

Letters

Problematic Assumptions Made

Two of the articles in the March 2025 issue addressing gender incongruence (Gregg Davidson, “Human Sexuality: Logical Fallacies and the Shotgun Aim of Arguments from Nature,” *PSCF* 77, no. 1 [2025]: 26–38; Tony Jelsma, “On Gender, Gender Incongruence, and Gender-Affirming Care,” *PSCF* 77, no. 1 [2025]: 2–25) make problematic assumptions about what humans are and how Christians should care for those who experience gender dysphoria.

They assume what Davidson calls “a traditional model of binary human sex, fixed at conception” (p. 26) but do not defend this concept. Jelsma claims, “A fertilized egg has a biological sex but no gender” (p. 4). This seems to assume that all fertilized eggs are either XX or XY; this isn’t true.

The “traditional model” draws from Genesis 1:27—“male and female he created them.” Claiming sex is binary based on this verse is a literalist interpretation that asks a modern scientific question of the text. It’s no different than young earth creationism. In Genesis, all of humanity is the *imago Dei*. “Male and female” is a merism—from A to Z, a spectrum that includes male and female and everyone in between. The text is not concerned with whether God created only two sexes, or whether sex and gender are identical.

Second, the “traditional model” is based on genitalia observable at birth. “Fixed at conception” is an anachronism the biblical authors never considered, having no knowledge of chromosomes or even fertilized eggs. The ancients, including Jesus, were familiar with babies born with ambiguous genitalia (“born eunuchs”).

There is a danger that evangelical Christians might use Jelsma’s conclusion that “the evidence surrounding gender-affirming care is weak” to favor legislation against gender-affirming care for adolescents. However, readers should keep in mind that Jelsma’s conclusion (as he admits) runs counter to the scientific consensus of the American Psychological Association, the Endocrine Society, and the World Professional Association for Transgender Health.

On the other hand, I can only say “amen” to Jelsma’s final word:

[T]here is a danger of oversimplifying when trying to gain an understanding of this complex issue. Disagreements will persist, but we need to be united in the goal of acting in the best interests of those who suffer from this condition. (p. 17)

Acting in the best interests of transgender individuals means having compassion on their suffering. Even if I grant Jelsma’s contention that gender dysphoria is a mental illness, psychological pain is just as real as physical pain, and

if doctors treat the latter with drugs and/or surgery, why isn’t it just as legitimate to treat the former the same way? Pain is pain and deserves treatment, even if the treatments we’ve discovered so far aren’t as effective as we’d like.

Jay D. Johnson
ASA Member

Davidson Responds to Johnson

Johnson’s letter primarily references Jelsma’s paper, though his criticisms are broadly applied to both of our papers. I have divided the critique into four categories below, with brief headings highlighting the nature of each challenge or complaint.

1. Assumption that all fertilized eggs are either XX or XY.

My paper devotes substantial discussion to the occurrence and significance of intersex children, including those with genetic conditions that vary from the normal XX or XY design, and how they fit within the *image of God*. A strictly either/or model at the chromosomal level is neither assumed nor suggested.

2. Traditional binary model of sex is based on an unjustified literal interpretation of Genesis 1:27.

I do not explicitly cite this verse or its interpretation in my paper, but its association with the traditional view warrants addressing here. Johnson claims that the proper interpretation of “male and female he created them” is as a merism that includes a range of human sex, supported by biblical recognition of eunuchs as an example of sex on a spectrum. He argues that a literal reading imposes a modern scientific question onto the text—equivalent to young earth creationism.

I would argue that it is the merism interpretation that derives from a modern Western worldview overlain onto an ancient text. It requires first accepting that the narrative of sex-on-a-spectrum is true and then finding ways to make scripture fit. Johnson’s reference to Jesus and eunuchs serves as a useful example. In Matthew 19:12, Jesus referred to people who were made and who were born eunuchs (εὐνοῦχοι). The only way a eunuch was *made* was to take a male child and remove his testicles. Given that the same word is used for people *born* eunuchs, the most obvious understanding is a child born with a birth defect of missing testicles. The latter is a legitimate example of a biblical reference to an intersex condition, but there is no contextual or historical reason to believe those listening would have understood the second use of εὐνοῦχοι to refer to a third or intermediate sex. That meaning has to be imposed on the text based on a preconceived system of belief. Ironically, this is exactly what young earth creationists are accused of doing, starting with the answer and imposing it on the biblical text.

