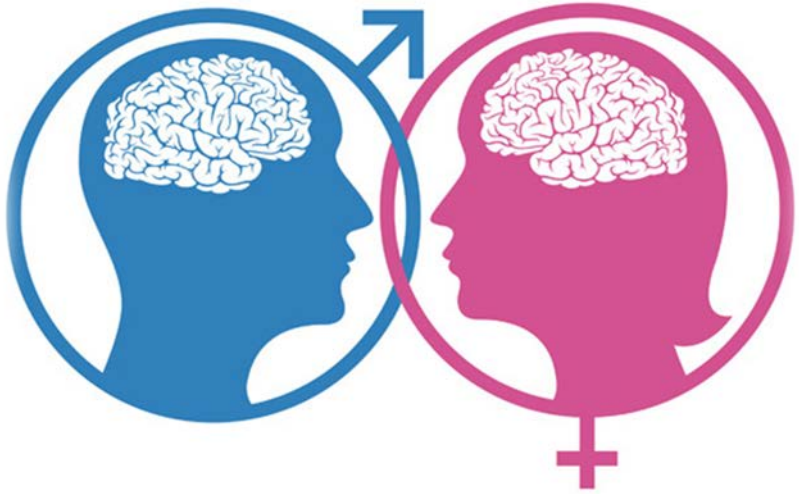
The Psychology and Science of the Current Dialogue on Gender



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GOALS

1. CLARIFY THE LANGUAGE AND UNDERSTANDING OF GENDER PHENOMENA
2. HELP NAVIGATE DIFFERENT PERSPECTIVES ENCOUNTERED IN SCIENTIFIC WRITINGS
3. DISCUSS HOW TO DIALOGUE WITH FAMILY AND FRIENDS TOUCHED BY THIS ISSUE

OUTLINE

1. SOCIO-POLITICAL-ANTHROPOLOGICAL context
2. BIOLOGICAL DATA
3. PROFESSIONAL DIALOGUE
4. PSYCHOLOGICAL and PASTORAL considerations

CONTEXT & FIRST PRINCIPLES

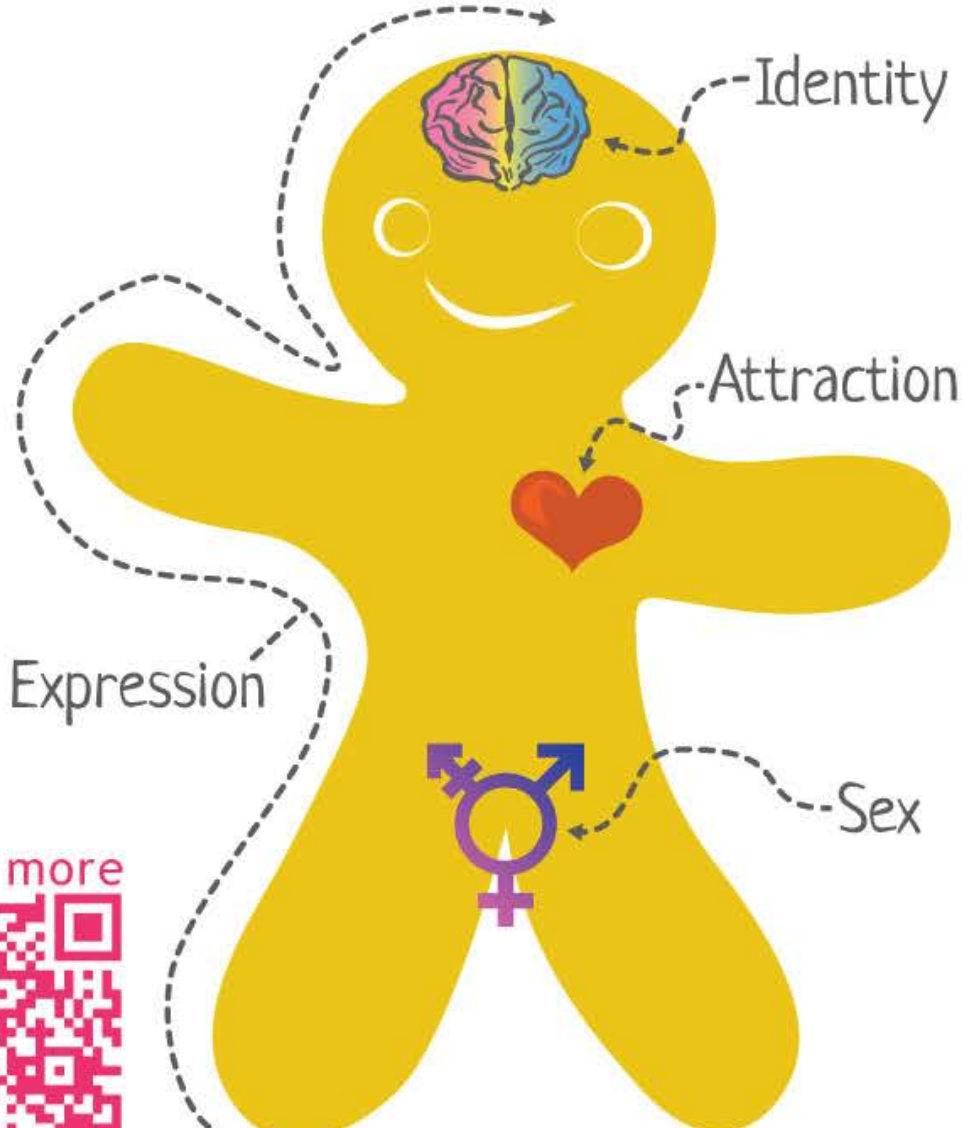
- FIRST PRINCIPLES:
  - **Fundamental Dignity of the Human Person**
  - **Before we know "WHO AM I?" …"WHAT AM I?"**
  - **OUR BODIES TELL US IMPORTANT THINGS ABOUT OURSELVES**
    - **Cf. Language, Feelings, and Perceptions telling us**
  - **Relationships →Meaning which determines where one finds happiness**
    - **Cf. search for happiness through self-definition**

