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Male and Female

*A Christian Perspective
on Gender Identity*



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About the Author



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Introduction

It is hardly possible to live in the UK today without noticing “a recent, seemingly insatiable, media interest in the subject” of transgender.¹ In his excellent engagement with transgender in his USA context, Ryan Anderson describes this as “the transgender moment”. In this moment, the World Health Organisation has just removed ‘transsexualism’ from its list of recognised mental health diagnosis while, at the same time, the leading British clinic for children who identify as ‘transgender’ has been under scrutiny for the weakness of evidence underpinning its practice of prescribing puberty blockers. In this moment, schools are adopting affirming policies towards children who identify as ‘transgender’ while, at the same time, parents are mobilising to protest against lessons that affirm transgender. In this moment, radical policies are being advocated to allow people to access facilities of their self-identified gender while, at the same time, female athletes are expressing concern about the possibility of biological men who self-identify as women competing in women’s categories. This is our transgender moment.

My aim in this paper is threefold. Firstly, I want to help Christians to understand the issues surrounding transgender and the historical roots of this moment. Secondly, I intend to help Christians to appreciate the values and beliefs that underpin the affirmation of transgender and how the biblical vision of gender identity differs from them. Thirdly, I hope to provide practical advice for Christians on how as individuals and churches they can act wisely as they seek to communicate clearly and act faithfully in these matters.

¹ Root, Rebecca (2015) ‘What’s it really like to be transgender?’, *BBC*. Available: <http://www.bbc.co.uk/guides/zcwtsg8> [accessed 4 Jun 2019]

Understanding Terminology

The Challenge of Language

One important point that will become clear throughout this paper is that terminology is confusing and rapidly changing. Terms that are used in law or medical practice may not be accepted by some, or even most, people who they describe, while different subgroups, organisations and individuals within the wider movement called LGBTI or LGBTQIA+ have their own preferences. There is no single organisation or expert who can provide the definitive vocabulary to describe these issues. It is easy to cause offence, even inadvertently, by using terms without understanding their nuance or an individual's personal preferences. A term that may offend some people may be embraced by others. It is important, therefore, to speak with humility and precision and to listen to people.

In what follows, I will attempt to use language precisely but as the paper proceeds it will become clear that I believe the use of language reflects deeper worldview questions and that Christians should pay attention to how they speak and write about these issues because their use of words can either seem to endorse or question the belief systems of others. I do not intend to cause offence as I do this, but I realise that some offence may be caused. I hope the reader understands that my desire is simply to bring clarity to the issues and to help people see how important beliefs are in shaping our thinking and how important language is in expressing our beliefs.

In order to bring clarity, I will first explain four core concepts – sex, gender, gender expression, and sexual orientation – before showing how these terms are understood in varied ways in three different schools of thought – the 'traditional norms', LGBTI discourse and queer theory.

Core Concepts

In discussing gender identity, four different terms are often distinguished.² At this stage my intention is simply to outline how terms are used. I will consider the legitimacy of these ideas later in the paper.

- **Sex (or 'biological sex')** – describing the body in terms of its physical or biological characteristics relating to sexual reproduction. Traditionally, sex has been described as one of two options – male or female. Some now question that binary conception and describe people as 'intersex'. The nature of biological sex will be discussed later in this paper in the section entitled 'Intersex'.
- **Gender (identity)** – recognised on the basis of social criteria distinguishing between men and women. Gender describes the way the individual thinks about his or her identity. Traditionally, it has been expected that manhood aligns with male sex and womanhood with female sex. The term 'transgender' is now widely accepted to refer to people whose identified gender is the opposite of the one associated with their physical sex. The term 'cisgender', meanwhile, describes people whose

² A description of similar categories can be found Looy, Heather, and Bouma III, Hessel (2005) The Nature of Gender: Gender Identity in Persons Who are Intersexed or Transgendered. *Journal of Psychology & Theology*, 33(3), p.166-178.

gender identity aligns with the sex it is traditionally associated with. Increasingly, this binary way of thinking about gender is questioned and the idea of 'non-binary' gender identities is advanced.

- **Gender expression** – the way the individual chooses to express their gender, whether masculine, feminine or androgynous. Aspects of gender expression include clothing, hairstyles, use of make-up, patterns of speech and movement, and involvement in activities traditionally associated with one of the two sexes. Given the variation across cultures and the fact that patterns are more or less strongly associated with one sex or another in the thinking of others, gender expression is clearly on a spectrum from hyper-feminine to hyper-masculine.
- **Sexual orientation** – describing the kind of people the individual is sexually attracted to. At least five possibilities can be described: heterosexual (attraction to the opposite sex); homosexual (attraction to the same sex), bisexual (attraction to both sexes); pansexual (attraction to people of both sexes and none); and asexual (no sexual attraction).

'Traditional norms' – Aligning the Concepts

Traditionally the expectation has been that these four aspects should align, with biological sex as the basis for what is 'normal'. Biological males should identify as men, should be masculine and should seek sexual intimacy with females. Biological females should identify as women, should be feminine and should seek sexual intimacy with males. Some people did not fit into these two patterns, but they were regarded as 'abnormal' in some sense – having a physical disorder of sex development if the body was not clearly male or female; having a psychological disorder if they felt unhappy with the sex of their body; being rebellious if they did not comply with social expectations of gender expression; and being unnatural or sinful if they followed attraction to the opposite sex into same-sex activity.

This traditional pattern of two 'norms' can be depicted as follows:

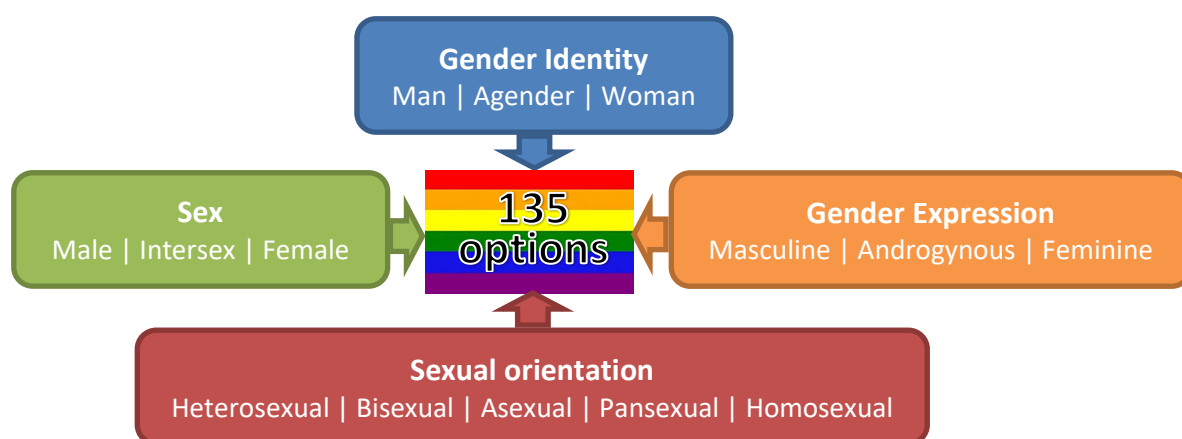
	Sex	Gender	Gender expression	Sexual orientation
Normal Male	Male	Man	Masculine	Attracted to females
Normal Female	Female	Woman	Feminine	Attracted to males
Non-aligned	Disorder of sex development	Psychological disorder	Socially rebellious	Unnatural or sinful if act on desires

LGBTI – Multiplying the Options

Increasingly, it is believed that these four factors do not need to align – there is no 'should'. Rather than two 'normal' patterns of people there is a large range of options. If we think of three of the four concepts having three options and sexual orientation having five, multiplying the options generates 135 possibilities, of which the 'traditional norms' are just two. They may be the most common two, but, it is argued, they should not be favoured unfairly above others in law. There is no 'normal' pattern of alignment of sex, gender, gender expression and sexual orientation. The majority of people may experience sexual attraction to the opposite sex, but some, who may be called 'homosexual', experience attraction to the

same sex and this is 'normal' for them. Similarly, most people may identify with a gender identity that has traditionally been associated with their biological sex, but a minority, who can be described as 'transgender', have a gender identity traditionally associated with the opposite sex from their body and that is 'normal' for them.

We may depict this way of thinking in terms of four concepts with a limited number of definable possibilities, which can be combined to produce a range of possible identities:



The rainbow flag at the centre of the above image has become the most widely recognised symbol of this way of thinking, which has often been described under the initialism LGBT (Lesbian; Gay; Bisexual; Transgender). LGBT is often used as a catch all for everyone who does not fit into one of the two 'traditional norms'. The addition of terms like 'intersex' and 'asexual' has led to longer initialisms (LGBTIA). While the original eight coloured flag's stripes each represented distinct concepts, the simpler six-colour flag is intended simply to denote diversity of people in a harmonious society in which everyone's rights are protected and respected.

Even the idea of 135 possible combinations of factors is an over-simplification. In order to paint an accurate picture of any individual's experience, other variables may be considered, including: *intention* (what one intends to do in response to sexual attraction); *behaviour* (what one does); and *values* (what one believes about sexual attraction and behaviour).³ Some schemes also separate attraction into two subcategories – physical attraction and emotional attraction.⁴ Assuming the same five options in each of these three variables as in 'sexual orientation', we would have 16875 possible combinations.

Importantly, in this way of thinking, no aspect of a person should take priority over the others in determining who a person is and what way they should behave. In the 'traditional norms' mindset, we can start with the fixed point of biological sex and seek to align each of the other aspects with it. For transgender activists, however, the idea that biological sex should have precedent over gender identity is rejected. Hence, suggestions that 'transgender' men are not real men are dismissed. Subjective gender

³ See Yarhouse, Mark A., and Tan, Erica S.N. (2005) Sexual Identity and Being a Christian. *Journal of Psychology & Christianity*, 24(1), p.60-64.

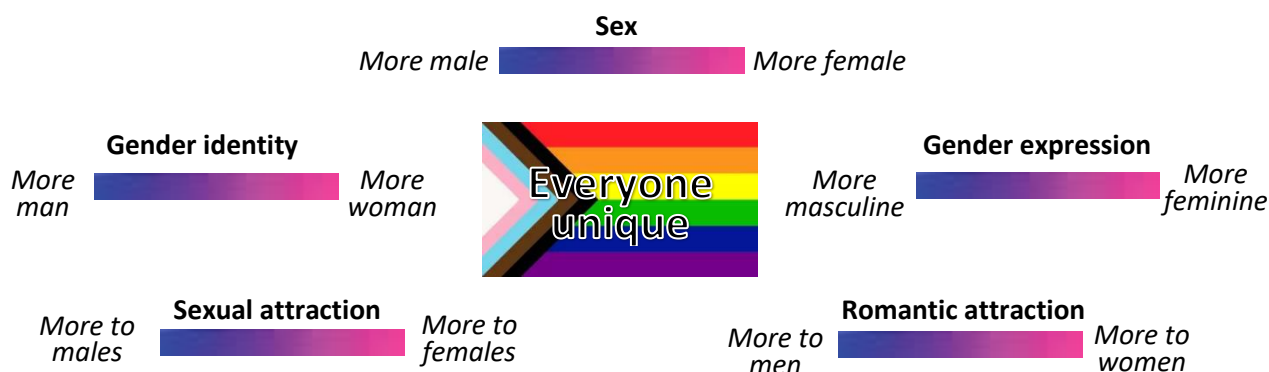
⁴ By way of example, see the 'Gender Unicorn' at Trans Student Educational Resources (2018) Available: <http://www.transstudent.org/gender> [accessed 21 Apr 2018] or the 'Genderbread Person v3.3' at Its Pronounced Metrosexual (2018) Available: <http://itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/> [accessed 21 Apr 2018]

identity is seen as no less real than biological sex. This is clearly a worldview issue, getting to the deeper question of what is real and how we can know it.

Queer Theory – Dropping the Labels

Alongside the dominant LGBTI narrative a more radical perspective has long existed. It has come to the fore in recent years, adopting the term ‘queer’ and is now gaining increasing traction among younger people. The central idea underlying this way of thinking is that each of the concepts described above should not be thought of as including a limited number of possibilities (two, three or five), but as being a spectrum from one extreme to another. Instead of thinking of gender identity, gender expression and sexuality (and for some even biological sex) as having two options with a third ‘in-between’ defined by being neither of those, they are thought of as lying on a spectrum between two extremes. The idea of two ‘normals’ (male/masculine/man and female/feminine/woman) is, thus, seen as restrictive and unhelpful. A person may be more or less male or female, man or woman, masculine or feminine and sexually attracted. Importantly, within this way of thinking the place someone sits in the spectrum may vary throughout their life and even from day to day. None of the categories is fixed – they are fluid. In acronyms (e.g., LGBTQIA+) these perspectives are often represented by a ‘Q’, for ‘queer’, and a ‘+’, for ‘questioning’.

In this way of thinking, the options for an individual are limitless and it becomes meaningless to use labels such as ‘gay’ or ‘transgender’. In the words of an advertising campaign current at the time of writing, “labels are for bottles”. There are not two, or 135 or even 16875 possible identities, but an infinite number so that each individual is unique – people are their own special creations. One way to depict this way of thinking is as follows:



The weakness of this image is that it places each category on a straight line (a spectrum) between two ends. An alternative would be to think of people as sitting somewhere on each of two lines in each category. For example, in their gender identity, each person may be somewhere on the spectrum between 0 and man and somewhere on the spectrum between 0 and woman. A person who is at 0 on both lines is agender. A person who is high on the man line and 0 or low on the female line is man. A person who is equally high (or low) on both lines is gender queer or pangender. The difficulty with knowing how to describe all the possibilities illustrates the fact that labels become unworkable within a queer theory framework.

The category that is hardest to square with this way of thinking is biological sex. Some campaigners are content to continue to recognise the three options described earlier – male, female and intersex. They

may, however, relativise these categories somewhat by describing them as 'sex assigned at birth', suggesting a belief that the idea of norms of biological sex is merely a social construct.⁵ Others follow this logic further, rejecting the idea of binary categories of biological sex altogether and placing this characteristic on a spectrum like gender identity or expression.⁶ It is at this point that so-called 'intersex' conditions are often brought into the equation. Psychologist Suzanne Kessler argued, for example, that babies are assigned as either male or female at birth on the basis of external genitalia but that norms of appearance are culturally, or medically assigned.⁷ This idea will be discussed later in this paper.

Four terms associated with this way of thinking require further explanation:

- **Queer** – coined in the 1990s, 'queer' was originally used more or less as a synonym for homosexual, often as a derogatory term. More recently, it has been adopted to describe a theory that supports the non-binary understanding of sexuality and gender. The philosophical underpinnings of queer theory will be explained later in this paper. Individuals describe themselves as 'queer' in their sexuality or their gender identity (genderqueer) but this may mean very different things for different people. Others continue to regard 'queer' as offensive and do not apply it to themselves.

- **Non-binary** – this is a catch-all term for people who do not identify their gender identity as either male or female. It is broadly synonymous with the term '**genderqueer**', although individuals and groups will often have a strong preference for one term over another. Another terms used with the same meaning by some people who identify as non-binary is **enby** (a spelling out of 'NB', short for 'non-binary'), although others reject this term as offensive. According to one website, it may include people who:⁸

Have an androgynous (both masculine and feminine) gender identity, such as androgyne.

Have an identity between male and female, such as intergender.

Have a neutral or unrecognized gender identity, such as agender, neutrois, or most xenogenders.

Have multiple gender identities, such as bigender or pangender.

Have a gender identity which varies over time, known as genderfluid.

Have a weak or partial connection to a gender identity, known as demigender.

Are intersex and identify as intersex, know [*sic.*] as amalgagender

Have a culturally specific gender identity which exists only within their or their ancestor's culture.

- **Neopronouns** – some people who identify as genderqueer or non-binary reject the use of pronouns associated with binary genders. Instead of male pronouns he/him/his/himself or female pronouns she/her/hers/herself they suggest alternative pronouns such as e/em/eir/emself, ve/ver/vis/verself ze/zir/zirs/zirself or xe/xer/xers/xerself.⁹

- **Trans** – the term 'trans' is often used with a wider meaning than 'transgender', to include people who are gender fluid or non-binary as well as those who fit into the LGBT conception of transgender, which rests on a binary conception of gender identity. Usage of terminology is, however, highly variable and

⁵ As in the 'Gender Unicorn', *Trans Student Educational Resources* (2018) Available: <http://www.transstudent.org/gender> [accessed 21 Apr 2018]

⁶ As in the 'Genderbread Person v3.3', *Its Pronounced Metrosexual* (2018) Available: <http://itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/> [accessed 21 Apr 2018]

⁷ Kessler, S. (1998) *Lessons from the Intersexed*. New Brunswick: Rutgers University Press, p.43.

⁸ 'Non-Binary', *Gender Wiki*. Available: <http://gender.wikia.com/wiki/Non-binary> [accessed 31 May 2019]

⁹ There is no standardisation of these neopronouns and the term itself has not entered most dictionaries, but an internet search will reveal the extent of conversation about pronouns in the LGBTQIA+ discourse.

this distinction between trans and transgender appears to be distinctively British, originating in the mid-1990s.¹⁰

People who identify as queer have been included in many versions of the LGBTI initialism with the letter Q – LGBTQ(IA) – and on some versions of the rainbow flag with the addition of pink and blue as chevrons to the left of the horizontal stripes, as in the image above.¹¹ There is, however, a fundamental tension between traditional LGBTI ways of thinking and queer theory that derives from differences in the underlying worldview and has implications for the ultimate shape of society. This tension will be explored later in this paper.

¹⁰ Whittle, Stephen (2010) 'A brief history of transgender issues', *The Guardian*. Available: <https://www.theguardian.com/lifeandstyle/2010/jun/02/brief-history-transgender-issues> [accessed 19 Apr 2019]

¹¹ The black and brown chevrons represent minority ethnic members of the LGBTQIA 'community'. In some other versions of the flag these are represented by brown and black horizontal stripes alongside the normal six colours.

‘Intersex’

Terminology

The term ‘intersexuality’ was coined in 1917 by German-American geneticist Richard Goldschmidt to denote a range of conditions in which the sex of the body is ambiguous.¹² Such conditions were historically called pseudohermaphroditism or hermaphroditism, but these terms are misleading as they imply that the individual is both biologically male and biologically female. In fact, there is no documented case of a human who has functioning gonads of both sexes (i.e., both testes producing sperm and ovaries producing eggs). Proposals to replace these terms in medical usage began in the 1940s, and since the early 2000s the accepted medical term for such conditions is ‘disorders of sex development’ or DSDs for short. ‘Disorders of sex development’ (DSDs) are described by NHS Choices as, “a group of rare conditions where the reproductive organs and genitals don't develop as expected”.¹³ DSDs generally result from chromosomal or hormonal disorders and usually manifest either at birth (with ambiguous or under-developed genitalia) or puberty (when secondary sexual characteristics fail to develop normally).

While ‘intersex’ has gained considerable popular currency in recent years, it is not widely accepted in the medical literature and just as potentially misleading as ‘hermaphroditism’. The acceptance of the ‘intersex’ reflects the influence of arguments that biological sex is non-binary (see the history of transgender below), but it is also preferred over DSD by many people with these conditions who feel that the word ‘disorder’ is stigmatising. For this reason, the acronym DSD is sometimes rendered ‘differences of sex development’. The merits of this alternative will be discussed below.

As mentioned above, when transgender activists talk about biological sex they often prefer to speak of ‘sex assigned at birth’. Of course, it has long been normal for midwives or doctors involved in the delivery of babies to declare their sex as soon as they are born, often as the first words they speak – “It’s a boy” or “It’s a girl”. In the vast majority of cases this is obvious and accurate on the basis of the appearance of the external genitalia. In a smaller number of cases it is either not obvious or there is a mismatch between the appearance and the internal sex organs or chromosomal sex. The use of the phrase ‘sex assigned at birth’ to refer to cases of DSDs in which the sex declared by the medical professionals is wrong or questionable, is non-contentious. It is, however, often used in a more expansive way, either to create space to distinguish concepts of ‘gender identity’ and ‘biological sex’, often giving subjective gender identification priority over biological sex, or, more radically, to cast doubt on the whole concept of binary biological sexes. This usage of the term is highly problematic when we understand the nature of biological sex, as we will see in this section.

¹² Zucker, Kenneth J., Bradley, Susan J., Sullivan, Claire B. Lowry (1992) ‘Gender Identity Disorder in Children’, *Annual Review of Sex Research*, 3(1), p.73–120; Blackless, M., Charuvastra, A., Derryck, A., Fausto-Sterling, A., Lauzanne, K., and Lee, E. (2000) ‘How sexually dimorphic are we? Review and synthesis’, *American Journal of Human Biology*, 12(2), p.151–166.

¹³ NHS Choices (2017) ‘Disorders of sex development’. Available: <http://www.nhs.uk/conditions/disorders-sex-development/Pages/Introduction.aspx> [accessed 15 Jun 2017]

DSDs and Gender Identity

DSDs are relevant to this paper on gender identity because campaign groups often include 'Intersex' alongside sexual orientations and transgender as a minority group at risk of experiencing discrimination. The acronym LGBTI, for example, stands for 'lesbian, gay, bisexual, transgender and intersex'. This linkage reflects the desire to identify a community of people who do not fit within traditional gender and sex categories, but it blurs the lines between different kinds of phenomena: 'LGB' refer to sexual attraction, behaviour or orientation; 'T' refers to gender identity; and 'I' refers to a physical disorder. It is unhelpful to suggest that a disorder arising from a problem physical development (DSDs or 'I') is the same as a phenomenon that is primarily psychological or behavioural ('LGBT'). People with DSDs do not commonly identify as transgender, so the two phenomena should not be confused.

DSDs – Statistics

It is difficult to find reliable statistics for rates of DSDs. Some problems with the development of the genitalia are not uncommon, such as hypospadias (when the urethral opening is along the length of the penis instead of at the end), which occurs in around 1 in 300 live births, or undescended testes. These should not, however, be classified as DSDs because there is no confusion over the sex of the individual.

The figure of a prevalence of DSDs of 1.7% is widely quoted by groups campaigning for 'intersex' rights and derives from a book published in 2000.¹⁴ This figure was attained by totalling the estimated rates of all known DSDs, but this is misleading. Of the 1.7%, over 1.5% is accounted for by one genetic condition – Congenital Adrenal Hyperplasia – in which the adrenal gland is larger than normal, resulting in the production of excessive levels of the male sex hormone testosterone. This has no effect on the sexual development of males, but in females it can result in ambiguous genitalia at birth and/or excessive facial or body hair, menstrual irregularities, and pustular acne after puberty. These people are not, however, 'intersex' in any sense of the word. They have the normal female chromosomes and internal sex organs. If detected and treated early, they will develop into normal, fertile women.

Of the remaining 0.2%, the vast majority have an abnormality of their sex chromosomes, which, as explained below, does not indicate any question about their biological sex. Only 0.0012% (just over one person in 300,000) have ovotesticular disorder of sex development (sometimes called 'true hermaphrodites'), meaning that they have both ovarian and testicular tissue (although, as explained above, there are no recorded cases where both kinds of tissue are functioning). An even smaller number have another similar condition named mixed gonadal dysgenesis. These extremely rare conditions are caused by mosaicism, meaning that the cells in the individual's body have two different chromosomal patterns, either because of merging of two fertilised eggs, fertilisation of two eggs or loss of one chromosome in some cells because of a fault in cell division early on in development. Many of these 'mosaic' individuals will, however, develop the appearance of either male or female bodies. Some are fertile and no one has ever been reported as having both functioning ovaries and testes. Since a biological sex can be assigned in these individuals on the basis either of their body's development or, where that is not possible, based on the cell

¹⁴ Fausto-Sterling, Anne (2000). *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York: Basic Books.

line that is predominant in their body (normally the majority of cells will be of one), there are no individuals who are truly mid-way between the sexes.

Determining Biological Sex

As mentioned above, it is sometimes suggested that biological sex is assigned to people at birth based solely on the appearance of the external genitalia and that this is arbitrary, since there is a spectrum of sizes of clitorises in females and penises in males. Transgender computer technician Kiira Tria developed a 'phall-o-meter' based on statistics and ideas derived from Suzanne Kessler. This scale charts the medically recognised 'normal' size at birth of a penis (1 inch and longer) and clitoris (3/8 of an inch and shorter) and suggests that the grey area in between is when doctors are likely to recommend surgery. The implication is that there is a spectrum of lengths of the phallus and that the distinction between male and female is based on arbitrary, human conventions of what is 'normal'. This is misleading, since the structure of the penis differs from the clitoris, with the normal position of the urethral opening being at the end of the penis in males but separate from the clitoris in females.

It is true that the idea of a 'normal' size of clitoris or penis is arbitrary, and we can agree that it is unhelpful, but diversity of sizes and shapes of external genitalia is not the primary basis for determining biological sex. John Money's work recognised the nature of the gonads as a more basic physical difference. This is much more significant than the appearance of external genitalia and it falls along strictly binary lines – there are only two kinds of gonads. The two kinds of gonads – ovaries and testes – produce different kinds of gametes – eggs and sperm respectively – which must combine to generate a new life and which make different contributions in this process – the sperm providing nothing other than half of the DNA of the new organism and the egg providing the other half of the DNA plus the initial nutrients and the mitochondria needed to power development. These two different kinds of gonads also produce different kinds of hormones – female and male sex hormones – that cause the body to develop other sex-differentiated features. In line with the contribution made by the gametes, the male sexual organs are suited to doing nothing more than delivering the genetic material in the sperm to the interior of the female body, while the female sexual organs are suited to receiving the sperm, being the location for generation of a new organism and the ongoing nurture of the new life, through development in the womb and subsequently through breastfeeding.

The gonads are not, however, the starting point in this developmental process. Medical science has now advanced to a position where it is increasingly possible to understand a person's biological sex accurately based on the chromosomes. Humans have 23 pairs of chromosomes, giving a total of 46 chromosomes in each cell (with the exception of sperm and eggs, which have only one of each chromosome). One pair are sex chromosomes, which come in two forms – X or Y. Females normally inherit an X from each parent, giving a chromosome complement of 46XX, while males normally inherit an X from their mother and a Y from their father, resulting in a chromosomes complement of 46XY.¹⁵ The Y chromosome carries the genes that are necessary to stimulate the development of the body along male lines within the womb. Without these genes the body will develop along female lines.

¹⁵ Some sperm carry a copy of the man's Y chromosome and others carry a copy of his X chromosome; all eggs have one of other of the woman's X chromosomes.

Some DSDs arise because of an abnormal number of sex chromosomes. For example, a female with only one X chromosome (45X) has Turner's syndrome, while a male with an additional X chromosome (47XXY) has Klinefelter's syndrome. Most people with these conditions will be infertile and they may have other health issues, but there is no question that they are either male or female. Whatever the total number of sex chromosomes, the presence of a Y makes the individual genetically male and the absence of a Y makes the individual genetically female. At the chromosomal level, there is simply no such thing as a third sex. The only people who may legitimately be described as part-way between the sexes are the 0.0012% who have mosaicism of sex chromosomes. Even in these cases, however, the term 'intersex' is misleading because only a vanishingly small number of people have bodies that cannot be identified as either male or female and in these cases a sex can be assigned on the basis of their predominant genetic type.

In summary, then, biological sex is binary. There are two kinds of chromosomes, two kinds of gonads, two kinds of hormones and two kinds of gametes. There are two 'normals' in biological sex which are normally ordered in a way that enables the individual to engage in sexual activity with a person of the other sex with the possibility of procreation. Sexual development is an ordered process aimed towards this goal. This has implications for our understanding of 'sex' as a concept. As Ryan Anderson writes:¹⁶

Sex as a status – male or female – is a recognition of the organization of a body that has the ability to engage in sex as an act. More than simply being *identified* on the basis of such organization, sex is a *coherent concept* only on the basis of that organization.

There is no basis for thinking about biological sex in terms other than this organisation for sexual reproduction and since that process involves two sexes, sex must be binary.

Departures from the normal pattern, should not be stigmatised, are not 'differences', but 'disorders' because the bodies of these individuals are not ordered towards their natural purpose. To suggest that these conditions are alternative normal patterns would be to strike at the very basis of medicine, which works on the understanding that there is a normal (or healthy) pattern of development and that organ systems should function according to their purpose within an organism. In the case of sex organs, part of that purpose (even though it may not be fulfilled) is procreation,¹⁷ and that purpose cannot be fulfilled if there are no functioning gonads or the sex organs cannot deposit sperm inside the woman or allow her to carry a pregnancy to term. It is quite right that these conditions should be understood as disorders and treated as medical problems to be helped rather than 'normal' conditions. This should not stigmatise those who have them any more than developmental problems in any organ system, even if we recognise that the psychological impact of DSDs may be more significant.

Responses to DSDs

Historically, DSDs were not always treated well. The approach in a time when the only information available to midwives and doctors was the external appearance of the body of the baby was to decide the sex of the individual at birth. This created difficulties for some individuals who were later discovered to

¹⁶ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.79.

¹⁷ I emphasise that procreation is only part of the purpose of sex organs because they can also function to bring mutual pleasure to lovers and so strengthen their relationship. This is, in Christian belief based on the Bible, part of the God-given purpose of sex which makes it legitimate within marriage even if there is no possibility of procreation.

have the internal organs of the opposite sex (i.e., undescended testes or ovaries that could not be seen). Only with the invention of new diagnostic techniques – ultrasound scanning and testing of blood hormone levels – did it become possible to determine what internal organs were present. With the development of medicines and safe surgery, the tendency became to intervene as soon as possible by administering hormones or conducting surgery with the aim of aligning the body with the assigned sex.¹⁸ Incomplete knowledge about development, however, meant that some of these treatments were premature. More importantly, as explained above, the development of ability to test people's chromosomal make-up has given a much more reliable indicator of biological sex. There is also an important ethical question about whether it is legitimate to surgically alter the body of an individual without their informed consent.

