# A BIBLICAL APPROACH TO THE TRANSGENDER MOVEMENT:

## First, Do No Harm

*Daniel Dionne*[1]

## MAKING MEDICAL HISTORY

Four hundred years before Jesus walked the streets of Jerusalem, a Greek Physician named Hippocrates coined the phrase, "First, Do No Harm!" I first repeated the Hippocratic Oath on the day I graduated from medical school, and try to live by that motto every day. Doctor Luke wrote in Luke 8:43, "And there was a woman who had had a discharge of blood for twelve years, and though she had spent all her living on physicians, she could not be healed by anyone." Seventeen hundred years later, Dr. Benjamin Rush was the only MD to sign the Declaration of Independence, and now has a medical school in Chicago named after him. But Ron Chernow writes,

> In treating yellow fever, Rush adopted an approach that now sounds barbaric: he bled and purged the victim, a process frightful to behold. He emptied the patient's bowels four or five times, using a gruesome mixture of potions and enemas, before draining off ten to twelve ounces of blood to lower the pulse. For good measure he induced mild vomiting. This regimen was repeated two or three times daily. Rush was a man of exemplary courage, but it is questionable whether he saved lives or only hastened deaths by waking the body's natural defenses.[2]

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[2] Ron Chernow, "A Disagreeable Trade Chapter 24," in *Alexander Hamilton* (New York, NY: Penguin Press, 2004), 449.

Now, in 2022, physicians and surgeons who specialize in transgender medicine, administer hormone blockers, cross-sex hormones, and perform "gender affirming" surgery to make a person's body look more like their gender identity. Many believe that they relieve suffering when they do this. No one can deny there have been incredible advances in the science of medicine over the last 150 years. For thousands of years doctors have wanted to help and to heal, but when they had the wrong hypothesis, it often led to the wrong conclusion. In this essay, we will look at some of the harmful thoughts and actions that come from the transgender movement, and then look at the helping and healing truths from God's word that will bring the transformation, not the transition, that people really need.

## THE WRONG HYPOTHESIS

If I am on the top of a building with a box full of water balloons and hold a big red one over the edge and plan to let go, what is my hypothesis? What will happen? If I hypothesize that the force of gravity that God created is so reliable that I can count on that balloon plummeting toward the ground every time, then my results will be predictable, and they will back up my hypothesis. If my hypothesis is that the balloon will hover in the air, my results will be very disappointing. In Genesis 1:27 it says, "So God created man in his own image, in the image of God he created him, male and female he created them." Later in verse 31 God calls what he made "very good." Jesus affirms God's sovereign design for humans and human relationships when he says,

> Have you not read that he who created them from the beginning made them male and female, and said, 'Therefore a man shall leave his father and his mother and hold fast to his wife, and the two shall become one flesh'? So they are no longer two but one flesh. What therefore God has joined together, let man not separate. (Matthew 19:3-6)[3]

The creation of the male and female sexes, and God's design for marriage, are as stable and reliable as the law of gravity which holds us onto the surface of our planet. So how did we get to the place where a person decides that God made a

[3] Unless otherwise noted, all Scripture quotations are taken from the English Standard Version.

mistake about a person's sex, and thinks they will be more fulfilled if steps are taken to assert their right to transition? There is not enough space for me to describe that process here, but just about every author who has written a solid book about the transgender movement traces the changes in thought and values over the last 100 years, until we are now in the post Christian era. Andrew Walker says that when people are trying to make a decision, they look at three different things. We "are looking for a source of Authority (Who has the right to tell me what to do?), Knowledge (Who knows what is best for me to do?), and Trustworthiness (Who loves me and wants what is best for me?)."[4]

Walker says that "as far back as the sixteenth century, there has been a crisis of authority in the Western world."[5] Not so long ago, everyone knew that the right answer to those three questions is that God has the right to tell us what to do, knows what is best for us, and lovingly wants what is best for us. Now adults are teaching children even before they can walk that the child is their own authority, they should look in their heart for the right thing to do, and that they will want what is best for them. The hypothesis is wrong, and the results of this grand experiment have been disastrous!

## GENDER DYSPHORIA AND SCIENCE

Those that talk about gender dysphoria have a confusing vocabulary. If a person is a trans man, it means he was female who has transitioned to the male gender, sometimes called female-to-male (or FTM). A trans woman started out as a male, but has transitioned to female gender, male-to-female (or MTF). A person who is cisgender, affirms that their gender aligns with their sex assigned at birth. If someone believes in God's design of male and female only, they might be referred to as binary.

