



EMERGING GENDER IDENTITIES

UNDERSTANDING
THE DIVERSE EXPERIENCES
OF TODAY'S YOUTH

MARK YARHOUSE
AND JULIA SADUSKY

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PART 1

**MAKING IMPORTANT
DISTINCTIONS**

CHAPTER 1

Transgender Experiences and Emerging Gender Identities

Ellie came to a consultation with her parents, not sure what to expect. Like many teens we meet with, she was on the defensive. Expecting to hear from us the same message she had heard from her parents, she came ready to prove that she wasn't identifying as transgender merely to get attention or rebel against the status quo. She wasn't a transgender activist marching at the front of a pride parade. She was simply "trans," she said.

Once she realized we weren't there to tell her she was a "bad Christian" for not exhibiting stereotypically female dress, interests, and mannerisms, she relaxed. Then she began to tell her story. Sixteen years old, she faced many of the same stressors as other teens we meet with: peer pressure, college applications, conflicts with siblings, and uncertainty over how to answer the question, Who am I? She had hobbies, passions, and goals for her life. She wanted to adopt a child one day, to give another child the kind of promising future her own adoptive parents had given her. And in addition to all this, she didn't feel at home in her body.

Ellie wasn't sure how she wanted to respond to her bodily discomfort. At present, she used her birth name and female pronouns. She

wasn't ready to make any decisions regarding bodily changes, but she also couldn't see herself reflected in any of the female role models in her life, her church, or even her own family. She felt completely alone until she began to open up about her experience to peers and found some with similar stories. These peers offered community, fellowship, and belonging. This sense of belonging contrasted with the isolation she felt in her youth group, which (to her parents' dismay) she had not attended in months. She had enjoyed youth group when she was younger, but now she felt "so different" from the other girls. She didn't understand why she couldn't just "fit in the girl box," but she was tired of "trying to act like a girl."

Ellie's parents, like many other parents we meet with, were anguished. We were a last resort, a desperate final stop on their long journey of trying to understand their oldest daughter. How could a girl who once seemed to love all things "girly" now appear to be rejecting not only the label "girl" but also the "biblical foundation" so central to their lives? Their daughter didn't care to go to church and would do so only begrudgingly. They worried about her faith and whether she would go to hell for "believing a delusion." Every interaction in their home felt volatile, rife with miscommunication.

At one point in our consultation, Ellie began to answer a question about how she had reached the conclusion she was "trans." Seconds later, she was interrupted by her mother, who capitalized on the moment to quote from Genesis. Mom proceeded to declare, "God made you female. Why are you rejecting God's will for your life? Where did the good girl we all loved go?" The conversation went nowhere: Ellie shut down, and Mom became more and more frustrated. Dad sat silently, as if he had stopped listening ten minutes ago. This approach wasn't working. The question was, What could work?

When Christians talk about the transgender phenomenon and adolescents who identify as trans*, genderfluid, genderqueer, or agender, they often have no idea how to respond, let alone how to develop an approach to engagement and provide a Christian witness to the broader culture. This book intends to help readers understand and distinguish between current mental health concerns among youth that

are tied to gender identity (e.g., gender dysphoria, a diagnosable mental health condition) and emerging gender identities that many young people like Ellie experience or are turning to for a sense of identity and community.

We also hope this book will help Christians critically engage one of the most challenging topics in our culture today. When we hear the stories of individuals like Ellie, as well as very different stories about gender, we need guidance in parsing out gender dysphoria from other diverse gender presentations without negating the real experience of those in either group. We also need wisdom in distinguishing theoretical conversations about gender theory from personal questions about gender identity, so that we are better equipped to critically engage aspects of gender theory through a Christian worldview. This book offers both (1) practical guidance for caring for and journeying with young people navigating gender identity concerns and (2) insight into how these concerns have been shaped by our dramatically changing cultural context.

A Departure from Conventional Gender Incongruence

In 2015, Mark introduced many Christians to the concepts of gender dysphoria and transgender experience with his book *Understanding Gender Dysphoria*. *Gender dysphoria* refers to the distress associated with incongruence between one's biological sex and gender identity; *transgender* is a broader umbrella term for many experiences of gender identity that do not align normatively with a person's biological sex. Mark argued that the experience of gender dysphoria is real and that something like gender dysphoria has probably existed throughout history and across cultures, though it has gone by many different names. Societies have variously classified dysphoria as sin, pathology, crime, divine gift, and so on.

