

# Towards an understanding of transsexual behaviours.

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*'...Homosexual activists have moved from seeking a right of privacy to demanding social approval for the gay lifestyle, equal status with the heterosexual family and even the legal right to exploit the sexual uncertainty of adolescents...Knowing how matters have turned out, would I have voted differently on any of these measures? I now see that we viewed them too narrowly. As a lawyer and indeed a politician who believed so strongly in the rule of law, I felt the prime considerations were that the law should be enforceable and its application fair to those who might run foul of it. But laws also have a symbolic significance: they are signposts to the way society is developing - and the way society envisages that it should develop. Moreover, taking all of the 'liberal' reforms of the sixties together they amount to more than their individual parts. They came to be seen as a radically new framework within which the younger generation would be expected to behave.'*...

(Margaret Thatcher. Autobiography - 'The Path to Power'. (1995 Harper Collins. p151)

## **Introduction.**

In recent years public awareness of transgendered behaviours has increased dramatically. This has come about primarily as a result of deliberate and skilful campaigning that has mirrored the homosexual political agenda.

The homosexual agenda began to take shape in the mid sixties with isolated instances of individuals 'coming out of the closet' declaring themselves publicly to be homosexual or lesbian. Today, any attempt to present an alternative voice based on freedom of speech and truth is responded to aggressively with the aim of silencing any opposition.

Thirty or forty years ago there was little cohesion between homosexual and transgendered groups. For a time, the transgender agenda lingered behind the agenda of the homosexual lobby. Today, there is a successful political alliance between the two. The transgendered political agenda, although less overtly aggressive, has mirrored the homosexual political agenda achieving as much in a considerably smaller time frame.

The Transgender Council meeting in Berlin during May 2008 attracted 200+ participants, representing 83 groups from 38 countries.

An increasingly secularised society, spearheaded by the GLBT [Gay, Lesbian, Bisexual and Transsexual) political lobby, openly challenges the authority of the Church with respect to their response to the issue of transgender. Any attempt by the Church to present an alternative, Biblically based, response to transgendered behaviour is likely to receive condemnation for being both bigoted and uninformed.

## **A brief review of the progress of the transgendered agenda.**

In April 2000 the Home Office published the report of the Interdepartmental Working Group (IWG) on Transsexual People. The report contained submissions from a variety of persons, of which only two were deemed expert. One of the experts, Professor L Gooren from Amsterdam, pleaded for the acceptance of

transsexuality as an intersex condition. Intersex conditions have demonstrable underlying biological cause (see below); transsexuality does not, a fact with which Gooren himself agreed. Medical authorities ridiculed the other expert witness statement.

Other submissions were largely anecdotal accounts of acceptance suggesting that there had occurred a fundamental shift in acceptance of transsexuality by society.

The Evangelical Alliance (E A) contributed a submission to the IWG. The E A had drawn together a small group of people who were well qualified in their respective fields to contribute to the IWG report.

The IWG wrote to the E A commending it for the quality of its submission and acknowledging that other submissions were largely anecdotal. However, the published report of the IWG contained no reference at all to the Evangelical Alliance submission.

The IWG report was subsequently presented as evidence in a case taken to the European Court of Human Rights in Strasbourg (Goodwin vs. the U.K.). In part, the Court concluded:

[a] Para 77 (...) The stress and alienation arising from discordance between the position in society assumed by the post-operative transsexual and the status imposed by law which refuses to recognise the change of gender cannot, in the Court's view, be regarded as a minor inconvenience rising from formality. A conflict between social reality and law arises which places the transsexual in an anomalous position, in which he or she may experience feelings of vulnerability, humiliation and anxiety.

[b] Para 91. (...) the Court considers that society may reasonably be expected to tolerate a certain inconvenience to enable individuals to live in dignity and worth in accordance with the sexual identity chosen by them at great personal cost.

[c] The Court also concluded that 'there was no conclusive finding as to the cause of transsexualism and, in particular, whether it is wholly psychological or associated with the physical differentiation of the brain'.

The unanimous judgement reversed earlier Court decisions all of which had been unfavourable to transsexuals.

Following publication of the Court decision in the British media some doctors responded with statements such as '*the judgement was a victory for fantasy over reality*'. Those doctors who were prepared at the time to take a public stance for truth and reality were berated from all over the world in a successful attempt to silence them.

The then Lord Chancellor (Lord Irvine) stated that he was: 'persuaded by the Court's view that ongoing scientific and medical debate as to the exact causes of the condition is of diminished relevance.'

In April 2005 the Gender Recognition Act came into effect. That Act, amongst other things, overturned nearly four decades of legal precedent (Corbett vs. Corbett) that the chromosomes determine sex, shortly after conception, and could not be altered by any subsequent recourse to surgery.