The term "sexual orientation" is different. It doesn't have to do with what sex you identify as, but with whom you want to have a sexual or romantic relationship. For example, a homosexual person's sexual orientation is that they want to have

[4] Andrew T. Walker, *God and the Transgender Debate: What Does the Bible Actually Say About Gender Identity?* (Centralia, WA: The Good Book Company, 2018), 39-40.
[5] Ibid.

sex with someone of their sex. The sexual orientation of a gay person or a lesbian is that they want to have sex with their same sex. A person born with the male sex has one X and one Y chromosome (XY), and females have two X chromosomes (XX). Very rarely a child does not develop normal genitalia while in the womb, and they are born with ambiguous genitalia so that it is difficult to tell if they are male or female on casual examination. This extremely rare phenomenon is a scientific reality and is called "intersex" (<1/5000). These children are born with a medical problem, and it will be a challenge for their parents and doctors to care for them and raise them. The medical profession has not handled this well in the past, sometimes telling the parents to lie to their son who was born without male genitalia that he was a girl and to raise him as a girl. Often, these boys knew deep down in their hearts that they weren't girls, and when puberty started their bodies changed and they wanted to be recognized as the males that they are.

When the *Diagnostic and Statistical Manual of Mental Disorders-IV* (DSM-IV) was published in 1994, Gender Dysphoria was called Gender Identity Disorder. But by 2013, the DSM-5 had changed the diagnosis to Gender Dysphoria. Politically, the American Psychiatric Association (APA) could no longer call it a disorder, but describing some level of suffering associated with wanting to be a different sex would require insurance companies to pay for treatment.

## WHAT DOES THE DSM-5 SAY?

Here are the criteria that the DSM-5 uses to make a diagnosis of Gender Dysphoria:

> The patient needs to manifest at least two of these criteria for at least 6 months:
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> - 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.[6]

If a patient believes he is a "man trapped in a woman's body" but is not feeling any emotional suffering because of the perceived disparity, this cannot be called gender dysphoria. Currently, psychiatrists and mental health practitioners are often guilty of not giving their patients six months of observation to see if they still have dysphoria. A young person can "fast track" to get the diagnosis by threatening to be suicidal and manipulate their psychiatrist into giving them the gender dysphoria diagnosis more quickly, so they can get access to the medical treatments they desire.[7]

## RECENT MEDICAL HISTORY

Johns Hopkins University Psychiatry Department started the Gender Identity Clinic in 1966, and soon the psychiatrists were "helping" their transgender patients by asking surgeons to remove unwanted genitals and create new genitalia to match the desired sex of the patient. At that time Gender Transition Clinics were only in academic university centers. Christian psychiatrist Dr. Paul McHugh

[6] Eric Yarbrough, Jeremy Kidd, and Ranna Parekh, "Criteria: Gender Dysphoria in Adolescents and Adults," *American Psychiatric Association,* November 2017.
[7] Lisa Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria," *PLOS ONE* 13, no. 8 (August 16, 2018): 12-13, https://doi.org/10.1371/journal.pone.0202330.

became chairman of the psychiatry department in the 1975 and began to see documented evidence that patients who underwent sexual re-assignment surgery were no happier than they were before. Essentially, they still had dysphoria about their gender identity. As chairman of the department, he put an end to these surgeries at Johns Hopkins in 1994. This was a courageous step for him, and he continued to be instrumental in speaking truth to the medical community. Sadly, this did not put an end to sex re-assignment surgery. It is now "privatized," being performed in clinics and outpatient surgery centers. In 2015 after Dr. McHugh was no longer the chairman, the practice of gender affirmation surgery came back to Johns Hopkins University. So, how did trained medical doctors who all took the Hippocratic Oath to "First do no harm" get to the point where they truly believe they are helping their patients by practicing transgender medicine?

## THE SCIENCE OF TRANSGENDER MEDICINE

Modern medicine has made incredible advances in the last 150 years. Diseases like smallpox and polio have been eradicated and the lifespans of people all over the world have been lengthened because of scientific breakthroughs that we now take for granted. It was not that long ago that we did not understand infectious diseases, and now we have antibiotics, antivirals, and vaccinations to prevent disease. I have been known to call the field of Psychiatry "squishy science" even though psychiatrists have gone to medical school and took the same oath that I did. Now, psychiatrists and physicians are prescribing medications and treatments, even surgeries, to relieve the suffering of those that identify as transgender. We expect physicians to base everything they do on scientific studies and facts that can be reproduced and proven, similar to how we expect gravity to always pull us back to earth. We call that "evidence-based" medicine.