The West in recent years has witnessed a remarkable shift from viewing such experiences in terms of mental health and morality to viewing them as signs of an independent people group and culture to be

celebrated. This dramatic cultural shift alone poses a challenge for the church to navigate. But this shift isn't the end of the story.

Generational Gaps and Cultural Shifts

Toward the end of a fascinating documentary titled *The Gender Revolution*, Katie Couric brings together Renee Richards and Hari Nef for a conversation about gender.¹ Richards, a transgender woman who still openly reminisces about her early life as a man named Richard Raskin, had transitioned in 1975. She was a professional tennis player and the first transgender woman to compete in the US Open. She was eighty-two at the time of the Couric interview. Nef, twenty-three at the time of the interview, is an international model and star of the television show *Transparent*. Nef identifies as trans. Their conversation offers a paradigmatic illustration of some of the shifts in thinking and experience of gender identity that have occurred in recent years.

During their conversation, Richards and Nef discuss Richards's transition in 1975 and her efforts to publicly downplay her gender identity, comparing Richards's approach to the very different approach that Nef and others express today. These differences in approach, they recognize, are the result of shifts not only in societal acceptance but also in prevailing attitudes toward gender's fixity. Couric notes that Nef sees gender as something that is "fluid" and can "evolve." Richards responds incredulously, "I don't think [Nef] sees gender as fluid." Nef looks away, smiles, looks back, and states, "Well, I do."

As Couric reflects on her time with Richards and summarizes some of what she heard, she indicates that Richards sees gender as binary. Richards agrees: "I had a very happy life for forty years as a man and I'm having a very happy life for forty years as a woman. But that doesn't mean I'm genderfluid."

Nef offers a strikingly different perspective on gender and society: "It is absolutely a binary society that we live in, but I believe that no single person is absolutely gendered. . . . 'Male' and 'female'—it's just

wisps of smoke. If something works for you in a moment, then you can embrace it. If other parts of it don't, you can get rid of it."

Richards offers her own take on gender and what it has meant to rely on the binary in her life: "I'm really not beyond the pink and blue stuff. To me, the idea of a binary is what I think the world is, it's the spice of life. It's what makes us keep going. And I think that it's appealing and I like it. I know there are in betweens, and I know that there are all kinds of percentages that people are and that's fine. But, basically, the fact is that we are born with either two [X] chromosomes or an X and a Y, and you can't undo that."

While acknowledging the chromosomal realities, Nef challenges Richards's positive view of the binary and its impact on Richards's life:

Well, you can't undo chromosomes, but in terms of the binary, you know, you are saying you are comfortable with the binary, and you like the binary, but you know . . . isn't the binary something that has caused you a lot of pain in your life? If the binary didn't exist, would there have been so much drama about you being 'outed'? . . . So much secrecy? . . . If the world didn't have such a (pardon my French) 'hard on' for like men, women, boys, girls, pink, blue. If that fetish, and I believe it is a fetish, if that didn't exist, wouldn't your life have been easier?

Richards replies, "It wouldn't have been life. It wouldn't have been real." When asked by Couric what Nef really wants with respect to gender and society, Nef offers, "I want a gender-chill future. . . . I want community, a society, the whole world that just chills out about the freakin' gender thing."

The exchange is a fascinating reflection on the differences in perspective of sex, gender, and society, even among transgender people. Both Richards and Nef concur that their disagreement likely reflects a "generational divide" in how they view these topics.

This generational divide illustrates the substantial shifts in perception and experience of gender identity in recent decades. That is, people of different generations think differently about gender not only because

they are different ages but also because the eras that shaped them have spoken of gender so differently. Thus, this exchange between Richards and Nef doesn't simply raise questions about the different generational experiences of sex and gender in society. It also necessarily intersects with how medical and mental health communities have understood sex and gender over time. These communities have certainly played a role in transgender history, which we turn to next.

KEY TERMS AND EMERGING GENDER IDENTITIES

Agender: Used when a person's internal experience of gender identity is not gendered or when a person does not have a felt sense of a particular gender identity. Sometimes referred to as *gender neutrois*.

