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**The Absurdity of Transgenderism: A Stern but Necessary Critique**

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 We should make public policy and encourage social norms that reflect the truth about the human person and sexuality, not obfuscate the truth about such matters and sow the seeds of sexual confusion in future generations for years to come.



By now we are all undoubtedly familiar with the [tragic suicide](http://www.wcpo.com/news/local-news/warren-county/osp-kings-mill-teen-hit-by-semi-and-dies-while-walking-along-sb-i-71) of Joshua Alcorn, the transgender teenage boy who, in late December, walked onto a freeway with the intention of ending his life. In an apparent suicide note, Joshua cites [a host of reasons](http://www.theguardian.com/world/2015/jan/05/sp-leelah-alcorn-transgender-teen-suicide-conversion-therapy) for why he was led to end his life, most prominent of which were his parents’ attempts to discourage his identifying as a girl and his being sent to therapists in an attempt to relieve these feelings. All of the problems that ultimately culminated in his suicide, writes Joshua, stem from the fact that, from the time he was a small child, he felt like a “girl trapped in a boy’s body.”

No sooner had Joshua’s heart stopped beating than the story of his suicide was seized by LGBT activists and pruned to advance a familiar narrative of a sexual minority fighting cultural oppression. Joshua’s parents immediately began to be chided as “repressive” and “bigoted” and even began to [receive various threats](http://www.nbcnews.com/news/us-news/funeral-transgender-teen-leelah-alcorn-moved-because-threats-n278541) from LGBT internet crusader-activists.

**Transgenderism and Gender Identity**

I have not referred to Joshua by using female pronouns or by using his self-invented female name of “Leelah.” The reason I am not doing this is simple: Joshua was not a girl—*he was a boy*—and to address males with female pronouns or females with male pronouns is to contribute to our culture’s confusion about sexuality and the nature of the human person, which is literally leaving casualties in its wake. No amount of surgical mutilation of body parts, effeminate behaviors, or artificial female appearances can make a man a woman.

LGBT activists will respond in various ways to this. They might first respond by saying: “Okay, true enough: Joshua was biologically a male. But you have misunderstood our claim: we contend that his *sex* was male, yes, but his *gender* was female because he ‘identified’ as female.” The idea here is that people have a sex, which is either female or male and which one cannot choose. In addition to this, however, there is “gender,” or what sex one is more comfortable “identifying” as. The response to this is simple: Why think that what one “identifies as” is significant at all, especially to the extent that others should actively recognize or cater to such an identity, and especially when the identity one adopts is contrary to reality?

Consider the following analogies. Suppose that a Caucasian man from Finland—call him Gunther—suddenly decided that he identifies as being of Sub-Saharan African descent. Suppose further that, in light of this, Gunther undergoes unusual procedures to have his skin darkened and his skull’s bone structure re-shaped so as to resemble that of individuals of Sub-Saharan descent. Would we think that such a person has suddenly become of Sub-Saharan descent through such procedures? Of course not, and his identifying as such does nothing to change this. His appearance as someone of Sub-Saharan descent might be very convincing. But, again, this doesn’t change the fact that he is not of Sub-Saharan descent.

Similarly, suppose that a seventy-year-old man—call him Bob—comes to identify as a sixteen-year-old. Wouldn’t we think it absurd if people considered it “rude” or “bigoted” to tell the man: “You are not sixteen years old. Your identifying as such doesn’t change this fact, and we will not indulge you in your strange delusions by not calling attention to your old age and by pretending that you really are sixteen years old”?

The cases of Gunther and Bob and the situations of individuals who believe themselves to be transgender are perfectly analogous. In the case of the transgender individual, he identifies as something he is not—someone of the opposite sex—and seeks to undergo harmful surgeries and hormonal treatments in order to have his physical state match his identity of himself as someone of the opposite sex.

Our mental faculties, like our physical ones, are ordered toward various ends. Among these ends is the attainment of truth. To this extent, it is perfective of our mental faculties to recognize how we truly are (and thus apprehend a truth). It is for this reason that we can make sense of mental disorders such as anorexia nervosa as *disorders:* they involve persons' having persistent, false beliefs about their identity or how they really are. In the case of the anorexic, someone who is dangerously underweight believes falsely (but tenaciously) that he is really overweight. It would be a proper procedure of medicine, then, for a therapist to help an anorexic individual to do away with his anorexia, restoring the individual’s mental faculties to their properly functioning state.