**The present reality.**

Today, as a result of the Gender Recognition Act, Britain has in effect legislation to allow 'self determined' gender identity that may be confirmed by a Gender Recognition Panel (GRP). The panel has been created by the Act. The need to have undergone sex reassignment surgery is not a pre-requisite for the issue of a new birth certificate by the GRP. In effect this allows a fully functioning male or female to be legally recognised as belonging to the opposite sex with a confirming birth certificate. Thus, it is said, *the Act creates a legal fiction*. In the twelve months to October 31st. 2009 the Gender Recognition Panel granted 2436 certificates with 82 pending. (source. General Register Office South Port.) In May 2008 the Equality and Human Rights Commission commissioned the National Centre for Social Research (Nat Cent) to establish a clear picture of the recent and relevant evidence base on equality and discrimination in relation to transgendered people. Trans research review. (Autumn 2009 p iv)

"The project involved a comprehensive review of academic resources, 'grey' literature (non- published or non-peer reviewed) and policy documentation on trans and was conducted at the end of 2008 and early 2009.

The review identified a considerable body of literature produced for campaigning or lobbying purposes, including commentary on the legal position of trans people and discussion of experiences". (p iv)

The review (P71) draws a number of conclusions, including:

1. There is no reasonably accurate estimate of the size of the transgendered population.
2. Most existing research has been conducted and funded by transgendered advocacy organisations. There are considerable problems inherent in studying the trans population.

*The review makes no reference to the two Evangelical Alliance publications, which include substantial reporting of the available scientific literature. Nor to the considerable body of published (peer reviewed) literature that focuses on cause and the reports of successful interventions that have resulted in reversal of Gender Identity Disorder.*

The review seems to assume as valid the common position of transgender advocacy groups that Gender Identity Disorder is biologically determined. It appears therefore, that political activism has been allowed to trump science.

### **The scientific reality.**

*'There is no evidence that any influence, biological or social, will inevitably create a transgender identity in a person. Evidence from twin studies further shows this will always be the case. No factor yet to be discovered will inevitably create such an identity.*

*There is no overwhelming scientific case about the inevitability of transgender or its development or its long-term stability. Assertions that there is consensus about the inevitability are merely wishful thinking.'*<sup>2</sup>

Transgendered lobby groups have, over the last decade and a half, sought to justify their behaviours by appealing to alleged scientific research.

They have variously claimed that:

1. *Transgender is an intersex condition.*

2. An abnormality is located in a region of the brain known as the hypothalamus. (Specifically the BSTc area)

3. It is the result of a pre-natal abnormal hormone surge.

None of these claims have scientific merit.

1. Unlike intersex conditions, the transgender condition does not have an identifiable scientific cause.

2. In relation to the issue of an abnormality of the hypothalamus region of the brain, Neil Whitehead Ph D who has reviewed all the available scientific literature says:

*‘However in all these studies, the well-known neuro-plasticity of the brain may be involved. Brain regions are well known to change in response to intense thought processes, which are certainly present in transgender. Any differences found are more probably the result of the brain activity rather than the differences causing the anatomical differences. The former is well known from many studies - the latter is mostly speculative.’* <sup>2</sup>

3. In relation to the issue of pre-natal hormone surges he goes on to say the following:

*‘Those who argue for prenatal influences (inevitably expressed) can only finally prove their case by longitudinal studies. That is, children must be followed for about 30 years from birth and their development monitored, and the entire social environment as well.*

*This has not been done, and is not likely to be done, because transgender is relatively uncommon, and to obtain a sufficient number of transgender people in the final sample (say 20) the sample size might need to approach half a million people. But until it is, the most likely explanation of any correlation of transgender with biological function or structure is some environmental influence.’*<sup>2</sup>

**Dr George Rekers, Distinguished Professor of Neuropsychiatry and Behavioural Science Emeritus at the University of South Carolina School of Medicine author of over one hundred scientific papers, published the first empirical treatment in 1974 demonstrating that GID in children and adolescents could be reversed.**

A National Health Service (NHS) pamphlet entitled: ‘Transgender experiences - information and support for trans people, their families and healthcare staff’ published in 2009 states that ‘...gender dysphoria is not a mental illness. Gender Dysphoria is a recognised condition for which medical treatment is appropriate in some cases. This condition is increasingly understood to have its origins before birth....’

The Diagnostic & Statistics Manual (DSM) V is due to be published in 2012. The Lesbian Gay and Bisexual (LGB) community want all sexuality related matters to be declared non pathological. That would remove Gender Identity Disorder from the manual. Ironically the transgender community is opposed as a diagnosis of mental illness is, in some cases, all that allows their operations.