Androgynous: Used when a person's presentation or appearance is not easily identifiable as man or woman, and their gender presentation either is a combination of masculine and feminine or is neutral.

Bigender: Used when a person's gender identity is a combination of man and woman.

Cisgender or cis: Describes those for whom gender identity and birth sex are in alignment.

Female-to-male (FTM/F2M): Describes a transsexual person whose birth sex was female, who identifies as male, and who has pursued gender confirmation (or sex reassignment) surgeries to facilitate expression of their preferred gender identity.

Feminine-of-center: Reflects a person's experience of themselves as more feminine than masculine, regardless of whether they adopt a gender identity as a woman.

Feminine-presenting: Not so much an identity label as a description of how a person expresses themselves (as more feminine).

Femme: An identity label or descriptor used by some persons to convey that they experience themselves as more feminine.

Gender creative: Typically applied to children who express or identify their gender in a range of ways that differ from societal and cultural expectations for them, when these expectations are based on their biological sex.

Gender diverse: A general term for those who may not adhere to societal expectations regarding gender identity.

Gender expansive: Describes youth who express or identify in a range of ways outside the male/female binary.

Genderfluid: Describes those who experience their gender identity as fluid—shifting to some extent—and who may identify and/or present in various ways, regardless of whether these shifts adhere to or are outside of societal expectations for gender expression.

Gender nonconforming: Describes persons who may not adhere to societal expectations for gender expression or models of masculinity and femininity.

Genderqueer: Used of a person whose gender identity is not man or woman, who exists on the continuum between genders, or who is a combination of various genders.

Gender variant: Describes someone who does not conform to cultural expectations for gender identity or expression.

Male-to-female (MTF/M2F): Describes a transsexual person whose birth sex was male, who identifies as female, and who has pursued gender confirmation (or sex reassignment) surgeries to facilitate expression of their preferred gender identity.

Masculine-of-center: Reflects a person's experience of themselves as more masculine than feminine, regardless of whether they adopt a gender identity as a man.

Masculine-presenting: Not so much an identity label as a description of how a person expresses themselves (as more masculine).

Pangender: Describes those who draw from many of the possible gender expressions to establish their own gender identity.

Stealth: Describes when someone who is transgender is considered cisgender (or not transgender) by others.

They/them: Pronouns that can be and have sometimes historically been singular that can be used by people who are seeking a nonbinary singular pronoun more familiar than “ze/zir.”

Third-gender: Describes a gender identity other than male or female.

Trans: An abbreviated version of *transgender* that functions as an umbrella term for various ways people express their gender identity when it does not correspond to their birth sex.

Trans*: A purposefully broad and encompassing term extending beyond *transgender* to describe people for whom gender identity and/or expression vary from their birth sex and/or from cultural expectations of them based on their birth sex. The term is understood to have originated in 1996.^a

Transgender: An umbrella term for many ways in which people experience, express, or live out a gender identity different from the gender identity corresponding to their birth sex. The term is understood to have originated in 1971 and is sometimes shortened to *trans*.

Transman or trans man: A biological female who identifies as male may use this identity label. Some individuals prefer *trans man* as it emphasizes that *trans* is an adjective modifying *man*.

Transsexual: Describes those who seek to change or who have changed their primary and/or secondary sex characteristics through feminizing or masculinizing medical interventions (hormones and/or surgery). Transsexual persons typically adopt a full-time cross-gender identity. The term is understood to have originated in 1949. It is more common in medical discourses and in Europe. Many American transgender people consider the word distasteful or offensive as it has been associated with psychopathology.

Transvestite: A word used to describe those for whom cross-dressing is motivated by sexual pleasure, among other possible motivations. The term is understood to have originated in 1910 by Magnus Hirschfeld. Many transgender persons eschew this word as it has been associated with psychopathology.

Transwoman or trans woman: A biological male who identifies as female may use this identity label. Some individuals prefer *trans woman* as it emphasizes that *trans* is an adjective modifying *woman*.

Two-spirit: Designation used by some Native Americans to describe people believed to have experiences of both genders.