3. Limiting gender-affirming care runs counter to scientific consensus.

This raises two critically important issues. First, in our era of increasing polarization, “scientific consensus” is often code for “don’t question the white coats.” It is a way of isolating ideologically driven policies from scrutiny, in the apparent belief that scientists are incapable of bias. The organizations Johnson mentions have embraced an ideology that is not unambiguously supported by actual science, as Jelsma’s paper robustly brings to light. Indeed, when the International Association of Applied Psychology publishes an official statement that a woman is someone who identifies as a woman (defining a term by the same term), science is no longer at the helm (citation #86 in my paper). Second, more generally, admonishment for questioning “scientific consensus” is arguably *anti-science*. Major advancement *requires* challenging consensus understanding.

4. Pain is pain; if gender dysphoria is a mental illness, why limit medical solutions?

Johnson stops short of conceding that gender dysphoria is a mental illness but asks why those who do view it this way would prevent the use of drugs or surgeries to alleviate that pain, even if treatments “aren’t as effective as we’d like.” The quoted segment is important, for it reveals an assumption that the only solution for this pain is to affirm the perceived gender. No awareness is offered that it is possible for proffered cures to cause greater harm, or that the misalignment between perception and reality could be the problem that needs fixing. Jelsma’s paper offers many examples of harm from puberty blockers and the increasingly challenged claim of improved emotional health. In my paper, I draw attention to the incongruence between what sex transition surgeries claim versus what they actually achieve. From my perspective, truly loving a person is not found in affirming their confusion.

Gregg Davidson
ASA Fellow

Jelsma Responds to Johnson

My thanks to Jay Johnson for reading and carefully analyzing the arguments I made in my recent review. We both share a concern for those individuals who are distressed by gender incongruence. Allow me to respond to some of his concerns.

Johnson quotes me as saying, “A fertilized egg has a biological sex but no gender,” suggesting that I assume all fertilized eggs are either XX or XY, which isn’t true. I agree and freely acknowledge the existence of intersex conditions due to variations on the usual pattern. However, the focus

in this section—and indeed the entire paper—was on gender, not sex, so this criticism seems out of place. Moreover, people with intersex conditions generally identify as male or female, not something in between.

Johnson goes on to argue that the reference to male and female in Genesis 1:27 is a merism, which includes not only males and females but everything in between. Again, my paper was about gender, not sex. I am familiar with merisms in scripture, but I don’t think this is one. Generally, the context of a merism makes it clear that the passage refers to everything in between, for example, the heavens and the earth in verse 1 is a merism because the text goes on to describe the creation of everything in between. In contrast, scripture consistently describes humans as existing as two complementary sexes. Even the reference to those who are eunuchs from birth (Matt. 19:12) is in the context of men for whom it is better not to marry. Thus, Jesus describes these individuals, who might be intersex, as males.

I fully acknowledge that my conclusion that the evidence on gender-affirming care conflicts with the position of the American Psychological Association, the Endocrine Society, and the World Professional Association for Transgender Health (but not the Cass Review). That is the reason why half my paper is dedicated to showing how I disagree with those organizations and that the evidence (I gave several examples) does not support their position. My goal in this paper was to provide Christians with a balanced review of the science surrounding gender incongruence and gender-affirming care. Legislative actions are beyond the scope of this paper and my expertise, but I did state in my abstract that some cases might be best treated by transitioning.

Finally, I concur with Johnson when he urges that these individuals receive compassionate treatment for their psychological pain. However, we need to understand the underlying causes of this pain before assuming that medicalization is the best course of action. In the second half of my paper I argued, not that gender-affirming care is not as effective as we’d like, but that it was not effective *at all* because the psychological benefits can be accounted for by the placebo effect. Unnecessarily treating these individuals with hormones and surgeries instead of helping them through a traumatic adolescence through counseling is not acting in their best interests.

Tony Jelsma
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