

of the field, rather than relying on LaPine's brief and oversimplified summaries.

Note

¹This book is available through the ASA Virtual Bookstore at: https://convention.christianbook.com/Christian/Books/easy_find?Ntt=THE+LOGIC+OF+THE+BODY%3A+Retrieving+Theological+Psychology&N=0&Ntk=keywords&action=Search&Ne=0&event=ESRCG&nav_search=1&cms=1&ps_exit=RETURN%7Clegacy&ps_domain=convention.

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Letters

The Data of Gender Dysphoria

There was so much said, and there was so much not said, in "An Attempt to Understand the Biology of Gender and Gender Dysphoria: A Christian Approach" (PSCF 74, no. 3 [2022]: 130–48) by Tony Jelsma.

The crucial claim, "Mental health usually improves after transition, particularly over time" cites one study.¹ Its conclusion was overturned.² After receiving publicity,³ letters to the editor raised concerns, including its omission of suicides. Upon reanalysis, as Richard Bränström and John Pachankis' study had also found for hormones,⁴ surgery's impact was not statistically significant.⁵

Correcting only one data error, the article of the study was reposted. Clicking "View Correction," top left, finds the correction. It calls the conclusion, "too strong."⁶ To hunt down exactly what "too strong" means, click "Archive," "2020," "August," scroll to "Letters to the Editor" to click and read the editor's comment, the seven letters, and the authors' response—especially table 1.⁷

Today, this nonlongitudinal study still suggests it found a "longitudinal association between gender-affirming surgery and reduced likelihood of mental health treatment"⁸—while the truth—that the study's design "is incapable of establishing a causal effect of gender-affirming care on mental health treatment utilization"⁹—remains fourteen clicks away. So, "too strong" means "wrong"—"so wrong," that it's memorable: Did you know a perpetual motion machine solved the mystery of dark matter? Oops: That statement is "too strong."

Welcome to the world of transgender science. Commonplace are "small studies with cross-sectional designs, non-probability samples, and self-reported treatment exposures and mental health outcomes."¹⁰

Jelsma's reference (p. 136) reporting high satisfaction with genital surgery, used a nonrandomized sample of 71 people. The reference (p. 137), that reported the regret rate is 1%, included studies with short follow-ups. Jelsma noted WPATH (World Professional Association of Transgender Health) standards. If WPATH doesn't meet standards for evidence-based medicine¹¹ and for conflicts of interest consistent with issuing "Standards of Care,"¹² why follow them?

I'm not saying Jelsma's research is poor. I'm saying the evidence is poor. Statistics are not science. Jelsma attempted a challenging, controversial topic, adding insights about body perception, and importantly, raised good questions.

By contrast, despite highly uncertain evidence, gender activists, certain they are right, push "affirmation,"¹³ herding people—like cash cows—onto the WPATH ("WrongPATH") toward sterilization. Their claim that experimental puberty blockers are reversible is "increasingly implausible."¹⁴

- If a boy bullied by boys, who begins to identify with girls, is better supported by solving his root problems than by "affirmation" toward castration,¹⁵ why denounce it as "conversion therapy"?
- If the unprecedented spike in gender dysphoria among adolescent girlfriends is from influencers like social media,¹⁶ how will double mastectomies solve it? "Affirmation" can be a Pied Piper.

Activists' "When-the-only-tool-is-a-hammer-every-problem-looks-like-a-nail" ideology first cuts off people's options, then cuts off their organs. People are being hammered. The number is unknown.

One part of a Christian response, is to seek and speak truth. Healthy sex organs, better futures, and even lives are being sacrificed on the altar of gender ideology. And that statement is not "too strong."

Notes

¹Richard Bränström and John Pachankis, "Reduction in Mental Health Treatment Utilization among Transgender Individuals after Gender-Affirming Surgeries: A Total Population Study," *American Journal of Psychiatry* 177, no. 8 (2020): 727–34, <http://dx.doi.org/10.1176/appi.ajp.2019.19010080>.

²"Correction to Gender-Affirming Surgery and Use of Mental Health Services," *Medscape* (October 13, 2019), <https://www.medscape.com/viewarticle/919822>. *Medscape* removed their news article about the study in note 1 above after the *American Journal of Psychiatry* issued a correction invalidating the results.

³"Correction of a Key Study: No Evidence of 'Gender-Affirming' Surgeries Improving Mental Health," *Society for Evidence Based Gender Medicine* (August 30, 2020): Table 1. Table 1 is found under the heading, "Original Study by Bränström and Pachankis (2019)" and shown by clicking "Click here for more," https://segm.org/ajp_correction_2020.

⁴Bränström and Pachankis, "Reduction in Mental Health," 727, 730, 731.

⁵Richard 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>.

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

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

⁸_____, "Reduction in Mental Health," 727.

⁹_____, "Toward Rigorous Methodologies," 772.

¹⁰*Ibid.*, 770.

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

¹²@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/>.

¹³Dana 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/>.

¹⁴Michael 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>.

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

¹⁶Abigail 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 2017,¹ 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.² 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*,³ 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

¹"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/>.

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

³Mark 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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