

M-V-X-Y

On gender and sex, identity
and culture

Dear reader	4
Gender, gender dysphoria and intersex	8
What can be said about manhood and womanhood?	8
Intersex: when your body is different	9
Gender dysphoria: when your body does not match your feelings	11
Transvestism, transgender, transsexual	12
How common is gender dysphoria?	13
What are the causes of gender dysphoria?	13
The number of transgender people is growing rapidly	14
Many teenage girls	14
Emergence of the concept of gender and gender theory	15
Genderbread Person: humans consist of separate building blocks	17
How can you deal with gender dysphoria?	18
Gender transition is invasive	21
Research on increasing numbers	23
(Social) media	26
Scientists criticise the media	27
Language	27
Gender ideology causes confusion	28
Gender ideology does not match biological facts	29
Intersex is not a new gender	30
Non-binary is a feeling	30
Avoid thinking in stereotypes	30
Important questions	32
What does the Bible say?	33
Community of care and healing	34
Guideline for children and young people	35
Wil je meer weten over dit onderwerp?	37
List of terms, with definitions	38
Read more	40
Watch more	42
Contact	43

Dear reader,

When we look around us, we see men and women, boys and girls. They are tall or short, have different skin colours, are young or old. However different people are, we can often see at a glance whether someone is male or female.

However, something is changing in the world around us. There is gender-neutral clothing. We read about gender-neutral language tips or ways to address people. The Dutch Railways have changed the words from 'ladies and gentlemen,



boys and girls' to 'dear travellers'. Transgender experiences pop up in the media. And perhaps you have classmates who prefer to be addressed as 'they', instead of 'he' or 'she'. What is going on?

What exactly is the matter? On a more personal level: Perhaps you are confused about your identity yourself and feeling unhappy in your body. Or maybe your son feels like he is supposed to be a girl, or your daughter feels like she should have been a boy.

We take you on a journey of discovery. Questions about sexes and gender can be approached in different ways. For us, the Bible is the most important source. What does God say about man and woman? The biological perspective is another way to look at body characteristics, chromosomes, hormones and reproduction cells. The differences between men and women can be examined psychologically, as well. Other fields where questions are raised about sex and gender are sociology or anthropology: How do men and women live and work together, for instance? Furthermore, there are philosophical questions: What is a person? Are we our bodies? We hope all these questions do not put you off, but make you curious instead. This brochure is for everyone who is thinking about the man/woman issue in our time; for anyone who wants

to learn more about gender dysphoria, uneasiness with one's own sex and the cultural and social movement we are in the midst of.

The lens of healthcare and ethics

This brochure about gender dysphoria is written through the lens of healthcare. After all, gender dysphoria concerns people's health and well-being. As mentioned, questions about masculinity and femininity can be asked from various perspectives. Gender dysphoria, or gender incongruence, is a condition defined in the DSM-5 (2013), the standard work for describing mental disorders. More about this later. People who experience feelings of gender dysphoria can be uncomfortable with sharing this with other people. Discovering these feelings can be the beginning of a quest, which can take place on the internet, and in conversation with parents, friends or a confidant from church. Another possibility is talking to a GP, psychologist or psychiatrist. In the Netherlands, it is also possible to get treatment for gender dysphoria with hormones, medication and surgery. In short, healthcare has a central place in this matter.

We already mentioned that gender dysphoria is invasive. So is medical treatment. Therefore, doctors and other care providers carefully weigh up whether or not to go for a certain treatment. Consider, for example, important concepts in healthcare such as autonomy, do-not-harm policies, beneficence and justifiability. Christians can consult the Bible when they have questions about ethics. Christian faith and ethics intertwine. Biblical values and norms determine our thinking about good and evil. It is our task to translate these Biblical values and norms into the present. This is how we look at gender dysphoria, even though that word does not occur in the Bible. But the Bible does say important things about our human nature and the importance of our bodies. These are signposts for Christian ethics, rooted in the Bible, which can help to find answers to today's questions.

Discovery

In this brochure, we talk about developments around sex and gender. We explain what gender dysphoria is. What exactly is going on and how large is the group of people affected? You will read which treatment options

there are. This brochure also covers difficult questions and risks people can face. A complicated discussion for one person, can be less stressful for another. Whereas some people don't consider transition (body change) an option, others do. Besides, we are human beings in relationships. How we deal with gender dysphoria has an effect on people around us. Thinking about gender dysphoria ourselves, or talking about it with others, is rarely easy.

At the moment, there are extraordinary developments concerning gender (dysphoria). Why is the demand for transgender care increasing so much? And why are there three times as many girls as boys on the gender clinic waiting list? Public debate can be fierce, including on social media. How can this be explained and what does it mean? This is not only a personal matter, but also a political one. Consider the discussion on the amendment of the Transgender Act (2023) in The Netherlands, for example.

In this brochure, we use words and definitions that are used among professionals and more widely in society. Sometimes these

are expressions with ideological connotations. We believe that terms like "transition" or "gender reassignment" call for quotation marks, because they suggest that people can change their sex, which is biologically impossible. The glossary in the back of this brochure defines the most important terms.

Who is this brochure for?

This brochure is for everyone. We want to uncover a cultural development we are all facing. Understanding developments in society helps to determine your own views. At the same time, we fully understand that people who have questions about their own gender and identity may also be interested in this brochure. We would, therefore, like to make a note of caution. If you have any personal questions on this matter, you may not yet find what you need in this brochure. This brochure aims to inform about and give insight into a new way of thinking about sex and gender. We therefore advise you to talk to someone you trust or to seek help if you need personal guidance. This brochure is for personal use, but can also be used in (youth) health care,

education, church or for parenting. If you are confronted by gender dysphoria in one way or another, we hope this information will help you to listen and to ask questions, to act or to speak.

