

# The Medical Misdiagnosis of Transgender People by the Christian Church

Susan Gilchrist

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On the 15<sup>th</sup> December 2017, twenty Catholic Bishops and religious leaders of various denominations signed a letter issued by The United States Conference of Catholic Bishops, which affirmed their traditional religious position, and declared that gender identity must always be determined by biological sex: The legitimacy of all transgender identities was also denied<sup>1</sup>. A similar statement was issued in the United Kingdom by the Confraternity of Catholic Clergy on the 28<sup>th</sup> February 2018<sup>2</sup>. However the views presented by these religious organisations are rejected by the scientific consensus which is expressed in another open letter, signed by at least 400 of the leading medical experts in the field<sup>3</sup>. Most children will develop a gender identity that is in accordance with their biological sex but the contagion of the early development processes means that atypical gender and sexual identities can be formed. The management methods that are needed for each determination differ greatly from each other. Incorrectly identifying the type of condition means that incorrect medical diagnoses are made. The support by sections of the Church for criminalisation of homosexual behaviour and gender and sexually variant behaviour more generally, and their endorsement of the extreme penalties in some countries are a measure of the seriousness of the issues involved. The assertion by sections of the Christian Church that gender and sexually variant conditions are the results of reward driven lifestyle choices is contradicted by a worldwide consensus of medical professional institutions and by the neurophysiological and psychological research, which shows that these are driven by identity instead.

This scientific consensus regards both gender and sexually variant identities and behaviour as naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life. That is the position taken for example by the British Royal College of Psychiatrists, the British Psychological Society and parallel United Kingdom organisations. Each of the major medical organizations across the UK has signed a memorandum of understanding which very strongly condemns any attempt to try to ‘cure’ gender and sexually variant people. Corresponding positions are taken by the American Psychiatric Association and the American Psychological Association who have released statements which are equally as strong. Other international mental health organizations, including the World Health Organization have followed. All of these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view.

Christian tradition however ignores this development process and instead determines that gender identity is a God-given feature which is fixed exclusively from birth by biological sex. Although scientific opinion regards the formation of

<sup>1</sup> Catholic Bishop’s Letter: <http://www.usccb.org/issues-and-action/marriage-and-family/marriage/promotion-and-defense-of-marriage/created-male-and-female.cfm> See: <http://www.tgdr.co.uk/documents/SuH1215x-USCatholicBishopsLetter.pdf>

<sup>2</sup> Confraternity of Catholic Clergy (2018): “Statement on the challenges posed by Gender Ideology” 28 February 2018

[http://www.confraternityccb.org.uk/CCCB/News/Entries/2018/2/28\\_Statement\\_on\\_the\\_challenges\\_posed\\_by\\_Gender\\_Ideology.html](http://www.confraternityccb.org.uk/CCCB/News/Entries/2018/2/28_Statement_on_the_challenges_posed_by_Gender_Ideology.html)

<sup>3</sup> Letter of Rebuttal of Dr Paul McHugh and Dr Lawrence Meyer’s Fall Report: See: <http://www.tgdr.co.uk/documents/SuH1222b-McHughExpertLGBTIConsesusLetter.pdf>

gender identity as part of the process of personality formation, the traditional Christian doctrines consider the expression of all gender and sexually variant identities and the subsequent self-identification, to be a consequence of pursuing inappropriate rewards, and sexual desires. In the identity driven conflicts the characteristics which drive it are determined before any cognitive analysis can take effect. In reward driven conflicts the sense of identity comes after the cognitive experiences have already occurred. The medical methods for managing these different types of conflict are almost opposite to each other. Since the legalisation of homosexuality and the implementation of gender equality legislation, people can see for themselves that the full range of moral expression is present within these gender and sexually variant groups. Great harm can be created by the medical misdiagnoses that are made.

