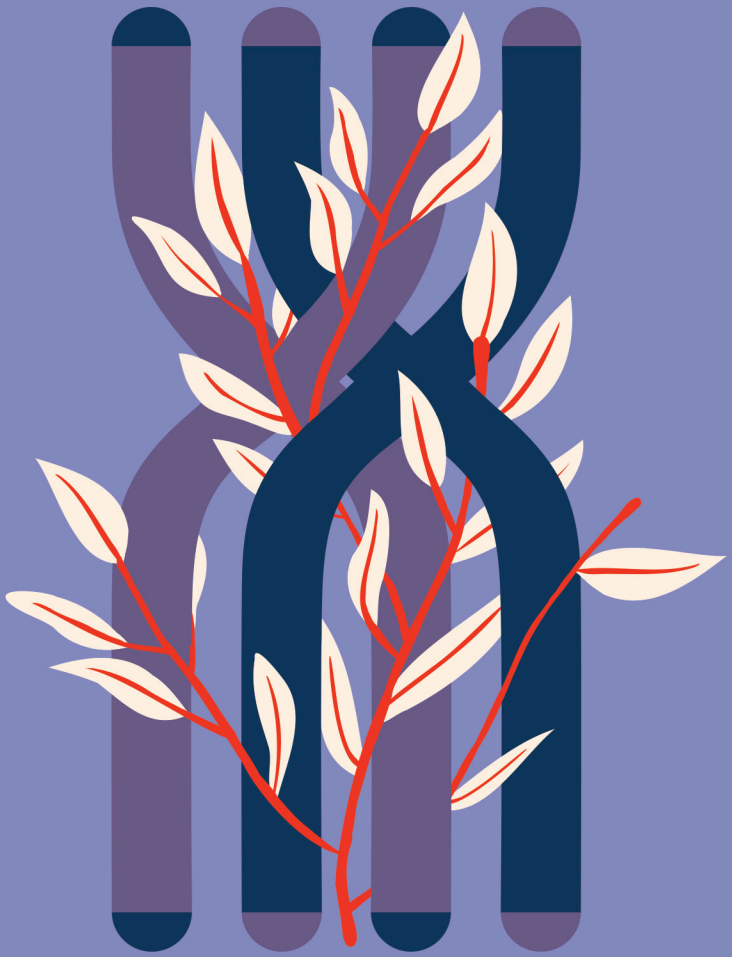
TO BE A WOMAN



The Confusion Over Female Identity and How Christians Can Respond

KATIE J. McCOY PhD

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To Cindy McCoy,
the first and best woman I ever met.

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INTRODUCTION

Cultural Chaos and Contagious Confusion

After two years of testosterone and a double mastectomy, she was still just a tired, lonely, hurt little girl. Her words.

When Heather Shribe became a Christian as a college student, she started a journey of processing the pain in her past—her parents' divorce, an abusive dad, a distant mom, and the wounding words of hearing her father say she wasn't the daughter he'd wanted. She was never a "girly girl." And her internalized sense of inadequacy evolved into self-loathing.

Heather wrestled with what the Bible said about sexuality and acknowledged her own attraction to the same sex. When she shared her struggle with a group of fellow Christians, she just needed someone to care. "Thank you for sharing that with us. . . . You're not alone—other Christians have struggled with this too. . . . Let's connect you to someone equipped to help you spiritually and emotionally. . . . You still belong here."

She didn't hear any of that.

The underlying issues of her self-perception and sexual attractions went unaddressed. Her mental health worsened after she came out as a lesbian. And again, after the high of cross-sex hormones wore off. And again, after her "top surgery." She was, in her words, "trying to modify my body to deal with soul-level heartache." Within a short span of time, she had socially, hormonally, and surgically transitioned to living as a man. Heather didn't just dislike being a woman. Heather disliked being *Heather*.

Months after her procedure, she realized her pain was beyond the reach of any surgeon. Heather sensed the Holy Spirit say to her, "Why are you settling for your brokenness? Don't you know I offer wholeness?" She may have given up on liking herself. But God hadn't given up on loving her. From that point, she began the process of detransitioning and living in harmony with the body God gave her. Today, Heather shares her story as a testimony of Jesus's power to restore and as a wake-up call to His people.

The New Epidemic

Heather's experience is like so many others. Some 80 percent of the LGBTQ community come from a Christian or religious background. They come from your youth groups, your college Bible studies, your children's summer camps. They are in our congregations, our Christian schools or co-ops, and our families. But they are pulled between a belief system anchoring sex and gender identity in a Creator and a cultural riptide sweeping them into confusion and, in many cases, irreparable harm. If young women express disdain for their weight, shape, or skin tone, society tells them not to change themselves, but to accept

who they are in the name of body positivity. The message is: *you shouldn't feel shame about your body. You should fully embrace it as it is.* But when those same young women express disdain for their biological sex, society tells them the opposite—rather than hear they should accept and embrace their bodies, they are flooded with suggestions to change themselves through medical and surgical alterations . . . all in the name of self-acceptance. Self-harm is the new self-care.[1] No wonder today's women and girls feel as though they are all at sea.

Among children and adolescents, gender dysphoria has skyrocketed in recent years, to the bewilderment and alarm of many parents. Historically, gender dysphoria nearly always afflicted boys and men. The condition typically began in early childhood (between two and four years old) and was exceedingly rare, affecting between .005 and .014 of natal males.[2] But in the last decade, the data has radically shifted. Suddenly, natal females with no history of gender confusion professed to be trans. In 2016, female-to-male (FtM) gender reassignment accounted for 46 percent of all double mastectomies. By 2017, it was 70 percent.[3] In the U.K., one of the two largest gender clinics in Europe for children and teens saw an epidemic increase in referrals over a seven-year period, from 138 cases in 2010 to more than twenty-seven hundred cases in 2019–2020. That's an increase of more than 2,000 percent in less than a decade. Also within this time frame, the average age gender transition referrals decreased, and the male-female ratio of patients shifted in favor of natal females. Among eleven- to seventeen-year-olds, four hundred of the five hundred referrals for gender transition were girls. That's more than 75 percent.[4] In 2007, the U.S. had only one gender clinic for adolescents. By 2021, that number jumped to at least fifty.[5] In other words, gender confusion is not

just growing, it's erupting, and by a landslide, it's *girls* who seem to be most affected by the explosion.

