



EXPOSING THE GENDER LIE

How to Protect Children
and Teens from the Trans-
gender Industry's False
Ideology

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Please note this book includes mature topics and discusses complex issues regarding sex and gender. We recommend this content for mature readers and hope this material will encourage thoughtful, compassionate, and loving action towards others regarding this difficult subject.

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INTRODUCTION

"I'm frequently asked why I focus so much on the nature of biological sex. It's because in my view this may be reality's last stand. If this undeniable fact can be denied en masse, then we become hostages to chaos. We simply cannot afford to lose our collective tether to reality."

—Colin Wright, evolutionary biologist¹

"I'm not obsessed with gender. I'm obsessed with the preservation of a functional society. Ours will fail if we allow some to impose their personal fictions on others."

—Bret Weinstein, evolutionary biologist²

Transgenderism has exploded across the world in the past decade, particularly in the West. The Williams Institute at the UCLA Law School reports that the number of young people identifying as transgender has doubled in just the last few years and that one out of five people who identify as transgender are thirteen to seventeen years of age.³ The number of minors in America receiving a diagnosis of gender dysphoria tripled from 2017 to 2021, with more than forty-two thousand receiving the diagnosis in 2021.⁴ On the popular social media platform TikTok, *#trans* has logged 50.2 billion views as of this writing, having nearly doubled within the last year.⁵

Many people are disturbed by this. Few are as disturbed as they ought to be. What we face is an unprecedented coupling of postmodernist academic theory with an internet-fueled social contagion targeting vulnerable boys and girls who are struggling with their God-given sex. This has given birth to what we call transgender ideology, or gender ideology, which in turn is fueling a medical and social scandal that ambushes our very understanding of reality itself.

What we face is an unprecedented coupling of postmodernist academic theory with an internet-fueled social contagion targeting vulnerable boys and girls who are struggling with their God-given sex.

This is not a “right versus left” issue. The vast majority of Americans—Republicans, Independents, and nearly a majority of Democrats as well—think that the transgender movement has gone too far by encouraging minors to transition through drugs and surgery, according to an October 2022 Summit Ministries and McLaughlin and Associates poll.⁶ In a *Fox News* interview, transsexual activist Buck Angel agreed with these results, saying that “things are accelerating in a way that seems too fast.”⁷ In reference to the social media contagion that seems to be the transgender movement’s primary accelerant, the British lesbian activist Kate Harris said, “Our major concern is that millions of impressionable children are watching these online influencers. It’s no coincidence that the growth of TikTok coincides exactly with the exponential growth of children presenting with gender dysphoria.”⁸

Even the gay neuroscientist Simon LeVay, whose research led to the claim that homosexuality is genetically heritable, has expressed skepticism about the transgender movement. An article in a leading LGBTQ publication quotes LeVay as saying, “We may be overly supportive of gender non-conforming kids, thinking they may be transgender so advocating giving them hormones or castrating them at an early age... We should always love our kids as they are, whatever, but don’t tell them their sexuality is a done deal before puberty.”⁹

Critics of transgender ideology are, predictably, met with withering rebuke. They’re labeled as “transphobic,” hateful, and even criminal. The vitriol seems especially intense when the criticism arises from within the LGBTQ community. One activist called LeVay’s remarks quoted above as “beyond irresponsible,” implying that such comments foster bullying and aggression.¹⁰ Tweets from singer Bette Midler and author JK Rowling expressing concern about the diminishment of womanhood were roundly condemned in forceful and often vulgar ways, even though both women have been longtime supporters of the LGBTQ movement.

Yet what commentators debate about—the breakdown of women’s sports, the eccentric demand that each of us select our own pronouns (or else), the unexpected influence of the TikTok social media platform, and the foisting of drag queen fetishism on unsuspecting children—these are but symptoms of a deeper problem that no amount of editorializing, whether scornful or admiring, can dismiss.

Where Did This All Begin?

To borrow an oft-repeated line from King Solomon, “there is nothing new under the sun” (Eccl. 1:9).¹¹ Gender confusion is not new. What *is* new in human history, however, is the unprecedented boosterism of this confusion through a perfect storm of culture-making institutions clamoring for attention, government bureaucrats opportunistically expanding their power, and a medical-industrial complex soullessly yearning for financial enrichment.

As we will see, long before the public began noticing that something odd was going on in popular culture discussions of gender ideology, the battle for the high ground had long been won. Churches that adhere to a historic, orthodox biblical worldview are among the few places where any dissent can be found.

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Our concern in this book is mainly about the impact of gender ideology on children, teenagers, and young adults. Because gender ideology is being taught in schools and because of the ideological capture of the medical system, countless troubled young people have been brainwashed into a youth-onset delirium in which the denial of objective reality is seen as a commendable social good.

The Medical Element of Gender Ideology

Unlike other treatment modalities for issues such as addiction, medical professionals handling transgender treatment are told to encourage the patient’s delusions and, if the patient is a minor, demand that parents do so as well (or else). The natural flow of this highly choreographed treatment plan is the intentional infliction of disease through the off-label, experimental use of puberty-blockers and cross-sex hormones. Eugenic sterilization is not a side effect; it is a predictable outcome if treatment is carried out to its prescribed end.

Many of these patients are now realizing that the horrendous diseases they have experienced because of this experimental treatment have permanently damaged their bodies without healing their souls. A growing number of them are finding their bodies irreversibly disfigured due to radically invasive and medically unnecessary surgeries. When faced with legal liability, doctors, hospitals, and pharmaceutical companies hide behind standards of care crafted by a handful of activists inside various medical associations, bereft of the kind of evidence we would expect to ground modern medical treatment. Impossibly short statutes of limitation practically guarantee that

doctors are far removed from liability by the time serious symptoms present themselves, which is often a decade after treatment.

The Spiritual Element of Gender Ideology

There is a spiritual element as well. The debate over gender ideology has revealed a raging fury against the idea that human beings bear the image of God. Nowhere is this indignation more clearly seen than in the deconstruction of the very definition of male and female. Sincere and faithful Christians cannot remain on the sidelines. We must speak with biblically informed, compassionate wisdom. The philosophical and moral questions are complex. But what is at stake is whether we, as a human society, will be able to recognize truth, discern reality, and prepare the rising generation to live confidently as image-bearers of God.

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Two Reasons We Are Concerned

You may wonder if this level of concern is warranted. We will present our arguments, and you can decide for yourself. But our position is two-fold. First, we think the concern is warranted because the issue of gender ideology is much bigger than the few people who are genuinely experiencing a severe incongruence over their biological sex. Second, we think the concern is warranted because the struggle over gender ideology is a gospel issue that has serious medical and psychological ramifications. The book of Genesis says that God made us male and female. Jesus affirmed this teaching. Biologically, it is undeniably true. If society persists in denying the importance of this fundamental aspect of being, we could very well be “hostages to chaos” and “lose our collective tether to reality”—to echo the words of the evolutionary biologist Colin Wright quoted at the beginning of this introduction.

This book is a crash course on a thoroughly bewildering subject. If you had asked most people thirty years ago if they had ever met a person who sincerely claimed to be the opposite sex, few could tell you they had. Maybe they would mention seeing what were once called “transvestites” at Mardi Gras or a few troubled individuals who lived on the margins of society.

But according to reputable polling, gender identity issues are now at the forefront of concern for young adults. Some polling says that thirty-nine percent of young people claim to identify as LGBTQ.¹² In addition to youth identifying as transgender, some now say they are “non-binary,” “gender-queer,” or another of an ever-increasing panoply of self-created gender labels. Healthline.com lists and defines sixty-eight terms that describe gender identity and expression.¹³ Some have estimated that given the current

(yet ever-changing) parameters of gender ideology, there could well be three thousand different genders. If children are taken for therapy or medical evaluation, current standards of care specify that those identifying as other than their biological sex be treated by therapists as if they are, in fact, something other than their biological sex. Families are being told that if they do not embrace this treatment regimen, they are putting their child at risk of suicide and, perhaps, risking the forfeiture of their parental rights.

Families are distraught and confused. Americans as a whole, according to polling by Summit Ministries, seem baffled by the whole issue. Two-thirds of Americans say they do not think that transgender identity is a normal, healthy lifestyle. Seventy-two percent say that it should not be taught in schools. Ninety percent say that gender-alteration drugs and surgeries should not be performed on minors.¹⁴ Yet for the gender ideologues and the moneyed players who set this top-down, systematic deconstruction of sex in motion, the instinctual clarity most people have about the issue is misguided. The confusion that gender ideology creates is a feature, not a bug of their entire project. If none of this makes any reasonable sense to you, well, that is precisely the point. At the root, we are dealing with a postmodern rejection of reality that is bound to fail. The question is: How many lives

But the truth is true, no matter who says it.

must be shattered by it before it does?

We hope that as you engage the forthcoming pages, you will be equipped to address these tough and thorny themes with compassion for struggling people and with the uncompromised conviction that the truth must be proclaimed and defended. We will tackle why transgenderism is a medical (and social) scandal, discuss the history of gender ideology, show how this ideology twists language and distorts reality, and explore what a healthy and flourishing vision for human sexuality looks like in contradistinction to gender ideology.

As we mentioned at the outset, this is not a left versus right issue. Nor is it a science versus religion issue. The biologists quoted at the beginning of this introduction are both atheists. But the truth is true, no matter who says it. We think these atheists are correct. We will present our evidence and reasoning in the following pages.

If two atheists can summon the courage to speak with clarity against the tide of lies surrounding gender ideology, how much more then should those who follow the teaching of Jesus speak boldly? The Bible says that Jesus is the One who came to bear witness to the truth (John 18:37). The word for truth in New Testament Greek means “reality.” Can we not be confident that in Jesus, there is an antidote to what ails us, that his vision for human flourishing is worth pursuing? Do we not have a better, truer story to proclaim?



CHAPTER
1

Why Transgenderism Is a Medical (and Social) Scandal

“No clinical description of my transition, and especially my castration, can really capture how it feels. They gouged into my soul. They warped and molded me into something demonic, into someone else’s sick fetish. I was only fourteen. Now I have to live with it forever.”

—Steven A. Richards, de-transitioner¹⁵

Steven A. Richards is among the rising number of people who are known as “de-transitioners,” men and women who underwent experimental gender medicalization, including hormones or surgery or both, and now deeply regret it. Steven realizes that he believed a lie about the human body—that it is physically possible to “transition” to the opposite sex—and now must live forever with irreversible physical and emotional scars.¹⁶

What led to Steven’s tragic experience is nothing less than a shocking medical scandal. In this chapter, we will show how this scandal was caused by the breakdown of medical ethics and an insatiable thirst for profits without regard to the social cost. No doubt, what we write in this chapter will anger you, and it should. Under the guise of helping people navigate gender confusion, many vulnerable people across the West—even children—are being scarred for life.

The Lie of “Born in the Wrong Body” and “Transitioning” Sexes

For all human history, the reality of maleness and femaleness has been apparent—until now. Humans are mammals. Mammals are dimorphic—they are either male or female. The science is beyond question. It is not just a matter of what kind of genitals we have. Nearly every cell of our bodies is male or female. Scientists have cataloged sixty-five hundred such differences.¹⁷

Obviously, in the male spectrum, males may be more or less masculine, judging by cultural stereotypes. Females may be more or less feminine, again judging by cultural stereotypes. Sometimes, these stereotypes make people feel as if they do not fit in with others of their sex. Young women who enjoy outdoor activities and competitive sports—who have in the past been called “tomboys”—may question their femininity because the stereotypes they see in popular culture are not ones with which they identify. Similarly, young men who are emotionally sensitive may find that they do not enjoy roughhousing as other boys their age do. With enough social pressure, the natural identity confusion through which young men and women pass in adolescence can lead them to even question their maleness or femaleness.

As we will see in a future chapter, many are now coming to believe that there are not two spectra—one male and the other female—but one spectrum, with strong femininity on one end and strong masculinity on the other. This is *not* a medical fact but an opinion based on writings from the fringes of social psychology in which the word “gender” (which comes from the root *genus*, from which we get our word genetics) is misappropriated to create an artificial distinction between “sex” and “gender,” with sex referring to a person’s biology and gender referring to their socially-constructed self-identification. Thus, it is theorized, a person could be biologically male in sex but female in gender, or vice versa. The availability of synthetic hormones has made this a medical issue, with doctors across the country eager to perform risky experimental treatments designed to “align” a patient’s biology with their preferred gender identity. Ironically, what began as a movement to help people who do not identify with culturally-derived masculine and feminine stereotypes ended up enshrining and even medicalizing those stereotypes, with disturbing consequences.

We have seen the consequences of such medicalization in other areas. In the 1980s, young men suffering from “muscle dysphoria” were treated with anabolic steroids to significantly increase the size of their muscles.

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The use of steroids and other performance-enhancing drugs scandalized the sports world. But it is now known that the use of anabolic steroids produced severe mental and physical health complications. Pharmaceutical companies and doctors hide behind liability shields, laws that protect them from lawsuits when they do risky things, but court judgments are chipping away at such measures as the wanton nature of the medical malpractice involved comes to light. Lawsuits will likely go on for years. A similar scandal happened when pharmaceutical companies peddling painkillers were found guilty of abusing medical standards of care in a way that promoted opioid abuse. Thousands of lawsuits have been filed, resulting in settlements in the tens of billions of dollars.

By encouraging a belief about the human body that is fundamentally false, gender ideology is producing a new class of medical scandal. The medicalization of gender identity proceeds from the assumption that there are people for whom biological sex is not relevant because they have been “born in the wrong body.” If this is true, then any medical treatment protocol that alters hormone levels, removes sex organs, or adds on artificial body parts must be seen as morally sound, potentially life-saving, and ethically necessary.

In the gender ideology framework, male and female are categories “assigned at birth,” and, presumably, doctors can get it wrong.

But to believe that some people were truly “born in the wrong body,” one must presuppose that maleness and femaleness are mostly social categories, not physical ones, and that the sexual dimorphism of humans is essentially irrelevant. In the gender ideology framework, male and female are categories “assigned at birth,” and, presumably, doctors can get it wrong. The trans activist phrase “born in the wrong body” does not say that there is something wrong *with* the body but that the body itself, as a whole, functioning organism, is somehow “wrong.”