A medical and theological contradiction therefore exists. Many religious groups take the view that stereotypical male and female gender identities must be imposed on all children because gender identity is determined on the grounds of biology alone. Otherwise confusion and distress will arise. However scientific research shows that these core gender identities have already become unchangeably fixed by the age of three years. That is well before children can examine their own minds, and make any choice. Giving all children the ability to explore their gender identity gives them the ability to find it. It does not give them the freedom to choose it. While a great majority of children do find that they identify with their biological sex, some will not, and the hurt, guilt and self-loathing that can result may have a very harmful effect. Like the consequence of the medical misdiagnoses, this great trauma, guilt and the high rates of attempted suicide in young transgender people is not caused by giving children the freedom to explore it: it is caused by the denial of that freedom instead.

These medical misdiagnoses mean that what is adopted as a compassionate approach by one group is understood as coercion by the other. Of course nobody should try to force children into any gender identity or role. Contrary to the allegations made by some Churches and religious groups, every protocol which is adopted in the United Kingdom for transgender children is designed to prevent any irreversible choice being made until each person reaches eighteen years of age. A recent report, which studied 3700 people, shows that more than four in five transgender young people have self-harmed and more than two in five transgender young people have attempted to take their own lives. For transsexuals the actual suicide rate is 8 to 10 times higher than that of the general population. Both groups use these high suicide rates to justify their own arguments: one group uses it to condemn what they see as the harm created by the "transgender lobby" the other group cites the reason for the high suicide rate as being due to the persecution and harassment suffered by transgender children (and by others), because their ability to be true to their own identities is derided or denied. These are not academic concerns. Instead of the scaremongering and the secular scapegoating of transgender people by society, these are issues which need responsible argument and unbiased reportage: they are issues where children's lives are at stake.

It should be a matter of great urgency that these issues are addressed. However these statements by the United States Catholic Bishops and the Confraternity of Catholic Clergy do not refer to or give any regard to the worldwide consensus of scientific opinion. They dismiss the conclusions which are contrary to their particular theological viewpoints, as the ideology of propagandists and activists instead<sup>4</sup>. Pope Francis has repeatedly stated that there can be no change in the traditional doctrine of the Church. The Church of England has placed an embargo which determines that any changes it considers must not deviate from its traditional doctrine as "*the Church of England has received it*". When science considers gender and variant behaviour to be driven by the search for identity, and the traditional doctrines of the Church instead determine that it is driven by the search for reward, no embargo which prevents full and open discussion of these matters should be tolerated. The harm which is being created through the medical misdiagnoses which occur because of the continued refusal to face up to these issues has already been described. The theological investigation which forms part of this research demonstrates that the contradiction arises because of changes in the theology of the Church. That is why an open approach is urgently needed in the Church.

For research and background details see: Gilchrist, S. (2017): "*What does it mean to be Transgender?*" <http://www.tgdr.co.uk/documents/242P-TransgenderIdentities.pdf> , Gilchrist, S. (2017): "*A House Built on Sand? Attitudes to Gender and Sexual Variant Identities and Behaviour in Christianity and the Christian Church*". and Gilchrist, S. (2017): "*No, Pope Francis: Gender Identity is not a Choice*". <http://www.tgdr.co.uk/documents/227P-No-PopeFrancis.pdf>.

For additional papers which support this research see: <http://www.tgdr.co.uk/documents/000B-SG-SelectedPapers.pdf> . A full bibliography is given in: <http://www.tgdr.co.uk/articles/bibliography.htm>

This document is available online at: <http://www.tgdr.co.uk/documents/241P-MedicalMisdiagnosesLeaf.pdf> . A previous document is also available at: Gilchrist, S. (2017): "*Cherishing Transgender Children*": <http://www.tgdr.co.uk/documents/241P-CherishingTransgenderChildrenLeaflet.pdf>

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<sup>4</sup> Gilchrist, S. (2017): "*Gender and Sexual Malpractice and Abuse in the Christian Church*": <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf>