

Understanding and Responding to Transgender Identity Issues

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I remember the summer of 1976 when Bruce Jenner won a gold medal for the most grueling of all Olympic events at the Montreal Olympics—the two-day, ten-event decathlon. From all outward appearances, Bruce was a "man's man." With his good looks and athletic success, Jenner was soon in high demand as a speaker, network television sports commentator and commercials spokesman, and book writer.¹ In light of the above, many people, including me, were shocked when in 2015 Jenner announced that he had "transitioned" from male to female and changed her name to Caitlyn.

At the time of this writing another extremely well-known transsexual, but with a very different pre-transitioning reputation is Bradley Edward Manning. As a child Manning was precocious, demonstrating an aptitude for computers and excelling in academics. When he was a young teenager, he told his mother and close friends that he was gay. He became a U.S. Army intelligence analyst, but in 2013 was court-martialed and found guilty of providing WikiLeaks with hundreds of thousands of classified documents. The day after he was sentenced Manning stated, "I am a female," and asked to be referred to as Chelsea Manning. While imprisoned he sought treatment for "gender dysphoria," but the Department of Defense refused the request. The American Civil Liberties Union eventually filed a lawsuit in 2014 against the Department of Defense on her behalf, and finally in 2016, Manning staged a hunger strike. After 10 days army officials agreed to allow her to pursue treatment, including gender reassignment surgery.²

The American Psychological Association describes a transgender person as one whose gender identity, expression, or behavior differs from the sex assigned at birth. Gender identity is how one feels he or she is internally. One's internal identity is expressed either by male or female characteristics and behaviors or by outward appearances such as clothing or hairstyles.³

What causes Jenner, Manning, and many others to decide to transition from male to female or from female to male? We don't know; we can only speculate. What is known about the backgrounds of Jenner and Manning does not help much in explaining why they made the choices they did to transition from male to female.

What Research Does and Does Not Support About Transgender Issues

In 2016 *The New Atlantis: A Journal of Technology & Society* published the most comprehensive survey ever written of research on lesbian, bisexual, gay, and transgender individuals. The authors are Dr. Lawrence S. Mayer, a scholar in residence in the Department of Psychiatry at the Johns Hopkins University School of Medicine and a professor of statistics and biostatistics at Arizona State University, and Dr. Paul R. McHugh, a professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine, who for twenty-five years was the psychiatrist-in-chief at the Johns Hopkins Hospital. Dr. Mayer has a special focus "on the design, analysis, and interpretation of experimental and observational data in public health and medicine, particularly when the data are complex in terms of underlying scientific issues"⁴ (p. 4).

The two researchers carefully reviewed over five hundred scientific articles on sexuality and gender, and perused hundreds more from the fields of genetics, epidemiology, endocrinology, neurology, psychiatry, pediatrics, and the psychological and sociological disciplines. They soon observed that there was a disproportionate rate of mental health problems among the lesbian, gay, bisexual, and transgender (LGBT) community compared to the

general population. They also found that "some of the most frequently heard claims about sexuality and gender are not supported by scientific evidence," and they questioned "the scientific basis of trends in the treatment of children who do not identify with their biological sex"⁴ (p. 4).

Dr. Mayer and Dr. McHugh concluded:

1. The subpopulations of lesbian, gay, bisexual, and transgender individuals have higher rates of depression, anxiety, substance abuse, and suicide than the general population (p. 8).
2. The higher rates cited above cannot be fully explained by the stigma, prejudice, or discrimination these groups face, that is, the so called "social stress model" (p. 8). While social stressors certainly add to the adjustment struggles of LGBT individuals, "...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 (p. 114).
3. The widely held view about sexual orientation—that people are "born that way"—is also not supported by science⁴ (p. 7).

The doctors' third conclusion should come as no surprise to us who know the word of God. It is consistent with the very first chapter of Genesis that God "created man in His own image, in the image of God He created him; male and female He created them" (Gen. 1:27, New American Standard Bible).

Without being judgmental, it is clear that God's original design for the human race was two sexes, one male and one female. Many theologians believe that it is in the relationship of the two sexes that God's image is most fully revealed through humanity. Only one Bible verse speaks directly to transgender issues, and we will discuss that later under **A Christian Perspective**.

When it comes specifically to gender identity, Mayer and McHugh point out, "The fact that children are (with a few exceptions of intersex individuals⁺⁺) born either biologically male or female is beyond debate. The biological sexes play complementary roles in reproduction, and there are a number of population-level average physiological and psychological differences between the sexes"⁴ (p. 115). In other words, in addition to some physical and psychological differences between men and women, females can produce eggs and males can fertilize them, but men can never produce eggs and women can never fertilize them! No amount of trying to change one's gender can change those facts. Mayer and McHugh go on to say that their review of the scientific literature looking for explanations of what causes some individuals to state that their gender does not match their biological sex confirms that the issues are not well understood. The findings typically demonstrate significant problems with the research design, including small sample sizes, lack of longitudinal studies, and poor explanatory power⁴ (p. 115).