**Gender Reassignment Surgery Is Not Medicine**

Those in favor of transgenderism also (naturally) support gender-reassignment surgery as a perfectly legitimate medical procedure for individuals ([including children](http://www.cbsnews.com/news/sex-change-treatment-for-kids-on-the-rise/)) with gender dysphoria. Now, put to one side the fact that [70-80 percent of children who report having transgender feelings come to lose such feelings](http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120). Ignore, for the moment, the fact that individuals who undergo gender reassignment surgery are [20 times more likely](http://www.plosone.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0016885&representation=PDF) to commit suicide than the general population. Instead consider the following question: Can we reasonably categorize gender reassignment surgery as a *medical* procedure in the first place?

Before we answer this question, we might venture to ask: what is medicine? Here is a plausible answer: medicine is the enterprise of restoring bodily faculties to their proper function. Our bodily faculties are *ordered toward* certain ends. This seems impossible to deny. Eyes, for example, are *ordered toward* (i.e., their function is) seeing, the stomach is *ordered toward* breaking down food, the heart is *ordered toward* pumping blood, etc. So if, say, someone’s eyes were not able to achieve their end of sight well, it would be rightly considered a *medical* procedure to seek to restore this individual’s eyes to their proper function. Similarly, it would be a *medical* endeavor to seek to restore an individual’s defective heart (one that has arrhythmia, say) to its proper function. All well and good.

But what are we to make of this “gender reassignment” surgery? Insofar as such a surgical procedure involves the intentional damaging and mutilating of otherwise perfectly functioning bodily faculties by twisting them to an end toward which they are not ordered, such a thing *cannot, in principle, possibly be considered a medical procedure*. And because love compels us to seek the good for another, it is thus a grave evil to condone such surgical procedures.

**On Gender Identity Disorder Therapy**

A similar point can be made about gender identity disorder therapy. Transgenderism activists are seizing Joshua’s tragic death to insist that such therapy ought to be criminalized. A [petition](https://www.change.org/p/barack-obama-enact-leelah-s-law-to-ban-transgender-conversion-therapy?recruiter=29242867&utm_source=share_petition&utm_medium=facebook&utm_campaign=share_facebook_responsive&utm_term=des-lg-share_petition-no_msg&utm_content=rp_petition_fb_share_desc%3Acontrol) is floating around the internet to ban so-called “transgender conversion therapy,” a procedure that involves, presumably, an attempt by a professional to help a person who is experiencing a gender identity disorder (also known as gender dysphoria). If the progress of the homosexual movement is a guide to what will come next, we can expect that laws will soon be passed criminalizing individuals’ receiving therapy to help them do away with transgender identities or desires—even for those who want to relieve themselves of such identities and desires.

Recall our earlier discussion of anorexia. Like the anorexic, the transgendered individual tenaciously holds to false beliefs about his identity or how or what he truly is: he believes that he is a sex that he is not. Dr. Paul McHugh’s words [here](http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120) are particularly incisive:

The transgendered suffer a disorder of "assumption" like those in other disorders familiar to psychiatrists. With the transgendered, the disordered assumption is that the individual differs from what seems given in nature—namely one's maleness or femaleness. Other kinds of disordered assumptions are held by those who suffer from anorexia and bulimia nervosa, where the assumption that departs from physical reality is the belief by the dangerously thin that they are overweight.

It would thus be a perfectly proper procedure of medicine for the transgendered individual to visit a therapist to seek his professional help to relieve himself of his disordered transgender identity insofar as this would amount to a restoring of the transgendered individual’s mental faculties to their properly functioning state. The suggestion, then, that gender identity disorder therapy should be criminalized is as absurd as the suggestion that therapy to eliminate anorexia should be criminalized.

**Some Common Objections**

Now, an apologist for transgenderism might retort in the following way: “You’re missing a key point: the brains of, say, men who ‘identify’ as women have been shown to resemble those of women. This shows that there is a biological basis to their identifying as such.” In response, we might begin by asking for empirical evidence that this dubious claim really is true. But even if this were the case, this doesn’t show that men whose brains “resemble that of a woman’s” (whatever that means) are truly women after all. If we are to say that the person simply is the brain, as the one who espouses this objection seems to suggest, then, because presumably even males who identify as women have brains with male DNA, it follows that they are men after all.