As we saw in the introduction, a rapidly growing number of people are seeing themselves as “wrong” in the way their bodies are made. The United States is the most permissive nation when it comes to the use of puberty-blockers, cross-sex hormones, and surgery to treat minors. Whereas most Western countries have one to three clinics treating gender dysphoria, there are more than sixty pediatric gender clinics and three hundred other clinics in the United States that administer puberty-blockers and cross-sex hormones to children as young as eight years of age.¹⁸ Such treatment is based on the gender ideology supposition that so-called “wrong” bodies can be made right through medical treatment.

Let us talk more about what this treatment involves. What is called “gender affirming care,” as part of the natural course of treatment, employs high-powered pharmaceutical drugs and even surgeries to help individuals who lack a strong identification with their biological sex feel more mentally comfortable with a new identity. Gender affirming care is practiced on minors, despite the consensus among neuroscientists is that the lobes of the human brain do not stop developing until the mid-twenties. Of the eleven clinical studies where children were referred for gender dysphoria, between seventy-four percent and eighty-eight percent grew out of it by the end of their adolescence. Yet what is most egregious is that activists insist that even young children and pre-pubescent youth can know that they have the wrong body and that their “gender identity” struggles can be resolved through risky experimental medical procedures.¹⁹ Trans ideologues routinely claim that these procedures are necessary to curb self-destructive behavior, including the possibility of suicide.

These treatments allow patients, including young children, to alter their endocrine systems with hormone-blockers, followed by synthetic opposite sex hormones, and then perhaps surgery that irreparably alters their secondary sex characteristics.

But it is all a lie. Biological sex is immutable. Medical interventions—such as blockers, hormones, and surgery—produce grave harm as they attempt to circumvent biology in pursuit of a physical impossibility. In many ways, this is also a child abuse scandal, since children cannot give adequate informed consent to the medicalization which yields such dire repercussions. Worse still, many of the young people who have embraced a trans identity and are being steered down this destructive medical pathway are already dealing with one or more mental health challenges that can be left unaddressed in the rush to treat symptoms of gender dysphoria rather than its causes.

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Where Did This All Begin?

Until recently, the idea of “sex change surgery” struck many Americans as a fundamentally strange thing that only very troubled people would pursue. Doctors who prescribed off-label hormone treatment knew they were risking their careers and thus were reluctant to advertise their services. Very few surgeons performed so-called sex-change operations. The idea that children, of all people, could benefit from such treatment would have been unthinkable.

The first well-documented case report of a chemical puberty blockade was in the Netherlands in 1998, where a pediatric endocrinologist, together with a psychologist, decided to do a medical intervention on a thirteen-year-old girl suffering from gender dysphoria.²⁰ The rationale was that the distressed patient should receive a puberty-blocking drug because the effects of going through the pubertal processes would have been traumatic. They also reasoned that “pausing” those signals in the brain would give the person time to adjust and then later decide whether to move toward surgery that would alter the body so as to appear more like the opposite sex. This approach, which European nations have now moved away from, has been called the “Dutch protocol.”

The Dutch protocol has come under increasing scrutiny. A January 2023 article in the peer-reviewed *Journal of Sex and Marital Therapy*, a highly respected publication in the field of psychology, strongly criticizes the current approach to gender affirming care. It describes what has happened in the field of pediatric gender medicine as an example of “runaway diffusion,” a phenomenon “whereby the medical community mistakes a small innovative experiment as a proven practice, and a potentially nonbeneficial[sic] or harmful practice ‘escapes the lab,’ rapidly spreading into general clinical settings.” Citing 140 different studies and reports, the authors offer a sustained and serious critique of gender affirming care, including a rebuttal of the Dutch protocol’s defenders.²¹

It has become increasingly clear that the medical research behind gender affirming care is vanishingly small, overhyped, and downright misleading. However, the fact that this would be acknowledged in a leading peer-reviewed journal is something new. Perhaps the tide will turn. But it has not yet done so, and a growing number of young people are at serious risk of harm. Let us look at why this is the case.

How Puberty-Blockers Affect the Body

When puberty is initiated in the human body, the hypothalamus increases its pulsatile release of gonadotropin-releasing hormone. This then triggers the pituitary gland to release LH and FSH hormones into the bloodstream. Those hormones affect the gonads and cause the release of testosterone from the testicles of boys or estrogen from the ovaries of girls. Those same LH/FSH hormonal signals from the pituitary gland are released in adults to maintain testosterone or estrogen levels.

One of the hormone-blockers routinely used to “pause” puberty is Lupron, also known as Leuprolide. Like triptorelin, the blocker that was used in the 1998 Dutch case report, it blocks the release of LH/FSH, which stops testosterone from being produced and released from the testes or

estrogen from the ovaries. In its approved use, Lupron is for treating prostate cancer in men and endometriosis in women. It has also been used to chemically castrate sex offenders.

To date, there has never been any formal FDA stamp of approval for puberty-blockers to be used to treat gender dysphoria in children in the United States. In 2022, the FDA issued a warning to be added to Lupron, noting that “brain swelling and vision loss” were among the drug’s side effects.²² Another long-term side effect of hormone-blockers is bone density loss. When blockers are administered to a pubertal-aged child, the bones do not form as they should; the calcium deposits do not happen as they normally would; and normal physiological development is hindered.

In the United Kingdom, a cohort of 44 twelve to fifteen-year-old youth who were put on blockers at the London-based Tavistock gender clinic (which, as of this writing, has been ordered to close in 2023) were tracked for nine years. According to their findings published in the academic journal *PLOS One*, when the children completed chemical puberty blockade at age sixteen, the researchers found “reduced growth” in both height and bone strength.²³ Of the forty-four who were given the hormone suppressants, forty-three went on to take cross-sex hormones.

Why is all this scandalous? At the very root of the current American treatment protocol for gender dysphoria is the lie that gender dysphoria is an endocrine condition with manifested physical symptoms. It is not. There is no medical test, such as a blood test or a brain scan, that can con-

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firm a diagnosis. Rather, gender dysphoria is a mental health condition with an official definition in the DSM-V, the manual detailing the diagnostic criteria for mental health conditions. Gender dysphoria only becomes an endocrine condition with the introduction of hormones that would not ordinarily be present. The introduction of foreign hormones can induce the endocrine disease state of hypogonadotropic hypogonadism, which shuts down the production of sex hormones in

the testes of males and ovaries of females, resulting in what amounts to chemical sterilization. Since doctors are the ones who induce this condition, it is called “iatrogenic,” which refers to an illness that is caused by medical examination or treatment.

We are of the view that doctors should not be in the business of causing disease. Moreover, the human endocrine system is a delicate ecosystem, and hormone levels are based on one’s biological sex. If someone was suffering mentally and the root of the problem was a thyroid issue causing hormonal dysregulation, a patient would likely visit an endocrinologist to

address the problem, and the goal would be to balance their hormone levels. Hormone levels are a function of biological sex. When high doses of wrong sex hormones are introduced into the human endocrine system, serious problems result.

Hormone treatment, even when properly administered, is risky. According to the Mayo Clinic, the long-term risks of hormone use include infertility; deep vein thrombosis; pulmonary embolisms; high triglycerides, a type of fat (lipid) in one's blood; weight gain; high potassium (hyperkalemia); high blood pressure (hypertension); Type 2 diabetes; cardiovascular disease; excessive prolactin in one's blood (hyperprolactinemia); nipple discharge; and strokes.²⁴ What happens when doctors prescribe such hormones to adolescents to produce cross-sex hormonal states? We are just now beginning to find out. And by the time the truth comes out, long-term damage may be irreversible.

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Will People Commit Suicide If Not Allowed to Undergo Transition?

One of the worst aspects about the gender ideology medical scandal is the psychological manipulation employed as part of the experimental treatment protocol for gender dysphoria. The distress over one's gender is, according to trans activists, so intensely strong that unless such individuals are allowed to go down this medicalized pathway, they are at a significantly elevated risk of suicide. When parents hear that their children suffering from gender dysphoria might kill themselves, they often freeze in a desperate

panic, and many will then do whatever the doctors and clinicians say they should. The emotionally manipulative question that is posed to such parents is: "Would you rather have a dead daughter or a living son?"

In many professional settings, under the current regimes, the recommended treatment is "gender affirming care," which means steering patients down a treatment path that begins with "social transition." This involves immediately and unquestioningly affirming a child's self-reported gender identity by asking the child to pick a new name; compelling parents, teachers, and classmates to use preferred pronouns; and encouraging the child to present in public as their preferred gender. If this does not resolve the child's gender dysphoria, the next step is experimental medicalization, which, depending on the age of the child, involves some combination of puberty-blockers, opposite sex hormones, and even surgery.

So, do these experimental medical measures actually prevent a trans-identifying person from taking their own life? In perhaps the most famous study that followed the post-operative transsexual-identified persons in Sweden over the course of thirty years, researchers found that even in a famously liberal Scandinavian nation, the rate of completed suicide was nineteen times higher *after* so-called transition when measured against population-matched control groups.²⁵ In other words, over the long term, the exact opposite of what gender activists say was found to be true.

Gender activists routinely claim that being transgender increases the risk of suicide by forty-eight percent. If true, this is alarming and warrants our attention. But from where did this statistic come? Apparently, 2,078 questionnaires were distributed by the LGBTQ community in the U.K., of which twenty-seven respondents claimed to be transgender persons under the age of twenty-six. Thirteen claimed to have had attempted suicide in the past. The questionnaire was non-randomized (anyone who wanted to fill it out could do so or refuse to do so). No information is known about the thirteen young people who said they had attempted suicide (including whether their attempt was before, after, or despite treatment, or even whether they had received treatment at all).

Despite the non-academic nature of the study, the inability to verify or replicate the results, and the fact that nothing about the study shows the effects of any treatment protocol, it is truly astounding that gender ideology activists have given it so much weight. When told that his data had been misrepresented by gender ideology activists in this way, the researcher replied that it was unfortunate that his “research is used by non-scientists in the context of their own agendas.”²⁶

In 2022, a study done by researchers at the University of Washington was heralded in the media as absolute proof that transgender medical treatment reduces depression and suicidality by 60 percent.²⁷ The immense media coverage treated the study’s results as a major medical breakthrough. Dawn Ennis, now listed as a “former columnist,” wrote in *Forbes* that this research “provides a strong rebuttal to anti-transgender activists and Republican lawmakers across the country who have tried to ban gender-affirming healthcare for trans and nonbinary youth.”²⁸ Similar comments flooded the internet, creating an almost gleeful “I told you so” retort to those who have questioned the efficacy of such treatment.

Since that time, investigative reporters have examined this study in which about one hundred young people ages thirteen to twenty filled out a sixteen-question survey reporting their feelings of depression and anxiety, with one question asking about thoughts of self-harm. The participants had all consulted with a gender transition clinic and were given the

questionnaire four times over the course of twelve months. The study's weaknesses are quite glaring. There was no double-blind aspect to it, which is standard for legitimate medical research. The statistical methods used were rudimentary and flawed. No comparison was made between participants who received medical therapy and those who received psychotherapy. No assessment was made as to whether the participants' alarming mental health struggles were caused by gender dysphoria or whether gender dysphoria was one manifestation among many of their unstable mental health situation. No comparison was made with those reporting similar levels of depression, anxiety, and suicidality but who did not identify as transgender. Factors were not adequately accounted for. No assessment of childhood trauma or its treatment was reported, even though childhood trauma is strongly correlated with gender dysphoria. Since only a tiny fraction of respondents were in the treatment group at the beginning, and only a tiny fraction of respondents remained in the no-treatment group at the end, it is almost impossible to get an accurate picture of what happened during the twelve months.

So, what does this vaunted study show? At best, it shows that those receiving puberty-blockers and cross-sex hormones did not report improvement. Their self-reported levels of depression, anxiety, and suicidal thoughts remained about the same. They came into the study with serious mental health issues, and they completed the study with comparable levels of those same issues. If we look at the results at three and six months, which is when the researchers had more equal response rates, those who did *not* receive medical treatment reported larger drops in their depression, anxiety, and suicidal thoughts than those who *did* receive medical treatment. Between the three- and six-month mark, the charts accompanying the study show a *worsening* of self-reported thoughts of suicide for those receiving medical treatment and a *lessening* of self-reported thoughts of suicide for those who did not receive medical treatment. The researchers have thus far refused to release the raw data, so there is no way to understand what actually happened or to replicate the results. At the very least, this is hardly the breakthrough that the University of Washington public relations department heralded or that was breathlessly reported in the media.

When it comes to minors with mental health struggles, we have found that helping them feel seen and cared for is a major part of the healing process. Care and concern help foster a belief that they will get better, and this belief is very powerful.

Please understand, we take mental health struggles seriously. We work with young people facing these issues. We feel deep compassion for them and want them to get better. When it comes to minors with mental health struggles, we have found that helping them feel seen and cared for is a major part of the healing process. Care and concern help foster a belief that they will get better, and this belief is very powerful. People in the field of psychology call it “resilience.” A review of fifty studies examining treatment-resistant depression showed that patients given placebos report improvement of 35 percent to 40 percent in their symptoms.²⁹ Their *belief* that treatment is making a difference seems to be what is making the difference at least a third of the time.

We know we are down in the weeds here, but let us apply that understanding to the vaunted University of Washington transgender medicine study. One would expect to see a 35 percent to 40 percent improvement just by children having someone in authority pay attention to their problem, even in the absence of medical treatment. None of this was examined in the University of Washington study. This, plus criticisms such as the ones we briefly discussed above that have gone unanswered by the researchers, led the University of Washington’s spokesperson to admit that reports about the study’s breakthrough nature included “some pretty concerning claims” and announce that the epidemiology department would stop “driving traffic to this piece.”³⁰

By now, you’re probably wondering how it is possible that such minuscule studies with such ambivalent results could drive such a huge nationwide agenda. This is an example of the politicization of science, a subject we will discuss in a later chapter of this book. Yet such politicization is well-hidden. If you did an internet search on the University of Washington study, none of its problems would become evident unless you looked several pages deep in the search results and knew specifically what you were looking for. The truth is very hard to find.

The political motive is not the only one driving gender ideology. There is also a strong financial motive. Observers with common sense have noted that one does not cut nor sterilize the body to heal the mind. And yet doctors continue to guide patients they diagnose as gender dysphoric down the path of experimental medicalization. It is a business move that is as cynical as it is lucrative.

As previously noted, when children are put on hormone blockers, it is likely they will receive pediatric Lupron. Investigative journalist Jennifer Bilek noted in a speech in July 2022 at Hillsdale College’s Kirby Center in Washington, D.C., that the adult version of Lupron is quite lucrative.³¹ It costs \$4,800 to treat endometriosis in women for a three-month dose, according

to a 2018 investigative report.³² The pediatric version is even more lucrative—\$9,700 for the same dose. A subcutaneous implant to deliver this drug to children is \$35,000. A similar implant for adult men battling prostate cancer costs \$4,400. Using these numbers, if just one hundred children out of the forty-two thousand U.S. children diagnosed last year with gender dysphoria took these drugs for seven years, it would amount to \$27 million in drug sales. And that is only the blockers. Cross-sex hormones are another moneymaker for the medical industry, and those who begin this experimental medicalization will be on it for as long as they wish the condition to persist, quite possibly for life. Think about that. By encouraging puberty-blockers and cross-sex hormones, Big Pharma and Big Medicine could foster long-term and extremely bankable dependence on their products.

With regard to body-disfiguring surgeries, according to Global Market Insights the national profit for these kinds of operations was \$623 million in 2022, having doubled in just three years. By 2032, the value projection for this industry is listed at \$1.9 billion.³³ We see this as a predatory industry which represents crony capitalism at its worst. And remember that if a

“Shattered” is not too strong a word to describe what happens when people try to invert reality and end up being worse off than they were before.

child can be medicalized in this way, he or she will be a patient for life. These brutal surgeries often require extensive follow-up care, which, of course, means additional fat profits for these industries.

The Plight of De-transitioners and the Emerging Challenge for the Church

De-transitioning is the process of a person psychologically reintegrating their biological sex with their self-perception of gender identity. To do this, a person must unwind layers of deceitful cultural and medical programming. De-transitioners often have a moment or series of moments where they realize that attempts

to overwrite nature are futile and cannot, by way of medical intervention, change their physiology to become the opposite sex.

The coming challenge for the Church, as we see it, is two-fold: equipping the next generation with the truth and philosophical tools to courageously engage this pervasive ideology, and ministering to the wave of those medically harmed young people and their families whose lives have been shattered. “Shattered” is not too strong a word to describe what happens when people try to invert reality and end up being worse off than they were before. Abigail Shrier, author of *Irreversible Damage: The Transgender Craze Seducing Our Daughters*, wrote about her experience engaging moms and dads who have dealt with adolescent and teenage daughters self-identifying as trans:

Any of these parents would gladly pay a hundred bucks a gallon for unleaded gas to get their daughters to safety. A mom whose teen daughter is suddenly clamoring for ‘top surgery’ would take her chances with COVID in a heartbeat... She’d sign up for an unmasked tour of the Wuhan Institute for Virology—if she could only shield her children from the people who’d prefer to push gender ideology than do their actual jobs (much less respect the curtilage of a family).³⁴

Faithful Christians are going to have to exhibit a lot of patience in the coming years dealing with the fallout of the gender identity medical scandal. Of course, God can—and does—bring healing, sometimes quickly and suddenly. But as the number of de-transitioners grows and more people realize that their decisions led them to permanently damage their bodies, compassionate followers of Jesus must be prepared to walk alongside.

Conclusion

The practice of medicine has produced profound benefits for billions. Yet the idea that a medical technique that is *possible* is therefore *ethical* has led to widespread heartache. Francis Galton was one of the most respected scientists of his day, yet his racist viewpoint led to the science of eugenics, which was practiced in the United States to forcibly sterilize sixty thousand women. Antonio Egaz Moniz won a Nobel Prize for inventing the lobotomy and promoting it as a remarkable cure for mental illnesses like schizophrenia. Fifty thousand people received the procedure. Many died as a result, and the others had their lives ruined. The science seemed settled in both cases, but we now see them as colossal horrors. When the history is written, will “gender-affirming care” for people with gender identity disorder/gender dysphoria also be seen as a medical scandal? We believe it will.

But there is a difference. Sterilization and lobotomization did not include built-in popular culture campaigns to get people to *choose* those procedures for themselves. This will take time to unwind. As more de-transitioners like Steven Richards come forward and detail the catastrophic, irreparable harm that was done to them, it will become impossible to ignore the carnage. Christians must not shrink back from the task of confronting the generational indoctrination that has occurred via the school system and throughout the culture that has, most tragically, left many struggling people confused, disfigured, and sterilized.



CHAPTER
2

The History and Trajectory of Gender Ideology

*“What has been will be again, what has been done will
be done again; there is nothing new under the sun.”*

—Ecclesiastes 1:9

A few years ago, the phrase “rapid onset gender dysphoria” (ROGD) emerged in an attempt to explain the abrupt emergence of tens of thousands of gender-confused children who were suddenly questioning their sexual identity. In 2018, public health researcher Lisa Littman published a peer-reviewed article in *PLoS One*, an academic journal examining the phenomenon. Her findings revealed that 65 percent of young girls who had self-identified as transgender during their adolescence did so after being immersed in social media for extended periods of time.³⁵ In other words, the sharp increase in cases of dysphoria was not a naturally occurring phenomenon but an internet-fueled peer contagion.

“Rapid onset” is a phrase that accurately describes how people feel about the gender ideology movement in general. They ask, “Where did this come from all of a sudden?”

Well, it did not arise all of a sudden. An old adage says, “What is taught in the classroom in one generation will be believed and practiced in government and society in the next generation.” This is the case with gender ideology, which spread unnoticed in academic circles for decades before surfacing in recent years as a seemingly overwhelming force, riding shotgun and occasionally taking the wheel as the novelty of gender-bending popular culture swerved its way into the American consciousness.

As a graduate student, one of the authors of this book was assigned a scholarly article written in the late 80s, entitled “Doing Gender.”³⁶ It argued that gender was not a biological state but a “routine accomplishment embedded in everyday interaction.” Saturated in pseudo-academic jargon, the article posited that gender does not refer to essential traits but rather performances based on how people present themselves and are viewed by others. This was three decades before the writing of the book you are reading right now.

“Doing Gender,” in turn, was based on a theory that was articulated by Erving Goffman in the 1950s. Goffman’s Social Interaction Theory advanced the notion that when people interact with one another, they play roles based on what they think is expected of them. These roles are based on what people *do*, not on what they *are*. Goffman’s work set in motion what is now a given in academic circles—that we humans are basically a set of social constructions based on our experiences and interactions. A person is not a “husband” or “wife” in a particular sense but just a person who acts as he or she thinks that other people think a husband or wife should act.

Similarly, the “Doing Gender” article asserted that categories of male and female are relevant only in that we *present* ourselves as we think male and female ought to be presented, based on the stereotypes we unconsciously accept. Without this theoretical uncoupling of sex and gender, gender ideology makes no sense. With it, no other view makes sense. This is why, if you find yourself interacting with people who embrace gender ideology, you might get the distinct impression that they see you as bad, not just wrong. The very idea of what it means to be human shifted long ago in academia, and most people did not notice until it came to the public attention in the form of biological males wanting to compete on women’s sports teams or use women’s restrooms. Ideas have consequences, but often, by the time we realize that those consequences are under sail, the ship is already halfway across the ocean.

“What is taught in the classroom in one generation will be believed and practiced in government and society in the next generation.”

To understand gender ideology, we cannot just look back to radical scholars from the 1980s. We need to look all the way back to ancient Greece and then look forward to the implications of today's ideas of queer theory and even transhumanism.

While there is nothing inherently wrong with men having longer hair or women having shorter hair, the context makes clear that Paul saw it as obvious that it is inappropriate for men to pretend to be the opposite sex for a manifestly sinful purpose.

Gender Confusion in 1 Corinthians

When it comes to gender ideology, even radical professors at taxpayer-funded universities have a tradition to draw on—one that can be traced to ancient history.

As can be seen in many of Plato's dialogues, it was common among Greek men to prefer effeminate boys to women. Older, powerful men publicly preyed on vulnerable young men who were of lesser status. Often, submitting to this abuse was seen by young men as necessary for social advancement. Evidence of this phenomenon may be found in the New Testament books of the Bible that are letters composed by the apostle Paul to the church in Corinth. Corinth was famous in ancient Greece for its sexual immorality, a reputation that continued into the time that the apostle Paul planted a church there.

This seems to be the context of Paul's comments in 1 Corinthians 11:14, where he says, "Does not the very nature of things teach you that if a man has long hair, it is a disgrace to him?" While there is nothing inherently wrong with men having longer hair or women having shorter hair, the context makes clear

that Paul saw it as obvious that it is inappropriate for men to pretend to be the opposite sex for a manifestly sinful purpose. Of course, in the contemporary West hairstyles are relatively neutral morally, but the underlying principles of identity remain the same.

Distinguishing Same-sex Attraction and Gender Confusion: "Sexual Orientation" Versus "Gender Identity"

In the modern West, many of the premises of the sexual revolution have become firmly ensconced in the culture, particularly as it relates to human nature. These assumptions about sexual ethics are increasingly pagan, meaning that Judeo-Christian principles are rejected as backward and oppressive. Biblically orthodox Christians have historically held and continue to espouse that God created sex as fundamentally good, procreative,

and designed to be enjoyed between a married man and woman. Any sexual practice outside of that vision is not in accordance with a biblically rooted sexual ethic. Christians have not historically categorized sexual identity in psychological terms.

What, then, for those individuals who genuinely experience same-sex attraction or an incongruence with their biological sex? As a way of describing this real phenomenon, the category “sexual orientation” has emerged, based on a psychologized concept of the Self. This is a truly radical shift in how human beings have come to understand who they are. As Carl Trueman notes in *The Rise and Triumph of the Modern Self*, one cannot escape this revolutionary creed from sitcoms to the halls of Congress that “is as much of a symptom and a cause of the many social, ethical, and political questions we now face.”³⁷ This revolution has radically altered how people in Western societies have come to understand the very idea of the self.

The self has now replaced truth. To the cult of self, our bodies are not intertwined with our souls in a purposeful way but are mere blobs of matter with no transcendent meaning except that which serves our desirable, personal ends. Sexuality, then, is reduced to our purpose for it. Stripped of

At root, this is not a recognition of the complicated aspects of sexual attraction as much as it is a fundamental reinterpretation of what it means to be human.

its holy vocation, sexuality increasingly becomes, as Pope John Paul II observed in his 1995 encyclical *Evangelium Vitae*, “the occasion and instrument for self-assertion and the selfish satisfaction of personal desires and instincts.”³⁸

Yet “gender identity” is, we would argue, many steps beyond even “sexual orientation” as a category of selfhood. If someone tells you that they are gay or lesbian (or, for that matter, that they are a heterosexual) there is little doubt as to what that person means. They are telling you how and toward what kind of people they experience sexual attraction.

Whatever one might think of specific sexual practices or same-sex relationships, the nature of what is being said is not in dispute.

By contrast, when someone speaks of possessing a “gender identity,” there is no similar understanding about what that is. Indeed, gender identity categories proceed from the premise that gender is, by definition, uncoupled from the material reality of biological sex. At root, this is not a recognition of the complicated aspects of sexual attraction as much as it is a fundamental reinterpretation of what it means to be human.

Some who identify as transsexual, transgender, or as some other gender identity might be honest about their natal sex. They may be genuinely distressed about their confusion. The psychological anguish that comes with

such a body dysmorphia may be severe and painful. But the problem is, with the enshrinement of gender identity as the only way we can make sense of our biological sex, we lose the ability to root our understanding of maleness and femaleness in anything other than cultural stereotypes. Further, such thinking makes it extraordinarily difficult for societies to develop sensible policies that protect political and human rights that are based on sex. Gender identity theory dissociates sexuality from anything that can be rooted in material reality.

With the advance of gender ideology, the instrumentalization of the body—aided along by pharmaceuticals, surgical scalpels, and endless identity qualifiers—has established itself in the modern mind in a way that would have been unimaginable just a few decades ago. The internet has brought the gender identity revolution to the masses with great fanfare and profit for its social media purveyors. Abigail Favale, who was a gender studies professor and avowed postmodernist before her conversion to Catholicism, states in her book *The Genesis of Gender: A Christian Theory* that the access of children to the internet plays a central role in the advance of transgenderism.³⁹ Americans strongly agree with this sentiment. In a recent poll jointly conducted by Summit Ministries and the respected polling company the McLaughlin Group, 69 percent of voters who have an opinion on the issue say that the increase in transgenderism among underage minors is the result of them being influenced to question their gender due to social media and other cultural influences.⁴⁰

The Advent of Queer Theory and Transgenderism

While gender confusion is not anything new in a moral sense, the widespread internet-fueled peer contagion, and the accompanying media glamorization of new gender “identities,” entices vulnerable youth and young adults into its entanglements in hopes that it will give them a meaningful identity in a post-truth society. The social infrastructure of an adolescent’s life (their dependence on social media or peer interactions) can easily trump the influence of their family of origin, shaping their conception of self and making it startlingly easy for transgender activists to prey on them.

This new thinking about transgenderism rests in a pseudo-academic discipline called queer theory. Those who further this theory write in nearly incomprehensible jargon, as this quote from the prominent queer theorist Judith Butler, a professor at University of California-Berkeley, illustrates:

That the power regimes of heterosexism and phallogocentrism seek to augment themselves through a constant repetition of their logic, their metaphysic, and their naturalized ontologies does not imply that repetition itself ought to be stopped—as if it could be.

If repetition is bound to persist as the mechanism of the cultural reproduction of identities, then the crucial question emerges: What kind of subversive repetition might call into question the regulatory practice of identity itself?⁴¹

Widely considered the founding document of queer theory is an essay called “Thinking Sex” by Gayle Rubin, an anthropology professor at the University of Michigan.⁴² The essay is fraught with troubling assertions about human sexuality that attempt to deconstruct “sex negativity,” by which Rubin means a Judeo-Christian moral framework of sexual ethics that prizes marriage, love, and child-bearing. As Rubin sees it, the “charmed circle” of Judeo-Christian sexual ethics is oppressive to those who wish to experience sexual pleasure alone, in groups, with children, or with “manufactured objects.”