Acknowledgements

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*Diederik van Dijk,
managing director*

*Elise van Hoek-Burgerhart,
manager Research & Policy*

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Gender, gender dysphoria and intersex

'I feel neither male or female. In a world where gender is mostly viewed in black and white, I am a grey area. But try explaining that'.

Gwen nods in agreement when I tell her that 'man' and 'woman' are not obvious concepts to me. Out loud, she wonders if there is such a thing as a 'real man' or a 'real woman'.

Valentijn de Hingh (1990), Dutch transgender model, De Correspondent, 24 February 2020

What can be said about manhood and womanhood?

What is sex, and what is gender? And how determinative is biology for being male or female? It is important to list some facts, first.

Each new human life is characterised (among other things) by sex, male or female. Each egg cell carries an X chromosome and each sperm cell an X or Y chromosome. When these cells fuse, a sperm cell's X or Y chromosome is combined with the egg cell's X chromosome: a girl (with XX sex chromosome) or boy (with XY sex

chromosome) is in development. At birth, the sex can basically be determined at a glance by looking at the external sex organ. Gradually, more physical differences reveal themselves.

Besides a difference in chromosomes, there are differences in hormones, in sex cells (sperm and egg) and in the role in reproduction. The fact that women primarily produce the hormone estrogen while men produce testosterone means that more body characteristics are different. At the same time, much is still

unknown about exactly how hormones affect body, behaviour and psyche.

However, research did show that women's brains are smaller and work differently from men's. Gender also appears to influence gene regulation: the switching on and off of genes in cells. Knowledge from genetics, neuroscience, developmental

psychology and biology makes it clear that the human psyche is not gender-neutral. Gender affects our interests, priorities and motivations. Gender additionally affects our health. Heart problems, autism or ADHD can manifest very differently in men and women. So, gender is something fundamental and can even be recognised in every body cell.



Intersex: when your body is different

In a small number of cases, it is not clear whether a newborn baby is a boy or girl. When something has gone wrong in gender development and there are both male and female characteristics, we speak

of intersex. Nowadays, instead of intersex, it is more often referred to as DSD: Disorders of Sex Development. These are caused by abnormalities in our genes and the influence of hormones in the womb.

Sometimes they are mild, but sometimes severe birth defects and/or health problems occur. The Dutch organisation for gender diversity (NNID) calculates that 1.1% of the Dutch population (some 190,000 people) is intersex: 1.3% of men and 0.9% of women. In 2014, the Dutch Social Cultural Planning Office (SCP) estimated that 1 in 200 people (0.5%) have an intersex condition. A much lower estimate is 0.018% (Sax), while a significantly higher one is 1.7% (Blackless). This difference in percentage is related to the used definition of intersex. But in all cases, it becomes clear that the percentages are small.

There are as many as 30 forms of DSD. Combinations of external sex characteristics can occur, as well as of the gonads and of the genetic sex (chromosomes). Thus, a person may have the chromosomes of one sex but the appearance of the other. This is the case, for example, in girls with adrenogenital syndrome (AGS). A boy may have XY chromosomes and male sex organs, while his body does not respond to testosterone. This makes him look female (androgen insensitivity syndrome, AOS). Another variant is that there are XY chromosomes, but one X chromosome too many (Klinefelter syndrome).

Klinefelter syndrome

An example of DSD is Klinefelter syndrome. This is an abnormality in the chromosome pattern that occurs only in boys. Humans basically have 46 chromosomes in every cell: structures that contain our genes. Normally, a boy has an X chromosome and a Y chromosome (46XY). With an extra X chromosome (47XXY), we speak of Klinefelter syndrome. This condition occurs in about 1 in 600 boys and is the most common chromosomal disorder. Sometimes it can be diagnosed before birth. But sometimes this condition is also not seen, because the symptoms at a young age are more subtle, and less known. Often, therefore, this syndrome is not noticed until puberty. Boys have less testosterone and sexual characteristics (scrotum and penis) may be small. Sometimes Klinefelter syndrome is only discovered when a man wants to have children as reduced fertility is one of the characteristics of Klinefelter syndrome.

Gender dysphoria: when your body doesn't match your feelings

When a person's perceived gender does not correspond with their biological sex, it is called gender dysphoria. In medicine, dysphoria is a word for being unhappy. In gender dysphoria, a person is unhappy with his or her biological sex. He or she has a strong desire to be treated as the opposite sex or to be rid of their own physical sex characteristics. The feeling of living in the wrong body causes discomfort, sadness or suffering, even though a person is biologically, genetically or medically healthy. Thus, there seems to be a psychological problem.

There are different types of gender dysphoria. The first and most common type is gender dysphoria that starts in

childhood. This can play out in both biological boys and girls. At puberty, this gender dysphoria is often found to be strongly associated with a sexual preference for one's biological sex, especially in biological boys/men who later on turn out to be homosexual.

Autogynephilia, the second type of gender dysphoria, occurs only in men and plays out only from puberty onwards. The Greek *autogynephilia* translates as love of oneself as a woman. In this context, it indicates a man's sexual arousal by thinking about himself as a woman or by dressing and behaving like a woman. Autogynephilia often involves fear and shame.



Transvestism, transgender, transsexual

Transvestism, transgender, transsexual - what is what? Terms are sometimes confused with each other. Therefore, it is good to explain them.

A transvestite is a person who finds wearing clothes of the opposite sex, sexually arousing. This applies, for example, to men who find it arousing to wear make-up and women's clothing and underwear. Today, the term crossdresser is considered a more neutral term.

Transsexual was long the term for someone who wanted, or has, switched to the opposite sex through medical procedures. Nowadays, such a person is called a transgender person, although that is now an umbrella term for all kinds of gender expressions and identities.

The use of words shows that thinking about these topics is developing. Transgender as a word for someone who suffers from gender dysphoria gradually began to indicate a (chosen) transgender identity. Professionals replaced the term transsexuality with gender identity disorder in 2000, because sexuality only plays a side role. Meanwhile, gender identity disorder has also been replaced; since 2013 psychiatrists have used the word gender dysphoria. With that, the element of disorder moved into the background and the focus came to be on the suffering that affects transgender people. The World Health Organisation (WHO) replaced the word gender identity disorder with gender incongruence in 2022. Incongruence is about something that is contradictory.

How common is gender dysphoria?

Gender dysphoria is relatively rare. According to the DSM-5, the 2013 psychiatry manual, it affects more men than women: about 10 out of 100,000 men (0.005 to 0.014 %) and 3 out of 100,000 women (0.002 to 0.003 %). Rutgers Centre of Expertise for Sexuality calculates a higher percentage: 0.6 to 5.7 % of Dutch men and 0.25 to 4.0 %

of women. Research institute Movisie calculated that about 3.9 % of the Dutch population does not identify with their birth sex. High(er) percentages have to do with more openness and recognition, but more so with the definition of the term transgender, which today stands for all kinds of gender expressions and identities.

What are the causes of gender dysphoria?

It is not simple to pinpoint the cause of gender dysphoria. In the case of the autogynephilic type, it involves sexual feelings. In the case of gender dysphoria that begins in childhood, a complex of factors may play a role in its development. There is a biological cause if the hormone balance is disrupted at a critical stage in the fetus and testosterone is inadequate or the fetus is insensitive to this hormone. Furthermore, prenatal exposure to certain chemicals (PCBs and plasticisers in plastics) seems to be able to disrupt normal prenatal sex development. The same applies to the use of oestrogenic drugs during pregnancy, such as diethylstilbestrol (DES).

Psychological or social factors can also sometimes form a piece in the puzzle. Examples include traumatic experiences

in childhood (such as sexual abuse or bullying), a parent's wish for their son to be a girl (or vice versa), a (too) close relationship with the parent of the opposite sex, or lack of love and affirmation from the parents. Sometimes there is a link to a psychological disorder. It is known that ADHD, autism, affective and anxiety disorders, depression and schizophrenia are much more common in transgender people than in others. The fact is that someone who experiences gender dysphoria does not choose it for themselves. Moreover, we know that in four out of five children, gender dysphoria disappears again when growing up.

The number of transgender people is growing rapidly

Demand for transgender care has risen sharply in recent years. This is true for the Netherlands as well as for most western countries. At the time of writing, over 7,000 people are on waiting lists for transgender care in The Netherlands.

Acceptance of transgender people, together with media attention and the increased visibility of transgender people, would explain this increase. These factors certainly play a role, but are these conclusive explanations?

Many teenage girls

The number of children and adolescents who do not identify with their biological sex has risen sharply over the last decade. In 2000, 10 young people took to the gender clinic, in 2018, this has risen to 471. Their number doubled in the year 2013, after which growth continued sharply. Interestingly, the group of adolescent girls (AFAB, *assigned female at birth*) with gender problems is growing particularly fast. Between 2012 and 2018, their number rose from 30 to 352 - an increase of 1,074%. Among boys (AMAB, *assigned male at birth*), it is half that percentage: 493%.

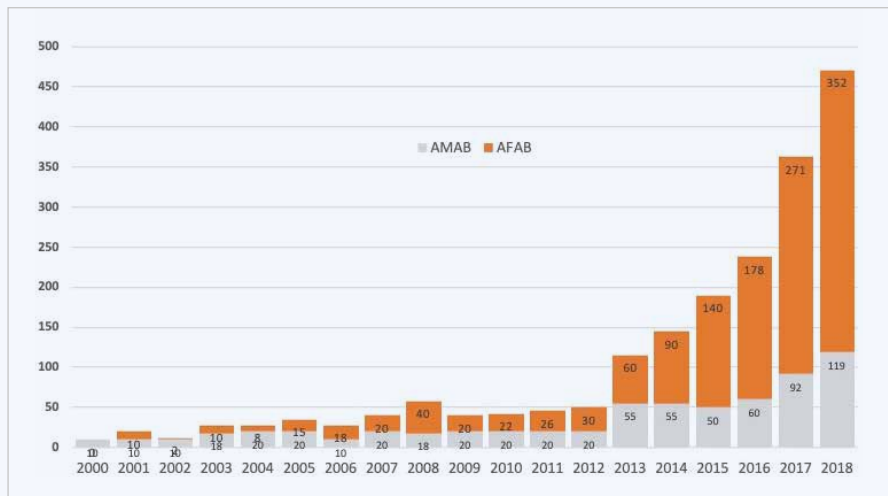


Figure 1: Adolescent registrations AMAB and AFAB 2000-2018
Sources : Arnoldussen, ea 2020
Amsterdam UMC: Gender care in development. Year view 2011-2018

The emergence of the concept of gender and gender theory

It is important to note that the rise in the number of transgender people coincides with an increasing influence of new thinking about gender and sex. Indeed, apart from mental disorders, and hence gender dysphoria, another process in thinking about gender has taken place among philosophers and other scientists. This started with New Zealand psychologist and sexologist John Money, who introduced the concept of gender in 1955. He saw this as the psychological gender, which a person has in addition to his or her biological sex. Money assumed that in terms of gender, a child is born as a blank sheet. The biology - body and chromosomes - would be separate from the feeling of being male or female. Money, who emigrated to America, opened the first gender reassignment clinic in 1966.

After 1960, the concept of gender identity emerged, and around 1990 American philosopher Judith Butler came up with an elaborate gender theory. Briefly, the idea is that gender is a construct of our own thinking. Identity is fluid and flexible and has nothing to do with biology. The way people talk about the world determines what the world is like, says Butler. Words, language, posture and gestures matter; they can unlock something new. This is how it works with men and women. You are a man or a woman by behaving as a man or a woman. A person forms his or

her own identity, possibly by intervening in the appearance or function of the body. This gender theory - which has all the features of an ideology - has quickly gained a foothold in Western countries.



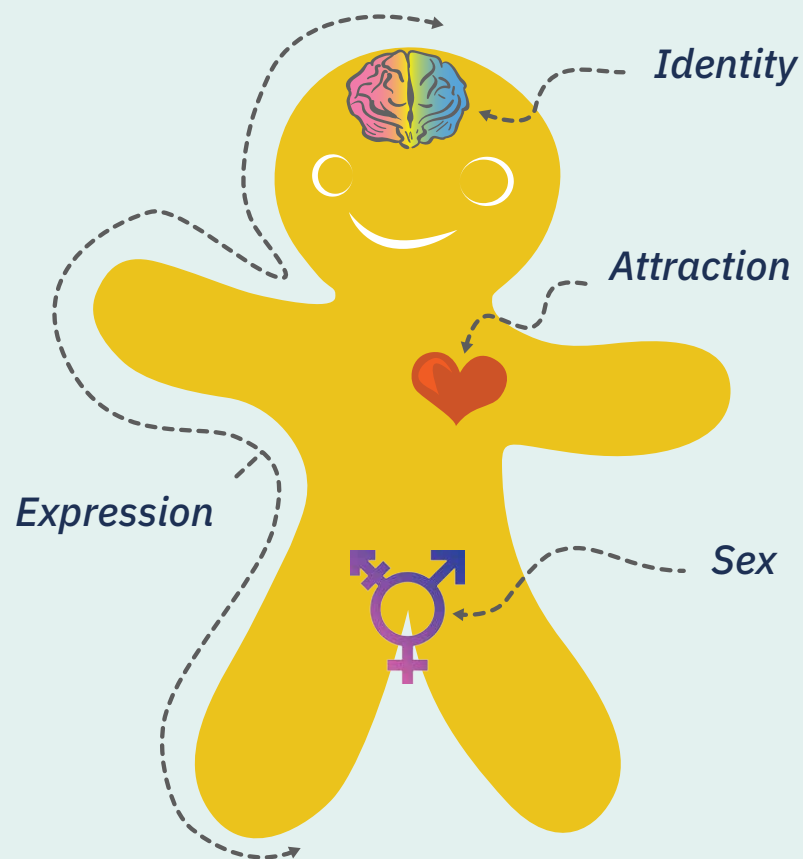


Figure 2: Identity. Attraction. Sex. Expression.

Gender dysphoria, everyone has different wants and needs

- Internist-endocrinologist Christa van Bunderen of Radboud UMC

Genderbread Person: humans consist of separate building blocks

The so-called Genderbread Person by comedian and activist Sam Killermann portrays Judith Butler's gender theory. The message is that your body is made up of separate building blocks. The biological sex says nothing about gender identity, nothing about sexual orientation and nothing about gender expression (how someone expresses their identity in clothing, hairstyle, behaviour).

Scientists who prioritise the biological reality of gender regard gender theory as pseudoscience. For them, gender identity is synonymous with biological sex.' Biological sex dictates gender in more than 99 per cent of us,' writes Canadian neuroscientist and sexologist Debra Soh, for example.

How can you deal with gender dysphoria?

People with gender dysphoria can differ greatly from one another. Some learn to accept themselves and have no desire for a physical, medical transition. The degree of dysphoria can also fluctuate and decrease. Sometimes transgender people experience a desire for body modification but do not yet qualify for it (children, adolescents). Others are confused about their identity; this group is searching. There is a group who underwent treatments with hormones

and surgery and continue to live in their desired gender. Others have no desire to be male or female, but call themselves non-binary. They sometimes opt for a partial transition. A new group, consisting of mostly men, live as the opposite sex, but without body changes. There is also a group that regrets transitioning. The different approaches can be summarised with the words *acceptance*, *wait and see* or *affirmation*.

Acceptance: For decades, psychologists offered help with gender dysphoria. In conversations, they tried to understand its cause, reduce its intensity and help a person feel more at home with his or her body.

Watchful waiting: Another approach is that of ‘watchful waiting’. This is a moderate attitude where big steps, such as a new name and different appearance, are postponed until puberty. The approach aims to ensure that a child becomes comfortable in his or her own body and that everyone around the child affirms the birth sex in a positive way.

Affirmation: A third approach is that of gender affirmation. Professionals focus on affirming and supporting inner feelings by adapting the body to the experience of the person with gender dysphoria. This is done in several steps:

- o **Social transition:** A person starts living as the preferred gender, with a new name, clothing, look and pronouns. This can happen as early as the very young age of three or four.
- o **Legal transition:** In official documents, such as a passport or ID card, the gender is changed from M to V or vice versa.
- o **Medical transition:** This involves aligning body characteristics with the desired gender as much as possible.

Puberty blockers: In a child whose body is still developing, a transition process proceeds differently than in an adult. A doctor may prescribe puberty blockers to delay development into an adult body, allowing time for reflection and making a possible transition to the opposite sex easier. Puberty blockers prevent the production of certain hormones in the brain. As a result, the body no longer produces estrogen or testosterone. This inhibits the progression of puberty. If the transition continues, hormones of the opposite sex are then given and surgery may follow. This approach is called the *Dutch Protocol* because it was developed in the Netherlands.



Puberty blockers

Little is known about the long-term effects of puberty blockers. Research suggests that there is a risk of reduced bone density, depression and infertility. Blocking natural puberty is also expected to have a negative effect on brain structure and function. Finland, New Zealand, Western Australia, Sweden, the UK and France have therefore now banned or are reconsidering medical intervention in children (spring 2023).

Delayed puberty is drastic. For several years, there will be a big different development from peers, who will start to grow into adulthood. Moreover, puberty blockers do not appear to be a pause button, with no other adverse effects. In practice, it is the first step of transition; 95% of users take cross-sex hormones. Thus, it is difficult to retain birth sex after all.