In 2016, Dr. McHugh collaborated with another psychiatrist, Dr. Lawrence Mayer, who is known as a pro-LGBT physician, to look at the scientific facts about those who identify as lesbian, gay, bisexual, and transgender. They published a large paper in *The New Atlantis*.[8] They did not conduct a new study, but they did

[8] Lawrence Mayer and Paul McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," *The New Atlantis,* no. 50 (Fall 2016): 10-143, https://www.jstor.org/stable/43893424.

an analysis of all the previous studies to see what they could prove scientifically about those with these diagnoses/identities. There is more science about lesbians and gay men than there is about transgender persons because the percentage of the population is so small. The transgender population in America is estimated at about 0.3-.06% (1/300-1/150). It is very hard to study any disease or disorder if the population is small. The best scientific studies are called prospective random double-blind studies, but are very difficult to do in the real world with human subjects. The best studies will pick a population, make a hypothesis and then follow those people for the next 10-20 years to see what happens, and ideally only change one variable. Many transgender people that might enroll in a study are going to change their mind about their identity 10 years later and they will not want to follow up with the researcher. These people are referred to as "lost to follow up." Many of the studies that are done with transgender medicine are retrospective, and not as helpful. Dr. McHugh and Mayer tried to answer several questions, and I will summarize their conclusions here.

## Born That Way

Many LGBT people report they always felt like they were different from others of the same sex. If this could be explained genetically, like in Down Syndrome or Huntington's Disease, that might be helpful. Their findings were that genetics does not fully explain the issue of sexual orientation (homosexuality), and that there is "little scientific evidence that gender identity is fixed at birth or at an early age."[9]

## Hormones

Some children have a genetic condition that effects their hormone levels even while in the womb, preventing them from developing normally, and giving them ambiguous genitalia at birth. They are referred to as "intersex" or Disorders of Sexual Development (DSD). This is an even smaller percentage of the population than those that identify as transgender, and they have a scientifically defined medical problem/diagnosis. A boy whose body cannot respond to the testosterone his testes are making in the womb may look like a girl when he is born and be raised as a girl. Because of his ambiguous genitalia no one knows there is a problem until

[9] Mayer and McHugh, 86.

it is time for puberty, and 'she' does not start to have a menstrual cycle. A girl born with congenital adrenal hyperplasia, cannot synthesize enough estrogen and will be born with genital virilization, and her physicians and parents might perform surgery to normalize the genitalia. Hormone therapies might be used to lessen the effects of her excessive testosterone levels.

## Neurobiology

Psychiatrists and neurologists are enamored with functional MRIs and PET scans that seem to show differences in the brains of some people. Last year during ACBC's Colloquium, Dr. Jenn Chen showed us the problems with these studies, which are hard to replicate.[10] Many transgender people claim that they feel like a "man trapped in a woman's body," or a "male born with a female brain," which raises the question if transgender people have a different brain than those that are cisgender. At the time of this article, pediatricians and neurologists are unable to do a functional MRI on a child and, based on its findings, predict that one day this child will become transgender. The *New Atlantis* article says, "There are no serial, longitudinal, or prospective studies looking at the brains of cross-gender identifying children who develop to later identify as transgender adults."[11]

## Social Stress Theory

There is more scientific evidence that a high percentage of those who identify as LGBT were exposed to trauma like physical and sexual abuse as a child.[12] There are those that theorize that just the relative trauma of going through puberty might cause some young people who are experiencing all the emotional awkwardness of adolescence to decide they would rather be transgender. This is supported in the work of Dr. Lisa Littman, who studied a phenomenon which she called Rapid Onset Gender Dysphoria (ROGD) in 2018. Her publication rocked the transgender medicine world and raised heated objections. She found that some teenage girls who had never identified or behaved as transgender during their childhood became part of a social group which interacted highly through social

[10] Jenn Chen, "Research, Neuroscience, Modern Psychotherapies, and the Noetic Effects of the Fall," Association of Certified Biblical Counselors 2021 Colloquium: Myths of Modern Psychiatry.
[11] Mayer and McHugh, 102.
[12] Mayer and McHugh, 42-50.

