do that, or He may make it so the desire to please Him is stronger than the desire to act on one's dysphoria.[127]

Paul tells us in **Philippians 3:20–21** that we are awaiting our Savior who will transform our "lowly body" to be like His "glorious body." Only then will all be set in order. Until that time we all will continue to struggle with something. No matter who you are there is struggle in life. Gender dysphoric people may struggle more due to the nature of their thoughts and feelings. But for those who do suffer from this, you can overcome anything in Jesus Christ.

Notes

[124] Andrew T. Walker, God and the Transgender Debate, (Denmark: The Good Book Company, 2017), pp. 76-77.
[125] Ibid, p. 81.
[125] Ibid, p. 86.
[127] Ibid.

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