From a Christian perspective, people with DSDs are worthy of the same honour and love as anyone else and any stigmatising behaviour is unacceptable. Indeed, Jesus acknowledged the phenomenon of DSDs manifesting at birth, referring to such people as, “eunuchs who were born that way” (Matthew 19:12). Current medical science allows for thoughtful and careful treatment of people with DSDs. Importantly, this can correspond to the determination of a person's genetic sex based on the presence or absence of a Y chromosome.

In the vast majority of conditions, treatment can allow individuals to live fully as men or women. In a smaller number, fertility will not be possible, but there is no question about the person's sex. In a very small number (0.0012% of people), it is not straightforward to determine the biological sex and a judgement must be made as to which sex the person should live within. Such cases will require great sensitivity and wisdom, but once the judgement is made there is no reason for the Church to exclude that person from full inclusion as the sex they have been identified with. If at a later stage this need to be reassessed for medical reasons, there is no reason for the Church not to accept that change. In practical terms, there are no changes required to societal norms to accommodate these individuals beyond the sensitivity about availability of toilets for the use of all recommended below as part of wise practice for a range of other reasons

The important point to establish here is that disorders of sex development, which are physical in nature, should not be confused with the phenomenon of transgender identification, which is an issue of thinking and behaviour. The term ‘intersex’ is, meanwhile, misleading and lumps together disorders that are quite different in their impact on individuals and in the recommended treatment.

¹⁸ This approach was advocated strongly by John Money. The first documented cases of surgery for DSDs were in Switzerland between 1944 and 1947, where the clitoris was removed from three girls with Congenital Adrenal Hyperplasia (one of the DSDs that often causes the clitoris to be larger than normal).

Understanding Transgender

A Brief History of Transgender

It is true to say that, “The cultural shift that led to our transgender moment has largely been the result of a targeted campaign by transgender activist organizations”.¹⁹ This campaign has, however, been built on a longer history of feminist critiques of ‘traditional’ gender roles in society and psychological theories about gender identity.²⁰ In order to understand the Western ‘transgender moment’ it is, therefore, worth considering the history of transgender in brief. Traditionally, as explained above, societies across the world have operated on the principle that it is ‘normal’ for individuals to be consistently either male or female. A male should think of himself as a man, express his identity in culturally acceptable masculine patterns and seek sexual union only with females. A female, on the other hand, should think of herself as a woman, dress and act in feminine ways and consider sexual union with males. Departures from these norms, although tolerated to some degree in some cultures, have been seen as unhealthy or unnatural. Western societies are now increasingly abandoning this view in favour of a more fluid and diverse approach to gender and sexuality.

The use of the word ‘gender’ in distinction from the word ‘sex’ to describe socially constructed qualities is relatively recent. The first recorded usage of the term to denote “the socialized obverse of sex” was in a 1945 edition of the *American Journal of Psychology*.²¹ It was, however, a paper published in 1955 whose lead author was American psychologist John Money (1921-2006), that established the concept firmly in the academic realm.²² Money and his co-authors identified six aspects of biological sex: assigned sex; external genitalia; internal reproductive organs; hormones and secondary sexual characteristics; gonads (ovaries or testes); and chromosomes. They suggested that these are distinguishable from “gender role”, which, they said argued, is expressed in mannerisms, interests, dreams and fantasies, erotic practices and self-identification as either male or female. Money argued that the basic difference between the sexes was whether they produced sperm or eggs, while other physical differences were “adjunctive” to this basic distinction. Those aspects he defined as “gender roles” were, meanwhile, “sex-arbitrary differences” that had emerged in cultures. According to this theory, sex is biological, but gender depends on personal

¹⁹ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.19.

²⁰ For a concise and highly accessible summary of the history of feminism as it feeds into transgender, see Chapter 7 of Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books.

²¹ Oxford English Dictionary (2017) ‘Gender’ Available: <http://www.oed.com/view/Entry/77468> [accessed 15 Jun 2017]

²² Money, John, Hampson, Joan G., and Hampson, John (1955). ‘An Examination of Some Basic Sexual Concepts: The Evidence of Human Hermaphroditism’, *Bulletin of the Johns Hopkins Hospital*, 97(4), p.301–19. Money is now a controversial figure. David Peter Reimer, who after a botched circumcision that destroyed his penis was transitioned at Money’s recommendation (based on his belief that gender is purely social) as a child from male to female. Reimer experienced significant distress as a child, as an adult reversing the transition to live as a man and eventually committed suicide. See: <http://www.bbc.co.uk/news/health-11814300> [accessed 21 Mar 2019]. Another controversial aspect of Money’s theories was his claim that paedophilia may not be problematic: “If I were to see the case of a boy aged ten or eleven who’s intensely erotically attracted toward a man in his twenties or thirties, if the relationship is totally mutual, and the bonding is genuinely totally mutual ... then I would not call it pathological in any way” (1991 Interview: John Money. *PAIDIKA: The Journal of Paedophilia*, 2(3), p. 5.

recognition, social assignment, or legal determination. 'Gender' had historically been synonymous with 'sex', but Money established a clear difference between the usage of the two words in academic circles.²³

The term 'transgender' also originated in the English language in the mid-twentieth century. In 1949, sexologist David Oliver Cauldwell coined the term 'trans-sexual' to denote people whose "psychological sex" was different from their "biological sex".²⁴ In 1965 psychiatrist John Oliven, picking up on Money's distinction between the concepts of sex and gender, introduced the term 'transgender' as a synonym for transsexual.²⁵ The term was popularised in the 1970s by activist Virginia Prince, who used it to describe people who identified as being of the opposite 'gender' from their biological sex but had not transitioned their bodies through surgery. Subsequently, this distinction has disappeared in popular usage and 'transgender' is now the common term for anyone who identifies as being of the opposite gender from the biological sex they were assigned. The term 'transsexual' is still preferred in some medical classifications and texts and some literature continues to use it to distinguish people who want to complete physical transition from those who identify a transgender without seeking physical transition. The term 'gender identity' was also coined in the late 1960s. A more recent development has been the use since the 1990s of 'trans', especially in the UK, to denote not only people who are 'transgender' in the sense of identifying as the opposite traditional gender from their biological sex, but also people who do not identify with either traditional gender (non-binary or gender queer).

It was in the 1970s that Money's idea that gender is a social construct became embedded in the popular mindset in Western nations. In an influential 1978 book, social psychologists Suzanne Kessler and Wendy McKenna questioned four beliefs, which they claimed were taken for granted in culture:²⁶

1. There are only two genders
2. Gender is a biological "fact"
3. A person's gender never changes
4. Genitals are the essential defining feature of gender

Reflecting at the start of the twentieth century on the influence of their ideas they wrote as follows:²⁷

By the mid- 1970's most people, in and out of academia, were beginning to accept that roles, appearances, and characteristics (what they called "gender") were socially defined and culturally varied. However, biological features (what they called "sex") were considered to be given in nature. We argued that the biological is as much a construction as the social is. Although hormones, chromosomes, gonads, and genitals, are real parts of the body, seeing them as dichotomous and essential to being a female or male is a social construction.

This point is important, because Kessler and McKenna were moving the debate beyond Money's belief that some aspects of biological sex are fixed, objective realities, to be contrasted with the subjective nature of gender identity. For these later thinkers, the idea of biological sex being dichotomous was also socially

²³ Its usage to describe the sex human beings had developed in response to the social awkwardness of the associations of 'sex' with sexual intercourse. For a discussion of the development of terminology see: Goldie, Terry (2014) *The Man Who Invented Gender: Engaging the Ideas of John Money*, Vancouver: University of British Columbia Press, p.134ff.

²⁴ Cauldwell, David Oliver (1949) 'Psychopathia Transexualis', *Sexology*, 16, p.274-280

²⁵ Oliven, John F. (1965) *Sexual Hygiene and Pathology: A Manual for the Physician and the Professions*. Philadelphia: Lippincott.

²⁶ Kessler, Suzanne, and Wendy McKenna (1978) *Gender: An Ethnomethodological Approach*. New York: Wiley.

²⁷ Kessler, Suzanne, and Wendy McKenna (2000) 'Who put the "Trans" in Transgender? Gender Theory and Everyday Life', *International Journal of Transgenderism*, 4(3). Available: <https://cdn.atrila.nl/eazines/web/IJT/97-03/numbers/symposion/kessler.htm> [accessed 21 Mar 2019]

constructed. This radical notion did not filter into the popular consciousness until the early 21st century but is now current in debates about gender identity.

One of the key voices in bringing Money's ideas about social constructionism of gender out of the academic world and into popular imagination and in developing from it towards a challenge to binary notions of sex and gender was American philosopher Judith Butler, who was influenced by French progenitors of postmodernism Michel Foucault and Jacques Derrida. Writing in 1988, she distinguished "between sex, as biological facticity, and gender, as the cultural interpretation or signification of that facticity".²⁸ Throughout the 1990s, Butler continued to develop her concept of 'gender performativity', which describes gender as a role performed in a social setting influenced by the expectations of others. Behind this performance there is no substantive reality that is 'gender identity'. The perception people experience of a strict gender binary is merely the result of the transmission of a 'script' across generations, which prescribes how male and female are expected to behave. People are socially conditioned to act this script out in a series of actions so that their body becomes its gender. It is not, she argued, that people choose their gender, but as social creatures they are conditioned into it. Importantly, Butler traced the performance of fixed binary gender norms to the root of classifying biological sex in binary terms. She critiqued the traditional feminist approach of defining 'women' as a distinct class, arguing that its reinforcement of the notion of binary sex could not ultimately achieve the aim of equality. The concepts of sex, gender and desire must not be thought of as fixed, binary or inextricably linked. Desires, she argues, are restricted by social expectation in traditional societies, but they not dictated by nature or other determining factors. Butler's ideas laid the foundations for queer theory.

These cultural trends became influential in the medical community and a new disease classification of 'gender identity disorder' was created in 1980.²⁹ It is, however, only now in the early twenty-first century that massive social changes have led to pressure for a change in legal and medical approaches.

Transgender Statistics

There are no agreed statistics on the prevalence of gender dysphoria and transsexualism in the UK. The likely figure as of 2009 appears to have been 20 per 100,000 (or one in 5000 people).³⁰ The same report noted, however, that this rate was increasing by 15% each year, meaning that numbers were doubling every five years, which could mean as many as 80 per 100,000 people at the time of writing (or one in 1250 people). It is, however, difficult to predict the level at which transsexualism will level off in society and in a time of rapid change in social opinions it is particularly difficult to predict. By 2009, 6000 people were known to have transitioned between sexes, with 80% of these being male to female. It is also suggested that up to 1% of people may have some degree of gender variation, although the survey on which this figure is based was not large enough to constitute reliable evidence.³¹

²⁸ Butler, Judith (1988) 'Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory', *Theatre Journal*, 40(4), p.519–531

²⁹ Koh J. (2012) 'The history of the concept of gender identity disorder', *Seishin Shinkeigaku Zasshi*, 114(6), p.673-680.

³⁰ From Gires (www.gires.org.uk), 2009

³¹ Survey by Equality and Human Rights Commission, 2012

Importantly, it is estimated that gender dysphoria in children does not persist into adulthood in between 61% to 88% of cases.³² This statistic is hotly debated,³³ and some suggest that closer attention to the stories of children with gender dysphoria may allow those who will desist from transgender thoughts from those who will not, especially by considering how strong and fixed their feelings are.³⁴ This illustrates, however, the fact that children often question their gender identity as part of normal development, so that psychiatrists must judge what intensity of thoughts indicates a 'transgender' identity. As with most psychiatric conditions, there is no objective test. Rather, it is determined by a clinician on the basis of the story they hear from the patient and their family, which entails a subjective judgement on the basis of the clinician's presuppositions.

Medical Classifications

The continued use of the word 'disorder' for people identifying as 'transgender' has been criticised by activists as stigmatising. The other major resource used by doctors to guide the diagnosis specifically of mental health disorders is the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. In its most recent edition (DSM-5), published in 2013, the term 'gender identity disorder' was removed and the diagnosis 'gender dysphoria' was added. The change in terminology was made to reduce potential stigma and to emphasise that: "gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."³⁵ This diagnosis was also moved into its own chapter rather than being included within sexual dysfunctions. The changes in DSM-5 illustrate the trend towards greater acceptance that identifying with a gender that does not align with biological sex is within the range of 'normal' human experience.

Another influential classification of diseases, the World Health Organisation's *International Statistical Classification of Diseases and Related Health Problems* (ICD for short) is currently in its 11th edition (ICD-11). The previous edition (ICD-10), released in 2015, defined transsexualism as:³⁶

A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.

³² Soh, Debra W. (2017) 'Are gender feminists and transgender activists undermining science?', *Los Angeles Times*. Available: <http://www.latimes.com/opinion/op-ed/la-oe-soh-trans-feminism-anti-science-20170210-story.html> [accessed 15 Jun 2017]

³³ For an accessible introduction to the debate see: Brooks, Jon () 'The Controversial Research on "Desistance" in Transgender Youth', *KQED Science*. Available: <https://www.kqed.org/futureofyou/441784/the-controversial-research-on-desistance-in-transgender-youth> [accessed 4 Jun 2019]

³⁴ See, for example, Steensma, T.D., McGuire, J.K., Kreukels, B.P., Beekman, A.J., and Cohen-Kettenis, P.T. (2013) 'Factors Associated with Desistance and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study.' *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(6), pp.582-90.

³⁵ American Psychiatric Association (2013) 'Gender Dysphoria', *DSM-5*. Available from: <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf> [accessed 3 Jun 2015]

³⁶ WHO (2015) 'F64.0: Transsexualism', *ICD-10*. Available: <https://icd.who.int/browse10/2010/en#/F64> [accessed 21 Mar 2019]

This diagnosis suggests that thinking of oneself as being of the opposite sex from one's body is a disorder, even if there is no distress related to it. ICD-10 also included a diagnosis of Gender Identity Disorder of Childhood (F64.2), which it defined as:³⁷

A disorder, usually first manifest during early childhood (and always well before puberty), characterized by a persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex. There is a persistent preoccupation with the dress and activities of the opposite sex and repudiation of the individual's own sex. The diagnosis requires a profound disturbance of the normal gender identity; mere tomboyishness in girls or girlish behaviour in boys is not sufficient.

In the latest edition, which was approved by the World Health Organisation's World Health Assembly on 25 May 2019, both of these classifications have gone, being replaced with 'Gender Incongruence of Adolescence or Adulthood' and 'Gender Incongruence of Childhood'. The removal of the term 'disorder' had been argued for on the basis that the many people who identify as 'transgender' find it stigmatising and report that distress they have experienced was due to social stigma and abuse rather than being due to their transgender identification.³⁸ ICD-11 defines Gender Incongruence of Adolescence and Adulthood as:³⁹

characterized by a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to 'transition', in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

The removal of the phrase "usually accompanied by a sense of discomfort with, or inappropriateness of one's anatomic sex" is noteworthy. The classification does not remove the concept of transgender identification as a disease but removes any need for distress for the diagnosis to be made. It also significantly describes support to align the body with the experienced gender as "health care services".

ICD-11 also removes the need for distress for a diagnosis relating to children, defining Gender Incongruence of Childhood as:⁴⁰

characterized by a marked incongruence between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

³⁷ ICD-10 Version:2015, 'F64: Gender identity disorders', Available: <http://apps.who.int/classifications/icd10/browse/2015/en#/F64> [accessed 21 Mar 2019]

³⁸ Robles, R., Fresán, A., Vega-Ramírez, H., Cruz-Islas, J., Rodríguez-Pérez, V., Domínguez-Martínez, T., and Reed, G.M. (2016) Removing transgender identity from the classification of mental disorders: a Mexican field study for ICD-11, *Lancet Psychiatry*, 3, pp.850–59

³⁹ WHO (2019) 'HA60: Gender incongruence of adolescence or adulthood', *ICD-11*. Available: <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/90875286> [accessed 21 Mar 2019]

⁴⁰ WHO (2018) 'HA61 Gender incongruence of childhood', *ICD-11*. Available: <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/344733949> [accessed 21 Mar 2019]

The mention of a two-year period is a significant variation on the ICD-11's criteria for an adult or adolescent diagnosis of Gender Incongruence, suggesting greater reticence to treat younger children as 'transgender'. The fact that post-pubertal children are counted along with adults, however, indicates a shift away from the current legal position in the UK, where 18 is the minimum age at which gender can be legally reassigned (see below).

Therapeutic Approaches

The idea of 'treatment' for transgender identification is also controversial because of the debate about the degree to which they should be regarded as 'disorders'. Many people who identify as transgender will choose to change their gender expression (social 'transition'), dressing and style themselves as the sex which they identify as, including removal of hair for 'transgender women' (born male; identifying as female). Some will, however, seek medical help. Treatment options include:

- **Talking therapies** (counselling and psychotherapy) – the question in this case is whether the approach is purely non-directional, simply affirming individuals in their pursuit for clarity about their desires and felt identity, or whether it regards transgender feelings as unhealthy. Another important question is whether transgender feelings are seen as a purely personal issue, in which case individual therapy would be favoured, or an issue for a whole family, which would be best addressed through family therapies.
- **Puberty blockers** – hormones may be used to block the onset of puberty and the physical changes expected as part of it. For some patients, changes that have already begun may regress. In the UK this treatment is used for children under 16. The use of puberty blockers does not normally render young people completely infertile so long as they have already begun menstruating or producing sperm, but it does reduce fertility. Young people receiving these drugs are, therefore, recommended to have some gametes frozen to 'preserve' their fertility.⁴¹
- **Cross-sex hormones** – the hormone normally associated with the opposite sex can be given to promote the development of the physical characteristics that normally develop in puberty for that sex. In the UK these drugs are only approved for people aged 16 and over. Women who take male sex hormones will normally experience increased libido, increased size of the clitoris, increased facial and body hair, a decrease in pitch of voice and the cessation of menstruation. Muscle mass does not increase without considerable exercise. The overall results are often sufficient for the individual to be indistinguishable from biological males. In men who take female sex hormones, however, this outcome is not normally achieved, since breast development and decrease in facial and body hair are modest, while there is no change in the pitch of the voice and muscle mass and skeletal features remain typically male.

⁴¹ See the document entitled 'Fertility Preservation for Young People Planning to Transition' on the website of the UK charity Mermaids, which exists to support young people who identify as 'gender diverse' or 'transgender'. Available: <https://www.mermaidsuk.org.uk/assets/media/Fertility%20Preservation%20for%20Young%20People%20Planning%20to%20Transition.pdf> [accessed 21 Mar 2019]

- **Surgery** – modern surgical techniques make possible to change an individual's external genitalia and internal sex organs. In the case of a biological male, external genitalia may be removed (penectomy, meaning removal of the penis, and orchidectomy, meaning removal of the testes), prosthetic breasts can be created, and the appearance of female genitalia can be fashioned (vulvoplasty, fashioning a vulva), cliteroplasty, forming a clitoris using the nerves and blood supply from the tip of the penis to retain sensation, and, often, vaginoplasty, fashioning a vagina-like orifice). A single operation usually suffices, and the outcome can look quite convincing. A biological female, meanwhile, may have her womb and ovaries removed (total hysterectomy) and the appearance of a penis constructed (phalloplasty) using tissues from elsewhere, with the possible addition of prosthetic hydraulic inserts to enable erection. This is a complex process that normally entails repeated operations and, even with the best modern surgical techniques, the outcome will be clearly distinguishable from a natural penis. Removal of the gonads (testes or ovaries) will reduce the production of sex hormones, which may reduce some of the secondary sexual characteristics associated with the person's birth sex (women will stop ovulating and menstruating, while men will have less facial hair growth), but the characteristics of the opposite sex will not develop without the use of cross-sex hormones. Importantly, the removal of the gonads will render the individual is now infertile. For this reason, some people who identify as transgender opt not to have full sex reassignment at least until they are sure they do not want children or their family is complete. Some 'transgender men' (born female; identify as male), meanwhile, will have eggs frozen before surgery to allow them to be used in IVF and the resultant babies carried by a surrogate.

These options are available to medical professionals as pathways to recommend to their patients, but the question of what is appropriate is a separate question that can only be answered in light of moral and philosophical considerations, which will be discussed later. Many clinics specialising in transgender recommend a fourfold approach to treatment of adults who identify as transgender:

1. Social 'transition' through dressing, styling and speaking of oneself in the desired gender;
2. Psychotherapy to address negative consequences of stigmatisation and to reduce any sense of internal struggle with transition;
3. Use of cross-sex hormones;
4. Surgical 'transition'.

This approach clearly operates on the basis of two convictions, firstly that transgender identity should be affirmed and, second that 'transition' is the best option for people who experience it. This claim should be tested on the basis of the evidence, which will be discussed later. It should be mentioned at this point that the term 'transition' as used in this paper to describe measures that change individuals' social identities or modify their bodies to align them with their self-identified gender is contended by some transgender activists. They describe it as unhelpful because they claim it creates stigma and does not reflect their belief that these people are simply bringing their social and physical dimensions into line with their true identities – they really are men or women and it is right that they are helped to bring aspects that do not reflect this into alignment with it. Activists may prefer to speak of 'coming home' rather than 'transition' or of 'gender confirmation' surgery rather than sex-reassignment' therapies.

A particularly significant question, given the reality that thinking is often fluid in childhood and adolescence and the high rates of 'desistance' of transgender feelings experienced in childhood, is how children who report as 'transgender' should be treated. In the United Kingdom current practice tends to be talking

therapies with the possible addition of hormonal treatment to delay the development of secondary sexual characteristics. There has, however, been at least one case of a GP being investigated by the General Medical Council for using cross-sex hormones in children as young as 12 after being reported by two colleagues.⁴² Practice in some parts of the USA goes beyond this and includes use of opposite-sex hormones in children.

Legal Options in the UK

In the United Kingdom, since 2005 there have been clear procedures for people to change their legally recognised gender under the Gender Recognition Act 2004. Rather than having to go through the Court system, individuals can apply to a Gender Recognition Panel for a *Gender Recognition Certificate*. Applicants must, however, meet the following criteria:⁴³

- be aged 18 or over;
- have a diagnosis of 'gender dysphoria';
- have lived as the new gender for at least two years;
- and express an intention to live in the changed gender for the rest of their life.

After the Certificate is issued, the individual is legally recognised as belonging to the other gender, whether or not they have physically 'transitioned' through hormone treatment or surgery.

The future?

This discussion of medicine and law illustrates that both still operate officially on the basis of a duality of sex and gender. As indicated earlier, however, the popular debate and the theories increasingly being advanced in the scientific literature have progressed beyond this binary view to consider gender and, among some, sex as non-binary, consisting of a spectrum of possible identities. It is likely that the law and medical guidance will evolve in future to reflect this growing popular consensus.

Medical approaches to transgender vary significantly across the globe, with the Western nations taking a much more affirming approach towards transgender identification than other parts of the world. In early 2017 Denmark became the first country to declassify transgender identification as a medical diagnosis.⁴⁴ It remains to be seen how future international disease classifications will treat these issues, especially as non-binary conceptions of gender identity become increasingly established in Western cultures.

On the legal front, change is also afoot. In July 2017, Justine Greening, minister for women and equalities in the Conservative government announced the government's intention to revise the Gender Recognition

⁴² BBC News (2017) 'GP probed for giving child, 12, gender-change hormones'. Available: <https://www.bbc.co.uk/news/uk-wales-41213534> [accessed 21 Mar 2019]

⁴³ 'Applying for a Gender Recognition Certificate', *Gov.uk*. Available: <https://www.gov.uk/apply-gender-recognition-certificate/changing-your-gender> [accessed 31 May 2019].

⁴⁴ Russo, Francine (2017) 'Where Transgender Is No Longer a Diagnosis', *Scientific American*. Available: <https://www.scientificamerican.com/article/where-transgender-is-no-longer-a-diagnosis/> [accessed 15 Jun 2017]

Act, possibly removing the need for a diagnosis of gender dysphoria and reducing or removing the minimum time required living in the acquired sex. These proposals, which had cross-party support in Westminster, will be subject to a public consultation, but the government described them as “measures to deliver greater equality for the LGBT community”.⁴⁵

These proposals have not progressed in Westminster, but similar measures, proposed by the governing Scottish National Party, were voted on by the Scottish Parliament in December 2022.⁴⁶ Having received overwhelming support, in an unprecedented move, the bill was blocked by the UK Government over concerns that it clashes with UK-wide equality legislation. This block should not be read as a fundamental disagreement with the idea of making gender self-identification easier, although some UK politicians have expressed concerns about the lowering of the age limit to 16 which was included within the Scottish Bill.

⁴⁵ Gov.uk, ‘New Action to Promote LGBT Equality’. Available: <https://www.gov.uk/government/news/new-action-to-promote-lgbt-equality> [accessed 27 Jan 2023]

⁴⁶ The Scottish Parliament, ‘Gender Recognition Reform (Scotland) Bill’. Available: <https://www.parliament.scot/bills-and-laws/bills/gender-recognition-reform-scotland-bill> [accessed 27 Jan 2023]

Social and Cultural Implications of Transgender

In this section, I will explore some of the ways in which transgender has come to the fore in news headlines and popular culture. In doing so, I will highlight some of the concerns and questions this transgender moment raises.

Celebrity ‘Role Models’

The influence of celebrities has been a factor in changing attitudes to transgender. One of the most high profile cases was the 2015 announcement from 65-year old American Olympic gold medal-winning decathlete Bruce Jenner that he was a trans woman. Jenner reported having experienced gender dysphoria since his youth despite his successful career and three marriages. Jenner made many media appearances in relation to this news, but highest profile one was when he became the first ‘transgender’ person to appear on the front cover of *Vanity Fair* magazine along with the caption, “Call me Caitlyn”. Jenner underwent sex reassignment surgery in January 2017.

Jenner’s story is one of a transition from one binary option (male) to the other (female). His assumed appearance is clearly and typically styled to appear female. More recent stories concerning younger celebrities have reflected the trend. In 2017, for example, British singer Sam Smith, who has identified as ‘gay’ told reporters that he is non-binary and feels “just as much woman as I am man”.⁴⁷ In early 2019, meanwhile, American singer Miley Cyrus, who identifies as ‘pansexual’, said that, “Relationships and partnerships in a new generation - I don't think they have so much to do with sexuality or gender. Sex is actually a small part, and gender is a very small, almost irrelevant part of relationships”.⁴⁸ *Game of Thrones* actress Sophie Turner, meanwhile, told reporters in March 2019 that she loves people’s souls and not their genders.⁴⁹

These examples are by no means the only ones, but they have huge currency with younger people who consume such celebrities’ outputs. They illustrate the diversity of ways of thinking. Smith has moved from a traditional LGBT description of himself as ‘gay’ to a non-binary way of thinking. Cyrus accepts a label of ‘pansexual’ but is expressing ideas in her view of romantic attraction that suggest gender is largely irrelevant (the idea of postgenderism will be explained later). Turner takes this to its logical conclusion, rejecting the idea that souls are gendered, which for some transgender people is important. For her it is not a question of male or female souls (or selves) trapped in the wrong body, but of gender-free souls that can experience connection whatever the gender culture has assigned them. In all three cases, the trend is towards non-binary ways of thinking of gender.

⁴⁷ Salaky, Kristin (2017) ‘Sam Smith comes out as gender non-binary: “I feel just as much woman as I am man”’, *The Insider*. Available: <https://www.thisisinsider.com/sam-smith-gender-identity-non-conforming-2017-10> [accessed 28 Mar 2019]

⁴⁸ Quoted in BBC News (2019) ‘Miley Cyrus: Gender is “irrelevant” in modern relationships’. Available: <https://www.bbc.co.uk/news/newsbeat-47334014> [accessed 28 Mar 2019]

⁴⁹ Newsbeat (2019) ‘Game of Thrones’ Sophie Turner: “I love a soul, not a gender”, *BBC News*. Available: <https://www.bbc.co.uk/news/newsbeat-47717307> [accessed 28 Mar 2019]

Safe Spaces for Women

One of the social implications of affirmation of transgender is the fact that spaces that were formerly reserved for people of one sex will be open to everyone. Concerns are strongest about people who are anatomically male demanding access to women's facilities since this removes the possibility of spaces in which women can feel safe or can compete with other anatomical women. In this section I will comment on three issues: toilets and changing facilities; prisons; and sports competitions.

• Toilets and changing facilities

Some organisations are responding to social pressure to be affirming of people who identify as transgender by introducing unisex or gender-neutral toilets and changing facilities. In some cases, this involves changing disabled toilet signage to indicate that all genders can use them, in others purpose-built facilities with individual cubicles have been added alongside gender specific toilets, but in some cases signage has simply been changed on existing toilets.⁵⁰ In these latter cases, there is a serious risk of abuse and many women report feeling unsafe entering a private space where men may be present, especially if there are urinals which may provide an 'excuse' for indecent exposure. Some feminist groups are outraged, seeing their hard-fought battle for safe spaces for women under threat. The issue is further complicated by concerns about 'period shaming' in shared spaces.⁵¹

• Prisons

In March 2019, the first prison unit for transgender inmates in the UK was opened.⁵² It is a wing in a women's prison in south London that was initially prepared for three inmates who identify as 'transgender women', meaning that they were born male but now are legally recognised as female. The unit was a response to the recognition that the safety of female prisoners could not be guaranteed if these individuals were kept in the same wings as women. The move comes after a case in 2017 involving Karen White, who was born male but identifies as female despite not having a gender recognition certificate or any physical transition. White, who had previous convictions for rape and paedophilia, was held on remand in a Yorkshire prison for women for three months, during which time (s)he sexually assaulted two female prisoners.⁵³ White was subsequently moved to a male prison and is reportedly seeking gender reassignment surgery. In January 2023, headlines in the UK were dominated by the story of Isla Bryson, a Scottish person identifying as a 'transgender woman', who was previously known as Adam Graham.⁵⁴ Having been convicted of raping two women, the question is whether

⁵⁰ One example in a University Students' Union building observed by this author resulted in two adjacent sets of 'Unisex toilets', one labelled "All Gender Toilet (Without Urinals)" and the other "All Gender Toilet (Urinal)". Inside the door of the latter was a typical male toilet room, with a couple of individual WC cubicles and the standard unscreened row of urinals.