Ze/zir: Pronouns used by some individuals who prefer gender-neutral designations that function as alternatives to “he/his” and “she/her.”

a. Susan Stryker, *Transgender History: The Roots of Today's Revolution*, 2nd ed. (New York: Seal Press, 2017), 10–11. Stryker notes, “Its use originated in database and Internet searches, where the symbol functioned as a wildcard operator. That is, a query with an asterisk in it would find the specific string of characters being searched for, plus any others. . . . Using trans* rather than *transgender* became a shorthand way of signaling that you were trying to be inclusive of many different experiences and identities rooted in acts of crossing.” Also see Stephen Whittle, “A Brief History of Transgender Issues,” *Guardian*, June 2, 2010, <https://www.theguardian.com/lifeandstyle/2010/jun/02/brief-history-transgender-issues>.

Transgender History

Transgender is a broad umbrella term for many ways a person might experience, express, or live out a gender identity different from the gender identity congruent with their biological sex. As an umbrella term, *transgender* includes a wide range of experiences, and there is not always agreement as to which experiences belong under that umbrella. The broader accounts of transgender may include those who adopt a cross-gender identity with or without medical intervention, those who engage in cross-dressing behavior with or without a corresponding identification as another gender, those who engage in cross-dressing behavior motivated by sexual arousal, those who identify between the male/female binary, those who identify outside the male/female binary, and more.

Historically, public response to behaviors and self-presentations we now call transgender were sometimes closely linked to legal penalties for same-sex sexual behavior and related offenses. Homosexual behavior was criminalized in the United Kingdom in 1533 when Parliament passed the Buggery Act, and in 1885 the Criminal Law Amendment Act further criminalized private acts regardless of whether there was a witness.² According to Stephen Whittle, “People who cross-dressed became easy targets of the law because they were associated, in the public mind, with homosexual subculture.”³ LGBTQ+ theorist and historian Susan Stryker notes that in America there were laws passed against cross-dressing in the Massachusetts Bay Colony as early as the 1690s.

As society began fashioning laws in response to gender behaviors outside the norm, people navigating questions about their gender identity sought medical or psychiatric services: “As a result of these laws, people who were trans sought out doctors who could cure them and a whole new field in medicine developed: sexology.”⁴

According to Stephen Whittle, “The first sexologist who took a special interest in the sexual impulses of trans individuals was probably [Richard von] Krafft-Ebbing (1840–1902), professor of psychiatry at Vienna. His *Psychopathia Sexualis* was published from 1877 to after his death. Krafft-Ebbing constantly endeavoured to give clearer classifications

to the behaviours and individual histories of his patients.”⁵ Margaret Mead’s work on “sex roles” across cultures was also significant and “introduced into the anthropological imagination the concept of a socially learned, psychological component to sex [that] set the stage for later notions of gender that emerged in the 1950s.”⁶

Some of the earliest modern medical and psychiatric thought used terminology such as “transsexual” and “transvestic” to account for such experiences. Here is an account of part of that history:

Through the work of the early sexologists such as Krafft-Ebbing and [Magnus] Hirschfeld, transsexuality became a recognized phenomenon available for study, discussion and treatment. Throughout the 1920s and ’30s medical provision was very sparse, but still transsexual people managed to find doctors who would help them. At Hirschfeld’s infamous clinic, the first sex change operations were performed by Dr Felix Abraham: a mastectomy on a trans man in 1926, a penectomy on his domestic servant Dora in 1930, and a vaginoplasty on Lili Elbe, a Danish painter, in 1931. The surgery was not easy, and Lili died less than two years later from complications.⁷

Endocrinologist Harry Benjamin observed a phenomenon he described as “a woman kept in the body of a man” and referred to this phenomenon as *transsexualism*.⁸ In 1966, Benjamin published *The Transsexual Phenomenon*,⁹ a groundbreaking book in its presentation of transgender experiences as unlikely to abate: Benjamin “essentially argued that a person’s gender identity could not be changed and that the doctor’s responsibility was thus to help transgender people live fuller and happier lives in the gender they identified as their own.”¹⁰

Benjamin’s assessment introduced into the Western sociocultural context a “medical paradigm” for gender identity conflicts.¹¹ According to today’s transgender advocates, this “new university-based scientific research” program was steeped in a binary view of gender: “Access to transsexual medical services thus became entangled with a socially conservative attempt to maintain traditional gender configurations in which changing sex was grudgingly permitted for the few seeking to

do so, to the extent that the practice did not trouble the gender binary of the man.”¹²

In 1980, gender identity disorder was introduced into the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*.¹³ This new classification was first applied only to gender identity disorder of childhood, while *transsexualism* was the term used for adolescents and adults. Gender identity disorder was subsequently refined in *DSM-III-Revised (DSM-III-R)* in 1987 and in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* in 1994: the category of “gender identity disorder of adolescence and adulthood, nontranssexual type” was introduced in *DSM-III-R* and subsequently removed in *DSM-IV*.¹⁴ In *DSM-IV*, gender identity disorder of childhood and transsexualism were collapsed into a single diagnosis of gender identity disorder.¹⁵

Some members of the transgender community disparaged the pathologizing of their experience represented by these diagnoses, while others viewed diagnostic labels as a necessary compromise to facilitate access to health care.¹⁶ The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, published in 2013, introduced gender dysphoria as a diagnosis that focused not on cross-gender identity as itself disordered but on the distress experienced by some who reported incongruence between their gender identity and biological sex.¹⁷ This diagnosis, too, was viewed by some transgender advocates as yet another compromise to receive medical services.¹⁸ In this iteration, a person could actually have the diagnosis of gender dysphoria removed postsurgery, if indeed surgery resolved their experience of distress.

In any case, for the purposes of our discussion, it should be noted that the introduction of the gender dysphoria diagnosis also served to depathologize a range of experiences of gender incongruence, gender variance, and gender nonconformity. In *DSM-5*, a person may identify either with “the other gender” (thus still subscribing to the notion of a binary) or with “some alternative gender different from one’s assigned gender” (thus leaving room for gender identities beyond or outside the male/female binary) without being diagnosed as mentally ill simply

because of that identification.¹⁹ The new diagnostic classification also adopted language that had been previously used in the medical community to describe intersex conditions where ambiguous genitalia at birth were sometimes surgically altered to “assign” a sex to the child. This same language of “assignment” was taken up in *DSM-5* to describe the “assigned gender” at birth of those who experienced gender dysphoria as well.²⁰

Although it is impossible to do justice to all the relevant figures in the history of the evolving conversation on gender identity, we will highlight a few more key researchers and clinicians. Robert Stoller has been credited with developing in the professional literature the concept of gender identity, defined as “one’s persistent inner sense of belonging to either the male or female gender category.”²¹ John Money viewed gender identity “as the private experience of gender role,” while gender role was “the public manifestation of gender identity.”²² Money held that gender identity developed at a young age and was unlikely to change. While some key figures like Harry Benjamin viewed cross-gender identity experiences as largely biological in their origin (in terms of etiology or cause), others such as Stoller postulated a developmental theory for the etiology of gender identity concerns. Richard Green studied under both Money and Stoller and was influential in the earliest psychiatric conceptualizations of transgender identity—what was at that time referred to as *transsexualism*.²³

Some of the clinical research conducted by Ray Blanchard and colleagues in the 1980s and 1990s focused on clinical differences related to the sexual orientation of those diagnosed with gender identity disorder.²⁴ For example, insofar as biological males who presented as female had a history of sexual attraction to men, they were considered to have a classic experience of transsexuality—that is, to be “women trapped in the body of men”—and were described as *androphilic* (or homosexual). In contrast, Blanchard described biological males as *autogynephilic* transsexuals if they had no history of sexual attraction to men but reported a sexual attraction to the thought of themselves as women. Autogynephilia was considered a kind of fetish, and it was associated with greater dissatisfaction with gender confirmation

(previously known as “sex reassignment”) surgery. Blanchard also recorded other less common forms of transsexuality, all of which were related to sexual orientation.

Despite arguments in favor of sexual-orientation-based typologies, some transgender advocates were outspoken critics of these typologies.²⁵ In particular, they rejected the idea that some presentations of transgender identity were more akin to a fetish than to an experience of felt gender identity per se. Academic peers such as Charles Moser also critiqued the typology.²⁶ Today clinicians are instructed by *DSM-5* to identify age of onset (early onset, late onset) rather than sexual orientation to describe subtypes of transgender identity.