### **The Biblical Position.**

When transgendered behaviours emerge in a church there is often a startled reaction. Some members are quite hostile, others confused and a host of questions are generated and asked.

The church leadership are likely to be uncertain as to how to respond. The basic question is “what does the Bible have to say on the matter?” The usual cursory exploration is unlikely to reveal God’s heart on the matter - or does it?

The primary verse in the Bible that appears to address the issue of transgendered behaviours is Genesis Chapter. 1. vs. 26 and 27. (NIV)

(vs 26)The God said, “Let us make man in our image, in our likeness, and let him rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground”.

(vs 27) So God created man in his own image, and the image of God he created him: male and female he created them.

Jesus confirms God’s created intent in Mark, Chapter 10.

(vs 6) “But at the beginning of creation God ‘made them male and female. (Vs.7) For this reason man will leave his father and mother and be united to his wife.

Deut: 22. 5 ‘A woman must not wear men’s clothing, nor a man wear women’s clothing for the Lord your God detests any one who does this. A complimentary position that upholds God’s creative intent as stated in Genesis.

Transgendered people will often say that, ‘I must have this mistake corrected’ and also to insist on a personal right to act out the preferred gender role. Compulsive pursuit of what is thus rebelliously envied is destructive to relationships

A desire to live deceiving one’s self and others, by acting out in an assumed gender role, even if only for a short time, is ultimately a form of gender hatred. The gender hatred is likely to have developed in early childhood as a response to traumatic events and should be taken seriously. The transgendered frequently state - even non-Christians - that God has made a mistake.

Many male transvestites and transsexuals are, or have been, married and fathered children. Separation frequently occurs and isolation from the family follows as they are generally no longer accepted within the family or socially in their preferred, that is self-determined, gender role. Alienation from society in general encourages the development of special interest groups. These “special groups” claim that a post-modern society must embrace them and Christians are seen to be hostile to their worldview.

In most cases children (including adult children) of a transgendered individual want a father and mother who present and act according to society’s behavioural norms. Hence the children may be scared and traumatised and in turn their own lifestyle may well become dependent upon some form of behaviour which is detrimental to them.

We have a relational God whose concern is for wholesome Christ centred relationships. The Bible lays down firm guidelines for family structures yet increasingly these structures are being challenged by contemporary society. Pursuing transgendered behaviour alienates one from God.

Today women commonly wear jeans, slacks and suits that, apart from cut, appear little different from male attire. A decade ago they would have been wearing skirts or dresses. The clothes that women in particular and men wear can change quite dramatically in a relatively short period of time. Climate can also have a bearing in a warm climate both males and females are less likely to wear jeans or long

trousers. What is perhaps important is the individual motivation for deliberately wearing clothing popular with the opposite sex.

### **The Church Reality.**

In regard to developing an appropriate Christian response to both homosexual and transgender behaviours Dr Andrew Goddard has noted:

‘That consensus in both theory and practice is being questioned or even collapsing in many denominations, local churches and Christian networks. Existing church structures are under threat like never before.’<sup>3</sup>

### **Overcoming.**

Romans Chapter 1 gives a clear expression of God’s willingness to honour our free will. We have been freed to go our own way, but there will be consequences if we deviate from our “design criteria.” This is a fundamental creational truth that society increasingly rejects. Paul tells us in Romans 1:25 “...we have exchanged the truth of God for a lie...”

Overcoming transgendered behaviours is often directly related to one’s willingness to enter into an ever-closer relationship with God. A personal, obedient, trusting relationship with Him is necessary in achieving a more wholesome lifestyle. Obedience to a Biblical statute alone will not bring about sexual wholeness. (Jer.31: 33-34)

Transgendered people are deeply wounded people, regardless of how mature they can outwardly seem. Wounded people have a deep sense of shame. Addictive behaviours have roots into shame. Transgendered behaviour is addictive and fuelled by shame. Fantasy is an indicator of the level of addiction. Acting out the fantasy by hopefully ‘depositing’ oneself into a different body with a pain-free existence, can create immense distress.

To build an intimate relationship with God by wounded people takes time. (Eze.36: 25-27) The place to begin to nurture such an intimate relationship with the Lord is within the church.

The “acting out” of transgendered behaviours will be cyclical and can be identified. When there is sufficient motivation present an individual can be quick to recognise this cycle of behaviour in their lives - if - they are serious in wanting to overcome the behaviour.

For others the behaviour becomes a false comfort that they have come to know and rely upon when relationship deficits in their lives occur. The risk and uncertainty involved in surrendering their dependence on this false comfort and taking up his cross, as Jesus put it, will often be unacceptable. When we give up a fixed behaviour pattern we experience loss. This loss has to be grieved in the same way as we grieve the loss of a person, or position, or country. Until a personal relationship with the Lord is established there will be resistance.