media platforms. These girls started to distrust their parents, listen only to voices they were hearing on social media, and then a high number of them would "come out" as transgender after only a few months. Their parents were alarmed to find that their daughters were strongly affected by these peer groups, with a majority coming out as transgender. Over 60% of these girls had already been diagnosed with a mental health disorder or neurodevelopmental disability prior to the onset of their gender dysphoria. Dr. Littman postulated that "social contagion" caused these girls to be vulnerable, not unlike the sort of social contagion we have seen with eating disorders, like anorexia where a person will have an unrealistic view of their body and weight. She called this a "maladaptive coping mechanism."[13]

There is no doubt that young people are exposed to serious types of traumas which cause a broad spectrum of emotional and spiritual issues. There are plenty of statistics that show that the LGBT community has a higher incidence of depression, anxiety, crime, drug and alcohol abuse and suicide than the heterosexual community. These may be a response to the social stressors they have experienced, and these choices may contribute to more stressors in their lives as a result. Dr. McHugh and Mayer say,

> Compared to the general population, non-heterosexual and transgender populations have higher rates of mental health problems such as anxiety, depression, suicide, as well as behavioral and social problems such as substance abuse and intimate partner violence. The prevailing explanation in the scientific literature is the social stress model, which posits that social stressors-such as stigmatization and discrimination-faced by members of these subpopulations account for the disparity in mental health outcomes. Studies show that while social stressors do contribute to the increased risk of poor mental health outcomes for these populations, they likely do not account for the entire disparity.[14]

Psychiatrists, mental health practitioners, and physicians are observing true suffering in these patients and their families, and they want to be helpful. I maintain that most of these health care providers went into medicine so they

[13] Littman, "Parent Reports," 3.
[14] Mayer and McHugh, 59.

could relieve suffering and they are gratified when they are able to bring relief to their patients. The privilege of helping to relieve physical and emotional suffering is one of the greatest rewards of being a physician. Unfortunately, because they are operating under the wrong hypothesis, they are actually doing harm!

## A SECULAR RESPONSE TO SUFFERING

Not so many years ago the correct way to treat someone with gender identity disorder was to treat the dysphoria. If the patient had been sexually abused, give them the type of therapy that would help them recover from that injury. If the patient had been physically abused or suffered the loss of a loved one, the therapy would seek to focus on how to find healthier ways to deal with the emotional pain, rather than to decide they were "a man trapped in a woman's body." Psychiatrists and psychologists knew that most young people that suffered from gender dysphoria (approximately 80%) were going to "grow out of it" by the time they were 18 years old, and that the best therapy for gender dysphoria was puberty, when an adolescent's body started to tell them their indisputable gender identity.

Psychologist Kenneth J. Zucker chaired the Center for Addiction and Mental Health at the University of Toronto until 2015 when the Canadian government closed it. His approach to treating children with gender dysphoria was to evaluate the parents' psychopathology, the child's psychopathology, the child's family environment and then help the parents and the child start limiting their transgender behaviors, while building relationships with same gender children.[15] At some point this form of treatment was no longer politically correct and his program was "cancelled." Unfortunately, there seems to be a real fear that one might lose their academic credentials or their job and get ostracized among their peers if their research or professional opinions do not support the transgender agenda. I myself experienced this recently when treating a young woman in her 20s who had depression, headaches, fibromyalgia, and then expressed her desire to transition to a man. I did not offer to help her with taking cross hormones and she found another physician in the community that would do that for her. Over

[15] K.J. Zucker, "Children with Gender Identity Disorder: Is There a Best Practice?" *Neuropsychiatrie De L'Enfance Et De L'Adolescence* 56, no. 6 (2008): 358-364, https://doi.org/10.1016/j.neurenf.2008.06.003.

the months I watched her voice deepen and her face break out with acne from the testosterone she was using. Once, while trying to understand her situation better I asked a question where I was not using "proper pronouns," and she was quick to correct me for wanting to know if someone was male or female. Suddenly I found myself wondering, "Could I lose my job for not using preferred pronouns with one of my patients?"

When medical doctors try to be as scientific as possible in their practice they aim to practice "evidenced-based medicine."

> Levels of evidence describe the strength of study results and can aid in clinical decision making. Systematic reviews, with or without meta-analysis, provide the highest level of evidence (*Level I*), followed by large, multicenter randomized blinded placebo-controlled trials (*Level II*). Large, meticulously controlled studies generally provide a higher level of evidence than smaller studies, and experimental studies provide a higher level of evidence than observational studies. Reports of expert opinion provide the lowest acceptable level of evidence (*Level III*).[16]

Physicians that want to specialize in transgender medicine will often join an organization called WPATH (World Professional Association for Transgender Health). It's stated mission is: "To promote evidence-based care, education, research, public policy, and respect in transgender health."[17] This organization is in the process of developing its Standards of Care #8 (SOC8), but most of these standards are based on expert opinion evidence (Level III), because it is so difficult to design good studies that give the best type of evidence. They are promoting evidence-based care, but with the lowest level of evidence.