"God created man in his own image, in the image of God he created him, male and female he created them." Genesis 1:27

The Genderbread Person v2.0

by it's pronounced METROsexual .com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*.
Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that.
This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.



read more

Gender Identity

Nongendered
- Woman-ness
- Man-ness

5 (of infinite) possible plot and label combos: "woman" | "man" | "two-spirit" | "genderqueer" | "genderless"

Gender Expression

Agender
- Masculine
- Feminine

5 (of infinite) possible plot and label combos: "butch" | "femme" | "androgynous" | "gender neutral" | "hyper-masculine"

Biological Sex

Asex
- Female-ness
- Male-ness

5 (of infinite) possible plot and label combos: "male" | "female" | "intersex" | "female self ID" | "male self ID"

Attracted to

Nobody
- (Men/Males/Masculinity)
- (Women/Females/Femininity)

5 (of infinite) possible

BIOLOGICAL DATA

- No Evidence for genetic, hormonal, or anatomical differences among those who identify differently than biological sex
- Binary sexuality (ie., male & female) is objectively represented in nature (99+ % of human beings born unambiguously)
- No one is born gay or transgender, both are fluid constructs (Mayer and McHugh; ADD-health study)
- Males and Females have nearly identical genetics, and yet there are still over 1,000 differences, many not related to reproduction [L. Cahill (2012)]

Research Findings Related to Sexual Desire

- Reliable Research Studies indicate that **sexual desire is not fixed**, but can change over the course of a person's lifetime
  - Similar trajectory observed for transgenderism
- **Genes do not *determine*, as much as *influence***

SOME OBJECTIVE CONDITIONS DO EXIST

- Intersex conditions
- Klinefelter's Syndrome (XXY)
- Turner's Syndrome (X ?)
- Androgen Insensitivity Syndrome (AIS)

- Medical focus is first on preserving/restoring basic, nonsexual function - hormonal and surgical interventions appropriate
- No more likely to display atypical (gender nonconforming) behavior
- Most live and identify as heterosexual

WHAT'S TO BE DONE?

TRADITIONAL APPROACHES

- Family therapy (interventions presume birth sex is healthy)
- Treatment of co-occurring conditions
- Watchful waiting (agnostic regarding outcome)

CURRENT APPROACHES

- Affirmative care (supports person in identifying with chosen / preferred gender)

Transition by "Stages" not "Ages"

Gender "Affirming" Care:

Social (ages 2+) New name, clothes, "identity"

Medical

Puberty blockers (early puberty - 11)

Height, Bone loss. Disrupts development.

Cross-Sex Hormones: ages 14+

Induce "puberty" of opposite sex.