An integral part of queer theory is the deconstruction of the sex binary. As we will discuss in the forthcoming chapter on language, gender ideology theorists seek to disrupt the relationship between sex and gender, presenting sex as a biological construct and gender as a social one.

To be sure, there is a social aspect to the way maleness and femaleness are presented in any given society. In the United States, blue is considered the color of boys and pink the color of girls. But this is not hard-wired into our biology. It is a cultural artifact. Other colors like green and orange do not have any gendered meaning ascribed to them.

But queer theorists go beyond whatever “gender” might mean as it is expressed in a culture and posit that biological sex, too, is socially constructed. “Transgender,” then, is a term describing a fluid sexual identity where a person claims to have been born in the wrong body. This gives rise to so many categories of sexual identity that it is hard to keep track of them all. Two decades ago, people spoke of heterosexual and homosexual and divided homosexual into gay or lesbian depending on whether a person was male or female. We mentioned earlier that the latest list we’ve seen lists sixty-eight gender identities. The acronym LGBTQ is no longer sufficient. As of this writing, the latest acronym to encapsulate various sexual identities is LGBTQQIP2SAA (lesbian, gay, bisexual, transgender, queer, questioning, intersex, pansexual, two-spirit, androgynous, and asexual).

“Transgender,” then, is a term describing a fluid sexual identity where a person claims to have been born in the wrong body.

Radical Feminist Critiques of Gender Roles, Rigid Norms, Sex-Based Stereotypes

It is important to note that Christians are far from the only ones who express doubts about contemporary gender ideology. Radical feminists have long contended that the current gender ideology dogma is, among other things, a set of regressive sex stereotypes. Three such writers are Sheila Jeffreys, author of *Gender Hurts: A Feminist Analysis of Transgenderism*; Janice Raymond, who wrote a prophetic book called *The Trans-sexual Empire: The Making of the She-Male*; and Kara Dansky, who published *The Abolition of Sex: How the 'Transgender' Agenda Harms Women and Girls* in 2021.

In each society, certain gender roles of masculinity and femininity tend to arise from the biological differences between male and female. These differ by culture and often vary based on the level of economic development and the divisions of labor within a people group. These gender roles are not strict, hard-and-fast rules. Yet transgenderism assumes that these roles *are* absolute and rigidly enshrines them. Many trans-identified men who call themselves female or transsexual will dress extravagantly in skirts and dresses and wear makeup and claim that those things are part of what makes them female. But there is nothing intrinsically female about wearing makeup and dresses and other garments often worn by females. These are stereotypes and customs. Indeed, it is an affront to women to reduce them to such cultural stereotypes. This is among the core objections of feminists who are writing in opposition to gender ideology.

Where Gender Ideology is Headed: Transhumanism, Terasem Cult

Gender ideology functions as a boundary breaker. Dissociation from sexed bodies is not a one-time act. It is a process with no end in sight. Though it seems freakishly outrageous, transhumanism is an example of where things are headed. Transhumanism, like the ancient gnostic heresy that says that our bodies have nothing to do with who we are, promises not only freedom in a new self or identity but also a form of immortality.

According to Fabrice Jotterand, a professor of Swiss nationality who teaches at a Wisconsin medical school and is a renowned scholar in neuroethics, transhumanism posits “that the body is totally irrelevant to our identity as a human being” and that “the body becomes something you can manipulate at will and doesn’t have any normative stand in defining who we are as human beings.”⁴³

Dissociation from sexed bodies is not a one-time act. It is a process with no end in sight.

It is thus no coincidence that one of the most visible transgender-identified people, Martine Rothblatt, is also a leader in transhumanism. Rothblatt, a sixty-eight-year-old male who has undergone surgery to amputate his genitals, is a multi-millionaire who appeared on the cover of *New York Magazine* alongside the headline “The Trans-everything CEO” in September 2014, which referred to Rothblatt as “the highest-paid female executive in America.” Rothblatt’s immense wealth came from Sirius Satellite Radio and United Therapeutics, a biopharmaceutical firm based in Silver Spring, Maryland.

In addition to being a trans activist, Rothblatt founded a futuristic transhumanist tech cult called Terasem in 2002. The Terasem “Beliefs” page states, “Nobody dies so long as enough information about them is preserved. They are simply in a state of ‘cybernetic biostasis.’ Future mindware technology will enable them to be revived, if desired, to healthy and independent living.”⁴⁴

The movement even co-opts God, claiming that “we are making God as we are implementing technology that is ever more all-knowing, ever-present, all-powerful and beneficent. Geoethical nanotechnology will ultimately connect all consciousness and control the cosmos.”⁴⁵

Rothblatt has even designed a robotic clone of Bina 48 (Rothblatt’s “spice,” which is the term Rothblatt prefers to “spouse”), whose appearance looks like the real Bina Rothblatt and has received many uploads of information from the real Bina’s life—presumably so Bina can live forever in cyberspace.

It seems outlandish to think that this is where we are headed. But a mere twenty years ago, it would have seemed outlandish that a child would be given high-powered and untested hormonal agents to arrest natural puberty in pursuit of a physiological impossibility—that of becoming the opposite sex. Yet here we are. As explained in the previous chapter, such procedures are routinely practiced in children’s hospitals nationwide.

It remains to be seen whether those of a Judeo-Christian heritage will be able to discern the times and effectively advance a biblical concept of both body and soul that accounts for biological reality and also the need for human flourishing in such confusing times. Bad ideas die a slow death unless some kind of renewal, or revival, displaces them.

What will we do? We need to know because reality itself is at stake.



CHAPTER
3

How Trans Ideology Twists Language to Distort Reality

“The LORD said, ‘If as one people speaking the same language they have begun to do this, then nothing they plan to do will be impossible for them. Come, let us go down and confuse their language so they will not understand each other.’ So the LORD scattered them from there over all the earth, and they stopped building the city.”

—Genesis 11: 6-8

“The word ‘trans’ has one function, and that is to falsify reality...as soon as you have a word that can institute the lie that a man is a woman, everything is reversed.”

—Julia Long, British lesbian feminist and academic⁴⁶

Despite the term “transition,” which implies that hormone treatment or surgery can turn males into females and vice versa, most trans activists admit that the euphemistically labeled “gender affirming care” can do no such thing. Rather, they say, it is a means of creating psychological relief, sort of like smoothing wrinkles through plastic surgery or producing a winning smile through dental implants. But there is a difference—one that is huge and unbridgeable.

Changing sex is impossible. No amount of chemical intervention or surgery can change a person’s sex. The XX chromosomes remain XX. The XY chromosomes remain XY. As we saw in the chapter on the transgender

medical scandal, these untested and largely irreversible procedures pursue a biological impossibility. The potential for serious physical and psychological damage is immense.

But there is also damage done to language itself when we begin to refer to biological males or females by opposite sex pronouns and act as if, by our words, we can change reality. The twisting of language is a deadly serious problem.

Linguistic Manipulation: Sex Versus Gender

At base, the splitting of sex and gender is a distortion of language to change how people see reality. Behind the distortion is a belief that no truths about the world can be known with certainty. Rather, truth is up to the individual. In the United States, a majority now believes this.⁴⁷ If nothing about reality is knowable, then no meaningful difference exists between male and female (or truth or a lie, or justice or injustice, or any other distinction, for that matter). Words bear no clearly identifiable relationship to anything knowable. At root, the gender ideology battle is a battle over the very meaning of words. It is a twisting of language to change how people see the world.

Prior to the 1960s, the words “sex” and “gender” were used interchangeably, and the word “gender” did not have a medicalized connotation, according to Dr. Quentin Van Meter, who heads the American College of Pediatricians.⁴⁸ Today, in common parlance, many people still use the two words interchangeably, and it is understandable why they do. The root word of “gender” is the word “gene,” from which we get the word “genetics.” Genetics informs the biological word “sex.” The sex of the body is determined by gametes. The nucleus of every single cell in the body (except the gametes) has either XX or XY chromosomes, indicating that a person is either male or female.

But with “gender” divorced from biological sex and redefined to mean any number of things, one of the most basic biological realities of being human—the dimorphic distinction between male and female—is denied. While many, if not most, people understand and use the word “gender” to mean sex, gender ideologues have built an entire theoretical edifice in support of its larger aims, namely the deconstruction of sex, even its abolition. If you can convince people to observe males and females and conclude that there is no meaningful difference, you can convince them of anything.

Changing sex is impossible. No amount of chemical intervention or surgery can change a person's sex. The XX chromosomes remain XX. The XY chromosomes remain XY.

Human communication is very powerful and unique. Although many creatures communicate, humans alone possess the glottal structures to produce phonated speech. Using just a few phonated sounds, we produce

If you can convince people to observe males and females and conclude that there is no meaningful difference, you can convince them of anything.

words that, when informed by a shared language, allow us to communicate in far more in-depth ways than other creatures. This ability is hardwired in humans. Only humans use language to create symbolic meaning, sequence their thoughts, and exercise free will. From the moment they are born, human babies imitate the “turn-taking” of conversation. They react to feelings. They discern emotions. The spoken word is so important to human babies that they are more interested in it than any other sound, even instrumental music.

For most of time, it has been assumed that the words we use intentionally and reliably refer to things and ideas that are real. But if there is no such thing as knowable truth, words and reality are decoupled. Words don't *describe* the world—they *create* the world. This is at the heart of a postmodern worldview.

So how does this postmodern idea relate to the gender identity issue? At present, powerful interests are twisting language to convince the populace of materially false absurdities about the human body that change the very understanding of what it means to be human.

From “Transsexual” to “Transgender”

The prefix “trans” means “to change,” and the individuals who experienced some kind of body dysmorphia that manifested in confusion about one's sex were, until recent years, known as “transsexuals.” For many, the word connotes something extremely odd—perhaps a sexual fetish. But with the introduction of the idea that gender is malleable, people were led to question whether the distinction between male and female even exists or matters.

In the gender ideology lexicon, “trans” does not mean “to change.” Along with other euphemisms like “gender-affirming,” it is used to shroud the nature of biological reality and insert falsehoods into the public mind about the nature of being. For gender ideologues, confusion is not a bug; it is a feature. If you can get most people—or, at least, most influential people—to say that there is no difference between male and female, then no such difference exists. Those who insist otherwise are labeled as unfeeling, cruel, and unworthy of being heard.

Because of the long-running game that activists have played to confuse the public about sex and gender, the insertion of “trans” has dulled the

senses of the masses. It is difficult to pinpoint the exact moment when the shift from what were once called “transsexuals” to “transgender” persons happened; but the shift was, we believe, a cunning one that was intended to mainstream transgenderism and even apply it to children.

Good-faith conversations and debates about these issues become impossible because there is no longer a common frame of reference within which to exchange ideas.

The idea of a “transsexual” child still creates discomfort in many people because, at least for now, most people continue to object to the sexualization of children. To refer to a child as a transsexual would make people feel uneasy. But with the introduction of a malleable “gender,” which might be followed by the add-ons “identity” and “expression,” the term is softened and sounds less abrasive. A “transgender” child could be a pre-pubescent youth on hormone-blockers or may be just a kid who does not conform with certain gender

norms and stereotypes. This murky, catch-all label for this category of people allows for the confusion to continue to metastasize.

Meanwhile, the discordance is more broadly furthered both in the child’s mind and in society because of how the use of words drifts further from the ontological reality of sex. Good-faith conversations and debates about these issues become impossible because there is no longer a common frame of reference within which to exchange ideas.

Why is This a Big Deal?

You may think that we have gone too far in this critique of the gender ideology movement’s twisting of language. Maybe you are thinking, *Surely, it is not that big of a deal. Just let people be what they want to be.* This may have been a valid criticism at some point in the past, but no longer. Children are being manipulated, abused, and mutilated. And in the pursuit of their agenda, gender ideology activists now insist that *everyone else* acknowledge, against reality, what people claim to be true about themselves. Even if you innocently use the “wrong” pronouns, you may be socially shamed or even fired from your job. Therapists risk professional censure if they do not affirm the gender expressions claimed by minor patients.

Earlier, we stated that the denial of knowable truth means that because words bear no relationship to reality, we are free to use words to create whatever world we want. The big question is, who are the “we”? To gender ideology activists, the “we” are those who learn to control the channels of communication to insist on a certain use of language and silence or marginalize those who dispute that use.

It was this danger that George Orwell warned about in his classic *Nineteen Eighty-Four*. Those supporting the totalitarian dictator “Big Brother” invented *Newspeak*, a way of changing language to limit the range of expression and thus thought. One character, Syme, gloried in his control of language, telling the protagonist Winston, “You don’t grasp the beauty of the destruction of words.” A few sentences later, Syme says, chillingly, “Don’t you see that the whole aim of Newspeak is to narrow the range of thought? In the end we shall make thoughtcrime literally impossible, because there will be no words in which to express it.”⁴⁹

As the late Hillsdale College professor Michael Bauman often warned, “When words lose their meaning, people lose their lives.”

Not all twisting of language is done in the service of totalitarian aims. Sometimes, propaganda is used to sell products or influence votes without any thought to its long-term consequences. But we should think very soberly when we notice people distorting language in a self-serving way. Before calling for the extermination of the rival Tutsis, the Rwandan Hutu tribe trained its members to think of Tutsis as “cockroaches.” Hitler trained the Nazis to think of Jews as “vermin.” As the late Hillsdale College professor Michael Bauman often warned, “When words lose their meaning, people lose their lives.”⁵⁰

Hundreds of years before the twenty-first century’s twisting of language, the philosopher Voltaire warned, “Truly, whoever can make you believe absurdities can make you commit atrocities.” To his statement we might add, “And there is no better way to make someone believe in absurdities than by twisting language, our very means of communication, into something utterly unrecognizable.”

Voltaire penned his warning in a 1765 work called *Questions sur les miracles*, a missive against corruption in the Church that he thought would lead to bloodshed. In one of history’s great ironies, Voltaire’s work was used by French Revolutionaries to turn the tables, attack the Church and other institutions, and behead its enemies until the blood of tens of thousands flowed in the streets of Paris. In the twentieth century, the progeny of the French Revolutionaries—Nazis and communists—demonstrated through the slaughter of hundreds of millions that the radically secularist inclination to overthrow reality was the most devastating of all of history’s religious movements.