But we don’t even need to grant that the presence of such-and-such brain states is relevant at all. For example, we may suppose that, through habitually behaving as a sixteen- year-old, the brain activity of the seventy-year-old mentioned above “resembles” that of a sixteen-year-old’s. Does it follow, then, that the seventy-year-old really *is* sixteen years old? Or that he is really a sixteen-year-old trapped inside a seventy-year-old’s body? Of course not. The most rational conclusion is that such an individual has some sort of cognitive or psychological defect associated with identity and self-perception. The same can be said for the transgender individual.

Indeed, it should not come as a surprise to find out that our daily activities shape our brain-states or alter the way our brains behave. After all, it is more or less common knowledge that, say, the process of learning to play an instrument has the effect of establishing new neural pathways, thus causing a change in brain-states. Thus Dr. Norman Doidge [comments](http://www.theguardian.com/commentisfree/2013/sep/26/brain-scans-porn-addicts-sexual-tastes): “Now we know the brain is ‘neuroplastic,’ and not only can it change, but that it works by changing its structure in response to repeated mental experience.”

On the topic of sexuality more specifically, consider the fact that habitual porn use seems to result in (or correlate with) [decreased gray matter in the brain](http://archpsyc.jamanetwork.com/article.aspx?articleID=1874574&utm_source=Silverchair+Information+Systems&utm_medium=email&utm_campaign=JAMAPsychiatry%3AOnlineFirst05%2F28%2F2014#Discussion), and that [habitual porn use changes the sexual tastes of men](http://www.theguardian.com/commentisfree/2013/sep/26/brain-scans-porn-addicts-sexual-tastes). If habitually watching pornography can change a man’s brain so significantly, then it should hardly be surprising that through intentionally and habitually behaving like a woman a man’s brain would too change to some extent. But again, this does not thereby show that such a man is a woman after all; all it shows is that through habituated action of some sort, the man’s brain behavior has changed.

Another response might be to ask rhetorically: “Well, what about intersex individuals?” The implication is that the existence of intersex individuals somehow shows that the nature of sex is up for grabs for everyone, intersex or not. But this doesn’t follow at all. In the genuine case of intersex individuals, it may very well be appropriate to express puzzlement or ignorance as to what to make of such an attribute, metaphysically speaking, and perhaps leave it as an open question whether such individuals are either male or female or whether they should be encouraged to undergo surgical procedures in the interest of their health. Cases in which an individual is intersex, however, are exceedingly rare. Indeed, even granting the point, it would not be unfair to say that in 99.99 percent of cases (and even this might be too low a percentage), a person is either male or female. And unsurprisingly, most of the individuals who believe themselves to be transgender have perfectly functioning male or female reproductive systems. This question is both irrelevant and fruitless.

Finally, the LGBT activist might retort by asking: “but how will a man identifying as a woman affect you?” If these were simply private issues, this might be a valid point (though a concern for the physical and mental well-being of individuals struggling with their gender might obligate us to reach out to them in such a case). But, alas, LGBT activists are actively working to make it the case that the state and private businesses [cover “gender-reassignment” surgeries,](http://www.thedailybeast.com/articles/2014/08/25/obamacare-now-pays-for-gender-reassignment.html) that men who identify as women [be able to use women’s restrooms](http://www.breitbart.com/texas/2014/05/20/ordinance-allowing-transgendered-men-in-womens-restrooms-spurs-protest/), that girls who identify as boys [be able to play on male sports teams](http://thefederalist.com/2014/12/01/minnesota-plans-to-eliminate-gender-distinctions-for-high-school-sports/), that [we consider it immoral to refer to infants as male or female](http://www.slate.com/blogs/outward/2014/06/26/infant_gender_assignment_unnecessary_and_potentially_harmful.html) lest we insidiously impose upon them a “gender” they might not identify with, that we [ban therapy to treat gender dysphoria](https://www.change.org/p/barack-obama-enact-leelah-s-law-to-ban-transgender-conversion-therapy?recruiter=29242867&utm_source=share_petition&utm_medium=facebook&utm_campaign=share_facebook_responsive&utm_term=des-lg-share_petition-no_msg&utm_content=rp_petition_fb_share_desc%3Acontrol), and that we generally co-opt language and social norms to reflect pernicious falsehoods about the human body.

How a man’s identifying as a woman will personally affect me, you, or John Doe is irrelevant. What is relevant is whether we will make public policy and encourage social norms that reflect the truth about the human person and sexuality, or whether we will obfuscate the truth about such matters and sow the seeds of sexual confusion in future generations for years to come.

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