Surgical: "top" surgery mastectomy (14+)

"bottom" surgery – protocol 18, "mature" 16

WPATH, Endocrine Society, UCSF

HORMONE INTERVENTION

World Professional Association for Transgender Health (WPATH) *Standards of Care*

- Psychologists are often asked to write letters with respect to recommending the client for procedures
- Focus on Child's 'rights' ; child choice
- Recommended age for hormone blockage/ hormone intervention is steadily decreasing

Gender Reassignment Surgery Outcomes

- Preliminary research from a Swedish study (700 people) found:
  - **Attempted suicide** rate **7X** that of the general population
  - **Completed suicide** rate **19X** higher than is found in the general population
  - **Psychiatric hospitalization 4X** higher than is found in the general population
- Authors *caution:* negative outcomes should not be interpreted as the direct result of the surgery itself as there may have been pre-surgery issues that were not resolved by surgery itself.
- Dhejne et al (2011) https://doi.org/10.1371/journal .pone.0016885

Will “trans” kids stay “trans”? It depends.

Individualized or “watchful waiting” - most kids outgrow gender dysphoria and reject “trans” identity

- Boys: 77-94% 6-23%

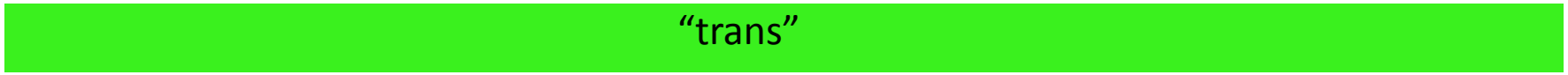
- Girls: 73- 88% 12-27%

“**Gender Affirmative” -** (social transition + puberty-blocking hormones) funnels kids into “trans” identity

- 100%

70/70 Oregon study, 2016

- 97.5%



117/120 Tavistock Gender Clinic UK, 2011-16

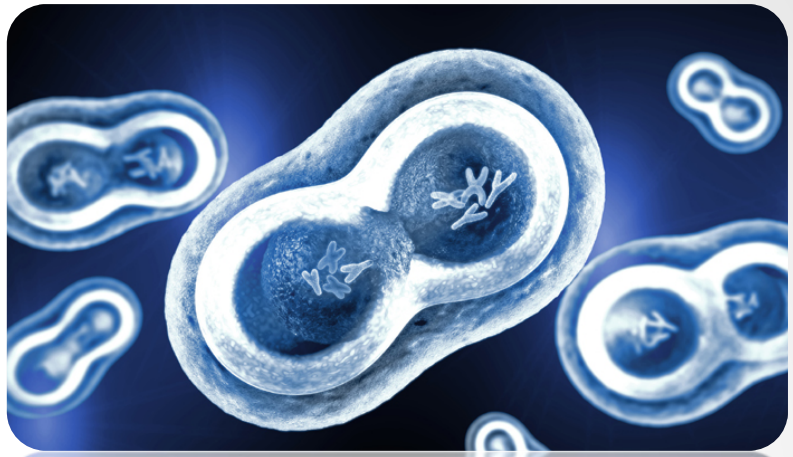
- In 2013, APA acknowledged that the effects of encouraging children to live according to their desired gender are not known, while the majority of children who suffer from gender dysphoria end up accepting the biological identity with which they are born

- However, even if these children resolve thei gender dysphoria (that is, by accepting an identity that accords with biological identity), these children identify as gay or lesbian during adulthood at higher rates than that of the general population

Socio-Political Issues: Language

Gender

- "***Attitudes, feelings, and behaviors*** that a given culture **associates** with a person's **biological sex**" (APA, 2011)
  - "Transgender"
  - "Gender nonconforming"
  - "Assigned Gender"



Sex

- ***Biological and physiological characteristics*** **assigned at birth**, and references physical attributes beyond anatomy to include, for example, chromosomes or hormonal prevalence

(APA, 2011)

