

The Position of Encounter Christian Church Regarding Gender Dysphoria

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Abstract

Post-Modernistic Western culture and the issues surrounding gender have become a politically-charged and complex for the community of Jesus' followers. There are obvious differences regarding the origin of gender and subsequent medical and/or psychological path forward, with very little tolerance afforded to ideas different than those of the Lesbian, Gay, Bi-sexual, Trans, and Questioning (LGBTQ) community. Beyond the political and cultural polarization, there seems to be common ground regarding desired standards of treatment. The recent spike in identity dysphoric conditions seems to bear a correlative relationship with the propagation of broadly accessible social media, suggesting either a passive sympathetic replication or an active advocacy via intervention. Encounter Christian Church adheres to the Biblical position on identity as presented in Genesis, predicated upon the concepts of human creation in God's Image, the intrinsic and infinite worth attributed to each human life at conception, purpose of humankind to work as agents of God's will reflecting His purpose in our own lives, and culminating in the perfect example of Jesus as recorded in the Gospels. This position is that any worldview counter to these principles about identity is not God's intent and that we as a church are called to love and serve all human beings, regardless of their present state, and introduce the good news of forgiveness and redemption, and to love them into a life with Jesus.

Keywords: dysphoria, gender, identity, disorder, body-image, self-mutilation, self-harm, suicide, child development, adolescent development, Biblical purpose, Biblical identity

A current secular cultural worldview of gender dysphoria

The varieties of worldviews regarding gender identity have changed rapidly. In six short years, a fundamental shift has occurred. Ryan T. Anderson, in his 2018 book, “When Harry Became Sally: Responding to the Transgender Moment”, expresses it like this: “...reflects a shift in thinking among activists in recent years. No longer do they admit that a transgender boy is a biological girl who *identifies* as a boy... Now they assert that people actually are the sex they claim to be.” One of the most powerful persuasions in the transgenderist movement is the ontological assertion, a position being more compelling when the concern is not about someone who “identifies”, but about someone who “is” (Anderson, 2018). In July of 2014, President Obama published an executive order effectively extending protected status rights regarding employment, equal in standing to race, nation of origin, and religion, to sexual orientation and gender identity. While all persons possess unalienable rights, as given by God in alignment with the Creation narrative, and guaranteed by our country’s constitution, this special distinction by its precedent convoluted the line between behaviors and actions and the identity or personhood. This enabled the leverage of political power to further the LGBTQ political movement.

Utilizing political clout, the transgenderism movement was able to coerce the American Psychological Association (APA), changing language subtly from “birth sex” and “physical sex” to “sex assigned at birth”. This change occurred in less than a decade. This language creates shelf space for gender identity to be a realistic baseline for a person’s sex, regardless of their biology. The psychological community often cites the very serious and disturbing high numbers of suicides as justification for encouraging the acceptance of the dysphoria and adaptation to the gender with which the person identifies. A summary of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V) treatment section regarding gender dysphoria identifies

counseling to create a more supportive environment for the person and medical transition, with a provision for puberty blocking hormone treatment for adolescent sufferers prior to transition. “A child’s treatment typically involves a multi-disciplinary team of health care professionals, which may include a pediatrician, a psychiatrist, other mental health professionals, a pediatric endocrinologist (specialists in hormone conditions in children) and an advocate.” (American Psychology Association, 2013). The secular culture’s pervading view seems to be one of appeasement and accommodation, regardless of physical evidence or reasoned logic to the contrary.

The Mayer McHugh study

Dr. Paul McHugh, University Distinguished Professor of Psychology at Johns Hopkins University School of Medicine, after discovering that many former sex reassignment surgery patients continued to suffer from many of the same conditions, disorders, and/or mental illness experienced (depression, anxiety, suicidal thoughts, and body dysmorphia) prior to reassignment, shut down the Johns Hopkins University gender identity clinic. His study (Mayer, McHugh, 2016) reveals that gender and sexual orientation are not as absolute as once thought, refuting the “born that way” argument often touted by the LGBTQ community as reasoning for their sexual orientation and now recently, assumed gender. It is key to mention here that there is a genetic condition referred to as *intersex*, where a person’s biological sex is difficult to determine due to deformity. This is a medical condition and not within the scope of the Mayer-McHugh study, nor this position, other than persons suffering from this condition are as all human beings, infinitely valued and deserving of love, respect, and care. A key factor in the study is the comparison of the definitions for the DSM IV’s “Gender Identity Disorder” with the DSM V’s “Gender Dysphoria”. Basically by adding the phrase, “(a patient must experience) clinically