These key developments in research and assessment of transgender identities have occurred alongside significant cultural shifts as well. One early shift, as we have seen, was from a legal paradigm in which non-traditional expressions of gender identity were treated punitively to a psychiatric paradigm in which they were an ailment requiring treatment. This psychiatric identity was replaced over time by a political identity, which ultimately became a public identity. According to Zein Murib, the shift from psychiatric to political identity was an intentional effort to distance what we now describe as the transgender community from medical and psychiatric diagnostic language and classification that had previously been used to account for transgender experiences.²⁷

How did these shifts occur? In the early twentieth century, the psychiatric community catalyzed the shift from the punitive legal paradigm to the medical paradigm by distinguishing biological sex, gender identity, and sexuality. The first term, *biological sex*, was a reference to “embodied and inherited traits, such as chromosomes, genes, hormones, and physical markers.” These sex traits were now distinguished from a person’s experience of *gender identity*, a term that described the “internal sense of masculinity and femininity, and the social roles associated with each.”²⁸ As Murib notes, the term *sexuality* was also distinct from either of these concepts and referred to “desire, attraction, and related behaviors.”²⁹ This parsing of biological sex, gender identity, and sexuality helped provide language to describe a lack of congruence between biological sex and gender identity. However, since

the concepts developed through this language reflected a psychiatric understanding of the experience of incongruence, they were criticized by some members of what would become the transgender community.

Critics of psychiatric and medical conceptualizations of gender identity incongruence sought a new political identity to challenge these prevailing narratives about their experiences. Murib argues that attempts were made by some activists to foster a political identity (in contrast to a psychiatric classification) by identifying a source of oppression that would draw people with diverse experiences under a broad umbrella of identity. But what could constitute such a source of oppression? According to Murib, the source of oppression named by these activists was existing norms regarding sex and gender. *Transgender* became an umbrella term for gender diverse persons that “marked an important shift away from the identity categories derived by doctors and psychiatrists and imagined a future for transgender as an explicitly public and political identity.”³⁰

We can begin to see how the medical and psychiatric distinction between sex, gender, and sexuality contributed to the later idea that there is no necessary relationship between biological sex and gender identity: “The sex of the body . . . does not bear any *necessary* or *predetermined* relationship to the social category in which the body lives or to the identity and subjective sense of self of the person who lives in the world through that body.”³¹ This linguistic shift opened up space for the creation of gender identities that reflected psychological experience, recasting emotional and experiential reality as a category of personhood (“I am a transgender person”; “I am trans”). Tey Meadow put the development this way: “Gender is no longer simply sutured to biology; many people now understand it to be a constitutive feature of the psyche that is fundamental, immutable, and not tied to the material of the body.”³²

According to Stryker, the position that sex and gender identity are not in a necessary relationship is political “precisely because it contradicts the common belief that whether a person is a man or a woman in the social sense is fundamentally determined by bodily sex, which is self-apparent and can be clearly and unambiguously perceived.”³³ For

a group who felt stigmatized and pathologized by medical and psychiatric communities, a political identity was thus an understandable response. Stryker adds further, “How a society organizes its members into categories based on their unchosen physical differences has never been a politically neutral act.”³⁴

In addition to changing language, activists took several other steps to move the transgender experience from a psychiatric or medical identity to a public identity vis-à-vis a political identity. As Jack Drescher notes, the political tack taken by transgender advocates advanced “normalizing arguments” that included

- adopting normalizing etiological theories, such as the belief that one is born . . . transgender;
- adopting a transhistorical approach that connects modern [transgender] identities to historical figures and cultures;
- using modern cross-cultural studies to show that [antitransgender] attitudes are culture bound;
- looking to statistics regarding prevalence to refute the notion that [transgender experience] is rare;
- underscoring the difficult, if not impossible, task of changing [gender identity], even through psychotherapeutic means;
- adopting and insisting on the use of normative language to replace medical terminology . . . ;
- labeling theories that contradict affirmative perspectives as unscientific;
- ad hominem and ad feminam attacks on professionals who either believe [transgender experience] is an illness or use pathologizing language to make sense of [transgender experience].³⁵

The fact that transgender advocates have made and continue to make normalizing arguments about transgender experience neither proves nor disproves the veracity of their claims. Thoughtful Christians need to critically engage these claims and their underlying logic rather than accepting them at face value or rejecting them out of hand. Unfortunately, our current political climate does not lend itself to critical engagement with claims and logic. While we will cover some ground

in this regard, a comprehensive critique of each argument is a task we leave for a future project.