The famed psychologist Philip Rieff noted that a culture unravels “when its normative institutions fail to communicate ideals in ways that remain inwardly compelling.”⁵¹ The antidote to culture-depleting indoctrination is to think critically and tell the truth, even in the face of deception. But this is something many people are afraid to do. In the national poll Summit

Ministries has conducted, most people believe that the transgender movement has gone too far. Yet nearly half of the people who believe that do not say anything so as not to offend anyone.⁵²

Reclaiming Language

What we have come to know as “transgenderism”—a word that, as we have pointed out, has no concrete meaning or defining boundaries—is a cultural salute to a postmodern worldview that intends to deconstruct the very idea of truth and overhaul language to serve the aims of activists. Postmodernism views the way any given culture uses language as a prison house that prevents us from fulfilling our truest potential and greatest personal power. But changing language is itself a power play. As Gene Edward Veith prophetically argued nearly thirty years ago in his book *Postmodern Times*, moral judgments about matters continue to emerge in everything postmodernists write, despite their best attempts to avoid them. He writes:

The very claim that certain power structures are oppressive, repeated over and over in postmodern scholarship, implies a moral principle, that it is not good to oppress people... Postmodernists, more than most people, complain about how various power structures are unfair, and they are always demanding more sensitivity, tolerance, and justice. Do they not realize that they are appealing to transcendent, authoritative moral absolutes? Do they mean what they say, holding honestly to the implications of their own theory, or is it a mask for some other agenda?⁵³

For gender ideologues and the various players who stand to profit from the deconstruction of sex, this battle over language is winner-takes-all. As Veith also observed, it is vital for Christians to understand that language—*God’s* language, his Word—has existed before the physical universe and is intrinsic to thought, personality, and his unfathomable being.

In the biblical narrative of Creation, it only takes three chapters before the twisting of language, in the mouth of the serpent (who is, according to Scripture, Satan himself), calls into question the goodness of God’s creation. Satan’s question echoes today: “Did God really say?” (Gen. 3:1).

Indeed, among the most pernicious aspects of twisting language is that people are required, if they want to be socially acceptable, to participate

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in lies. This is not merely the modulation of language that occurs through time. It is an undoing of the very idea that the words we use refer to anything real.

Truth-Telling and the Bible

Followers of Jesus must understand the full implication of a biblical worldview. Speaking to his disciples in John 8, Jesus said that by following his teachings, “You will know the truth, and the truth will set you free” (v. 32). The word used for “truth” in this passage means, “reality.” It is not inaccurate to render that passage, “You will know reality, and reality will set you free.”

The attack on language as an attack on reality itself is nothing new.

The psychiatrist M. Scott Peck said, “Mental health is an ongoing process of dedication to reality at all costs.”⁵⁴ Acknowledging reality is not only vital for us as individuals; it is also vital for the continuation of society. Our ability to achieve “attunement,” or social connection, requires relationships based on a shared understanding of reality.

The gender ideology movement insists that for humans to be free to pursue their fullest self-interest, reality itself must be deconstructed. But reality is a stubborn thing. It is knowable. It cares little about our perceptions, if those perceptions do not line up with the way things really are. In relation to sex and gender, regardless of our linguistic machinations, our sex as male or female is stamped on nearly every cell of the body. No matter what linguistic tools are employed to achieve this end, it is a vain effort that will fail.

The attack on language as an attack on reality itself is nothing new. Genesis 11 records an account in which the people of the earth built a city called Babel with a tall tower to signify their success in making themselves into gods. It was an entirely unworkable pursuit. No human-constructed edifice could overthrow God.

Today, as educational institutions and the medical industry aim to construct a new-fangled Babel—let us call it the Tower of Gender, at the risk of sounding too dramatic—it, too, holds out the unworkable pursuit of changing one’s sex. It, too, is a project of attempting to make a name for oneself and attempting to play God. And if the past is prologue, what happened to the ancient people who built a large tower is starting to happen to those building a tower of synthetic bodies via hormones and surgeries. The confusion of language leads, inevitably, to confusion in all things.



CHAPTER

4

How Trans Ideology Captured Our Institutions

“See to it that no one takes you captive through hollow and deceptive philosophy, which depends on human tradition and the elemental spiritual forces of this world rather than on Christ.”

—Colossians 2:8

As we noted in chapter two, gender ideology did not emerge suddenly. Gender ideology activists have been working for years to control the presentation of transgender in education and medicine. In this chapter, we will focus on both issues, beginning with the medicalization of gender identity issues.

Gender Ideology and the Medical Community

As we will see, committees that establish standards for transgender medicine at the American Medical Association, the American Academy of Pediatrics, and the Endocrine Society have attempted to transform the debate by deeming it “medically necessary” for transgender patients—even minors—to undergo treatments with puberty-blockers, cross-sex hormones, and surgeries until they achieve “comfort” with their gender identity. Quotation

marks around the terms “medically necessary” and “comfort” are not scare quotes. These terms are used in the Standards of Care developed for the treatment of patients experiencing gender confusion. Medical necessity is an important designation. Insurance companies must cover such procedures. Medicare and medicaid must cover them, using taxpayer dollars. If transgender medicine is not deemed medically necessary, few people will be able to afford it, and the massive profits anticipated by the medical-industrial complex will evaporate.

In countries such as Finland (where much of transgender medicine was pioneered), the medical community has backed away from drugs and surgery as the primary treatment options and recommended psychological counseling instead.⁵⁵ The financial toll may have been an underlying cause of the decision, but the expressed reasoning is that gender dysphoria is a disease of the mind, not of the body. In the United States, however, gender ideology activists have dominated the discussion, leaving medical providers with few options if they want to properly treat those struggling with gender identity disorders.

An international group of doctors organized as the Society for Evidence-Based Gender Medicine (SOGM), citing admissions from medical associations themselves, says that gender ideology activists have so thoroughly dominated the discussion that alternative views are not permitted. There are no debates. Transgender Standards of Care, they say, are designed by people who always and only support one position, that ethical “gender-affirming care” must encourage adults and minors to socially and medically “transition” to their preferred gender.⁵⁶

In short, transgender medicine has become politicized. Sadly, this is common in many areas of science and medicine. Activists draw conclusions that are to their liking and then publicly promote a particular point of view as being the “scientific consensus.” “Trust the science,” they say. Those who take issue with their interpretation are called “science-deniers.”

Our view is that everyone loses when politicians and activists attempt to force a consensus as a means of achieving desired policy outcomes. It is important to acknowledge that scientific discovery is a human enterprise and, thus, fallible. For example, in 2011, researchers at Bayer looked at sixty-seven recent drug discovery projects and found that 75 percent could not be replicated in their in-house laboratories. Only 11 percent of preclinical cancer research reports studied by reviewers could be validated.⁵⁷

One might say that the scientific process involves the intentional pursuit of failure for the sake of knowledge.

It is not that failure in science is bad. Indeed, failure is one of the things that makes science valuable. The best scientific research takes place when researchers develop a hypothesis and then work to disprove it. Only when efforts to disprove it have failed is it tentatively accepted. One might say that the scientific process involves the intentional pursuit of failure for the sake of knowledge.

The existence of politicized science does not mean we ought to ignore scientific studies. Rather, we ought to understand what science is and does, what its underlying assumptions are, and how to keep it from falling victim to political malpractice. This means we must carefully and compassionately explore how transgender medicine turned the gender ideology debate into a promotion of a pharmaceutical and surgical approach.

The Politicization of Standards of Care

Even smart medical professionals cannot know everything about every malady. To give guidance on treatment options, Standards of Care are developed by committees of people in the medical industry. These standards are designed to both guide the treatment of patients and to provide a level of protection from legal liability. If taken to court, doctors can defend themselves by arguing that they were following the standards that represent the best practices recommended by experts.

Standards of Care are a double-edged sword, however. Reasonable doctors may disagree with the recommended standards for a variety of reasons. But if the standards are politically derived, this can put them in a precarious position. Say a doctor thinks that counseling, rather than pharmaceuticals and surgery, ought to be pursued for a teenager diagnosed with gender dysphoria. If the patient or the patient's parents are unhappy with the diagnosis, or if the patient subsequently engages in self-harm, would the doctor be legally liable for not following the recommended Standards of Care? Would that doctor face censure from medical associations that have developed those recommendations? Are they merely "recommendations" when they carry the threat of legal liability, loss of licensure, or public censure?

These are the open questions surrounding care for people experiencing gender dysphoria. The Standards of Care themselves insist that the proper term for such treatment is "gender-affirming." This is a rhetorical move, not a medical one. It makes it seem unreasonable for medical professionals to reach any other conclusion than that a patient's subjective experience of gender must be affirmed by moving them toward whatever medical remedy is necessary to make them feel comfortable.

A similar manufacturing of consensus happened with opioids. Pushed by the pharmaceutical industry, Standards of Care were developed to treat

pain itself as a disease. We now know that the easy availability and presumed safeness of opioids led many doctors to write prescriptions for painkillers rather than pursue other pain management solutions such as physical therapy that are more expensive and time-consuming. It is hard to hold doctors accountable for this. Unless they were wantonly irresponsible, it is very difficult to prove that their prescribing habits violated the Standards of Care.

This difference between prescribing opioids and transgender medicine is that if activists have their way, doctors who *fail* to follow the transition regimen with patients could potentially open them up to claims of malpractice. The first shot has already been fired. An article in the *City University of New York Law Review* calls on the New York State Assembly to give trans adults the right to sue doctors who denied them “gender affirming care” as youths.⁵⁸ The article claims that doctors have a “duty” to educate “unsupportive parents” about the “medical consensus” that transitioning is the “only effective treatment.”⁵⁹

Later in this chapter, we will discuss where the transgender medicine Standards of Care originated. Being charitable, we can say that the committees that developed them started with a concern that LGBTQ-identifying people were not receiving adequate healthcare either because of discrimination or because of embarrassment about the medical implications of their sexual behavior.

Starting in the early 2000s, gender ideology activists began working to ensure that one—and only one—treatment path for gender dysphoria would be considered “gender-affirming” and that such care is “medically necessary.”⁶⁰ The World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 is a forty-eight-page document instructing medical providers to interact with gender-questioning patients in accordance with their preferred gender. Then, and the authors state this repeatedly and leave no doubt as to their intentions, it is “recommended” that doctors prescribe medical interventions to the comfort level of patients.

The authors say, “To conclude, although the existing samples reported on relatively small groups of youth (e.g., n = 22-101 per study) and the time to follow-up varied across studies (6 months—7 years), this emerging evidence base indicates a general improvement in the lives of transgender adolescents who, following careful assessment, receive medically necessary gender-affirming medical treatment.”⁶¹

Because of the rapidly growing number of people claiming gender dysphoria, every general practitioner in America will sooner or later face this issue with patients.

It is important to understand what is being said here. The authors admit that there is very little evidence for their approach or for its long-term efficacy. Yet they insist that medical treatment is necessary.

To foster an impression that their recommended approach to transgender medicine is based on evidence, the authors of the transgender medicine Standards of Care publish a journal called the *International Journal of Transgenderism*. The journal's description asserts that until now, the lack of evidence for their point of view was the result of "subjugation" and "oppression" rather than any inherent flaw in their approach to the issue.⁶²

So, what do the transgender medicine Standards of Care say? We have included a link so you can read the document and see whether our conclusions are warranted. The natural outcome of "gender-affirming care," according to these Standards of Care, is pharmaceutical interventions such as puberty-blockers and cross-sex hormones, as well as surgeries until the patient becomes "comfortable" with the relationship between their sex and gender. The only ways "gender-affirming" treatment would not become medicalized would be (1) if the doctor interrupts it (a risky career move that could lead to liability exposure), (2) if the patient interrupts the treatment (unlikely, given that people generally trust their medical providers, desire relief, and take comfort in the possibility that their dysphoria can be

What happens when a treatment protocol such as that governing gender dysphoria becomes politicized?

resolved medically), or (3) in the case of patients who are minors, if a parent interrupts the treatment (also unlikely, given the fear of social sanction or even the possibility that their refusal would be seen as abuse).

Because of the rapidly growing number of people claiming gender dysphoria, every general practitioner in America will sooner or later face this issue with patients. Again, we say "in America" because the American approach to transgender medicine is quite unique. In parts of the world where sick people have a hard time getting access to basic life-saving healthcare, treating gender dysphoria is not a priority. In other parts of the world, such as Finland and the United Kingdom, the medical community has backtracked on the medicalization of gender dysphoria, especially with minors.

What happens when a treatment protocol such as that governing gender dysphoria becomes politicized? The experience of respected figures in the psychological field such as J. Michael Bailey, Kenneth Zucker, and James Caspian is instructive. All have borne the wrath of gender ideology activists. Within the last several years, each of these professionals have had their reputations tarnished, their families harassed and doxxed, their

research and scholarship misrepresented, and their clinics shut down. An example of the blatant politicization of transgender care is that of the American Academy of Pediatrics (AAP), which was heavily influenced by gender ideology activists when they published their 2016 guidelines on care for children who identify as the opposite sex.⁶³

All have borne the wrath of gender ideology activists.

America's largest LGBTQ rights group, the Human Rights Campaign, took a leading role in co-authoring the AAP's professional guidelines on care for transgender-identifying children. In fact, the lead author of those guidelines was a twenty-five-year-old trans-identified female who is not a doctor. Out of the twelve authors whose names appeared on the official guidelines, only five were physicians. Though sixty-six thousand pediatricians are members of the AAP, less than thirty people designed the guidelines for transgender care, according to Dr. Marian Rutigliano, an internal medicine doctor from Baltimore and an expert in toxic chemicals. One of the contributors to the guidelines included a physician who was the director of a transgender health clinic at which 100 percent of the children who came in were considered "appropriate for transition."

A similar ideological takeover happened within the Endocrine Society. In the late 2000s, Dr. Quentin Van Meter, a pediatric endocrinologist from Atlanta and an outspoken critic of experimental medicalization in the treatment of gender dysphoria, recalled hearing a presentation by Dr. Norman Spack. At the combined gathering of the European Pediatric Endocrine Society and the American Pediatric Endocrine Society, Dr. Van Meter was appalled by what he heard Spack call "solid science."