Research has since shown that about eight out of 10 children initially diagnosed with gender dysphoria eventually outgrow it. The prerequisite for this, however, is that parents and others around them confirm the child in his or her biological sex. Childhood behaviour that does not fit the gender has been found to be one of the strongest predictors of homosexuality in adulthood. Lesbian women were often girls behaving boyishly and gay men were often boys behaving girlishly.

- **Cross-sex hormones:** In the Netherlands this transition starts at the age of 16 - after or at the same time as the social transition - with hormone treatments, causing one's own sex characteristics to slowly disappear and those of the opposite sex to emerge. In men, cross-sex hormones cause facial hair to decrease, the voice to change and softer skin, breast growth, a different emotionality and fat distribution in the body to emerge. Cross-sex hormones remain necessary for the rest of one's life because the body does not produce them itself. Some of these changes are irreversible, such as a deeper voice, facial hair and baldness in trans men and breast growth in trans women.

- **Operations:** Transition can be 'completed' with one or more operations. This is possible in the Netherlands from the age of 18. Male-to-female surgery involves the construction of external genitalia. A vagina is constructed from tissue from the penis and scrotum. Breast augmentation is also possible. The Adam's apple can be made less prominent and the face can be feminised. For female-to-male patients, the first operation is often a mastectomy. This is allowed in the Netherlands from the age of 16. After removal of the uterus and ovaries, some patients choose not to undergo surgical construction of a penis with donor skin (usually from the forearm or a femur), as this does not always give a good and desirable result.

Additional treatments include electrolysis to remove body hair, voice and posture training, hair transplants and pain management of residual symptoms. Restorative surgery may be required. All this, of course, in the hope and expectation that it will lead to reduced suffering from gender dysphoria and improved well-being.

***Eight out of 10 children
outgrow feelings of gender
dysphoria***

A gender transition is invasive

A gender transition is very drastic. A person becomes a lifelong patient, dependent on medical care and hormones. Infertility may occur, or restrictions and difficulties in sexuality. Even after transition, the need for psychological help may remain. Compared to the general population, transgender people are more likely to experience psychiatric hospitalization and the risk of

death is about twice as high as average. This is mainly due to an increased risk of cardiovascular disease, lung cancer, HIV-related diseases and non-natural causes such as suicide.

Meanwhile, a transition also does something to the person's environment. For parents, it can be very drastic when a son is now a daughter, when a sister

becomes a brother or a child no longer has to deal with a mother but a second father. A new gender identity demands a lot from relationships.

Some people experience regret afterwards. Regrets usually arise five to 10 years after the transition. Some of these people also want to return to the biological sex ('detransition'). This group is growing rapidly worldwide. On the online platform Reddit, thousands of regret seekers now form a network, sharing their pain and questions. British-Hungarian Sarah Vaci/Lordy portrayed a hundred women after their detransition (metamorphosis100.com).

Research on transition regret has been very limited so far. People with regrets sometimes prefer to distance themselves from their counsellors and do not want to cooperate in research. The fact that people continue to take their hormones faithfully for long periods would indicate that the number of regrets in the Netherlands is limited. But the question is to what extent it is even possible to stop medication. Stopping medication has major consequences, as the body never becomes the way it was before. Again, honest stories of experience and thorough research are important.



Research on increasing numbers

What makes the number of young transgender people grow so fast? We can point to a number of factors for this. First, there is a group of vulnerable young people with complex mental health problems. Gender dysphoria is known to coexist with another mental illness in as many as 70 per cent of cases. A relatively large number of cases involve an autism spectrum disorder. Bullying, (sexual) trauma and social isolation can also precede gender dysphoria.

Furthermore, there is much evidence that identifying yourself as 'trans' among young people is becoming a particular identity. Just as you once chose punk or gothic, some say, one now presents one's self as non-binary. It is increasingly clear that in a certain group of young people there is influence or social contagion. In their childhood, there were no signs of dissatisfaction with the biological sex. At puberty, they more or less suddenly

identify themselves as transgender. What is striking here is that several young people in a group come out of the closet as trans in a short time – for example: five young people in a catechesis group, 13 in a school class. Is this about an expression of their identity or about social influence?

American gender dysphoria researcher Lisa Littman has conducted an exploratory study based on parental reports. She identifies certain group processes in which groups of peers declare themselves transgender in a short period of time, and also sees that the internet and social media have great influence on these young people. For the phenomenon of young people 'suddenly' coming out as transgender, Littman coined the term Rapid-Onset Gender Dysphoria (ROGD). In The Netherlands, the Radboud UMC is currently investigating the cause of the increased demand for transgender care.

Gender ideology creates new type of transgender

The increase in the number of transgender people is undoubtedly due to more awareness, more acceptance and more information, which makes transgender people more likely to talk about their feelings. But that does not explain

everything. Emancipation does not explain the sudden speed of growth, and certainly not the shift from mostly biological young boys with gender dysphoria to mostly biological adolescent girls. Since 2016, there have been three times as many

girls as boys, while biological boys have traditionally been the largest group under 18. The same trend can be seen in other European countries, the United States, Canada, Australia and New Zealand.

Everything points to the emergence of a new type of transgender person, in whom there is no classical gender dysphoria that begins in childhood. The values and norms we hold also determine what we call an illness or a disorder. One can see gender dysphoria as a medical, psychiatric condition. This was the common approach in medical science until well into the 20th century. However, this view is increasingly being abandoned, especially by activists and in media. With it, the image of people with mental illness or a disorder should disappear according to this approach. There are voices calling for gender dysphoria to be stripped of its 'disease' label. For instance, it is stated that psychological research would falsely stigmatise transgender people. Self-determination should go as far as being able to freely choose your own medical sex change. This leads, among other things, to all kinds of variations or intermediate forms, where someone keeps his penis but also gets breasts. Or not wanting to keep breasts, but retaining a vagina. Expressing your transgender identity is thus seen as emancipation. This new way of looking at things is a consequence of the influence of gender theory, mentioned here earlier. Two genders are too limited according to

this thinking. The idea is that gender is a spectrum and that more variants exist alongside or between male and female. Also, physical sex would not say anything about a person's perceived sex (gender). Each one develops its own identity independent of the biology of male and female.

A key to understanding this thinking is the book *Gender Trouble* (1990). We already mentioned the name of American philosopher Judith Butler. She explains that gender is something that people accomplish by themselves through their actions. According to Butler, gender is not a biological fact but an idea that has arisen because people think in boxes and approach each other as male or female. Every human being has to discover his 'true self'. The idea is that humans are free, even free from nature. Developments in pharmacy and surgery make it more or less possible to transcend biological reality. The body does not have to be an indication for how you identify, because you can have that changed

. The ideas put forth by Butler, who herself claims to be lesbian and non-binary, have had a major impact on society and politics in the West for the last 20 years and have become defining for modern thinking about gender and sex.

When, instead of (biological) reality, personal feelings become the starting point, it has major consequences for

society. The positive @order of male and female affects our entire culture. If we abandon it – not only in our thinking or language, but also in legislation and policy, science and education – it will have major consequences. It will change the work of psychologists, psychiatrists and

doctors. It will leave traces in personal lives, especially in people in vulnerable situations or uncertain stages of life, such as teenagers and children. If several children in the same class start referring to themselves as 'trans' alarm bells should go off.



Judith Butler

Increase in the number of transgender people runs parallel to the rise of Instagram, TikTok, Snapchat and other social media platforms.

(Social) media

Interestingly, the increase in the number of transgender people has roughly paralleled the rise of Instagram, TikTok, Snapchat and other social media platforms. When it comes to gender and sex, these often communicate the Genderbread message. The thoughts from this message have become prevalent not only on social media, but also in public media. Roughly speaking, these three views are:

- 1 There are not just the male and female genders, but a variety of genders or intermediate stages between male and female.
- 2 Everyone needs to discover their gender; our gender does not need to coincide with our biological sex.
- 3 It is possible to change genders.

It is striking that (social) media increasingly rely on stereotypes in this

respect. Girls are sweet, creative and social and like pink and lipstick. Boys, on the other hand, go for fast and tough, are assertive and powerful and take initiative. The stereotypes communicate that it is quite possible that gender may not match biological sex if you do not fit the box.



Scientists criticise the media

'You see radio and TV ignoring scientific facts in their programs and adopting the ideas of gender ideology,' says Dr Alexander Korte. The German child psychiatrist worries about its effect on young people. Trans, according to the gender expert, is a 'zeitgeist phenomenon', a new model of identification that scores socially. 'My concern is that many young people hope that so-called gender-affirming treatment will solve their problems. But this hope cannot be fulfilled, it is an illusion.'

Korte published a manifesto in mid-2022, calling on public media to communicate honest and scientifically reliable information around the topic of trans. An international petition by doctors and intellectuals, criticising public media programs and channels for the same reason, was published during the same period.

Google 'Ideologie statt Biologie im ÖRR' (German manifesto) and 'La Petite Sirène + Les médias du service public et privé' (European manifesto).

Language

Language complicates the understanding the subject of (trans)gender. Words have taken on more than one meaning in recent decades and are also used interchangeably. In one sentence, gender can mean biological sex but also an internal self-conception (gender identity) separate from biological sex. Then there is the meaning of (gender) expectations and norms based on biological sex.

In Dutch schools using Rutgers' (a Dutch organization) teaching materials, primary school students learn to think according

to gender theory. In this, your body is not a whole of body and mind, but consists of separate parts. For this, Rutgers uses the 'Gender Cookie', the home-baked biscuit that is a mix of all kinds of ingredients. According to Rutgers, everyone has their own unique set of sexual characteristics and there is a lot of variation in genitalia, body shapes, hormones and chromosomes. Sex is not black and white and neither is gender. You can identify somewhere between the poles of male and female, but also beyond them. According to this thinking sex, gender

identity, sexual orientation and gender expression are all separate; knowing one piece of information says nothing about the rest.

We see this way of thinking reflected in language. A baby is ‘assigned’ a gender at birth and as it grows up comes the discovery of its true gender identity. The term cisgender stands beside the term transgender. Cisgender was coined to designate people in whom sex and gender coincide. This is to make it clear that this is not the norm, but just one of the possible variants. Language is actively changed. Among the tips for biology lessons given

by Transgender Network Netherlands in the *Gender Handbook for Schools*, ‘talking about male and female reproductive systems’ is a don’t. A do is so say: ‘It is not body characteristics that make someone a man or a woman, but gender identity and expression. Rather, talk about ‘people with a penis’ or ‘people with a uterus’. Also, reproduction is not about men and women having sex, but ‘reproduction is something between people’. The concept of man or woman is abandoned here.

Gender ideology causes confusion

It is obvious that a culture that encourages discovery of one’s gender identity and promotes all kinds of different identities leads to personal confusion. Am I really who I thought I was? Certainly, young and vulnerable people can become insecure. In addition, young people who report to the gender clinic often have substantial other problems: problems at home, autism, a (sexual) trauma. Their

uncertainty about their identity goes hand in hand with a broader sense of unease.

As mentioned earlier, gender dysphoria usually emerges in the early years of life. A person does not know better than that he or she feels ‘different’. If there is no history of dysphoria, the question is whether there truly is lasting gender incongruence.



Gender ideology does not match biological facts

In a society where gender doubt is becoming normal, it is good to keep in mind that gender theory has no basis in biology or nature. The scientific, biological data does correspond to Biblical speech on gender. Genesis mentions two variants, male and female (1:27). In line with biology, the Bible speaks about men and women: women can have children, breastfeed and menstruate, for example. The Bible and nature are two sources of truth through which we can come to know God. They are in line with each other and do not contradict each other.

There is no scientific evidence to support that there would be more than two genders or that gender is a spectrum.

Every body cell tells what a person’s gender is: male or female. In more than 99% of cases that fact is unambiguously male or female. Biologically, then, gender is binary: there are only two kinds.

The proof that there are no more than two genders, according to biologists, is that there are only two reproductive cells: sperm cells and eggs. There are no species between or apart from oocytes and sperm cells and so there are only two genders. Offspring also belong to one of either gender every time.

Intersex is not a new gender

Intersex is therefore not a new variant either. Like everyone else, intersex people produce female or male sex cells, provided the abnormality does not render them infertile. Intersex people overwhelmingly

feel either male or female. They are not a new gender, just as someone with a (genetic) abnormality is not a new 'species'.

Non-binary is a feeling

Someone who claims to be non-binary does not identify as exclusively male or female. They says they identify as both male and female, as neither or something in between, as gender fluid or as gender

neutral. This says something about his or her personal feelings and conception of gender roles, but the reality remains that a person is biologically male or female, even if this is disguised by hormone use.

Avoid thinking in stereotypes

It helps here not to think in stereotypes. Some men have preferences that are characterised as feminine in our culture and some women have traits that seem masculine. Within the sexes, there is great multicoloredness. Thinking in stereotypes reinforces discomfort that one can have with one's own physical gender. Figure 3 shows that in about 30% of men,

personality traits are more feminine than in most other men. The same is true for women. This is normal and does not mean that a tough, athletic woman is actually a man, or a gentle, creative man is actually a woman. This requires a sober view and recognition of everyone's own identity.

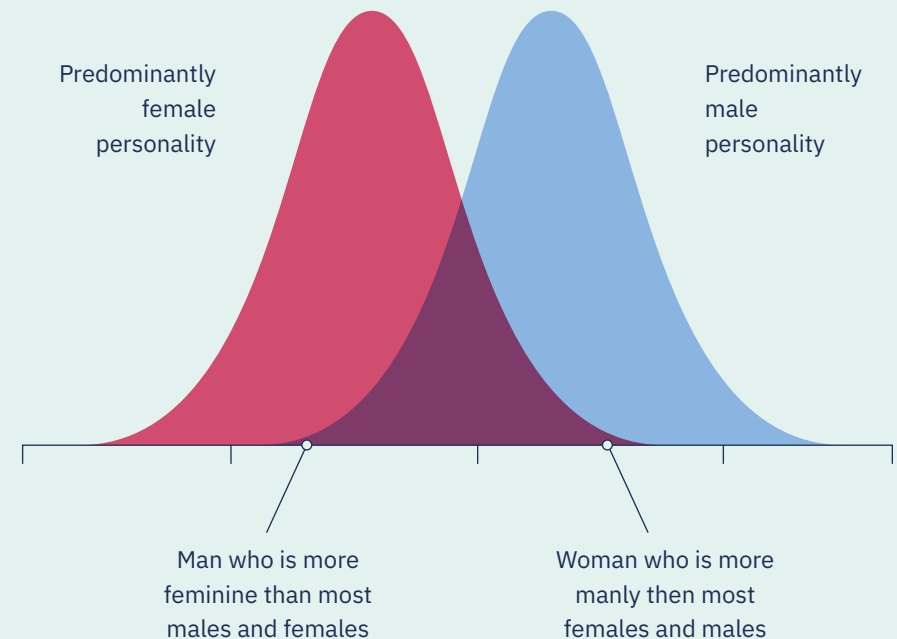


Figure 3: Personality profiles of women and men

Important questions

So far, you have read a lot about what gender dysphoria is and what developments are currently seen. But what if you yourself are struggling with questions in this area? Or perhaps it is someone close to you? This brochure is not intended to provide a complete answer in this regard. However, we do want to give a few starting points against the background of what we have written above. If this concerns you, seek contact with someone you trust. Share your thoughts and questions: Why is it that I struggle with my identity? Can I articulate that? What do I need to be heard? Can I talk to a psychologist or psychotherapist about these feelings of gender dysphoria or gender confusion? How far am I allowed to intervene in a physically healthy body? And if I choose to transition, will it be better afterwards than before, or will new problems arise? These are important questions to ask. This takes time and a quiet environment.

A broken world

In addition to factual knowledge, personal life stories can be helpful. People who really listen to you are important. But

above all, you need an open Bible and prayer to ask for God's will and His guidance in your life. Christian ethics recognise God as Creator Who created human beings in His image, male and female. At the same time, we realise that we live in a broken world: there is suffering, there are diseases and illnesses. Medicine and healthcare have made great advances in fighting and treating illness. But we know that healing, recovery and well-being can by no means always be achieved in the way we would like. Our bodies are uniquely created but limited in possibilities. This requires recognition of what we can and cannot change. Surgery to restore a physical damage or abnormality to its original intent is different from medical intervention to 're-create' a body according to one's own understanding or desire. A medical transition encounters major objections, if only because of its impact on the body. Well-functioning biological processes are permanently disrupted by this intervention. No matter how carefully hormones are administered or medical procedures are performed, they will never turn a man into a woman. And a woman does not become a man.

What does the Bible say?

At a time when gender confusion is fuelled by ideology, Christians should be at the forefront of rediscovering what it means to be a man or a woman. The church should be the first place where young people are allowed to feel free from stereotyping - be it ideological pigeonholing or unbiblical stereotyping. This starts with learning to give words to what it means to be created in God's Image. God did not just create material bodies, but breathed His life-giving spirit into us (Genesis. 2:7). He created a male and female body. Where the Bible describes Eve being taken from Adam's rib, it sounds from the choice of words that God created a work of art. Our bodies are an expression of great beauty of which God is the Architect.