Gender ideology is also influencing children at progressively younger ages. Before they can register to vote, drive a car, recite their multiplication tables, or even form a complete sentence, parents and health-care providers are facilitating, and at times imposing, social transition. Outlets like Healthychildren.org, the official parenting website of the American Academy of Pediatrics, claims children have a "stable sense of their gender identity" by the age of four.[6] Boston Children's Hospital claims toddlers are cognizant of their trans-identity and communicate it by playing with cross-gender toys and refusing haircuts.[7] The top-rated pediatric research hospital also features a gynecologist explaining the concept of gender-affirming hysterectomies.[8] And for a medical center trying to boost its bottom line, "gender-affirming surgeries" are big business. In 2022, a recording of Vanderbilt University's Medical Center physician, Shayne Taylor, circulated in which the doctor described just how lucrative "top surgeries" on minors promised to be. "Huge moneymakers," she called them.[9]

One prominent gender therapist in San Francisco claims children know their gender identity as young as three years old. Diane Ehrensaft, author of *The Gender Creative Child,* says children may send preverbal "gender messages" to parents communicating their true gender. A male toddler who unsnaps his onesie is creating a dress to identify as a girl. A female toddler may state, "I boy!" and persistently resist wearing barrettes and hair bows to identity as a boy.[10] All this long before the child's prefrontal cortex—the part of the brain responsible for proper evaluation of a situation, decision making, and emotional impulse control—is developed. In a closed Facebook group for

parents who identify and affirm their child's transgender identity, moms and dads trade tips on how to socially present their little ones as the opposite gender, including how to tuck in shirts to flatten genitals for their "daughter" and where to purchase a crocheted prosthetic penis and testicles for their "son."[11] These parents believe they are giving support, acceptance, and love. They believe they are granting the freedom of unrestrained, uninfluenced self-determination. And this self-determination has no limits.

The last decade has also witnessed a surge in gender variants. In 2014, Facebook announced fifty-eight gender options by which users could identify themselves.[12] Other sources claim the number of genders is more than seventy.[13] And it seems to be an ever-expanding social category. One can identify as *ambigender*, having "two specific gender identities simultaneously without any fluidity or fluctuations"; *demigender*, having "partial traits of one gender and the rest of the other gender," or *femfluid*, "fluctuating regarding the feminine genders." There is *angenital* identity, in which a person doesn't want any sexual characteristics but still retains a gender; *omnigender*, in which one has or experiences all genders, and *blankgirl*, in which a girl can't describe her womanhood as anything more than a "blank space."[14] Most recently, gender has become blurred with other species, such as *xenogender*, where someone's gender identity can't be contained by human categories and is expressed by relating to animals or plants, and more specifically "*catgirl*," a gender identity associated with cats and feeling feline.[15] These stated identities are admittedly rare. However, the logic behind them is consistent. If gender identity is disconnected from and unrelated to biological sex, then people are free to craft their identities according to their attitudes and affinities. Gender

becomes a transient feeling, an ephemeral impression that can change over the course of one's life, even one's day.

The dominant cultural narrative claims gender nonconforming identities are a significant portion of our society. Coming out as trans or nonbinary has become in vogue among celebrities, including Halsey, Cara Delevingne, Ellen/Elliot Page, Demi Lovato, and Janelle Monae. Publications marketed to adolescent and young women like *Teen Vogue* and *Cosmopolitan* frequently feature content related to trans and nonbinary culture. The trend has, predictably, reached its market, as middle and high school students report gender nonconformity among their peers as increasingly prevalent.

Addressing the gender narrative is daunting enough, but on top of that, its counternarrative is systematically silenced. In a society where views are "violence" and words are "weapons," any speech that questions, much less opposes, the prevailing gender narrative is considered dangerous, harmful, a threat to civil rights, and "unsafe." When a United States senator pressed a Berkeley law professor about whether men could get pregnant, she accused him of transphobia and contributing to violence against, and the suicidality of, transgender people.[16] Depending on the news outlets or social media platforms you frequent, you may never have heard of scholars and authors producing well-researched responses to gender ideology. Various retail outlets removed books like Debra Soh's *The End of Gender*, Ryan Anderson's *When Harry Became Sally*, and Abigail Shreir's *Irreversible Damage* after receiving complaints about their content. When the American Booksellers Association sent *Irreversible Damage* to its vendors, it later issued an apology for committing a "serious, violent incident" that went against their policies, values, and everything they believe and support.[17] Dare

to claim openly that only females can be women and risk being plunged into social media purgatory and professional demise.[18] Anything less than unqualified affirmation and agreement is typically treated as transphobia. Disagreement, however peaceably conveyed, has become synonymous with hate.

What We're Doing Here

In high school, my favorite class was Mr. Eaton's "Intro to Journalism." And not just because we got to watch *All the President's Men*. Mr. Eaton instilled a love for asking good questions, for digging deeper. And like any good journalism teacher, he instilled the rudiments of good reporting: asking *who, what, where, when, why,* and *how.*

As we sift through the confusion over female identity, we'll consider five different spheres that shape and form our view. At points, these spheres overlap. At other times, they exclude one another. But at every point, they influence the formation of female identity.

Who: This is the *theological* sphere. It is the foundation of our identity. Who we are answers what it means to be human, specifically to be a woman.

What: This is the *biological* sphere. It describes the complexity of femaleness and the essential, verifiable differences between male and female.

Where: This is the *relational* sphere. It is the arena in which one's gender identity is expressed and confirmed by others.

Why: This is the *philosophical* sphere. It explains the cultural chaos we see surrounding sex and gender. Turns out, the ideas that have produced our new understanding of identity are not new at all.

How: This is the *social* sphere. It represents the means by which the confusion over female identity has become mainstream and considered a moral good.

(If you're wondering where that fifth "w" is—*when*—well, you answered that one when you picked up this book. It's right now!)

Ordinarily, I'd begin with the theological sphere and build on biblical revelation. God's Word is, after all, the foundation of our identity as human beings. It reveals our nature, diagnoses our condition, and gives hope for real life-change. But on this topic, I'd like to approach things a little differently. Let's start with what we see and work backwards.

We'll begin with the social factor, which includes some of the most obvious evidence for *how* female identity has become so confused. Then, we'll consider *why,* analyzing the philosophical ideas that have justified the social confusion we see. The way we relate to one another is the sphere *where* we articulate or convey our philosophy of humanity, sex, and gender. But, despite the social, philosophical, and relational factors and the influence they wield, we cannot erase the biological facts of femaleness. *What* we are is fundamentally complex and cannot be changed. Finally, we consider *who* we are as human beings created by God. This provides the framework through which we understand every other factor and its influence on our identity.