The secular response to the suffering of a transgender youth or adult is not to try to discover where their thinking has gone wrong, causing their dysphoria. The way to relieve anxiety, depression, suicide and mental health problems, and

[16] MKSAP #19, "Clinical Decision Making and Interpreting the Medical Literature," in *MKSAP* 19 (Philadelphia, PA: American College of Physicians, 2021), italics added by this author.
[17] "Mission and Vision," World Professional Association for Transgender Health, https://www.wpath.org/about/mission-and-vision#:~:text=Mission%3A%20To%20promote%20evidence%20based,social%20services%2C%20justice%20and%20equality.

the way to avoid social stigma or discrimination is to help the transgender patient transition as quickly as possible to a place where their body looks like their felt/chosen sexual identity. Even though the DSM-5 criteria require that the patient have these symptoms for at least six months, there are social media websites that coach adolescents on what to say to get their diagnosis more quickly. If the patient says they are having suicidal thoughts, their mental health provider might give them the diagnosis on the first visit. Once the sufferer receives the diagnosis, they can ask a practitioner of transgender medicine to prescribe treatments to help them change their bodies, sometimes permanently. At the political level, there are many plans to make these options available to transgender people in the name of human rights. Insurance companies are being forced to offer expensive transgender treatments to their patients. The person who calls the transgender movement wrong could quickly be punished by society for discrimination and hate toward this subpopulation. We see regular examples of this in the media.

## THE "PRACTICE" OF TRANSGENDER MEDICINE

We physicians often say that we are going to "practice" medicine until we get it right. In 2017 the American Academy of Pediatrics (AAP) "came out" with a politically correct policy for "Gender-Affirmative Care." They acknowledge that transgender adolescents and youth have "high rates of depression, anxiety, eating disorders, self-harm and suicide."[18] The 66,000 members of the AAP promote the benefit of a "specialized gender-affirmative therapist, when available to help "children and their families build skills for dealing with gender-based stigma, address symptoms of anxiety or depression, and reinforce the child's overall resiliency."[19] Here, a large body of physicians has abandoned evidenced-based medicine out of what may be fear of being cancelled, or a misguided belief that this is the best way to relieve the suffering they see every day in their offices. Of note, there is a different group of pediatricians that are members of the American College of Pediatrics, which has adapted a much more conservative evidenced-based approach to all their recommendations.[20]

[18] Jason Rafferty, "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents," *Pediatrics* 142, no. 4 (October 2018), 4, https://doi.org/10.1542/peds.2018-2162.
[19] Ibid.
[20] Dr. Quentin Van Meter, a Pediatric Endocrinologist and President of the ACP is a believer

What does this "practice" of transgender medicine look like? If a child is pre-pubertal, and has gender dysphoria, the child and the parents may want to try "puberty blockers" to keep the child from starting to develop the secondary sex characteristics of an adult. Typically, during puberty boys get lower voices, more body hair, start developing broader shoulders, and more skeletal muscle. Girls start to have changes in their hips and breasts and start to have menstrual periods. These natural changes will feel unnatural to the transgender adolescent. The most commonly used puberty blocking medication has been around for years, called Lupron, which is given by injection and is often used for men with metastatic prostate cancer. The thinking is that if puberty can be delayed, then the child might have a little more time to sort out what they want to become and might become comfortable with their sex assigned at birth. But these meds are not without risk! A child who does not go through puberty naturally may stop growing and have shorter stature than their peers. They may develop weaker bones or even osteoporosis at an earlier age as an adult. These children may lose the ability to have children themselves when they are adults. They are too young to give "informed consent" and most 10-year-olds are not going to think rationally that they may someday change their mind about their sexual identity, and want to have children, but now it is too late. Their parents are being asked to sign these waivers and may be making it impossible for their child to give them grandchildren some day!

If an adolescent girl is a little older and has already started to go through puberty, her transition will require that she wear tight fighting binders to hide her breasts. These binders can be quite painful and cause damage to her breast tissue, also making it difficult to expand her lungs properly. She may want to change her name, her hair, and her clothing to feel more like a boy. She will have the monthly reminder that she is not a boy and might want to go on birth control pills to suppress her periods. An adolescent boy is going to develop an Adams apple, more facial hair, and a deeper voice. His genitalia grow and he might want to wear tight fitting garments to "hide" them. He also may want to change his hair, wear makeup, and change his name to feel more like a girl. Some of these transitions are called "social changes" where one asks family and friends to start using their preferred name, pronouns, and they may even pursue getting their name changed on their legal documents, even their birth certificate.

and does some excellent podcasts about the transgender movement such as his interview with Bettina Arndt, https://www.youtube.com/watch?v=R8_HavG7u9s.

If an adolescent or adult feel that they cannot live with their secondary sexual characteristics, they will ask to be given "cross hormones." Males will be given testosterone blocking meds like Spironolactone or Finasteride and estrogen so that their skin and body fat will change. Females will be given testosterone so that they can start having a deeper voice, more skeletal muscle and start developing facial hair. While they are taking cross- hormones they will not be able to have children, but as soon as they terminate these treatments these secondary sexual characteristics will start to revert to normal. In a sense, they can still reverse their decision with fewer long-term consequences. The transgender person who takes cross hormones and wants to maintain their transgender appearance will need to continue these expensive treatments for the rest of their lives.

For some transgender individuals a name change, different clothes and hormone treatments will not be enough, and they will want to have "gender affirming" surgery. Some trans women pursue breast implants, have their genitalia removed surgically and may even pursue having a vagina formed out of the skin from the scrotum. There are surgeons who have received specialty training to do these procedures, but the results can still be disastrous. The trans woman still has a prostate gland and "her" doctor will need to monitor her for prostate cancer when "she" gets older. The trans man may pursue mastectomy, may have a hysterectomy to remove her uterus and ovaries and may try to have surgery to form male genitalia. These surgeries don't always go well leaving the patient permanently disfigured. There are websites that some trans people use to proudly display the results of their surgeries, but also one can find pictures of the complications when the surgery leaves someone with a painful deformity. Once someone has had gender affirming surgery it might seem like there is "no going back."

## GIVING HOPE

So far, we have discussed a secular approach to the transgender movement. We have defined the problem according to the DSM-5 and we have briefly summarized the way the world tries to solve the problem and to "do no harm." Remember, when one has the wrong hypothesis, the results of the "experiment" will not turn out well. The first problem is that the word "dysphoria" is a feelings word; it describes the emotions that the sufferer is experiencing. In the biblical

counseling world, we consider emotions or feelings to be a symptom attached to the real problem. A good healer does not stop at the symptoms but keeps looking for the true problem.

In all cases, wrong feelings come from wrong thoughts. The transgender person has at least two serious problems. The first is separation from God, an unbeliever—what Dr. Jim Berg calls the "most miserable condition."[21] If this young person is a Christian, they are not walking closely with the Lord in a relationship that causes them to seek God's truth (the second miserable condition). This person has become blinded, deluded by their sinful thoughts as described in Romans 1, where it tells us that God's creation reveals the truth that He made men and women to be male and female. Verse 18 says that they are suppressing the truth and calls this unrighteousness. Suppressing the truth about one's given gender is unrighteousness and will need a loving call to repentance. When a person starts to experience puberty, their hormones and genes show them that they are turning into a man or a woman, and what can be known about God's plan for them is "plain to them." They have become "futile in their thinking and their foolish hearts are darkened" (Romans 1:21). Genesis 1 and 2 show us how God designed people to be male and female and Genesis 3 shows how quickly a person can go astray, and pridefully choose what they think is a better way. If your counselee, friend or family member is thinking they know better than God they need to be rebuked in love. Once you have the correct diagnosis—a sinful rebellion against God based on wrong emotions and wrong thoughts—one can come up with a beneficial treatment plan.

## THE TREATMENT THAT HEALS

So often, when I choose to sin, it starts from a heart of discontent. When I am discontent, I am essentially saying, "God, you don't really love me, because if you did, you would let me have this one thing. Because you don't love me, I am going to have to take matters into my own hands. My sinful choice is justified because you have deprived me of the thing I need." The sinning and rebellious transgender person needs to really understand the Gospel! They have no idea how much God

[21] Jim Berg, "Session 8-Beholding The God of Mercy," Taking Time to Quiet Your Soul (Greenville, SC: BJU Press, 2005), 14-15.

loves them. Those who love and care for them get to explain and show that to them.

How is love defined? Philippians 2:3-4 says I need to stop being selfish and think of others first. Sometimes loving someone means I have to say something hard to them, which is inconvenient to me and may lead to their rejection and a broken relationship. In Matthew 18, Jesus shows us how to lovingly pursue someone that we love who is in sin. If a transgender person does not belong to your church or is not claiming to be a believer, the principles are still helpful. The hardest thing about rebuking or confronting sin is that we need to do it in obedience to the Lord, but we never know how the "confronted" will respond. This is a humble act of faith.

How is love expressed? God told Israel in Exodus 20, "You shall not bear false witness against your neighbor." A transgender person will feel very strongly that you need to call them by a new name or use their preferred pronouns. If you lovingly refuse to do that, you can appeal to them that God tells you not to lie and that they are asking you to become an accomplice to the lie that they are telling. This seems more appropriate if you already have a relationship with the transgender person who is in the process of coming out or transitioning. If you don't agree to participate in that lie, then you may fear that you will lose any further contact with this person that you love so much. How frightening for you! Vaughn Roberts makes a case that if you are meeting someone who is already transgender and transitioned, it is appropriate to use their new name and pronouns in order to continue building a relationship with them.[22] If you are a parent or a friend who genuinely fears that you might "lose" this loved one, I want to gently remind you what Jesus says in Matthew 10: 34-39. He talks about bringing a sword, and "whoever loves son or daughter more than me is not worthy of me." Your child is demanding that you choose them. Jesus is saying that "whoever does not take his cross and follow me is not worthy of me."

Jesus teaches us in the Sermon on the Mount that thoughts alone can be sinful, even if they don't lead to actions. He knows our thoughts, and thoughts that are contrary to God's will are sin. A transgender person may tell you that they did not "choose" to have gender dysphoria. The Bible demonstrates how desires quickly

[22] Vaughan Roberts, *Transgender* (The Good Book Company, 2016), 71.

lead to sin, and that full grown sin leads to death ( James 1:14-15). Why wouldn't an unhappy, most likely unsaved youth, who has spent too much time looking at social media contemplate the thought, "Would I be happier if I were the opposite sex?" The key is what they do with that thought! God holds us accountable for our thoughts and in the book of Romans He explains how much He loves us, then He tells us, "Do not be conformed to this world, but be transformed by the renewal of your mind" (Romans 12:2). The secular world tells the gender dysphoric to transition their body to conform with their wrong thoughts. The gospel says God has given you a new identity, now start renewing your mind so that your thoughts are transformed, so you can "present your bodies as a living sacrifice, holy and acceptable to God" (Romans 12:1). This is the hope of the gospel!

Galatians 6:1 says that we who are spiritual need to restore the one caught in a transgression with a spirit of gentleness. Gentleness is going to be essential in all your interactions with a transgender person. You may be angry, afraid, frustrated, and have an entire gamut of emotions, but you will be the best ambassador for Christ if you can be "gentle and lowly in heart" in all your interactions (Matthew11:28-30).

## GOOD NEWS

How about some good news? The reality is well known, even in the secular world, that a percentage of those that have transitioned will realize their choices were wrong and will "detransition" back to their God-given sexual identity. Not all of them become Christians. Laura Perry is a woman who grew up in a Christian family, had some traumatic events affect her as a young person, and made the full transition to a man named "Jake." Her website is called "From Transgender to Transformed."[23] On her website there is a video testimony where her mother describes her process of loving her transgender daughter, and Laura describes how God drew her back to Himself as she came to understand the truth of the gospel.

Dr. Lisa Littman, who first observed what is now called Rapid Onset Gender Dysphoria (ROGD) just published a study in 2021 that looked at 100 people

[23] Laura Perry, "Find Hope and Freedom from Gender Dysphoria in Jesus!" Transgender To Transformed, May 10, 2021, https://transgendertotransformed.com/.

that had de-transitioned. Sixty nine percent of the participants were female, and thirty one percent were male. The number one reason for de-transitioning was, "My personal definition of female and male changed, and I became more comfortable identifying as my natal sex." The second most common reason was concern for potential medical complications from transitioning. Third was "my mental health did not improve while transitioning."[24] How many transgender people will choose to de-transition? No one is sure of those numbers, because as mentioned earlier, some are "lost to follow-up." One study in 2021 found that 13.1% of their participants de-transitioned.[25]

## MORE ENCOURAGEMENT FOR PARENTS

If you are a parent or the one who is counseling the parent, there are some more truths to encourage hope in Christ. Parents cannot save their children, but they can be "faithful" as described in Ephesians 6:4. You are commanded to bring your child "up in the discipline and instruction of the Lord." The more you can point your child to Jesus and how much he loves them, the better. This is the definition of a good parent. 1 Thessalonians 5:14 encourages us to admonish the idle, encourage the fainthearted, and help the weak, and to be patient with them all. We can only do this when we put our faith in the loving God who has been so patient with each of us. The Apostle Paul describes how he spoke the gospel to the Thessalonians in a gentle parental way in 1 Thessalonians 2:7-8.