Proponents of the deconstruction of existing sex and gender norms view parents who subscribe to their perspective as heroes in the “dismantling” of the “sex/gender system.”³⁶ However, we view these parents as products of the very communities that praise them, because these communities have provided them with the language and categories necessary to dismantle existing cultural expectations. These parents may be hailed as heroes, but they are not the source of the gender ideologies they enact. They are not the ones who have an interest in “undoing” gender. Rather, they love their children and seek out advice about how best to express this love in relation to sex and gender norms. Regardless of where we find ourselves in the current debate around sex and gender identity, we do well to not villainize parents or identify them as the root of shifting gender perspectives.

Yet parents are drawn into the discussion as proximal agents and become keys to social change.

The notion that “gender identity,” or the felt sense of gender subjectivity, is fundamental, immutable, and not tied to the materiality of the body makes it possible for parents to begin to understand some children to be transgender and to alter their social environment to accommodate that subjectivity. Atypical gender was once considered a form of psychopathology; it was a failure of gender. Now for the first time, atypical gender is understood not as a failure of gender, but as a *form* of gender. Gender transgression marks the insufficiency of reified gender categories (male/female), and not of the individual who inhabits them. Gender nonconformity now constitutes social identity, rather than eroding it.³⁷

The purpose of introducing these arguments is to ask the following question: How do arguments developed for political purposes become components of a public identity? A public identity is the natural consequence of a successful political identity, regardless of whether those who benefit from the public identity recognize its political history. Public identity refers to how people are known to others in their communities.

You might have a transgender neighbor or coworker, a gender nonbinary classmate or suitemate, or a genderfluid loved one—an uncle, aunt, son, or daughter. The way this person is known by you and by others in their community with respect to gender forms their public identity. The more common transgender identity becomes, the more it comes to be seen as a normal variant of gender identity expression. A normalizing argument is just that: it presents diverse gender identities as within the scope of what can be expected in one's cultural setting.

Those who adopted a political identity in relation to transgender experience worked to ensure that this identity was not treated as an inferior or disabled identity defined exclusively in medical and psychiatric terms. According to Murib, diagnostic shifts in psychiatry were essential to the emergence of transgender as both a political identity and a subsequently public identity.³⁸ To identify as transgender in a public way (rather than simply adopting a psychiatric diagnosis of disorder) reinforces the notion that there is no inexorable relationship between biological sex and gender identity. This brand of public identification is now often seen as the most reliable path for a transgender person to thrive in the world.

Ellie, the adolescent with late-onset gender identity concerns whom we discussed at the beginning of this chapter, reflects a public identity made possible by the political identity of transgender activism. Renee Richards and Hari Nef also reflect public identities born out of shifts in gender identity discourse from psychiatric and medical communities into the public domain via the political development of “transgender.” Although Richards and Nef experience their gender identities differently and disagree on the merits of the male/female binary, both individuals participate in a dramatically changed (and continually changing) sociocultural context where such disagreements may take place and where cross-gender and otherwise variant gender identities are valued and celebrated.

This book moves beyond conventional presentations of gender dysphoria, beyond the plainest distinctions between cisgender and transgender identities. We are here discussing emerging gender identities, some of which coincide with older forms of transgender identity rooted in the

male/female binary but many of which are part of gender-nonbinary and gender-diverse presentations that have only recently risen in prominence. Some of these identities are connected to gender dysphoria, while others may not meet diagnostic criteria for a gender dysphoria diagnosis, or professionals might disagree about proper diagnosis. Some emerging gender identities appear to be trending among adolescents and among those presenting at specialty clinics for assistance with gender identity. These atypical presentations are challenging existing models of care and challenging clinicians to rethink categories of gender and gender identity as well as to rethink the diagnostic labels and treatment plans they recommend in such cases.

How should Christians respond to the changes occurring within our culture? Do we view these changes simply as part of a larger LGBTQ+ agenda to deconstruct norms regarding sex and gender? Do we view them as necessary shifts in thought that reflect the latest scientific research? Or are there other options for critical engagement from a Christian worldview? Are there other ways of understanding these events and engaging the individuals and organizations reflected in our cultural moment? These are the practical questions that lay before us and will be taken up in part 2 of this book.

As we come to a better understanding of the history of transgender experiences and the shifts from political to public identity, we must explore how emerging gender identities have come about and whether these new linguistic categories for gender create new categories of people. We turn to this discussion in chapter 2.