

FIRST THINGS

TRANSGENDER CONFORMITY

by

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December 2016

Nova Classical Academy, a K–12 charter school in St. Paul, Minnesota, is the sort of school that most parents seeking a first-rate education for their children can only dream about. Founded in 2003, the school teaches the classical curriculum of grammar, logic, and rhetoric. Students read the *Aeneid*, the *Iliad*, and Dante's *Inferno*.

Nova's website proclaims, "Parents are the primary educators of their children." The school's mission statement calls students to "a virtuous life of duty and ideals." In 2016, *U.S. News and World Report* named Nova's high school No. 1 in Minnesota, and the No. 4 charter high school in the nation.

But on October 14, 2015, parents of K–5 students at Nova received an email from lower school principal Brooke Tousignant that was destined to change the school forever.

Tousignant informed parents that, in the coming year, Nova would be "support[ing] a student who is gender non-conforming." This term, she explained,

describes children whose identities, appearances, behaviors, or interests do not fit traditional societal expectations associated with their sex assigned at birth. It is important to note that this expression of gender is ever-changing as students are constantly exploring many different aspects of their identity.

To support the gender-nonconforming child, Nova would be teaching K–5 students "about the beauty of being themselves." All K–5 students would read a book called *My Princess Boy*, "which tells the story of a boy who expresses his true self by dressing up and enjoying traditional girl things." Thus was Nova

Classical Academy plunged into the Twilight Zone of transgender politics.

Tousignant's email came in response to pressure from a family new to Nova. Dave and Hannah Edwards had asked school officials for "accommodations" for their five-year-old kindergarten son, who described himself, they said, as "a boy who likes girl things." Dave Edwards is a PhD candidate in educational psychology at the University of Minnesota, where his research focuses on "the creation and implementation of gender inclusive policies and practices in K-12 public schools," according to his website, genderinclusiveschools.org.

Hannah Edwards told local media that she first suspected her son was gender nonconforming when, at age two, he saw the pop star Beyoncé perform on television at the Super Bowl. He began to dance like the singer and to convey by his behavior that "I am being Beyoncé; I am being a girl," she said. Shortly thereafter, he began to show a preference for princess costumes and other "girl things," according to his mother. "I kind of think of it as life before and after Beyoncé," she said.

Nova parents—who include many doctors, lawyers and other professionals—have always been a close community, although they span the political spectrum. But factions quickly formed in response to the Edwards' demands. While all parents agreed the kindergarten boy should be treated kindly, many believed that "gender identity" was an inappropriate classroom topic and objected to school leaders' end-run around the school's strict rules for curricular change. Other parents enthusiastically supported the changes. Teachers and students were drawn into the conflict. When the dispute became public, local media treated the Edwards as celebrities.

Nova officials maintained that the school was legally obligated to meet the Edwards' demands. They cited two statutes: Minnesota's 2014 anti-bullying law, called the "Safe and Supportive Schools Act," and Title IX, a federal law that governs what actions by educational institutions constitute unlawful sex discrimination. Title IX, adopted in 1972, does not mention gender identity. But school leaders relied on the U.S. Department of Education's recent re-interpretation of that statute, which asserts that discrimination on the basis of gender identity is barred by that law's prohibition of sex discrimination.

School board meetings at Nova, once sleepy affairs, quickly became scenes of conflict. LGBT activist groups such as Transforming Families (a support group for transgender families) and Gender Justice (a nonprofit law firm) “mobbed the meetings, brought their lawyers, protested, and compelled their sobbing transgender kids to talk about bullying and suicide attempts,” according to Emily Zinos, a longtime Nova parent.

Parents who questioned the proposed policy changes were branded as bigots. “We were ridiculed, mocked, and accused of hatefulness and ignorance, despite our doctoral degrees,” said Tom Lynn, parent of four Nova students. Parents’ free speech rights were also frequently challenged. At one school board meeting, Nova’s attorney asked the school board chair to end public comment, warning that a parent’s reference to the First Amendment could be interpreted as creating an impermissible “hostile environment.”

In December 2015, Nova administrators paid a school psychologist—an LGBT activist—to conduct teacher training and to lecture on transgender issues at a “parent education” night. After school officials refused to present an alternative view, dissenting parents arranged for a local attorney to speak on the scientific and legal aspects of transgenderism. Parents had to rent space at the school and secure police protection after a protest was announced. Remarkably, Nova’s lawyer instructed the school board not to attend, on grounds that members’ mere presence could be construed as bullying, according to a former school board member.