⁵¹ Petter, O. (2019) 'Unisex Toilets Put Schoolgirls At Risk Of Sexual Harassment, Claims Women's Rights Group', *The Independent*. Available: <https://www.independent.co.uk/life-style/women/unisex-toilets-period-shaming-sexual-harassment-schools-girls-womens-voices-wales-a8784226.html> [accessed 21 Mar 2019]

⁵² BBC News (2019) 'First UK transgender prison unit to open', Available: <https://www.bbc.co.uk/news/uk-47434730> [accessed 21 Mar 2019]

⁵³ The Guardian (2018) 'Karen White: how 'manipulative' transgender inmate attacked again'. Available: <https://www.theguardian.com/society/2018/oct/11/karen-white-how-manipulative-and-controlling-offender-attacked-again-transgender-prison> [accessed 21 Mar 2019]

⁵⁴ Robinson, M., and Carr, S. (2023) 'Transgender double rapist Isla Bryson leaves women's prison after 48 hours and is put behind bars in an all-male unit after Nicola Sturgeon was forced into screeching U-turn', *Daily Mail*. Available:

Bryson, who began to identify as a woman only after being charged with the crimes and who still had male genitalia, should be kept in a women's prison or a men's prison. How can women be protected from the threat posed by a known rapist who is physically male but identifies, and could be legally recognised as, female?

• Athletics

The International Olympic Committee in 2015 issued guidance that athletes, “who transition from female to male are eligible to compete in the male category without restriction”, while those who transition from male to female may compete in the female category if the following restrictions are observed:⁵⁵

- a) The athlete must declare a female gender identity and cannot change this for sporting purposes within four years;
- b) Testosterone levels in the athlete's blood must be below a specified level (10 nmol/L) for at least 12 months prior to the first competition and throughout the period of eligibility.

Some leading female athletes have expressed their concern that this policy may threaten the future of female sports and have called for further research.⁵⁶ One problem with the IOC guidelines is that 10 nmol/L is still within the normal male range for testosterone (8-31 nmol/L for men aged 8-31) and well above the upper normal limit for females (under 1.8 nmol/L).⁵⁷ The other, more substantial, difficulty arises from the fact that individuals who have developed as biological males will have all the normal physical advantages this gives – including, on average, a larger skeletal frame, additional muscle mass and a larger heart and lungs. Blood testosterone levels are not a good indicator of athletic ability, which is much more dependent on testosterone levels in the womb and during puberty.

Pregnant ‘males’ and Parental ‘Transition’

One of the more bizarre headlines in recent years relating to transgender identification reads: “Britain's first pregnant man gives birth to girl”.⁵⁸ Of course, the parent in question was an individual named Hayden Cross, who was borne female but not identifies as male. Cross halted plans for a surgical transition in order to become pregnant, using sperm from a donor found through Facebook.⁵⁹ Giving birth on 16 June 2017 to

<https://www.dailymail.co.uk/news/article-11680651/Transgender-rapist-Isla-Bryson-leaves-womens-prison-bars-male-unit.html> [accessed 27 Jan 2023]

⁵⁵ International Olympic Committee (2015) ‘IOC Consensus Meeting on Sex Reassignment and Hyperandrogenism’, Available: https://stillmed.olympic.org/Documents/Commissions_PDFfiles/Medical_commission/2015-11_ioc_consensus_meeting_on_sex_reassignment_and_hyperandrogenism-en.pdf [accessed 21 Mar 2019]

⁵⁶ BBC Sport (2019) ‘Dame Kelly Holmes, Paula Radcliffe and Sharron Davies to write to IOC over transgender athletes’, Available: <https://www.bbc.co.uk/sport/47608623> [accessed 21 Mar 2019]

⁵⁷ See, for example, the levels at: NHS Gloucestershire Hospitals (2019) ‘Testosterone’, *Chemical Pathology*. Available: <https://www.gloshospitals.nhs.uk/our-services/services-we-offer/pathology/tests-and-investigations/testosterone/> [accessed 21 Mar 2019]

⁵⁸ Baynes, C. (2019) ‘Britain's first pregnant man gives birth to girl’, *The Independent*. Available: <https://www.independent.co.uk/news/uk/home-news/britains-first-pregnant-man-gives-birth-to-girl-hayden-cross-a7830346.html> [accessed 21 Mar 2019]

⁵⁹ Forster, K. (2017) ‘First Man In UK To Give Birth’ Finds Sperm Donor on Facebook After Pausing Transition to Become Father’, *The Independent*. Available: <https://www.independent.co.uk/life-style/health-and-families/health-news/pregnant-man-hayden-cross-sperm-donor-facebook-paused-transition-father-first-give-birth-a7515701.html> [accessed 21 Mar 2019]

a baby girl, Cross becoming Britain's first transgender man to give birth. This followed the story in September 2016 of an Ecuadorian 'transgender' couple – Fernando Machado, who was born female, and Diane Rodriguez, who was born male – having a child together.⁶⁰ They, like Cross, had not undergone surgical reassignment and so were able to conceive and give birth naturally. In both cases someone who identifies as male (and who may be legally recognised as such) gave birth to a baby. Does this make them male mothers or fathers who bore their babies?

This raises further questions about parenting. Are fathers and mothers interchangeable? Whilst there is a weaker body of research concerning the impact of fatherhood than on either parenthood generally or motherhood, the available evidence suggests not, revealing that father's have a unique role to play and that the presence of an involved father has a statistically significant benefit for both boys and girls of all ages in "psychological measures, social outcomes, psychological and social measurements combined, and academic results".⁶¹ Given these findings, might it not be argued that a child has a right to have his or her father involved in his or her life? It must be recognised, of course, that there are situations where this is impossible (e.g., paternal death) or undesirable (e.g., abusive fathers), but that fact should not detract from the implication that children benefit from having a father in their lives. The same could, undoubtedly, be said for having a mother. These two parental roles simply are not interchangeable. When a parent chooses to 'transition' there is a loss for the children.

Not only do children lose out because they lose the input of a parent of one of the sexes, the process of parental gender transition can also have a negative impact on children. As with most aspects of transgender, this effect is poorly researched, but the one recent study identifiable in the literature, which surveyed therapists working with people who 'transition' their gender identification, states that, "The transition itself was rated as placing the child at mild to moderate risk".⁶² This risk was, as may be expected, acknowledged as being least for pre-school children and adult children and greatest for adolescents.

Schools' Policies for 'Transgender' Children

The phenomenon of children identifying as 'transgender' or suffering with gender dysphoria has implications for schools both in terms of the issue of unisex toilets and changing areas discussed above, but especially when schools are single sex or have uniforms that differ between the sexes. Some schools have permitted children to dress in the opposite sex's uniform and some single sex schools have even found themselves with a pupil who has 'transitioned' socially and is now regarded and described as being of the sex they do not cater for. The issues here are complex. On one hand, there is no legal capacity in the UK for an under-18 to change their sex. Children may identify as 'transgender', but legally they are still their birth sex. A single sex school has, therefore, no legal grounds for expelling them. Faced with children who

⁶⁰ Khan, S. (2016) 'Transgender couple make history with birth of their first child', *The Independent*. Available: <https://www.independent.co.uk/news/world/americas/transgender-couple-ecuador-fernando-machado-diane-rodriguez-a7326826.html> [accessed 21 Mar 2019]

⁶¹ Jeynes, William H. (2016) 'Meta-Analysis on the Roles of Fathers in Parenting: Are They Unique?', *Marriage & Family Review*, 52(7), p.665-688.

⁶² White, Tonya, and Ettner, Randi (2004) 'Disclosure, Risks and Protective Factors for Children Whose Parents Are Undergoing a Gender Transition', *Journal of Gay & Lesbian Psychotherapy*, 8(1-2), p.129-145.

are struggling with dysphoria and parents who are often also struggling to cope with their children's distress, and who may either support their child or disagree with him or her, what are schools to do?

In the UK, there is no centralised guidance from the government on how schools should manage students who identify as 'transgender'. In this vacuum, transgender activist organisations have developed guidelines which have been endorsed by some government bodies.⁶³ the Allsorts Youth Project, a charity based in Brighton England that aims to provide "safe and supported spaces" for "LGBTU children", has produced a toolkit for schools, which has been adopted by several English local authorities and is recommended by other similar charities.⁶⁴ It states that:

- **"7.1 Uniform and dress:** Trans and non-binary pupils and students have the right to dress in a manner consistent with their gender identity. [...] Staff training is paramount to ensure that all staff have an understanding of what it means to be trans or gender questioning and exactly why a child or young person may be dressing differently. Remember that a pupil who identifies as a girl but was assigned male at birth is not a 'boy dressed as a girl' but is a girl. By allowing a trans child or young person to dress in clothes which they feel comfortable with, schools empower them to express themselves by bringing their outward appearance in line with that of their internal gender identity."
- **"7.2 Names and pronoun changes:** [...] Respecting a child or young person's request to change name and pronoun is a pivotal part of supporting and validating their identity. It is important to consistently use preferred pronouns and names in order to protect a child or young person's confidentiality and to not 'out' them in ways that may be unsafe and exposing. If a mistake is made with a name or pronoun then this can be apologised for. Intentionally not using a person's name or pronoun that they have asked for can constitute harassment."
- **"7.5 Toilets:** Pupils and students are supported through the Equality Act to access the toilet that corresponds to their gender identity; so trans girls because they are girls, can use the girls' toilets and trans boys the boys' toilets. Single gender toilets can however, cause issues for pupils and students who do not identify with a gender binary such as boy / girl. Any pupil or student who has a need or desire for increased privacy, regardless of the underlying reason (disability, trans, non-binary, faith) should be provided access to a single stall toilet, but no pupil or student should be required to use such a toilet. Ideally, therefore, and where funding and space allows; educational settings should provide a mixture of access to toilets that includes: Single gender toilets; Blocks of floor to ceiling cubicle toilets that can be used by all, with sanitary bins in each cubicle ('toilets for everyone'); Accessible single toilets."
- **"7.6 Changing Rooms:** The use of changing rooms by trans pupils and students should be assessed on a case-by-case basis in discussion with the trans pupils or student. The goal should be to maximise social integration and promote an equal opportunity to participate in physical education classes and sports, ensuring the safety and comfort, and minimising stigmatisation of the pupil or student. In all cases, trans pupils or students should have access to the changing room that corresponds to their gender identity."

⁶³ Exactly the same phenomenon of LGBT organisations partnering with educationalists in producing guidelines can be seen in the USA, as documented in Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.38.

⁶⁴ 'Trans Inclusion Schools Kit' prepared by Allsorts and Brighton and Hove City Council is available on the Allsorts website: <https://www.allsortsyouth.org.uk/resources/toolkits-booklets-guides> [accessed 22 Mar 2019]. The resource is also carried on the Mermaids website.

- **“7.8 Residential trips:** Discussion should be had with the trans child or young person, and parents and carers of the child if appropriate, prior to residential trips. This will ensure the necessary care and preparation is in place to enable trans pupils and students to participate in residential trips. As far as possible, trans pupils and students should be able to sleep in dorms appropriate to their gender identity. Some trans children and young people may not feel comfortable doing this and in such cases alternative sleeping and living arrangements should be made.”

Two of the core values shaping the toolkit are (1.3):

“Use gender segregated activities only when there is a clear educational rationale for them

Be ready to see gender as a spectrum that is broader than male and female.”

Underlying these guidelines, Allsorts cites the Equality Act 2010, stating that:

4.1 Equality Act, 2010: [...] As a result of the provisions in the Act, schools need to ensure they do not treat pupils and students less favourably due to the protected characteristic of gender reassignment. The Equality Act also protects those who are discriminated against because they are perceived to be trans or discriminated against because of their association with a trans person.

The tenor of such advice is clear: some children are ‘trans’ and can be recognised as such on the basis of self-identification (the toolkit does not require a medical diagnosis or recommendation for a child to be regarded as ‘trans’); ‘trans’ children have full rights to access facilities designed for the gender with which they identify (including toilets, changing rooms and residential spaces); and children’s views take precedence over those of professionals and parents. As the toolkit states, schools should, “Follow the lead of the child, young person and if appropriate their family and protect confidentiality”. This is important to note. The recommendation is that pupils’ views and preferences shared with the school should not be shared with the parents without the child’s consent. Ryan Anderson, commenting on similar guidelines in operation in the USA, describes the situation as follows: “Rather than respect parental authority in the education and health of their children, schools first deceive the parents and then try to change their beliefs”.⁶⁵

It is strongly suggested in the guidelines that non-compliance constitutes trans-phobia and harassment and is in breach of equality legislation. There is no comment in the document about how to protect the religious convictions of people who cannot accept the validity of trans identities or the desire other children and their parents may have not to share facilities with children who are biologically the opposite sex to them. The document also reflects a desire to see a wider social change in which there are fewer distinctions on the basis of sex or gender.

The first response to make to this situation from a Christian perspective is that any bullying or stigmatisation of others is wrong, whatever its reason or motivation. No Christian should support mockery or attacks on anyone because of their stated identity or beliefs. There are also some aspects of the guidelines that should be welcomed, especially the recommendation that private spaces should be provided for all children in toilets and changing facilities. These are helpful correctives to negative aspects of school in the past. It is, however, worrying that the whole document is driven by an ideology and worldview that is presented as the only acceptable view. There is no space for tolerance of those who do not accept the concept of transgender or who believe that a better solution would be to align use of

⁶⁵ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.42.

facilities and wearing of uniforms with biological sex rather than self-identified gender. Indeed, the toolkit is intent on spreading the worldview values that gender is a social construct and that authentic gender identity is self-identified. Staff and others who fail to accept these values and to act in line with them are accused of harassment and trans-phobic bullying and any departure from them is judged to be a wrong that must be apologised for. The guidelines also differ from the legal position regarding gender recognition in the UK. It does not acknowledge the fact that no person under 18 can currently have their gender legally changed, nor does it adhere to the principles in the Gender Recognition Act that people should only be accepted by the State as belonging to the opposite gender if they have a medical diagnosis and have lived for two years in their acquired gender identity. Despite these very real concerns, charities taking this approach have received state and lottery funding and have been accepted by local authorities as trusted partners in delivering training to teachers and guidance to schools. Teachers and parents who do not accept their worldview often feel silenced into adherence without any option. The approach represented by Allsorts is not the only one on offer to schools and the appropriate response to the reality of increasing numbers of young people who identify as 'trans' is debated,⁶⁶ but there remains insufficient attention to how to handle differences at a deeper, worldview level between those who believe 'trans' identities are real and those who question that narrative.

A final issue concerning education is how children are taught about homosexual and transgender identification, especially in primary schools. One of the leading resources being used in this context in the UK is a book titled *No Outsiders* by teacher Andrew Moffatt, who is based in Birmingham.⁶⁷ In March 2019, it was reported that many parents had protested that schools were teaching their children that homosexuality and transition of gender are acceptable. In the school where Moffatt is assistant head teacher, around 600 children from Muslim families were reportedly withdrawn because of the issue.⁶⁸ The programme claims to aim to prevent homophobia and transphobia, but parents are clearly concerned that in doing so it is promoting the validity of lifestyles they cannot approve because of their religious convictions.

Transhumanism and Transracialism

American activist for rights of African Americans, Rachel Dolezal, identified as black until her obviously white parents 'outed' her by circulating a photograph of her in childhood with blond hair and freckles. In her defence, Dolezal claimed that she is 'transblack'.⁶⁹ This may seem ridiculous, or even offensive, coming from someone with no known African genetic or cultural heritage, but it raises the question whether there is any correspondence between our felt identity and truth. Why is 'transgender' real, but 'transblack' not? What if someone claims to be 'transspecies' (a dog, for example, trapped in a human body)? This might

⁶⁶ See, for example, Thomas, K. (2019) 'Schools pulled into row over helping transgender children', *The Guardian*. Available: <https://www.theguardian.com/education/2018/may/15/transgender-row-teachers-afraid-challenge-breast-binding> [accessed 22 Mar 2019]

⁶⁷ See: <http://www.equalitiesprimary.com> [accessed 22 Mar 2019].

⁶⁸ Parveen, N. (2019) 'Birmingham school stops LGBT lessons after parents protest', *The Guardian*. Available: <https://www.theguardian.com/education/2019/mar/04/birmingham-school-stops-lgbt-lessons-after-parent-protests> [accessed 22 Mar 2019]

⁶⁹ Mills, Jen. (2017) 'Rachel Dolezal slated after telling ITV's Lorraine she is 'transblack'', *Metro UK*. Available: <http://metro.co.uk/2017/03/29/rachel-dolezal-appears-on-lorraine-to-defend-transblack-identity-6540596/> [accessed 15 Jun 2017]

seem far-fetched, but it is already being reported.⁷⁰ If one of the concerns about transgender expressed by feminists is that it erodes their arguments for the rights of women, should we not be concerned that trans-speciesism undermines the basis of human rights?

The existence of people, even if few in number, who identify as 'transspecies' points towards one of the most troubling aspects of transgender ideology. How can a society function as an integrated whole if people are free to radically redefine their very nature on the basis of personal choice? Why should the State treat people as responsible under the law (to pay taxes and not to commit crime) if they can declare that they are a different species that is not legally accountable? Transgender ideology, with its radically postmodern view of the free and autonomous self, threatens the very foundations of society.

Compelled speech and the use of pronouns

A final social dimension concerns how others are expected to respond when an individual identifies as transgender. Since 2016, human rights laws in the city of New York have required, "employers[, landlords, and all businesses and professionals] to use an [employee's, tenant's, customer's, or client's] preferred name, pronoun and title (e.g., Ms./Mrs.) regardless of the individual's sex assigned at birth, anatomy, gender, medical history, appearance, or the sex indicated on the individual's identification".⁷¹ Violations of this standard may be fined up to \$125,000 or \$250,000 if they are proven to be malicious.

In March 2019, meanwhile, newspapers reported that a devout Roman Catholic journalist in the UK, Caroline Farrow, was being investigated by police for using the pronoun corresponding to the birth sex of a child who identifies as 'transgender' in a Twitter exchange.⁷² The police complaint brought by the child's mother was later dropped and the comments on Twitter, which followed a television debate involving both women, included other comments that contributed to the mother's sense of offence, but the case highlights the sensitivities around these issues and the very real questions about freedom of speech for people who cannot recognise transgender identity as an objectively real phenomenon.

A third example of actions taken over the use of pronouns concerns Peter Vlaming, a 47-year-old Christian high school teacher in West Port, Virginia.⁷³ On 6th December 2018, he was dismissed from his job for refusing to use the preferred pronouns of a pupil who had, during the previous year, been in his class as a girl and now was identifying as a boy. Vlaming came to the attention of administrators when, seeing the child running towards a wall, he called out to others to stop "her". This use of the pronoun that the child no longer accepted was not intentional but described by witnesses as a "slip-up". Discussing the incident

⁷⁰ Sexton, David (2017) 'Being human is so last year, the next frontier is trans-speciesism according to these new books', *Evening Standard*. Available: <https://www.standard.co.uk/lifestyle/books/being-human-is-so-last-year-the-next-frontier-is-transspeciesism-according-to-these-new-books-a3228701.html> [accessed 21 Mar 2019]

⁷¹ Volokh, Eugene (2016) 'You can be fined for not calling people 'ze' or 'hir,' if that's the pronoun they demand that you use', *The Washington Post*. Available: https://www.washingtonpost.com/news/volokh-conspiracy/wp/2016/05/17/you-can-be-fined-for-not-calling-people-ze-or-hir-if-thats-the-pronoun-they-demand-that-you-use/?noredirect=on&utm_term=.6774e67f6303 [accessed 3 Jun 2019]

⁷² Evans, M., and Swerling, G. (2019) 'Devout Catholic "who used wrong pronoun to describe transgender girl" to be interviewed by police', *The Guardian*. Available: <https://www.telegraph.co.uk/news/2019/03/19/devout-catholic-interviewed-police-trans-twitter-row/> [accessed 21 Mar 2019]

⁷³ NBC News (2018) 'Teacher fired for refusing to use transgender student's pronouns'. Available: <https://www.nbcnews.com/feature/nbc-out/teacher-fired-refusing-use-transgender-student-s-pronouns-n946006> [accessed 23 Aug 2019]

with the administrators, Vlaming said he was content to use the pupil's new name and would avoid using pronouns to refer to the pupil but could not use the new pronouns. He was suspended because of this stance, which the pupil and the parent said had created a hostile learning environment. The school's principal, who ordered Vlaming to use male pronouns in line with the pupil's wishes, said, "I can't think of a worse way to treat a child than what was happening". This was despite the fact that the school's non-discrimination policies, which were updated in 2017, whilst including protections around gender identity, did not include guidance on pronoun usage. The School Board ruled that Vlaming was insubordinate and accordingly terminated his employment.

Even more worrying than these legal implications for individuals who fail to use another's preferred pronouns are the potential consequences for parents who do not agree to their child's identification as transgender. In 2017, the Canadian province of Ontario passed the Child, Youth and Family Services Act. This law gives primacy to the beliefs and creed of the child over those of parents, including in the area of gender identity.⁷⁴ In theory, this means that adults who cannot agree to affirm a child's identification as 'transgender' could be banned from adopting or fostering and that children could be removed from their parents if they refuse to endorse the child's self-identification.⁷⁵ This course of action has been explicitly recommended by a social worker in the USA speaking on the issue of suicidality in 'transgender' young people. This professional suggested that parents who do not endorse a child's identification as 'transgender' are "creating a toxic environment" and, after giving them "every chance" to "learn, to grow", social workers should, "go and say you're creating an unsafe environment for your child. And we need to have that stop ... unfortunately staying in that home environment is going to result in a child's suicide".⁷⁶

Clash of Civilisations?

This section has discussed some of the ways in which affirmation of transgender challenges our culture. It should be noted that all of these examples are from the Western world, with a particular focus on the UK. Western governments are increasingly treating 'gender identity', by which is meant self-designation, as a characteristic to be protected under human rights and anti-discrimination laws, but social attitudes and legal frameworks are very different outside the 'Western' world. This issue may be one of a number in which this Western sphere increasingly diverges from other global spheres including the Muslim-majority countries of the Middle East, Russia and those Eastern European countries most aligned with it, sub-Saharan Africa, South Asia and East and Southeast Asia. In what could be described as a new form of imperialism, Western countries are seeking to export their values in the area of sexuality and gender to other parts of the world. As Nancy Pearcey writes:⁷⁷

⁷⁴ Raymer, E. (2017) 'Gender expression, identity now protected for children in Ontario legislation', *Canadian Lawyer*. Available: <https://www.canadianlawyermag.com/legalfeeds/author/elizabeth-raymer/gender-expression-identity-now-protected-for-children-in-ontario-legislation-7579/> [accessed 21 Mar 2019]

⁷⁵ CBN News (2017) 'Ontario Says LGBT Rights Overrule Rights of Christian Parents'. Available: <https://www1.cbn.com/cbnnews/world/2017/june/ontario-says-lgbt-rights-overrule-rights-of-christian-parents> [accessed 21 Mar 2019]

⁷⁶ Quoted in Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.44-45.

⁷⁷ Pearcey, Nancy (2018) *Love Thy Body: Answering Hard Questions About Life and Sexuality*. Grand Rapids: Baker Books, p.10.

The same politically correct orthodoxy is being aggressively promoted around the globe through the [USA's] State Department, the United Nations, the European Union, private foundations and the media. Wealthy nations are pushing poorer nations to change their laws on abortion and sexuality as a prerequisite for aid. The sexual revolution is going global.

Only time will tell whether attitudes will change in other parts of the world, but it is worth pausing in the midst of what appears to be a rapid and dramatic shift in our context to realise that the world is bigger and more diverse. We might, then, wonder why attitudes in this part of the world have shifted so dramatically and rapidly. Is it because we are more enlightened? Could it be that we have followed some scientific evidence with which other cultures have yet to catch up? What exactly is the evidence surrounding transgender? That is the subject of the next section.

Scientific Evidence on Transgender

Causation of 'Transgender'

What causes some people to experience gender dysphoria or to understand themselves to be transgender? Theories include psychosocial ideas (influences from 'nurture' such as upbringing and socialisation) and biological concepts (factors in the person's physical 'nature' including genes, hormones in the womb and brain development).⁷⁸ It is important to realise that self-identification as transgender (as with homosexuality) is almost certainly multifactorial in its causation, resulting from a mixture of biological, social and psychological factors. The way genes influence behaviour and thinking is complex and there is no single gene that determines gender or sexuality, although some genetic variations may predispose an individual to a particular sexual orientation or sense of gender. This area is, however, poorly understood and further research is needed to have any degree of clarity. Some activists object to the pursuit of a 'cause', suggesting that it is premised on the idea that identifying as 'transgender' is a disorder that should be prevented or corrected, rather than an aspect of the person's being, which they reject. Perspectives here are influenced by worldview.

The models that are generally proposed to explain gender and sexuality go beyond simply describing variables in genes, environment and socio-cultural influences to argue that they are part of the individual's identity. Yarhouse and Tan explain with regards to sexuality:⁷⁹

the models hold in common [...] the assumption that experiences of same-sex attraction signal who the person 'really is.' In this sense, the proper developmental pathway is toward the integration of same-sex attraction into a gay or lesbian (or bisexual) identity. This is what we refer to as a gay explanatory framework. It carries with it a number of assumptions about personal identity that are not argued for, but are assumed to be true.

The assumptions on which such thinking rests are the underlying worldview, a set of presuppositions about the nature of human identity that allows sexual orientation or a gender identity that does not align with biological sex to become part of one's definition of oneself. Rather than describing oneself as a man who is attracted to men or as a man who feels like a woman, the individual describes himself as a gay man or a transgender man. To challenge his behaviour or beliefs then becomes an attack on his very identity.

In recent discourse about transgender, the idea that people *are* transgender is often assumed rather than argued for. Based on the experience of adults who have become convinced that they are 'transgender', it is argued that there must be children who are 'transgender'. This conviction is evident in the fact that most of what science journalist Jesse Singal calls "mainstream journalistic treatments of the subject" of childhood gender confusion tell a uniform story: "The child knows from a very young age they were born in the wrong body, the parents (perhaps after a brief period of reflection or resistance) agree, and the kid

⁷⁸ For an overview of the evidence on causes of transgender identification, see: Ettner, Randi, and Guillamon, Antonio (2016) 'Theories of the Etiology of Transgender Identity'. In: Ettner, Randi, Monstrey, Stan, and Coleman, Eli (eds.) *Principles of Transgender Medicine and Surgery*, second ed. London: Routledge.

⁷⁹ Yarhouse, Mark A., and Tan, Erica S.N. (2005) Sexual Identity and Being a Christian. *Journal of Psychology & Christianity*, 24(1), p.61.

transitions, blossoming into their true self as a result”.⁸⁰ Singal insists that this story is often too simplistic. We must be careful about accepting this narrative unquestioningly. People naturally create narratives to explain their experiences and as they retell them they often become increasingly coherent. It is not necessarily the case that they are seeking to deceive, but that they are selective in the telling. When a journalist summarises the story it becomes even more selective and may be represented in a way that is more likely to sell papers. The reality of gender confusion in childhood is seldom, if ever, a tale of a clear knowledge from a young age. It is, rather, a journey of thoughts and feelings that are affirmed or challenged and that vary according to experiences and mood.

Mental Health of ‘Transgender’ People

Research into the health of transgender people is limited in its scope and quality. There is a preponderance of studies from the USA and a tendency to focus excessively on mental health without adequate consideration of physical well-being. Sample sizes are often relatively small and the design of studies is limited to snapshots of present experience without following people over time or controlling for factors other than identifying as ‘transgender’. It is, however, a well-documented fact that people who identify as ‘transgender’ experience higher levels of poor mental health than the general population. Among these “substantial adverse health indicators” are depression, which studies suggest affects between 31 and 64% of people in this category and increased rates of substance misuse.⁸¹ The 2015 U.S. Transgender Survey, meanwhile, reports that:⁸²

A staggering 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population. Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).

These figures are based on the experiences of people who identify as ‘transgender’. The report on this survey prefaces this summary of the statistics with the statement, “The findings paint a troubling picture of the impact of stigma and discrimination on the health of many transgender people.” The claim that adverse mental health results mainly, or even exclusively, from stigmatisation is widespread in comments on the statistics, even in the academic literature. Yet, the most comprehensive review of the literature in a peer reviewed journal states:⁸³

For transgender people, health inequities are hypothesised to arise from systematic exposure to multiple, intersecting social stressors, including legal and other structural factors that are a result of being part of a socially marginalised group. Social and economic exclusion are therefore conceptualised as causal pathways to adverse health—however, we found very few studies

⁸⁰ Singal, Jesse (2017) ‘You Should Watch the BBC’s Controversial Documentary on the Gender-Dysphoria Researcher Kenneth Zucker (Updated)’, *New York*. Available: <https://www.thecut.com/2017/01/you-should-watch-the-bbcs-kenneth-zucker-documentary.html> [accessed 4 Jun 2019]

⁸¹ Reisner, Sari L., Poteat, Tonia, Keatley, JoAnne, Cabral, Mauro, Mothopeng, Tampose, Dunham, Emilia, Holland, Claire E., Max, Ryan, and Baral, Stefan D. (2016) ‘Global health burden and needs of transgender populations: a review’, *Lancet*, 388(10042), p.412-436.

⁸² James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., and Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality, p.5.

⁸³ Reisner, Sari L., Poteat, Tonia, Keatley, JoAnne, Cabral, Mauro, Mothopeng, Tampose, Dunham, Emilia, Holland, Claire E., Max, Ryan, and Baral, Stefan D. (2016) ‘Global health burden and needs of transgender populations: a review’, *Lancet*, 388(10042), p.412-436.

actually linking these social stressors to health indicators. Furthermore, study designs were largely cross-sectional, which limited the ability to make causal inferences.