Jesus validates this creation of man and woman (Matthew 19: 4-5). Paul calls our bodies a temple of the Holy Spirit (1 Corinthians 6:19). Physicality is important in the Bible. God took on a human body to redeem us. Jesus came as a baby and was raised bodily after His death on the cross. Not only spirit and soul matter; the body also counts in the Bible completely. Transforming a woman's body into a man's body (or vice versa) is not what God intends with His creation of man and woman and is not a passable path. At the same time, the brokenness of individual human beings is a bitter reality. We should never look away from that. Especially not within the church.

Community of care and healing

The church as the body of Christ should be a place where people who are suffering find hope and recovery. Talking for a long time and walking up with someone struggling with feelings about their gender is becoming frowned upon because of increasing societal pressure; 'Surely the road to transition is open and it could help?'

This assumption is what we need to talk about. Is it loving to be silent? A physical change does not change who we really are. How can we help each other not to reject or change our bodies, but to accept our bodies as a gift from our Creator? It is important to ask ourselves: am I, or is my church, available to lovingly stand by people struggling with their identity? Am I able to listen carefully and ask questions before asserting my own views? In a Christian congregation, for Christ, we are each other's equals. Christian ethics recognise the value of every person, always, no matter how we think of ourselves or how we feel.

In a culture where a lot seems engineerable, we have to recognise that we cannot control and change everything. Our healthcare system is heavily geared towards intervention and treatment. Technically, a lot is possible. But increasingly we discover that this cannot reduce all suffering. Disease may be fought, but not at any cost. Our bodies

are uniquely created, but also limited in possibilities. This also requires recognition of what we can and cannot change. Christian ethics therefore also look for the 'meaning' in illness and suffering, even if it is not always easy to detect. Good care is beneficial in the broad sense of the word. It has an eye for all sides of being human: body, soul and spirit. Famous is the maxim by Ambroise Paré (1510-1590): 'Medicine is sometimes to cure, often to relieve, always to comfort.' Isn't enlightenment and comfort a vocation par excellence for the Christian congregation? Even if living with gender dysphoria means an ongoing struggle? In a Christian congregation we can talk to each other about what it means to follow Christ in all vulnerability. In this way, we can hold and encourage each other at a time when many people are thrown back on themselves, lonely, isolated and damaged.

Besides mutual support and involvement from the environment, a psychiatrist or psychologist can be (permanently) significant. Conversation and acceptance can help give the feelings of gender dysphoria a place and find and form one's own identity.



Guideline for children and young people

When you recognise the new thinking about gender and sex and see what consequences (may) be its result, you can place the confusion about it in society and in personal lives. Then, you can be of meaningful help to your personal environment. For instance in upbringing and education, by giving children and young people good information and fair education aimed at their well-being and health. This makes them resilient so that they can stand up to the onslaught on truth and reality we find ourselves in. Perhaps these words startle you or evoke a sense of resistance. Is it loving to talk

or write like this? Are we then taking people and their questions seriously? It is important to make a distinction here: information that tells us that gender is a spectrum, or that a child must discover their gender for themselves, is incorrect. In this, we can clearly explain to children and young people the facts about biological realities. In doing so, we give them security and safety.

Having meaning and sharing knowledge can additionally be done in the society around us. This starts with simply putting forward the facts around gender and sex.

Sometimes that can be publicly, with the simple question of the scientific basis for the idea of more than two genders.

You can be meaningful by giving someone with gender insecurity a foothold. It is important to listen, ask questions and offer support to children and young people struggling with their identity. He or she needs love and attention. Not so much to become who he or she thinks he or she

should be, but to actually be who he or she is; to (learn to) love themselves and his or her body - through trial and error and sometimes in a lifelong struggle.

Daring to accept biological reality as God-given, can put you at ease. You have a choice in how you deal with feelings and how you shape social roles. That can help you deal with tension and brokenness.

Genesis 1 verse 27 and 31

And God created man in His image; in the image of God created He him; male and female created He them.

And God saw all that He had made, and behold, it was very good.



List of terms, with explanations

Cisgender or Cis Someone whose gender identity coincides with the biological sex. Also called 'non-trans'.

Gender dysphoria A strong sense of dissatisfaction with the gender you were born and raised with.

Gender identity The inner feeling or psychological experience a person has about his or her own gender: male, female or something else.

Gender non-conforming if a person's gender identity, role or expression differs from the cultural norms prevalent for people of a particular gender.

Gender change, adaptation or transition Usually: undergoing gender reassignment usually means undergoing some form of medical intervention, but also: a social transition: new name, clothing and living in the self-chosen gender.

Intersex Term to describe someone who has the biological characteristics of both sexes.

Non-binary Umbrella term for people who do not identify as male or female.

Queer or genderqueer In the past, a disparaging term for LGBT people. The term has been reclaimed by especially young LGBT people who do not feel at home in the traditional categories of gender identity and sexual orientation. Queer is a catch-all term for anyone who finds existing terms such as man/woman, gay/hetero and other terms too limiting. Queer literally means strange. People who use this term stand for an open, broad identity and sexuality and do not want to pigeonhole themselves in terms of gender and/or sexual orientation.

In LHBTIQ, the Q for some also stands for **questioning**: someone who does not yet know what gender they fall for or identify with.

Trans or transgender Overarching term to designate a person in whom gender and biological sex do not coincide or who is uncomfortable with birth sex. Transgender people denote themselves using a range of terms, such as non-binary and genderqueer.

Transgender man or transman Biological woman who identifies herself as male.

Transgender woman or trans woman Biological male who identifies as female.

Transsexual Historically used as a medical term to refer to someone who wanted to undergo or has undergone a transition. Many transsexuals do not identify as transsexual and prefer to be called transgender.

Read more

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Watch more

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Battle over transgender care, Argos Medialogica broadcast, HUMAN-VPRO, 26 December 2021

Dysphoric, four-part US documentary on the rise of gender identity ideology and its impact on women and girls, 2021

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Why are more and more children reporting for gender treatment? New research should make that clear, among other things, EenVandaag AVORTROS, 6 December 2022

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