The Transgender Dilemma – A Question of Personal Identity

Les Ackie

Former Olympic decathlete, Bruce Jenner's transition into Caitlyn Jenner in 2015, and the resulting reception of the Arthur Ashe Award for Courage sparked major controversy. Many felt that Noah Galloway, an Iraq War double amputee who competes in extreme sports, was a more worthy recipient. While giving centre-stage to the issue of transgender, the award fuelled suspicion of a blatantly politically correct move to advance LGBTQ interests.

Featuring Emmy Award winning transgender actress Laverne Cox on its cover, Time Magazine described transgender as 'America's next civil rights frontier'. The fight to promote and mandate acceptance of transgender rights, has as one of its key tenets, the right to self-identification. However, far from being simply a matter of personal choice, adopting transgender ideology requires the reconstruction of society, enforced with legislative authority. It impacts, how we educate children, access to health care, how government funding is allocated, where to incarcerate prisoners, military service, participation in sport, employment, access to public facilities, census information, etc. The implications of such changes are highlighted by the UK Government's proposals to modify the 2004 Gender Recognition Act, to make it easier for trans people to self-identify without the need for surgical transition or medical intervention.

A person is considered transgender if they identify with or express a gender identity that differs from the one which corresponds to their sex at birth. Health professionals associate transgender with a condition known as gender dysphoria in which an individual suffers emotional distress due to an inability to reconcile their physical anatomy with their psychological gender identity.

At the core of trans affirming ideology is the argument that gender is a social construct. According to this view, gender is determined by how an individual feels regardless of what sex they were 'assigned' at birth. Within LGBTQ ideology, some claim that gender is 'fluid' and exists on a spectrum on which people can identify anywhere they wish at any given time. Others accept the idea of a gender binary (male and female) but believe that trans people are simply 'trapped' in the wrong body.

These understandings of gender are at variance with the scientific view that sex is determined by our chromosomes, with gender being an outward expression of our biological sex. Men and women are defined as adults in whom every cell of their bodies, in normal development, exhibits either XY chromosomes (male) or XX (female). Gender is identified by how the body in its normal healthy state is organized for sexual reproduction by way of internal and external sexual organs.

While there are aspects of gender that are obviously learned and therefore, socially constructed, the problem is the view that gender is ONLY a social construct. Such a view contradicts the vast amount of scientific evidence that confirm fundamental differences between men and women. These differences are

rooted in anatomy, physiology and psychology which are programmed into, and influenced by genetic make-up.

Opponents disagree sharply on whether transgender is a physical anomaly or a psychological condition. In 2012 and 2019 respectively, the American Psychiatric Association and the World Health Organisation declassified gender confusion as a psychological disorder. Gender Identity Disorder was replaced by Gender Dysphoria (GD). Opponents of the change claimed that the changes were bows to political pressure rather than being based on scientific discovery. The ramifications of these declassifications are huge in terms of how gender dysphoria is treated. In the case of a psychological disorder, the mind is treated to fit bodily reality. In the case of dysphoria, the body is changed in order to fit the mind.

Treatment of gender dysphoria is particularly problematic with children. In the absence of any objective test, diagnosis is a subjective judgement. Based on the assumption that gender confusion is not a psychological disorder, standard intervention now involves social transitioning (3-4yrs old), gender blockers (9-10 years old) and cross-sex hormones (from 16 years old) for children who persistently, insistently and consistently state that they are the 'wrong gender'. The fourth stage is the offer of gender reassignment surgery (after 18). It is argued that this amounts to social experimentation with the most vulnerable in society with no proof of long-term success and much speculation about long-term harm. It is particularly concerning in light of research that indicates that the vast majority of gender dysphoric children will settle into their birth sex if allowed to go through puberty with 'watchful waiting'.

Treatment of GD gives rise to apparent contradictions in addressing body dysmorphic conditions. For example, no medical professional in their right mind would recommend a calorie-controlled diet and liposuction for a child with anorexia nervosa, even though the child persistently, insistently, and consistently stated that they are obese. Consider also the cases of sufferers of Bodily Integrity Identity Disorder (BIID) where individuals desire the removal of healthy body parts because they self-identify as 'trans-able'. Should the medical profession treat their bodies to fit their psychological perception? If not, where is the distinction between BIID and GD?

If the logic that the key determinate for personal identity is how we feel as opposed to objective reality, how far does the rationale apply? How should we relate to the white woman who claims she is black; the fifty-two-year-old father of seven who identifies as a six-year-old girl; or the woman who had drain cleaner poured into her eyes because she believed she should have been born blind? If transgender is legitimate, why not trans-racial, trans-age, trans-species etc?

The suffering of trans people should never be minimised or belittled. Trans people often experience emotional and psychological turmoil along with family members who struggle along with them. We should seek to understand the challenges faced by those who often wrestle for years with confusion and depression that in some instances result in suicidal thoughts and attempts at alarming rates. Our response needs to be considered, compassionate, proportionate and consistent with the principle of love. Bearing in mind that the highest level of prejudice tends to

corelate with lowest level of contact we must appreciate that transgender people are just that, people. They are fellow strugglers on life's journey, who wrestle with challenges we will never face.

The transgender dilemma has no easy answer because it has at its foundation the question of what it means to be human, a question that varies dependent on the worldview to which we subscribe. A Christian worldview advocates a gender binary established in the first man and woman created in the image of God. It recognises that our identity is inseparable from the personhood that the Creator God invested in us. We find our true identity when discover it in Him. We are all subject to our human frailties in one form or another. Our restoration from our brokenness comes through the Saviour Jesus who for our salvation accepted to live in a body that was not congruent with His identity. He offers us His sustaining grace and He calls us to self-identify as His disciples 'for in Him we live and move and have our being' (Acts 17:28).