In January 2016, Nova’s board of directors approved a comprehensive, interim “gender inclusion” policy. The policy later became permanent. Under the new policy, a student can choose his or her own gender without medical approval. The school must work with transgender students to “create a tailored gender transition plan.” Students are entitled to use the bathrooms, locker rooms, and overnight-trip sleeping facilities of the opposite sex. They also have a right to demand that others address them using their “preferred name” and pronouns. After the policy’s adoption, a committee recommended converting some school bathrooms to “gender neutral” status, while retaining others as “gender binary . . . (traditionally known as Boys/Girls bathroom).”

Despite these sweeping changes, the Edwards withdrew their son from Nova in February 2016. On March 24, 2016, they filed a complaint with St. Paul's Department of Human Rights, claiming the school had denied their "daughter" the ability to "undergo a gender transition" in a "safe and timely way." Their primary objection was that Nova officials had insisted on informing other parents of their right (guaranteed by state law) to opt their children out of instruction on transgender topics. This "indicated that the school was at best ambivalent about the rights of gender-nonconforming and transgender students," they asserted in the complaint.

Before October 14, 2015, the school was a thriving educational institution where families of widely differing beliefs coexisted happily in a common enterprise. Now bitterness and distrust are rampant. Friendships have been destroyed, and a significant number of families have left the school, which lost ninety-four students from last year to this year.

What's behind the transgender movement, a cultural tsunami so powerful it can tear apart even so traditional an institution as Nova Classical Academy? Transgender ideology advances under the banner of progress and enlightened thinking. Yet its fundamental claim—that a human being can change his or her sex—"is starkly, nakedly false," according to Dr. Paul McHugh, who served for twenty-six years as psychiatrist in chief at Johns Hopkins Hospital in Baltimore. Johns Hopkins pioneered sex-change surgery, but abandoned it in the 1970s after research revealed that it did not improve the mental health of patients.

Every cell in the human body marks individuals as either male or female, with males bearing an XY and females an XX chromosome. Sex is not "assigned" at birth. It is identified anatomically when an infant is in the womb and then confirmed at birth. "In mammals such as humans, the female gestates offspring and the male impregnates the female," McHugh explains in "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," a comprehensive literature review co-authored with Dr. Lawrence Mayer of Johns Hopkins University School of Medicine and published in the *New Atlantis* in fall 2016. "There is no other widely accepted biological classification for the sexes."

Individuals who suffer from a psychological condition known as "gender dysphoria" experience a marked

incongruence between their biological sex and their “gender identity”—defined as the subjective, internal sense of being a man or woman. Gender dysphoria is listed in the American Psychiatric Association’s fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). It is part of the family of psychological disorders that includes anorexia, body dysmorphic disorder, and body integrity identity disorder (BIID). Anorexic individuals wrongly believe they are obese, while those with body dysmorphic disorder are consumed by the notion that they are ugly. Individuals who suffer from BIID identify as disabled and sometimes seek amputation of healthy limbs or the surgical severing of their spinal cord.

In adult males, gender dysphoria is generally rooted in erotic attractions, according to McHugh. Children are different. They “come to their ideas about their sex” through “a variety of youthful psychosocial conflicts and concerns,” he says. These include “conflicts over the prospects, expectations, and roles that they sense are attached to their given sex—and presume that sex-reassignment will ease or resolve them.”

Gender dysphoria is often associated with pre-existing psychological problems such as anxiety, depression, autism spectrum disorders, and a history of sexual abuse or physical or mental trauma. Other “predisposing and perpetuating factors” include troubled peer dynamics, parental psychopathology, and parental reinforcement of cross-gender behavior during the sensitive period of gender-identity formation, according to Dr. Kenneth Zucker, longtime director of the Child Youth and Family Gender Identity Clinic at the Centre for Addiction and Mental Health in Toronto. A child’s ability to resolve gender dysphoria tends to correlate with parental attitudes, with success much more likely if parents minimize the problem, which is exactly the opposite of what transgender ideologues such as the Edwards are doing.