significant distress or impairment in social, occupational, or other important areas of functioning”, a person can identify with gender not congruent with their birth sex and not be diagnosed with a mental disorder (Mayer, McHugh, 2016). Yet, the identification with another gender can still be used as a key factor for sex reassignment treatment and surgery also referred to as “transition”. More serious to the integrity of psychology as well as medicine at large is there is now a condition where the sole determinant of diagnosis is the way a patient feels about an incongruence, rather than the existence of incongruence itself.

The Biblical summary of identity, relationship, and purpose

In the first two chapters of Genesis, God creates man, in His Own Image. The Image is clearly a statement of purpose, dedicating humankind to care for God’s “very good” creation, taking the amazing raw material He provided and starting families and communities, and further making good and beautiful things to promote others and His world. This is echoed repeatedly through scripture, notably in Psalm 8: 6-7 “You made him but little lower than the angels, You crowned him with glory and honor, You had him rule what Your hands made, You put everything under his feet.” In the light of creation language, special consideration is given to the role of man and woman and how they relate in that creation identity to each other. In the Gospels Jesus is asked about marriage He answered, *"Have you not read that He Who created them from the beginning made them male and female, and said, 'Therefore a man shall leave his father and his mother and hold fast to his wife, and the two shall become one flesh'? So they are no longer two but one flesh. What therefore God has joined together, let not man separate."* (Matt. 19:4-6, ESV). Jesus, steeped in the Hebrew Bible, fully understood that this relationship between man and woman reflected important concepts. Jesus’s statement provided for gender identity, permanent covenantal relationship, a framework for sexual intimacy, a framework for

the creation of new life, and a multi-faceted representation of God's Image. For Jesus, anything contrary or detrimental to this relationship framework was simply not part of the way of the Kingdom of God.

Conclusion

Gender dysphoria is a very serious and troubling state of being, with effective care hindered by the very polarized and often incendiary nature of transgenderism's political proponency. This position supposes that adoption of another gender is an attempt to suppress the sufferer's birth identity, for a myriad of potential reasons. The associated difficulties, as identified in a recent study on children and young adults with gender dysphoria, are stark and shocking. These include acute to chronic depression (42%), clinical anxiety (23%), self-harm (39%), suicidal ideation (35%), suicide attempts (13%), and eating disorders – anorexia or bulimia nervosa (13%). 47% of the subjects reported extreme bullying (Holt, Skagerberg, Dunsford, 2016). A common misconception is that the majority of persons with this type of disorder come from non-traditional homes. This same study reports the largest single percentage (nearly 40%) live in or were raised in a home with both biological parents, very closely reflecting the current cellular family statistics for all other children. Persons experiencing gender dysphoria are at the core unhappy people, experiencing disillusionment with their identity and bodies, not understanding that their sex/gender is a gift, and presenting/behaving as the gender of their choosing to cope with the internal cognitive dissonance and distress (Zucker, Bradley, 1995). It is clear that these people are searching for belonging, trusting relationships, and self-worth.

We as followers of Jesus and believers in the truth of scripture know that all human beings are born with inestimable, infinite, and intrinsic value and were intended to be multi-

faceted reflections of God's Image and to partner with Him in His good creation (Allberry, 2019). We were created male and female, binary or "cisgender" in today's transgenderism vocabulary, according to Jesus's aforementioned teaching from the Gospel of Matthew. Our purpose in alignment with creation language is reflected in this definition of gender. Our vision states that people are to be accepted, loved, transformed, equipped, and empowered to live for Jesus Christ. Our mission states we will achieve this by spreading Jesus's good news of redemption and cultivate hope, faith, wholeness, and spiritual maturity. This vision and mission include accepting and loving all human beings regardless of how they identify themselves and allowing Jesus's love and good news to reach and transform them into the identity He intended.

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