

# POSITION STATEMENT



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## TRANSGENDER IDENTIFICATION

### Preamble

A novel way of thinking about one's body has entered into popular culture. "Transgender" individuals refer to their "gender" as a sexual identity that may be male or female, something in between, or neither. This self-identification differs from, and takes priority over, their biological sex as recognized in their chromosomal DNA and innate physical sexual characteristics. The naming of gender as a category set apart from sex is an idea foreign to the holistic view of the person as understood within Christianity. Christians affirm the biblical understanding of humankind as having been created male and female, with the two sexes having equal dignity and a complementary relationship to each other.

At the heart of disagreement over transgenderism is a difference in worldviews. If the human body is nothing more than the product of mindless, random, purposeless physical forces, then one may do with it what one wishes, even to demand medical and surgical cooperation in projects to alter, amputate, or reconstruct normal tissue to conform to the patient's revised psychological sense of identity. If, on the other hand, our bodies are an inseparable aspect of our true selves and are a good gift from God, who has designed the sexes to be wonderfully paired, and who has a purpose for humanity, then respecting the gift of given sexual identity and the ensuing moral obligations to our neighbors is the surest path to human flourishing.

Both worldviews share the recognition that humanity is broken and in need of renewal, but they look to different answers for healing. Christians seek not a reconfiguring of the body, but a spiritual transformation of the mind to become more like Christ; not rejecting the gifts of God, but welcoming God's purposes and demonstrating God's love by loving our neighbors. This love of neighbors includes loving our transgender neighbors as persons who, like all people, are created in God's image. However, loving them and validating them as people does not mean agreeing with their ideologies or use of language.

The Christian Medical & Dental Associations (CMDA) believes that healthcare professionals should not be forced to violate their conscientious commitment to their patients' health and welfare by being required to accept and participate in harmful gender-transition interventions, especially on the young and vulnerable. CMDA affirms the obligation of Christian healthcare professionals caring for patients struggling with gender identity to do so with sensitivity and compassion, consistent with the humility and love that Jesus modeled and commanded us to show all people.

### Introduction

CMDA affirms that all human beings are created in the image of, and beloved by, God. All human beings are our "neighbors", and are to be loved by us as we love ourselves. All human

beings possess intrinsic dignity and are worthy of equal respect and concern from Health Care Professionals.

CMDA considers “sex” (i.e., male or female) to be an objective biological fact (see section B.1. below). CMDA affirms the historic understanding of gender as referring to biological sex and the enduring biblical understanding of humankind as having been created male and female and that this is good. CMDA acknowledges the current cultural use of the word “gender” to refer to one’s sense of identity as male or female. CMDA cannot support the recent usage of the term “gender” to emphasize an identity other than one’s biological sex, that is, a subjective sense of self based on feelings or desires leading to identifying somewhere on a fluid continuum of gender identity.<sup>1,2,3,4</sup> (See Glossary at the end of this document)

CMDA cannot support the prevailing culture’s acceptance of an ideology of unrestrained sexual self-definition that, in celebrating gender fluidity and gender transition efforts, is indifferent to biological reality and opposed to the biblical understanding of human sexuality. Further, CMDA is alarmed that some proponents of transgender ideology, through activism and intimidation, are insisting that healthcare professionals cooperate with and affirm their beliefs in gender fluidity, even if the healthcare professionals believe that such cooperation and affirmation would be doing harm to their patients. This violates the most fundamental core value of medicine since Hippocrates, that of caring only for the good and benefit of the patient while abstaining from all unnecessary harm. The evolving scientific and medical facts demonstrate that the mutilation of normal tissue and profound disruption of normal physiology that occur during gender transition procedures are very difficult to justify, as this constitutes deliberate harm.

CMDA affirms the obligation of Christian healthcare professionals caring for patients struggling with gender identity to do so with sensitivity and compassion. CMDA holds that attempts to radically reconstruct one’s body surgically or hormonally for psychological indications, however, are medically, ethically, and psychologically inappropriate. These measures alter healthy tissue and increasingly are not supported by scientific research evaluating behavioral, medical, and surgical outcomes.<sup>5,6,7,8,9,10,11</sup>

Accordingly, CMDA opposes medical assistance with gender transition on the following grounds:

#### **A. Biblical**

1. God created humanity as male and female (Gen 1:27, 5:2; Matt 19:4; Mark 10:6). God’s directives – to have dominion over the earth and to fulfill his goals of procreation, union, fellowship, and worship – are given to men and women together (Gen 1:26-28, 2:18-24).
2. Men and women are morally and spiritually equal (Gal 3:28) and are created to have roles that are in some respects alike and in other respects wonderfully complementary (Eph 5).
3. All people are loved by God (John 3:16-17). All struggle with moral failure and fall short of God’s standards (Rom 3:10-12) and, therefore, need the forgiveness that God provides through Christ alone (John 3:36; Rom 3:22-24; Col 1:15-22; 1 Tim 2:5-6).
4. For the Christian, all of ethics, grounded in God’s moral law, is based upon the first and second greatest commandments: to love God with all our heart, soul, and mind, and to love our neighbors as ourselves (Matt 22: 37-40). If we encourage others to sin sexually,

just as if we sin sexually ourselves, we are violating these two commandments. We violate the first greatest commandment by failing to love God in his holiness, wisdom, and rightful place as our Creator, and we violate the second greatest commandment as we fail to respect ourselves and each other by abetting lives of disobedience, deception and unholiness (1 Cor 6: 13b-20). Love may include a corrective component that should be applied in an appropriate and timely manner; affirmation can be enablement.

5. We live in a fallen world (Gen 3), and we all come into this world as fallen creatures with a sinful nature. (Rom 3:9-12). The fall is expressed in nature and in humanity in many ways, including sexuality. Confusion of gender identity is but one example of the fall, as are also marital breakdown and sexual immorality (Rom 1:24-32; Eph 5:3).
6. A lifestyle that is directed by pursuing sexual desires, or driven by personal sexual fulfillment, misses the divinely ordained purpose of sex, which is for procreation, bond creation, and re-creation<sup>12</sup> and for facilitating unity in the lifelong commitment of marriage, which is defined as being between one man and one woman. Heterosexual marriage fosters a secure and nurturing environment for children and it reflects the unity of Christ and the Church (Exod 20:1-18; Lev 20:10-21; Rom 1; Eph 5:23-33) (see also CMDA Statement on Homosexuality).
7. Believers in Christ, though having inherited the sinful nature common to all humanity, also receive a new nature in Christ. As the old nature, being crucified with Christ, dies, our new redeemed nature, sealed by Christ's bodily resurrection, is actively transforming our minds and hearts to be more and more like Christ. This transformation is spiritual, not sexual, and is God's work, not something of our own design (Psalm 100:3; Rom 12:2; Col 1:27).

## **B. Biological**

1. Sex is an objective biological fact that is determined genetically at conception by the allocation of X and Y chromosomes to one's genome, is observable at birth, is found in every nucleated cell, and is immutable throughout one's lifetime. Sex is not a social construct arbitrarily assigned at birth and cannot be changed at will.<sup>2,3,13</sup>
2. Human beings are sexually dimorphic. Male and female phenotypes are the outworking of sex gene expression, which shapes sex anatomy, determines patterns of sex hormone secretion, and influences sex differences in the development of the central nervous system and other organs.<sup>2,3,14</sup>
3. Procreation requires genetic contributions from both one man and one woman.<sup>15,16</sup>
4. CMDA recognizes that exceedingly rare congenital abnormalities exist in which phenotypic sex characteristics are not what is expected from the genotype.<sup>1,2</sup> These disorders of sex development are of a diverse nature, but usually impair fertility.<sup>3</sup> Treatment (including non-intervention) of these disorders differs categorically from transgender interventions, which are performed on persons with no inherent defect in sex organ development, function, or fertility. Anomalies of human biological sex are conditions rather than identities, something one has rather than who one is.<sup>4</sup> Disorders of sex development are not the fault of the patient, do not invalidate God's design in creation, and do not constitute a third sex.<sup>17,18,19,20</sup>
5. Gender dysphoria<sup>21</sup>, the condition of experiencing discomfort or distress at one's sex and preferring a different "gender" identity, has not to date been linked to a genetic cause and is a psychological disorder of unclear and complex origin.<sup>22,23,24</sup> Gender dysphoria may cause profound distress. It should not be confused with transient gender-questioning that

can occur in early childhood.<sup>25,26,27,28,29,30</sup>

### **C. Social**

1. CMDA recognizes that gender identity issues are complex. The inclination to identify with the opposite sex or as some other gender identity along a spectrum may have non-genetic biological,<sup>31</sup> familial,<sup>32,33</sup> and social<sup>27,28,34</sup> causes that are not personally generated by particular individuals.<sup>21-30</sup>
2. In our current social context, there is a prevailing view that removing traditional definitions and boundaries is a requirement for self-actualization. Thus, Christian healthcare professionals find themselves in the position of being at variance with evolving views of gender identity in which patients or their subcultures seek validation by medical professionals of their transgender desires and choices through medical or surgical solutions to gender dysphoria. Although such desires may be approved by society at large, they are contrary to a biblical worldview and to biological reality and thus are disordered.
3. In contrast to the current culture, CMDA believes that finding one's identity within God's design will result in genuine human flourishing. CMDA believes, moreover, that social movements which assert that gender is a choice are mistaken in defining gender as something independent of sex. Authentic personal identity consists in social gender expression that is congruent with one's natural biological sex but not limited to stereotypes. CMDA recognizes that this traditional view has become counter-cultural; however, CMDA affirms that God's design transcends culture.
4. CMDA opposes efforts to impose transgender ideology on all society by excluding, suppressing, marginalizing, intimidating, or portraying as hateful those individuals and organizations that disagree on scientific, medical, moral, or religious grounds. Such attacks are contrary to the freedoms of speech and religious liberty that lie at the very foundation of a just and democratic society.
5. There is a social contagion phenomenon luring young people into the transgender culture.<sup>32,33</sup>
6. CMDA opposes efforts to compel healthcare professionals to grant medical legitimacy to transgender ideologies.<sup>35,36,37,38,39,40</sup> Cooperation with requests for medical or surgical gender reassignment threatens professional integrity by undermining our respect for biological reality, evidence-based medical science, and our commitment to non-maleficence (see CMDA Statement on Healthcare Right of Conscience).
7. Promotion of transgender ideology by educational institutions and teachers to children as young as 5 years of age is a danger to the health and safety of minor children (for medical reasons elaborated in the next section).<sup>41,42,43,44,45,46,47</sup> Education should respect the value of every human being; in supporting and affirming the student, it need not affirm every desire.
8. No educational institution or teacher should ever block parents from supervising their child's education or withhold from them knowledge of the educational content.

### **D. Medical**

1. Transient gender questioning can occur during childhood. Most children and adolescents who express transgender tendencies eventually come to identify with their biological sex during adolescence or early childhood.<sup>48,49,50,51,52,53</sup> There is evidence that gender dysphoria is influenced by psychosocial experiences and can be exacerbated by promoters

of transgender ideology.<sup>27,33</sup> Early counseling for children expressing gender dysphoria is critical to treat any underlying psychological disorders, including depression, anxiety, or suicidal tendencies, and should be done without promoting attempts for gender transitioning.

2. Hormones prescribed to a previously biologically healthy child for the purpose of blocking puberty inhibit normal growth and fertility, cause sexual dysfunction, and may aggravate mental health issues. Continuation of cross-sex hormones, such as estrogen and testosterone, during adolescence and into adulthood, is associated with increased health risks including, but not limited to, high blood pressure, blood clots, stroke, heart attack, infertility, and some types of cancer.<sup>51,54,55,56,57,58,59,60</sup>
3. Although some individuals report a sense of relief as they initiate the transitioning process, this is not always sustained or consistent over time. Some patients regret having undergone the transitioning attempt process and choose to detransition, which involves additional medical risk and cost.<sup>56,61,62,63,64</sup>
4. Among individuals who identify as transgender, use cross-sex hormones, and undergo attempted gender reassignment surgery, there are well-documented increased incidences of depression, anxiety, suicidal ideation, substance abuse, and risky sexual behaviors in comparison to the general population.<sup>21,22,23,61,65,66,67</sup> These health disparities are not *prima facie* evidence of healthcare system prejudice. These mental health co-morbidities have been shown to predate transgender identification.<sup>24,25,26,27,28,34,68</sup> Patients' own gender-altering attempts and sexual encounter choices (or, in the case of children, their parents' choices on their behalf) are among the factors relevant to adverse outcomes in transgender-identified patients.
5. Although current medical evidence is incomplete and open to various interpretations, some studies suggest that surgical alteration of sex characteristics has uncertain and potentially harmful psychological effects and can mask or exacerbate deeper psychological problems.<sup>7,8,9,69</sup> Evidence increasingly demonstrates that there is no reduction in depression, anxiety, suicidal ideation, or actual suicide attempts in patients who do undergo surgical transitioning compared to those who do not.<sup>7,70</sup> The claim that sex-reassignment surgery leads to a reduction in suicide and severe psychological problems is not scientifically supported.<sup>64,71,72,73</sup>
6. A patient has died because the medical records conveyed only the individual's gender preference, and not their biological sex, leading to misdiagnosis and medical catastrophe.<sup>74,74</sup>