After very carefully reviewing more than five hundred scientific articles, Mayer and McHugh conclude with a very kind but strongly worded statement, "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. We read popular reports about plans for medical and surgical interventions for many prepubescent children, some as young as six, and other therapeutic approaches undertaken for children as young as two. We suggest that no one can determine the gender identity of a two-year-old. *We have reservations about how well scientists understand what it even means for a child to have a developed sense of his or her gender, but notwithstanding that issue, we are deeply alarmed that these therapies, treatments, and surgeries seem disproportionate to the severity of the distress being expressed by these young people, and are at any rate premature since the majority of children who identify as the gender opposite their biological sex will not continue to do so as adults. Moreover, there is a lack of reliable studies on the long-term effects of the interventions. We strongly urge caution in this regard*"⁴ (p. 115, italics mine).

In other words, these scholars reach the following conclusions:

1. Researching scientists may not understand what it means for children to have a developed sense of gender.
2. They are alarmed that transitioning therapies designed to help young people are out of proportion to the severity of the distress they are experiencing.
3. We lack reliable studies on the long-term effects of interventions to help individuals attempt to change their biological sex.
4. The majority of children will outgrow their desire to identify with the opposite sex.

A Concern For Children

I wholeheartedly agree with Mayer and McHugh. No good scientific evidence supports the purported positive effects of transgendering, especially for children. I believe a secular agenda is being championed by members of the LGBT community, medical professionals, educators, and other so called “experts” to move society away from the biblical teaching that men and women are created differently at birth and that God intends it that way. In contrast to this biblical teaching, the LGBT community recommends to parents of children, no matter their age, who experiment with cross-dressing, that they should encourage cross-dressing and be open to the possibility of their children transgendering.

Second Thoughts From An Ex-Transgender Person

In an article entitled "I Was a Transgender Woman,"⁵ Mr. Walt Heyer describes his journey from male to female, and back again. At a young age, Walt’s grandmother introduced him to cross-dressing. She would dress him as a girl, praise him for it, and tell him this was their secret. Walt writes, “Her actions planted the idea in me that I was born in the wrong body. She encouraged the idea and over time it took on a life of its own.”

Walt’s parents had no idea that he was being subjected to this. In time he began secretly cross-dressing at home, that is, until his mother discovered his purple dress. From then on, things changed. His parents would not allow him to visit his grandmother; his father treated him differently; his uncle taunted and sexually abused him. When Walt finally told his parents about his uncle’s abuse, they did not believe him. Walt suffered in silence for years as the uncle continued to abuse him.

Throughout school, Walt played sports and worked hard doing various jobs. After high school he got a job in the aerospace industry, eventually becoming an associate design engineer on the Apollo Space mission project, and later moving on to work for a large automotive company. Walt married, but kept his cross-dressing secret from his wife.

With a strong desire to be a woman, Walt would go out in public dressed up as a woman. He began taking hormone replacement medications. Sadly, his secret life as well as drinking binges ultimately led to his wife filing for divorce.

He sought out counseling from a gender psychologist who diagnosed him as suffering from "gender dysphoria." She told him a gender change would cure it. “Feeling that I had nothing to lose and thrilled that I could finally attain my lifelong dream, I underwent a surgical change at the age of forty-two” Walt said.⁵ She was now officially Laura Jensen. But even though her gender conflict lessened for a while and she was temporarily happier, Laura soon realized the surgery only covered up her deeply rooted childhood trauma. In reality, the gender change did

not bring the healing she desired; she knew she was actually still a man.

Laura had not attained her lifelong dream after all, and she once again sought out a gender psychologist. Advising Laura to give the new identity some time, the psychologist assured her she would be fine. However, being unable to resolve her past childhood events resulted in a deepening depression that led to drinking heavily and thoughts of suicide. After three years as Laura, internal conflict with her gender change as well as her identity only seemed to be getting worse.

Finally entering an alcohol recovery program, Laura was mentored in how to live an alcohol- and drug-free life. This was a turning point that eventually led her to study the psychology of substance and alcohol abuse at the university. During her internship, one of the supervising psychiatrists pulled her aside and suggested that she seemed to be showing signs of a dissociative disorder. She sought out opinions from several psychologists and psychiatrists who weren't prone to see gender struggles as calling for a sex change. These professionals all agreed that she was, in fact, suffering from a dissociative disorder that should have been treated first before giving any consideration to sex change surgery. This allowed Laura to admit that having the surgery was a mistake and led to her decision to change back to a man. Years later, the psychologist who recommended the transitioning admitted to Mr. Heyer that he should not have approved the sex change surgery.

