

<sup>4</sup>Bränström and Pachankis, "Reduction in Mental Health," 727, 730, 731.

<sup>5</sup>Richard Bränström and John Pachankis, "Toward Rigorous Methodologies for Strengthening Causal Inference in the Association between Gender-Affirming Care and Transgender Individuals' Mental Health: Response to Letters," *American Journal of Psychiatry* 177, no. 8 (2020): 769–72, <https://doi.org/10.1176/appi.ajp.2020.20050599>.

<sup>6</sup>"Correction to Bränström and Pachankis," *American Journal of Psychiatry* 177, no. 8 (2020): 734, <https://doi.org/10.1176/appi.ajp.2020.1778correction>.

<sup>7</sup>Bränström and Pachankis, "Toward Rigorous Methodologies." Click to expand Table 1, found under "Response to concern 2."

<sup>8</sup>\_\_\_\_\_, "Reduction in Mental Health," 727.

<sup>9</sup>\_\_\_\_\_, "Toward Rigorous Methodologies," 772.

<sup>10</sup>*Ibid.*, 770.

<sup>11</sup>"WPATH Explained," *Genspect* (October 1, 2022), <https://genspect.org/wpath-explained/>.

<sup>12</sup>@LisaMacRichards, "Bias, Not Evidence Dominates WPATH Transgender Standard of Care," *Canadian Gender Report* (October 1, 2019), <https://genderreport.ca/bias-of-evidence-dominate-transgender-standard-of-care/>.

<sup>13</sup>Dana Kennedy, "Anguished Parents of Trans Kids Fight Back against 'Gender Cult' Trying to Silence Them," *New York Post* (May 11, 2022), <https://nypost.com/2022/05/11/meet-the-parents-of-trans-kids-fighting-gender-cult/>.

<sup>14</sup>Michael Biggs, "The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence," *Journal of Sex & Marital Therapy* (September 19, 2022), <https://doi.org/10.1080/0092623X.2022.2121238>.

<sup>15</sup>Ryan Anderson, *When Harry Became Sally* (New York: Encounter Books, 2019), 134–44.

<sup>16</sup>Abigail Shrier, *Irreversible Damage* (Washington, DC: Regnery Publishing, 2020), 25–77.

Brenda Miller  
ASA Member

## Author Response to Brenda Miller

I thank Brenda Miller for her careful reading of my article and her response. Indeed, much was said and even more would have been said if I had submitted it six months later. Even then, it would be incomplete! However, more nuance is needed on this topic than Miller provides. I am well aware of the controversy and incomplete data about the benefits of transitioning for people with gender dysphoria. Transitioning is not a magic bullet. On the one hand, there is the relief of the dysphoria, but it is replaced by the stress of constant medication and expensive surgeries, not to mention the strain in relationships with family and loved ones. Which wins out?

I suspect that much of the disagreement lies in a conflation of the two types of gender dysphoria, early- and late-onset. Numerous studies before 2017,<sup>1</sup> many more than I cited in the article, indicate beneficial effects of transitioning. Because these are earlier studies, these cases were before the recent surge in gender dysphoria and are likely primarily early-onset cases, which I believe are caused by a hormonal imbalance *in utero*.

I am more concerned about the recent rise of late-onset gender dysphoria, which has a high incidence of comorbidities. These comorbidities can weaken the development of the mind-body connection, leaving one susceptible to suggestions of gender dysphoria. I described this in more detail in a recent talk.<sup>2</sup> One can imagine a scenario where an adolescent is suffering from one or more of these comorbidities, then incorrectly decides, perhaps prompted by social media, that they are transgender. Immediately, they would have a "reason" for their problems, they would have an identity and sympathy. Affirmative counseling would further solidify this misconception, and hormone treatments will change the way they feel—all leading to the misconception that they have identified the problem. However, if their comorbidities have not been properly addressed, transitioning will not help.

Unfortunately, the scientific literature I have read does not distinguish these two types of gender dysphoria when studying the impacts of transitioning. I have not seen evidence to support this, but I suspect that while the earlier studies are of predominantly early-onset cases, there hasn't been time for long-term studies of the benefits of transitioning in late-onset gender dysphoria. It will be interesting to see whether future longitudinal studies with sufficient statistical power will find any differences from these earlier findings.

Yarhouse and Sadusky, in their latest book *Gender Identity and Faith*,<sup>3</sup> urge counselors first to address the comorbidities before addressing the question of gender, not so much to "prove" that the dysphoria was not real but to clear the way to address the question of gender in the absence of these confounding variables.

It is my hope that Christians will show love and care to those suffering from gender dysphoria, regardless of their position on this issue. Support and concern do not imply agreement, and if we want to win (or keep) these people for Christ, a confrontational approach will not help.

## Notes

<sup>1</sup>"What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being?," The "What We Know" Project, Cornell University, accessed October 31, 2022, <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>.

<sup>2</sup>*Gender Dysphoria: A Christian Biologist's Perspective*. A Lecture by Tony Jelsma, 2022, <https://www.youtube.com/watch?v=YZhyK91SBts>.

<sup>3</sup>Mark A. Yarhouse and Julia A. Sadusky, *Gender Identity and Faith: Clinical Postures, Tools, and Case Studies for Client-Centered Care* (Downers Grove, IL: IVP Academic, 2022).

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