Commenting on the fact that people who identify as transgender “show higher rates of depression, anxiety, substance abuse, and suicide compared to the general population”, Mayer and McHugh write:⁸⁴

One hypothesis, the social stress model—which posits that stigma, prejudice, and discrimination are the primary causes of higher rates of poor mental health outcomes for these subpopulations—is frequently cited as a way to explain this disparity. While non-heterosexual and transgender individuals are often subject to social stressors and discrimination, science has not shown that these factors alone account for the entirety, or even a majority, of the health disparity between non-heterosexual and transgender subpopulations and the general population. There is a need for extensive research in this area to test the social stress hypothesis and other potential explanations for the health disparities, and to help identify ways of addressing the health concerns present in these subpopulations.

The lack of evidence concerning both the nature of transgender identities and the effects of ‘transition’ should cause alarm to those who are committed to evidence-based approaches.

It is important to ask whether interventions to change the physical appearance of trans identifying people improve mental health. One study of outcomes over time among people who have had gender reassignment surgery noted that, “There is a dearth of long term, follow-up studies after sex reassignment”. The researchers followed up all 324 people who transitioned surgically in Sweden between 1973 and 2003. They concluded that:⁸⁵

Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group.

Further research is needed in this area, but the possibility that higher rates of mental health issues in ‘trans’ identifying people are due, at least in part, due to the ‘trans’ identity should not be dismissed and appears to fit the evidence better than the claim that they are due only to social pressure. To this limited research should be added questions of the impact on people of socially ‘transitioning’, especially for young people in schools. What may give short term relief of distress or benefit in peace of mind may contribute to longer term regret and struggles. We simply do not have the evidence to say whether this will prove to be the case, but, in the meantime, we are pursuing a dramatic social experiment in which young people are the ‘guinea pigs’.

Outcomes of ‘Transition’

As explained above, the recommended pathway in many clinics treating people who identify as ‘transgender’ is ‘transition’, first socially, then hormonally and ultimately through surgery. This is becoming commonplace among adults who identify as ‘transgender’ and, to varying degrees, in the ‘treatment’ of

⁸⁴ Mayer, Lawrence S. and McHugh, Paul R. (2016) ‘Sexuality and Gender’, *The New Atlantis*, 50, p.113

⁸⁵ Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A.L.V., Långström, N., and Landén, M. (2011) ‘Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden’, *PlosOne*, 6(2), e16885. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043071/> [accessed 21 Mar 2019]

children and teenagers. In medical practice, it has rightly become increasingly important that interventions are shown to be 'evidence-based', meaning that studies show that they are beneficial to patients. When we apply this principle to 'transition' we are faced with a problem: how do we measure benefit? The answer to this question depends on how we understand the issue in the first place. Since the justification given in most cases is that the 'transition' will benefit the mental health of the individual, the primary measure of benefit must be whether this is achieved. A secondary question remains, however, which gets to the heart of questions about the nature of psychological disorders and psychiatry: does transgender identification correspond to reality and is it legitimate for medical professionals to endorse and facilitate a pathway that does not correspond to reality or is this unethical? This second question will be discussed later, but for now we must address the question of benefit of 'transition' to the mental well-being of individuals.

Here we are, once again, hit with the problem of shortage of good quality evidence. Few studies have been undertaken, especially over the long-term, into the outcomes for people who 'transition'. As mentioned earlier, Professor Paul McHugh reported that patients of the Johns Hopkins gender reassignment programme found no significant improvement in mental health measures. These studies were, however, some time ago and the Johns Hopkins hospitals have recommenced their gender reassignment programme. Was this because of more recent evidence that contradicted the earlier findings? The answer, in short, is, 'No'. There are no long term studies of any scientific robustness to challenge the findings of the Swedish study detailed above. Indeed, over time studies have compounded rather than diminishing concerns about the effects of sex change surgery. A review of the literature conducted by the University of Birmingham's Aggressive Research Facility (ARIF) in 1997 concluded that, "The degree of uncertainty about any of the effects of gender reassignment is such that it is impossible to make a judgement about whether the procedure is clinically effective".⁸⁶ In response to a request from the Guardian newspaper, ARIF updated their review in 2004. The newspaper then reported that ARIF Director, Chris Hyde, said:⁸⁷

There is a huge uncertainty over whether changing someone's sex is a good or a bad thing. While no doubt great care is taken to ensure that appropriate patients undergo gender reassignment, there's still a large number of people who have the surgery but remain traumatised - often to the point of committing suicide. [...] The bottom line is that although it's clear that some people do well with gender reassignment surgery, the available research does little to reassure about how many patients do badly and, if so, how badly."

Worryingly, ARIF's update only identified two additional studies of any quality in the seven years between these reviews.

To add to the limited statistical evidence concerning outcomes of 'transition', a growing number of people are telling their stories of how they transitioned and regretted it, often transitioning back.⁸⁸ Reversal of

⁸⁶ ARIF (2012) 'Gender Reassignment Surgery', *Archived ARIF Requests*. Available: <https://www.birmingham.ac.uk/Documents/college-mds/haps/projects/ARIF/completed-requests.pdf> [accessed 4 Jun 2019]

⁸⁷ Batty, David (2004) 'Sex changes are not effective, say researchers', *The Guardian*. Available: <https://www.theguardian.com/society/2004/jul/30/health.mentalhealth> [accessed 4 Jun 2019]

⁸⁸ These are often available online and some are documented powerfully in Chapter 3 of Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books. See also Petter, O. (2017) 'Gender Reversal Surgery Is More In-Demand Than Ever Before', *The Independent*. Available: <https://www.independent.co.uk/life-style/gender-reversal-surgery-demand-rise-assignment-men-women-trans-a7980416.html> [accessed 21 Mar 2019]

‘transitioning’ surgery, especially for men who have modified their bodies to a female appearance, is extremely difficult. The accounts are sobering, often describing a sense of being encouraged along a line of ‘transition’ without fully understanding what it entailed or without having resolved their own internal conflicts about their gender identity. Ryan Anderson summarises the themes in such accounts:⁸⁹

Many people report feeling pressured into transitioning, as if it were their only real option. They regret that medical professionals never explored the underlying psychological issues. They detransitioned because they didn’t find the peace and wholeness they desired by changing their bodies, but did find it when they were able to address past trauma in their lives and come to a better understanding of gender. Many of these people regret the damage done to their bodies and their lost fertility.

Some even describe medical professionals involved in the process in terms of being people they trusted but who, albeit inadvertently, caused them harm. Perhaps most poignant are the comments about the fact that they are now infertile and can never have their own children. Whatever percentage of transitioners end up regretting it, these stories should sound a warning alarm about current practice.

Despite these concerns, there are medical professionals who argue that any approach to treatment of people who identify as ‘transgender’ other than ‘transition’ is unethical.⁹⁰ They may brand psychotherapy aimed at helping people explore the roots of their thoughts and feelings with openness to the possibility that they may choose not to transition as ‘conversion therapy’ or ‘reparative therapy’. Such terms, more familiar in relation to homosexuality, have overtones of a paternalistic approach in which people are forced or manipulated into rejecting their own understanding of their sexuality. Such coercive approaches should rightly be rejected as unethical and paternalistic, but they must not be confused with a non-directive approach in which the aim is to help the patient understand his or her own thinking more clearly. To exclude the possibility that this may lead to their decision to align with their biological sex or to pressurise people to pursue ‘transition’ is just as paternalistic as manipulation in the other direction.

To this discussion must be added a question of ethics concerning what therapeutic pathways should be offered to a patient. It is one thing to say that psychiatrists should not manipulate patients’ thinking away from their own convictions, but another to say that physicians and surgeons must offer patients the drugs and procedures they desire whatever the evidence. If the available evidence suggests there is no clear mental health benefit from ‘transition’ and we know it is costly and has significant side effects for the patient, is it ethical for medical professionals to offer it to patients? This raises wider questions about the nature of medicine and, especially, psychiatry, which will be the subject of a later section.

Before leaving this discussion of the evidence concerning the outcomes of ‘transition’, it is important to widen the question from the individuals concerned to those who live, work and study alongside them. This dimension is often ignored, with discussions focusing only on individuals. As a result, there are no reliable statistics about how other students are affected when a child who identifies as ‘transgender’ is allowed to socially ‘transition’ in school. There are, however, voices, especially from feminists, expressing concern about the increased risks of voyeurism, exposure and sexual assault if there are not sex-specific ‘safe spaces’ and we can only wonder what effect it has on people if they cannot feel relaxed in using sex-specific

⁸⁹ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.52.

⁹⁰ By way of example, see the comments from Dr George Brown, a psychiatrist in Tennessee, in Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.37.

bathrooms and changing facilities. The impact of 'transition' on family members is also little studied. These are areas where research is needed if a complete picture of 'transition' is to be attained.

Childhood Puberty Blockers

Another area for consideration is the use of puberty blockers in children which is, as outlined above, approved practice in the UK for children aged under 16. In February 2019, the Tavistock Centre, which the location for England's only clinic specialising in treatment of children with a diagnosis of gender dysphoria, the Gender Identity Development Service (GIDS), came under fire from psychoanalyst Marcus Evans. He resigned from the board of the Trust that manages the GIDS because of concerns that children were being prescribed hormone blockers too soon and in too great numbers because clinicians felt under pressure "from the family and the peer group and from the pro-trans lobbies" to find a "quick solution".⁹¹ Subsequently, Michael Biggs, associate professor in the University of Oxford's Department of Sociology, criticised the use of hormonal puberty blockers by the GIDS.⁹² He argues that the treatment has been used on the basis of scanty evidence and that after a year of treatment, there is "a significant increase" in patients self-reporting that they, "deliberately try to hurt or kill myself". Briggs concludes that puberty blockers, rather than decreasing gender dysphoria, appear to exacerbate it.

Concerningly, the GIDS itself acknowledges that, "It is not clear what the long-term effects of early suppression may be on bone development, height, sex organ development and body shape and their reversibility if treatment is stopped during pubertal development".⁹³ If the evidence is concerning after one year, the longer-term impact of puberty blockers and cross-sex hormones on physical and psychological development are entirely unknown. Paediatrician Paul W. Hruz suggests that side effects of puberty blockers may include, "disfiguring acne, high blood pressure, weight gain, abnormal glucose tolerance, breast cancer, liver disease, thrombosis, and cardiovascular disease".⁹⁴ To prescribe such medication to children who are physically healthy when there is an alternative approach of working with them to accept and manage their transgender feelings seems highly questionable.

Could it be that children are suffering most from a social change that was led by adults who wanted to assert themselves? Ryan Anderson summarises the situation as regards children as follows:⁹⁵

Because of an ideological commitment to the view that adults who identify as transgender should be affirmed in their identity, activists want to treat children the same way, taking their gender dysphoria to be a manifestation of a deep and permanent reality. [...] Transgender activists, school counsellors, and

⁹¹ Ives, L. (2019) 'NHS child gender reassignment "too quick"', *BBC Health*. Available: <https://www.bbc.co.uk/news/health-47359692> [accessed 21 Mar 2019]

⁹² Tominey, C., and Walsh, J. (2019) 'NHS transgender clinic accused of covering up negative impacts of puberty blockers on children by Oxford professor', *The Telegraph*. Available: <https://www.telegraph.co.uk/news/2019/03/07/nhs-transgender-clinic-accused-covering-negative-impacts-puberty/> [accessed 21 Mar 2019]

⁹³ Tominey, C., and Walsh, J. (2019) 'NHS transgender clinic accused of covering up negative impacts of puberty blockers on children by Oxford professor', *The Telegraph*. Available: <https://www.telegraph.co.uk/news/2019/03/07/nhs-transgender-clinic-accused-covering-negative-impacts-puberty/> [accessed 21 Mar 2019]

⁹⁴ Hruz quoted in Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.128.

⁹⁵ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.132.

the mainstream media tell parents that if they don't put their child on puberty blockers they will be rejecting the truth about their child – thus rejecting *their child* – and will make future transition procedures more difficult. They claim that the child will be more likely to commit suicide – a claim not supported by the data.

Our best understanding currently is that most children with gender dysphoria will not continue to think of themselves as transgender into adulthood, that 'transition' offers no benefit to individuals and that puberty blockers have major and potentially irreversible side effect. Surely, even if we may wish to defend the right of adults to undergo 'transition', it is unethical to treat children in this way.

An alternative approach to childhood gender dysphoria is available using four elements: play psychotherapy for the child; counselling or psychotherapy with the parents to help them understand their part in generating or perpetuating gender dysphoria; interventions by parents to set limits on cross-gender behaviours and encourage healthy relationships between the child and peers of the same sex who share his or her interests; and, if necessary for other psychiatric issues, medication for the child.⁹⁶ This approach has none of the side effects of puberty blocking and treats the child not as an isolated, autonomous and clear thinking individual, but as a developing individual within a network of relationships.

The Poverty of Quality Evidence

The rapid changes in medical perspectives on gender identity might suggest that there has been concrete evidence that indicates that transition is effective in improving the wellbeing of people who identify as transgender. This is, however, far from the case, as has been recognised in the preceding discussions of causation, mental health and outcomes of 'transition'. The ARIF review in 1997 suggested that the existing literature on sex change surgery follow up:⁹⁷

by raising significant problems in the conduct of much of the research claiming to show that gender reassignment surgery is beneficial, suggests that the true conclusion from the available research is that we genuinely cannot be certain about what its effects are. A systematic review could help reduce this uncertainty, but because of the flawed nature of the majority of the research it is likely that the only way to reduce the level of uncertainty is to undertake more research using more rigorous designs with a control group, ideally randomly assigned, and blind independent assessment of outcomes

The follow up survey of evidence in 2004 identified only two systematic reviews of the literature in the intervening years and reported that, "Both reviews while recognising net benefits to carefully selected individuals remained concerned about the quality of evidence on effectiveness (particularly adverse outcomes) and the biases to which available studies were open".

⁹⁶ Zucke, Kenneth J., Wood, Hayley, Singh, Devita, and Bradley, Susan J. (2012) 'A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder', *Journal of Homosexuality*, 59(3), p.369-397.

⁹⁷ ARIF (2012) 'Gender Reassignment Surgery', *Archived ARIF Requests*. Available: <https://www.birmingham.ac.uk/Documents/college-mds/haps/projects/ARIF/completed-requests.pdf> [accessed 4 Jun 2019]

Despite these warnings about the poor quality of evidence surrounding transgender, there was no apparent improvement in following years. In a thorough review of the evidence published in 2016, eminent psychiatrist Paul McHugh and statistician Lawrence Mayer write:⁹⁸

In reviewing the scientific literature, we find that almost nothing is well understood when we seek biological explanations for what causes some individuals to state that their gender does not match their biological sex. [...] Better research is needed, both to identify ways by which we can help to lower the rates of poor mental health outcomes and to make possible more informed discussion about some of the nuances present in this field. Yet despite the scientific uncertainty, drastic interventions are prescribed and delivered to patients identifying, or identified, as transgender. This is especially troubling when the patients receiving these interventions are children.

McHugh and Mayer are moderate in their conclusions, simply outlining how limited the evidence is and recommending that better research is needed. Their paper has, nevertheless, been met with a backlash from LGBT activists, who dismiss anyone raising such questions as ‘transphobic’.⁹⁹ Such castigation aims to close down debate and exposes the reality that shifts in social policy and medical practice are not driven by reliable scientific evidence but by an ideology advanced by activists.

McHugh’s story is worth outlining in this context. As psychiatrist-in-chief at the distinguished Johns Hopkins University School of Medicine in Baltimore he led to the institution, which had pioneered surgical ‘transition’ of people identifying as transsexual, shutting down its sex-reassignment programme in 1979. Explaining the reasons for this action, McHugh explained that the research of a fellow psychiatrist, John Meyer, who followed patients up years after their surgery showed that:¹⁰⁰

most [...] were contented with what they had done and that only a few regretted it. But in every other respect, they were little changed in their psychological condition. They had much the same problems with relationships, work, and emotions as before. The hope that they would emerge now from their emotional difficulties to flourish psychologically had not been fulfilled.

Combining these findings with his own concerns about the pre-surgery patients he encountered, McHugh concluded that the hospital, “was fundamentally cooperating with a mental illness”, and that, “psychiatrists [...] would do better to concentrate on trying to fix their minds and not their genitalia.” Specifically, McHugh concluded that most adult men who presented as transsexual fell into one of two groups. The first were men who were sexually attracted to other men but were not comfortable with that experience and wanted to resolve their guilt by being able to engage sexually with men as a woman. The second were men who described “autogynephilia”, meaning they were sexually aroused by imitating women and imagined women being attracted to this behaviour, so that they came to think of themselves as ‘lesbian’ and wanted to change their body accordingly. McHugh did not believe that physical transition was appropriate in either of these cases.

⁹⁸ Mayer, Lawrence S. and McHugh, Paul R. (2016) ‘Sexuality and Gender’, *The New Atlantis*, 50, p.114. This article has been criticised by some who oppose its findings on the basis that it is not published in a peer reviewed academic journal. It is, however, written by two credible scientists and as these quotations indicate, they are not claiming to present a definitive answer to the questions they raise, simply to be identifying the limits of our current knowledge.

⁹⁹ For one account of the backlash see: Last, Jonathan V. (2017) ‘We Have Ways to Make You Conform’, *Weekly Standard*. Available: <https://www.weeklystandard.com/jonathan-v-last/we-have-ways-to-make-you-conform> [accessed 17 May 2019]

¹⁰⁰ McHugh, Paul R. (2004) ‘Surgical Sex: Why We Stopped Doing Sex Change Operations’, *First Things*. Available: <https://www.firstthings.com/article/2004/11/surgical-sex> [accessed 17 May 2019].

Another complicating factor in seeking a clear and impartial evidence-based approach to issues of gender identity is the existence of bias among publishers of journals. In October 2018, three academics revealed that they had: “managed to get seven shoddy, absurd, unethical and politically-biased papers into respectable journals in the fields of grievance studies”.¹⁰¹ By “grievance studies” they mean fields of identity studies that have been influenced by critical approaches because of a belief in historic oppression or stigmatisation, including gender identity. The three scholars do not claim that all such studies are unreliable and corrupt but that, “there are excellent reasons to doubt the rigor of some of the scholarship”. Clearly, there are good reasons to be concerned in these fields of research about the reliability of research claims.

In summary, there is a serious poverty of hard evidence concerning every aspect of transgender, from causation to outcomes of ‘treatment’, and a lack of academic rigour in the studies that are reported. The evidence we do have is deeply concerning, suggesting that many people are being harmed rather than helped by a medical approach that affirms their feelings and changes their bodies rather than affirming the body and helping to handle feelings. Walt Heyer, who comments extensively about his experience as someone who previously identified as ‘transgender’ and began on the path of physical ‘transition’, writes:¹⁰²

Let’s stop enabling the delusion that transition is the only answer. Let’s allow scientific research to flourish, no matter what the results show. Let’s look at the evidence and facts and encourage treatment options that address dangerous psychiatric conditions first. In that way, we can ensure the best outcomes for those who have gender dysphoria.

At the very least, there is a need for better research and for a clear delineation between where the evidence leads and what ideologies advocate for.

Biological and Psychological Sex Differences

As we have seen in the prior discussion, one of the key claims behind the phenomenon of transgender is that gender differences are largely, or perhaps entirely socially constructed. Is this claim supported by the evidence? What is the relationship between biological sex and thinking and acting as a man or a woman? It is difficult to deny that there are differences between male and female bodies, even if individuals within both sexes vary along a spectrum: height, muscle mass, pitch of voice, hair patterns and, most significantly, the uniquely female experiences of menstruation and child-bearing. Historically, these differences contributed to significant differences in social roles. Women were uniquely able to nurture new-borns and infants, while only men tended to have the physical capacity for certain kinds of labour. Work was, therefore, divided along male and female lines. This division had advantages and disadvantages for both sexes. Women were often restricted by their maternal role and perinatal mortality took its toll, but men were often more likely to suffer injury or death through work including, of course, in battle. The darker side of the story is, of course, the tendency of some men to use their greater physical strength to domineer

¹⁰¹ Lindsay, James A., Boghossian, Peter, and Pluckrose, Helen (2018) ‘Academic Grievance Studies and the Corruption of Scholarship’, *Areo*. Available: <https://areomagazine.com/2018/10/02/academic-grievance-studies-and-the-corruption-of-scholarship/> [accessed 5 Apr 2019]

¹⁰² Heyer, Walt (2016) ‘Regret Isn’t Rare: The Dangerous Lie of Sex Change Surgery’s Success’, *Public Discourse*. Available: <https://www.thepublicdiscourse.com/2016/06/17166/> [accessed 4 Jun 2019]

over women and to exert control of social policy in a way that limited the opportunities of women. Thankfully, such patriarchal control is now challenged and checked to a great degree in the Western world.

Importantly, the expectations of different roles in adult life influenced how boys and girls were educated and brought up in the family. These cultural and social differences have clearly had a very significant role on what many people perceive as masculine or feminine dress-codes, styling and interests. In some periods of history, notably in the Victorian era in Britain, these differences appear to have been more highly codified than in others. Some Christian organisations adopted approaches to single sex ministry that were driven more by cultural norms than any biblical vision of manhood and womanhood. This was most noticeable with the influence of Christians in the development of competitive sports and the subsequent predominance of these pursuits in some forms of young men's ministry. The challenges of feminism can help us to develop a clearer sense of what is genuinely different between men and women. It is, however, problematic when some campaigners suggest that all differences between the sexes are socially constructed.

In fact, there is a growing body of evidence that male and female brains are different. Neurobiologist Cahill explains that sex has profound effects, "on many areas of cognition and behaviour, including memory, emotion, vision, hearing, the processing of faces and the brain's response to stress hormones".¹⁰³ University of Cambridge professor of developmental psychopathology, Simon Baron-Cohen, summarises the evidence as follows: "the female brain is predominantly 'hard-wired' for empathy, while the male brain is predominantly 'hard-wired' for understanding and building systems".¹⁰⁴ Baron-Cohen's perspective has been challenged by cognitive neuroscientist Gina Rippon, whose recent book, *The Gendered Brain*, is subtitled, *The new neuroscience that shatters the myth of the female brain*.¹⁰⁵ Rippon argues that differences that are seen in brain scans of women when compared to men are the result of differences in social conditioning and experience. In other words, the physical brain differences result from social conditioning rather than causing it.

To decide if a difference between males and females is a result of social influences it is necessary to compare it at a stage of development before these influences can have affected the individuals. When this is done, Rippon's claims are revealed to be misplaced. As Larry Cahill writes, "we come out of the womb with some cognitive sex differences built in".¹⁰⁶ In response to Rippon's claims, Baron-Cohen points out that the brains of male and female newborns are already different, since hormone levels in the womb already affect brain development before birth, and that men, on average, have larger brains than women, which can hardly have a social cause. Commenting on Rippon's book, Baron-Cohen writes:¹⁰⁷

¹⁰³ Cahill, Larry (2005) 'His Brain, Her Brain', *Scientific American*, May 2005.

¹⁰⁴ Baron-Cohen, Simon (2012) *The Essential Difference: Men, Women and the Extreme Male Brain*. London: Penguin, p.1. See also Ruigroka, Amber N.V., Salimi-Khorshidi, Gholamreza Lai, Meng-Chuan, Baron-Cohen, Simon, Lombardo, Michael V., Tait, Roger J., and Suckling, John. (2014) 'A meta-analysis of sex differences in human brain structure', *Neuroscience & Biobehavioral Reviews*, 39, p.34-50.

¹⁰⁵ Rippon, G. (2019) *The Gendered Brain: The New Neuroscience That Shatters the Myth of The Female Brain*. London: Bodley House.

¹⁰⁶ Cahill, Larry (2012) 'A Half-Truth Is a Whole Lie: On the Necessity of Investigating Sex Influences on the Brain', *Endocrinology*, 153(6), p.2541-2543.

¹⁰⁷ Baron-Cohen, S. (2019) 'The Gendered Brain by Gina Rippon review — do men and women have different brains?', *The Times*. Available: <https://www.thetimes.co.uk/article/the-gendered-brain-by-gina-rippon-review-do-men-and-women-have-different-brains-vq757qnph> [accessed 22 Mar 2019]

Most biologists and neuroscientists agree that prenatal biology and culture combine to explain average sex differences in the brain. So why does Rippon box herself into an extremist position by arguing that it's all culture and no biology? Probably because, like me, she's a child of the Sixties. If all differences are cultural, we can change to make society more equal. I am passionate for an equal society too. But our political beliefs — however sincerely held — should never make us selective when it comes to science.

Neuroscience is a rapidly developing area of research, but Baron-Cohen's view that differences between the brains of the sexes are at least partly due to biology before birth has found additional support in a ground-breaking study published in late March 2019.¹⁰⁸ Scans of the brains of 118 fetuses during the second half of pregnancy revealed significant differences in the functional connections between regions of the brain in males and females. Such findings need further studies to confirm if they can be reproduced, but they fit with the patterns already seen in scans of brains across the lifespan of males and females and strongly suggest that differences are not a result of social factors, but intrinsic biological differences. Interestingly, the study suggests that female brains develop more long-range connections before birth, which may mean that males are more susceptible to environmental influences during development after birth.

These physical differences in the brain, which result from the differences in hormones and genes between males and females, explain many of the differences that can be observed between the personalities of men and women across cultures, irrespective of social gender roles. Notably, these differences are not less, but greater in cultures in which there is greatest social equality between the sexes. The authors of one study suggest a reason for this finding:¹⁰⁹

Overall, higher levels of human development – including long and healthy life, equal access to knowledge and education, and economic wealth – were the main nation-level predictors of larger sex differences in personality. [...] It is proposed that heightened levels of sexual dimorphism result from personality traits of men and women being less constrained and more able to naturally diverge in developed nations. In less fortunate social and economic conditions, innate personality differences between men and women may be attenuated.

It appears, then, that men and women are basically different and that it is only when cultural pressures push one sex to behave more like the other that the differences are lessened. In developing contexts the pressure to survive leads to men adopting personalities more like women.

Further evidence for an innate biological basis for differences between the sexes is found in the so-called 'Gender Equality Paradox'. In countries with the highest equality of opportunity between the sexes, there is a conversely lower rate of women entering so-called STEM (science, technology, engineering and mathematics) careers.¹¹⁰ It has been suggested that this may be because countries with lower equality are working harder to channel women into these areas as they seek to improve equality, but this still cannot

¹⁰⁸ Wheelocka, M.D., Hectb, J.L., EHernandez-Andraded, E., Hassand, S.S., Romeroc, R., Eggebrechtj, A.T., and Thomason, M.E. (2019) 'Sex differences in functional connectivity during fetal brain development', *Developmental Cognitive Neuroscience*, 36, 100632

¹⁰⁹ Schmitt, D. P., Realo, A., Voracek, M., & Allik, J. (2008). 'Why can't a man be more like a woman? Sex differences in Big Five personality traits across 55 cultures'. *Journal of Personality and Social Psychology*, 94(1), p.168-182. These researchers found that women across 55 nations reported higher levels of neuroticism, extraversion, agreeableness, and conscientiousness

¹¹⁰ Stoet, G., and Geary, D.C. (2018) 'The Gender-Equality Paradox in Science, Technology, Engineering, and Mathematics Education', *Psychological Science*, 29(4), p.581-593,

explain the difference between the sexes in freer contexts. The most obvious explanation is that certain types of study and work appeal more to male brains than female brains. Lower rates of women in STEM areas is not an issue of inequality. It is mistaken to judge equality on outcomes as opposed to opportunities. Equality of opportunity can exist and individual choices can lead to outcomes that are not equal. The same must be said for the widely reported gender pay gap, which is largely explicable by the differences in career choices between men and women and the fact that motherhood often creates gaps in a woman's career (sometimes chosen, sometimes not) that are not remunerated. If the pay gap is to be corrected, equality of opportunity alone is insufficient. Attention must also be paid to equalising pay rates across jobs and to ensuring that motherhood is rewarded in line with other kinds of contributions to society.

Sexual neuroscientist Debra Soh suggests that differences between male and female brains are underreported because of concerns that they may be used to justify oppression of women, but that this fear rests in the fact that, "female-typical traits are seen as inferior and less worthy of respect". She sees this as the real problem to be addressed.¹¹¹ She helpfully distinguishes between gender feminists, who generally accept the idea that gender is a social construct, and transgender activists, who often insist that it has a biological basis. Both groups, however, are, in her opinion, at risk of denying the science about differences between men and women. She also criticises transgender activists for their claims that gender identity is fixed early on, leading to the labelling of children as 'transgender'. Soh insists that: "Gender identity is fixed, but only in adults; the same can't be said for children, whose gender identity is flexible and doesn't become stable until puberty."

There is a certain irony in discussing the degree to which traditional ideas of gender are socially constructed. It should raise the question of the degree to which 'trans' identities are social constructs and a deeper debate about whether truth is purely socially constructed or not. The dramatic increase in rates of referral of young people for 'trans' identities cannot be explained without some reference to the social context. Some may argue that people who have been suppressed are now free to come forward, but it could equally be argued that many who are not genuinely 'trans' are identifying as such because it is now more socially acceptable in their peer groups and makes them 'interesting'. In suggesting this, I do not mean to belittle the impact of gender dysphoria on some individuals and their families, but we must not allow these very difficult cases to set a cultural norm or expectation that may be harmful to many others who are not gender dysphoric.

Implications for Medicine

The trends away from identifying transgender identification as a mental disorder and from requiring a medical diagnosis in order to have one's self-identified gender recognised raise questions for medical practice. One fundamental question concerns the nature of mental illness, which is inevitably concerned with assessing a person's thoughts and thought patterns against some standard of 'normality'. It may be argued that the standard should be what is objectively true. In this case, identifying as 'trans' could be said

¹¹¹ Soh, Debra W. (2017) 'Are gender feminists and transgender activists undermining science?', *Los Angeles Times*. Available: <http://www.latimes.com/opinion/op-ed/la-oe-soh-trans-feminism-anti-science-20170210-story.html> [accessed 15 Jun 2017]

to be a delusion about objective physical reality.¹¹² The person's body is one sex and can be conclusively determined to be such, yet their thinking does not align. Such thinking would be understood as disordered and there may be concern that the individual's mind is more generally disordered. If the approach that is increasingly taken to transgender were taken to other issues of thinking, the whole discipline of psychiatry would be thrown into question. Ryan Anderson comments on the forced closure of a clinic that aimed to help 'transgender' young people explore and understand the reasons why they thought of themselves as transgender rather than pointing them down the road of transition. The apparent reason for the closure was because it was inappropriate and potentially harmful to seek explanations for patient's feelings rather than to affirm them, but, Anderson writes, "If this concern were to be generalized across the field, it would render any mental health work harmful or improper".¹¹³

We might wonder in what sense 'trans' identification is different from someone with an eating disorder who believes he is fat when he is not? A counter argument might be that such patterns of thinking are only 'unhealthy' when they lead to distress (dysphoria) or behaviours likely to harm the body (e.g., self-harm or starvation). Conditions that do not require treatment because they do not interfere with ability to function should not be medicalised, especially when resources for healthcare are limited. In the case of 'trans' identifying people, however, safe physical 'transition' to the opposite sex must involve medical professionals, raising important ethical questions as to its legitimacy if there is no medical diagnosis requiring 'treatment'. Psychiatrists may be content, in line with the stance of the DSM-5, to move away from seeking to correct thoughts that do not align with physical reality, but this reflects an underlying conviction that the truth is only desirable when it is convenient, or that falsehood should only be corrected when it is causing distress. This raises an additional ethical question as to whether doctors should be honest with their patients about what is objectively true rather than colluding with patients in their delusions out of respect for the patients' autonomy or worldview.

All of this, of course, rests on the deeper foundation of what the doctor and the patient believe about the nature of reality. In most areas of medicine there is a drive towards greater emphasis on a scientific evidence base (what can be measured, tested and seen), yet in the area of 'trans' identities, practice is driven by subjective experience of the patient. Doctors should and must consider the patient experience and they should not be paternalistic in deciding what a patient should think or forcing therapies on the patient without properly informed consent. This is, however, quite different from the suggestion that doctors should be obliged to agree with a patient who claims to be 'transgender' and to provide (or refer to) treatments that affirm that claim. It may be argued that such interventions are unethical because they are not based on scientific evidence. Some professionals may argue that the intervention is being made to help the mental health of the patient, who may otherwise consider self-harm or suicide, but this argument rests on a questionable understanding of mental health (is it more important to live by truth or to be free of internal conflict?) and goes against the evidence that physical 'transition' does not resolve the mental health problems these patients experience. In fact, it could be argued that a 'trans' identity is one aspect of

¹¹² It is important to clarify that people cannot be judged to be delusional simply because they believe something a psychiatrist, or even most psychiatrists, disagrees with. Within psychiatric patients many belief systems, religious or otherwise, will be encountered. What makes transgender problematic is the lack of any coherence in its account of what it means for a person to be transgender and the mismatch between the patient's thoughts and the clear physical reality of his or her body, which is not a question of metaphysical belief but of physical reality.

¹¹³ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.23.

a wider disordered mind that should not be separated out from other mental struggles as if it is normal and healthy while they are not.

In reality, 'transition' of one's body from one's birth sex is impossible. Surgery may change the shape, size or configuration of external genitalia and internal sex organs and it is even conceivable that in future we may be able to create functioning gonads of the other sex, at least for women,¹¹⁴ but there is no way to change the chromosomes in our cells. All modifications of the body are basically 'superficial'; they do not change the fundamental reality that we are genetically either male or female. We end up with our fully developed male or female bodies through a long process that begins with our conception as either a male or a female embryo. We cannot undo or reverse this process and we cannot remove this essential aspect of our identity. Paul McHugh, University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School and former psychiatrist in chief at Johns Hopkins Hospital, writes in this vein that:¹¹⁵

the idea that exchange of one's sex is possible [...] is starkly, nakedly false. Transgendered men do not become women, nor do transgendered women become men. All [...] become feminized men or masculinized women, counterfeits or impersonators of the sex with which they "identify." In that lies their problematic future.

Philosopher Robert George relates this physical truth to the futility of believing that one can 'transition' one's sex: "Changing sexes is a metaphysical impossibility because it is a biological impossibility".¹¹⁶ At the heart of 'transition' is a lie.

Traditional understandings of health have been based on an etymologically related word: wholeness. In this view, the person is healthy if all aspects of their being (physical, mental, social and moral or spiritual) are aligned with their natural purpose. The idea that gender identity, gender expression, sexual orientation and biological sex represent four independent dimensions implies a fundamental splitting of the self. There is an age-old debate about whether human beings are monistic or dualistic beings – whether we consist of one essential nature or of two distinguishable and (theoretically at least) separable aspects. Generally, the distinction is made either between body and mind or body and soul.¹¹⁷ The classification described above, however, separates our identity into no less than four aspects: body (sex), mind (gender), emotions (orientation) and behaviour (expression). We may wonder what the impact of this splitting of the self is likely to be on the mental health of individuals. If health is understood (as the etymology of the word suggests) as 'wholeness' – the integration of the person – what are the implications of having four different dimensions that do not align with one another?

The currently dominant approach in gender identity clinics of facilitating the illusion of 'transition' does not correspond to objective physical reality, has not been shown to benefit patients psychologically, has proven extremely damaging to a growing number of people who regret the changes to their bodies, and is extremely costly and not without risks. This approach does not meet the standard that an evidenced-based

¹¹⁴ Advances are already being made in producing 'sperm' from the cells of women in the laboratory. See Singer, E. (2008) 'Female Sperm? Scientists generate primitive sperm cells from female stem cells.' *MIT Technology Review*. Available: <https://www.technologyreview.com/s/409471/female-sperm/> [accessed 21 Mar 2019]

¹¹⁵ McHugh, P. (2015) 'Transgenderism: A Pathogenic Meme', *Public Discourse*. Available: <https://www.thepublicdiscourse.com/2015/06/15145/> [accessed 21 Mar 2019]

¹¹⁶ George, Robert P. (2016) 'Gnostic Liberalism', *First Things*. Available: <https://www.firstthings.com/article/2016/12/gnostic-liberalism> [accessed 4 Jun 2019]

¹¹⁷ See my article 'What Does it Mean to Be Human' on the Ethics page of my website (www.paulcoulter.net/ethics) for further discussion of monistic and dualistic views of human nature.

approach to medicine requires and it is, in my judgement, unethical. This would be true even if there were no alternative pathway, but there is. Neuroscience has, in recent years, developed an understanding of neuroplasticity, meaning that the brain is capable of significant structural change over time. This makes the interpretation of brain scans difficult. Findings of larger than average size or activity in a brain area connected with a pattern of behaviour or thinking has sometimes been presented as evidence that these ways of thinking or acting result from the structure of the brain. The conclusion in this case would be that patients are not choosing to think or act this way. It is, however, just as plausible and perhaps more so that the enlargement or increased activity is not the cause of the thoughts or actions, but results from them, in much the same way that muscles enlarge over time when they are used repeatedly.

Neuroplasticity means that the brain is more open to change than any other organ in the body and that this change can be achieved through psychotherapy and discipline of the thought life. This may take considerable time and a great deal of effort and there can be no promise that it will result in complete and permanent alteration of thinking, but it does suggest that a less risky, less costly and more sensible approach to transgender than 'transition' is to seek to bring the mind in line with the sex of the body. The brain and thoughts can change without the drastic measures entailed in hormonal and surgical transition. Furthermore, people who experience transgender thinking may also be helped by correction of false ideas about the acceptable 'norms' of what it is to think like a man or a woman. A combination of a reduction in the extremes of an individual's thoughts about their identification as the opposite sex and an expansion of the range of possible ways of thinking as their own sex may be a pathway for people who would otherwise be identified as 'transgender' to learn to live at peace with the body they were born in.

When doctors endorse patients' sense of being 'transgender' and cooperate with them in seeking 'transition', they show that they have departed from the idea of medicine as the service of others for their good in accordance with reality. This is especially concerning for psychiatry. As Ryan Anderson writes:

Our minds and senses function properly when they reveal reality to us and lead us to a knowledge of truth. And we flourish as human beings when we embrace the truth and live in accordance with it. A person might find some subjective satisfaction in believing and living out a falsehood, but that person would not be objectively well off. Someone could make it through life believing and living out a falsehood without experiencing psychiatric distress, but that person would not fully flourish. [...]

Unfortunately, many professionals now view health care in general, and mental health care in particular, as primarily a matter of fulfilling a patient's desires.

This is a profound shift in the understanding of medicine. It may be defended on the basis that professionals do not wish to be paternalistic, but, ironically, it brings them full circle to a new kind of paternalism. If the old paternalism saw doctors making decisions for their patients rather than allowing them to choose from a range of possibilities, the new paternalism sees doctors affirming patients in ideas that are not objectively true. The old paternalism justified the doctor's choice of treatment on the basis of the doctor's superior knowledge without taking account of the patient's wishes and feelings. The new paternalism endorses the patient's choice of treatment on the basis of the patient's wishes and feelings even when the doctor can see that they do not correspond to reality. This may not be paternalistic in itself, but when doctors allow patients to believe that the treatment will actually cause their bodies to 'transition' they are not obtaining properly informed consent from their patients. This is a new form of paternalism in the guise of non-paternalism.

It appears that the popular debate has departed from any evidential tethering, but it has also failed to appreciate the fundamental difference between recognising a phenomenon to exist and determining

whether it is good or bad and what should be done about it. Furthermore, the phenomenon of transgender identification raises an important question about the nature of reality and whether it is important to live in ways that correspond to it. Such questions take us into the realms of philosophy and worldview, which are the focus of the next section.

Worldview Matters

Worldviews and Sex and Gender

The preceding section ended with the suggestion that underlying perspectives on transgender are questions of philosophy and belief. I have suggested above that the limited evidence we have points towards the conclusion that health with regards to gender identity is best achieved by managing transgender feelings in line with acceptance of one's biological sex and expression of the corresponding gender pattern. It is, however, important to recognise that this is as far as the scientific evidence, however strong it may become in future, can lead us. Science can point us towards an understanding of what is healthy for people, or at least for the majority of people, but it cannot tell us what is right and wrong or whether an individual's feelings should be respected irrespective of their health implications. Scientific research can describe for us what people believe to be true and good, but it cannot prescribe what people ought to believe or why it should matter what people think or do. Medical evidence should guide professionals in what is ethical for them to do if we believe there are ethical standards, for example 'first do no harm', but such standards rest on values that cannot come from the evidence. Questions of right and wrong, good and bad, rest on foundations that extend to the very nature of reality and our knowledge of it. We cannot respond to the phenomenon of transgender without entering into questions about the ultimate nature of humanity and morality.

The underlying stories or the sets of principles people believe about the nature of reality and human existence can be called 'worldviews'. An individual's worldview is the core of their being, the fundamental beliefs they have about the nature of life, from which their values derive, which then affect their behaviour. Traditionally, people generally derived their worldview from the community or society in which they lived. Ethnic groups have distinct cultures because their worldviews are different. Perspectives on gender identity rest on deeper foundations in worldviews. People often live with inconsistent worldviews. Postmodern people reject the very idea of a metanarrative that makes sense of everything and applies to everyone. They live in storied micro-communities, often temporary in nature, with a mixture of views that are often incoherent and even conflicting. In reality, most people in Western societies take a 'pick and mix' approach of blending ideas from modernity with postmodernity, seasoned with a sprinkling of pseudo-Christian or new age spiritualities. In different situations and at various times each of these may predominate and there is little consistency.

Worldview has limited usefulness as a concept when engaging with such people because they have no coherent worldview, no metanarrative (a grand story that claims to explain universal human experience). Indeed, this is especially true for many transgender activists, who may be said to "promote a highly subjective and incoherent worldview".¹¹⁸ It may be the case that instead of debating worldviews, we must learn to listen to their stories and skilfully tell an alternative story, introducing them to Jesus. At the same time, however, it is often helpful in such a process to gently help people to recognise the incoherence (perhaps even illogicality) of their current worldview by contrast with the coherence of the Christian message. We need to take some time to see which worldviews contribute to transgender ideology.

¹¹⁸ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.45.

Different authors suggest various questions that a worldview must address. James Sire, a leading Christian author on worldviews, meanwhile, suggests eight questions.¹¹⁹ I suggest the following five questions, which relate to five basic human needs identified in brackets:

1. What is real and true? [MEANING]
2. Who are we and how do we find wholeness? [IDENTITY]
3. Where can we find safety from what threatens us? [SECURITY]
4. Where can we find guidance for living well? [PURPOSE]
5. Where are we going to and how will we get there? [HOPE]

Human beings seek meaning, identity, security, purpose and hope. Especially in moments of crisis, we long for answers to these basis questions. In what follows, I will describe some of the answers to each of these questions that influence prevalent views on gender identity.

MEANING: What is real and true?

The question whether transgender identities are real may seem controversial, but it must be asked important if we are concerned to have a clear understanding of the issues. It is undoubtedly true that gender dysphoria is a real experience for some individuals. The distress they report cannot and must not be denied. It is also true that some people understand themselves to be ‘trans’ without any significant distress. This is not, however, the same as saying that they *are* transgender. They may describe or explain their experience in terms of being trapped in the wrong body, but deciding whether this experience corresponds to reality depends on underlying ontology (is there is any objective reality external to ourselves to which our subjective experience should be aligned?) and epistemology (if such objective reality exist, to what extent and with what degree of certainty can it be known?)

Since the late 19th Century, the predominant view of origins has been that life evolved through mindless, random processes. This belief rests on a worldview we can call **naturalistic materialism**. This system of belief claims that all that exists is physical matter (materialism) and that it is ordered by natural forces and principles alone (naturalism). The primary, or only, source of knowledge in this way of thinking is the physical sciences, which can measure and manipulate physical materials. A materialistic understanding of existence and life is difficult to square with transgender identity as an objective fact, rather than a subjective experience. If the physical world is all that exists, then the body ought to be the determining factor in human identity, since only the body exists and there is no ‘self’ that can be distinguished as separate from the physical nature of the body.

Naturalistic materialism had its roots in the philosophical revolution called the **Enlightenment**, which occurred in eighteenth century Europe. They rejected the existence of God (**atheism**) or at least relegated God to the status of an absentee landlord who created an orderly universe and then stepped back to let it run according to his design (**deism**). Early naturalists generally continued to believe in a universal standard of morality. Their belief that natural laws govern the physical universe extended to the belief that universal moral laws serve as a standard for healthy and good living. Societies should encourage adherence to these norms and should respect the autonomy of individuals to follow natural law. This perspective explains the

¹¹⁹ Sire, J. (2009) *The Universe Next Door: A Basic Worldview Catalogue*, 5th edition. Downers Grove: IVP.

continued adherence to 'traditional norms' of gender, sex and sexuality in Western countries long after the emergence of naturalism and its replacement of Christianity as the predominant worldview underlying public policy.

Enlightenment thinking can broadly be called **modern**. Modernistic philosophy believes that humankind is on a journey of progress. It believes in a big story – a metanarrative – of the progress of society towards some utopian ideal. The long period of human history, when people found meaning and identity in religions is, somewhat pejoratively, called **premodern**. Modernism tends to put great emphasis on human reason as a means to discovering truth and understanding reality. Early modern thinkers, such as Immanuel Kant, believed in a universal morality which they thought could be seen in nature. This often aligned with traditional Christian moral values. For example, homosexuality was seen as wrong by both Christians and atheists. For Christians this was because it was forbidden by God. For modernists it was because it was unnatural.

Early LGBTI activists did not question the modern way of thinking. They agreed that morality can be based on nature, but they argued that nature is more varied than earlier thinkers had allowed. Homosexual activity, they pointed out, can be observed in other species. They argued that same sex attraction has a basis, at least partly, in a person's genes. For a minority of people, homosexuality is natural. For them, a vision of a society in which homosexual activity is illegal or judged to be immoral is not utopian, but dystopian. As this idea gained traction in society, traditional Christian morality began to diverge from the view of wider society on the question of homosexuality.

Strictly modern thinking never gained universal acceptance in Europe. Many people continued to hold to a religious worldview, while others could not reduce their understanding of human experience to purely material factors. Philosophical ideas like **existentialism**, which seeks meaning in the lived experience of the individual, and **romanticism**, which sought to give expression to emotions, co-existed with modernism. More recently, however, another reaction to modernism has come to the fore. It is generally called postmodernism (although some prefer to call it 'late modernism').

Postmodernism has been defined by French philosopher Jean Francois Lyotard as "incredulity towards metanarratives". In other words, postmodern people do not believe there is a single story (a metanarrative) that can explain and give meaning to our existence in the world that should be accepted as true by all people everywhere. Some postmodernists think there is no such thing as absolute truth, but most simply doubt our ability to discover absolute truth because of our cultural location. They rightly recognise that each of us sees things from a particular position or angle shaped by our experiences and context, but they are sceptical of any suggestion that we can rise above this to know for certain what is ultimately true. In this way of thinking, language has meaning only insofar as it describes the experiences of cultural groups rather than referring to universal objective truths. Claims of progress towards a utopia tend to reflect attempts by one group to grab or hold on to power. They define the utopia that suits them and others are subjugated to it.

Postmodern thinking bears much similarity to existentialism, with the primacy it gives to individual experiences, but it is more radical in its rejection the modern metanarrative of human progress. It is not always radically individualistic. Postmodern people often form communities of people whose experience is similar, especially if their experience is of exclusion or oppression.

Postmodern thinkers are suspicious of all metanarratives, including the narrative of fixed gender identities, and doubt the possibility that objective truth can be known with certainty. It is, therefore, suspicious of 'truth' claims and the authority figures that make them. Postmodern people appreciate the fruits of science, making use of technology, but are more likely than modern people to think that there are other sources of knowledge or pathways to truth. They tend to be open, therefore, to spiritual ideas, but suspicious of claims that one religion has the monopoly on spirituality. They are especially doubtful about organised religion and its representatives.

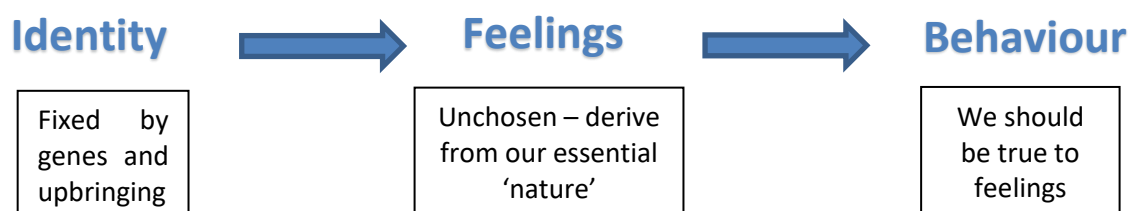
IDENTITY: Who are we and how do we find wholeness?

This is the central question in considering gender identity and, therefore, requires some consideration. As indicated above, one important question is whether there is actually a 'self' that is separate from the physical body. Underlying the whole arena of gender identity theories are some very fundamental differences that must be understood. Terminologies are not used consistently by groups and individuals, but we can distinguish quite different worldview beliefs underlying the perspectives described in the introduction to this paper, which are fundamentally opposed to one another:

LGBTI minorities

Campaigns for rights for people who identify as LGBTI have historically been based on the idea that homosexuality, rather than being a sinful, abnormal, unnatural or criminal behaviour, is a valid alternative sexuality alongside heterosexuality. The struggle was for acceptance in mainstream society alongside others. In this perspective, 'transgender' is another valid identity alongside cisgender and should be accepted. This perspective tends to think of sex and gender in binary terms and to accept a view of human nature summarised in the slogan 'born this way'. The belief is that we are a product of our genes and environment during development. Homosexuality and trans identities are not chosen any more than hair colour or handedness are. Advocates of this view will often point to the existence of homosexual activity in animal species as evidence that it is not unnatural, but part of natural behaviour.

The order of things in this way of thinking is as follows:



The philosophical view of human nature that fits with naturalistic materialism is **monistic**, meaning that it sees human beings as consisting of only one nature, the body. There is no 'self' separate from the body – the mind is an illusion resulting from the complex interactions of chemicals and electrical signals in the brain. The LGBTI narrative does not fundamentally deny this worldview. It accepts that nature is a guide to morality but argues that nature allows for more diversity than the two traditions norms. The combinations

of chemicals and electrical signals in some people's brains, it claims, interact in ways that cause them to be attracted to people of the same sex or to identify as a person of the opposite sex, so that these states are perfectly natural for these people. In 'transgender' people it is not that there is a 'self' of the other gender trapped in the wrong body, it is merely that the brain of the individual is more like the brain of the opposite sex, creating tensions in thoughts that can be resolved through 'transition'.¹²⁰

LGBTI ideology challenges the idea that only some combinations of the four core concepts are 'normal' and to change the way society deals with the minority of people who do not fit the historically accepted patterns. It reflects a departure from earlier modernistic thinking by rejecting the concept of universal morality in the realm of sexual behaviour. If only what is physical exists and if science is our best (or only) means for understanding physical reality, then we must reduce the range of natural morality only to what is seen in nature. We may recognise two 'normal' patterns of physical development, but we cannot describe feelings and behaviours as 'right' and 'wrong'. People are what they are by nature and they should be free to be true to their nature.

Such thinking combines with Marxist and liberationist perspectives to describe LGBTI people as oppressed minorities being discriminated against by the straight majority on the basis of nothing other than who they essentially are. LGBT activism, thus, finds common ground with the campaigns of other minorities and oppressed groups including ethnic minorities and women. This explains the inclusion of brown and black stripes on some versions of the rainbow flag to express solidarity with minority ethnic groups and the strong support many feminists have given to LGBTI campaigns. This modernistic perspective continues to be highly influential in many LGBTI groups and in the legal and medical approaches to LGBTI issues, but it is increasingly being challenged by a more radical way of thinking.

Queer Theory

A strictly naturalistic understanding of human existence has never been accepted without challenge in Western culture. Christians have continued to believe in the existence of a spiritual dimension (the soul in relationship to God), while others have argued for a higher level of human existence, including the romanticism with its emphasis on aesthetics of art and music and the more recent new age philosophies with their belief in the transcendence of human consciousness.

Most people in the past found their sense of identity in a metanarrative derived from outside themselves – whether from a religion, a philosophy, a political ideology or the story of a family, tribe or nation. If postmodernism is correct, however, there is no metanarrative from which we can gain an understanding of ourselves and we are left with a multitude of smaller narratives – our individual stories. Canadian philosopher Charles Taylor writes that in a postmodern world without constraining metanarratives, “we come to think of ourselves as beings with inner depths”.¹²¹ These inner depths may be buried in our subconscious self underneath layers of shame and guilt conditioned by the expectations of others. Taylor explains that the contemporary culture of the West is, thus, governed by the idea that our goal should be authenticity. What is good is to be authentic – to be true to your real self.

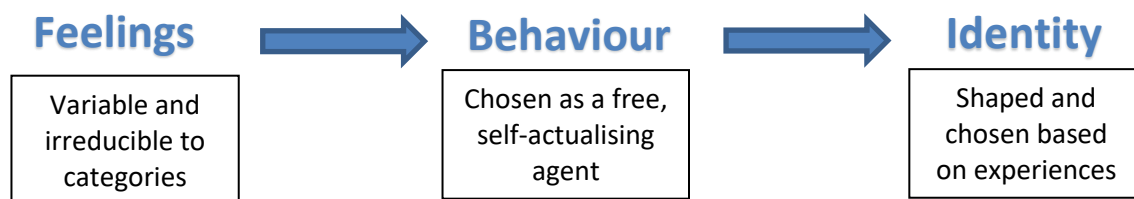
¹²⁰ Note here that, as argued above, there are good reasons to question the idea that 'transgender' people have brains of the opposite sex and, even if they did, the idea that the best approach is to align the rest of the body with the brain is highly problematic.

¹²¹ Taylor, C. (1992) *The Ethics of Authenticity*. Cambridge: Harvard University Press, p.26.

The idea that knowledge of oneself is not objective (measurable and observable by others), but subjective (known only to me in my experiences) is central to Queer Theory. If it is right, then no one else can tell you who you truly are, but insists that you can know who you truly are and demands that society adjusts to accommodate it. Queer theory is, thus, like postmodernism more broadly, highly individualistic, but not truly opposed to the idea of truth to guide one's life. It simply locates the authority to determine that truth in the individual rather than society, legislators, medical professionals or scientists and restricts that authority to the individual.

'Queer theory' argues that 'homosexual' and 'transgender' are not distinct identities of minorities, but aspects of universal human sexuality. The very idea that sexualities and gender identities are binary is seen as restrictive and socially constructed. People who do not fit the norms expected in society should not merely fight for equality and acceptance, but for a more radical change in society in which labels are no longer meaningful. Queer theory activists reject the 'born this way' argument and insist that their sexuality and gender expression are choices.¹²² In this way of thinking, identity does not result from genes and environment, but from choices and experiences. We are self-constructed individuals. In some ways, this is the logical conclusion of the idea that gender is a social construct. After all, if that is true, then gender cannot be a fixed and unchanging reality fitting into neat categories. It must, surely, be as fluid and diverse as people are.

The order of things in this way of thinking is as follows:



Queer Theory reflects an understanding of human nature in which the authentic self, the self of inner experience, can be distinguished from the body. It, therefore, reflects a resurgence, in opposition to monistic views of human nature, of **dualistic** thinking, which sees two distinguishable parts in a human being. Ancient Greek philosopher Plato, believed in a body-soul dualism, while early modern French philosopher René Descartes described a mind-body dualism. This 'Cartesian' dualism underpinned the development of psychological sciences and psychiatry in some degree of tension with physical sciences and other branches of medicine.

The obvious question for Queer theorists is: what is the nature of the authentic 'self'? If a person feels that 'they' are trapped in the wrong kind of body, who or what is the 'they' that is trapped? Is it a soul or a mind? On what philosophical basis would they conclude that there is a 'they' distinguishable from their body. Even if they believe that a non-physical soul or mind exists, on what basis can it be said to be gendered? How can something that is immaterial have a gender, since our only way of understanding gender relates to the existence of two sexes and these are distinguished on the basis of physical (i.e.,

¹²² For an explanation of this perspective from someone who identifies as "a queer woman", see: Miller, Lindsay (2011) 'Queer by Choice, Not by Chance: Against Being 'Born This Way'', *The Atlantic*. Available: <https://www.theatlantic.com/health/archive/2011/09/queer-by-choice-not-by-chance-against-being-born-this-way/244898/> [accessed 28 Mar 2019]

material) differences? Is the true 'self', perhaps, a 'soul' or a 'mind' or a 'spirit'? Queer Theory is not compatible with a strict naturalistic materialism but its advocates have no clear answer to the question of what the 'self' is. Some transgender activists may seek to dodge the question by saying that transgender experience results from having a brain that is more akin to the brain of the opposite sex.¹²³ There is no robust evidence for this claim.¹²⁴ Even if there were, it would not resolve the problem, since it only raises a new question: why is it better to change the body to align with the brain rather than to change the brain to align with the rest of the body, especially in light of the phenomenon of neuroplasticity?

Transgender ideology rests on a view that the essential nature of a person is independent of the body, but such thinking tends to denigrate the body.¹²⁵ American Christian philosopher Nancy Pearcey identifies transgender as one of several modern manifestations of dualistic perspectives on human nature:¹²⁶

Secular thought today assumes a body/person split with the body defined in the "fact" realm by empirical science [...] and the person defined in the "values" realm as the basis for rights [...]. This dualism has created a fractured, fragmented view of the human being, in which the body is treated as separate from the authentic self.

This analysis is helpful, but Queer Theory goes beyond earlier dualisms in two senses. Firstly, rather than fragmenting the person into two parts (body and person), it tears individuals in at least five different directions: gender identity, biological sex, gender expression, romantic attraction and sexual attraction. Secondly, Queer Theory effectively reverses the two realms from the pattern described by Pearcey, treating the 'self' of experience as the 'fact' that cannot be disputed and reducing the body to the status of an appendage to be modified at will.

Queer theory has met with a backlash from some feminists who see it as undermining their campaigns for equality for women by removing the very concept of 'womanhood'. These feminists have, in turn, been labelled by supporters of Queer Theory as TERFs – trans-exclusionary radical feminists. In response they argue that they are not denying the possibility of transgender identity, but merely seeking to defend the progress feminism has made in creating safe spaces and equal opportunities for women.

Some advocates of queer theory support the concept of **postgenderism**, which argues that gender roles in society are detrimental and should be minimised or removed altogether. In its most radical forms, this would mean raising children without assigning any gender identity to them and removing all distinctions between the social roles of males and females. Gender-distinctive terms would be removed from language altogether: son/daughter becomes 'child'; mother/father becomes 'parent'; brother/sister becomes 'sibling'.

Transgender self-identification is one version of **transhumanism**, which is the belief that human beings are now able to, and should, transcend the limitations of nature to advance our species. Evolution brought us

¹²³ As proposed, for example, by biologist Robert Sapolsky: Sapolsky, Robert M. (2013) 'Caught Between Male and Female', *Wall Street Journal*, Dec 6 2013.

¹²⁴ Mayer, Lawrence S. and McHugh, Paul R. (2016) 'Sexuality and Gender', *The New Atlantis*, 50, p.98.

¹²⁵ This point is made by both evangelical philosopher Nancy Pearcey and Roman Catholic theologian Margaret McCarthy: McCarthy, Margaret H. (2016) 'Gender Ideology and the Humanum', *Communio: International Catholic Review*, 46, p.274-298; Pearcey, Nancy (2018) *Love Thy Body: Answering Hard Questions About Life and Sexuality*. Grand Rapids: Baker Books

¹²⁶ Pearcey, Nancy (2018) *Love Thy Body: Answering Hard Questions About Life and Sexuality*. Grand Rapids: Baker Books, p.14.

so far, but we can now take the reins and speed the process of progress towards a better future. New reproductive technologies, which open the possibility of parenthood to unattached individuals and couples of all sorts, and the promise of genetic engineering feed into this narrative.

Common ground and tensions

The LGBTI minority perspective and Queer Theory share a rejection of the dominant narrative of male and female that has long shaped human cultures. For both, this narrative is oppressive and restrictive. Where they differ, however, is on the degree to which it must be challenged. The traditional approach of campaigners for LGB rights calls for additional options to be respected, but Queer theory seeks a radical label-free approach. These are, respectively, as Jonathan Kemp explains, minoritizing and universalizing views.¹²⁷ Kemp summarises the perspectives as follows:

the minoritizing view [...] exemplified by the term 'lesbian and gay' – whereby there is a discrete minority of people for whom same sex desire is a defining condition of their identity and as such much be assimilated into existing cultural norms. This view is often termed 'assimilationist', but we could also call it 'liberal' or 'humanist' as well. Conversely, the universalizing view is exemplified by the term 'queer', which sees societal norms as oppressive, sexophobic and in need of radical change. We might also call this view 'revolutionary', or 'critical' or even 'postmodern'.

Queer theory flies in the face of the naturalistic understanding of humanity. Christian theologian Tom Wright likens modern confusion about sexual identity to the ancient Christian heresy Gnosticism, which followed Platonic influences to emphasise a dichotomy between the body and the self.¹²⁸ At one level this should be welcome to Christians – they can agree with 'trans' activists that human identity is more than the bare physical stuff of the body – but at another it is troubling as concepts of health have historically been of wholeness – alignment of aspects of our being in an integration free from conflict. The phenomenon of transgender identification gets to the heart of who and what we are and how we know it.

At a philosophical level, transgender is highly questionable. What does it mean when a person says that the 'real me' – the person they construct in their internal thought life – has a gender that is different from their body? What is the essence of that 'self'? Perhaps even more problematically, self-designation as 'transgender' depends on an individual being able to claim that they know what the internal life of the opposite sex is like. If I have the body of a man but believe I am a woman, I must believe there is a difference between the inner selves of men and women and that I know that my inner experience is more like that of a woman than a man. How would I know this, though? When can any individual truly claim to know what the inner experience of another individual is like? Can we really determine that with complete confidence on the basis of external factors (behaviours and expressed feelings)? As Ryan Anderson asks, "What does it even mean to have an internal sense of gender? What does gender feel like?"¹²⁹ These are pertinent questions for both the traditional LGBTI and the Queer Theory ideologies.

¹²⁷ Kemp, J. (2009) 'Queer Past, Queer Present, Queer Future', *Graduate Journal of Social Science*, 6(1), p.3–23.

¹²⁸ Wright, Tom (2013) *Creation Power and Truth*. London: SPCK. p.12

¹²⁹ Anderson, Ryan T. (2018) *When Harry Became Sally: Responding to the Transgender Moment*. New York: Encounter Books, p.46.

SECURITY: Where can we find safety from what threatens us?

In common with all of us, people who claim one of the identities represented by the acronym LGBTQIA+ are looking for security. In Christian terms, I would say they are really looking for salvation. Importantly, this cannot be achieved simply by being free to live as they like in private, behind closed doors, or to believe what they do privately. A major theme in contemporary culture is what sociologist Robert Bellah called ‘**expressive individualism**’. This is the idea that, “each person has a unique core of feeling and intuition that should unfold or be expressed if individuality is to be realized”.¹³⁰

Importantly, expressive individualism does not only claim that an individual’s identity is defined by the individual’s feelings and intuition. It adds that this identity cannot be fully realised unless it is expressed. Expression of identity is an essential aspect of the authenticity Charles Taylor said we are seeking. The person must be free to live outwardly in a way consistent with this inner sense of identity. Any laws or social norms that limit the individual’s ability to do so are restrictive and damaging to the individual. Salvation, or liberation, requires their removal. Security for the individual can only be achieved by removing threats to the individual’s freedom of expression. The roots of expressive individualism and its implications for society have been summarised helpfully from a Christian perspective by Carl Trueman in his book *The Rise and Triumph of the Modern Self*.¹³¹

The LGBT and Queer narratives agree that security – or, put more positively, a good and meaningful life – depends on freedom to be true to oneself, but they see the outworking of this idea differently.

For LGBTI activists, people should be free from external oppression and control to live out of their essential identity. This is a modern narrative based on the idea of ‘normal’ categories that can be defined with precision in language because they reflect accurate knowledge of absolute truth. Knowledge may develop over time and what is ‘normal’ may be defined by society, but it should correspond to what is found in nature and where the evidence points. LGBTI activists want to ensure that the identities they hold precious are added to the list of ‘normal’, acceptable or legally protected categories of people.

Queer theorists reject the LGBTI account of oppressed minorities as simply another false metanarrative. It seeks to move beyond the idea of categories. Freedom and security for queer theorists means removing categories altogether.

PURPOSE: Where can we find guidance for living well?

The prioritisation of authenticity and the belief in the inner depths of ourselves mean that the only place we can look for guidance for good living is within ourselves. There are no trusted metanarratives and, therefore, no universal values to be adhered to. All authorities are to be suspected, since their understanding of ‘truth’ is as subjective as anyone else’s and their claims to truth are really claims to power. In the age of modernity, we might have expected people to seek truth through reason, weighing up the best evidence and acting accordingly. In the postmodern age, however, scientists are not trusted. Doctors and politicians should, therefore, get out of the way of ‘trans’ people, recognising that they are the

¹³⁰ Bellah, R. (1996) *Habits of the Heart*. Berkeley: University of California Press, p.333–334.

¹³¹ Trueman, C. (2020) *The Rise and Triumph of the Modern Self: Cultural Amnesia, Expressive Individualism, and the Road to Sexual Revolution*. Wheaton: Crossway.

experts on their own experience. Hence the calls to remove requirements for a medical diagnosis or a court process to decide someone's 'gender' before the law. Lack of openness to persuasion from the 'evidence' is a major cause of tension between supporters of Queer Theory and those who disagree. Postmodern people tend to create communities organised around shared experiences and senses of identity. These 'subcultures' reinforce values and beliefs which may or may not match the dominant view in the society within which they live. Social media contributes to the tendency, creating bubbles that reinforce rather than challenging ways of thinking. Alternative ways of thinking can be dismissed as 'ok for you, but not for us' or, worse, 'trying to oppress us like you used to in the bad old days'.

If I am to be free to make choices that are authentic to myself, I require autonomy. According to the Stanford Encyclopedia of Philosophy:¹³²

to be autonomous is to be one's own person, to be directed by considerations, desires, conditions, and characteristics that are not simply imposed externally upon one, but are part of what can somehow be considered one's authentic self.

This conception of autonomy is relatively recent in history, emerging from the Enlightenment emphasis on the individual as a rational being.¹³³ In fact, the meaning and extent of autonomy is debated in philosophy. Some, continuing to think of moral absolutes derived from the nature of things, describe it simply as the ability to choose to submit to moral principles external to oneself (this was the sense in which Immanuel Kant used the term), but for others it extends to one's right to govern oneself, deciding what is morally acceptable. It is this sense of autonomy that is increasingly influential in the way people think and feel, especially as the idea that there are universally binding moral truths which arise from outside human beings increasingly gives way to ideas that morality is relative, dependent upon cultural location.

When postmodernism blends with modernism at a societal level, the results are contradictory. Nation states, which are a modern invention, legislate to allow for same-sex marriage and gender recognition in response to the compelling narrative of the liberation of homosexual and transgender minorities from oppression by a predominantly heterosexual and cisgender society. In doing so, however, they serve a postmodern agenda, changing the 'norms' have changed for everyone, irrespective of sexuality or gender identity, and ultimately removing the concept of 'norms'. The postmodern belief that groups of people should be free to live within their own narratives rather than being forced to submit to the narrative of the majority is upheld by a modernistic mechanism – the ability of state legislators elected by the majority to make laws based on moral judgements.

In order to ensure the freedom of individuals to make autonomous choices, we must live in a liberal society in which the law does not impose any external restrictions on the individual other than those that are necessary to protect the liberty of other individuals. The rapid changes in law in recent decades concerning sexual behaviour, including marriage, parenthood and the provision for gender recognition, are results of this principle. Marriage is based on romantic love and sexual attraction and is not necessarily a lifelong commitment. Since attraction may be to either sex, the idea of same-sex marriage is understood as equal

¹³² 'Autonomy in Moral and Political Philosophy' (2015) <http://plato.stanford.edu/entries/autonomy-moral/#ConVar> [accessed 5 Nov 2015]

¹³³ The principle of individual autonomy, which is central to Enlightenment thought, was succinctly stated by English philosopher John Locke in 1689: "all men are naturally in, and that is, a state of perfect freedom to order their actions, and dispose of their possessions and persons as they think fit, within the bounds of the law of Nature, without asking leave or depending upon the will of any other man" (*Second Treatise of Government*, II.4).

marriage. In fact, since reproductive technologies and adoption allow same-sex couples to be parents, the right of the child to a stable family life means that marriage ought to be extended to all kinds of couples. Increasingly, however, it is no longer seen as enough that the law removes prohibitions and penalties for behaviours once deemed sinful (a Christian way to describe it) or unnatural (a naturalistic perspective). That may have been adequate for 'gay rights' campaigners of the past, but some of the social trends discussed above indicate a desire to radically reshape society around the Queer Theory perspectives that there are no normals and that binary conceptions of gender are myths.

These calls are justified on the basis of human rights and equality, but this raises some very important questions. It is one thing to say that people have a right to be authentic to their own sense of identity, but do others have a right to speak freely in opposition to their worldview? Increasingly anyone who does so is branded as 'phobic' and accused of harassment. Is there a right not to be offended? If so, how can we ever seek truth together as a society? Equally importantly, how are the rights of the few to be balanced with the rights of the many? Should the 'right' of self-expression (which is questionable as a concept) over-ride the 'rights' of others to feel safe and have privacy, especially when toilets and changing facilities are considered? The real crunch point here will be the education of children. What responsibilities do individuals have to the wider society in which they live and when should their freedoms be curtailed for the sake of social order? How is what is perceived by the individual to be good for him to be balanced with what is perceived to be good for the many?

These, then, are some of the issues at play for society: authenticity and autonomy; freedom and order; rights and responsibilities. The question for Western societies is whether they can navigate this minefield in a constructive way. In the meantime, rates of confusion about gender identity increase in young people and some responses are being pursued in the absence of, or even in direct conflict with, evidence. We might worry that this massive social experiment, driven by a radical ideology with an incoherent worldview (the real me might differ from my body, but I don't know what that real me is) will cause harm to the most vulnerable among us (young people and, especially, those who are most prone to mental illness).

HOPE: Where are we going to and how will we get there?

In seeking to understand people who identify as 'transgender', it is important to listen to them on their own terms. In an article on the BBC website, 'transgender' actor Rebecca Root writes as follows:¹³⁴

Although the word transgender has only been in use for the past 40 years – as a community we have been around for thousands of years.

An umbrella term for people who feel their real gender is different from their birth gender, transgender people are referenced in almost every major religion and society - with varying degrees of tolerance and acceptance. For centuries in Britain we were a mainly hidden minority, afraid to come out for fear of losing our families, spouses, friends, jobs and lives as we knew them. Recent equality law has in theory helped safeguard our livelihoods and the introduction of same-sex marriage has meant we no longer have to divorce our partners if we choose to transition. But it is still not a decision that people make lightly.

¹³⁴ Root, Rebecca (2015) 'What's it really like to be transgender?', *BBC*. Available: <http://www.bbc.co.uk/guides/zcwtsg8> [accessed 4 Jun 2019]

Often considered the forgotten and underrepresented component of the LGBTI community - for decades trans people have been vilified, ridiculed and misunderstood by many in society. However a recent, seemingly insatiable, media interest in the subject is helping to pull the trans community out from the sidelines and placing them firmly in the spotlight. But is this visibility necessarily translating to a shift in attitudes and acceptance of this long marginalised community?

Notice how Root describes her experience and the experience of others who identify as transgender. They have existed as an underground community that faced ridicule and fear of rejection in the past and continues to fear prejudice despite changes in the law. In fact, they are the most oppressed of all the components of the 'LGBTQIA community'. The point here is not whether this narrative is true or could be challenged in places, but what it says about how people feel. There is a narrative of hope of liberation from oppression and freedom to be authentic in identity. The Marxist, liberationist influences are clear.

The campaign for equal rights for 'transgender' people has limited implications for society, but, as discussed earlier in this paper, the more radical 'Queer Theory' has profound implications that are already being implemented in schools and are likely to extend to wider society if they are not challenged. The two perspectives, thus, have different visions of where we should go to as a society and how we might get there. Stepping back from this societal dimension of 'destiny', however, the two perspectives share a basic belief about the destiny of individual people which is hugely important in how their visions of a good future are formulated. Without a belief in any spiritual reality beyond this life, both LGB activists and Queer Theorists have no ultimate hope for life beyond death. Some people who identify as 'transgender' may, of course, believe in, or hope for, an afterlife, but the movement as a whole is driven by an emphasis on fulfilment in this life as the ultimate good.

If the most the individual can hope for is fulfilment and peace in this life, 'transition' is held out as the pathway to that goal. As discussed above, the evidence that this delivers what it promises is highly questionable, but it is nevertheless with this hope that many people who identify as 'transgender' seek medical 'help'. It is, perhaps, ironic that in doing so they use the fruit of modernity and science (safe surgery and refined hormones) to achieve what is the ultimate expression of postmodernity with its suspicion of science. The message is that evolution brought human beings so far, but we are now masters of our own destiny and we can overcome the limitations of nature to become what we know ourselves to be. In the absence of any normative ethical standard, there is no reason to limit the application of science to our personal choices.

Summary: Shared and Divergent Values

In this section I have sought to explain the two divergent worldviews underlying current thinking about gender: the modern and the postmodern. The following table summarises the congruence and divergences in these perspectives.

	Meaning	Identity	Fulfilment	Direction	Hope (personal)	Hope (society)
Modern ('LGBTI minorities')	No ultimate meaning beyond	Nature	Success and posterity	Evidence and experts	Nothing certain after death –	Equal rights for LGBTI minorities

Postmodern (‘Queer Theory’)	human experience	Choices	Being true to one’s feelings	Personal feelings and experience	seek fulfilment – ‘transition’	Deconstruction of gender norms – drop the labels
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The modern worldview holds to the idea that there are two ‘natural norms’ of sex, gender and sexuality, but acknowledges that there are minorities of people who do not fit either of these ‘norms’ who should have the same rights in a liberal society as the majority. This perspective follows the strict logic of a naturalistic worldview towards the conclusion that people are the result of their genes, but, in contrast to the earliest naturalists, it does not expect or seek to enforce conformity of individuals to what nature reveals to be good for the species as a whole or even healthy for the individual. Rather, in an age of liberal democracies, individuals are free to follow what seems natural to themselves and regulations should only in place to limit individuals’ freedoms where necessary to prevent harm to others.

The postmodern worldview, by contrast, sees the continuance of the idea of ‘norms’ as repressive. It pushes the idea of liberty to its extreme, suggesting that all concepts of fixed gender identities that can be reduced into categories are overly simplistic and merely perpetuate claims to power of the majority. In most cases, at least as far as it is articulated, postmodern thinking continues to accept the idea that human beings evolved through a mindless process to the point at which we now find ourselves, but it rejects the idea that we should be limited in our imagination or choices by the nature of things. If nature is meaningless, it is ours to control and manipulate. We create meaning in our social settings and in our individual preferences.

These two worldviews are clearly divergent in their vision of what should be done in society, but they agree on the basic contours of where we come from and where we are going to as individuals. As explained above, the postmodern perspective is currently winning out in youth culture and in educational policies concerning transgender. There are, however, significant pressures pushing back against it from those who fear its consequences for the well-being of society, especially the rights of women. It is, however, important to recognise that both perspectives affirm the idea of ‘transgender’ identity and support the freedom of individuals to ‘transition’ if they choose to in the hope of finding personal fulfilment, since both rest on a conviction that there is no external authority to guide our understanding of gender. This is the point at which they contrast most strongly with a Christian perspective on gender. In the next section I will lay foundations for a Christian view of gender before outlining a gospel worldview and its implications for our understanding.

In closing this discussion of the worldviews underlying transgender, it is important to say that most people who identify as ‘transgender’, or who campaign on behalf of those who do, do not have a coherent worldview. Indeed, it is not uncommon to hear the idea that ‘he was born that way’ held together with the contradictory claim that ‘he has a right to do what he likes’. This incoherence is an important point of entry into discussions about the whole issue with those who are willing to dialogue. Perhaps the contradictions may be acknowledged as pointers to the need for a coherent perspective that can account both for our physical nature and our sense of ourselves as morally accountable agents capable of real choices. The Christian worldview can explain how these can both be true.

Foundations for a Christian View of Gender

The Authority of Scripture

One of the challenges in writing about a 'Christian' view on any issue is the diversity of perspectives among Christians and between churches. This is certainly true concerning perspectives on gender identity and gender roles. For example, in December 2018 the Church of England issued guidance for clergy wishing to conduct a service to mark the 'transition' of people who identify as transgender.¹³⁵ It opens with the statement:

The Church of England welcomes and encourages the unconditional affirmation of trans people, equally with all people, within the body of Christ, and rejoices in the diversity of that body into which all Christians have been baptized by one Spirit.

The statement does not give any basis for this position other than the decision of the House of Bishops. The guidance implies that the Church accepts the objective existence of trans identity, endorses the reality of transition, and believes these are fully consistent with faithful Christian living. The explanation of biological reality earlier in this paper throws the first of these two claims into question, but the third requires a theological response.

The conviction underlying what follows is that Scripture is the authoritative word of God: word of truth given by God to His people through which He guides them in all matters of faith and practice in which He expects faithfulness. This conviction leads to the conclusion that the world created by obedience to the Scriptures is a better world than the one we inhabit. The basic principles we must apply as we approach issues is to read each statement in context:

1. Firstly, in the context of the wider passage to be sure we have understood its meaning (what clues are there in the text itself that help clarify it?).
2. Secondly, in the context of the whole Bible (how does it relate to statements elsewhere in the Bible and the overall story of Scripture and, especially, is it relevant to Christians now or only to Israel or Christians in a particular place and context?).
3. Thirdly, in its historical and cultural context (only where the meaning is not clear through the first two steps should the surrounding culture be considered as a determinative factor).

How Does Scripture Speak About Gender?

When Christians respond to issues concerning gender identity and roles, they often look for Bible verses that speak about the subject. That approach isn't wrong, but it isn't sufficient. When considering gender, this is especially important to realise. The Bible never uses the words 'gender' or 'transgender', a fact that should not surprise us since the latter word did not exist before the mid-twentieth century, nor did the idea

¹³⁵ Church of England (2018) 'Guidance for gender transition services published'. Available: <https://www.churchofengland.org/more/media-centre/news/guidance-gender-transition-services-published> [accessed 25 Mar 2019]

of 'gender' as a label for identities distinguishable from biological sex. The important point to realise is that it isn't just that the words are absent from Scripture; so are the ideas the words denote in the contemporary world. We are faced with a stark choice. Either we believe the contemporary narrative of gender as a social construct and the possibility of trans identities or we accept the biblical narrative which speaks from different presuppositions. God didn't simply give us a list of commands or propositions about what is right or wrong. The Bible does contain many such statements, but they are woven into a story – a great narrative about God's relationship to creation and, especially, to humankind. This grand story describes an alternative world, God's Kingdom, in which we are challenged to live. As we come into relationship with God and under His rule, the Holy Spirit uses the truths of Scripture to change us into people who embody the truth.

The consistent testimony of the Bible is that God created two sexes – male and female – whose members are equal in status but complementary in roles. Care is needed to determine which differences in gender roles described in the narratives of Scripture are divinely mandated (i.e., they are commanded by God or given His approval) and which are describing cultural patterns not approved by God and perhaps embodying sinful attitudes. In general, however, Scripture seems to work on the presupposition that distinctive gender roles emerge from the biological differences God designed and the order for society He ordained. Whatever conclusions are reached concerning the roles of the sexes, the fact that Scripture describes the sexes in binary terms and expects there to be a clear distinction between men and women can hardly be denied. Members of each sex are expected to dress and style themselves in ways that make their identity as a member of that sex clear. Cross-dressing is forbidden in the Old Testament Law (Deuteronomy 22:5), while long hair (and, at least in that context, head covering) was a distinguishing feature of women in New Testament churches (1 Corinthians 11:1-16). It is clear that different cultures define male and female clothing in different ways, but Scripture expects that there should be a clear difference between the two. Commands about Christian behaviour are often separated into those to men and those to women (e.g., Titus 2).

Another New Testament word, in 1 Corinthians 6:9, refers to men behaving like women. The word *malakoi*, included in Paul's list of people who will not inherit God's kingdom, literally means 'softness'. It may refer to moral laxity, but some uses in ancient Greek refer to men who acted femininely, hence the early English translation of the word as "effeminate" (KJV). More recent scholarship has suggested that *malakoi* refers to the partner in male-with-male homosexual activity who plays the part of the woman. The word *arsenokoitai*, which appears alongside *malakoi* in the list, means literally 'men who lie with men' and clearly refers to homosexual activity.¹³⁶ The suggestion, then is that *arsenokoitai* may refer to the active (penetrating) partner in male homosexual acts and *malakoi* to the passive (receiving) partner. On this basis, modern translations of the combination of the two words read, "men who have sex with men" (NIV), or, "men who practise homosexuality" (ESV), with footnotes explaining the reasoning behind the translation. Against this translation, however, the two words are separated by the same conjunction (*oute*, 'nor') that separates other items in the list, suggesting that the two words have distinct meanings. It seems likely, then, that *malakoi*, whilst it may include homosexual activity, refers more broadly to men acting like women. Importantly, this would not mean (as the KJV translation may seem to imply) men whose natural qualities might be described by cultural standards as 'effeminate' (e.g., higher pitch of voice or less body hair), but men who intentionally act the part of a woman (e.g., cross-dressing, styling as a woman or deliberately adopting mannerisms and speech patterns associated with women).

¹³⁶ Paul seems to have coined this word as an echo of the prohibition on homosexual behaviour in Leviticus

Any references in Scripture to people who act as the other gender are regarded as aberrations. God's people should not confuse this difference or push its boundaries. Some authors have argued from individuals like Deborah who fulfilled a role that was typically male that there are biblical examples which endorse a transgender lifestyle. There is no suggestion, however, that Deborah thought of herself or acted as anything other than a woman. She stepped outside gender roles that were normal in her context, but these were defined not by divine law but human culture.

Postmodern Readings of Scripture

Postmodernism has influenced biblical interpretation in recent years. Postmodern thinkers recognise that language and culture are intimately related. They think of words as being simply human inventions that are, at one level, labels for objects and ideas, but they also emphasise the fact that words are interpreted by their readers or hearers through their own interpretive lens. Significantly, words are also defined by those who are in positions of power, who use them to oppress others who are less powerful. Traditionally, those in power have been heterosexual men and societies have been what some have called hetero-patriarchies. In a postmodern world, no one has the right to enforce their labels and definitions on another person. Language has no universal meaning and individuals should be free to determine their own pronouns and identity labels, or to use none. When applied to Scripture, this perspective tends to see it as a cultural artefact reflecting the values of its authors who were, of course, male (probably without exception). A postmodernist may claim that the words of the Bible are only human labels produced by those in power to enforce their positions of power. Or, if this is too strong a judgement, at best the words of the Bible are confined to the cultural horizons of the authors, either because they were merely interpreting impressions from God in their own limited vocabulary or because God only revealed part of the truth to them. We can imagine a better world beyond the ethical standard of Scripture and that must, surely, be God's ultimate goal.

There is a certain degree of truth in postmodern claims about language. Words can be elastic, and interpretation plays a significant part in the meaning that is taken from any words by a hearer. We need to realise that terms like 'transgender', 'homosexual' and 'heterosexual' are very recent inventions. Throughout much of history, people were not labelled in this way. Christian anthropologist Jenell Williams Paris argues for an end to sexual identity because, "God created sexuality. People created sexual identity".¹³⁷ She suggests that all labels of identity are unhelpful, including heterosexual, because the way they tie together diverse aspects is too simplistic to meaningfully categorise a vast range of unique individuals, they conflate desire with identity in a way that is foreign to Scripture, and they are too reflective of what was deemed to be normal in the particular culture in which they were devised. This critique is largely very helpful. Labels like heterosexual, homosexual and transgender have no real meaning within a biblical worldview, as argued below.

What is less helpful, however, is Paris's approach to Scripture. She appears to believe that the same cultural relativity evident in modern terms for sexual identity also influences what the Bible says about sexual ethics. The biblical writers were responding to norms within their cultures and may have written

¹³⁷ Paris, Jenell Williams (2011) *The End of Sexual Identity: Why Sex is Too Important to Define Who We Are*. Downers Grove: IVP. p.75

something quite different if they could have conceived of different kinds of identities and relationships that were unknown to them.¹³⁸ It is this perspective on Scripture that leads Paris to conclude that although she is personally, “a ‘sex only within marriage between a man and a woman’ kind of Christian [...] Christians of good faith disagree about the meaning of personal sexual holiness”. On this basis she claims that, “disagreements about same-sex sexuality are just differences, not divisions”, and should, therefore, be accommodated within the Church family.¹³⁹ If my reading of Paris is fair, then we are agreed in our belief that modern labels of sexual and gender identity are inadequate and unhelpful, but whereas Paris is not clear about what should replace them, I believe that Scripture in its entirety shapes a worldview within which we can understand sex, sexuality and gender in a God-centred way that leads us to conclusions that are clear and will, indeed must, become a dividing line between professing Christians because what is at stake is faithfulness to God.

The problem with a postmodern approach to Scripture is that it denies what the Bible’s writers clearly believed: that they were recording truth revealed from God in a culture that was uniquely shaped over centuries by God’s actions and words. The writers of Scripture rejoiced in the perfect nature of God’s truth (see Psalm 119) and in its sufficiency to equip God’s people full for faithful living and belief (see 2 Timothy 3:15-17). The harder postmodern readings of Scripture (rejecting it in large part as a justification for power among those who held it) is really a repackaging of the earlier liberal approach to Scripture which saw it as faulty because it is human and either rejected the idea of divine revelation in words entirely or sought to distil the elements that came from God out from those that were merely human. Perhaps the writers misunderstood God in some respects, perhaps they couldn’t quite get beyond the limitations of their culture or perhaps God only gave them as much truth as they could cope with. We are now living in more enlightened times and our cultural values are superior to that of the Bible, so we can progress beyond it.¹⁴⁰

This language, of course, betrays the roots of this way of thinking in modernism, with its expectation of progress and confidence in human rationality, and raises serious questions about why we should bother reading the Bible at all. If our rationality can find better solutions to questions than those proposed in the Bible then we really don’t need the Bible. The argument is also self-defeating. If all claims to truth are claims to power, how can I so sure that my claim to see a better truth than that spoken in Scripture is not merely my self-justification of what suits me or gives me power (even if the kind of ‘power’ it gives is simply to choose my own way or to be approved of by my culture)? If we take seriously the biblical claim that Jesus is the ultimate and complete revelation of God and that the Bible is given by God and, therefore, true and trustworthy, we must allow it to judge our reason and our cultural values. I cannot establish a case here for my convictions about the authority of Scripture, but I simply say that I am seeking to be under its authority, believing it to reflect God’s will, rather than to make my own judgements of what is right and wrong based on the authority of my reason.

¹³⁸ *Ibid.* p.64-65.

¹³⁹ *Ibid.*, p. 85, 144

¹⁴⁰ This approach to Scripture is known as ‘trajectory hermeneutics’. It argues that there is movement within the Bible from a more restrictive view of sexuality and gender in the Old Testament to a more liberated view in the New Testament. God brought people so far, but the trajectory is pointing towards a better standard that we are now closer to, having been helped by scientific and societal progress. The idea of a trajectory in Scripture can be challenged, but the greater problem with this view of Scripture is that it makes human reason (what we think is best) the final authority rather than Scripture.

Gender in a Biblical (Gospel) Worldview

Our Alternative Narrative

Recognising that the predominant narrative underpinning changes in thinking about sexuality in recent decades is the liberation of oppressed minorities, former professor of psychiatry, Glynn Harrison, writes:¹⁴¹

The sexual revolution is not held in the popular imagination as a list of facts - it is held as a story. It is a story about the freeing of the human spirit from the stifling shame of Christian tradition. It contains sub-plots with heroes who had the courage to swim against the tide of hatred and prejudice, and villains who tried to bring them down. These stories are narrated, over and over, through sitcoms and romcoms, in documentaries and drama. In response we have often deployed complicated arguments, or listed the 'deviances' and the diseases. This simply doesn't work. We have to tell a different story. A better story that appeals to imagination as well as intellect.

Harrison's insight is incredibly helpful. A Christian response to issues of sexuality and gender identity cannot simply rest on quoting those parts of Scripture that speak directly about them. There are commands and warnings in the Bible, but they rest on foundational convictions that the people who issue them are speaking from a real God and that God should be trusted and obeyed. In other words, the moral vision of the Bible is only defensible against the backdrop of its story of humanity and God. To people who have no belief in the existence of God, Christian claims about right and wrong merely sound like attempts to regain lost privilege.

The alternative story we have to tell is the gospel – the world-changing message that in Christ God is redeeming a people and restoring creation as an eternal home for them. Importantly, this story is not 'better' than alternatives merely because it offers better things to those who live according to it (although it does!), but because it is true. Christian presentation of the gospel must always lead people beyond what seems good for them to what is ultimately real. This story centres on Christ's death and resurrection, but extends from Genesis to Revelation, from creation to new creation. In this sense, the answer to every wrong idea is the gospel. It is within the metanarrative (grand story) of Scripture that our lives find meaning and direction. The five worldview questions and the needs they identify can be related to five movements in the gospel story which will be considered in turn in relation to gender identity. Importantly, the gospel is a 'better story' than alternatives not only because it is better for people's individual 'flourishing' in this life, or even for the 'flourishing' of society. Rather, the gospel reframes issues by setting them in an eternal perspective. The gospel redefines our understanding of what is ultimately good and how we should respond to it. This will be explained in what follows.

MEANING: God reigns

¹⁴¹ Harrison, Glynn (2015) 'A Better Story: Re-imagining the Biblical Vision for Sex and Marriage'. Paper based on the Rendle Short Lecture delivered at the annual conference of the Christian Medical Fellowship. Available from: http://www.eggscfe.org.uk/uploads/5/5/6/3/5563632/a_better_story_-_gh.pdf [accessed 6 Nov 2015]. Harrison has since developed his thinking into a book: Harrison, Glynn (2017) *A Better Story: God, Sex and Human Flourishing*. London: IVP.

The gospel story begins with God, who is eternally glorious in holiness, love and power. It, thus, reframes every issue by putting God at the centre. Discussions about transgender are often anthropocentric, concerned merely about what is good for individuals or society in this life. Issues of 'human flourishing' are important, but Scripture is profoundly theocentric. It is true that Christians need to recapture the gospel as a message of liberation rather than oppression, but when we begin with an understanding of the sovereign rule of God the idea of liberation is relativised. We cannot be liberated from the basic fact that we are accountable to our creator. The gospel does not present human flourishing in this life as the ultimate good. Rather, it presents a vision of the glory of God as the highest good and of human flourishing in eternity through recognition of, surrender to and celebration of His superior wisdom.

Significantly, God is not gendered in any objective sense, although the Bible (and this paper) tends to refer to Him using male pronouns. He does not, however, have a body and therefore has no sex and His character embodies all that is good in both sexes. His care for His people is normally described as the love of a father or husband, but it is also expressed in Scripture in terms of the selfless protection of a mother. The sovereign rule of God reveals the notion of human autonomy as, ultimately, a lie. We are not free to rule ourselves as we see fit, either as individuals or as societies. We live within the limits God allows and we will finally give account to Him. In one sense of the word we are autonomous – God grants us freedom to choose whether to acknowledge divine truth. Nevertheless, we are accountable to the divine Lawgiver. It is not that God is an oppressive dictator, taking pleasure in enforcing laws that are bad or unpleasant for human beings, but that everything that exists was made from His goodness and nothing can be utterly good until it is aligned with His good will. The recognition of God's sovereignty leads us to realise that human flourishing is not the supreme good or at least that it is inseparable from and must be defined in light of the principle of God's glory and honour.

God's power and authority undergird creation. By the power of His word He spoke the universe into being. Human life has ultimate purpose because the universe has a purpose since it was created by an all-knowing and all-wise Creator. Human significance derives from the fact that God made us for a purpose – to reflect His image – and loves us. The sovereignty of God in creation has implications for the nature of truth and knowledge. Modernity was confident that absolute truth could be discovered through human reason and that humankind could build a better future through the application of this knowledge. Postmodernity doubts all of this. In modernity, there was believed to be natural law and the duty of human beings was to live in line with what is natural – hence, transgender identity and homosexual attraction were seen as unnatural. For postmodern people, however, there is no absolute truth external to one's own experience and there is no obligation to live by any 'natural law'. The Bible cuts across both of these narratives and presents God's knowledge, wisdom and will as the foundation for truth and God's desire to communicate to His human creatures and gift of rationality to us as the basis for our ability to know.

Returning to the monism/dualism debate that separates LGBTI minorities and Queer Theory perspectives, the Bible presents a fundamental dualism in which God, who is spirit, is distinct from the physical world He creates. Biblical theism cannot be reduced to pantheism (everything is God) or panentheism (God is in everything). The Bible also reveals that human beings are more than monistic creatures, describing us as ensouled bodies or embodied souls – the soul (or heart), which is the seat of emotions, thoughts and will, is not coterminous with the body. To these two may be added the 'spirit', often described as the dimension of human existence that relates to God. At times in history, the Church has taken this dualism too far, influenced by Platonic thinking. More recent theologians have sought to rebalance sharp dichotomies between body and soul with a perspective often claimed to be more Hebraic than Greek that describes

body and soul as intricately intertwined and inseparable. Indeed, to separate soul from body is the very definition of death! When we realise this, there is no contradiction between a thoroughly biblical understanding of humanity as ensouled bodies and the neuroscientific consensus that brain and mind are interdependent and coexistent.

Within God's created order, the existence of two sexes is no accident of evolution, but part of His good design. Both male and female are created in God's image (Genesis 1:27). They are equal in status and only together can they reflect God's likeness – male alone or female alone is inadequate for the task. It is only by cooperating their God given task of ruling over and subduing the earth, and only through sexual union that they can multiply in order to further this task. Genesis 2 further emphasises the equal status of men and women – Eve is the power equal to Adam who is made from his side – but their complementarity – she is able to fill the gaps in what he can do and marriage is founded on the basis of their committed lifelong union.

The biblical account of sexual activity and parenting is varied. There are many examples of family life breaking down, especially within the narratives of Abraham's family in Genesis – polygamy, incest, parental favouritism and prostitution are all portrayed there in vivid technicolour. Yet there is a consistent standard throughout Scripture against which these accounts can be judged, which is clearly expressed in Genesis 2:20-24: marriage between one man and one woman as the proper context for sexual activity and procreation. The phrase, "they shall become one flesh", describes a spiritual union in which the whole is greater than the sum of the two parts of which sexual intercourse is merely the physical expression – a giving of the body to the one to whom I have given myself (see 1 Corinthians 6:16).¹⁴² 'One flesh' describes a binding of lives, which becomes the basis for family life, including procreation and the raising of children. God designed family relationships, beginning with marriage and extending into parenting, for the good of individuals and society, but the Scriptures also present them as pointers to His love for His people (see Ephesians 5:23). The language of God as Father and husband is more than simply a metaphor. It refers to something real. The human equivalent is intended to be an image of the divine reality – human fatherhood and marriage are reflections of God's love for us. It is not that people projected human relationships onto God, but that God designed human relationships in such a way that they would teach us about and draw us to God.

The biblical expectation that certain forms of behaviour relate to a male or a female identity is not an assumption based on its writers' experiences in their historical cultural situations. Rather, it rests on the belief that the sexes were created different so that they work together in God's service. The findings of modern science about psychological differences between men and women added to the obvious physical differences fit with this picture. God designed men and women to complement one another. The existence of two sexes is not a convenient mechanism stumbled upon by blind evolutionary forces to increase genetic variation during reproduction. Nor was it simply a divine solution to finding a way for organisms to procreate. It expresses something about the image of God – the unity in diversity and interdependence that is found within the triune Godhead. As with everything in the biblical narrative, gender is not primarily about human identity, but God's glory and identity. Learning about gender and appreciating our difference is a profound lesson God's nature and purposes.

¹⁴² The Old and New Testaments are, therefore, consistent in prohibiting any sexual activity that falls outside this pattern, including extramarital sex, homosexual activity, rape, incest and bestiality. See the paper 'Christian Sexual Ethics', available at www.paulcoulter.net/ethics.

The important point to realise in speaking about the biblical vision of marriage is that, like gender distinctions, it points towards something greater than itself. The creation of humankind in two sexes means that procreation naturally occurs through a union between two people who are unlike. The physical coming together of the man and wife is both an expression of the unity in diversity that exists within the triune God. The proper context for this physical union according to the biblical vision is a binding covenant union (marriage) which is intended to mean that the man and woman become partners in all of life's challenges, not least in child-rearing. In marriage they learn interdependence, model love for their children and enact a parable of Christ and the Church. A marriage in which the couple love one another in this covenant way is a powerful testimony to God's covenant love, not least for the couple's children, but also for society as a whole

IDENTITY: We rebelled

Human beings were created to know, love and serve God, but rejected God's rule, bringing death. The rejection of God, which is called 'sin', had profound consequences for human existence. Christians do not locate our understanding of what is good in human experience, but in the person, glory and will of God. We accept the gospel as the true story, whether it is judged by human beings, whose minds are darkened by their rejection of God and truth, to be 'better' or not. The truth is often inconvenient, but it is liberating (John 8:32) and, as we discover it, we are drawn to the person who is the truth embodied, Jesus Christ. Christians trust in His judgement upon their experience because we acknowledge Him as Lord.

How, then, are Christians to understand gender identity and its relationship to biological sex? The Bible describes nature as a guide towards truth in some ways. In Romans, the apostle Paul explains that order of creation points to God's divine nature and power (Romans 1:20) and that our consciences echo God's law (Romans 2:15) so that what seems natural can indicate God's intended design. To some degree, then, the nature of things can guide us towards reality. In 1 Corinthians 11:14, for example, Paul argues from what is natural in support of maintaining a clear distinction in appearance between men and women. The universality of sex differences across human cultures and the findings of modern psychology are, from this perspective, indicators of God's design.

This confidence in 'natural law' explains why Christians found so much common ground with early modernists who accepted the idea of universal moral laws. As the wider culture has shifted away from this perspective, however, Christians have sometimes been carried along with the argument that, for some people, homosexual orientation or transgender identification is 'natural'. The Christianised version of the 'born this way' mantra of the LGBTI minorities campaign is the claim that 'God made me this way'. This claim rests, however, on a false equation of the nature of things as we find them now with how God originally intended them. Nature is limited as a guide to truth or ultimate good because we are affected negatively by sin. Our bodies are prone to disease, including disorders that occur during their development, such as DSDs. Mutations can occur in our genes that give us a predisposition to all sorts of behaviours that may not be morally right. Christians should, therefore, reject the idea that we are simply a result of our innate natural desires and that what seems right to us must be right.

Importantly, the sin of rejecting God's rule has also impacted our desires so that they are misdirected. Romans 1 charts the process of people replacing God with created things in their worship so that God gives

them over to their own desires until eventually they practice what seems right to them and approve of others who do the same. Transgender activity is not mentioned in this passage in the sins that result, but homosexual activity is. The point is not that it is a greater sin than others, but that it is typical of the confusion that results when human desires are shorn from their grounding in God's will. The root problem of human sin is not our sinful behaviour, damaging to us and offensive to God though it is, but our core rebellion against God. Without God, our desires are not a reliable guide to what is good or true. We are prone to deception both from Satan and from ourselves. Christians believe we cannot fully know God's will without the words from God faithfully recorded in the Bible. It is no surprise, then, within the Christian worldview that people should have ideas and desires which feel to them like part of their nature and identity, but which are not healthy or godly. The biblical account of the effects of sin includes the possibility of predispositions to behaviour that Scripture says is wrong which may have a basis in physical (including genetic) and social factors.

One arena in which these conflicted desires play out is the relationship between the sexes. Genesis 3:16 describes part of its consequences to the woman: "Your desire shall be for your husband, and he shall rule over you." This statement could mean either that the woman will not be content to be led by her husband and will desire to rule over him or that she will desire to be loved by him in a way that submits to his domineering over her. In practice it has probably meant both in the history of the relationships between the sexes. A relationship that was supposed to be a source of joy, creativity and productivity is turned into a field of conflict.

The biblical story of human identity is of individuals with immense dignity, created in God's image, but fallen into depravity because of our distance from knowledge of God. We see this strange mixture of goodness and evil in our societies and, if we are honest, in ourselves. Christians believe that each individual human person is a unique creation of God. We are known and loved by God, but we are also damaged by the effects of sin. As a result, we experience conflict within ourselves, which reflects both a wider spiritual war between Satan and God and the tension between our sinful nature and our God-given conscience. The freedom God gave our first ancestors is severely restricted by enslavement to sin (in the language of Romans 6), from which we cannot free ourselves. Put simply, no matter how great our intelligence and how impressive our rationality, we lack the capacity to govern ourselves. We need God to be our ruler.

The idea that we can be self-governing individuals is a delusion that derives from Satan's deception. From this perspective, the minoritizing LGBTI narrative and the universalizing Queer Theory narrative are both in error. LGBTI thinking, with its essentialist ('born this way') perspective on human nature is dehumanising, reducing us to the level of the animals, while Queer Theory, with its existentialist understanding of identity is deifying, exalting human beings to the level of gods. From a biblical perspective, we are neither brute beasts bound by our instincts nor divine agents able to create reality. We are the pinnacle of creation, imbued with immense dignity and granted great freedom, but we are creatures nonetheless, accountable to our Creator and bound by the enslaving power of sin.

This vision of human identity rejects the idea that we be defined by our sexual orientation or our feelings about our gender. Where the Bible speaks about sexuality, it emphasises actions rather than attraction. Similarly, with gender, it is concerned with what actions are appropriate for men or women rather than how they feel. Sin operates at two levels: the surface level of our actions (e.g., same sex activity, opposite sex activity outside marriage, cross dressing, speaking of ourselves using opposite sex pronouns, fighting in words and actions with the opposite sex) and the deeper level of our convictions (i.e., identifying as 'gay',

‘transgender’ or, perhaps, even ‘heterosexual’ or ‘cisgender’). Within the biblical worldview it makes no sense to call someone a ‘gay man’ or a ‘transgender man’ or a ‘heterosexual cisgender woman’. Such labels do not signal objective truths and Christians should humbly subvert them. To accept such labels as if they indicate fixed aspects of our core identity is as much sinful as acting from those desires. We are sinners in behaviour and in beliefs. Importantly, however, we cannot hope to manage the sinful behaviour until we reorient our beliefs. We do not change by moralising, but by surrender to God.

The implications of this truth for Christian behaviour will be explored under the heading ‘Direction’ below. Before moving away from the concept of identity, however, it is important to summarise the Christian understanding and to relate issues to biblical language. The following chart helps to do so:

Activity	Behaviour	Sins in actions
Attraction	Desires	Temptation
Identity	Beliefs	Sin in attitude

Sin operates at the level of both behaviours (what we do) and beliefs (the values we create to legitimise our behaviour). I sin when I do what God commands me not to do, but I also sin when I affirm values that excuse my sinful behaviours. The problem is not so much with my desires, but with what I do with them and how I interpret them. In this understanding of sin, it is sinful for people to act or ‘transition’ their body towards the gender of the opposite sex from their bodies, but it is also sinful for people to accept or attribute to others labels that imply that these desires point to who the person really is, including calling themselves and others ‘transgender’.

Before moving on to the next heading, it is worth pausing to consider how this understanding of sin differs from perceptions in our culture. When Christians are asked whether ‘transgender’ or ‘homosexuality’ is a sin, they may feel they should respond by saying ‘yes’ or at least clarifying that they believe the activity to be sinful. This may not, however, be the most helpful response. Rather, the Christian may want to ask the questioner what he means by the concept of ‘sin’. In a modernistic or postmodern culture, ‘sin’ does not mean a failure to acknowledge God and live in accordance with His word, but a failure to accept others unconditionally. We do not sin when we act against some moral law, but when we cause hurt or offence to another person. If we are to engage our culture on the issue of transgender, we must help to explain how the biblical understanding of sin differs from popular conception.

SECURITY: God rescues

According to the gospel, security comes through salvation and God alone can save us. God acted to save humans from sin and death, a plan fulfilled in Israel’s Messiah, Jesus. The law God revealed to Israel was upheld by Jesus, who lived fully according to it. It reveals the reality of human sin and our need of forgiveness on the basis of sacrifice. Jesus came to be that sacrifice. In His death on the cross, He took our place. He bore the punishment we deserved for our sins. He experienced to its full extent the alienation

from God that we chose. He was victorious over death, His sacrifice accepted, and He became the beginning of a new human race.

The incarnation, life, death and resurrection of Jesus show us what true human identity is. Our identity needs to be renewed through Jesus into His likeness and it is by the conforming of our character to Christ's that we become the people God has created us to be. When we look at the life of Jesus, our perceptions of gender identity are profoundly challenged. He cut across wrong cultural ideas about men and women, elevating women to the positions of highest honour (from His mother Mary to Mary of Bethany whose anointing of His feet would be told wherever the gospel is preached to Mary Magdalene the first to witness His resurrection) but maintained a distinction between the sexes including in their roles (He appointed only men as His apostles). His own character shows a perfect integrity of strength and gentleness, holy anger and equally holy tenderness. He was more authentic than anyone else – unimpeachable by His enemies except on false charges and faultless in the eyes of those who knew Him best – yet He was celibate. Above all, He is the ultimate example of not living by His personal desires, from His refusal to turn stones to bread amidst hunger to His acceptance of the cross as He prayed in Gethsemane. He called His followers to a comparable lifestyle, taking up their crosses and denying themselves to follow Him.

The example of Jesus tells us that a fulfilled human life need not be sexually active, and that denial of our desires is a path to true fulfilment. The cross of Christ means there is forgiveness for past failings. The resurrection of Jesus means there is a new life as a new creation and a new power to live for Him. The central claim of the gospel is that Jesus Christ is Lord and acknowledging Him as such means leaving aside our own attempts to understand our identity and accepting the biblical vision He upheld.

PURPOSE: We respond

The gospel calls us to turn away from sin (repentance) and surrender ourselves to God's rule. We recognise that God is utterly good and so God's will is the healthiest pattern for human beings to follow, but we also believe that our good (or what we perceive to be good for us) is not the ultimate good. Faithfulness to God's will is ultimately good even if it entails personal sacrifice. The gospel calls us to believe God's truth, revealed in His word, and to obey God's will. In understanding this, we must remember the nature of sin, which operates at both the level of belief and of behaviour. Our response of faithfulness in the areas of gender identity has implications in several directions:

Individuals: managing transgender feelings and aligning with the body

The LGBTI narrative says people *are* 'gay' or 'transgender' because of their genes or environment. Their desires flow from their essential being. Queer Theory, by contrast, says they have constructed these identities through experiences and choices that are authentic and free. Their desires are their right. The gospel says, however, that our desires are neither a reliable guide to our essential being because they are corrupted by sin, nor our right to choose, because we are accountable to our Creator. As explained above, the Bible nowhere discuss 'sexual orientation' or 'gender identity'. It would be wrong to condemn anyone for homosexual attraction or a sense of mismatch of their identity with their biological sex on the basis that the Bible forbids it. From a biblical perspective, such feelings, like many others, are desires that must be surrendered to God and in which we experience temptation towards actions that

are not God's intention and, therefore, sinful. They should be resisted, and grace should be sought to remain faithful through them. We may instinctively react against the idea of submitting completely to the will of God, but the Bible describes that rebellious attitude as the heart of sin, which enslaves us and surrender to God as its only antidote.

A focus on people's desires in pastoral practice may lead to sincere, but misguided and unfruitful attempts to change them. We cannot exclude the possibility that God may change someone's desires and there is certainly good basis in Scripture and in our understanding of psychology to suggest that the desires we feed grow, while those we starve shrink, but the key issue is not our desires, but our beliefs. Until we believe that there is a higher standard and the possibility of real change because we believe in a sovereign God, we cannot hope to have victory in our desires. With His help we can say no to desires and to the temptation of Satan to follow them and we can say yes to God's truth and the Spirit's empowerment to obey it. We change our beliefs and our behaviours will follow, whatever happens in the world of our desires.

Opinion among psychiatrists about transgender identity now tends towards the view that an idea or action should not be challenged unless it harms to another person or causes distress to the patient. From a gospel perspective, this is wrong, not only because we must give account to God, but also because the lies we believe are never harmless - they always keep us from God's truth and give a justification for behaviours that are sinful. As the apostle Paul wrote, people without Christ are "darkened in their understanding and separated from the life of God because of the ignorance that is in them due to the hardening of their hearts" (Ephesians 4:18). To believe one's true self to be something that one's body is not is not only unnatural, it is false and the light of Christ shines in the darkness of such thinking to bring truth and wholeness.

Christians are committed to overcoming the consequences of sin in human experience – we believe in advancing medicine so that disease can be cured – but we also believe that we should not transgress the boundaries of what God has designed into nature as it was originally created. Christians should, therefore, resist the use of technology to change the essential nature of creation. One result of this stance is that gender reassignment is unacceptable for people whose sex is clear. Where a person is born intersex, however, this is seen as a result of life in a fallen world and medical help should be given to overcome the challenges. Christians are also committed to the ideal of holding together genetic parenthood with loving nurture in a family unit that reflects God's intention – i.e., a mother and father together raising their biological offspring.¹⁴³ There will be situations where this ideal is not possible, but raising of children by same-sex couples and intentional single-parenting are inconsistent with God's will.

Family and Church: radical equality with complementarity

The Scriptures are radically egalitarian in their vision of the value and status of the two sexes, they also describe a pattern of complementary roles the family and the church. The equality of status of men and women in creation was distorted by conflict between the sexes as a result of sin. In the new humanity God is creating in Christ, equality is restored. The pattern Jesus established of regarding men and women as equal in relationship to Him and to His Father through Him should continue in the Church.

¹⁴³ I have presented a Christian perspective on parenthood and procreation in my article 'Misconceptions', available on the Ethics page of my website: www.paulcoulter.net/ethics.

Galatians 3:28 describes the radical equality of status that existed in the early Church among groups of people who, in wider society, were treated as superior and inferior to one another. The idea of slaves and their owners worshipping together or of women being regarded as equal in worth to their husbands or fathers was truly revolutionary. Contrary to the claims that are sometimes made, the idea of equality did not begin with modern human rights legislation or with the inalienable rights of individuals that Enlightenment thinkers promoted. Rather, it began with the Church that emerged as the gospel of Christ restored human dignity to all people, including those who were oppressed in human cultures.

This radical equality does not, however, remove the differences between the sexes in our biology and psychology or the healthy differences of gender roles that flow from them. We must be careful not to read cultural norms from our own culture or from the ancient cultures within which the Bible was written into the text. At the same time, we must remember that the Bible itself creates a culture which is, at least in some respects, counter and corrective to every human culture. The idea that gender roles are purely cultural and that there are no substantive differences between men and women other than those imposed by societies is inconsistent with both the evidence of science and the testimony of Scripture. A full understanding of God-ordained gender roles in marriage and Church would require careful attention to the following passages: 1 Corinthians 11:1-16; Colossians 3:18-19; Ephesians 5: 22-33; 1 Timothy 2:8-15; Titus 2:1-6; 1 Peter 3:1-7.¹⁴⁴

The degree to which these passages are intended to be normative for all times and places is debated among Christians, especially when it comes to leadership roles in the Church. The New Testament comments several times on the principle of male 'headship' within marriage. Ephesians 5:23 is one such verse. Headship is not about domination or dictatorship, but about accepting responsibility before God for the actions of the couple. In a partnership of two people there cannot be a majority decision and the biblical pattern is that the man should lead in ensuring that the couple function together in unity to serve God's purposes according to their respective gifting. He can only do this is by loving his wife as Christ loved the Church, giving himself sacrificially for her. In response the wife is called to submit to her husband. The specific way in which this relationship operates is not spelt out in Scripture – it would be overly simplistic to say that some tasks in the home or marriage are exclusively for either husband or wife. What is most important is that the couple function together in unity under God.

Wider society: relationship to the authorities

Another dimension of Christian obedience concerns our relationship to the authorities. The State is accountable to God and has a responsibility to order society in a way that promotes the doing of good and punishes wrongdoers (Romans 13:1-7). The moral state of a society, especially when its laws endorse sinful behaviour, is an indicator of its distance from God (Romans 1:18-32). So much is clear from Scripture, written in a context where Christians were a tiny minority within a pagan Empire. What is less clear, however, is how the Church should relate to the State in contexts where Christianity is numerically dominant. The evidence of history suggests that any close alliance between Church and State tends to lead to a compromise on the part of the Church, but it is also logical that Christians should use whatever influence they have to shape society in ways that reflect God's will. This must never be done, however, in a way that compromises the fundamental Christian duty to love our neighbours.

¹⁴⁴ For a detailed consideration of one of these key New Testament passages, see my paper 'An Exegetical Essay on 1 Timothy 2 v 11-15' at www.paulcoulter.net/church.

Furthermore, we must not support the illusion that morality can be legislated for. We must proclaim the true message that people are not fundamentally changed through laws but through the gospel and the power of God's Spirit. Real change comes from the heart – it happens at the level of fundamental belief (worldview), leading on to changes in behaviour.

In our contemporary context, in which Christianity is increasingly marginal, we cannot expect the State to accept our moral vision. We should speak God's truth in the public realm, but not with a voice that demands or dictates, which will only sound like bitterness at our loss of influence. We must explain the underlying story of the gospel and paint a compelling picture of its goodness. This will include demonstrating that the alternatives do not provide what they promise. Glynn Harrison challenges us to make a "better critique" of the narrative of the sexual revolution, demonstrating that it has led to declines in recreational sex and long-term marriages, with negative impact on children and society as a whole.¹⁴⁵ Evidence for the importance of the father and the benefit of a stable parental relationship along with evidence for the detrimental impact on mental health of some gender identities and sexualities is an important strand in our response to the prevailing narrative. Such pragmatic arguments (marriage works best; integration of body, mind and emotions leads to better health) are not, however, the bottom line for Christians, who inhabit a story which is not primarily anthropocentric but God-focused. We do not simply campaign for greater human flourishing, we also testify to the reality that Jesus Christ is Lord over every issue and over every person. As we do so, we embrace people as they are and call them to join with us in our anticipation of the future restoration and healing of all things that will come when Christ returns.

Perhaps the most challenging aspect of submission to the authorities in the contemporary context concerns parenting and education of children in the Church. Christians should be completely committed to the principle that no one should be mocked or abused for their personal beliefs. Bullying is not compatible with the biblical commands to honour and love everyone. Nor should we seek to coerce or manipulate others to believe what we believe and act as we would. When it comes to children, however, we have a responsibility before God to raise them in accord with His truth and this must include helping them to see the worldview values underlying wider society's beliefs about gender and sexuality. We must not force the faith on children, but we must help them to understand the issues so they can make a personal response either to follow Christ or to reject Him. We should teach the biblical vision of manhood and womanhood with confidence that it is coherent, that it fits with the best evidence available to us about mental health and societal well-being and that it is God's revealed order for us as we live for Him.

HOPE: God restores

God will restore all things ultimately and has already begun this work in people's lives through His Spirit who indwells us and who forms a new community we know as the Church. Human flourishing can only ultimately be fulfilled in the restoration of all things when Christ returns, but it can be supported now in the Church with its alternative vision of the good. In a supportive community of mutual love and care and by dependence on the Spirit as we meditate on Scripture and pray, we find strength to live as God leads us as we await our full restoration when Christ returns. This hope is essential to our response to the narratives

¹⁴⁵ Harrison, Glynn (2015) *A Better Story: Re-imagining the Biblical Vision for Sex and Marriage*. London: IVP, p.4-5.

of LGBTI and Queer Theory. They think of this life as all we have and within that understanding it seems cruel to deny people whatever satisfaction they can find in themselves or in loving relationships with others. The Christian, however, realises that this life is not the sum total of our existence and that eternity lies in store.

Interestingly, in response to a question about the resurrection of a woman who had been married several times, Jesus said: “in the resurrection they neither marry nor are given in marriage, but are like angels in heaven”. It is clear that marriage does not last beyond death (it is only “until death shall us part”), but this statement may also imply that the resurrection body will not be gendered. This is somewhat speculative, but it is at least possible that gender and sex are concepts that have meaning only in our present lives and experience. This thought may bring some comfort to people who struggle in these areas. It does not, however, give us permission to live in the present as if these concepts are not meaningful. The biblical testimony is clear that we live in the present created order as male and female and this is part of God’s good intention for us. To learn under Christ to be authentically female or male is part of Christian faithfulness as we await the fullness of our restoration.

Conclusion: The Gospel Call

It is important to recognise that these movements in the grand story of Scripture recast the questions from centring on human beings (an anthropocentric focus) to God’s sovereign purposes. The story begins with God, hinges on God’s actions in Christ Jesus, and ends with God. As we encounter and come to trust in the gospel, we are reoriented from a primary concern with human flourishing (including our own wellbeing) to a deeper commitment to serve God’s purposes and to seek God’s glory. God’s Kingdom and righteousness take precedence over our desires for meaning, identity, fulfilment, direction and hope. The key movement which unlocks the answers to these needs is when these needs become subservient to God’s purposes. In dying to self and losing self for the sake of the gospel we find ourselves (Mark 8:34-38).

Psychologist Mark Yarhouse describes three ‘Christian’ responses to gender confusion, each of which focuses on one movement of the gospel/biblical story.¹⁴⁶ Those who focus on the original creation tend to insist on integrity, expecting that people should be able to change so that masculinity and femininity align with manhood and womanhood. Those who focus on the fall, by contrast, believe that such change will be impossible for some people and so treat gender confusion as a disability, offering support to those who struggle with it. A third group major on the theme of glorification, either believing that the present experience of Christians is to be free from the restrictions of the law or that gender differences were the result of the fall and are no longer relevant in the kingdom of God. This causes them to celebrate diversity of gender identities and sexual orientations in inclusive churches.

When the gospel story is understood as a whole, these three approaches are revealed to be incomplete.¹⁴⁷ We need to combine support for those who struggle with the reality of forgiveness for those who have

¹⁴⁶ Yarhouse, Mark A. (2015) *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture*, Christian Association for Psychological Studies Books. Downers Grove: IVP.

¹⁴⁷ Yarhouse himself suggests that an integrated framework is necessary, with redemption as the central theme, although he reaches some conclusions about the implications for treatment of people with gender dysphoria that I do not agree with.

fallen short of God's standard and the possibility of change in light of future hope. I have demonstrated above that the creation standard of male and female as distinct sexes is consistently upheld as normative throughout Scripture at least until the fullness of the new creation when Christ returns. This is the standard towards which we work individually and as churches, but we do so with the recognition that the Fall has affected individuals profoundly and that confusion about gender identity is just one aspect with which people will struggle. Recognition of this issue should cause us to acknowledge the many other issues that Christians struggle with and to raise the standard of discipleship and supportive community across the Church for everyone.