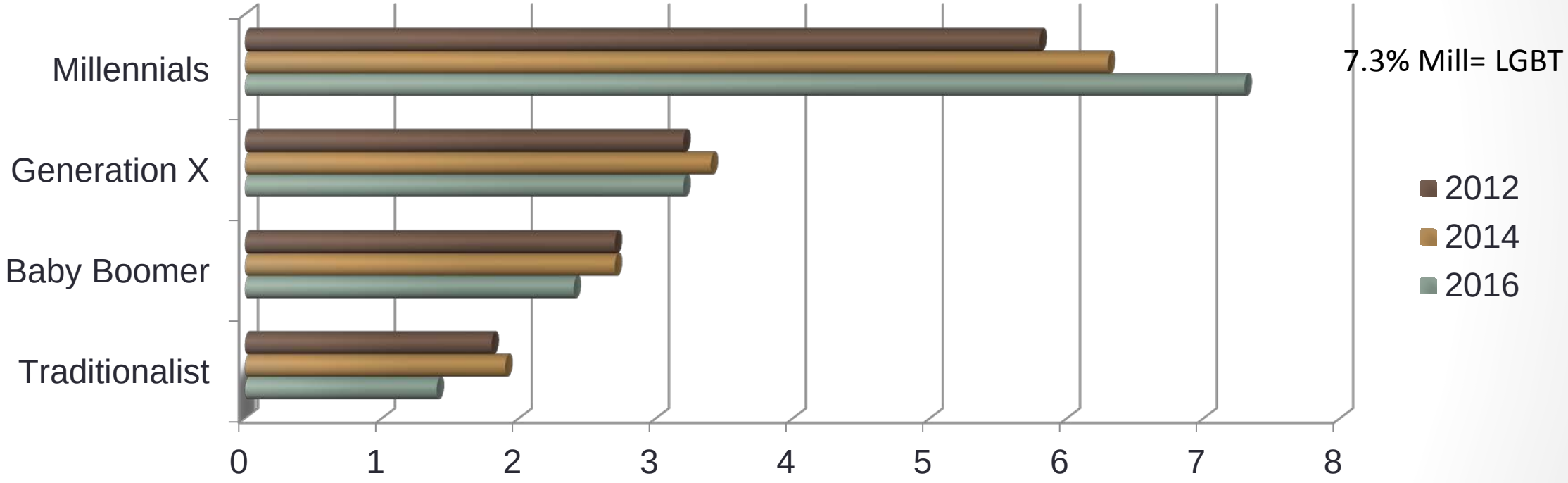
Diagnostic and Statistical Manual (DSM)

- 2013: Gender Identity Disorder
- **2015: Gender Dysphoria**
  - Asserts Depression and anxiety a result of social biases and persecution (as opposed to transgender identity)
- **Alternate:**
  - TG more alike anorexia, body dysmorphia, or OCD

GALLUP

Jan. 11, 2017

Percent of each Generation Identifying as LGBTQ



Professional Challenges

- Millennial issue – increasingly prevalent and acceptance by the younger*
- Mis-information about the nature and causes of the phenomena are rampant in our professional orgs
  - Myth “It’s personal, about a family member or friend”
  - Truth “It’s political, we need laws to make us more compassionate, driven by power and $$” cf. *After the Ball*
- Some suggest part of the larger dismantling of traditional family

Battleground is the Schools

- Mission includes helping youth understand themselves
- Youth are impressionistic and looking for ways to fit in and/or rebel
- LGBT active in efforts to influence, overtly (clubs) and covertly (anti-bullying programs)
  - Parents cut out of decisions, child's right to disclose and choose
- Bioethics summary **WWW.BIOETHICS.ORG.UK**

Gender identity influenced by name-calling

Journal of Youth and Adolescence · October 2017

- **Homophobic name calling at the onset of middle school emerged as a form of peer influence that predicted change in early adolescent gender identity from the fall to the spring of the 6th grade academic year.**

PSYCHOLOGICAL CONSIDERATIONS

1. The science is clear that variation of gender experiencing in childhood resolves spontaneously (without direct intervention) in 70-80% of the cases
2. At core of the difficulty is ISOLATION - no one experiencing gender confusion seemingly does so in the context of vibrant, fruitful friendships and strong relationships with parents

Hypothesized origins of gender dysphoria

1. Lack of acceptance, by same sex peers, same sex parent and accompanying resentment of these persons
   - E.g., with boys rejected, lack confidence in sports
   - Absent fathers
   - For girls, poor attachment with mother
2. Mother depression/bipolar, Father depression/substance abuse
3. Hatred of one's body / Feel can't meet expectations of their sex role
4. Fears of being betrayed or hurt, desire to be protected

General Pastoral Stance

- **Acknowledge pain** of person as well as parents and other family members
- **Stop/block rejection response** from family members [who are perceiving danger and inclined to reflexively try to fix, which will be perceived by the other as rejection]
- **Intergenerational catechesis** needed, chastity outreach for family as a whole to establish common language and promote family honor**
- Lead and Feed → Healing
- **Clarity and Charity =** when saying 'no' point to more important and **meaningful 'yes'**
- Emphasize Dignity by avoiding cultural labels and using theological/anthropological precise terms , PWECRSI

LOVING CHRISTIAN COMMUNINTY

- Equip church leaders to shepherd and accompany
  - Remind them that the underlying factors of the iceberg are the most important
- Decrease gossip in the community
  - ***We should pray for others more than we talk about them!*** (“*That* family with the transgender kid!”)
- Pope Francis – stand against the ideology AND walk with/minister to the individual person → people are not outside of God’s grace