With these factors in mind, here is the main idea of this book:

> *Female identity is socially guided, philosophically formed, relationally confirmed, biologically grounded, and theologically bestowed.*

Now, I'm not a counselor, a psychologist, or a medical doctor. But I've done my best to present the leading voices of experts and scholars on the different aspects of this question. They include psychologists, neurobiologists, pediatricians, sociologists, gender theorists, and other theologians. Before venturing further, you should know my own frame of reference. I'll be building on three important presuppositions:

First, I hold to a Christian worldview. I believe the Bible is God's revelation of Himself and that what it says about male and female, gender, sexuality, sin, redemption, and everything else is true. And if you've come to this book outside of that worldview and this offends you, making you want to shut this book and assume the worst, I get it. But before you do, consider that we all have a worldview. It's our framework for answering the core questions of life: Where did we come from? What went wrong? and How do we fix it? How you answer those questions will reveal your worldview. A Christian worldview answers those questions according to the Bible and the historic teachings of the Christian faith or, more specifically, this way: *creation, fall, redemption,* and *restoration*.

Second, I believe a woman is an adult human female and a girl is a prepubescent human female. As I state these things, please know I don't intend to be inflammatory. But in a culture that anchors reality in personal feelings over (and against) empirical facts, claiming males can't be women is often considered intractably intolerant and perilously transphobic.

Third, I believe gender dysphoria is a psychological condition, one that deserves compassion and expert care to treat and overcome. When someone experiences gender incongruence, in which one's biological sex and self-perception of gender are misaligned, the condition is a matter of the mind, not the body.

In his book *Embodied,* Preston Sprinkle articulates this, saying our biological sex "determines who we are . . . and our embodiment is an essential part of how we image God in the world."[19] Some people experience a mental condition called *body integrity dysphoria*, meaning they feel one or more of their limbs don't align with what their bodies should be. One might believe, for example, her own arm or leg is somehow foreign to her body. It doesn't feel like *her* limb, even though physical reality communicates that it is. Said another way, her self-perception doesn't match physical reality. In light of this, she may request a doctor to amputate a healthy, functioning limb. For someone with this condition, a doctor would (hopefully) not amputate a perfectly healthy limb, but rather try to help the patient become at ease with her body, the goal being to realign her self-perception with physical reality. The same logic should apply to those with gender dysphoria: the goal should be to help her accept her body and no longer want to alter her outer self to fit her inner self.

Throughout this book, I'll refer to the dominant cultural paradigm of sex and gender identity as "gender ideology." In some ways, it's a catchall phrase to reflect the theories, claims, and aims of our society's prevailing view of gender. But at its core, gender ideology rests on the belief that one's biological category (i.e., the sexed body) is divisible from one's personal identity (i.e., the gendered self), that the physical you and the real you are mutually exclusive. How and why this approach to gender has become the dominant mindset, we'll unpack throughout the rest of the chapters.

I'll also use the terms *transgender*, *trans*, and at times *nonbinary* to reflect various identities within gender ideology. For example, a person who identifies as *demigender* may not think of herself as transgender, but *transgender* is the umbrella term to

include identities in which one's sense of gender does not correspond to one's biology. You may want to review the glossary of terms I'll be using throughout for their definitions. Wherever possible, I'll employ terms and phrases as you will encounter them culturally.

Individuals or Issues?

Five years after she began to detransition from identifying as a man, Keira experienced a sign that she was becoming herself again: she could cry. When she was flooded with testosterone, she—like many other trans men—had found herself unable to release her emotions. She had a lot to cry about.

Before she was legally an adult, Keira had endured overwhelming setbacks. Her parents divorced when she was young. Her mother was an alcoholic with mental illness. Her father was distant. She was a tomboy who preferred playing sports with the boys in school. Upon the onset of puberty, she found herself attracted to other girls and wondered what was wrong with her. Her mom asked her if she was a boy, which sent her into a downward spiral of gender confusion.

When she was referred to the Gender Identity Development Service clinic in London, she insisted she needed to transition. "It was the kind of brash assertion that's typical of teenagers," she shares. "What was really going on was that I was a girl insecure in my body who had experienced parental abandonment, felt alienated from my peers, suffered from anxiety and depression, and struggled with my sexual orientation." A few surface-level conversations later, doctors granted Keira her wish, without ever addressing the issues behind her gender dysphoria. I wish her experiences were rare. A generation of girls are manifesting

their pain through transgender identities, while those charged with their care neglect the sources of their mental suffering.

As we consider the beliefs and practices within gender ideology, we must never forget the human beings affected by it. Despite our culture's unmatched acceptance of gender nonconformity and support for gender transition, suicide rates continue to rise.[20] The "cures" are causing greater harm. Gender ideology exploits their vulnerability and calls it health care.

Behind these headlines are real people. Confused and wounded people who need spiritual and psychological care. Gender dysphoria is a genuine condition in which someone feels as though she's been born in the wrong body. It includes acute, psychological distress, sometimes inducing tendencies to self-harm or suicide. It is a complex condition and is often rooted in deep-seated pain and misguided beliefs about one's gender. People with gender dysphoria often feel isolated and alienated. Like many internal afflictions, gender dysphoria can also induce physical symptoms. One gender dysphoric person described the feeling as "an electric current" that makes for aching joints and a turning stomach. Another described it as a "numb but painful" feeling throughout the body. "Painful."[21] "Not being able to feel at home in your own body."[22]

Sprinkle describes two trends in transgender conversation. Some people only see a "culture war," expressing outrage over the illogic of what they see and hear on the news. They see an issue but can't possibly know there are people around them struggling with the very thing they view as a punch line of a joke or fodder for memes. Others only see people's need for love, ignoring the theological and scientific facts about sex and gender. They see people but empathize without critical thought and offer little hope of healing or life-change. I'm convinced we'll find a

balance between these two extremes individually when we are a witness corporately. In the balance of truth and love, most of us tend to lean more toward one over the other. (Yet another reason we need the *whole* body of Christ—the theologian and the ethicist, and the counselor and the psychologist, the teacher and the mother—to speak into this issue with their respective gifts, expertise, and perspectives.) How much more effective might we be if we emphasized how we can learn from one another more than how we differ from one another?