For males sex re-assignment surgery which may have included; mamma augmentation, vaginoplasty, facial surgery, voice adapting surgery, and body contouring and electrolysis for beard treatment, as hormone treatment does not remove a beard.

Females are often prepared to undergo mammoplasty (breast reduction) as well as extensive hormone therapy. Such treatment is, nevertheless, merely cosmetic and can only produce an approximation of the new gender.

For the transgendered resuming original gender identity will involve acceptance by the male that surgery to satisfactorily replace removed primary sex organs is of limited value and that hormone replacement will continue for the rest of his life. For the female who has had considerable exposure to male sex hormones and developed male facial and body hair and a receding hairline, reversal will be slow. She may have to undertake prolonged and painful electrolysis.

Some people who have undergone SRS subsequently become Christian and decide to resume their original biological sex and may go on to marry. If they are male they will not be able to conceive children and are likely to incur difficulties if they seek to adopt. The overcoming pathway will, for all concerned, be fraught with difficulties. Successful therapy will include total dependence on God's mercy and grace. The recovery, or sanctification, pathway may be littered with so many obstacles which may impair the receptivity to God's grace.

As the Holy Spirit guides the journey out of shame and into wholeness the transgendered person will need the on going support and understanding of a caring Christian community, willing to follow the leading of the Holy Spirit.

Jesus was fully prepared to meet people "where they are at". So should we, if we hope to restore the transgendered to sexual wholeness. In the third chapter of John's gospel we see a picture of Jesus meeting with a Pharisee - a well-educated religious leader. In the next chapter we see Him meeting with a Samaritan woman - Samaritans being despised by the Jews. In the eighth chapter we see Jesus meeting with someone legally condemned by the law for adultery. Rather than run from Jesus they all appear to be drawn to Him. We need to look to His example to guide us in ministry to the gender confused.

1. *'Gender Recognition A Guide for Churches to the Gender Recognition Act (U.K).'* Evangelical Alliance & Parakaleo Ministry. Jan2006. P27.

2. N. E. Whitehead. PhD Personal correspondence and unpublished report April 2009

3. Rev. A. Goddard. PhD *'Elevating the conversation: Christians discussing homosexuality'* Aug. 2009

#### 8. Glossary

· **Drag Queen:** Usually a male homosexual who for theatrical purposes caricatures women. Away from the stage such performers are usually content to resume their male gender role. (The term 'drag' arises from Elizabethan theatre. Then, women were not allowed to perform on stage. Female parts were played by young males who 'dragged' the heavy female costumes - sometimes with small wheels attached - across the stage.)

· **Gender:** The psychological and social characteristics that indicate to one's self, and to others, that an individual is either male or female

· **Gender Identity Disorder:** Gender Identity Disorder (GID) and Gender Dysphoria are clinical terms used to describe the psychological condition experienced by people who refer to themselves as 'transsexual' or 'transgendered'. Such clinical terms are more accurate as they imply that the issue is one of self-perceived identity, which is confirmed by the weight of objective medical opinion

· **Gender Reassignment Surgery:** Also referred to as sex reassignment surgery. (SRS). Gender reassignment surgery refers to a range of radical surgical operations designed to conform the body superficially to that of the opposite biological sex

- **Homosexuality:** The physical and or emotional attraction (not necessarily acted upon) to persons of the opposite sex. Few male homosexuals are confused about their (male) gender identity. Ambivalent gender identity is more common amongst female homosexuals (lesbians). Few male homosexuals are attracted to transgendered persons.
- **Intersex:** Unlike transsexuality, intersex refers to a number of rare medical conditions where physical sexual ambiguity exists at birth or develops later. Some intersex conditions may not be evident until puberty. Intersex conditions are not the same as transsexuality. Intersex conditions result from chromosomal disorders.
- **Sex:** The biological difference between male and female, which is determined shortly after conception and usually confirmed at birth by observation.
- **Trans: Trans man: Trans woman:** Terms used within the lifestyle that refer, usually, to individuals living in their assumed gender role.
- **Transgender:** Interchangeable with transsexual.
- **Transsexual:** Refers to the usually self-diagnosed condition of a transsexual or transgendered person. Such a person is an apparently biologically normal person who, as a result of personal identity crisis, has an overwhelming desire to be identified as a member of the opposite sex. Commonly, they have the conviction that they have been born into the wrong body.
- **Transvestite:** Transvestism (cross dressing) is the wearing of the clothing of the opposite sex, usually by men, often resulting in sexual arousal.