"There was no 'solid science' but it was not in a forum where I was comfortable raising my hand and saying, 'Excuse me, but where did you make up all this crap?' It wasn't my modus operandi and I just thought 'Well, this is a crazy person, this isn't going anywhere,'" Van Meter told *The Christian Post* in 2018.⁶⁴

Little did he know then that Spack—who opened the first ever U.S. pediatric gender clinic in Boston in 2007—would be among those who would engineer revisions to official guidelines for the Endocrine Society regarding gender dysphoria in children. These new professional directives were a game-changer. "When the 2009 guidelines were published they were astonishingly devoid of science. They were mostly recommended on hopeful thinking," Van Meter said.

In subsequent years, the guidelines have become increasingly medicalized. The Endocrine Society's guidelines were revised again in 2017 and became even more oriented around prioritizing medicalized gender

transition than the 2009 version. They argued for starting patients on cross-sex hormones earlier while minimizing the need for a psychological evaluation of the child. In fact, Van Meter explained, the guidelines began urging the psychological training of parents to accept the experimental medical transition as the route to a new destiny for their child.

The Ideological Takeover of Schools

Companies that make puberty-blockers and cross-sex synthetic hormones and medical providers offering surgical services stand to make a great deal of money from current trends. But this will not happen without customers. To accept the medicalization of gender identity struggles, impressionable minds must be convinced that gender is at the core of their identity struggles and that medicine can successfully turn them from being a boy to a girl, or vice versa. Ground zero for this unprecedented social experiment is the education system.

As of this writing, in early 2023, parents have been awakening to the reality that gender ideology has become commonplace in schools. Just as with dominant medical associations, activists have asserted control over teacher unions with the goal of mandating gender ideology in the classroom.

Abigail Shrier documents in *Irreversible Damage* that in January 2019, the policy wing of the California Teachers Association met to decide on a number of matters, including New Business Item #6/19-12, which was a proposal to allow trans-identified minor students to leave campus in order to obtain hormones without parental permission. Delegates approved the measure. A year later, the CTA's Civil Rights in Education Subcommittee went so far as to move to create "school-based health care clinics" that would provide "cis-gender, transgender and non-binary youth equal and confidential access to a broad range of physical, mental and behavioral services."⁶⁵

As egregious as these policies and proposals are in terms of violating the parent-child relationship, most disturbing are doubts sown into the minds of students with cult-like indoctrination at the very age when their cognitive faculties are learning how to test reality.

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Shrier continues:

In schools across America, kindergarteners are taught that biological sex and gender very often come apart; one has no essential connection to the other. There are some people for whom gender identity aligns perfectly with the sex they were assigned at birth: “cisgender” they are called—meaning “on this side of gender,” coined to be the definitional opposite of “transgender,” meaning “across from gender.” As it is presented in schools, “cisgender” often seems to be a null set. Faced with a heaping buffet of gender identities to choose from, it’s hard to imagine everyone isn’t at least a little bit something. Girls who like math, or sports, or are logical; boys who sing, or act, or like to draw are all “gender nonconforming.” They may have turned up at school as a “girl who excels at math” or “boy with vocal talent,” but they leave rebranded as “a person whose behaviors or gender expression falls outside what is generally considered typical for their assigned sex at birth.”⁶⁶

In many schools, what used to be called Gay-Straight Alliance clubs have morphed into Gender and Sexuality Alliance student groups. Students struggling with their gender identity are encouraged to join so that they can be affirmed in their struggles. In addition to extracurricular groups, teachers in many places are instructed to daily or weekly ask students about their gender identity and to state their preferred pronouns.

However silly all this might seem to average people, activists are completely serious about the ideology they espouse. An infamous flier created

Sex, of course, is not “assigned” by any doctor or anyone else; it is stamped in the DNA from the moment of fertilization.

by the group Trans Student Educational Resources (TSER), shows a cartoon unicorn called the “Gender Unicorn” that purports to redefine what human beings are while employing genderist euphemisms and phrases. Emerging from this unicorn’s head is a thought bubble containing a rainbow that is said to represent gender identity, though that is circularly defined as whatever gender with which a person might identify. The unicorn is shown having two hearts, presumably representing the various

emotional attractions to men, women, or “other genders.” In the cartoon unicorn’s crotch area is a double helix of a DNA strand, which represents the creature’s “sex assigned at birth,” according to the document, which may be male, female, or “other, intersex.”⁶⁷

Sex, of course, is not “assigned” by any doctor or anyone else; it is stamped in the DNA from the moment of fertilization. Regarding “intersex,”

it is not surprising that it is listed as a kind of third sex when it is not. It is often used by trans activists to cast doubt on the dimorphous nature of human sexuality.

“Intersex people exist!” is an argument often used by gender ideology activists to trump all other arguments. In the way it is used, this argument is false. The scientific truth is that a tiny percentage of the human population may have a rare chromosomal configuration that is neither XX nor XY. Klinefelter’s and Turner Syndrome are two examples of these genetic anomalies. These are often called “disorders of sexual development” (DSDs) or “intersex” conditions. Every person who is born with a DSD, which may or may not manifest in an unusual appearance of one’s secondary sex characteristics, is always either male or female. There are only eggs and sperm; there is no third gamete, no third sex. But this does not stop gender ideology activists from conflating DSDs with “gender identity,” the latter of which is entirely a self-declared identity construct and not genetic.

Moreover, the groups that represent people with intersex conditions have objected to the co-opting of intersex persons by the gender ideology agenda. The Intersex Society of North American has stated that they are not “not seeking a genderless society or to label themselves as a member of a third gender class.”⁶⁸

Even as gender ideologues conflate two unrelated ideas under the umbrella of gender diversity, gender identity activists go further, declaring that one’s “gender” is a phenomenon that occurs from within themselves and that it can only be known by the sovereign Self.

As Mary Rice Hasson and Teresa Farnan write in their book *Get Out Now: Why You Should Pull Your Child from Public School Before It’s Too Late*, activists bent on rejecting reality are overhauling classroom instruction, moving from education to indoctrination. Citing a 2017 report from a coalition of influential LGBTQ activist groups and their allies in the National Education Association, the authors point out that the organizations have defined “transgender person” as those “whose sex assigned at birth is different from the gender they know they are on the inside.”⁶⁹

The result of this ideological crusade is that the education system, and increasingly government bureaucracies, will no longer take account of biological sex, an existential reality in the life of every person. As we saw in an earlier chapter, the gender ideology debate has created a war on language itself, using words to uncouple personal psychological states from

The reality is that nearly every cell in the body is male or female. Psychology cannot change this. Yet gender ideologues persist in creating a fiction that causes children to question the very nature of reality.

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LGBT Activism, Reuters, and the Dentons Document

A particularly illuminating moment occurred regarding the strategy of gender activists when a document was shared with journalist James Kirkup of *The Spectator* in 2019, from Dentons (which claims to be the largest law firm in the world); the Thomson Reuters Foundation; and the International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Youth & Student Organization.⁷⁰

The document, titled “Only Adults? Good Practices in Legal Gender Recognition for Youth,” exposed the tactics that gender ideology activists use to accomplish their policy aims, including how government entities should override parental rights so they no longer have legal control over their children on issues pertaining to gender.⁷¹

We believe the truth will ultimately prevail. But truth must be fought for.

Although both Dentons and the Thomson Reuters Foundation noted that the document does not necessarily reflect their viewpoints, it nevertheless advises that “states should take action against parents who are obstructing the free development of a young trans person’s identity in refusing to give parental authorization when required.”

The document also urged gender ideology activist groups to wed themselves to politically popular initiatives, such as marriage equality bills, which provided a “veil of protection,” particularly in countries “where marriage equality was strongly supported, but gender identity remained a more difficult issue to win public support for.”

Given the pervasiveness of transgender messaging in the media and social media as well as in the medical community and educational system, it has become increasingly difficult to imagine that things could ever change. It feels like medical experimentation on confused children will only continue to grow and children struggling with their gender identity will continue to be further confused by the messaging they receive from trusted authorities.

We believe that the truth will ultimately prevail, but we also need to contend for it in the public domain. Part of the fight is understanding the misleading and underhanded nature of the gender identity agenda. We fight with statistics and stories. For believers, though, it is also important to understand why we believe what we believe about sexuality and gender. For this, we need to turn our attention to how a biblical worldview brings clarity with these confusing issues.



CHAPTER
5

Transgender Ideology and a Biblical Worldview

*"Male and female he created them."
—Genesis 1:27*

The horrors we have documented in this book—from the consequences of experimental medicalization to disfiguring surgical operations, as well as the distortions of language and institutional takeovers that provoke them—are symptoms of a deeper problem: we have lost sight of truth. The only way to get at the truth is to have an external point of reference. If you are navigating the open seas, you can use a compass and sextant to orient to a fixed point of reference. Without such instruments, it is easy to lose your bearings and not know the route to your destination—or even your current position.

We believe that the biblical worldview gives us a reliable fixed point of reference. Some see this as absurd, but nevertheless, we propose that a biblical view of gender and sexuality brings clarity. It shows how biology and human purpose come together. It shows us how to break free from the cycle of harm caused by sexual brokenness.

At its essence, a biblical view of gender and sexuality is a pathway to flourishing that helps both men and women create conditions for freedom and growth.

To appreciate a biblical view of gender and sexuality, though, we need to look unflinchingly at the consequences of the sexual revolution. We then need to outline a biblically faithful understanding of gender and sexuality. We need to look at the way that departing from God's plan—what the Bible calls sin—leads us to abuse and abandon our God-given design. Then we need to take specific steps to re-calibrate the way we approach a sexually broken culture.

How We Lost our Bearings: The Sexual Revolution

Many today see their sexuality as the central aspect of their identity. They say our bodies are all we have, and our sexual impulses are our strongest biochemical reactions. Therefore, sexual expression is the key to authenticity.

People who hold this belief often turn to sources such as Sigmund Freud. In 1905, the Austrian psychoanalyst published a book called *Three Essays on the Theory of Sexuality*. Freud outlined what he saw as the stages of sexual development in humans and asserted that sex is basic to humanity's needs and desires.

Margaret Sanger, the “mother of birth control” and the first president of Planned Parenthood, shared Freud's attitude. Sanger believed that the relationship between sex and childbearing, rather than being a societally sustaining aspect of God's design, was an evolutionary flaw that prevented people from experiencing the freedom to have sex with whomever they want whenever they want.

Today, based on the teachings of Freud and Sanger, it is widely believed that suppressing sexual desire is psychologically harmful. This view flowered most notoriously in the research of Alfred Kinsey, who issued two reports, *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953), which challenged traditional views on sex and marriage. Kinsey's seemingly scientific reports, though now known to have been based on faulty and fraudulent research, had a tremendous impact.⁷²

To those convinced of Freud's, Sangers', and Kinsey's arguments, restraints on sexual expression make people unhealthy, unhappy, and mean.

At its essence, a biblical view of gender and sexuality is a pathway to flourishing that helps both men and women create conditions for freedom and growth.

The fallout of the sexual revolution has been disastrous. Women experience unprecedented levels of abuse. The family has broken down. People are lonelier, unhappier, and more sexually unfulfilled than ever. Pornography has sexualized the relationship between men and women in an unnatural way, warping their ability to form long-lasting relationships.⁷³ What do we have to lose by reexamining a biblical approach?

A Biblically Faithful Understanding of Gender and Sexuality

At the core of the Bible's message is that we humans have both bodies and souls and that our bodies and souls interact with one another in a nuanced and beautiful way. Among the implications of a biblical worldview are the following:

- Humans are made in the image of God. We have each been given a conscience, mind, soul, and the power to create and relate in our domain of influence.
- “Male” and “female” name basic physical and spiritual categories created by God. Our gender is not a “position on the dial” we choose. Masculinity and femininity are present in our genetic makeup and in our souls.
- When we depart from God's design, our understanding of gender and sexuality is warped in a way that breaks down individuals and societies.
- Within the created order, humans display great diversity. This diversity is good and should not be repressed or ignored. We must live out our maleness or femaleness with wisdom based on aspects of gender found in Scripture, not based on cultural stereotypes.
- Scripture gives wise guidance about how God's categories of male and female give us confidence in the beauty and practical living-out of our design as image-bearers of God.

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Gnosticism's Distortion of Gender and Sexuality

As we have seen in previous chapters, gender ideology makes an artificial distinction between gender and sexuality. Our sexuality is the biological sex with which we are born. Gender is our self-perception. What happens with our bodies is of secondary importance. What really matters is our self-perceived gender.

One reason the faith community has found itself unable to grapple effectively with gender ideology is that at heart, many believers actually think that our bodies are of secondary importance. The soul is what really matters, they assert. This is not a biblical view but one based on an ancient heresy called Gnosticism.

Renowned Anglican theologian N.T. Wright says that transgenderism is a form of this ancient heresy. “The Gnostic, one who ‘knows,’ has discovered the secret of ‘who I really am,’ behind the deceptive outward appearance,” he opined in an August 2017 letter to the editor of the *Times of London*.⁷⁴ He continued, “This involves denying the goodness, or even the ultimate reality, of the natural world. Nature, however, tends to strike back, with the likely victims in this case being vulnerable and impressionable youngsters who, as confused adults, will pay the price for their elders’ fashionable fantasies.”⁷⁵

The Bible rejects the gnostic idea that our bodies are of secondary importance. The apostle Paul speaks of the importance of the human body, even in its fallen state, never rejecting the body as irredeemably bad as the gnostics of his era did. Writing to the church in Philippi, he explains that Christ has the power to bring everything under his control and will “trans-

The Scripture places an unmistakable emphasis on the body, most notably through the incarnation of Jesus, in which God himself put on flesh and dwelt with us.

form our lowly bodies so that they will be like his glorious body” (Phil. 3:21). Similarly, Paul, while in Corinth, wrote to the Romans of our human condition as believers in Jesus, groaning inwardly “as we wait eagerly for adoption to sonship, the redemption of our bodies” (Rom. 8:23).

The Scripture places an unmistakable emphasis on the body, most notably through the incarnation of Jesus, in which God himself put on flesh and dwelt with us (see John 1). Acknowledging the importance of the body allows us to consider anew the relationship between the biblical claims about maleness and femaleness and the extensive medi-

cal and psychological research on differences between the two. Authors like Leonard Sax, a medical doctor and psychologist who does not claim to be a Christian, have blown the whistle on the politically correct redefining

of gender. Sax believes that the rise of neuroticism and anxiety among young adults is, at least in part, the result of our culture's mixed messages about gender. Boys and girls are, indeed, different, he says, and ignoring the difference is a big mistake.⁷⁶

Among other things, Dr. Sax presents evidence from multiple studies that brain tissue is "intrinsically different" in males and females.⁷⁷ This leads to significant differences in what men and women focus on, how we process feelings, and how we approach risk. Gender differences are present from birth and are most pronounced in childhood.⁷⁸ They affect how boys and girls live, learn, and make friends. And surprisingly, the differences persist even among boys who are more effeminate and girls who are more tomboyish. Dr. Sax says, "Tomboys have more in common with very feminine girls than they have with boys, at least when it comes to how they see the world."⁷⁹

Sax believes we will all be better off if we work with children's natures as boys and girls rather than minimizing them because "human nature is gendered to the core."⁸⁰ Medical doctors Joe McIlhaney Jr. and Freda McKissic Bush agree: "We all lose when an entire generation grows up in a fictitious world where truth [about gender] is suppressed and health sacrificed."⁸¹

So, what does the Bible say about gender and sexuality? Let us go back to the very beginning, the first two chapters of the book of Genesis.

Gender and Sexuality in Genesis 1-2

If you mess up the first few lines of code in a computer program, the program will not work properly no matter how many additional lines of code you write. Genesis 1 and 2 offer a kind of code explaining our design and purpose as humans. In the biblical code, being male and female is central to the narrative of the rest of Scripture.

The biblical instruction about gender and sexuality starts with the claim that humans were specifically designed to bear God's image. Genesis 1:26 says, "Then God said, 'Let us make mankind in our image, in our likeness.'" Together, the Hebrew words for image and likeness make it clear that God intentionally designed humans to bear a striking resemblance to him.

In Genesis 1:27, the text expands on the point, noting that God created humans in his image as male (*zakar*—masculine) and female (*neqebah*—feminine). These terms are both physical and psychological. Males and females are different in a way that creates synergy, bringing out the best of each. When it comes to male and female humans, one plus one equals one, a kind of oneness that displays God's image to the world.

The nature of this oneness is made evident in Genesis 2:18, when God says about the man, “I will make a helper suitable for him.” The term “helper suitable” has, unfortunately, been used to imply that women are inferior to men. The text does not support this usage. The term “suitable” (from the Hebrew word *neged*) literally means “in the sight of, or opposite to.” The term does not imply “inferior to.”

The term “helper” (from the Hebrew word *ezer*) is also interesting. This Hebrew word occurs in many places in the Old Testament and nearly always refers to God as our helper. For example, Exodus 18:4 says, “My father’s God was my helper.” And Psalm 33:20 says, “for the LORD he is our help and our shield.”

Of course, this does not mean women are more like God than men. Rather, it means that women and men were designed by God to harmonize in a creative tension that enables a rich union of protection, assistance, and productivity. Just as two pitches of a roof lean on one another and create strength, the unity between opposites such as male and female (as well as other opposites listed in the creation narrative, such as light and dark, day and night, the sea and the land) display the strength of God’s design and bring it to completion. Together, in marriage, the man and the woman become “one flesh” (literally, “to flesh, one”).

Jesus affirmed this teaching: “‘Haven’t you read,’ he replied, ‘that at the beginning the Creator ‘made them male and female,’ and said, ‘For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh’? So they are no longer two, but one flesh. Therefore what God has joined together, let no one separate” (Matt. 19:4-6).

In his writings, the apostle Paul brings out the spiritual aspect of this one-flesh-ness: the marital relationship between the man and woman is a picture of Christ and the church. “‘For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh.’ This is a profound mystery—but I am talking about Christ and the church” (Eph. 5:31-32).

Christ sacrificially protects and sanctifies the Church. He is a servant-leader. The Church, in turn, honors Christ by fulfilling its potential as a unified body bringing blessing to the nations. Of course, sin mars the

Just as two pitches of a roof lean on one another and create strength, the unity between opposites such as male and female (as well as other opposites listed in the creation narrative, such as light and dark, day and night, the sea and the land) display the strength of God’s design and bring it to completion.

Church's ability to do this. But the model remains. Your sexuality is not just about you. It is about everything. To abuse or abandon it is to add jarring, out-of-tune notes to the beautiful symphony God is writing.

To summarize, maleness and femaleness are central to the Bible's narrative. They are not an afterthought.

Aspects of Biblical Masculinity and Femininity

Rather than filter the Bible's teaching about maleness and femaleness through our cultural stereotypes, we think it is more helpful to consider the *aspects* of masculinity and femininity presented in Scripture. An aspect is a feature of something. What are the biblical features of masculinity and femininity? We have found the writings of Father Bill Mouser and Barbara Mouser to be a helpful starting point.⁸² Their work is both theological and practical, helping both women and men find a deep sense of purpose in their design.

When one reads Scripture looking for biblical aspects rather than cultural stereotypes, it becomes clear that men and women are different, harmoniously so, in their relationship toward creation, one another, common threats, and the community.

Toward creation. According to the Genesis account, God told the man, before the account of woman's creation, to "fill the earth and subdue it" (Gen. 1:28). The word "subdue" connotes "taking responsibility for." It is part of a man's design to take initiative and be productive. God designed men to take ground, make progress, and enlarge their realm of responsibility.

While in Hebrew, the word "man" (adam) means "out of the ground," the word "woman" (ishshah) means "opposite of or of man." With the marital relationship being the prototype, the biblical teaching is that woman was created to represent the interests of God-the-King by working alongside her husband to optimize the family's value to the community as well as its economic well-being. Jewish families still celebrate these different yet complementary aspects each Sabbath, as husbands sing a portion of Proverbs 31 to their wives, celebrating their ingenuity, hard work, and moral excellence.

That men and women have different, yet harmonious roles in relating to creation makes sense of some of the differences that researchers have noted between males and females, including the fact that boys are more likely to enjoy risk-taking for its own sake.⁸³ Also, consider the design of the eye. Girls have more of the kinds of cells (cones) in their eyes that focus on color and texture, whereas boys have more cells (rods) that focus on location, direction, and speed.⁸⁴

Boys are inclined toward moving *out* to create opportunity. Girls are inclined toward moving *in* to create meaning.

Toward each other. In Genesis 2, God put Adam in the Garden of Eden to “work it and take care of it” (Gen. 2:15). Not only was Adam to take responsibility by taming more of the earth, but he was also to exercise watch care over what he brought into his realm of responsibility. God designed men to nurture the things and people in their realm and bring them to productivity.

Various academic studies show that men and women approach productivity differently. A study of men and women in the workplace showed that men valued pay, benefits, power, authority, and status more than women did and that women valued friends and relationships, recognition and respect, communication, fairness and equity, collaboration, and family and home.⁸⁵ Men tend to focus on process and results; women tend to focus more on well-being.

These differences are not just a matter of socialization. Male and female brains are wired differently.

These differences are not just a matter of socialization. Male and female brains are wired differently. The wiring in a typical male brain runs between the front and back of either the left or right hemisphere; whereas in a typical female brain, it runs from side to side through both hemispheres. For women, there is a constant interplay between the left hemisphere, which is related to thinking tasks, and the right hemisphere, which is related to intuition.⁸⁶

Imagine the two sides of the brain being two banks of a river. Women build bridges between the two banks and move easily back and forth. Men race up and down one side of the river, crossing only to race up and down the other side. At the risk of oversimplifying brain function, a man either works with tools or relates to others. Women can work with tools and relate to others at the same time. Given the brain differences between men and women, then, it should be unsurprising that women are far better at multi-tasking, as many studies have shown.⁸⁷

Toward our common threats. In Genesis 3, God pronounced a curse against the serpent, that “he [man] will crush your head [the serpent]” (Gen. 3:15). Christians believe the man mentioned here to be Christ the Messiah, representing all the male offspring *as* a group. Men were designed to be “Satan crushers.”

To be clear, men do not save themselves from their sins. But men *have* been created by God with a desire to fight for truth and stand against evil and injustice. We can see this in the very different way that boys and girls play.⁸⁸ Boys and girls feel pain differently, with males in general being more tolerant of pain than females.

Whereas men seem more inclined to aggression, women are inclined to breathe life into others. Among other things, girls hear better than boys;⁸⁹ women are better than men at interpreting facial expressions;⁹⁰ and girls are better able to talk about their feelings.⁹¹ Even after decades of developing “gender neutral” toys and editorializing about how boys and girls are basically the same, clear distinctions persist between boys and girls in their type of play (boys prefer action; girls prefer conversation) and their choice of toys (boys prefer toys that project power, while girls prefer toys that facilitate relationship).⁹²

Toward the community. The book of Proverbs was written in a fatherly way, admonishing sons to be wise. A sage applies God’s wisdom in everyday circumstances. The sage is no guru hiding out on a mountaintop: in Old Testament times, a leader was seen to be wise “in the city gates,” which meant that he was making judgments publicly, where the wisdom or foolishness of his decisions would be obvious to all.

In Proverbs, the pursuit of wisdom is a romance. Wisdom and folly are personified as women. Lady wisdom instructs: “Leave your simple ways and you will live; walk in the ways of insight” (Prov. 9:6). Lady folly seduces: “Stolen water is sweet; food eaten in secret is delicious!” (Prov. 9:17).

Both women and men can be wise, but they are differently so.

Both women and men can be wise, but they are differently so. In a recent study of wisdom in hundreds of men and women, women scored higher on

compassion-related items and on self-reflection, while men scored higher on cognitive-related items and emotional regulation.⁹³

How Sin Affects Our Design as Male and Female

A biblical perspective on how men and women relate differently to creation, to one another, to threats, and to the community strongly correlates with what we know about sex differences from the voluminous literature on the subject.

But a biblical perspective also tells us that we have a condition—sin—that causes both men and women to abuse or abandon their God-given design. This is most clearly seen in the way the harmonious relationship between men and women has become broken through the sexual revolution. Without the guidance of God’s love, we are left with a counterfeit sexuality based on immorality (from the Greek word *porneia*, “which includes every kind of sexual sin”), impurity (from the Greek word *akatharsia*, which refers to filth, crudeness, and perversion), and covetousness (self-gratification).⁹⁴

Theologian Albert Wolters points out that because of sin, the good structure of sex has been diverted to follow a destructive course. We ought “both to affirm human sexuality wholeheartedly and to oppose its perversions with equal conviction and vigor,” he says.⁹⁵

According to Richard Land, the former head of the Ethics & Religious Liberty Commission for the Southern Baptist Convention and the executive editor of *The Christian Post*, transgender ideology constitutes the ultimate rebellion against God and against the scientific truth of male and female. The idea that a person can self-select his or her sex “is the ultimate attempt to become one’s own god. The religion of America today is narcissism. We want to define our own version of truth of who we are regardless of anything else.” He added: “The sacred trinity of modern man is I, myself, and me. And it is only with modern science that people have the ability to claim they can change their gender and seek to do so.”⁹⁶

This narcissism plays into the worst aspects of human nature, encouraging us to either abuse or abandon the God-given aspects of our maleness or femaleness. For example, when it comes to how we wisely engage with our community, we can abuse our design by being argumentative or manipulative. We can abandon our design by not resisting foolishness or living from feelings rather than a balance of thought and feeling.

We have also seen this in our decades of working with young men. When it comes to dealing with threats to our well-being, God designed men to be warriors who would stand for truth and fight against evil. Without a wise guiding influence, however, young men tend to swing wildly between thoughtless acts of verbal or physical aggression and complete passivity.

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Can Gender and Sexuality be Redeemed?

In this chapter we have briefly examined the Bible’s core aspects of gender and sexuality. The sexual revolution, which posited that humans could find their purpose by shaking off any moral restraints on sexuality, resulted in even greater sexual confusion. How can we nurture the roots of a biblical view of gender and sexuality to produce healthy fruit for ourselves and our society?

Speak the Truth and Don’t Apologize

The academic literature is clear that differences between men and

women—both physical and psychological—exist. Some think that the differences are sociological. Others say they are the product of biological evolution. But few people deny that there are substantial differences.

A biblical worldview does not just note the differences. It demonstrates that these differences enable men and women to harmonize to produce greater health, happiness, and productivity. A Christian should never apologize for holding that maleness and femaleness are basic categories of our design as humans and that they have a basis in the very purpose of our humanity.

Author Mary Eberstadt wistfully notes that failing to honor the differences has led not to a “sexual desert” but to a “sexual flood,” a “torrent of poisonous imagery, beginning even in childhood, that has engulfed women and men, only to beach them eventually somewhere alone and apart, far from the reach of one another.”⁹⁷

Move Beyond Gender and Sexuality Stereotypes

As we have seen, a biblical view of gender and sex differences is both nuanced and profound. Differences between men and women are real. If we are wise enough to harmonize them, we can bring out the best in each.

by celebrating the differences between men and women as something God designed to bring harmony and blessing to the world and by rejecting cultural stereotypes that pressure young men and women who do not “fit” cultural stereotypes to think of themselves as being born in the wrong body.

But relying on cultural stereotypes creates a situation in which differences between male and female are simultaneously denied and amplified. On the one hand, gender ideologists set up stereotypes only to knock them down as “proof” that maleness and femaleness are merely behaviors on a spectrum that has nothing to do with God-designed differences. At the same time, we see a proliferation of amplified stereotypes in the form of drag queen performances and TikTok videos from personalities such as Dylan Mulvaney, a biological male who believes he is becoming female and produces widely viewed videos that misogynistically diminish womanhood as if it were a comical parody.

A biblical worldview can help break the stranglehold of this confusion in two ways: by celebrating the differences between men and women as something God designed to bring harmony and blessing to the world and by rejecting cultural stereotypes that pressure young men and women

who do not “fit” cultural stereotypes to think of themselves as being born in the wrong body.

According to Dr. Kathy Koch, president of Celebrate Kids, rescue from cultural stereotypes comes from a celebration, not a dismissal, of God’s design. She envisions that “a man who happens to be creative, maybe more playful and spontaneous...qualities that are assumed to be female, would feel comfortable with those abilities and would be celebrated for them and not rejected for them.”

John Hannigan, executive director of Celebrate Kids, adds that the fundamental question regarding masculinity and femininity is not so much about masculinity or femininity but rather: “Who did God make you to be?” “God creates all of us uniquely in his image.” Says Hannigan, “Ultimately, the Lord knit us together and He formed our innermost parts in our mother’s womb. He knew, He had intentionality behind it. He created us intentionally and uniquely to serve Him and the Body of Christ.”⁹⁸

This is especially important in how society defines appropriate roles for men, which, the anthropologist Margaret Mead noted, is “the central problem of every society.” How is a boy to know that he is becoming a man? Is it by engaging in risk-taking behaviors such as crime or substance abuse? Is it by having sex? Healthy societies do not diminish the design of boys. Rather, they provide outlets for boys to channel their God-given design into protecting rather than preying on others, exploring and learning rather than exerting forceful control, and becoming wise rather than devious or manipulative.

Boys need to understand that experiencing emotions is not a sign of weakness or a diminishment of their manhood. As Koch notes, men have as many emotions as women but may be less adept at talking about them. For many men and boys, the only safe emotion they feel permitted to feel and express is “mad.” “Isn’t it interesting that so many people make a big deal out of that Jesus wept?” she said. “How sad that we have to give men permission to feel and to emote.”

We envision a culture where boys and girls and men and women can explore their interests without cultural judgment or being marginalized into thinking that those interests somehow make them less male or female.

Acknowledge the Reality of Sexual Suffering

As John Stonestreet from the Colson Center for Christian Worldview notes, ideas have consequences and bad ideas have victims. The sexual revolution that was supposed to set us free to explore our individuality without moral limits has curved in on itself, creating confusion and pain.

If the church wants to be there to pick up the pieces, believers will need to become good Samaritans (see Luke 10) in understanding the suffering of sexual brokenness and pointing the way to redemption. In the case of gender identity, this could mean becoming aware of the neurological and psychological roots of sexual suffering (how our brains become conditioned to act in a certain way, deficits in relationship development, unmet needs, abuse, and neglect).

It also means learning how to apply the good news of the gospel to all kinds of brokenness, such as childhood trauma, abuse, the sabotaging of intimacy, bonding, and attachment issues.

Trust in the Reality of Redemption

As the late Lewis Smedes said, “Redemption does not turn us from sexuality; it illuminates the goodness of it.”⁹⁹

As we experience the power of God’s grace and turn from sin, forgiving others and seeking forgiveness, and finding wisdom and healing from the trauma caused by the sin of others, it becomes possible to reconcile ourselves to God’s good design for sexuality and experience redemption and freedom.

In a spirit of humble repentance, we must recognize that a biblical worldview of sexuality is quite intentionally countercultural. God designed sexuality as part of his good plan for the world. In recovering God’s design, we learn to see our maleness and femaleness as positive features of our design. A faithful marital relationship with the prospect of producing children rather than just being an outlet for physical urges is consistently elevated in Scripture as an illustration, even a fulfillment, of this design.¹⁰⁰ Such a vision elevates both marriage and singleness by showing how our deepest fulfillment is in our identity as redeemed followers of Jesus, rather than as merely sexual creatures responding to our evolutionary urges.

A biblical worldview says that we are broken people. But we are not left in our brokenness. We may experience intimacy with our Creator in a way that heals that brokenness—including sexual brokenness—and restores us as deeply loved image-bearers of God.

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FAQ APPENDIX:

1. If a young person comes to me and says, “I’m transgender,” what steps should I take?

The first step is to not overreact. Transgender identification is happening among youth at higher and higher percentages. It is probably *when*, not *if*, you will face this personally.

Try to put the young person at ease and make sure that they feel safe with you.

Remember that a young person who identifies as transgender may be troubled and dealing with other challenges. Also remember that the Holy Spirit is the Wonderful Counselor, and he will give you specific insights regarding each individual young person. Given that “transgender” is a bit of a catch-all term, asking questions is important. “Thank you for trusting me with this information. When you use the term ‘transgender,’ what does that mean?” As the conversation unfolds, it is important to emphasize to young people that there is nothing wrong with their bodies. Remember, the studies we have of young people and gender dysphoria show that only 12 to 24 percent of cases of youth-onset gender dysphoria persist into adulthood. That is why we think that psychological counseling that focuses on healing underlying issues, such as childhood trauma, is a safer—and more humane—treatment than medically altering the body to “align” it with current gender identity.

2. Is it ever a good idea to use someone’s preferred pronouns or their new chosen name?

Our view is that there is a difference between the names by which people desire to be called and the pronouns used to refer to them. Names are personal references. We generally call people by the names they give us. Pronouns, on the other hand, are statements about reality. To use pronouns

that do not reflect reality is to lie. We do not see it as loving to lie with one's words. Having said that, given how messy this space can be, we do know of cases where, for example, a detransitioner said that the church conveyed to her that they would use a pronoun occasionally but that the goal was for her to be able to get to the place where she could be comfortable being referred to by pronouns that correspond with her natal sex. The church loved her during her detransition process as she psychologically reintegrated with her sexed body, which she eventually did. Use wisdom on a case-by-case basis here.

3. What is the best way to approach counseling someone who is genuinely confused, given the ideological capture of the therapy profession?

This is, no doubt, a challenge. Many therapists now adhere without question to what they call a “gender affirming” approach, which usually means treating their patient as the sex they believe themselves to be. In many states, it is technically illegal to do otherwise. Finding a counselor who recognizes the fundamental integrity of the human person as male or female can be challenging. It's important to ask substantive, point-blank questions of said counselor before booking an appointment to know how they approach these issues. When counseling a person, it is important to remember that they may, indeed, be in some very real confusion and pain. With gender ideology, however, they have almost always misidentified the root of it.

The counselor who helps us at Summit Ministries shares with our staff that a person experiencing gender dysphoria is usually dealing with deeper core issues such as trauma, anxiety, or depression. Some studies have drawn a link between transgender and traits of autism and other neurodevelopmental issues.¹⁰¹ Most people, when core hurts are addressed, sense a resolution between their biological sex and their gender identity. It is worth noting that nations that pioneered gender transition medical therapy—such as Sweden, Finland, and Great Britain—have moved decisively away from such medical treatment and view psychotherapy as the first-line treatment approach.

4. Where did the transgender phenomenon come from and how did it arise with such astonishing speed?

As we saw in this book, medical and psychological counseling organizations have been swayed by a handful of activists, as well as by significant financial pressure from pharmaceutical companies and medical providers, to develop standards of care that they refer to as “gender affirming.” As we explained, this means that the natural course of treatment leads from social

transition to medical procedures such as puberty blockers, cross-sex hormones, and surgery. These organizations admit that the evidence for this approach is scant. But in a culture experiencing an overwhelming social media contagion, family breakdown, and a worldview shift that focuses on a radically autonomous view of self, the real struggles of adolescents have met a perfect storm of activism and the promise of significant financial profit on the part of pharmaceutical companies and medical providers. Taken together, this has created a toxic environment in which vulnerable people are easily exploited.

5. How might you help someone understand, particularly if they are a troubled youth or young adult, that what they think is related to gender is really rooted in cultural, sex-based stereotypes?

Asking questions about gender norms in other cultures can shed light on what young people think gender actually is. It might also be helpful to explain how the term “gender” has been redefined. Explain that cultural stereotypes can be very strong but that a boy who enjoys things that many girls enjoy does not mean he is a girl, and vice versa. Unique gifting is something to be celebrated, not something leveraged to convince children that they are “damaged” and must be “treated.”

6. How is gender confusion—whether gender identity disorder or the newer “gender dysphoria”—defined in the psychiatric literature, like the DSM-5? What are the diagnostic criteria?

According to the American Psychiatric Association via Psychiatry.com, the diagnostic criteria for gender dysphoria are as follows: A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least six months’ duration, as manifested by at least two or more of the following:

- A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)

- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender). The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

7. How did it come about that a psychological ailment like gender confusion came to be treated with hormones (and then maybe surgery) as though it is an endocrine condition?

The first well-documented case report of using a hormone blocker to halt natural puberty in a gender-confused minor patient emerged in the late 1990s in the Netherlands, the therapeutic idea being that the pubertal processes would be too traumatic to endure. The approach taken to puberty-blocking treatment became known as the “Dutch protocol,” and it soon spread around the world as the preferred treatment protocol for gender dysphoria. In the U.S, the Endocrine Society revised its professional guidelines in 2009 in favor of this approach. In 2017, the Endocrine Society issued another iteration of its guidelines which even more strongly favored this approach, going so far as to encourage mental health counseling by therapists who are willing to move patients toward hormone treatments and surgery

8. Is it true that if we don't immediately affirm young people who identify as transgender that they are more likely to commit suicide?

The best evidence available suggests that this is not true. The suicide narrative that surrounds gender medicalization is among the most manipulative of devices that activists use to instill fear in parents who are already reeling in confusion about what their children are experiencing. We discussed this carefully in chapter one of this book and encourage you to re-examine that chapter and pray for wisdom in dealing with this issue. Reports of anxiety, depression, and thoughts of self-harm should always be taken seriously.

9. Does gender confusion have anything to do with same-sex attraction?

Many tend to conflate sexual attractions with gender confusion, given how the people who experience such things are represented by closely-grouped-together letters in the LGBTQ+ acronym. But sexual attraction oriented toward a person of the same sex is a notably different psychological phenomenon than the belief that one is the opposite sex or “born in the wrong body.” Same-sex attractions/inclinations and gender confusion are both conditions rooted in human fallenness, just as are the temptation to commit adultery or use pornography. A resource we’ve found helpful is Christopher Yuan’s book *Holy Sexuality and the Gospel*, which guides readers toward understanding their primary identity as being a redeemed follower of Christ, rather than in their sexuality. God’s design for sexuality is not to deny humans’ sexual impulses but to channel them in a healthy, productive way through man/woman, lifelong marriage. For the purposes of this book, we want to make it clear that there is a difference between psychological experiences and sexual acts or experimental medical interventions performed on the body.

Regarding gender confusion, it is extremely important to walk patiently with people who endure this often very painful mental torment. While its causes are complex and multivariate, it is often one of several psychiatric comorbidities a person is enduring amid a larger mental health struggle.

10. What are the implications of “gender identity” for legal and civil rights protections on the basis of sex?

“Gender identity” has no concrete meaning as a matter of law, so attempts to rewrite civil rights law that is intended to protect men and women from having their rights violated essentially makes those laws meaningless. One can determine the biological sex of a person, but there is no brain imaging scan, genetic marker, or blood test to determine that “gender identity” is something human beings have.

11. What is the difference between “transsexual” and “transgender”? Is there one?

Not really. The shift from the term transsexual to transgender seems to be a rhetorical move on the part of activists to make gender dysphoria more socially acceptable. The way that gender and sexuality have been separated to mean different things is, likewise, a rhetorical move designed to create confusion about the nature of biological sex, which is genetically determined and thus immutable.

12. With regard to gender confusion, what is the role of the demonic, spiritual warfare vis-à-vis Ephesians 6?

In John Milton's *Paradise Lost*, Satan reminds his minions that God persistently brings good out of evil, and advises them on what to do when that happens:

“Our labour must be to pervert that end,
And out of good still to find means of evil;
Which oft times may succeed, so as perhaps
Shall grieve him, if I fail not, and disturb
His inmost counsels from their destin'd aim.”

The counsel of Scripture regarding spiritual warfare makes it clear that there are spiritual forces of evil that intend to twist and distort God's creation, including the human body. We do not expect people with no biblical background to understand this. They might even call it “weird” or “creepy.” But most people will acknowledge that maleness and femaleness are real things, even if they reject that humans are made in God's image and given maleness and femaleness as part of this divine imprint.

When Satan (which comes from a Hebrew word meaning “adversary”) shows up in Scripture, it is always to promote evil by twisting and distorting what God has made. This is why the apostle Paul says in Ephesians 6:12 that “our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms.” We want to be careful to say that when people experience gender confusion, it does not mean that they are demonically possessed. But a biblical view makes it clear that anything that distorts God's design is part of a spiritual battle, not just a physical or psychological one.

13. Is anyone truly transgender? Is there a tiny portion of the population that exists in this way?

Nobody is truly “trans” in any meaningful, ontological sense because it is impossible to be born in the wrong body, and no one can change their sex. A person may, indeed, suffer from body dysmorphia of some kind, and there are many kinds of dysmorphia, including muscle dysmorphia (a belief that one's muscles are too small) and anorexia (a distorted perception of body weight). People experiencing these things ought to be treated with the utmost care and compassion. All humans are either male or female. To be “transgender” is, at most, a self-determined identity construct based on a set of cultural, sex-based stereotypes not rooted in biology.

14. It seems like the letters in the LGBTQ+ acronym keep growing. What's coming after the normalization of transgender identities?

When a person's sexual impulses are seen as the core of their human identity, there is almost no limit to the number of categories people will develop to normalize their experiences. These categories are often contradictory to one another. Some are now identifying as "non-binary," "demisexual," "two-spirit," "genderqueer," and "pansexual," in addition to "transgender."

Humans seem to have an insatiable desire to "put themselves in boxes" to explain and justify their self-perceptions and behaviors. For instance, we know people who justify being rude or overly aggressive because of where they fit on a personality scale. When it comes to sexuality, though, this kind of explanation-as-justification can become dangerous and abusive, as with the normalization of pedophilia (sexual attraction to children). By design, queer theory and gender identity theory break down categories of male and female and put in their place a person's self-perception of gender.

15. How do we show the love of Christ in a way that welcomes people who identify as transgender while disagreeing with something that seems so fundamental to who they say they are?

Ultimately, if people are committed to the belief that their gender differs from their biological sex and are committed to compelling others to treat them that way, it is very difficult to reason with them. Christians cannot and should not force people into anything. Instead, we should embrace the hard work of loving people where they are and moving them toward a restoration of their full capacity as image-bearers of God.

Keep in mind that people who question their gender identity may very well suffer from other mental health challenges. While we do not offer counseling advice, our instinct would be to connect struggling young people with a therapist who recognizes and is willing to treat underlying issues, especially trauma caused by adverse childhood experiences. This, along with a common-sense lifestyle of healthy habits, good boundaries, a positive social context, a safe environment, consistent spiritual nurture, and limited social media, would be encouraged.



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