Fortunately, the great majority of young people who struggle with gender dysphoria “identify” with their own sex by late adolescence or adulthood, according to the DSM-5. Estimates range from 70 to 95 percent. For those afflicted, McHugh says, the best treatment is counseling and family therapy.

Until recently, gender dysphoria in young people was treated by “watchful waiting” or by counseling. In 2007, however, Dr. Norman Spack of Boston Children’s Hospital introduced a new treatment protocol—originating in the Netherlands—which is fast becoming the norm. Today, young people who pursue “gender reassignment” begin a process that will consign them to lifelong

dependence on the medical system. Generally, they receive puberty blockers at around age thirteen and begin opposite-sex hormones—estrogen for boys and testosterone for girls—at around age sixteen. Some eventually opt for “sex-reassignment” surgery. This can involve double mastectomies, in girls as young as sixteen, and removing or “creating” penises and vaginas.

Cross-sex hormones stimulate the development of secondary sex characteristics such as facial hair in females and the swelling of breast tissue in males. Most such changes cease when a patient stops using these hormones. The artificial “penises” and “vaginas” constructed through surgery do not function like their authentic biological counterparts. No treatment can cause a biological man to menstruate or give birth to an infant, or make it possible for a woman to produce sperm and father a child.

Gender transition treatments involve significant risks. Puberty blockers stunt growth and decrease bone density during use. Girls who take testosterone may develop serious acne or feel irritable, aggressive, or unbalanced. Individuals taking these hormones require lifelong monitoring for a number of dangerous side effects, including cancer and deep vein thrombosis.

Lifelong infertility may be the greatest risk of cross-sex hormone use by young people. Sterility is inevitable when puberty blockers are followed by cross-sex hormones at an early stage of adolescent sexual development, or if prepubertal children are placed directly on these hormones, according to Dr. Michelle Cretella of the American College of Pediatricians. Postpubertal adolescents are advised to consider freezing their eggs or sperm before beginning hormone use. “If your teen may want to have a biological child, it’s important to look into sperm banking before treatment is started,” Seattle Children’s Hospital advises parents. Hormone-induced changes “may be irreversible” for girls who receive testosterone, the hospital adds. “It’s very important that a patient starting [female-to-male] therapy be sure this is the course they [sic] want to follow,” its web site warns. Despite these concerns, Seattle Children’s Hospital enthusiastically supports pediatric gender-transition treatment and opened a clinic to provide it in October 2016.

In short, the use of sex-reassignment treatments in children amounts to a massive uncontrolled experiment. Such an unscientific approach to irreversible, life-altering treatments is indefensible in the

age of “evidence-based” medicine, when lengthy clinical trials are generally required for federal approval of a new medication.

There is little evidence that cross-sex treatments actually *benefit* gender-dysphoric youngsters. In 2014, Hayes, Inc.—a widely respected research firm that evaluates the safety and value of medical technologies—performed a comprehensive review of the scientific literature on treatment of gender dysphoria. Hayes gave its lowest rating to the use of puberty blockers and cross-sex hormones in children, finding that the literature is “too sparse and the studies [that exist are] too limited to suggest conclusions.”

McHugh compares treating the psychological confusion of gender dysphoria with hormones or sex-change surgery to treating anorexia with liposuction. He notes that the most thorough follow-up of individuals who have had sex-reassignment surgery, a 2011 Swedish study, found that sex-reassigned individuals were almost five times more likely to attempt suicide and nineteen times more likely to die by suicide compared to controls. Such treatment is irresponsible. It leaves a patient’s underlying psychological problems undiagnosed and unaddressed. In McHugh’s words,

Transgendered men do not become women, nor do transgendered women become men. All . . . become feminized men or masculinized women, counterfeits or impersonators of the sex with which they “identify.” In that lies their problematic future.

Gender dysphoria in children and adolescents was virtually unheard of fifty years ago. Today, however, “referrals for sex-reassignment hormones and surgical procedures appear to be on the rise, and there is a push among many advocates to proceed with sex reassignment at younger ages,” according to McHugh and Mayer’s report. In Great Britain, referrals of children to gender dysphoria clinics rose 50 percent between 2011 and 2012, *The Times* of London reported in 2013. In St. Paul, Minnesota, where Nova Classical Academy is located, the advocacy group Transforming Families claims its youngest support group—for ages four through eight—now includes about twenty-five children.

Why are young people drawn to the transgender fantasy, despite its perils? A 2003 report entitled “Hardwired to Connect: The New Scientific Case for Authoritative Communities” provides useful context. The report was sponsored by the Institute for American Values, the YMCA of the USA, and the Geisel Medical School at Dartmouth College, and signed by thirty-three prominent scientists, physicians, and mental health professionals.

“Hardwired to Connect” warns that American children are facing a “crisis” of “mental and behavioral health.” Young people are struggling with anxiety, depression, alcohol abuse, behavioral challenges, and thoughts of suicide, all at unprecedented levels, the report’s authors say. According to one study, by the 1980s, U.S. children as a group reported more anxiety than did children *who were psychiatric patients* in the 1950s. The report attributes this, mostly, to the breakdown of the family and other fundamental social institutions, which has weakened moral and behavioral norms and deprived young people of the “authoritative communities” that have traditionally provided security, meaning, and purpose.

Social breakdown is more advanced today than it was when “Hardwired to Connect” was published. Many youngsters live in a world of sex-saturated entertainment and social media. It’s no surprise that an increasing number attribute their confusion and unhappiness to being “trapped” in the body of the opposite sex. Transgenderism has attained cult status, as McHugh points out. Adolescents can visit internet chat rooms, converse in transgender lingo, and go online to buy chest-binders, female-to-male “packing” straps, and underwear to enhance their fantasy of being of the opposite sex.

In many places, LGBT activist groups have ready access to this vulnerable population, thanks to state anti-bullying laws and the federal push for transgender rights in schools. At Nova Classical Academy, “gender activists made transitioning seem attractive,” says parent Emily Zinos. “LGBT groups have created a celebrity culture for these kids,” she notes, adding,

OutFront Minnesota gives awards for being the Rosa Parks of your school, trying to change its policies and culture. How tempting it can be to step into this world—overnight, you can become an amazing, famous civil rights hero!

How can our nation, so proud of its allegiance to science, have fallen prey to an ideology founded on the false claim that a human being is free to choose whether to be a man or a woman? The transgender crusade is closely linked to the recent crusade for same-sex marriage. Both spring from the same philosophical source—a decisive shift in our society’s idea of the nature of the human person.

The Judeo-Christian vision, which shaped Western civilization for 1,600 years, holds that God created man—body and soul—with purpose and meaning in an ordered universe. But the post-Christian worldview fast replacing it has no place for God, and perceives no purpose in nature. Christian man has become “psychological man” and the soul has become the self, in the words of Philip Rieff. The free-floating self—unconstrained by reality—is now believed to forge its own “identity” through a creative assertion of will.

Post-Christian man views his body as a *tabula rasa*—a canvas on which to express his identity and exert his will. In fact, the more contrary to nature one’s new self is, the more “authentic” it can claim to be. The recent mania for tattoos and piercings is a case in point. The desire to be free of the human condition and its limitations has ancient roots. It has taken Gnostic form in both the ancient and modern worlds. The Gnostic impulse rejects physical reality as evil. It seeks a higher, hidden knowledge—available only to an elite—in its quest for personal salvation. Animated by this knowledge, the Gnostic approach creates a kind of magical reality that refuses to admit conditions that resist the human will.

Today’s transgender crusade can be seen as the latest manifestation of this denial. It is inherently authoritarian, as other latter-day Gnostic projects have been, because it has to be. Nature and common sense oppose it. In the “Gnostic dream world,” as Eric Voegelin once put it, “non-recognition of reality is the first principle.” Critics who persist in drawing attention to reality must be discredited or silenced. Otherwise, the Gnostic fantasy world crumbles.

Soviet authorities silenced dissenters with late night knocks on the door. In the U.S., the tool of choice is weaponized civil rights. Critics of transgender ideology are denounced as bigots—guilty of the only sin left in our post-Christian world. In this way, the transgender movement’s true believers end reasoned

debate, seize the moral high ground, and clear the stage for heart-tugging anecdotes of suffering and suicide, which they use to win sympathy and public support. At the same time, by claiming the mantle of civil rights, they enlist the power of the state to impose a political and cultural agenda.

Today, transgender advocates are creating a Potemkin Village—built on hormones, surgery, and chest-binders—to solidify the illusion on which their magical reality is based. By demanding that others employ “preferred pronouns,” they pervert language, using it not to communicate truth, but to advance their program—the hallmark of propaganda.