Conclusion

In Jesus's time, being sick or disabled came with stigma and shame. You may have been forbidden from going into the temple, which conveyed the ceremonial purity God required of His people to approach Him. In many cases, you'd be prevented from working, marrying, or having a family, which was essential for social relationships and economic security in an ancient, agrarian society. You were an outsider, marginalized, cut off from the community. In an honor/shame culture like the Bible's, this was devastating.

Jesus dropped everything when He met people with these kinds of needs. He broke religious traditions and drew the ire of the social elite in order to help them. To be physically healed meant more than recovery from a condition. It meant being restored to a community. Those whom Jesus restored didn't remain marginalized. They were brought from isolation to connection. From alienation to acceptance.

The affliction of gender confusion or dysphoria may not be outwardly visible. But overwhelmingly, the women and girls who suffer from it feel every bit as alienated—not only from others

but also from themselves. Were Jesus walking among us today, I can't help but wonder how He would respond to the lonely little girl who feels like she doesn't fit or to the broken woman trying to heal herself of a soul-deep wound.

He would be as He always has been—infinitely kind, tender-hearted, patient, understanding, and deeply moved by her pain. And, He would love her enough to tell her the truth in a spirit of gentleness and grace.

We are His ambassadors, His messengers entrusted with good news: they don't have to settle for their brokenness. He offers them wholeness. He gave His own body to recover and restore those who feel alienated from their own bodies. Better still, He brings them into the body of Christ.

CHAPTER 1

How: The Formative Effect of Social Influence

By the time she could drive, Chloe had already received puberty blockers, testosterone, a double mastectomy, and a lifetime of regret.[1] She's among the countless young women who were rushed into gender transitions. Women who obtained treatments that failed to take away their dysphoria. Women whose procedures left scars far deeper than their postoperative wounds.

As we discovered in the introduction, until recently, gender dysphoria was a rare occurrence predominantly found among young boys, some of them as young as two to four years old when symptoms of early-onset gender dysphoria appeared.[2] Yet, seemingly overnight, those statistics dramatically shifted. The last ten to fifteen years have witnessed a surge in "late-onset gender dysphoria," a condition occurring among adolescents and young adults, 70 percent of whom are girls.[3]

In this chapter, we explore how this phenomenon came to be. We'll consider the therapeutic methods, the hormonal and surgical treatments, and the underlying issues influencing so many adolescent and young women to embrace transgender identity. These topics are complex—condensing a world of trends, theories, and therapies to a few pages would test the brevity of a Haiku poet. But, through all the data points and discussions, we can conclude one thing: female identify is, undeniably, socially formed. The question is, Who or what is forming it?

The Rise of ROGD (Rapid-Onset Gender Dysphoria)

When physician-scientist, Lisa Littman, explored why so many adolescent and young adults suddenly identified as transgender, she couldn't have predicted the responses she would receive, either from the parents she interviewed or the public she informed.

The Brown University professor received survey responses from more than 250 parents whose adolescent and young adult children, although previously expressing no gender incongruence before middle or high school, came out as trans. Most agreed their child's announcement of trans identity came out of nowhere. Within weeks, teenage girls went from no expression of gender dysphoria to claiming they were transgender and wanting to medically transition.[4]

The average age of the represented children was sixteen. More than 80 percent of them were natal females. Littman coined this trend, which overwhelmingly occurred among adolescent girls, "Rapid Onset Gender Dysphoria" (ROGD). Her research found three key connections between adolescents and

ROGD: first, the influence of the girl's friend group; second, the tendency to manifest gender dysphoria as a coping mechanism for other issues; and third, increased social media consumption.[5]

Littman called the sharp increase in trans-identified girls a "social contagion." A social contagion is the spread of certain behaviors, attitudes, or feelings, similar to a virus. People who are vulnerable to a social contagion have "heightened suggestibility," meaning they're likely to accept the suggested actions of other people.[6] Want a perfect example of suggestibility? Imagine I just yawned, . . . and I mean one of those big, deep, right-before-falling-asleep yawns that signals to your brain that it's time to float off to dreamland. Did you just yawn too? (I've yawned twice since typing that.)

Girls with ROGD are influenced by a type of social contagion, one that comes from peers who mutually influence one another to promote negative emotions and behaviors. Eating disorders and bullying are two common peer contagions. So are symptoms of depression and repeatedly discussing problems or "co-ruminating" over emotions. (As in, what most teenage girls incessantly do.[7])

Littman compared the spread of ROGD to the spread of anorexia among adolescents and young adults. In both cases, girls internalize symptoms and behaviors together. Anorexic teens chronically talk about their weight, their body image, and their weight loss techniques. They admire other anorexics whose devotion to resisting weight gain creates physical complications. They ridicule anorexics who submit to therapy and medical treatment. Anorexic peers even coach one another on how to deceive parents and physicians. And they invest time online at niche websites that reinforce these attitudes and actions.

The peer contagion theory may explain why the male-female ratio of gender dysphoria reversed so drastically in such a short time frame. It also connects to what we already know about how females think, feel, and behave. They are wired for connection, identification, and harmony in their relationships. In some cases, girls will suspend reality to affirm what their friends do just so they can preserve the friendship.[8] Among parents Littman surveyed, over one-third reported that the majority of the members in their child's friend-group identified as transgender. One fourteen-year-old girl and her three friends were close to a popular coach who had announced a trans identity. Within a year, all four of the teens announced the same.

Social media consumption also played a major role in adolescents and young adults with ROGD. Websites like YouTube, Reddit, TikTok, and Tumblr are like convoluted rabbit holes of suggestion and circular reasoning. Teens find online communities and social media influencers sharing the euphoria they felt after transitioning and why it's urgent viewers pursue transition without delay, along with the freedom from hating their bodies they found through hormone therapies and operations.[9] Vague feelings, so common to adolescent life, are said to confirm lifelong, unrealized gender nonconformity.

Finally, the *coup de grâce* of online advice: if you're asking whether you're trans, you probably are. It took me all of fifteen seconds on Reddit to stumble upon The Gender Bible, a website devoted to navigating gender dysphoria.[10] The section titled, "Am I Trans?" validates gender-questioning readers with statements like, "Most cis people don't think about their gender very much," so if you get "energy" from the idea of yourself as a different gender, that probably means something. Feeling sad or odd indicates an undiscovered trans identity, because most cisgender

people "actively like" being the gender they were assigned at birth. Typical teen angst—or even just feeling the unpleasant emotions that come with a bad day—translates to closeted trans identity.