## **E. Ethical**

1. Restoring and preserving physical and mental health are goals of medicine, but assisting with or perpetuating psychosocial disorders are not. Accordingly, treatment of anomalous sexual anatomy is restorative.<sup>75</sup> Interventions to alter normal sexual anatomy and physiology to conform to identities arising from gender dysphoria are disruptive to health.<sup>9,76</sup>
2. Medicine rests on science and should not be held captive to desires or demands that contradict biological reality. Sex reassignment operations are physically harmful because they disregard normal human anatomy and function. Normal anatomy is not a disease; dissatisfaction with natural anatomical and genetic sexual makeup is not a condition that can be successfully remedied medically or surgically.
3. The medical status of gender identity disorder (currently termed gender dysphoria) as a

- mental or psychosocial disorder should not be discarded.
4. The inability of men, including men who identify as women, to bear children is not an illness to be remedied by medical or surgical means, such as uterine transplantation.<sup>77</sup> Uterine transplantation into biological men cannot be justified medically (See CMDA Statement on Enhancement and CMDA Statement on Transplantation).
  5. Fundamentally, it is unrealistic to remove or mutilate normal organs and tissue and to disrupt normal physiology, and then to expect normal function. This illustrates the reality that complete gender transitioning is not medically possible.
  6. Christian patients struggling with transgender inclinations face not only the psychological distress of a desire for a gender identity different from their biological sex, but may also face the spiritual distress that comes to anyone who follows a path in life that departs from God's design for humanity. Hormonal or surgical interventions cannot resolve spiritual distress but may lead to further spiritual turmoil. These, our neighbors, need and deserve the spiritual, psychological, and social support of the Christian community.
  7. CMDA is especially concerned about the increasing phenomenon of parents enabling their gender-questioning children or adolescent minors to receive hormones to inhibit normal adolescent development. Children and adolescents lack the developmental cognitive capacity to assent or request such interventions, which have lifelong physical, psychological, and social consequences.<sup>56</sup> Facilitating hormonal or surgical transitioning interventions for those who have not reached the age of majority is a form of child endangerment and abuse.<sup>64</sup> Highly affirming parents have been shown to not improve the mental health statistics of transgender-identified children.<sup>78</sup>
  8. Many diseases affect men and women differently, according to biological sex phenotype. Transgender designations may conceal biological sex differences relevant to medical risk factors, the recognition of which is important for effective healthcare and disease prevention. As accurate documentation is necessary for good patient care, healthcare professionals should document the patient's biological sex and any alterations of gender characteristics in the medical record.<sup>2,13,54,57,79,80,81</sup> It is appropriate and should not be interpreted as disrespectful for healthcare professionals to discuss their patients' biological sex with them as part of their medical care.<sup>80,81</sup>
  9. For the overall health of the patient, the healthcare professional should be forthright with the patient that addressing the individual's sexual reality is necessary for appropriate medical care and should not be interpreted as disrespect.

### **CMDA Recommendations for the Christian Community**

1. A person questioning or struggling with gender identity should evoke neither scorn nor enmity, but rather the Christian's concern, compassion, help, and understanding. Christians must respond to the complex issues surrounding gender identity with grace, civility, and love.
2. Christians should avail themselves of opportunities to help the larger society understand that male/female sexes are complementary and permanent. Both are good and part of the created order. For the reasons elaborated above, CMDA believes that attempting to define gender as fluid and changeable through technical means will have grave spiritual, emotional, cultural, and medical repercussions.
3. The Christian community, beginning with the Christian family, must resist stereotyping or rejecting individuals who do not fit the popular norms of masculinity and femininity. At the same time, parents should guide their children and adolescent minors in appropriate

gender identity development. For children and adolescents experiencing gender dysphoria, the Christian community should provide appropriate role models and biblically informed guidance.

4. The Christian community must condemn hatred and violence directed against those struggling with questions of gender identity.
5. Since Christians are to love their neighbors as themselves, they are to love those struggling with gender dysphoria or incongruence of desired gender with biological sex. Love for the person does not condone or facilitate gender transitioning treatments.
6. In obedience to God who commands his followers to love one another, and for the sake of the common good, Christians should welcome inclusion of transgender-identified individuals into their communities, as we are all broken and sinners, not more or less valuable than each other. Transgender-identified individuals have the same rights shared by all other humans. We oppose granting special rights and privileges based on transgender identification. These special rights can negatively impact the rights of others (e.g., bathroom designations that allow biological males access to shared female restrooms or showers, female athletic competitions that give participating biological males an unfair physiologic advantage, affirmative actions, or claims for unnecessary medical interventions).
7. The Christian community is to be a refuge of love for all who are broken – including the sexually broken – not to affirm their sin, nor to condemn, but to shepherd them to Jesus, who alone can forgive, heal, restore, and redirect to a godly, honorable, and virtuous way of life. God provides the remedy for all moral failure through repentance and faith in Jesus Christ and the life-changing power of the Holy Spirit. Though healing may be incomplete on earth, the promise of complete healing for those who are in Christ will ultimately be fulfilled in heaven.

### **CMDA Recommendations for Christian Healthcare Professionals**

1. CMDA advocates that all Christian healthcare professionals provide ethically and medically competent care to all patients, including those who identify as transgender. Such care requires compassion, an open and trusting dialogue, a genuine effort to understand and respond to the patient's psychological distress when present, and acceptance of the person without agreeing with the person's ideology or providing a requested sex-altering intervention.
2. CMDA believes that the appropriate medical response to patients with gender dysphoria is to help them understand that they are people God loves and who are made in his image, even when their choices cannot be validated. Christian healthcare professionals should validate their right as individuals in a free society to make decisions for themselves. This right, however, does not extend to obligating Christian and other healthcare professionals to prescribe medication or perform surgical procedures that are harmful (see CMDA Statement on Healthcare Right of Conscience).
3. CMDA believes that Christian healthcare professionals should not initiate hormonal and surgical interventions that alter natural sex phenotypes. Such interventions contradict one of the basic principles of medical ethics, which is that medical treatment is intended to restore and preserve health, and not to harm.
4. CMDA believes that prescribing hormonal treatments to children or adolescents to disrupt normal sexual development for the purpose of attempting gender reassignment is ethically impermissible, whether requested by the child, the adolescent, or the parent (See

CMDA Statement on Limits to Parental Authority in Medical Decision-Making, and  
CMDA Statement on Abuse of Human Life).

5. Supporting a patient's pursuit of gender transitioning procedures is neither loving nor the best means to help that individual who is experiencing gender dysphoria.

### **CMDA Recommendations Regarding Nondiscrimination**

1. Mutual respect and civil discourse are cornerstones of a free society, and so is truthfulness. In the context of health care, identification of sex and gender has both interpersonal and medical implications. In regard to medical documentation, the medical record should document the sex observed at birth even when the patient expresses a different gender preference or has obtained a legal change in gender status.
2. Christian healthcare professionals, in particular, must care for their patients with gender identity disorders in a non-judgmental and compassionate manner, consistent with the humility and love that Jesus modeled and commanded us to show all people. When questioning transgender ideology, Christian healthcare professionals should do so with an attitude of humility and love.
3. Those who hold to a biblical or traditional biological view of human sexuality, including CMDA members, should be permitted to question transgender ideology free from exclusion, oppression, or unjust discrimination. Healthcare professionals who hold the position that transgender identification is harmful and inconsistent with the will of God should not be stigmatized or accused of being bigoted, phobic, unprofessional, or discriminatory because of their desire to adhere to biological and medical reality as a sincerely held (and widely shared) belief.
4. To decline to provide a requested gender-altering treatment that is harmful, or is not medically indicated, does not constitute unjust discrimination against persons. CMDA affirms that Christian and other healthcare professionals should not be coerced or mandated to provide or refer for services they believe to be morally wrong or medically harmful to patients (See CMDA Statement on Healthcare Right of Conscience).
5. Healthcare professionals must not be prevented from providing counseling and support to patients with gender dysphoria and who request assistance with accepting and maintaining their biologic sex and gender identity.

## **GLOSSARY**

### **Person and Image of God**

According to the Bible, human persons (as opposed to divine and angelic persons) are embodied from conception onward. At conception, at least one genetically unique human person is formed (twinning may occur during the first two weeks of pregnancy). So the psalmist offers a hymn to God in Psalm 139, “you created my inmost being, you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place, when I was woven together in the depth of the earth, Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be” (13-16 NIV). Human persons are, however, the only persons who are made in the *imago Dei* (image of God). Thus, Jesus—fully God and fully human—is “image of the invisible God, the firstborn over all



creation” (Colossians 1:15). Likewise, according to Genesis, “God created mankind in his own image, in the image of God he created them, male and female he created them” (Genesis 1:27).

### **Sex**

Human sex and sexuality are aspects of God’s good, well-ordered creation. From the beginning he made humans sexual beings (Genesis 2:15-25). Humans are sexual beings who procreate through sexual reproduction. Sex is objective, identifiable, immutable, determined at conception, stamped on every nucleated cell, and highly consequential.<sup>82,83,84,85</sup>

There are 2 sex cells or gametes, sperm and ova. There is no third. Human fallenness incurred pervasive distortions in humanity, including disorders of sexual biology, none of which limits either God’s love for each of us, or the inestimable value of creation in His image.

### **Sexuality**

Human sexuality is a “very good” component of God’s well-ordered creation (Genesis 2:15-25). Sexuality is a broad and easily confusing term usually requiring contextualization for clear communication. As noted by McHugh and Mayer, sexuality incorporates desires, attractions, behaviors, and/or identity.<sup>16</sup> Furthermore, sexuality may vary regarding timing, intensity, consistency, and exclusivity. Its elements may be sporadic, temporary, pervasive, or long-term. Sexual expression may be healthful or unhealthful.

Because of human fallenness, sexuality has become disordered. The goods of sexuality are often distorted by pathologies in biology, psychology (e.g., sexual addiction or adultery), and society (e.g., sexual revolution and polyamory). Redeeming sex requires the reordering of human desires and practice. Celibacy outside of marriage, sexual fidelity within heterosexual marriage between one man and one woman, and the presumption in favor of procreation are ways human sex and sexuality may be redeemed.

### **Christian Worldview**

A worldview is a way of seeing and understanding the phenomenon of the world around us. Like lenses of eyeglasses, one’s worldview provides a set of interpretive assumptions that enable us to make sense of our experience. One’s worldview is how one answers the big questions of life, such as: Is the world real? What is the nature of reality? Is there a God? What can we know about God? How do I know anything at all? Is matter all there is? Is there a supernatural? The orthodox Christian worldview is grounded on certain theological affirmations found in the Bible, which Christians believe to be the revealed word of God, and summarized in the great confessions in the history of Christianity, for instance, in the Nicene (325 AD) and Apostles (390 AD) Creeds.

### **The Fall and Human Fallenness**

Rather than remaining faithful to God’s will and purposes, Adam and Eve fell from their original righteous state through disobedience (i.e., sin). Their sin brought with it not only immediate deleterious consequences for them (Genesis 3), but for the entire created order thereafter. Those well-ordered desires to love God and love another have become disordered by human depravity. Love for God and others was replaced with hatred, envy, and murder (as in the case of Cain and Abel). The goods of honest labor were turned into toil and struggle in a creation that is now filled with corruption, death, disease, pain, and hardship. After the fall, human beings are born with a propensity to disobedience, selfishness, and sin.

### **Intrinsic Dignity**

Because human beings are made in God's image, they possess an intrinsic dignity. They should never be used as a means to an end, but as ends in themselves. Their lives have sacred value and they should not be harmed without just cause. This dignity is intrinsic and equal for all human beings, not varied and dependent on level of function, cognitive or physical, presence or absence of injury or disability, age, or other traits or features for which human beings tend to impute upon others value or worth. Human dignity has been the foundation of Western ethics and jurisprudence and has been enshrined in secular language in the Nuremberg Code and global treaties in science, medicine, and public policy since that time.

### **Love**

Christians are called to love God with all their hearts, souls, minds, and body and to love their neighbors as themselves (Deut 6:5; Lev 19:18; Mark 12:29-31). Love is a disposition of heart and life that impels one person to treat another person with respect and dignity quite apart from ethnicity, economic, social status, or what the individual can exploit or receive from the other. Furthermore, love seeks the best for another individual without the expectation any kind of recompense or remuneration.

### **Holiness**

With respect to God, holiness is the supreme attribute of all of God's attributes, setting the God of the Bible apart from all other deities. The Triune God is holy in his love, righteousness, justice, wrath, and mercy (among other attributes). With respect to human beings and objects, holiness is being set apart for sacred use (as with the Old Testament Temple). Christian holiness is the aspiration to live a life "set apart" from the corruptions of the world, and instead committed to fidelity, trust, and dependence on God, patterning ourselves after Jesus Christ.

### **Repentance**

Repentance is a response to the recognition of harm done, either by commission or omission. The word used in the New Testament (metanoia) means to "turn and go in the other direction." To repent, then, is to acknowledge one's sin and turn back toward God. Turning back toward God may include ceasing to perform or pursue sinful acts, reconciling with those who have been harmed, or restoring items or relationships that have been damaged through one's behavior. Repentance is not a one-time event, but a disposition of character.

### **Faith**

Faith is the virtue of trust and dependence on God and his promises, believing and acting in ways consistent with that confidence (Hebrews 11).

### **Sexual Orientation**

Orientation essentialism – the belief that a person has a given sexual orientation, be it innate or resulting from various combinations of biology and environment -- is an ideological position that has gained strong purchase in modern culture.