To his surprise, Mr. Heyer fell in love and married again at the age of fifty-six. He says that since his genitalia had been surgically altered, he and his wife cannot have much of a sex life, but he reports he has been happily married for more than twenty years.⁵ Mr. Heyer now has a ministry to people struggling with transgender issues. He has written many books and articles and does public speaking on the regrets of gender change. For a contrasting view to much of the secular literature on transgenering, I highly recommend reading one or more of Mr. Heyer's books or his website listed at the end of the article.

A Christian Perspective

Clearly, transgender issues are complex. There is a multiplicity of biological, psychological, and sociological factors to consider as well as data from the fields of neurology, endocrinology, and pediatrics. However, a number of biblical truths can help guide us through this maze.

First, God's original design for the human race did not include transgender individuals. The importance of keeping this distinction clear is reaffirmed in Deuteronomy 22:5: "A woman must not wear men's clothing, nor should a man dress up in women's clothing, for anyone who does this is offensive to the LORD your God" (New English Translation). Although theologians have taken slightly different approaches to the meaning of this verse, the vast majority of conservative scholars agree that this prohibition was given to preserve the distinction between the sexes established at the creation of the human race. For example, Pastor Kent Brandenburg quotes commentary authors Keil and Delitzsch: "As the property of a neighbor was to be sacred in the estimation of an Israelite, so also the divine distinction of the sexes, which was kept sacred in civil life by the clothes peculiar to each sex, was to be not less but even more sacredly observed. There shall not be man's things upon a woman, and a man shall not put on a woman's clothes."⁶

Second, individuals struggling with transgender issues are, like the rest of us who struggle with a variety of problems, struggling with the impact of sin in the world. When I use the word *sin*, I am not necessarily referring to personal, willful sin. Rather, we all live in a fallen, sinful world in which none of us escapes the ravages of sin. It would be cruel and inaccurate to conclude that transgender people have chosen to be that way. On the other hand, it would also be misleading to conclude that living in a sinful world does not impact each of us, including transgender people.

Third, God loves each of us, including transgender people; we should do the same. Some churches welcome those who struggle with thoughts and emotional desires of a homosexual or transgender nature, while setting boundaries on behavior they believe is biblically permissible for their members. You and your church might consider doing the same.

Fourth, if someone with a transgender struggle seeks you out to talk, listen carefully and deeply. They probably have a great deal of confusion or pain. They need someone who will be a good listener as they share their many thoughts, feelings, and questions. As you build a relationship with the person, you may be able to lovingly speak truth into their life. That can provide some relief and help them begin to clarify what they believe is the next, best step for them.

Fifth, if someone expresses a concern about a young child who is cross-dressing or may possibly claim to be transgender, it is so important not to let some misguided teacher or counselor suggest the child should begin transitioning into a different gender. Heed the warning of Mayer and McHugh about this—their data clearly shows that “the majority of children who identify as the gender of the opposite sex will not continue to do so as adults.”⁴

Sixth, if you are personally struggling with transgender issues, seek out a safe friend or pastor who in a very non-judgmental way will listen to your concerns and struggles. That in itself may give you some relief, help you step back from the intensity of your struggle, and take a more objective look at what you are experiencing. If at that point you decide you need more help, seek out a professional psychologist or psychotherapist, preferably a Christian, who has experience working with people who have struggled with transgender issues. Inform the therapist during the first session that you are not looking for advice, but rather seeking someone who will help you process through your many confusing, painful thoughts and feelings. Good therapists are committed to helping you understand and sort out your struggles; they will not push their own personal agendas onto you.

For Further Reading

If you would like to do a deeper study on transgender issues, I strongly recommend that you read the review on sexuality and gender by Mayer and McHugh. Although it is a scientific article and not particularly easy reading, I am confident you can make your way through the introductory pages and the twenty-seven pages on gender identity issues. That will give you a "state of the art" view of the scientific literature on this topic.

For a good contrast to the current rush to transition even young children, I recommend reading one or more of these books by Walt Heyer: *A Transgender's Faith*; *Paper Genders*; or *Gender, Lies and Suicide*. His website is www.sexchangeregret.com.

++ Intersex individuals are people who are born with a variety of sex characteristics such as chromosomes, gonads, sex hormones, and genitals that do not fit the typical definitions of male and female. These people have previously been labeled hermaphrodites or congenital eunuchs. These labels are now considered scientifically inaccurate or misleading. In any case, intersex people are not transgender so we will not discuss them here.

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