I encourage parents to learn about biblical lament as described in *Dark Clouds, Deep Mercy* by Mark Vroegop. This will help for the long haul, choosing to trust God while you wait for him to save.[26]

If your child seems to have ROGD or is highly affected by a harmful peer group and excessive social media influences, Dr. Littman described how some

[24] Lisa Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners," *Archives of Sexual Behavior* 50, no. 8 (2021): 3353-3369, https://doi.org/10.1007/s10508-021-02163-w.
[25] Jack L. Turban et al., "Factors Leading to 'Detransition' Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis," *LGBT Health* 8, no. 4 ( June 1, 2021): 273-280, https://doi.org/10.1089/lgbt.2020.0437.
[26] Mark Vroegop, *Dark Clouds, Deep Mercy: Discovering the Grace of Lament* (Wheaton, IL: Crossway, 2019).

of these cases got better because something interrupted the influence of that peer group. The child was out of school for a while and their "insight improved." Some of these gender dysphoric youths got better because they got "treatment" for their depression.[27] Your transgender youth might threaten to run away or threaten suicide. Perhaps there is a way to lovingly remove them from those harmful influences.

Finally, for the parent of any troubled youth, it is tempting to pull away from the church out of shame or fear. You need the church now more than ever, and we the church need to come alongside you in your pain and suffering. Do not isolate! Our counseling ministry sees more and more each year that the people that grow and graduate from counseling are the ones that are not just doing their homework and coming to counseling sessions but have committed themselves to the body of Christ and hear the truth from a multitude of witnesses.

## ENCOURAGEMENT FOR COUNSELORS

You probably feel totally overwhelmed by this topic, but I encourage you to share the information in this article with the parents and transgender people that you get to counsel. You might wonder if you will face some type of persecution if you take on this "challenging case." We biblical counselors need to be reminded that Ephesians 4:15 encourages us to speak the truth in love. When you are speaking God's truth you are right in the center of His will. You need courage based on the truth of God's character as described in Psalm 27:1, "The Lord is the stronghold of my life; of whom shall I be afraid?"

## ENCOURAGEMENT FOR THE ONE WHO WANTS TO DE-TRANSITION

The Bible shows us that it is never too late to draw near to God and be reconciled to him (Luke 23: 42-43). If you have not already become a Christian, the thing you need most is salvation as described in the gospel of Jesus Christ so you can be reconciled to God. This means you now choose to submit to His will

[27] Littman, "Parent Reports," 15.

instead of your own. He loves you so much that you will never be disappointed with this decision. As a believer, you have a new identity in Christ as described in 2 Corinthians 5:17. God shows us the importance of "putting off and putting on" as described in Ephesians 4 and Colossians 3. Ask a biblical counselor to show you what that looks like! As you grow in your walk with the Lord you will need to start learning the Christian disciplines as described in Ephesians 4:12. You need the Body of Christ, the Church, to come alongside you and help you in your de-transition process. The church is full of other sinners that are just like you, thankful that God has rescued them and wanting to live in a way that pleases him. Hebrews 13:12, Romans 12:3-13, and 1 Corinthians 12:12-31 back up these words of encouragement.

## CONCLUSION

From the beginning God's design for men and women was perfect. Humans rebelled and tried to improve on God's blueprint for humans on earth. Physicians have stumbled upon truths about biology and chemistry that have made it possible to save lives and relieve suffering and those discoveries have been incredibly exciting. Psychiatry has tried to understand the human heart but is a squishy science, comprised of people that mostly mean well when they see those with psychological suffering. We now see psychiatrists and physicians try to team up to solve the pain and suffering that comes with gender dysphoria, but most of those patients end up scarred and frustrated. In the end, pastors, biblical counselors, parents, and friends will need to point their loved ones back to the timeless truths of the gospel, the only lasting cure for gender dysphoria and the transgender movement.