Per academics McHugh and Diamond, polar opposites in many ways:

Psychiatry professor Paul McHugh states, "Sexual orientation is a complex and amorphous phenomenon . . . . There is no scientific consensus on how to define sexual orientation, and the various definitions proposed by experts produce substantially different classes."<sup>83</sup>

Psychology professor Lisa Diamond, “There is currently no scientific or popular consensus . . . that definitively ‘qualify’ an individual as lesbian, gay, or bisexual.”<sup>85</sup>

Genetic essentialism, like its orientation counterpart, is similarly ideological.

- In a 2011 *Psychological Bulletin* Dar-Nimrod and Heine define genetic essentialism as, “The tendency to infer a person's characteristics and behaviors from his or her perceived genetic makeup” (p. 801).<sup>84</sup> “Much of the ways that genes relate to human conditions can be described as weak genetic explanations” (p. 802).
- Eric Turkheimer of UVA states, “...the amount of influence that genes have on behaviors is considerably smaller than one might think.”<sup>84</sup> And, “...genetic essentialists were wrong about gay genes and similar nonsense.”<sup>83</sup> Diamond and Rosky: “In essence, the current scientific revolution in our understanding of the human epigenome challenges the very notion of being “born gay,” along with the “born” with *any* complex trait. Rather, our genetic legacy is dynamic, developmental, and environmentally embedded.”<sup>85</sup>

### **Same-sex attraction**

Sexual attraction to members of the same sex. The propensity and degree may vary from near exclusive to occasional attraction, and is shown to potentially change over time. It does not preclude the same individual from experiencing varying degrees of attraction to members of the opposite sex.

### **Fornication**

Per theologian Robert Gagnon “fornication,” likewise *porneia* in Greek, is frequently an overarching reference to sexual sin as defined in Torah. In more common usage, fornication is sexual intercourse between two people not married to each other. Sex between male and female is implied in the term’s reference to anatomy, fornix being the curved vaginal recess created by the cervix and the term also being Latin for “arch.”

Fornication is separate from adultery or rape.

### **Temptation**

A trial, being put to the test.

It is not yet sin, but an invitation to it.

Jesus “was in all *points* tempted as *we are*, yet without sin.” Hebrews 4:15.

It is inherent to the fallen human condition.

“No temptation has overtaken you except such as is common to man; ...” I Corinthians 10:13.

God tests individuals.

Abraham (Genesis 22:1), Job (Job 23:10), I Corinthians 11:32, Hebrews 12:4-11, etc.

Satan tempts individual to sin.

Matthew 4:3, I Thessalonians 3:5.

God provides means of rescue.

“*then* the Lord knows how to deliver the godly out of temptations...” 2 Peter 2:9.

“...but God *is* faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear *it*.” I Corinthians 10:13.

Scripture describes temptation as something to be avoided if possible:

“And do not lead us into temptation...” Matthew 6:13.

“Watch and pray, lest you enter into temptation.” Mark 14:38.

### **Sexual Fantasy - when does it cross into sin?**

Temptation is not yet sin. Everyone has a sex drive and the duty to manage it.

Experiencing sexual thoughts is not yet fantasy, or lust, unless willingly pursued. Some have compared the appearance of sexual thoughts to a bird flying over one's head, thus out of our control; and fantasy or lust is compared to the equivalent of allowing that bird to build a nest on our head, something clearly in our power to resist.

### **Same-sex attraction chaste life - does it include avoidance of kissing? Is this equal to homosexual celibacy?**

This is a multi-faceted question.

1. Scripture speaks of greeting each other with “a holy kiss” (Romans 16:16, I Corinthians 16:20), which is a salutation, something non-sexual.

Greeting with a kiss is a pervasive practice in the general cultures of several nations to this day.

2. The kissing implicit in the stated question is sexual, romantic.

There is no part of homosexual practice that is endorsed in scripture; it is condemned without exception.

3. Though we mean abstinence from homosexual practices when we say, “homosexual celibacy,” the application of the term “celibate” to same-sex sexual practice is Biblically problematic.

Lifetime celibacy is referred to as a “gift” by the Apostle Paul in I Corinthians 7:7-9.

A Celibate person is giving up the God-ordained institution of marriage (exclusively between one man and one woman in scriptural standards) along with its God-ordained sexual practice.

God gifts, or graces, that person with something else God-ordained in its place. But a person setting aside same-sex sexual practice is abstaining from or repenting of a sinful practice, which is both commanded and its own benefit. We wish to avoid canonizing homosexual temptation.

### **Same-sex lifestyle**

The willing practice of same-sex sexuality.