The federal government is now in the vanguard of the transgender crusade. The U.S. Departments of Education and Justice are threatening K-12 schools with legal action or loss of federal funds if they do not embrace the movement’s goals. The Department of Health and Human Services is attempting to compel doctors to treat gender-dysphoric children with cross-sex hormones even if they believe such treatment would be harmful. In addition, the federal government now pushes states to prohibit therapies that challenge the assumptions of transgender ideology.

The number of pediatric gender identity clinics is growing rapidly. It has now reached at least forty, according to Dr. Cretella of the American College of Pediatricians. More medical centers are offering adult sex-reassignment procedures that, until recently, were available only from a handful of private practice plastic surgeons or in countries such as Thailand. Even Johns Hopkins is opening a surgery program, and expects to begin accepting patients in early 2017.

Today, “there is a vigorous, albeit suppressed, debate” among physicians, therapists, and academics about the safety and advisability of aggressive new treatments for gender dysphoria in young people, according to Cretella. Yet most remain silent, “because, in their words, ‘to speak out is career-ending,’” she says. (Some of these professionals write under pseudonyms at youthtranscriticalprofessionals.org.) Cretella cites the example of Dr. Kenneth Zucker, one of the world’s foremost authorities on gender-identity issues in children and a strong supporter of LGBT rights. In 2015, gender activists succeeded in getting him removed as director of the Child Youth and Family Gender Identity Clinic in Toronto, a post he had held for thirty years. Zucker’s offense was to maintain that prepubertal, gender-dysphoric children are best

served by counseling that helps them align their gender identity with their biological sex.

In the near term, transgender ideology will further polarize society and diminish the shared civic space where liberals and conservatives can fruitfully coexist, as happened at Nova Classical Academy. Longer term, it will mount an escalating attack on the family and religious institutions, the perennial targets of totalitarian forces.

Will transgender ideology's disconnect from reality render it unsustainable over time? There are reasons to hope the answer is yes.

First, the challenges of putting such a project into practice will be daunting. "Gender inclusion" policies that compel female students to use bathrooms and shower with biological males will likely face increasing resistance. The attempt to require the use of "preferred pronouns"—including "xe," "hir," "zir" and "they"—in speaking about gender-confused individuals involves such a perversion of language that it seems certain to founder. (In Minneapolis, for example, a new policy requires police officers to ask about and use the preferred pronouns of transgender individuals they encounter.) Facebook now offers more than fifty custom gender options for users who don't identify as male or female. As people begin to explore the full implications of "gender fluidity"—choosing one gender today, another tomorrow—we can expect the movement's tenets to be increasingly exposed as ideology, not science.

As time passes, the transgender campaign's inability to fulfill its promise of happiness to gender-dysphoric individuals will become clear. Likewise, its costs will become undeniable. Men and women who received irreversible, life-changing "sex-reassignment" treatment at an age when they were intellectually and emotionally unequipped to give informed consent are likely to begin filing lawsuits over the damaging side effects they sustain, including lifelong infertility.

The transgender crusade may also provoke a counter-attack from feminists. For decades, feminism has held that girls tend to play with dolls and boys with trucks not because of in-born biological traits, but because of oppressive social norms. To cobble together a case for transgender rights, LGBT activists have been required to maintain the opposite: that a boy's desire to play with dolls—or dance like Beyoncé—

proves he is a “girl trapped in a boy’s body.” Feminists may increasingly object to this claim because it undermines their project. Are hard-charging professional women really “men” trapped in women’s bodies?

Over time, public policy making will become impossible if new interest groups attempt to piggyback on the transgender movement’s success, as seems likely. U.S. Attorney General Loretta Lynch now insists that schools accept a kindergarten boy’s self-understanding and treat him as if he is a girl. What happens when an individual suffering from body integrity identity disorder identifies as disabled and applies for federal disability benefits? What if a white male business owner identifies as black and seeks to participate in a federal contract set-aside reserved for minorities? What if a forty-year-old woman regards herself as a senior citizen and demands Social Security benefits? How can policy makers logically deny their claims? As we enter the world of fantasy—when reality ceases to matter—it is impossible to predict where our society will crash against nature, as it inevitably will.

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