Trans influencers even coach adolescents on what to tell parents and therapists, specific words or phrases to guarantee hormone treatments after their first visit to a clinic. Parents picked up on the language their children used and how different it was from their own voice. Many suspected it sounded like something they'd heard or read online. They were right. The verbiage in their child's announcement was "verbatim," "word-for-word," or "practically copy and paste" from online sources. The words and phrases of trans influencers became part of a script.

Another sociological element to ROGD connects with one of current society's most prevalent ideas. The majority of adolescent girls who suddenly come out as trans are white and middle class. Researchers believe they know why: in a culture where your credibility is linked to your victim status, being a white, middle-class girl isn't "special."[11] The only intersectional identity you can choose is trans identity. A seventeen-year-old described how she was exposed to LGBT content and activism on Instagram when she was eleven and noticed the affirmation trans people received: "I saw how trans people online got an overwhelming amount of support, and the amount of praise they were getting really spoke to me because, at the time, I didn't really have a lot of friends of my own." Once a girl says she's transgender, she's met with positive attention and social approval. She now represents an oppressed segment of society. Her voice—indeed, her life—now has meaning beyond herself as she decries "white male privilege," "straight privilege," and other evidence of her own victimhood.[12] One young woman shared how, as a teenager, she felt political pressure

to transition, describing the trans activist community as "very social justice-y": "There was a lot of negativity around being a cis, heterosexual, white girl, and I took those messages really, really personally."[13] In a society where oppression and marginalization increasingly equal status and credibility, and where race and gender predict the validity of your voice, trans identity becomes an appealing social distinction.

Littman's study also found a connection between ROGD and other mental health issues. Many of the adolescents and young adults represented in her survey had past trauma, self-harming behaviors, or difficulty coping with negative emotions. Prior to announcing their trans identity, an overwhelming number of girls had been diagnosed with a psychiatric disorder within the last one to two years. Over two-thirds had social anxiety in their teens, and more than 40 percent tended to isolate themselves from peers or have trouble interacting with them. While we should be clear that trauma isn't a catchall cause of ROGD, we also shouldn't miss the fact that it plays a significant role. Nearly half had experienced a traumatic event shortly before their ROGD, such as a parent's divorce or death, rape or attempted rape, sexual harassment, an abusive romantic relationship, a breakup, bullying, isolation, changing schools, serious illness, or hospitalization. A twelve-year-old girl was bullied when she started puberty earlier than other girls. She said she hated her breasts. Websites told her hating your breasts indicated trans identity. A sixteen-year-old girl was traumatized by a sexual assault. Months after the rape, she announced she was transgender. For her, ROGD was a coping mechanism.

Psychologists have a name for this phenomenon: psychic epidemics. People convince themselves they have an ailment then manifest the symptoms. Psychoanalyst Dr. Lisa Marchiano

explained how it occurs: when we are psychologically troubled, we look for ways to explain it so we will receive the concern and care we need. A "prescribed narrative" gives us something to latch onto, a way to communicate our mental and emotional problems. People gravitate to culturally acceptable ways of expressing their internal distress, called "symptom pools." When a few highly publicized cases receive attention, patients may start to identify with the symptoms as a way to communicate their own pain. Soon those symptoms catch on and become the "new social script." In Marchiano's view, gender dysphoria has become the new symptom pool.[14]

Abigail Favale states the same concept from a different angle. Our culture has built a structure for trans people to interpret and categorize their experiences of gender incongruence. But trans-identifying people didn't develop the framework; the framework developed them: *"[T]he development of that framework has led to transgender identification*. There are people in turmoil, and the gender paradigm has become the dominant lens for interpreting that turmoil."[15]

To be clear, the psychological distress is genuine. The anguish is genuine. Even psychologists who believe the gender dysphoria craze is a social contagion or psychic epidemic acknowledge the reality of the mental suffering that's driving it.[16] The last thing a Christian needs to do with all this information is act like the underlying mental and emotional health issues behind all of this aren't real. They are. After all, we live in a fallen world that affects not just to our relationship with God, but our relationship with others and even with our own selves, body, mind, and soul. These issues should be treated with tender compassion and informed care. But, overwhelmingly, for the majority of girls coming out as trans, gender dysphoria isn't

the primary issue. While gender dysphoria may be the underlying issue for a small fraction of those who struggle with gender confusion, *it is not for most*.

Instead, for most girls identifying as trans, it's a way to focus on their unhappiness and cope with their problems.[17] These girls aren't acting. They're redirecting.

And the "help" they receive is doing even more harm.

The New Standard of Care

The "prevailing standard of care" for treating gender dysphoria is called *affirmative therapy* or *gender-affirming care*. Affirmative therapy practitioners affirm the patient's self-diagnosis of gender dysphoria and self-assessment of gender identity. A therapist not only agrees that the female patient *feels like* a boy trapped in a girl's body, or *wants* to become and live as a boy, but that the female patient really *is* a boy.[18] Affirmative therapy is submitting your perspective to the patient's perspective: she has the best understanding of her own gender; only she knows what her identity really is. The therapist's role is not to question the teenager's stated gender identity but to "follow the child's lead,"[19] and "facilitate the patient's range of options."[20] In the words of Dr. Colton Wasserman, associate medical director for Planned Parenthood: "It's vital for trans people, especially young trans people, to access the supportive, affirming health care *they* choose." Though the patient is going to a doctor whose specialty is to diagnose and treat, the patient diagnoses herself, determines her gender identity, then recommends her own treatment.

The textbook, *A Clinician's Guide to Gender-Affirming Care*, describes affirmative therapy as client centered: "Self-determination and autonomy are seen as key in providing

affirming care . . . clients have the right to say who they are."[21] Therapists help clients "unlearn" social expressions and phrases such as referring to people as "men and women," rather than "people of all genders."[22]

Affirmative therapy goes beyond compassion, sensitivity, and attunement. We would hope any good therapist would have these for his or her patients. But we would also hope a counselor would challenge flawed ideas and discover underlying issues. For what other psychiatric condition does treatment focus on automatically agreeing with the patient, then altering physical reality to fit her self-perception?[23]

Nearly every medical or professional organization endorses affirmative therapy as the only proper response to someone's stated gender. The American Academy of Pediatrics (AAP) recommends "gender-affirming," nonjudgmental care for gender-diverse children and adolescents.[24] The American Psychological Association (APA) states they "continuously learn more . . . about helping our children discover and fortify their true gender selves."[25] They encourage doctors to "adapt or modify their understanding of gender" to have a broader range of what they consider "healthy and normative."[26] And the World Professional Association for Transgender Health includes affirming gender identity and exploring options to express that identity in its document, "Standards of Care."[27]

Affirmative therapy rests on the belief that adolescents have a stable sense of gender identity.[28] But no long-term studies can confirm this claim.[29] In fact, data demonstrates that the very stage of human development most clarifying for a girl's gender identity is what gender-affirming care manipulates and prevents. It also implies that four out of five gender dysphoric children and teens are undergoing treatments they wouldn't otherwise want.

Until recently, mental health professionals approached gender-dysphoric children with "watchful waiting." Watchful waiting neither encouraged nor discouraged a child's stated gender. Instead, doctors would wait to observe whether the dysphoria would persist or desist as the child matured both emotionally and mentally. Watchful waiting also looked at other factors that may have been influencing the patient's self-perception or views of gender. It considered the whole child.[30]

The method was incredibly effective. Most children with early-onset gender dysphoria (pre- and elementary-school ages) grew to identify with their biological sex after going through puberty. This isn't a statistical gamble, either. The rate of desistence is somewhere between 80 percent and 90 percent. While some trans activists dismiss the data as "junk science,"[31] at least a dozen studies confirm what London's Gender Identity Development Service found: "90.3 percent of young people who did not commence [puberty blockers] desisted."[32]

Thus, Dr. Kenneth Zucker, clinical psychologist and former head of the Toronto Gender Clinic, is a proponent of watchful waiting in children. Zucker believes any form of gender transition—social, hormonal, or surgical—just reinforces the gender dysphoria at a stage when the child is learning behavior that harmonizes with his or her biological sex.[33] With therapy to address the underlying cause of the child's dysphoria, and with no social or medical interference, most gender-dysphoric children will no longer identify with the opposite gender.[34] If, that is, they aren't encouraged to transition.[35]

That's a big "if."

Today, any approach other than gender-affirmative care is condemned as "conversion therapy." For decades, conversion therapy referred to attempts to change or "cure" someone's

same-sex attractions to a heterosexual preference. It's an approach many orthodox Christians have denounced, believing a person can live a chaste, God-honoring life even if their same-sex attraction never goes away. But that's not how proponents of affirmative therapy define it. Instead, any attempt to align gender identity with biological sex is branded as harmful, cruel, regressive "conversion therapy."

In 2015, Dr. Zucker discovered just how ruthless affirmative therapy proponents can be. Zucker's career centered on treating gender-dysphoric patients. He spearheaded the written entry on gender dysphoria in the *Diagnostic and Statistical Manual*, 5th edition (DSM-5) and helped author the "Standards of Care" guidelines for the World Professional Association for Transgender Health.[36] While he wasn't opposed to gender transition, he used caution with patients under eighteen and believed they shouldn't be rushed into hormonal or surgical therapies. Zucker focused on "treating the whole kid" and had great success with his young patients. Despite his reputation as an international authority on the topic, gender activists decried his "watchful waiting" practice, accused his methods of being unhealthy for trans children and teens, and lobbied Zucker's organization until they took disciplinary action against him. Zucker was fired from his Toronto clinic. No matter how decorated and storied the career, a mental health professional who fails to adopt affirmative therapy is liable to be "canceled."

The medical community claims children should be allowed to get treatments and therapies if their dysphoria is "consistent, persistent, and insistent."[37] But what if the medical community is facilitating, if not manifesting, these criteria among impressionable young women and girls?

Behind the Surge of ROGD

Grace battled depression as a young twentysomething. After years of "obsessing" over her identity, she developed gender dysphoria.[38] The idea of medically becoming and living as a man made her euphoric. She finally felt a glimmer of hope. Grace had everything she needed—access to hormonal treatments, health insurance to facilitate her transition, and a supportive network of relationships. What she didn't have was a therapist who would help her examine the underlying issues she had before she started her hormonal and surgical transition. "Instead," she describes, "I was diagnosed with gender dysphoria and given the green light to start transition by my doctor on the first visit."

Grace began with cross-sex hormone injections and, four months later, had a double mastectomy. She wept for joy when her treatments began. A year later, she wept with remorse, full of grief as she clutched her double-mastectomy scars. "My gender dysphoria, which I had taken as proof that I was truly meant to live as male, turned out to stem from other mental health issues. My change had been a brutal mistake, and I would have to live with the consequences—numb scars, no breasts, a deepened voice—for the rest of my life." Grace was left to diagnose herself, then left to wonder why a therapist didn't help her diagnose what was driving her dysphoria.

Today, Grace is among the growing ranks of "detransitioners," people who formerly identified as transgender and, to varying degrees, undertook a gender transition. As the president of Gender Care Consumer Advocacy Network, she's raising awareness about the lack of responsible and safe medical care the trans community receives.

Her experience is becoming common. Girls with ROGD have mental health problems that go unexplored and untreated.

Even children with early-onset gender dysphoria may be expressing an issue that has little to do with gender confusion. One little boy thought girls were treated nicer in school. To his child's mind, maybe if he were a girl, his teacher wouldn't yell at him as much.[39] A little girl wanted to be a boy after she witnessed her mother being physically abused. To her child's mind, being a girl like mommy meant the world was a more dangerous place. Some children perceive the parental disdain of being the opposite gender than what their mother or father wanted. To their child's mind, if they were different, maybe mommy or daddy would love them.[40] Other children confuse gender identity with surface expressions of gendered behaviors. Zucker describes how a seven-year-old boy said he wanted to be a girl because he didn't like to sweat and only boys sweat. These are innocent children that need nurture and guidance, not hormones and surgeries.

Researchers have also identified a connection between gender dysphoria and autism, since those on the autism spectrum are overrepresented among gender-dysphoric children.[41] A Canadian mom, Victoria G., shared her experience with a gender clinic.[42] She suspected her teenage daughter, Jane, was on the autism spectrum, which may have contributed to her depressive symptoms. Shortly after seeing a therapist, Jane wanted cross-sex hormones and a double mastectomy. Victoria's health insurance plan gave easy and inexpensive access to both testosterone injections and an elective mastectomy but no coverage for psychological or therapeutic care. Think about that. It was easier—and cheaper—to obtain irreversible hormonal and surgical treatment for gender dysphoria than it was to discover and treat the root causes of the dysphoria. Victoria reflects on how she naïvely assumed her daughter would receive a "comprehensive psychological assessment with therapy" before being

introduced to gender-altering treatments. She claims affirmative care is ultimately harmful: "Parents have the right to know what type of treatment and assessment their child will really receive." Victoria's intuition about Jane was correct: autism spectrum disorder coupled with polycystic ovary syndrome had manifested as gender dysphoria. Jane's dysphoria was genuine and had an identifiable cause. But her gender therapist only addressed Jane's symptoms. Worse than that, the gender therapist *adapted* to Jane's symptoms. What was happening is the equivalent of prescribing a fourth-grader Tylenol every day for headaches and insisting she sit in the front row at school but refusing to have her eyes checked. As it turns out, when the root causes of Jane's distress were treated, her gender dysphoria eventually resolved.[43]

Finally, we cannot ignore the significant link between gender dysphoria and sexual abuse.[44] While every case can't be blamed on abuse, I've lost count of how many stories I've read about young women whose rapid-onset gender dysphoria was a form of psychological survival. Women like Erin Brewer, who, along with her brother, was abducted by two men when she was six years old. She was brutally sexually assaulted, but her brother was not. To her child's mind, if she'd been a boy, those men wouldn't have hurt her. Shortly after the assault, Erin said she was a boy. She would put duct tape over her vagina to hide it and wear her brother's clothes.[45]

In her children's book, *Always Erin,* she shares how she learned to talk about her feelings and realized that being a boy wouldn't stop her from being hurt again. Erin shares how thankful she is not to have grown up in today's culture, where parents and teachers would almost certainly have interpreted her actions as gender-based rather than trauma-based. Gradually, with regular therapy, Erin realized no matter how much she wanted

to be a boy, she was a girl.[46] After decades of self-destructive actions, Erin encountered Jesus Christ, and her life was radically changed. Today, she shares her story and warns of the dangers of gender ideology.[47] Were Erin a child in today's society, she would have received gender-reassignment treatments but might never get help to address the violent violation her gender dysphoria expressed: "I will be forever grateful for therapists who helped me understand that my gender dysphoria was a coping mechanism that my creative mind came up with to help me make sense of my trauma."

These stories reinforce Littman's hypothesis that social influences contribute to gender dysphoria among teen girls. ROGD is often an inadequate coping mechanism that delays or avoids treatment for underlying mental health problems. It also alienates patients from their parents and other social support systems. Gender transition becomes, in Littman's words, "intentional self-harm."[48]

It's unfathomable to me how any therapist, counselor, or psychiatrist worthy of the profession could fail to at least inquire about, much less identify, any potential underlying cause of gender dysphoria, how they would facilitate a coping mechanism that only further suppresses the root problems and creates irreversible damage. But the harm affirmative care practitioners are causing doesn't end there.

But Won't They Commit Suicide?

The question has immobilized countless parents with uncertainty and fear: "Would you rather have a dead daughter or a living son?" Pediatricians, psychologists, and gender therapists present two options: either affirm your child's gender identity

or give her over to depression, anxiety, suicidality, and possible self-harm.[49] What parent wouldn't move heaven and earth and do whatever was necessary to save their child? The rate of suicide attempts among trans people is heart-stopping. We cannot look away from that, especially as Christians who believe in the sacredness of life. At the same time, we cannot look away from the fact that many therapists (and social media influencers) reveal that the threat of suicide is being weaponized against parents' concerns, convictions, and even common sense.

Dr. Marcus Evans describes how gender therapists and psychologists make terrified parents feel that any expression of hesitance or skepticism, or simple deliberation before making a drastic move, is a recipe for suicide.[50] Trans-identified teens have even been encouraged by social media and members of the transgender community to threaten suicide if their parents resist their medical transition. One gender therapist advises them to fake a suicide attempt so they're taken seriously: "Pull a stunt. Suicide every time. They will give you want you need."[51] Fearing their child will harm herself if she is denied treatment, mothers and fathers are rushed into approving major medical interventions, a pattern doctors like Evans describe as manipulative, or "emotional terrorism."[52] Despite their reservations and concerns, they consented to hormonal and surgical treatments that changed their child's life irrevocably.

Suicide attempts among gender-dysphoric people are staggeringly high. And for a generation of girls declaring themselves trans, it's a chronic, top-of-mind fear. Especially when medical professionals talk about suicide statistics.

A 2014 study conducted by the Williams Institute claimed 41 percent of transgender and gender-nonconforming adults attempted suicide.[53] It's an overwhelming number and one that

is referenced early and often in a child's gender journey. The perception that transgender people are one crisis away from the brink of suicide has practically made its way into our social consciousness.

But it's not the whole story.

The same study also found that the largest group to report a suicide attempt (60 percent of those surveyed) also suffered from a mental health issue. But the research didn't explore mental health status and history, despite those being "important risk factors for both attempted and completed suicide in the general population." Its authors also admit the number may be inflated since they didn't ask any clarifying or follow-up questions. For instance, respondents weren't asked when the suicide attempt took place: Was it before or after they sought or received a gender transition? Was the suicide attempt caused by their gender dysphoria or by another mental health problem?[54] That's essential information to know. Because, for many trans and gender-nonconforming people, hormonal and surgical treatment only made things worse. Much worse.

A 2011 Swedish study strongly implied "poor psychological outcomes" for those who transitioned. Unlike the 2014 study, this one adjusted the figures to consider prior psychiatric illnesses. It didn't skew the numbers. They found that, among *postoperative transsexuals*, suicide attempts were five times more likely, and hospitalization for psychiatric care was three times more likely. Even more harrowing, people who transitioned were *nineteen times more likely to commit suicide*.

We don't know whether gender transition treatments and surgeries *caused* the increase in suicides or *correlated* to other factors contributing to it.[55] But we do know the effects of affirmative

therapy do not deliver the relief, much less the remedy, for gender dysphoria the psychiatric community so widely claims.

If this were any other issue, the medical community would sound a collective outcry. They would demand that all procedures come to a halt so they could at least determine whether there was a correlation. They would institute review boards and rigorous standards to oversee future surgeries. Nightly news would investigate and scrutinize medical practices. Politicians would demand congressional hearings.