### **Gay culture**

Any assemblage of like-minded people creates a culture. Culture itself is a neutral term that gains a moral dimension in its practice. Gay culture endorses the ideological concept of gay identity along with its practices.

Scripturally and scientifically, we hold that sexuality is a verb and not just a noun. Gay and straight are category errors and false identities. Homosexuality by any name is a practice and not an identity, what one does and not who one is.

Likewise, “gay Christian” language canonizes temptation behind a false identity. Any name preceding “Christian” is an implicit priority, contravening Paul's instruction to the Galatian church (Gal. 3:28).

### **Homophobia, -ic**

Homophobia is an ideological and pejorative term that has gained common usage. It is often an accusation made against an individual failing to sufficiently celebrate same-sex sexuality, practices and politics.

But per MayoClinic.org: “A phobia is an overwhelming and unreasonable fear of an object or situation . . . a phobia is long lasting, causes intense physical and psychological reactions, and can affect your ability to function normally at work or in social settings.”

Disagreement is clearly not a phobia.

Linguistically, “homophobia” is somewhat nonsensical, meaning “fear of the same thing.”

### **Gender vs Sex**

Sex is biological and stamped on every nucleated cell in a person’s body from conception onward. It is immutable down to the level of brain cells, so it is impossible to have “a man’s brain in a woman’s body,” for example.

Gender, in its common current usage, is an engineered term leveraging linguistics against biology; it is ideological and self-declared.

Historically, however, per theologian Christopher West:

“The root “gen”—from which we get words such as generous, generate, genesis, genetics, genealogy, progeny, gender, and genitals—means “to produce” or “give birth to.” A person’s gen-der, therefore, is based on the manner in which that person is designed to gen-erate new life. Contrary to widespread secular insistence, a person’s gender is not a malleable social construct. Rather, a person’s gender is determined by the kind of genitals he or she has.”<sup>86</sup>

But ideology does not bow to history. Sex is biology, and gender is ideology.

### **Gender Identity**

Gender identity is a feeling, a self-perception, of how one identifies with their biological sex or not, and it is often a sex stereotype. It is subjective, self-declared and fluid. Psychologist Dr. John Money of Johns Hopkins initiated its use in professional journals in 1955, referring to “the identity of the inner sexed self.”<sup>87</sup>

### **Gender Confusion/Dysphoria**

Gender identity confusion/dysphoria is a feeling/self-perception that one’s biology is not as one wishes it to be or not as one identifies most comfortably as. Sechner notes, “A gender-dysphoric youth experiences a sense of incongruity between the gender expectations linked to her or his biological sex and her or his biological sex itself.”<sup>88</sup>

The greater the discomfort/dissonance, the greater the dysphoria. Gender dysphoria is not synonymous with transgenderism, the latter being an umbrella term within which gender dysphoria fits, but to which transgenderism is not limited.

### **Gender - Should we be using that term or is there a better term? If so, how is it best defined?**

The answer to that depends on the application and one must be careful.

Gender is an engineered term leveraging linguistics against biology; it is ideological and self-declared. Sex is biological, right down to each human cell containing a nucleus.

Though gender is sometimes used synonymously with sex (e.g., in forms asking if someone is male or female), ideologically it is considered separate and distinct from sex (e.g., “your sex is irrelevant to your gender identity”) in a manner that is quite Gnostic (i.e., the “higher knowledge” that transcends lowly biology).

Therefore, it is best to mean what you say and say what you mean in context. Using phrases like “identified gender,” “identifies as,” “gender incongruence,” “gender dysphoria,” “transgender identified,” etc. work well, don’t surrender reality to a claim, and do not imply agreement.

### **Best terminology for gender transition?**

That depends on the intended usage.

“Transition efforts” or “transition-affirming treatments/procedures” are both quite clear and do not surrender to ideology as compared to terms like “gender-affirming” or “gender confirming” treatments and procedures.

### **Best terminology for transgender identity?**

“Transgender-identified” or “transgender identification” are well understood and non-capitulating.

### **A final comment on language**

Terms should be as descriptively accurate as possible while avoiding ideological programming. For instance, because an individual’s intrinsic sex cannot be changed, and gender is essentially a biologically meaningless term or concept aside from biological sex, terms such as “transgender identity,” as if it were an objective reality, should be replaced by “transgender-identified, -identifying, or -identification,” which are descriptively accurate. Similarly, because “gender transition” is not ontologically or biologically possible, more descriptively accurate terms, such as, “attempted transition efforts,” or “attempted transition-affirming treatments or procedures,” are more accurate and preferred.

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