



Biblical Ethics

Sexual Ethics pt 4: Transgenderism

March 10, 2024
Adult Sunday School
Lewis Lake Covenant Church

Transgenderism

“The transgender revolution is so new on the scene that most Americans are not even certain how to talk about it.” - R. Albert Mohler, Jr

Case Study: Your 14 year old daughter Jane has been seeing a counselor for help with her anxiety. You are called to a meeting with the therapist. At that meeting, with the therapist’s encouragement, Jane tells you she has always felt like something was wrong with her, and that she’s really a boy. She says her name is no longer Jane, but John, and her pronouns are he/him. The therapist shows you a prescription for testosterone before handing it to your daughter. Sensing your hesitancy, the therapist says to you, “If you stand in John’s way, he will kill himself. Would you rather have a living son or a dead daughter?”

What do you do?

I. Forms of Male/Female Confusion

A. Intersex (0.02-0.05% of births)

“Individuals born with any of several sex characteristics including chromosome patterns, gonads, or genitals that... do not fit typical binary notions of male or female bodies.” Wikipedia

B. Transvestite (Deut 22:5)

note: “vest” refers to clothing. Ie. a cross-dresser.

C. Transsexual

1. Typically male

2. Typically an indication of perverted sexual desires
 - a. Homosexual transsexualism - drag queens
 - b. Autogynophelic - arousal by seeing oneself as a woman

D. Transgender

1. Typically adolescent female
2. Typically primarily non-sexual

Transvestitism and transsexuality never gained widespread popularity. Yet transgenderism has. Why? "The general public could be sold a woman trapped in a man's body... A man trapped might be sympathetic. A man aroused might seem shameful - possibly even dangerous." - Irreversible Damage

II. Ideological Foundations of Transgenderism

A. Postmodernity

1. (Absolutely) no truth is absolute
2. Everything must be tolerated (except intolerance)
Herbert Marcuse: Repressive Intolerance - demand tolerance for myself and my cause, show no tolerance for opposing viewpoints.
3. Reality is socially constructed

B. Radical Individualism

1. I am different - no one else is like me.
2. No one understands me like me.

C. The notion of "Gender."

1. Borrowed from languages which have male/female/neuter words/cases

2. Distinction between sex & gender
 - a. Sex: “One’s biological and physical attributes”
 - b. Gender: “The socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.” - Human Rights Campaign
3. Distinction between sexual orientation & gender identity

“Sexual orientation determines who you want to go to bed with and gender identity determines what you want to go to bed as.” Katy Steinmetz, *Time*

III. Cultural Foundations of Transgenderism

- A. Cultural Marxism and the elevation of victimhood
- B. Dismantling of the nuclear family (Mal. 3:5-6)
 1. Parental authority being replaced by ‘experts’
 - a. Medical personnel separating children from parents for questioning.
 - b. Abortion available without parental consent
 - c. Schools supporting ‘gender journey’ without informing parents of a child’s new name, pronouns, etc.

2. Unsupportive parents labeled ‘toxic’
- C. “The triumph of the therapeutic”
1. I should always feel happy.
 2. I should never feel awkward or anxious.
 3. If I do, something is wrong with me.
 4. If something is wrong with me, I need to get it fixed.
 5. There’s always someone willing to help fix a problem – for a fee.

IV. Common Corresponding Issues

- A. Prior history of mental health issues
- B. Mommy Issues

A 1991 study on boys with gender dysphoria discovered 53% of their mothers met the diagnosis for borderline personality.

- C. History of (or fear of) sexual abuse: they don’t want to be attractive to men

D. Social Pressure

1. Social Media
 - a. Pressure to be beautiful
 - b. Prevalence of self-diagnosis

In schools across America, kindergarteners are taught that biological sex and gender very often come apart; one has no essential connection to the other. There are some people for whom gender identity aligns perfectly with the sex they were assigned at birth:

c. Power of suggestion

2. Social Capital that comes with being a member of a minority or victim class.

E. Peer groups: Rapid Onset Gender Dysphoria

Claim: Gender identity is something one is born with: “always that way.”

Reality: Rather than showing up broadly dispersed among the population (like childhood cancer or genetic defects), trans kids may show up in pockets or groups.

“If this spike in trans children is all biological, why is it regional? Either Ohio is shaming them or California is creating them.” - Bill Maher

F. Family Demographics

Not exclusively, but significantly:

1. Upper middle-class

2. White

3. Politically progressive/liberal permissive parents

V. Current Diagnosis & Treatment

A. Diagnosis Methodology:

1. Talking, not testing

There are no biological markers for ‘trans.’ No one can know (and thus no one can doubt) one’s innate perception of his true self.

Though trans sometimes gets described as ‘a boy’s brain in a girl’s body,’ every cell in our brain is marked chromosomally by our sex. Beyond that,

there's no major distinction between a male/female brain anyway.

2. Affirmative Care

“Affirmative Care” means unquestioningly affirming a person’s self-diagnosis and self-perception. Casting any doubt or dispersion on them is seen as an assault on their dignity and mental health. Mental health professionals are thus directed to implicitly believe and never question a trans-identifying person’s story. Their mandate is to affirm and open the pathways to ‘treatment’ in the name of preserving/improving the person’s mental health.

B. Medical “Interventions”

1. Clothing

- a. Chest Binders (readily available at Target or Amazon)

Can damage breast tissue and ribs

- b. Pants Packers (don't look it up)

2. “Puberty Blocker”

Lupron - blocks hormone production. Has been used to chemically castrate sex offenders. Used in treatment of prostate cancer.

The first medical step used in pre-pubescent children, the idea is to ‘give them time to figure themselves out.’

“In a clinical trial 100 percent of children put on puberty blockers proceeded to cross-sex hormones. That is a stunning statistic, especially considering that when no intervention is made, roughly 70 percent of children will outgrow gender dysphoria on their own.”

“If an adolescent moves straight from puberty blockers to cross-sex hormones... infertility is almost guaranteed - and sexual development and potential for orgasm may be foreclosed for good.”

“In the singular instance of transgender medicine, we allow a parent to consent to intervention that halts normal, healthy biological functioning - essentially, introducing the ‘disease state’ brought on by a pituitary tumor - all based on self-reported mental distress.” - Abigail Shrier

3. Cross-sex hormones

a. Testosterone for girls

“Transgender-identified women are given a dosage of testosterone ten to forty times greater than their bodies would normally bear to produce the changes they seek.”

- i. Facial hair
- ii. Lowered voice
- iii. Denser muscles
- iv. Sharpened jawline

- v. Lengthened nose
- vi. “Even her clitoris begins to enlarge; it may grow to the size of a baby carrot.”
- vii. Vaginal atrophy – dryness, cracking, and recession
- viii. “painful cramping due to endometriosis”
- ix. Heightened rates of diabetes, stroke, blood clots, cancer
- x. Increased risk of heart attack (5x that of ‘normal’ women, 2.5x that of men)

“Doctors administering T very often seem less interested in treating “gender dysphoria” than in giving trans-identified patients the look they want.”

- b. Testosterone blocker & Estrogen for boys
 - “triggers the development of feminine secondary sex characteristics.” – Mayo Clinic

- 4. “Top surgery” – Elective double-mastectomy
 - “36% of biological females identifying as ‘trans men’ have had top surgery and another 61% desire it.” (2015)

“Yes, thirteen year-old-girls can undergo ‘top surgery’ in California.”

“There is no other cosmetic operation where it is considered morally acceptable to destroy a human function. None.” - Dr. Patrick Lappert, quoted by Abigail Shrier

“The most gratifying thing seems to be seeing all the smiles... it’s a group of patients that’s so eager to have their surgery, it just seems to be gratifying in terms of their positive results, their happiness and their well-being.” – Dr. Hugh McLean, performer of ‘way over a thousand’ “top surgeries.”
Note: The point of these surgeries is not to make a woman into a man or vice versa, but to help them ‘present’ as convincingly as possible. At the same time, the language for the whole process is called ‘transition.’ The confusion is evident.

5. “Bottom Surgery”

In 2015, 3% of women identifying as men had ‘bottom surgery.’ “Only 13% even want it.”

- a. Metoidoplasty – “Involves shaping a clitoris into something that dangles and resembles a tiny penis. It is not meant to harden or penetrate.”
- b. Phalloplasty – “To produce a penis shaft and urethra, a surgeon must take a flap of skin from the body, most often by de-sleeving the forearm (peeling off the skin, fat, nerves and blood vessels)... Getting a penis-like flap of skin to successfully graft is no simple task. Creating the function of urination, much less stiffening, is a challenge. Enabling it to harden enough to penetrate, yet another. A subsequent surgery is

necessary to insert implants into the grafted phallus to produce an erection-life effect.”

VI. Cultural Battlegrounds

- A. Bathrooms / Locker Rooms
- B. School Curriculum
- C. Libraries
- D. Women’s Sports

VII. Biblical & Ethical Considerations

- A. God created man male & female.
- B. God desires men to act like men (1 Cor 16:13) and women to act like women (Gen 2:18).
- C. Because we were designed & created by God, body & soul, any rebellion against that design or the sex God made us is rebellion against the Creator himself.
- D. Intentional disfigurement or dismemberment of the body should not be pursued or encouraged.

VIII. Ministry to the Confused & Deceived

- A. Truth
There is no good that can come of supporting, repeating, or encouraging a lie. There’s bad ways to speak the truth, but no good ways to speak lies.
- B. Compassion
Most now caught up in the current trans-craze are deceived into believing untruths about themselves,
- C. Patience
- D. Steadfast Love

E. Appropriate Intervention

Some parents have discovered taking their confused kids out of a certain school environment (often homeschooling) and taking away their access to social media has restored sanity.

“He who created
them from the
beginning made
them male and
female”

-Jesus