Several mental health professionals are sounding the alarm about gender transition and its psychological effects. Psychologists Dr. Michael Bailey and Dr. Ray Blanchard claim, "[T]he best scientific evidence suggests that gender transition is not necessary to prevent suicide. . . . There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves."[56] Child and adolescent psychiatrist Sven Roman states, "There is currently no scientific support for gender-corrective treatment to reduce the risk of suicide."[57] Psychologist Dr. James Cantor discovered that the American Academy of Pediatrics (AAP) misrepresented data to justify its claim that medical transition prevented suicide. The American College of Pediatrics (formed in response to the direction of the AAP) notes the risk of suicide among trans-identified youth is even lower than other at-risk adolescents and that effective suicide prevention for gender-dysphoric adolescents employs the same methods (talk therapy and psychiatric medications).[58]

The professionals who disagree with affective therapy include therapists, sexologists, and psychologists who have earned considerable respect in their fields. They don't consider the question of gender from a biblical worldview. They're not social conservatives. They don't even agree on whether or when

children should medically transition. But they do share one professional opinion: they believe gender dysphoria is a psychopathology, "a mental disorder to treat, not primarily an identity to celebrate." Some even say the epidemic among teenage girls isn't gender dysphoria at all, making affirmative therapy either "a terrible dereliction of duty or a political agenda disguised as help."[59]

Thankfully, the tide is beginning to turn. In 2022, U.K.'s National Health Service closed its only gender-identifying clinic for children after a series of scandals.[60] The Tavistock Portman NHS Foundation in London was accused of allowing gender to overshadow other mental issues rather than meet patients' "holistic needs."[61] A leaked 2016 study found that, even after puberty suppression medication, "rates of self-harm and suicidality did not decrease."[62] The results were so scandalous, one of the clinic's governors resigned, stating he feared the clinic was rushing youths into gender transition that didn't help and, in some cases, caused further harm: "The overwhelming feeling was that some children in its care were not being given enough time in their psychological assessment and treatment."[63]

Proponents of gender transition will claim the data reflects a society that is still unaccepting, nonaffirming, and exclusionary. If transgender persons received greater support from their relationships and their environment, we could prevent such a crisis of mental health. Yet society has never been more accepting of gender-nonconforming people. The medical community, mental health professionals, the education system, pop culture and media, and even corporate marketing increasingly prioritize the trans community and focus on their inclusion. If society has become more affirming, why do so many still suffer from the same mental health problems they had before their gender transition?

A study published at 4th Wave Now concluded that when other mental health factors are weighed, the suicide attempt rate among gender-dysphoric people is typically halved, around 20 percent. That's still alarmingly high. But it might demonstrate that gender dysphoria does not require different treatments from other mental health problems. According to Zucker, mental health outcomes for adolescents with and without gender dysphoria are similar. In other words, we can't know or conclude that the teen's suicidal ideation or self-harm tendencies are because of their gender dysphoria or because of the "many other mental health problems that gender dysphoria adolescents so often bear."[64] The condition may correlate with increased suicidality but not necessarily cause it.

Moreover, some psychologists warn the language and frequency of speaking about suicide can create a social contagion. Suicidality can become a "symptom pool" along with feelings of gender dysphoria. The more it occurs and the more people talk about it, the more likely vulnerable girls will harm themselves. Marchiano explains: "When you tell a group of highly suggestible adolescent females that if they don't get a certain thing, they are going to feel suicidal, that's suggestion, and then you're actually spreading suicide contagion."[65] When teen girls are told being denied something will make them suicidal, they become suicidal. It becomes a self-fulfilling idea. Don't hear me wrong—this doesn't imply we should ignore the issue or brush it under the rug. But telling adolescent girls with gender confusion that they are prone to suicidal ideation may only exacerbate the problem.

An organization collaborating with several suicide prevention nonprofits cautions against careless conversations about self-harm. They note that its frequency and prominence can promote the risk of suicide as a social contagion, essentially spreading the

vulnerability among already vulnerable people. Admonishments include not referring to suicide as an "epidemic," not referring to it as a common response to hardship, and avoiding speculation as to the reason for suicide.[66] Some doctors condemn the frequent talk of suicide as passive-aggressive manipulation or bullying parents to consent to gender transition. An epidemiologist, himself a former transgender male, calls it a "shameful social engineering strategy," in which activists and clinicians "effectively threaten suicide on behalf of the young people."[67]

The impulse to protect this vulnerable segment of our population is right and good. But it's being misdirected, if not manipulated, by a vocal group of gender activists who seem intent on pushing young patients to embrace trans-identity to the exclusion of addressing other psychological needs. If a teenage girl is in a mental health crisis, the last thing she should do is make irrevocable, life-altering medical decisions. She needs more protection, more intervention, more research to consider, more information, and more input from those devoted to her well-being, not less. Transgender and gender-nonconforming people represent a vulnerable group of our society. They deserve better.

Conclusion

Affirmative care may temporarily alleviate a person's emotional distress. But it does little, if anything, to resolve the underlying psychological problems that plague young, gender dysphoric girls.[68] Instead, it socially forms a person's sexual and gender identity, shaping the self-perception of vulnerable females. Even more, it drives confused and impressionable young

women and girls to avoid addressing their emotional trauma or mental stressors and to locate all their distress in gender identity.

Why have such beliefs and practices taken root in our social consciousness so rapidly? To answer that, the next chapter will consider how philosophical ideas form female identity and affect young women and girls in our gender-confused age.

WE LIVE IN A CULTURAL MOMENT

where the definition of *woman* eludes the keenest of thinkers and brightest of scientists, where one's biological sex and one's gender are divorced, where the meaning of gender itself is a constantly moving target, and where girls and women, especially, struggle to know who they are.

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- common myths and misunderstandings in the gender debate
- what Scripture and science have to say on the matter
- ways to respond in a Christlike way to loved ones struggling with gender identity

Katie J. McCoy serves as director of Women's Ministry at Texas Baptists. She holds a PhD in systematic theology from Southwestern Seminary (TX), where she served on faculty for five years. Katie teaches and writes on the intersection of theology, culture, and women's issues, and has coauthored a work on the doctrine of humanity as part of the *Theology for the People of God* series (B&H Academic). Included among her research is discovering the pattern of justice for women in Old Testament laws. You can find Katie online at blondeorthodoxy.com.

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