Christian Responses to Gender Confusion

Explorations in Titus 2

Titus Chapter 2 concludes with a remarkable statement from the apostle Paul to his younger protégé: “Declare these things; exhort and rebuke with all authority. Let no one disregard you” (verse 15). Such a statement should make Christians sit up and wonder what “these things” refers to. What are the things that the apostle is telling Titus not to shy away from teaching and challenging God’s people with? The chapter contains at least five principles that can guide us as we seek to respond to the challenge of our culture’s attitude to gender identity:

1. Hold firmly to biblical truth

“You, however, must teach what is appropriate to sound doctrine.” (v1)

Paul challenges Titus to teach what flows from doctrine that is sound, healthy or health-promoting. Notably, he proceeds to give advice as to what should be taught to four groups of people: older men, older women, younger men and younger women. The fact that Paul gives different guidance to the two sexes indicates different roles for men and women, although we must be careful to understand what is said in its historical and cultural context. When Paul says, for example, that younger women should be “busy at home” (v5), this should not be understood in terms of the man ‘going out to work’ and the woman staying at home to look after the home and children, a pattern of life that developed only in the late nineteenth and early twentieth century. Throughout most of history and across cultures the normal pattern has been for both men and women to work, contributing financially to the household. Whilst women have taken a lead in childcare, the working lives of both partners generally revolved around the home. In a modern society, where most people work away from home, there is no biblical reason why women should not work or why men should be the ‘main breadwinner’ and each couple should figure out their own pattern of responsibilities according to gifting and passions. In doing so, they must ensure that children are properly cared for, but there is no restriction on which partner should or can provide any specific aspect of that care. What Paul is warning against in this statement is laziness or unproductivity among younger women, especially when it leads to neglect of children and of the household.

One statement in the same verse, however, requires careful consideration as we seek faithfulness in gender roles. Paul says women should be “submissive to their own husbands” (ESV). Submissive does not mean that the woman should be under her husband’s domination, but that she should follow his lead after they have reached a united position. Titus 2 presents this as part of the distinctively Christian behaviour that results from healthy teaching and which makes the gospel attractive. Christians must seek to understand and obey this principle.

Tell the gospel story of God’s grace

“For the grace of God has appeared that offers salvation to all people” (v11).

The commands and warnings of Scripture against blurring distinctions between the sexes should be accepted as authoritative by Christians, but how can we speak to the world on these issues? The gospel is a message of grace for every kind of person. It doesn't matter how a person has defined or thought of themselves in terms of gender or sexuality, they are loved by God and the gospel is good news for them. God's people must demonstrate this in our attitude to others and in how we speak publicly about their lifestyles. Our primary goal as Christians should be to help others to understand the underlying story of the gospel which explains our behaviour. Our focus should not be on our moral standards as such, but on the reason why we are different. Our distinctive lifestyle should make the gospel attractive (v10). We demonstrate the reality of the gospel – the Christian worldview – through the way we relate to one another in our families and churches.

In line with Harrison's suggestion that we need to tell a better story, our communication to the world must draw people to Jesus and so into the gospel story. Once we recognise Jesus' authority and come to see that all wisdom and truth is found in Him, then we will accept His definition of sin and trust in the words of Scripture He endorsed. To call non-believing people to live by biblical moral standards is not enough. They cannot see why these principles are true without seeing that God is real and they do not have power to submit to God's will without the enabling of the Holy Spirit. In what follows I will first present the key elements of a biblical worldview, contrasting it with prevailing views in our culture. I will then explore in more detail some of the implications of a biblical worldview as they relate to issues of gender and sexuality. Finally, I will outline a positive biblical vision of the sexes.

In taking this approach, it is important to realise that the Gospel speaks differently to the two different narratives underlying transgender activism. To LGBTI campaigners, the gospel is an alternative narrative that challenges the metanarrative of human rights, liberty and autonomy. It may be seen as outdated or oppressive and it challenges their narrative in important ways, but it is presented as an alternative to another metanarrative. The challenge is, thus, to convince them that the gospel is a better story and, ultimately, the true story. To Queer Theorists, by contrast, the gospel is, by very nature of being a metanarrative, bound to be oppressive and wrong. The challenge here is not to show people that the gospel is a better story and the truth, but to convince them that the idea of a big story is not oppressive and that knowledge of ultimate truth is possible. In either case the focus should be on Christ and the stance should be humility.

To both LGBTI activists and Queer theorists we must make it clear that we have no interest in controlling people's choices or restricting their freedom, but that we have a radically different understanding of what freedom is because we believe we are not free, autonomous persons because we profess Jesus as Lord. To LGBTI activists, we must add that Jesus testified to truth being found in the story of God's works in history through Israel and that the evidence from science and history (including the facts of the good Christianity has done in history and the benefits it confers in the present) fits this story better than their narrative. To Queer theorists, by contrast, we must show how Jesus was the most authentic person ever but how He testified that His authenticity was only possible because He knew truth beyond our inner experience and called others to discover truth by knowing Him.

In either system, Jesus is the man who does not compute and the One who sets us free to know truth. Importantly at this point Christians must see the challenge Jesus presents to the modernistic narrative of progress through human achievement that has heavily influenced the Church in the past couple of decades (e.g., believing that effectiveness of evangelism or church growth depend on our techniques). Christians do

not testify to their superior understanding of truth or their greater authenticity, but to the One who is the truth and the way and the life. Above all, we must demonstrate humility as we do this, since we speak not on our own authority but under Christ's.

Live godly lives

"It teaches us to say 'No' to ungodliness and worldly passions, and to live self-controlled, upright and godly lives in this present age" (v12).

God's grace is our teacher. It motivates us to live in obedience to God, recognising that God's Word is true, and God's perspective is better than our own. As we recognise those desires within us that are ungodly and worldly, we resist them and instead live lives of self-control and godliness. Such desires may include temptations to homosexual activity and to express a gender identity that does not align with our biological sex. It is important to emphasise that Scripture makes a clear distinction between temptation and sin. A desire or thought of doing something that is against God's will is not sinful in itself, but when we follow that idea and act upon it then we become guilty. God enables us through the Holy Spirit to recognise temptation and to resist it. Thanks to God's grace towards us we are no longer slaves to sin – we can bring our passions under control. This may involve an internal struggle, but God will give us victory. It may be that some people will struggle life-long with a sense of gender dysphoria or same-sex attraction, but in these cases, they can depend upon God to empower them to stay faithful.

Confidently hope in Christ's soon return

"while we wait for the blessed hope – the appearing of the glory of our great God and Saviour, Jesus Christ" (v13).

Christians are to be hopeful people. We may have concerns about changes in our society and the apparent decline of Christian influence, but we are patiently waiting for the conclusion of history when Christ will return in glory. This gives us confidence and reminds us of the urgency of our mission to share the good news of God's grace with others. It is also this hope of the future restoration of all things that gives those Christians who struggle with questions and desires in the areas of gender identity and sexuality, as in all other areas, the strength to endure while being faithful. This is a blessed hope, because of the greatness of our Saviour who will bring all things into line with God's good and perfect will.

Be eager to do good

"who gave himself for us to redeem us from all wickedness and to purify for himself a people that are his very own, eager to do what is good" (v14).

As we wait for Christ to return, we live as God's purified people, rejoicing in our redemption. God has saved us for a purpose – to engage in our world in good works of all kinds. We should have a reputation as doers of good – people who invest ourselves sacrificially in all that is healthy for our society. Rather than being known primarily as people who protest over moral issues, we can demonstrate the reality of God's love in our lives through acts of compassion. As we do this, we must also remain faithful to God's truth and we will need skilled people who can speak in the public realm on all kinds of issues. This message will, however, be met with greater favour if Christians and churches are known as fundamentally good. This will require us to ask challenging questions about our actions in many areas, most especially economics. Do we demonstrate a radically counter-cultural attitude to money, to competitiveness, to social justice? We must

avoid the hypocrisy of standing strong on sexual morality while we ignore the morality of money and power. We cannot expect people to agree with our morality if they do not share our underlying worldview, but we can demonstrate to them that godly behaviour promotes health and is deeply attractive.

Perhaps the most important aspect of doing good in respect of gender and sexuality is the way we treat people who struggle or who identify themselves or behave in ways we regard as unbiblical. We must not proclaim biblical truth in a way that sounds like condemnation without hope. We must communicate a biblical vision in a way that describes God in terms of *grace and truth*. We must not cause unnecessary offence by being insensitive to others. We must embrace people first and then work through their issues, just as Jesus repeatedly ate with sinners before challenging them to repent and sin no more. We must listen to people at least as much as we talk, seeking a fair understanding of who they are. We must refuse to label people with an identity that should not define who they are, even if they do so themselves, but rather seek to help them to see that their true identity is found in God. We can help them to distinguish sexual attraction or orientation and feelings about gender from their identity. Christians working in caring professions can help their clients to appreciate the importance of worldview, perhaps by asking them whether they believe in any values from outside themselves that should influence their behaviour. The five questions listed earlier could be part of the 'history' we take from clients. As we listen to their responses, we can at least help them to understand what they believe and act consistently with it, since acting consistently with one's fundamental beliefs is central to health. By acknowledging their worldview, people may also come to recognise its inconsistencies, opening them to alternatives.¹⁴⁸

Pastoral Guidelines for Adults

I have attempted to outline an integrated understanding of the gospel narrative above and will proceed from the basis of that view in what follows. The following are some principles for a pastoral approach to people who have identified as transgender or who experience confusion about gender, which are prefaced around the idea of finding and knowing the sheep then introducing them to the Chief Shepherd (Christ) and helping them to find green pastures and still waters (Psalm 23):

1. Find the Sheep: Start where they are and honour them

In any pastoral situation it is essential to start where the person is. If someone has modified their body to resemble their non-birth sex, it may not be possible or safe to transition back and Christian faithfulness may not require this. If a same sex couple have adopted children, it will be essential to begin with the family unit and to give the children's well-being primacy. One issue that is especially challenging concerns the use of a person's new name or the pronouns associated with their adopted sex. On one hand, if someone understands themselves to be trans, it may cause offence if we refuse to address them by their

¹⁴⁸ Further ideas for Christian carers working with people with questions about their sexual orientation or gender identity are found in: Dainton, M. and Tiller, K. (1998) 'Ministry to the Gender Confused'. *Carer and Counsellor*, 8(4), p.5-8 ; M. McMinn, L.G. (2005) Sexual Identity Concerns for Christian Young Adults: Practical Considerations for Being a Supportive Presence and Compassionate Companion. *Journal of Psychology & Christianity*, 24(4), p.368-377; Yarhouse, Mark A., and Tan, Erica S.N. (2005) Sexual Identity and Being a Christian. *Journal of Psychology & Christianity*, 24(1), p.62-63.

chosen name or use the pronouns they prefer. It may be impossible to establish a relationship within which we can progress to the next stage. On the other hand, the use of pronouns and names is often seen (including in the resource for schools quoted above) as an affirmation of the person's true identity and this may be problematic for Christians who do not accept the idea of trans identities. On one hand, names and pronouns are aspects of language and therefore vary with cultures, but on the other we believe that they denote either truth or falsehood and so should be used thoughtfully.

Scripture commands us to honour everyone (1 Peter 2:17). Honour transcends respect (which is, unfortunately often used in 1 Peter 2:17 to translate the word for 'honour'), calling us to treat everyone as having immense value as someone created and loved by God. This is not dependent on their belief or behaviour. The profound thing about the Christian response to LGBT people should be that we treat them with profound honour even though we disagree with their worldview and hold to the biblical perspective that transgender and homosexual self-identification and activity are sinful. This may mean beginning by using a person's chosen name and pronouns while seeking in relationship to explain that this does not mean we are affirming the underlying notion, or gently using their birth name and associated pronouns while explaining we mean no offence. This is an area where wisdom is necessary and in which Christians should be slow to judge others who reach a different conclusion. The important principle is that we learn to honour and affirm people without respecting and endorsing their worldview.

2. Know the Sheep: Seek understanding by listening beyond labels

As indicated above, it is important to listen to people's stories so that we understand them on their own terms. We should not condemn people, as if there is no possibility of repentance and change, or pre-judge them, assuming that we know what they think, feel or do because of our preconceptions or the labels they use themselves. To listen and understand does not mean that we make no judgements or that we compromise on biblical truth. The metanarrative of Scripture is normative, not the individual narratives of people, however compelling they are. The experiences of people must be tested against the biblical norm. As fallen and broken people ourselves, who have learnt humility through our recognition of Christ's Lordship, we can make judgements about right and wrong without condemning others or coming across as judgemental. Andrew Walker writes helpfully about the way churches should be experienced by people who identify as transgender:¹⁴⁹

a transgender person ought to feel more loved and safe visiting a Bible-believing church than in any other place in the world! A gender-dysphoric person should feel safer speaking about their identity and struggles in church than anywhere else – because they're loved on church. Church should be the place where people know they are loved, even if they disagree.

3. Introduce the Chief Shepherd: Share the whole gospel

We must share with people the wonderful and compelling gospel story. To fail to do so or to imply that continuation in transgender thinking is acceptable would not be loving. As Andrew Walker writes:¹⁵⁰

¹⁴⁹ Walker, Andrew T. (2017) *God and the Transgender Debate: What Does the Bible Actually Say About Gender Identity?* The Good Book Company. p.122.

¹⁵⁰ Walker, Andrew T. (2017) *God and the Transgender Debate: What Does the Bible Actually Say About Gender Identity?* The Good Book Company. p.99.

If we accept the authority of the Bible, we must understand that affirming people in a path that is contrary to what the Scripture teaches is never loving. If I affirm transgenderism, I am actually doing an unloving thing. I am withholding truth because I value my own reputation or my own friendships or my own comforts more than I value the eternal happiness of the person made in God's image who stands in front of me.

We must help them to see their value as creations of God and their accountability to Him. We must explain what sin is and how it has affected us at the level of our thinking and desires, so that things that are wrong often seem right. We must lead them to Jesus, the perfect example of human life and the Saviour and Lord who died for their sins and rose again. We must explain what it means to repent of sin and to trust in God to forgive us because of Jesus and to bring us into a living relationship with Himself. We must explain the potential for transformation by the Spirit's power and the reality of future hope as well as the tension that comes from living in the hope of glory with the continuing results of sin. Only when people come to see these gospel truths will the principles of Scripture about manhood and womanhood make sense.

Confidence in the truthfulness of Scripture should lead us to seek language that reflects a biblical worldview. This should be done graciously and without causing unnecessary offence to others. Recapturing biblical ways of speaking can help us to think about what response is needed. The language of 'attraction' and 'orientation' should be replaced with the biblical concepts of 'desires' to be denied and 'temptation' to be resisted. Non-biblical identity labels, which reflect a non-biblical worldview, should be rejected. For example, we should speak of people who experience same-sex attraction or who engage in homosexual activity, rather than 'gays' or 'lesbians'. Similarly, we should speak of people who experience transsexual feelings rather than transgender people. We should also subvert the modern idea that gender is purely cultural by refusing to speak of 'gender' as distinct from 'sex' (e.g., by talking of people of two sexes, not genders). I am not suggesting an aggressive and abrasive treatment of people, but gracious passive resistance to the redefinition of language in false terms.

4. Green Pastures and Still Waters: Support wholeness in community

The biblical vision of health is wholeness. In the matter of gender and sexuality, the quality that is clear is biological sex. Christian faithfulness means seeking alignment of behaviour and belief with reality. Men should act in masculine ways, women should act in feminine ways and only heterosexual sexual activity within marriage is legitimate. This may be a very difficult path to walk for someone who has for some time understood themselves to be transgender, especially if they have dressed and acted as the opposite sex. They will require excellent pastoral support and patient encouragement. In cases where a person has transitioned physically it may not be possible or advisable for them to reverse the change, but they may still begin dressing and acting in keeping with their biological sex (that is their birth sex – remember they are still genetically that sex). Those who depart wilfully from these standards and persist in it without repentance cannot be regarded as faithful Christians. Church discipline should be applied fairly and compassionately, so that the Church bears witness to the truth of Scripture. The reality of forgiveness for failure and the possibility of power to endure in the face of temptation should be held out. For some this may mean a reduction of homosexual attraction or transgender feelings, even to the degree of being able to live within heterosexual marriage. For others, it may mean singleness and a life of abstinence from sexual activity and transgender behaviours. As with other causes of distress or suffering, there is no biblical promise that gender dysphoria will be removed from the faithful Christian – the call is to follow Christ and live in obedience to Scripture despite whatever struggles we face, hearing the words Christ spoke to Paul

about his unspecified 'thorn in the flesh': "My grace is sufficient for you, for my power is made perfect in weakness." (2 Corinthians 12:9). In any case, the church fellowship should be a place of encouragement and support, with multiple healthy Christian friendships with people of both sexes.

Working with Children and Parents

Given the rapid rise in rates of young people experiencing gender confusion, it is increasingly likely that churches will encounter families in which this is a live issue. There can be no 'one size fits all' approach in such cases, but the following are some ideas for children's and family workers which build on what has already been said about pastoral engagement with adults.

- **Include children as they are as far as possible**

If a child who identifies as 'transgender' joins the children's or youth activities of your church, you should treat them as you would any other person. This may include using the pronouns and name by which they are introduced. If a child who attends decides to change names or pronouns it is probably best to accept these changes and abide by them. You may wish to speak to a parent to be sure it is not simply an isolated behaviour in your setting, but you must not enter into debate with the parent or child if it is clear that this is the child's wish.

Where inclusion may become more difficult is in single sex activities and facilities. It is wise to develop a policy as a congregation, denomination or organisation to pre-empt what will happen if a child who identifies as 'transgender' insists on using toilets or changing rooms intended for the opposite sex. It may be wise to remove the need for such facilities as far as possible, for example by having single cubicle toilets or removing the need for children to change during activities. As explained above, there is no legal imperative in the UK for organisations working with children to allow them to use the facilities of their choice. Guidance for schools does, however, tend to affirm this. A Christian organisation may, in theory, find itself faced with legal action should they refuse to accept a child's self-designation. The needs of the other children and the importance of modelling a Christian perspective on sex differences do, however, suggest that children should be required to use the facilities that correspond to their biological sex.

- **Teach and model authentic masculinity and femininity**

It is important that children's programmes intentionally teach a biblical view of what it is to be male and female. Children should be helped to see that boys and girls are different but equal in value.

Programmes should be planned to allow a mixture of activities that combine the sexes and those that keep them separate. This allows children to develop a healthy sense of what it is to be a boy or a girl and how to relate to people of the same sex and other sexes. Importantly, activities should not reinforce unhelpful stereotypes of boys' and girls' interests. If a boy's club expects all boys to like football it will reinforce the sense among boys who do not like football that they are not true boys. The same could be said for corresponding stereotypes among girls. A range of activities for both boys and girls is best, allowing boys and girls with all kinds of interests to figure out what it means to do them in a boyish or girlish way.

Perhaps even more important than the nature of planned activities is the example of leaders. Men should model healthy masculinity and women healthy femininity. Leaders should learn to distinguish between cultural expectations of their sex and biblical teaching. They must avoid any negative talk about the opposite sex and, while rivalry between boys and girls may be enjoyed as a healthy aspect of socialisation, this should not be based around cultural traits that may leave some children out. Modelling will also mean avoiding any sense of favouritism towards children who are more typically masculine or feminine.

- **Support parents without affirming wrong ideas**

Parents of children who are expressing transgender feelings may have a range of attitudes. It is important to allow them to journey through their own confusion about what is happening and to support them in this process. It is also helpful to remember that they may be hearing an 'affirming' message from professionals but to be aware that this is not based on good evidence. Listen well and allow parents to talk about their fears, which will often relate to the potential that they may 'lose' their child, either through a rift in relationship or, in more extreme cases, to suicide or removal by social services. On the other hand, parents may feel a kind of grief at losing the son or daughter they knew when their child says they are actually the other sex. Some parents will blame themselves and wonder what they did wrong. Explaining that causation is not as simple as one factor may be helpful, but do not exclude the possibility that parents may need to change their approach in order to help the child desist in transgender feelings.

Awareness of the high rates of desistance may be helpful, but do not promise that this will happen. Do not affirm the idea that the child is 'transgender' but do remind the parents that the child is still their child whatever happens. Ultimately, if parents accept the transgender ideology this becomes an issue of departure from biblical truth, but do not jump to treat confusion in this way. Rather, journey with the parents through the ups and downs of their experience. Remember that parents who 'allow' their children to cross-dress in school and church may feel they have no choice, especially if the child is older, and they may not feel free to express disapproval even if they are highly uncomfortable. Do not judge parents for the behaviours of their children.

Church Policies

Christians should rightly be slow to break fellowship with others who confess Jesus Christ as Lord. It has, however, been recognised at various points in history that this most basic of confessions of faith is inadequate as a basis for fellowship in authentic Christian identity. In the early centuries of the Church, the creeds were formulated to clarify the biblical understanding of the person of Jesus as fully human and fully divine at the same time. Much later, when Evangelicalism emerged, clear statements about the authority of Scripture became necessary as the principle was challenged in new ways by Enlightenment thinking. In the present, there are new challenges to Christian unity over issues of sexual morality and gender identity that have not historically been debated in the Church. It is essential that Christians realise that such challenges are challenges to the gospel, not secondary issues, because they concern the very nature of sin. If we are committed to faithfulness to Christ and to Scripture, we have no choice but to break fellowship

with people who profess to be Christians but teach that people who are active in homosexual or transgender lifestyles are not sinning.

The idea that faithfulness to the gospel requires separation from those who justify sexual immorality is not new. The short book of Jude mandates it as Jude describes people who were, in effect, distorting the concept of God's grace into a license for sensuality and denying the Lordship of Christ (verse 4) by indulging in sexual sin on the basis that they were just following their desires (verses 7, 16, 18) in terms that could not apply to Christians. The message of these false teachers comes very close indeed to the rhetoric behind the contemporary transgender phenomenon. The apostolic example and command is, therefore, that Christians must not maintain fellowship with those who endorse this way of thinking. It must, however, be emphasised that Jude was writing to the Church about people who were teaching others that what Scripture describes as sin was, in fact, acceptable. He gives no guidance on how Christians should speak to the world about these issues and he clearly calls for a merciful approach to those who are doubting or have sinned but who repent (verses 22-23).

Gender identity issues present a challenge to the Church in its organisation. Churches have not historically had a clear statements or policies about gender identity because this was not an issue on which they differed from the surrounding culture and legal position. The divergence of societal norms from Christian standards leaves churches vulnerable, especially given equality legislation. In the future, this may mean that churches are unable to exist as legally registered entities and need to function simply, for example meeting privately in homes rather than in publicly accessible buildings, or even 'underground'. At present that is not necessary in countries like the UK and it may never become so. There are, however, some steps that congregations can take:

1. Clear statement of belief

It is wise for churches to adopt a clear and thoughtful statement about issues of gender identity and sexuality. It is no longer clear to people that broad statements about the authority of Scripture or the need to repent of sin include a clear position on these issues. A congregation may choose to work through its own statement, but the excellent *Nashville Statement* of the Council for Biblical Manhood and Womanhood may serve as a starting point in the process or may be accepted wholesale.¹⁵¹ This is not an issue of adding to a brief, core gospel statement of faith, which many churches will be understandably reluctant to do, but of clarifying what such statements mean by 'sin' and the authority of the Bible. A statement about gender and sexuality will, therefore, best sit alongside the church's statement of faith rather than within it. It may, however, be advisable to change the core statement of faith to include mention of creation of human beings male and female if that is not already present.

2. Baptism and membership

Practice of baptism and church membership should be reviewed in light of adoption of a clear statement of belief. Churches practising infant baptism, if they believe that the faith of parents is important in the process, should expect parents to agree to the church's position on these issues as part of their commitment to raise their child in the faith with the support of the Church. This may be considered part of

¹⁵¹ Available: <https://cbmw.org/nashville-statement/> [accessed 27 Mar 2019]

what it means for the parents to “profess the true religion”.¹⁵² Churches practising believers’ baptism should include discussion of these issues as part of baptismal preparation. Admission to membership should be clearly on the basis of an understanding of the church’s position. These provisions avoid the possibility of an accusation of discrimination if someone who is openly in a homosexual or transgender lifestyle applies for baptism (personally or of a child) or membership. Denial of this individual’s request is less likely to be seen as discriminatory if it is the established practice of the church to deny membership to anyone who does not accept its clear position.

3. Church discipline

The New Testament expects exclusion from the church fellowship of people who persist in sin or false teaching after warnings and attempts at reconciliation. This is not practised widely in contemporary churches, but it is an important expression of the Church’s desire to be holy in submission to God. A church member who is persistent in teaching or practising a homosexual or transgender lifestyle should be subject to church discipline if the Church is to maintain its distinctive identity. The challenge, however, is that these issues must not be singled out. Churches in a post-Christian context must rediscover what it means to be a disciplined community of disciples. We must develop communities that are loving and supportive enough, open enough and radical enough to become this. Church discipline can only make sense if there is a mutual commitment to love one another as we grow in God’s truth. It is not an excuse for domineering control by leaders, but a gift from God to further our growth into the likeness of Christ. If enacted, it must be done sensitively, lovingly and with a desire for restoration.

4. Communion

In discussions about the oneness of the Church, closed communion has normally referred to the practice of restricting communion only to members of one’s own denomination or tradition, as is the case in the Roman Catholic Church and some Protestant sects. It is my conviction that this denies the unity of the body of Christ that transcends such divisions. There is, however, a need to think about how communion is practised if church discipline is to mean anything. The common practice in many Protestant churches is to leave the decision to take communion entirely to the individual on the basis of examining himself or herself. This leaves the possibility that people whose lifestyles in the areas of gender and sexuality are inconsistent with biblical truth may receive communion and so be affirmed in their sense that they are right with God in this respect. When their lifestyles are known more widely or demonstrated visibly, difficulties may be created for other believers who are sharing with them in communion. Churches should consider whether communion should only be open to individuals who are in good standing with their own congregation or who have a letter commending them from another trusted congregation. This need not be limited to denominations but can allow church discipline to include exclusion from communion. Again, this must be enacted across all sin issues, not only gender and sexuality, and it will mean that church leaders must know their members and that communion will be practised privately in members only meetings or administered only to those who are known to be in good standing.

¹⁵² This phrase is from the 1647 Westminster Confession of Faith (XXV.II).

5. Inclusion in serving opportunities

Many churches allow people who are not members to serve in the church. Some churches may not find it problematic if a person who is openly presenting in the pattern of the opposite sex is visibly serving in the church. Others will, however, be concerned that their involvement in some areas of service might signal approval to others including children. As with all issues, any change in practice should be consistent across all people and all sin issues. One possibility may be to limit some areas of service only to church members. Another may be to require those who serve to affirm their readiness to adhere to a code of conduct which includes this issue or not to act in a way that contradicts the church's position. Any individuals affected personally should be treated with honour, with clear and loving communication. A clear policy up front is the best way to avoid the risk of hurting people or of the impression of discrimination.

6. Denominational affiliation

Some denominations are changing their official positions on same-sex marriages or affirmation of transgender people. This raises two thorny questions: whether congregations who wish to uphold a biblical position can remain members of the denomination and whether denominations that wish to maintain the biblical view can remain in fellowship with those denominations that change. The conclusion reached by each congregation will depend on the degree of freedom within the denomination to dissent and the convictions of the leaders about the basis of Christian unity. It is my view that when a denomination changes its position on these issues it is departing from the historic and biblical understanding of sin and to affirm sin is to deny the gospel. I, therefore, recommend dissociation from denominations and networks that change their position. In the longer term this may mean the end of denominations, especially if the Church needs to go 'underground', but in the present it seems wise for congregations to affiliate with networks and denominations that can support them to adopt and enact wise and clear policies around these issues.

Church and State

As indicated above, there is a very real possibility that churches adhering to a biblical worldview will not be able in future to function with a legally recognised status before the State. At present, at least in the UK, this is not the case. There are, however, two areas that may require consideration:

a) Marriage

At present in the UK (unlike many other countries), churches can perform legal marriages on behalf of the State within a context of Christian worship. Legislation for same sex marriage creates a disconnect between the State's vision of 'equality' and the biblical position. At present, churches are able to navigate this by only performing opposite sex marriages. It is my view, however, that this position may not be sustainable in future and that the Church would be wise to separate from the State. The State can define 'marriage' in legal terms however it chooses, but churches can define it (perhaps using an alternative word like 'matrimony') in biblical terms. Couples can be legally married in a registry office with the Church service being an affirmation, blessing and celebration rather than the actual marriage.

b) Charitable status

At present in the UK, churches can have charitable status and receive tax rebates. The problem is, however, that this gives the authorities some control over the church's activities. It may be possible for churches to navigate this by having clear policies and procedures established, but it may be that this become untenable. Churches need wisdom to know what to do as a result.

A final word – the right attitude

Christians living in the contemporary Western world may well feel that our civilisation is in decline. It will be interesting to observe in coming years whether acceptance of same-sex marriage will spread across the world or remain confined to the historically Western Christian countries which have already adopted it or are moving towards doing so. It is possible that this issue will be one of a number of defining issues within a clash of civilisations between the West and other spheres with different values whose global influence is growing, including Russia, the Muslim world, China, India and sub-Saharan Africa.

It is certainly true that laws on moral issues in Europe are increasingly departing from Christian values, but we must also remember that the foundational principles of equality and fairness that are core to modern legislation derived from a Christian foundation. In other words, there is still a strong legacy of Christian influence within our civilisation. We may feel increasingly ill at ease, but this can remind us that this world is not our ultimate home and we can see the loss of status and privilege as an opportunity to demonstrate the radical countercultural nature of the gospel and of the church which the gospel creates.

In closing, we must be transformed in our attitude to others. We must learn from our Lord how to love and honour everyone and we must be firm in our faithfulness to Him and our service of others in His name. As we do so, we pray for opportunities and wisdom to build relationships in which people feel more valued than they have ever felt before but they know that we see not just issues of gender but every issue in a fundamentally different light from them because we have a Lord.